

ADVANCES IN  
DESCRIPTIVE  
PSYCHOLOGY

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# ADVANCES IN DESCRIPTIVE PSYCHOLOGY

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## FOREWORD

The third volume of *Advances in Descriptive Psychology* marks the occasion of Ray Bergner joining me as the issue co-editor. Ray's contributions to Descriptive Psychology have been so impressive to the members of the Society that he becomes the Society's fourth President in August, 1983. His series of clinical papers, re-examining some of the classical categories of psychopathology, have become widely read and have provided understanding and guidance to the clinically-oriented members of the Society. He has shown the same kind of skill in editorial work, and he deserves much of the credit for progress made by authors between first drafts and the final products.

Volume 3 represents something of a departure in that it contains a significant cluster of papers devoted to one topic—multicultural psychology. We were pleased to have the opportunity to bring these papers out as a coherent set, and look forward to other topical themes in the future.

One source of gratification for editors is finding that your contributions are appreciated by non-Descriptive Psychologists as well as Society members. The generally favorable reviews of Volume 1 (by Rom Harré) and Volume 2 (by John Shotter) both published in *Contemporary Psychology* have confirmed our initial judgment of the desirability of the series.

It is always a pleasure to acknowledge the support—both mental and spiritual—that are essential to the success of *Advances*. One critical person is Dr. Chester Bain, Dean of the Colleges of Humanities and Social Sciences at USC who provided the initial support for the *Advances* editorial office. We are greatly in his debt.

The second group that deserves acknowledgement are reviewers of manuscripts who are, in some cases, not members of the Society and in others not on the editorial board. For Volumes 1–3, such reviewers were Eugene Baker, David Clement, Richard Driscoll, Jane Littmann, Ronald Maris, Joseph Silva, and Mary McDermott Shideler.

Our special thanks to David Fischer for his care and enthusiasm in preparing the indices. Finally, we are blessed by Susan Oppenheim at JAI Press who serves to iron out difficulties and facilitate the task of publication.

Keith E. Davis  
Series Co-Editor

## Erratum

Owing to a production error in Volume 2 of *Advances in Descriptive Psychology* Thomas O. Mitchell's name was omitted from the spine.

We regret all inconveniences this error has caused.

# INTRODUCTION

Raymond M. Bergner and Keith E. Davis

Is it possible for members of one culture, operating in general, or in the role of social scientist to give characterizations of another culture which are not ethnocentric? Or are all of us inevitably doomed to perceive other cultures only through our own “culturally tinted lenses”?

Are different cultures more or less viable? Do they contain different strengths and different strains, rendering it more likely that the lives of their members will be gratifying in certain respects but difficult or frustrating in others? If so, is there any systematic way to discern these strengths and strains?

What is generally required of an individual socialized in one culture who must adapt to life in a new and different culture? For the refugee, immigrant, or other displaced person, what problems will predictably ensue in a new host culture, and what solutions to living rewardingly in this host culture are indicated?

It is to these sorts of questions and human concerns—those of non-ethnocentrically understanding other cultures, of being able to discern the strengths and the strains inherent in these cultures, of adapting to life in a new culture, and

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of interacting cross-culturally—that Section I of this volume is devoted. It is devoted to addressing these questions and concerns, not willy-nilly, but in the soundest, most systematic, conceptual and methodological ways possible. Gaining personal experience in other cultures and reading histories and biographies containing cultural portraits are proven ways of enhancing our understanding of different cultures and subcultures. But social science requires something more—or perhaps something else: a conceptual analysis of the domain of phenomena in question, and, based on this, rational methodologies which are both consistent with this conceptualization and which enable the social scientist to answer his or her empirical questions in a compelling manner.

Thus, in this section we wish to present for the first time, a Descriptive Psychological conceptualization which permits formal systematic access to the domain of cross-cultural differences. This conceptual apparatus lends itself to the non-reductive, non-ethnocentric characterization of other cultures, and heuristically suggests some elements of methodology for empirically investigating cross-cultural questions. Then, based upon this conceptualization, which is delineated by Peter Ossorio, we shall present four reports of cross-cultural research projects, performed by Walter Torres, Joseph Silva, Lane Lasater, and Laurence Aylesworth and Ossorio. Before proceeding with these papers, let us first take a brief glimpse at each of them in order to get an over all picture for what is to come.

## A MULTICULTURAL PSYCHOLOGY

Ossorio, in “A Multicultural Psychology”, is concerned with providing formal access to the description of other cultures, and in a way which avoids such traditional pitfalls as cultural determinism and ethnocentrism. He notes that one potentially successful way to do so is by delineating the *perspective* of such cultures, but that in the past the most successful attempts to capture such perspectives have been literary or historical accounts.

Ossorio proposes that, for the more systematic treatments required of a social science, our formal access to the description and understanding of other cultural perspectives is via the concepts and the logic of Personal Characteristic (PC) descriptions. As behavior describers, we give Personal Characteristic descriptions (e.g., “He is shy” or “She is gregarious”) in circumstances in which, over a period of time, we observe another’s behavior departing notably from that merely called for by the situation. Our “yardstick” or “baseline”, then, in assigning Personal Characteristics is our conception of what the situation calls for. By implication, then, we can erect a notion of a “*Standard Normal Person*”, that is, a hypothetical person who always does just what the situation calls for under the sociocultural frame of reference.

Now, it is also true, says Ossorio, that I attribute Personal Characteristics to myself by the very same logic. That is, I give Personal Characteristic descrip-

tions of myself (e.g., “I am a shy person’’) where, over time, my own behavior departs notably from that merely called for by the situation.

Putting these together, if I understand both how *he* differs from the Standard Normal Person, and how I differ from the Standard Normal Person, I also understand how he differs from me. Further, I understand, not in an egocentric fashion (i.e., one in which I constitute the normative base), but in a fashion which comprehends the departures of each of us from a neutral, non-egocentric base. Finally, my marking of him as, say, shy is not *only* an outsider’s classificatory description; it also entails, says Ossorio, some appreciation of the reasons why he does what he does and of the perspective or outlook from which he acts. To say that a man is shy is not merely to say that he is consistently somewhat quiet in social situations; it is also to appreciate that he acts out of fear. Alter this aspect, and we behold his silence and mark it differently (e.g., “He is aloof”, “He is the strong, silent type”, etc.).

All of this is a solution, Ossorio proposes, which is “effective across cultural lines, for the logic of group differences is not essentially different from the logic of individual differences. If it is intelligible that Wil (a hypothetical other) is in certain ways different from me, it is equally and similarly intelligible that a group of people who are like Wil differ in the corresponding ways from a group of people who are like me” (p. 23). For this solution to work across cultural lines, then, would seem to imply that just as the non-egocentric characterization of another requires the concept of a Standard Normal Person, so the non-ethnocentric characterization of another culture would seem to require the concept of a “Standard Normal Culture.” We shall return to Ossorio’s treatment of this matter presently.

According to Ossorio, an informative and non-arbitrary way of characterizing another culture and of contrasting it with ours is by characterizing the Standard Normal Person for that culture. That is, we may describe that hypothetical person who, in *that* culture, always does merely what the situation calls for because his frame of reference is the sociocultural frame of reference of *that* culture.

Coming at this notion of a Standard Normal Person from a different angle, Ossorio next introduces the concept of a *Basic Human Need* as a condition or requirement such that, if it is not satisfied at all, Deliberate Action and, thus, participation in the social practices of a culture becomes impossible. Examples are needs for order and meaning, competence, and adequacy. Now, since this concept basically paraphrases the logical individual needs requirements based on the concepts of person and behavior (e.g., in a world wholly without order and meaning, deliberate action, which entails acting on discriminations, would be literally impossible), particular Basic Human Needs will be universal, fundamental, and culture-free.

What every viable culture provides, notes Ossorio, is a range of *Social Practices* which enable its members to satisfy their Basic Human Needs by successfully enacting suitably chosen versions of these Social Practices. Members are

required to become socialized, i.e., to (each) acquire a set of Personal Characteristics giving them the inclinations and abilities to make appropriate choices and enact them appropriately on the range of occasions which arise.

The Standard Normal Person from this perspective is that hypothetical person who, for a given culture, has acquired the judgment, sensitivity, and competence to satisfy his Basic Human Needs by merely doing what the situation calls for on appropriate occasions. In general, then, because the social practices, and thus the judgment, sensitivity and competence to enact those practices differ from culture to culture, it follows that the Standard Normal Person will be different, perhaps quite different, from culture to culture.

Finally, it was noted earlier that the logic of group differences is the same as the logic of individual differences. Now, since characterizing the differences between me and him requires reference to a Standard Normal Person from which we both differ, it would seem that characterizing the differences based on my culture group and his would require reference to a "Standard Normal Culture" (captured in a Standard Normal Person description for that culture). However, Ossorio notes, there is no such culture, and thus we require a different formalism. The formalism chosen by Ossorio is that of a parametric analysis, in particular:

$$(CU) = (WOL) = (M, W, S, L, SP, CP)$$

Where CU = Culture

WOL = Way of Living

M = Members

W = World

S = Statuses

L = Language

SP = Social Practices

CP = Choice Principles

The utilization of this formalism lends itself especially well to describing other cultures in a non-reductive, non-ethnocentric way (the value of the parameters may even be couched in the language or idiom of the other culture); and thus to provide a portrait of the culture to which the Standard Normal Person of that culture is adapted. This is obviously essential since doing what the situation calls for implies and necessitates a portrait of what, within a cultural outlook, constitutes successful participation in its social practices.

After defining and providing some ideas about how methodologically one might go about specifying these parameter values, Ossorio states that he and his fellow researchers are finding the Choice Principle (CP) parameter an especially informative way to portray and distinguish a culture.

Ossorio concludes with some intriguing ideas regarding how "the formulation



of cultural perspectives within a community of cultures has the same logic as the formulating of different status perspectives within a given culture;" and about how a multi-cultural perspective may help us to expand our outlook regarding science itself. That is, it can help us to avoid the ethnocentrism entailed in elevating certain essentially ethnic and indigenous scientific customs to the status of timeless, transcendental verities.

Ossorio's paper represents an advance in a number of respects. In it, first and foremost, he extends Descriptive Psychology's formal apparatus for dealing with uniformity and diversity by extending it to deal specifically with multicultural phenomena. Secondly, while historically the provision of histories, biographies, and works of fiction have been effective vehicles for conveying the perspectives of other cultures, Ossorio provides a systematic approach to capturing such perspectives, which is required of a social science. Third, while the limitations of an ethnocentric perspective have long been known by anthropologists and other social scientists, the formal resources for avoiding an ethnocentric perspective have not previously been available. A multicultural psychology appears to remove the temptation and liabilities of an ethnocentric perspective.

## RESEARCH APPLICATIONS

Historically, Lasater's research on a coal mining community constituted the first application of the Basic Human Needs framework to the problems of community assessment, but as the interest in the problems of Southeast Asian refugees developed in the United States, that became a natural context for the elaboration of the model. Since Aylesworth and Ossorio believed that refugee groups were at risk of mental health problems and they had evidence that existing procedures of assessment and treatment were not likely either to be used or to be effective, they were faced with the need for a comprehensive new program. The resources of the multicultural psychology were well designed to provide assistance for this problem. First, having a parametric analysis of cultural displacement pointed Aylesworth and Ossorio toward the areas that required cultural adjustment. Second, the Basic Human Need Frustration formulation allowed for a systematic assessment of the kinds and degree of hardship suffered by various refugee populations (without any assumption of uniformity of problem area or adaptation to the host culture). Third, the development of culturally acceptable procedures for ascertaining psychological and physical distress allowed the investigators to examine the pattern of need frustrations-symptom linkages in the three cultural groups.

The framework immediately suggested a concern for the adjustment of refugees who were not acting out badly enough to be identified as community problems and suggested the development of a social participation educational day school in which the identification of new social practices suited to the satisfaction of the needs of the refugees was an essential component.

The results of the study reveal that the cultural groups, while all showing areas of Basic Human Need frustration, differed markedly in which needs were substantially frustrated and in the pattern of relations between Need frustration and psychological and psycho-physiological symptoms. These differences are interpretable in terms of cultural differences that mark different cultural vulnerabilities. The fact that the H'Mong, who had the greatest degree of cultural difference and the least acquaintanceship with Western Culture, also had the greatest Basic Human Need frustration supports a major prediction of the model. The model suggests a temporal priority in the areas of manifestation of mental health problems which should logically lead to different program emphasis. For the H'Mong the program emphasis would be social participation, for the Vietnamese, stress management, for the Cambodian, grief and working through losses.

"Refugees" represents an unusual synthesis of conceptualization, systematic needs assessment, program development, and clinical practice. The authors have moved from descriptions of cultural differences among the refugees, to the nature of their adjustment problems vis-à-vis the American culture, to the creation of an apparently effective, non-traditional service program and thus to a general model for a rational refugee resettlement program. This paper is particularly important as an advance in Descriptive Psychology because it exemplifies the concern with rational social innovations as a major goal of research. The complex interplay of conceptualization, clinical practice, and research serves to make the overall program more coherent and viable than is typically true of community action programs.

Torres, in his paper on "Puerto Rican and Anglo Concepts of Appropriate Mental Health Services," is concerned with ascertaining some of the reasons why Puerto Rican individuals underutilize available mental health services and, when they do utilize them, tend to discontinue treatment prematurely (at least from an Anglo therapist's point of view). To shed light on this, he focusses upon the World (W) parameter in Ossorio's parametric analysis of cultures.

In particular, Torres examines some central aspects of the differing world outlooks of well-enculturated Puerto Ricans and Anglos. For example, in the Anglo world view, a technological industrial orientation predominates. This outlook encompasses an emphasis on mastery over nature, a high valuation of efficiency, heavy reliance on secular experts, and a conception of personal problems as appropriately addressable by non-personal, professional/secular means. In contrast, for the Puerto Rican, a folk or naturalistic orientation predominates. This encompasses an acceptance of what is brought by nature as something to be lived with, a high emphasis on personal expressiveness and spontaneity, and a disbelief that personal matters have a place in anything other than personal relationships.

Torres raises the intriguing (and certainly researchable) notion that different cultures tend to carry different strengths and different vulnerabilities for their

members. For example, a frequent cost of the tremendously instrumental orientation of the Anglo is a sense of alienation, of loss of appreciation for the intrinsic satisfaction of participating in activities due to his preoccupation with them merely as *means* to a valued end. By way of further example, a frequent cost for the Puerto Rican of his readiness to accept what life brings him is a tendency to live unnecessarily with problematic life conditions which are amenable to change through personal action.

Based upon his characterizations of the differing world views embodied in the Puerto Rican and Anglo cultures, Torres generates a series of problems which a well-enculturated Puerto Rican is likely to have when he in effect temporarily "crosses over" by participating in a psycho-therapy deeply implicated in the Anglo perspective. For example, among his eight predictions is one that Puerto Ricans (more than Anglos) will tend to find it "strange" and "unhealthy" for a woman to be sharing her most personal concerns with a male psychotherapist in a professional, secular context.

In this research, all eight of Torres' predictions received empirical support. Results were particularly significant when only those Puerto Rican subjects who did not speak English (suggestive of less adaptation to the American culture) were separated out from the total Puerto Rican sample and compared with Anglo subjects.

Torres' study nicely illustrates the value of utilizing the World parameter to characterize and distinguish different cultures, and to make predictions about cross-cultural interactions. The study should be of especial value to clinicians interested in how they might go about treatment differently with Puerto Rican clients. This study also raises the hope that other such cultural portraits might be drawn by future researchers, subjected to empirical tests, and be available to clinicians working with, for example, Black, Mexican-American, white blue-collar, and other subcultural groups within the American society.

In his study, "What Actually Happens to Jose," Silva is concerned with (a) a refutation of the historical thesis of cultural determinism, (b) the substitution of a more adequate, conceptually appropriate approach to cross-cultural problems, and (c) a demonstration of the utility of this different conceptualization in research bearing on the problems of culturally displaced persons.

Speaking to the problems of the cultural determinism thesis—which states in its essentials that cultural values are what preeminently distinguish cultures and that these are related to behavior as cause to effect—Silva documents a host of problems which this thesis presents. Among the most trenchant of these are that values are given an inordinately important status at the expense of other parameters which would be very helpful in distinguishing and understanding cultures, e.g., Social Practices, World, and Way of Living concepts; that it is a causal, reductionistic thesis and therefore suffers the problems inherent in such formulations of behavior (e.g., they are self-annihilating—see Ossorio, 1978); and that empirically cultural determinism seems to have lent itself to an extraordinary

degree to the generation of ethnocentric depictions of other cultures (e.g., Saunders, 1954; Kluckhohn & Strodtbeck, 1966; Madsen, 1964; and Heller, 1966).

Silva then proceeds to draw on some of the conceptual apparatus of Descriptive Psychology for a more adequate approach to this subject matter. He reviews the notions of Personal Characteristics, behavior, values, Social Practices, socialization, and Culture, and some of the important linkages between them. From these he develops the notion of a "culturally displaced person" as an individual who has been socialized within one culture and then transplanted to another. Such a person, if this socialization has gone well, has acquired the Personal Characteristics, values, and skills which have enabled him or her to satisfy Basic Human Needs by engaging in the social practices of his or her culture of origin. He or she has acquired, in Ossorio's terms, a set of "reflexes", i.e., the inclinations, judgment, and sensitivity, when confronted with situations, to enact those behaviors which are participations in the Social Practices of the culture of origin and do satisfy Basic Human Needs in *that* culture. However, the key problem which arises for these persons is that such behavior often will not count as successful participation in the new, host culture and problems will ensue. Silva suggests the intriguing hypothesis that there will be less culture conflict at the level of Significance than at the level of concrete custom; e.g., he cites the example of two Indian tribes who have a cultural goal of maintaining personal harmony. The appropriate or prescribed custom for expressing this value in one culture, however, was to individualistically gather one's own food and not depend on one's neighbor, while in the other the custom was to collectively gather and store food as community property. From this, Silva generates the empirical hypothesis that more abstract significance-oriented persons will encounter less culture conflict than more concrete custom-oriented persons.

Finally, Silva presents the results of a study which he performed with Chicano freshmen entering a predominantly Anglo university, a situation entailing substantial displacement to a different culture for many of these students. While this study exhibited that Descriptive Psychological conceptions lend themselves readily to the generation of clear and meaningful conceptualizations and research designs, his empirical hypotheses did not generally receive strong support.

Lasater, in his study of "Stress and Health in a Colorado Coal Mining Community", approaches the problem of studying cultural groups, of exploiting the conceptual resource which is the concept of a Basic Human Need. Subsequent to providing an especially lucid treatment of this concept, Lasater demonstrates that this concept provides a fruitful way of (a) linking environmental factors with human function and dysfunction in a clear and cogent manner, and (b) aiding assessors of environments by providing a systematic set of variables to use in the assessment of community (or cultural) stresses and strains.

Building upon the notion that Basic Human Needs are satisfied in the concrete by persons participating in the social practices of their communities, and upon the now-commonplace observation that societies and communities tend to pro-

vide differential access to successful participation in social practices (e.g., the well known differential access of such groups as Blacks, women, and Hispanics to jobs in general and to well paying jobs in particular), Lasater and a colleague interviewed 70 members of a Colorado mining community, attempting to ascertain what opportunities to Basic Human Need satisfaction through participation in Social Practices were available to different societal groups. Having analyzed the community in this fashion, they then devised a questionnaire with which to gather information about such matters as respondents' personal Basic Human Need satisfaction and their physical and mental health. In general, while attempts to predict physical and mental health from the interview-based analysis were disappointing, results from persons' self-reports of Basic Human Need satisfaction were quite predictive of mental health functioning.

Lasater's key contributions include (a) an especially lucid explication of the concept of Basic Human Need, (b) the provision of an extremely well-rationalized basis for conducting community needs assessments,, and (c) the empirical finding of significant relatedness between individuals' self-reported Basic Human Need frustration and mental health functioning.

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# **PART I**

## **A MULTICULTURAL PSYCHOLOGY**

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## THE HISTORY OF THE

REIGN OF  
HAROLD GODWINSON  
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WILLIAM THE FIRST  
BY  
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# REFUGEES: CULTURAL DISPLACEMENT AND ITS EFFECTS

Laurence Saigo Aylesworth and Peter G. Ossorio

---

## ABSTRACT

Issues in the provision of mental health and other social adjustment services to Indochinese refugees in Colorado have raised issues with regard to our understanding of cultural displacement phenomena and the ability of service providers systematically to provide effective, culturally appropriate services to culturally displaced client populations. A conceptual formulation is presented in connection with an outline for a comprehensive research program. A conceptually derived nontraditional needs assessment is presented that addresses basic human need frustration, negative psychological effects, and psychophysiological effects. This assessment has been applied to Vietnamese, H'Mong, and Cambodian refugees in the Denver-Boulder area. The results of this application are discussed. Findings are integrated with knowledge gained from a nontraditional mental health services program designed on the conceptually derived social participation model. Implications of findings for national refugee resettlement efforts are outlined.

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## THE PROBLEM

### *Refugees and Mental Health Service*

In 1975 the governments of Vietnam, Laos, and Cambodia fell to the communist forces of the Vietcong, Khmer Rouge, and Pathet Lao, resulting in the displacement of over one million Indochinese refugees from their homelands. Between April 1975 and December 1982, over seven hundred thousand Indochinese refugees were resettled in the United States.

By 1977, the present authors had assisted in the provision of mental health services to approximately sixty Indochinese clients in the state of Washington and throughout the Rocky Mountain region. The consensus on the part of mental health and other service providers to Indochinese was that the members of this group were experiencing significant difficulty in their attempts to adjust to the United States and that these adjustment difficulties were resulting in a disproportionate incidence of serious mental health problems, as compared with the general American population. Frequent presenting problems included depression, anxiety and paranoid reactions, somatization, and reactive psychoses. The further consensus by these providers was that traditional Western mental health assessment and treatment methods were inappropriate and ineffective when applied to Indochinese. Psychiatric and psychological evaluations conducted with Indochinese clients based on accepted Western interview, psychometric, and observational assessment techniques resulted in the frequent misdiagnosis of mental disorders. Western psychotherapeutic interventions which were applied to Indochinese on the basis of these assessment findings were generally found to be inappropriate, and at times were reported to be quite harmful to the refugees' mental well-being.

Indochinese were known to be extremely reluctant to utilize existing American mental health services, as documented by an early national survey conducted by the Pennsylvania State Psychiatric Institute (1979), which found that fewer than four percent of the Indochinese refugees in the United States who had received help for "a serious problem" had received the service from an American mental health center, clinic, or hospital. Indochinese conceptions with regard to mental health and mental illness did not compel the refugee to trust, and thereby seek, help from "an American stranger" except under the most critical or unusual circumstances. It appeared that these beliefs, together with prior experiences with mental hospitals in Indochina, made the widespread utilization of the American mental health system unlikely.

Early programs that addressed the mental health and other social adjustment needs of Indochinese appeared to achieve success by virtue of their acceptability within the various Indochinese ethnic communities. In turn, the reason they were acceptable was that in some way and in some degree they exemplified traditional Indochinese approaches and conceptions with regard to mental health and mental

illness. However, even these efforts were largely ad hoc and were found to have a very limited impact on the refugee population. They tended to be overly responsive to a few highly disruptive and visible cases, including suicide attempts and domestic violence, and tended to assign a disproportionate amount of the limited resources allotted to refugee resettlement to those identified by the system as "most in need." In other cases, services tended to be structured around the needs of those persons most willing to use the service.

Examples of culturally acceptable mental health programs for Indochinese refugees included the crisis center hotline and the community medication clinic. The crisis center hotline, which was initiated in response to a few attempted or successful suicides, evolved into a rap-line in several locations; few genuine mental health cases were treated, and the impact on the overall refugee population appeared negligible.

In Denver, to circumvent the stigma associated with seeking help for mental health problems, a community "medication clinic" was created in 1976. It was based on the observation that many of the Indochinese clients were experiencing psychosomatic complaints associated with their emotional and situational problems. The clinic was utilized by refugees, but the agency's overall mental health program became defined by the general refugee community as a resource for the remediation of somatic complaints among Indochinese from low-income housing projects who by and large had low educational backgrounds.

Existing American service systems that also provided services to refugees (including schools, hospitals, Voluntary Agencies and other social service agencies) tended particularly to identify those adjustment problems for which they were expected to provide solutions. For example, English language programs would discover English language deficiencies, vocational training programs would uncover vocational training deficiencies, and so on.

An early realization was that none of the planning efforts for refugee social adjustment services were based on a comprehensive understanding of the adjustment difficulties experienced by the different Indochinese ethnic groups as such. Prior research related to refugee mental health generally established refugees as groups at high psychological risk. However, most studies were retrospective, and they were based on clinical case materials or psychiatric hospital admissions. Furthermore, they focused on the identification of Western syndromes of psychiatric and medical disorders as exhibited by small subgroups of Europeans or Hispanic refugees or immigrants within the overall culturally displaced groups. Thus, only very limited generalizations to the H'Mong, Cambodian, and Vietnamese refugees in the United States could be made on the basis of either prior research or service efforts with Indochinese.

In this context, the need became evident for a less ethnocentric and more comprehensive approach to the planning of mental health services for Indochinese refugees. It was clear that some sort of needs assessment was desirable, but now questions of method and conceptual framework became prominent, for it

was equally clear that none of the specific needs assessment options which had become traditional in the United States would be responsive to the concerns of our agency and other agencies serving the mental health needs of refugees.

### *Needs Assessments*

The major options for needs assessment include (1) the use of "social indicators," (2) reliance on expert judgments, (3) self-report or community consensus, and (4) the use of symptom counts. Each of these presented serious difficulties:

1. One well-known approach to needs assessment is the use of "social indicators" such as number of alcohol-related arrests, divorces, or violent deaths within a given jurisdiction over a set period of time. However, this approach requires implicit knowledge or assumptions concerning the structure and function of a community. Given an unknown community in a state of flux, neither knowledge nor plausible relevant assumptions were available. Moreover, this approach requires a specific target or criterion variable such as alcoholism, determined by the number of alcohol-related automobile accidents, the social indicator, occurring within a year, the time frame. The criterion variable is generally a problem which is already known or hypothesized to be an identifiable problem and is therefore culturally relative to a high degree. What we needed for our purposes was something closer to a discovery method for determining the range and extent of problems which existed for the different refugee groups.

2. A second approach is the "appeal to expertise" in identifying the needs of a community. The experts are either persons with special training (e.g., economists, sociologists) or persons who are favorably located for observing the phenomenon (e.g., ministers, physicians, politicians, teachers, community leaders). Mental health professionals and social scientists clearly were not in a position to identify the needs of this culturally diverse population by simple observation or interview methods. Conversely, Indochinese ethnic group leaders generally relied on their understanding of mental health problems from Indochina. They tended to identify a narrow range of problems which were disruptive for the community at large. Depression, which is commonly recognized to be the most prevalent mental health problem within the refugee communities, is seldom identified by Indochinese community experts or leaders, with the exception of a few knowledgeable persons. This pattern follows the early prediction of Tung (1975, p. 10), who stated, "Most probably the unhappiness (for Vietnamese refugees) will be suffered in silence and in private: crying alone at night or just staying awake, remembering and regretting and feeling loneliness and emptiness. It could also account for vague symptoms, ascribed to one organ or the other, for then they could be regarded as legitimate reasons to ask for help."

3. A third approach is to use polls or group meetings to establish some degree of community consensus concerning what is needed by a community. In

the present case, the same factors that handicapped the prioritization and identification by community leaders provided an even greater handicap for the refugees in general. Had they been asked what the refugees needed, they would probably mention money or jobs or English training first.

4. A fourth approach is to make a frequency count of identifiable disorders. For example, one might count the number of hospital admissions for schizophrenia or, in the door-to-door survey, inquire as to the frequency of alcohol problems in a given community. This approach requires known problems as criteria and thus is not well suited for discovery. Previous studies have noted the ability of immigrant and ethnic groups social structures to protect, and at times conceal, members who exhibit serious psychiatric symptomatology (Eaton and Weil, 1955; Kitano, 1969), leading Malzberg (1969, p. 395) to suggest: "the comparative incidence of psychoneurosis cannot be measured on the basis of admission to clinics, because ethnic groups differ in the importance they attach to such disorders, and in their willingness to apply for treatment." Self-reports based on door-to-door surveys required a mastery of the concepts governing the phenomenon of interest, but the refugees on the whole were not acquainted with Western mental health theories and constructs.

In the face of these difficulties, recourse to traditional mental health needs assessment approaches was ruled out. If we were going to be able to bring our technical expertise as clinicians and social scientists to bear on the problem, it appeared that we would first have to develop a more cogent conceptualization of the phenomenon of cultural displacement than was available in order to provide guidelines for treatment, assessment, and needs assessment. A conceptual formulation of cultural displacement follows.

## CULTURAL DISPLACEMENT RECONSIDERED

The phenomenon of cultural displacement is conceptualized in the following way: a culturally displaced person is an individual who has an experientially based, internalized culture of origin, a culture which contrasts in more or less important ways with a second, host, culture into which the person has been displaced and is currently living. The problems for culturally displaced persons do not arise simply from the fact that they are inadequately prepared to participate in the social forms of the host society into which they have been displaced. Problems also arise from the fact that they are well prepared and strongly disposed to participate in the social forms of their culture of origin, a culture which has defined for the group what is "right" and "natural" and "real" for them; to participate in the host culture requires that they deviate from what feels right, do what is unnatural, and participate in what seems unreal. Thus, from the point of view of adjustment, the displaced group's view of the host culture is not merely uninformed, but is actively distorted, and the group's behaviors are to a signifi-

cant extent not merely unskilled, but actively maladaptive in the new environment. The culturally displaced group and the host group are prone to mutual and systematic misunderstandings concerning each others' behavior; as a consequence, each group will tend to miscalculate the impact it has on the other.

A prerequisite for the understanding of the phenomenon of cultural displacement (i.e., the functioning of persons in second "host cultures") is an understanding of how people function in "cultures of origin" and how, in general, mental health and psychopathology are related to cultural participation. Such an understanding is provided by the Basic Human Need (BHN) model, which relates mental health and psychopathology to the satisfaction of needs and relates need satisfaction to social participation.

## THE BHN MODEL FOR CULTURAL DISPLACEMENT

The Basic Human Needs (BHN) model provides a comprehensive framework for understanding cultural displacement as a psychological phenomenon. The model provides a formally neutral common basis for making clinical judgments in various cultural contexts. A model of this sort is needed because judgments concerning both ordinary needs and psychopathology have validity only in relation to some particular cultural context. This relativity creates problems of basic understanding and of clinical judgment in dealing with refugees and other displaced persons.

The following is a summary formulation of the Basic Human Needs model. We begin with the following definitions:

*Pathological State.* When a person is in a pathological state there is a significant restriction in (1) his ability to engage in Deliberate Action and, equivalently, (2) his ability to participate in the social practices of his community. This concept of a pathological state is to be distinguished from the familiar notion of psychopathology, as defined by culturally determined sets of diagnostic categories.

*Need.* A need is a condition or requirement which, if not met, results in a pathological state.

*Basic Human Need.* A Basic Human Need (BHN) is a condition or requirement which, if not met *at all*, makes Deliberate Action impossible.

*Behavior Potential.* A person's behavior potential (BP) is his set of behavioral possibilities. Behavior potential is a function of both circumstances (opportunities) and personal capabilities. Restricted behavior potential may result from limited abilities or limited opportunities or both; in the former case a person is in a pathological state.

*Culturally Displaced Person.* A culturally displaced person is one who must

live in a culture which is different (the “host culture”) from the culture in which he has been primarily socialized (the “culture of origin”).

In principle, there is no definitive set of Basic Human Needs. And, in fact, different authors such as Leighton (1959), Coleman (1976) and Maslow (1969) among others, have presented different sets of Basic Human Needs. These sets have little actual overlap, although there are many strong resemblances. Table 1 shows an exemplary set of Basic Human Needs which was developed for use in the needs assessment reported below.

Basic Human Needs are satisfied in specific ways through participation in the social practices of a cultural group. Social practices contrast to Basic Human Needs in that they vary widely from culture to culture; even the “same” social practice will have a different significance in one culture as compared to another culture. Because of this, participation in a given, even highly similar, social practice will not provide the same kind and degree of Basic Human Needs satisfaction in different cultures. For example, the noonday meal has an entirely different significance as it is practiced in Chicano, American, and Vietnamese cultures and can be expected to provide different patterns of Basic Human Needs satisfaction in each. As this example suggests, Basic Human Needs are often satisfied by satisfying ordinary needs for companionship, transportation, employment, and so forth.

Within a given culture, the personal characteristics of the members become adapted to the cultural options for satisfying their Basic Human Needs. Within a given culture, only individuals having a limited and culturally specific set or range of personal characteristics are likely to satisfy their Basic Human Needs in a relatively optimal fashion. To the extent that a person’s Basic Human Needs are unsatisfied, he undergoes psychological distress and probably phenomenological and psychophysiological distress.

Table 1  
Exemplary Set of Basic Human Needs

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1. Physical Health
2. Safety and Security
3. Self-esteem and Worth
4. Love and Affection
5. Agency and Autonomy
6. Adequacy and Competence
7. Identity
8. Belonging and Acceptance
9. Disengagement
10. Order and Understanding
11. Personal and Social Legitimacy
12. Meaning, Hope, and Significance
13. Extension of Self

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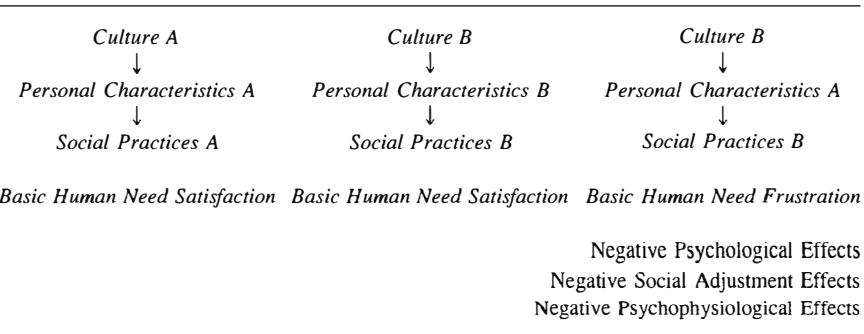


Because a culturally displaced person is adapted to the satisfaction of his Basic Human Needs in his original culture, he is actively maladapted to the satisfaction of his Basic Human Needs in the host culture. Therefore, initially at least, a culturally displaced person is likely to fail to a significant degree in the satisfaction of his Basic Human Needs in the host culture. The kind and degree of failures are, on the whole, relatively predictable from a comparison of the host culture and the culture of origin. Consequently a displaced person is likely to be in a condition of psychological distress and possibly psychophysiological distress. Either may reach the point of diagnosable symptomatology but need not do so to constitute a degree of human suffering that calls for ameliorative and preventive efforts.

The interrelatedness of the concepts of cultural displacement can be understood schematically through reference to Figure 1 below.

The Basic Human Needs model helps to clarify the nature of the anomalous position in which the displaced person finds himself. If one uses the host culture as the “community” referred to in the definition of a pathological state, then the displaced person is in a pathological or near pathological state to the extent that he is significantly restricted in his ability to participate in the social practices of (what is now) his community. (And he is likely to be treated accordingly by members of the host culture.) On the other hand, if one uses the culture of origin as the “community,” then in general he is not in a pathological state, but is only lacking in opportunity. In either case, his behavior potential is significantly restricted.

To make matters more complicated, the restriction of behavior potential is likely to have an eventual pathogenic influence to a greater or lesser degree. Thus, situational factors which restrict behavior potential are more than merely situational. The net effect is to make clinical judgments with respect to psychopathology, case formulation, and treatment or prevention more complex and more uncertain than usual.



**Figure 1. Culturally displaced persons model.**

## A PARAMETRIC ANALYSIS OF CULTURAL DISPLACEMENT

Given the conceptual understanding provided by the Basic Human Needs model, we can go on to ask about historical or empirical factors which facilitate or restrict the resettlement process. These will be factors that systematically increase or restrict the behavior potential of members of the culturally displaced group. Correspondingly, they will be factors that facilitate or restrict the satisfaction of Basic Human Needs.

The general phenomenon of refugee resettlement can be regarded as consisting, paradigmatically, of a set of (usually large-scale) historical episodes such as the exodus of refugees from Vietnam to the United States since 1975. In each such episode, members of a cultural group, having left their culture of origin, attempt to resettle in a foreign cultural setting. Factors that facilitate or impede successful resettlement can be formulated as parameters of the phenomenon of refugee resettlement and, more generally, of cultural displacement.

The principal factors of this kind, which have been identified to date, are presented below in the form of a parametric analysis of the domain of cultural displacement. (To give a parametric analysis of this domain is to specify how one episode of cultural displacement can resemble or differ from another episode of cultural displacement as such.) The parameters may be classified into those dealing with the process of adaptation and those dealing with the end state.

$\langle CD \rangle = \langle Cd, Su, Vi, Co, Ho, Nu, Di, Lo, Kn, Hp, De \rangle$  where

CD = Cultural Displacement

Cd = Cultural difference

Su = Substitutability

Vi = Visibility

Co = Compatibility

Ho = Hospitability

Nu = Nurturance

Di = Disengagement

Lo = Load

Kn = Knowledgeability

Hp = Hope

De = Deliberateness

These parameters are explicated briefly as follows:

1. *Cultural difference.* Cultural displacement essentially involves a person or group and two cultures. The culture from which a person comes is his culture of origin. The culture in which he must function after being displaced is his host culture. The Cultural Difference parameter involves the kind and degree of difference there is between the two cultures.

2. *Substitutability*. This parameter is the degree to which the displaced person can satisfy basic human needs in the host culture merely by substituting new behaviors for old ones, as against having to develop new attitude/skill/behavior complexes.

3. *Visibility*. What is involved here is the degree to which accommodation to the requirements of the host culture can be accomplished without giving up the concrete, visible forms (e.g., dress, food, behavior patterns) of the culture of origin.

4. *Compatibility*. This parameter is the degree to which the displaced person can accommodate to the requirements of the host culture without serious loss of identity, integrity, or fundamental values.

5. *Hospitability*. A host culture can be more or less genuinely hospitable. What is involved here is the degree to which the displaced person must become indistinguishable from a native in order to be fully accepted in the host culture as opposed to being able to retain some noticeable distinctiveness in a pluralistic societal context. A host society that is maximally hospitable will not be merely permissive, but will actively exploit cultural differences in order to enrich its own culture.

6. *Nurturance*. This parameter concerns the degree to which the displaced person has access to a subgroup within the host culture that can provide a transitional stage by virtue of being more supportive, informative, and compatible with the displaced person's characteristics and inclinations than the host culture as such would be. Ethnic enclaves of immigrants or refugees provide the classic examples of subgroups that provide transitional support for new arrivals.

7. *Disengagement*. This involves the degree to which the displaced person is free to make a new adaptation within the host culture. Having continuing commitments and obligations within the culture of origin carries with it the potential for a high level of stressful culture conflict.

8. *Load*. Resettlement carries with it psychological burdens, which are not evenly distributed over time but rather reach one or more periods of maximum stress. "Load" refers to the maximum stress the displaced person is called upon to cope with, since it is his success in coping with these maxima that determines whether he moves through the resettlement process successfully. Features such as initial status loss or the burden of having to learn a completely unfamiliar language are among those likely to increase the load.

9. *Knowledgeability*. This term refers to the degree to which the displaced person is already knowledgeable concerning the host culture. Within limits, greater knowledgeability may be expected to correspond to greater ease of adjustment to the host culture. For example, the Vietnamese, with over 100 years

of contact with Western culture, could be expected to adapt to the United States more readily than the H'Mong, who had had only marginal contact.

10. *Hope*. In the present context, "hope" refers to the degree to which the displaced person can see a realistic prospect for an eventual satisfactory life in the host culture.

11. *Deliberateness*. This refers to the contrast between the planned and voluntary resettlement in the host culture characteristic of immigrants, and the unplanned and involuntary resettlement characteristic of refugees.

Since cultural displacements do not take place in a historical vacuum, the course and result will be different for each group of refugees or other displaced persons. The parametric analysis above serves as a practical guide to what to expect for a given case of cultural displacement. The simple functional relationships (other things being equal) between parametric values and resettlement success are relatively clear-cut: Adaptation to the host culture varies inversely with Cultural Difference and Load and varies positively with Nurturance, Hospitality, and the remaining parameters.

Within this framework the knowledge already obtained with respect to earlier refugee groups can be used to understand and anticipate the experience of new groups without any gratuitous assumption of uniformities across groups. However, an optimal development along these lines would involve the following components:

1. A parametric analysis of cultural displacement.
2. The development of techniques for assessing values of these parameters in particular cases of cultural displacement.
3. A framework for conceptualizing the kind and degree of hardship suffered by a refugee population and the degree of adaptation achieved at a given time.
4. The development of techniques for assessing the degree of psychological distress and the degree of adaptation.
5. The development of predictive functional models relating parametric values collectively (as against singly) to distress/adaptation indicators.

The results of such a program would provide a conceptual/empirical basis for setting up optimal resettlement programs on short notice, for anticipating trouble spots in the resettlement process, and for monitoring the progress and well-being of the refugees.

In this paper we deal with three of the five components above. The Basic Human Need model provides an implementation of component 3; the parametric

analysis above provides an implementation of component 1; and the instrument used for the needs assessment reported below provides an implementation of component 4.

Although the focus of the present paper is on groups and group differences, both the BHN model and the parametric analysis of cultural displacement are equally applicable to individuals and differences among individuals. Conversely, individual clinical data provide part of the empirical data for the systematic program described above. Thus, for example, clinical case formulations provide special cases of the type of functional model referred to as component 5, above, and they provide part of the basis for the parametric analysis of cultural displacement.

## A NEEDS ASSESSMENT FOR INDOCHINESE REFUGEES

The Basic Human Needs model was used as the conceptual basis for a needs assessment for the Indochinese refugees in the Denver metropolitan area in the spring of 1979. It followed from the model that the primary locus of psychological distress would be in the frustration, or lack of satisfaction, of Basic Human Needs. Further, it could be anticipated that frustration of Basic Human Needs would have both direct correlates, such as negative emotions and attitudes and intellectual interference, and less direct correlates, such as negative somatic effects. It was plausible that there was a corresponding temporal sequence involved; that is, that the failure to satisfy basic human needs would result, if not immediately, then after a time, in negative psychological effects, and that both could eventually result in psychophysiological effects. Finally, it was clear that different patterns of Basic Human Needs frustration should be associated with different psychological and psychophysiological effects and that both group and individual differences could be expected.

If these expectations were met, then the assessment of Basic Human Needs frustration, psychological effects, and psychophysiological effects would provide a deep and revealing picture of the psychosocial status of the refugees. Such a picture could be used for basic understanding, for anticipating later symptomatology and more overt needs, and for planning ameliorative programs at the level of Basic Human Needs. The latter would also qualify as preventive programs with respect to overt symptoms and pathological states. Thus, the study was designed to provide evidence for the expected relationships and to provide a basis for prevention, prediction, and treatment.

### *Methods*

A survey instrument consisting of 202 items was constructed in order to obtain information with regard to:

1. Demographic Background Data
2. Experience and Attitudes
3. Basic Human Need Frustration
4. Life Area Satisfaction
5. Psychological Effects
6. Psychophysiological Effects

The specific areas of Basic Human Need Frustration, Psychological Effects, Psychophysiological Effects, and Composite Scores that were assessed include the following:

A. *Basic Human Needs* (see Table 1).

B. *Psychological Effects*

- (1) Bad Memory
- (2) Fears and Phobias
- (3) Anxiety
- (4) Hypochondriasis
- (5) Compulsive Activity
- (6) Cynicism
- (7) Suicidal Ideation
- (8) Limited Emotionality
- (9) Alcohol Abuse
- (10) Manic States
- (11) Shame
- (12) Guilt
- (13) Shock and Depersonalization
- (14) Inappropriate Affect
- (15) Derealization
- (16) Paranoia
- (17) Preoccupation
- (18) Withdrawal and Isolation
- (19) Anger
- (20) Dependency
- (21) Depression

C. *Psychophysiological Effects*

- (1) Aches and Pains
- (2) Headaches
- (3) Heart or Chest Pains
- (4) Loss of Weight
- (5) Faintness or Dizziness
- (6) Trouble Sleeping

- (7) Numbness or Tingling
- (8) Pain in Lower Back
- (9) Fast Heart Beat
- (10) Diarrhea or Constipation
- (11) Nausea
- (12) Arthritis or Rheumatism
- (13) Stomach Disorder
- (14) Skin Disorder
- (15) Lack of Energy
- (16) Tenseness of Muscles
- (17) Fast Breathing
- (18) Sweatiness or Warmth of Skin

*D. Composite Scores*

- (1) Basic Human Need Frustration
- (2) Negative Psychological Effects
- (3) Negative Psychophysiological Effects

The survey form contained three items for the assessment of level of frustration for each of 12 of the Basic Human Needs and two items for the assessment of physical health. Two or three items each assessed 19 of the 21 negative psychological effects. "Suicidal thoughts" had only one item associated with it, due to the sensitivity of the topic: "fears and phobias" contained seven items, since it represented a broad category of disparate symptoms. Eighteen different physical complaints that are generally diagnosed as psychosomatic or psychophysiological in nature were each assessed by means of a single item.

Questionnaire items which were used to assess Basic Human Needs and psychological effects made use of a 9-point scale anchored by the following definitions:

- 0 = Does not apply
- 1 = Not at all true
- 3 = Slightly true
- 5 = Somewhat true
- 7 = Moderately true
- 9 = Very true

Judgments for assessing psychophysiological effects made use of the following scale:

- 1 = Never or almost never
- 3 = Seldom
- 5 = Sometimes

7 = Fairly often

9 = Almost all the time

Neither psychological nor medical inventories which had been standardized on American populations were used in the study, since it appeared that these procedures did not have sufficient potential for providing relevant findings. Several items were taken from existing inventories, which included the Cornell Medical Index (C.M.I.) (Wider, 1948), Zung scale of depression (Zung, 1965), and the Symptom Check List Ninety (SCL-90) (Derogatis, 1977). Most psychological and psychosomatic/psychophysiological effect items were derived from the authors' prior research and clinical experience in working with the mental health problems of Indochinese and other refugees. These symptoms are considered to be reasonably representative of the range of difficulties experienced by the group of refugees.

The survey and consent forms were translated into Vietnamese, Laotian, and Cambodian by three bilingual/bicultural Indochinese, all of whom possessed the equivalent of a college education in their native country. To obtain a common understanding with regard to the meaning and significance of each item, several discussion sessions, lasting over ten hours, were held and were attended by all three translators. As a result of these sessions, additional background items were suggested, and items that were potentially offensive from the standpoint of any one of the Indochinese cultures were eliminated.

### *Sample Selection*

The primary source of subjects for the present study was the central file of Colorado's United States Catholic Charities. The file contained folders on over 4,200 Indochinese refugees and was maintained under contract with the Colorado State Department of Social Services. Because the file was organized in terms of date of admission, a skip interval procedure was used to select a subsample. This subsample was randomly sampled within age, sex, and ethnic groups. The result, though not a random sample from the refugee population, was not subject to any known biasing effects.

During April and May of 1979, a sample of 222 Indochinese were interviewed, all of whom were over 18 years of age and lived in the Denver-Boulder metropolitan area. Only one refusal was encountered, and only four interviews had to be dropped due to incomplete data. Thus, the final sample of Indochinese represents 98% of those who were contacted initially and who were asked to participate in the study.

Of the 217 interviews retained for analysis, 119 or 54.8% were Vietnamese, 59 or 27.2% were Laotian or Laotian-H'Mong, and 39 or 18.0% were Cambodian; with regard to sex, 129 or 59.4% were men and 88 or 40.6% were women; and with regard to age, 93 or 42.9% were between 18 and 30 years, 93 or 42.9%



were between 31 and 59 years, and 31 or 14.3% were 51 years of age or older. The ethnic group proportions in this sample were not markedly different from those reported by the Colorado State Department of Social Services.

## *Results*

Statistical analyses which were conducted separately for the age, sex, and ethnic groups revealed ethnic group differences to be most frequent both in the case of the individual items and the derived scores. One-way analyses of variance and Duncan Multiple Range tests were conducted on the 185 interval-scaled questionnaire items, using age, sex, and ethnicity, successively, as the "treatment" variable, and revealed 122 significant ethnic group differences in comparison to 37 sex-group and 28 age-group differences ( $p = .01$ ). Similarly, analyses of the 13 Basic Human Needs, 21 Psychological Effects and 4 Global Scores provided 29 ethnic group differences but only 6 sex-group and 5 age-group differences ( $p = .01$ ).

Further statistical analyses were conducted to determine age and sex differences as a function of ethnic group. A one-way analysis of variance, regressing age as a function of ethnic group, achieved an  $F$  ratio of only .09 ( $p < .92$ ) whereas a chi-square of sex by ethnic group obtained a  $\chi^2 = 3.52$  ( $p < .70$ ). Thus, age and sex differences within ethnic group were not significant covariates, and it appears implausible that the ethnic group differences reported below are due to the age and sex differences between the ethnic groups. Since the original intent of the study was to apply the BHN model to the different Indochinese ethnic groups, and since ethnic group differences appear substantial in comparison to age-group and sex-group differences, the focus of the results and discussion in this paper will be on characterizations of the Vietnamese, H'Mong, and Cambodians and on the differences between these groups.

Eleven illustrative demographic sample characteristics are shown in Table 2. Of the total adult sample of the Indochinese included in the study, the typical respondent was 36 years of age; had been in the United States for two and a half years; had moved to escape from the communists between two and three times prior to leaving their country of origin; had completed the ninth year of schooling; and could speak "some" English, that is, at the level of "can say and understand simple things." In terms of marital status, the group was composed of persons who were currently married in three out of five cases, had never married in one out of four cases, and had been divorced, separated, or widowed in one out of seven cases. With regard to religious affiliation, half of the group was Buddhist, one-third was Catholic, and one-ninth was animist. Two-thirds of the group indicated they were able to read and write in at least one language and one-third of the group reported themselves to be totally illiterate in any language.

In the area of current work situation, slightly more than one-third of the group indicated they were employed on a full-time basis, while about the same percent-

age indicated they were students; one in seven was unemployed, one in eleven was a housewife or in an "other situation," and only 3% indicated their situation to be working on a part-time basis. With regard to public assistance, almost half of the sample indicated they did not receive any welfare benefits, slightly more than one-third received full assistance, and about one-sixth received partial assistance.

For descriptive purposes, one-way analyses of variance and Duncans were conducted by ethnic group on six of the items included in Table 2. These items are indicated by an asterisk; the findings reported below achieved significance beyond  $p = .01$  on both the ANOVA and the Duncan multiple range tests.

Ethnic groups show differences both in terms of average time in the United States and in the number of moves to escape the communists prior to coming to the United States. The H'Mong had been in this country a shorter period of time than either the Cambodians or the Vietnamese, but the Cambodians had been in the United States less time than the Vietnamese. The H'Mong also report having made more moves to escape from the communists than either the Vietnamese or the Cambodians.

With regard to education, it was found that the H'mong had fewer years of formal schooling than either the Vietnamese or Cambodians. Consistent with this, the H'Mong report less fluency in English or ability to read or write in any language than either the Vietnamese or the Cambodians. Finally, the H'Mong report greater reliance on public assistance than the Vietnamese.

Thus, the picture which emerges is of the H'Mong as a particularly disadvantaged group within the group of Indochinese. They were the last of the three groups to be resettled in the United States; had more escapes from the communists, less formal schooling, less fluency in English or literacy in any language; and had greater reliance on welfare, at least in comparison to the Vietnamese.

*Basic human needs, psychological effects, psychophysiological effects.* Mean scores and significant differences (Duncan Multiple Range,  $p < .01$ ) are presented in Table 3 for each of the three ethnic groups for Basic Human Needs, Psychological Effects, Psychophysiological Effects, and Global Scores. Ethnic group differences are discussed on the remainder of the results section only if they achieve significance beyond  $p = .01$  on both the Anova and Duncan multiple range tests.

These findings indicate that in the area of Basic Human Need frustration, (BHN) the overall group of Indochinese attained their highest mean scores in the frustration of Order and Understanding ( $\bar{X} = 6.1$ ), Adequacy and Competence ( $\bar{X} = 5.9$ ), and Safety and Security ( $\bar{X} = 5.4$ ). The lowest BHN mean scores for Indochinese were in the areas of Physical Health ( $\bar{X} = 3.0$ ) and Identity ( $\bar{X} = 3.1$ ). The H'Mong were found to have the greatest global need frustration and the Cambodians reported greater global need frustration than did the Vietnamese. The H'Mong reported the greatest frustration on seven of the thirteen needs, and,

Table 2  
Selected Demographic Characteristics of Indochinese Subgroups

<i>Subgroup Characteristic</i>	<i>Viet. (N = 119)</i>	<i>H' Mong (N = 59)</i>	<i>Camb. (N = 39)</i>	<i>Male (N = 129)</i>	<i>Female (N = 88)</i>	<i>Young (N = 93)</i>	<i>Middle (N = 93)</i>	<i>Elder (N = 31)</i>	<i>Total</i>
<b>1. Mean Age in Years</b>	35.5	35.4	37.2	34.4	37.9	24.4	39.0	60.2	35.8
<b>2. Marital Status</b>									
a. Married	53.8%	78.0%	43.6%	58.1%	59.1%	40.9%	76.3%	58.1%	58.5%
b. Div., Sep., Widowed	17.6%	5.1%	20.5%	7.9%	25.0%	2.2%	18.3%	41.9%	14.8%
c. Never married	28.6%	16.9%	35.9%	34.1%	15.9%	57.0%	5.4%	0.0%	26.7%
<b>3. Religion</b>									
a. Buddhist	47.1%	35.6%	84.6%	48.1%	54.5%	52.7%	51.6%	41.9%	50.7%
b. Catholic	52.9%	15.3%	7.7%	39.5%	27.3%	32.3%	33.3%	45.1%	34.6%
c. Protestant	0.0%	8.5%	7.7%	4.7%	2.3%	5.4%	2.2%	3.2%	3.7%
d. Animist	0.0%	40.7%	0.0%	7.8%	15.9%	9.7%	12.9%	9.7%	11.1%
<b>4. National Origin</b>									
a. North Vietnam	30.3%	0.0%	0.0%	16.3%	17.0%	8.6%	21.5%	25.8%	16.6%
b. Central Vietnam	31.1%	0.0%	0.0%	17.8%	15.9%	22.6%	12.9%	12.9%	17.1%
c. South Vietnam	38.7%	0.0%	0.0%	24.0%	17.0%	23.7%	21.5%	12.9%	21.2%
d. Laos	0.0%	100.0%	0.0%	22.5%	34.1%	25.8%	28.0%	29.0%	27.2%
e. Cambodia	0.0%	0.0%	100.0%	19.4%	15.9%	19.4%	16.1%	19.4%	18.0%
<b>5. Time in U.S.*</b>									
a. One year or less	15.1%	54.2%	23.1%	24.5%	30.7%	31.2%	25.8%	19.4%	27.2%
b. One to three years	16.0%	44.1%	43.6%	30.2%	26.1%	30.1%	26.9%	29.0%	28.6%
c. More than three years	68.0%	1.7%	33.3%	45.0%	43.2%	38.7%	47.3%	51.6%	44.2%
<i>Mean Time in U.S. (Months)</i>	37.3%	17.4%	26.6%	30.6%	29.0%	27.9%	30.7%	33.8%	30.0%

**6. # Moves to Escape Communists\***

a. One or less	44.5%	13.6%	59.0%	41.1%	35.2%	41.9%	35.5%	38.7%	38.7%
b. Two or three	52.1%	42.4%	41.0%	48.8%	45.5%	43.0%	52.7%	45.2%	47.5%
c. Four or more	3.4%	44.1%	0.0%	10.1%	19.3%	15.1%	11.8%	16.1%	13.8%

**7. Years of Education\***

a. Zero to eight years	31.4%	76.6%	44.7%	39.1%	52.6%	39.8%	39.5%	70.0%	44.1%
b. Nine to twelve years	39.8%	10.6%	31.6%	31.3%	31.6%	32.3%	38.3%	10.0%	31.4%
c. Thirteen or more years	28.8%	12.8%	23.7%	29.7%	15.8%	28.0%	22.2%	20.0%	24.5%
<i>Mean Years of Education</i>	10.2	6.9	8.9	9.6	8.2	9.9	9.3	5.8*	9.0

**8. Level of English Proficiency\***

a. None = 1	16.8%	61.1%	33.3%	20.9%	47.7%	18.3%	34.4%	64.5%	31.8%
b. Some = 2	58.0%	25.4%	15.4%	41.1%	42.0%	35.5%	51.6%	29.0%	41.5%
c. Moderate = 3	20.2%	10.2%	38.5%	28.7%	9.1%	34.4%	11.8%	6.5%	20.7%
d. Fluent = 4	5.0%	3.4%	12.8%	9.3%	1.1%	11.8%	2.2%	0.0%	6.0%
<i>Mean Level of English</i>	2.1	1.6	2.3	2.3	1.7	2.4	1.8	1.4	2.0

**9. Read & Write in Any Language\***

a. Yes	71.4%	54.2%	74.4%	81.4%	46.6%	76.4%	59.1%	64.5%	67.3%
b. No	28.5%	45.8%	25.6%	18.6%	53.4%	23.7%	40.9%	35.5%	32.7%

**10. Present Work Situation**

a. Work full-time	44.5%	22.0%	30.8%	43.0%	26.1%	22.6%	51.6%	29.0%	36.1%
b. Work part-time	4.2%	1.7%	2.6%	3.9%	2.3%	6.5%	1.1%	0.0%	3.2%
c. Unemployed	13.4%	8.5%	25.6%	10.9%	19.3%	9.7%	9.7%	41.9%	14.4%
d. Student	33.6%	47.5%	30.8%	40.6%	31.8%	51.6%	29.9%	22.6%	37.0%
e. Housewife, other	4.3%	20.3%	10.3%	1.6%	20.5%	9.7%	10.7%	6.4%	9.3%

**11. Public Assistance\***

a. None	56.3%	28.8%	46.2%	53.5%	37.5%	46.2%	55.9%	22.6%	47.0%
b. Partial	14.3%	15.3%	20.5%	16.3%	14.8%	19.4%	10.8%	19.4%	15.8%
c. Full	29.4%	55.9%	33.3%	30.2%	47.7%	34.4%	33.3%	58.1%	37.3%

*Note:* \*indicates that the cultural group variable was statistically significant in a one-way analysis of variance and that the Duncan multiple range test indicated at least one group to be different from the others,  $p < .01$  or better.

Table 3  
Ethnic Group Means on Basic Human Need Frustrations (BHN),  
Psychological Effects, Psychophysiological Effects and Global Scores

	<i>Vietnamese</i>	<i>H'Mong</i>	<i>Cambodian</i>	<i>Total</i>
<b>Basic Human Need Frustration (BHN)</b>				
1. Physical Health	2.9	3.1	3.1	3.0
2. Safety & Security	5.1 <sup>a</sup>	6.2 <sup>b</sup>	4.9 <sup>a</sup>	5.4
3. Self-esteem & Worth	3.3 <sup>b</sup>	5.2 <sup>a</sup>	5.8 <sup>a</sup>	4.2
4. Love & Affection	3.7 <sup>c</sup>	5.7 <sup>a</sup>	4.7 <sup>b</sup>	4.2
5. Agency & Autonomy	2.8 <sup>b</sup>	4.8 <sup>a</sup>	4.6 <sup>a</sup>	3.7
6. Adequacy & Competence	5.7 <sup>b</sup>	6.6 <sup>a</sup>	5.6 <sup>b</sup>	5.9
7. Identity	2.4 <sup>b</sup>	4.4 <sup>a</sup>	3.1 <sup>b</sup>	3.1
8. Belonging & Acceptance	3.7 <sup>b</sup>	4.4 <sup>a</sup>	4.2 <sup>a, b</sup>	4.0
9. Disengagement	3.8 <sup>b</sup>	7.3 <sup>a</sup>	4.5 <sup>b</sup>	4.9
10. Order & Understanding	5.3 <sup>c</sup>	7.5 <sup>a</sup>	6.3 <sup>b</sup>	6.1
11. Personal & Social Legitimacy	3.5	3.6	3.7	3.5
12. Meaning, Hope & Significance	3.3 <sup>b</sup>	5.4 <sup>a</sup>	4.0 <sup>b</sup>	4.0
13. Extension of Self	4.2 <sup>a</sup>	3.7 <sup>b</sup>	3.9 <sup>b, a</sup>	4.0
<b>Psychological Effects</b>				
1. Bad Memory	4.5 <sup>b</sup>	3.7 <sup>b</sup>	5.7 <sup>a</sup>	4.5
2. Fears & Phobias	3.3 <sup>b</sup>	3.8 <sup>a</sup>	3.4 <sup>a, b</sup>	3.5
3. Anxiety, Tension	3.1 <sup>a</sup>	1.9 <sup>b</sup>	3.4 <sup>a</sup>	2.8
4. Hypochondriasis	2.6	2.8	2.2	2.6
5. Compulsive Activity	4.5 <sup>b</sup>	7.1 <sup>a</sup>	6.1 <sup>a</sup>	5.5
6. Cynicism	6.1 <sup>b</sup>	6.2 <sup>b</sup>	7.3 <sup>a</sup>	6.4
7. Suicidal Thoughts	1.5	1.8	1.5	1.6
8. Limited Emotionality	2.1 <sup>c</sup>	4.7 <sup>b</sup>	5.7 <sup>a</sup>	3.5
9. Alcohol Abuse	3.5 <sup>a</sup>	2.0 <sup>b</sup>	3.5 <sup>a</sup>	3.1
10. Manic Episodes	4.5 <sup>b</sup>	2.4 <sup>c</sup>	6.2 <sup>a</sup>	4.2
11. Shame	3.2 <sup>b</sup>	3.7 <sup>b</sup>	4.7 <sup>a</sup>	3.6
12. Guilt	5.8 <sup>b</sup>	3.6 <sup>c</sup>	7.4 <sup>a</sup>	5.5
13. Shock, Depersonalization	2.5 <sup>b</sup>	1.6 <sup>c</sup>	3.6 <sup>a</sup>	2.5
14. Inappropriate Affect	2.2	1.8	2.5	2.2
15. Derealization	3.2 <sup>c</sup>	4.2 <sup>b</sup>	6.8 <sup>a</sup>	4.2
16. Paranoia	4.3	4.6	3.8	4.3
17. Preoccupation	4.3	3.6	4.5	4.2
18. Withdrawal, Isolation	3.4 <sup>a</sup>	1.7 <sup>b</sup>	3.3 <sup>a</sup>	2.9
19. Anger	3.5 <sup>a, b</sup>	3.0 <sup>b</sup>	4.3 <sup>a</sup>	3.5
20. Dependency	4.0 <sup>b</sup>	5.0 <sup>a</sup>	5.2 <sup>a</sup>	4.5
21. Depression	3.4	3.3	3.7	3.4
<b>Psychophysiological Effects</b>				
1. Aches & Pain	3.5 <sup>a</sup>	3.6 <sup>a</sup>	1.9 <sup>b</sup>	3.2
2. Headaches	4.1	3.7	3.3	3.8
3. Heart or Chest Pains	1.7 <sup>a</sup>	2.1 <sup>a</sup>	1.2 <sup>b</sup>	1.7
4. Loss of Weight	3.2	2.5	2.7	2.9
5. Faintness or Dizziness	1.8 <sup>b</sup>	2.3 <sup>a, b</sup>	2.9 <sup>a</sup>	2.1

(Continued)

Table 3 (Continued)

	<i>Vietnamese</i>	<i>H'Mong</i>	<i>Cambodian</i>	<i>Total</i>
6. Trouble Sleeping	4.3 <sup>a</sup>	2.8 <sup>c</sup>	3.1 <sup>b</sup>	3.7
7. Numbness or Tingling	1.5	1.8	1.9	1.7
8. Pain in Lower Back	2.6	2.8	2.0	2.6
9. Fast Heart Beat	2.1	2.0	2.1	2.1
10. Diarrhea or Constipation	2.4	1.9	2.6	2.3
11. Nausea	1.9	1.5	2.0	1.8
12. Arthritis or Rheumatism	1.9	1.8	2.0	1.9
13. Stomach Disorder	2.2	2.4	2.9	2.4
14. Skin Disorder	1.8	1.4	2.0	1.7
15. Lack of Energy	2.4	2.9	2.6	2.6
16. Tenseness of Muscles	1.8	1.9	2.3	1.9
17. Fast Breathing	1.9	1.4	1.6	1.7
18. Sweatiness or Warmth of Skin	2.4	2.1	1.8	2.2
<b>Global Scores</b>				
1. Global Life Area Satisfaction	1.4 <sup>a</sup>	1.5 <sup>a</sup>	0.9 <sup>b</sup>	1.4
2. Global Psychophysiological Effects	2.4	2.2	2.3	2.3
3. Global BHN Frustration	3.8 <sup>c</sup>	5.2 <sup>a</sup>	4.4 <sup>b</sup>	4.3
4. Global Psychological Effects	3.6 <sup>b</sup>	3.4 <sup>b</sup>	4.5 <sup>a</sup>	3.7

Note: <sup>a,b,c</sup>Means that differ in superscript are statistically different from each other by the Duncan multiple range test.

conversely, the Vietnamese reported the least frustration on four of the individual need items.

In the area of Psychological Effects, the highest overall group means were in the areas of Cynicism ( $\bar{X} = 6.4$ ), Compulsive Activity ( $\bar{X} = 5.5$ ), and Guilt ( $\bar{X} = 5.5$ ). The lowest group mean scores were on Suicidal Ideation ( $\bar{X} = 1.6$ ) and Inappropriate Affect ( $\bar{X} = 2.2$ ). Between-group comparisons indicate that the Cambodians report the greatest degree of psychological distress in comparison to the other groups, both in terms of the global indicator and the number of Psychological Effect Items on which they have significantly higher scores.

Negative psychophysiological effects were reported by few respondents in any of the three ethnic groups, resulting in uniformly low group means and the absence of any global score inequalities. The highest individual psychophysiological effect mean scores for Indochinese were in the areas of Headaches ( $\bar{X} = 3.8$ ), Trouble Sleeping ( $\bar{X} = 3.7$ ), Aches and Pains ( $\bar{X} = 3.2$ ), and Loss of Weight ( $\bar{X} = 2.9$ ).

Summarizing these results in terms of groups we find the following: As a group, the Indochinese were characterized by high BHN frustration in the areas of Order and Understanding, Adequacy and Competence, and Safety and Security. They were also characterized by a high degree of the negative psychological effects of Cynicism, Compulsive Activity, and Guilt. Major psychophysiological effects were Headaches, Trouble Sleeping, and Aches and Pains.

Each of the ethnic groups showed distinctive patterns of BHN frustration, psychological effects, psychophysiological effects, and correlations between BHN frustration and psychological and psychophysiological effects.

The Vietnamese showed high BHN frustration for Adequacy and Competence, Order and Understanding, and Safety and Security. In this, they matched the characteristics of the overall Indochinese group, but they were the lowest of the three groups on Order and Understanding. The Vietnamese also were lowest on BHN frustration of Self-esteem and Worth, and Love and Affection. With one exception, Extension of Self, the Vietnamese obtained the lowest actual mean score for BHN frustration among the three groups, and they were lowest on overall BHN frustration.

On negative psychological effects the Vietnamese also matched the overall group in scoring high on Cynicism, Guilt, and Compulsive Activity, although in the latter their score (4.5) was much lower than the H'Mong (7.1) and the Cambodians (6.1). They were also the lowest of the three groups on Limited Emotionality, Derealization, and Dependency.

Psychophysiologicaly, the Vietnamese showed the greatest degree of Trouble Sleeping and, along with the H'Mong, were high on Aches and Pains.

The H'Mong scored highest on Global BHN frustration and in seven of the thirteen individual BHN frustrations, including the three which were characteristic of the Indochinese overall, that is, Order and Understanding, Adequacy and Competence, and Safety and Security. The other four most frustrated BHN among the three groups were Disengagement; Love and Affection; Meaning, Hope, and Significance; and Self-esteem and Worth. In addition, the H'Mong were higher than the Vietnamese on BHN for Belonging and Acceptance.

In the area of Psychological Effects, the H'Mong achieved their two highest scores on two of the three negative psychological effects characteristic of the Indochinese overall, that is, Compulsive Activity and Cynicism. In the third of these three effects, that is, Guilt, the H'Mong scored considerably lower (3.6) than the Vietnamese (5.8) and Cambodians (7.4). They also scored the lowest of the three groups on Shock and Depersonalization, Withdrawal and Isolation, Anxiety and Tension, Alcohol Abuse, and Manic Behavior. They were lower than the Cambodians on Anger. They were, however, higher than the Vietnamese on Fears and Phobias and, along with the Cambodians, were higher than the Vietnamese on Dependency.

In the area of psychophysiological effects, where there were few significant group differences, the H'Mong reported more frequent Heart or Chest Pains than did Cambodians.

The Cambodians had high BHN frustration scores on the same three need frustration areas on which the overall Indochinese group scored high, that is, Order and Understanding, Adequacy and Competence, and Safety and Security. They also scored high on BHN frustration for Self-esteem and Worth. They did not score highest or lowest on any of the thirteen BHN frustration measures and emerged as the middle group ( $H > C > V$ ) on overall BHN frustration.

Among the three groups, the Cambodians scored highest on overall Psychological Effects, and they scored highest on eight of the individual negative psychological effects. Considering actual means rather than significant differences, the Cambodians did not score lowest among the three groups on any of the twenty-one psychological effects. They did score highest on Guilt and on Cynicism, and, along with the H'Mong, scored higher than the Vietnamese on Compulsive Activity, so that on the whole, the Cambodians scored highest on the three psychological effects which were highest for the three groups combined. In addition, they scored highest on Derealization, Manic Behavior, Bad Memory, Limited Emotionality, Shame, and Shock and Depersonalization. Cambodians scored higher than the H'Mong on Anger and, along with the Vietnamese, scored higher than the H'Mong on Anxiety and Tension and on Alcohol Abuse. It is noteworthy that the Cambodians scored highest on six psychological effects which were not characteristic of the Indochinese as a whole and that of these six, five were of a dissociative nature. The remaining psychological effects on which the Cambodians scored highest or among the highest, with the exception of Alcohol Abuse, are typically classified as negative emotions (Anger, Shame, Guilt, Cynicism, Anxiety and Tension).

In the area of Psychophysiological Effects, the Cambodians reported more frequent spells of Faintness or Dizziness than the Vietnamese and less Aches and Pains than the H'Mong and Vietnamese.

Pearson correlations between each of the 13 BHNF scores and each of the 21 Psychological Effect scores were calculated for the Vietnamese and for the H'Mong and the Cambodians, resulting in 273 correlations for each ethnic group. Table 4 lists the 13 basic human needs and shows the number of significant correlations between a given BHN frustration and the 21 psychological effects. Correlations significant at the .05, .01 and .001 are distinguished. These results are shown for each of the three ethnic groups separately and for the groups combined.

The proportion of significant correlations between BHN frustrations and Psychological Effects was 29% (79/273) for the Vietnamese, 25% (68/273) for the H'Mong and 12% (32/273) for the Cambodians. It was 22% for the total group.

The number of significant correlations with psychological effects varied widely from one BHN frustration to another. Combining the three ethnic groups, Personal and Social Legitimacy was the BHNF with the greatest number of significant correlations with psychological effects, that is, 30 out of a possible 63 (47%). This was followed by Disengagement, with 23 significant correlations out of a possible 63 (37%). Agency and Autonomy ranked last in this respect with 5 significant correlations (8%) and Identity was next to last with 6 (10%).

For Vietnamese, the BHN frustration showing the greatest number of significant correlations with psychological effects was Disengagement, with 17 (out of a possible 21!), followed by Personal and Social Legitimacy, with 13, and Physical Health, with 11. For the H'Mong the BHN frustrations showing the greatest number of significant correlations were Personal and Social Legitimacy



Table 4  
Summary of Vietnamese, H'Mong and Cambodian Significant Pearson Correlations Between Psychological Effects  
and Basic Human Needs

	Vietnamese			H'Mong			Cambodian			Indochinese Total			Total # Signif. Pearson r's	Rank Order
<i>Basic Human Need Frustration</i>	.05	.01	.001	.05	.01	.001	.05	.01	.001	.05	.01	.001		
1. Physical Health	3	1	5	4	0	1	1	1	1	8	1	6	15	5
2. Safety & Security	4	3	1	2	0	0	2	1	0	8	4	1	13	6
3. Self-esteem & Worth	3	0	1	3	4	1	0	0	0	6	4	2	12	7.5
4. Love & Affection	5	0	2	4	1	3	3	0	0	12	1	5	18	3.5
5. Agency & Autonomy	1	0	0	1	0	0	3	0	0	5	0	0	5	13
6. Adequacy & Competence	4	6	1	0	0	0	1	0	0	5	6	1	12	7.5
7. Identity	0	0	0	3	0	0	1	1	1	4	1	1	5	12
8. Belonging & Acceptance	1	2	0	2	1	3	0	0	0	3	3	3	9	10
9. Disengagement	8	7	2	3	0	1	2	0	0	13	7	3	23	2
10. Order & Understanding	1	1	1	5	2	2	3	2	1	9	5	4	18	3.5
11. Personal & Social Legitimacy	4	3	6	1	4	6	5	1	0	10	8	12	30	1
12. Meaning, Hope & Significance	0	0	0	3	0	2	2	0	0	5	0	2	7	11
13. Extension of Self	2	1	0	4	1	1	2	0	0	8	2	1	11	9
Total	36	24	19	35	13	20	25	5	2	96	42	41	179	

(11) and Order and Understanding (9); for the Cambodians, it was also Personal and Social Legitimacy (6) and Order and Understanding (6).

For most BHN, the number of significant correlations with psychological effects varied widely from one ethnic group to another. For example, Adequacy and Competence showed 11 significant correlations for the Vietnamese, none for the H'Mong, and one for the Cambodians. Similarly, Order and Understanding showed 3 significant correlations for the Vietnamese, 9 for the H'Mong, and 6 for the Cambodians.

Pearson correlations were also calculated between each of the 13 BHN frustration and the 18 psychophysiological effects, resulting in 234 correlations for each of the ethnic groups and 702 correlations for the groups combined. These results are shown in Table 5, where the significant correlations are classified in terms of significance level (.05, .01 and .001).

The Vietnamese showed 62 out of a possible 234 significant correlations (26%) between BHN frustration and psychophysiological effects. For the H'Mong, 33 correlations (14%) were significant, and for the Cambodians, 19 correlations (8%) were significant. For the overall Indochinese group, 114 out of 702 correlations (16%) were significant.

In contrast to the results in Table 4, the number of significant correlations between BHN and psychophysiological effects did not vary extremely from one BHN to another. Of the 13 BHN, Physical Health had the greatest number of significant correlations with psychophysiological effects, with 34 out of a possible 54 (63%). Disengagement was second, with 17 (32%) significant correlations. These two BHN accounted for 45% of the significant correlations; for the remaining 11 basic human needs the number of significant correlations ranged from 3 to 7.

Also in contrast to the results in Table 4, the number of significant correlations between a given BHN and the psychophysiological effects did not in general vary widely from one ethnic group to another. The one notable exception was Disengagement, which showed 15 significant correlations for the Vietnamese and only one apiece for the H'Mong and the Cambodians.

A survey of the results in Table 4 and Table 5 shows that the proportion of significant correlations between the BHN frustrations on the one hand and either the psychological effects (22%) or the psychophysiological effects (16%) was far greater than would be expected on a chance basis. This is particularly evident when we consider the number of correlations which were significant at the .01 and .001 levels. Table 4 shows considerable variation from one BHN frustration to another in the number of significant correlations and in which ethnic group they are found. Ethnic groups show considerable differences in the number of significant correlations and in the degree of correlation between given BHN and Psychological Effect pairs. For the Vietnamese, Disengagement and Legitimacy were the BHN frustration showing the greatest number of significant correlations with Psychological Effects. In contrast, for the H'Mong and the Cambodians it

Table 5  
Summary of Vietnamese, H'Mong and Cambodian Significant Pearson Correlations Between Psychophysiological Effects  
and Basic Human Need Frustrations

<i>Basic Human Need Frustration</i>	<i>Vietnamese</i>			<i>H'Mong</i>			<i>Cambodian</i>			<i>Indochinese Total</i>			<i>Total # Signif. Pearson r's</i>	<i>Rank Order</i>
	<i>.05</i>	<i>.01</i>	<i>.001</i>	<i>.05</i>	<i>.01</i>	<i>.001</i>	<i>.05</i>	<i>.01</i>	<i>.001</i>	<i>.05</i>	<i>.01</i>	<i>.001</i>		
1. Physical Health	2	1	12	4	0	10	4	0	1	10	1	23	34	1
2. Safety & Security	3	3	0	1	0	0	0	0	0	4	3	0	7	5.5
3. Self-esteem & Worth	1	0	0	3	2	1	0	0	0	4	2	1	7	5.5
4. Love & Affection	2	0	1	0	1	0	0	1	0	2	2	1	5	9.5
5. Agency & Autonomy	1	1	3	0	0	0	2	0	0	3	1	3	7	5.5
6. Adequacy & Competence	1	0	0	2	1	0	1	0	0	4	1	0	5	9.5
7. Identity	2	0	0	0	0	0	0	1	1	2	1	1	4	11.5
8. Belonging & Acceptance	2	0	0	1	0	0	0	0	0	3	0	0	3	13
9. Disengagement	6	3	6	1	0	0	1	0	0	8	3	6	17	2
10. Order & Understanding	2	0	0	0	0	0	1	0	1	2	0	1	4	11.5
11. Personal & Social Legitimacy	0	0	0	4	0	0	2	1	0	6	1	0	7	5.5
12. Meaning, Hope & Significance	4	1	1	0	0	0	1	0	0	5	1	1	7	5.5
13. Extension of Self	0	<u>1</u>	3	2	<u>0</u>	0	1	<u>0</u>	<u>0</u>	3	1	<u>3</u>	7	5.5
Total	26	10	26	18	4	11	13	3	3	62	33	19	114	

was Order and Understanding and Legitimacy that showed the greatest number of significant correlations. In the area of Psychophysiological Effects, all 3 groups had numerous correlations with BHN frustration Physical Health. The Vietnamese, but not the H'Mong or Cambodians, also showed numerous correlations with BHN frustration Disengagement.

Actual correlations between BBNF scores and Psychological Effect scores for each ethnic group are shown in Table 6 and Table 7. Table 6 lists the 13 Basic Human Needs. For each BHN, the Psychological Effects which correlated significantly with the BHN frustration are listed in the order of magnitude of the correlation. These results are given separately for each ethnic group. Table 6 permits the reader to make direct comparisons between ethnic groups in regard to a given Basic Human Need. For example, it can be established at a glance that the BHN frustration of Belonging and Acceptance correlates strongly ( $r = .57$ ) with Dependency for the H'Mong, whereas for the Vietnamese and the Cambodians it does not correlate significantly with Dependency.

Table 7 shows the same correlations organized in terms of Psychological Effects. In this table, the psychological effects are listed, and for each one a list is given of the BHN frustration with which that psychological effect correlates significantly together with the actual correlation; the BHN frustration are listed in the order of magnitude of the correlation. These results are presented separately, but in parallel form, for the three ethnic groups. Table 7 permits the reader to make direct comparisons between ethnic groups in regard to a given psychological effect, that is, what BHN frustration the psychological effect correlates with and how many significant correlations it shows.

Table 8 shows actual correlations between BBNF scores and Psychophysiological Effects scores for each ethnic group. For each BHN the significant correlations with psychophysiological effects are listed in order of magnitude. These results are given separately for each ethnic group. Table 8 permits the reader to make direct comparison between ethnic groups in regard to a given BHN and its correlations with psychophysiological effects. For example, simple inspection shows that BHN frustration Identity is highly correlated with Heart and Chest Pains for the Cambodians ( $r = .549$ ) but is only moderately correlated for the Vietnamese ( $r = .232$ ) and is not significantly correlated with Heart and Chest Pains for the H'Mong.

## Discussion

The results of the study indicate that the needs assessment instrument was successful in providing quantitative indices for the concepts of BHN satisfaction frustration, psychological effects, and psychophysiological effects. The correlations analyses show that the assessment of psychological effects does not merely duplicate the assessment of BHN frustration.

The fact that different ethnic groups showed coherent differences with respect

Table 6  
Rank Order of Vietnamese, H'Mong and Cambodian Significant Pearson r's Between Psychological Effects  
and Basic Human Need Frustrations

<i>Basic Human Need Frustration</i>	<i>Vietnamese Psychological Effect</i>	<i>Pearson r</i>	<i>H'Mong Psychological Effect</i>	<i>Pearson r</i>	<i>Cambodian Psychological Effect</i>	<i>Pearson r</i>
<b>I. Physical Health</b>	1. Anxiety	.464	1. Hypochondriasis	.635	1. Compulsive Activity	-.360
	2. Hypochondriasis	.414	2. Compulsive Activity	-.315		
	3. Bad Memory	.395	3. Shock & Depersonalization	.311		
	4. Preoccupation	.363	4. Fears & Phobias	.271		
	5. Compulsive Activity	.304	5. Anxiety	.269		
	6. Fears & Phobias	.251				
	7. Depression	.222				
	8. Dependency	.192				
	9. Withdrawal & Isolation	.183				
<b>II. Safety &amp; Security</b>	1. Shock & Depersonalization	.299	1. Shock & Depersonalization	.282	1. Paranoia	.484
	2. Compulsive Activity	.288	2. Suicidal Thoughts	.271	2. Dependency	-.342
	3. Depression	.266			3. Shame	.316
	4. Dependency	.257				
	5. Hypochondriasis	.227				
	6. Preoccupation	.223				
	7. Guilt	.185				
	8. Anxiety	.180				
<b>III. Self-esteem &amp; Worth</b>	1. Cynicism	.363	1. Guilt	.589	1. NONE	
	2. Anger	-.199	2. Depression	.384		
	3. Manic Episodes	-.198	3. Derealization	.384		
	4. Bad Memory	.195	4. Fears & Phobias	.381		
			5. Dependency	.348		
			6. Hypochondriasis	.326		
			7. Shock & Depersonalization	.284		
			8. Limited Emotionality	.257		

<b>IV. Love &amp; Affection</b>	1. Bad Memory	.314	1. Dependency	.588	1. Withdrawal & Isolation	.338
	2. Anxiety	.293	2. Anxiety	-.422	2. Shame	.329
	3. Fears & Phobias	.229	3. Fears & Phobias	.419	3. Guilt	-.318
	4. Cynicism	.223	4. Guilt	.392		
	5. Depression	.222	5. Withdrawal & Isolation	.321		
	6. Preoccupation	.217	6. Manic Episodes	-.306		
	7. Withdrawal & Isolation	.188	7. Depression	.285		
			8. Preoccupation	-.257		
<b>V. Agency &amp; Autonomy</b>	1. Dependency	.223	1. Anger	-.313	1. Withdrawal & Isolation	-.388
					2. Dependency	.374
					3. Compulsive Activity	.363
<b>VI. Adequacy &amp; Competence</b>	1. Anger	.373	1. NONE		1. Withdrawal & Isolation	.364
	2. Alcohol Abuse	.286				
	3. Fears & Phobias	.257				
	4. Withdrawal & Isolation	.247				
	5. Guilt	.239				
	6. Paranoia	.239				
	7. Derealization	.235				
	8. Manic Episodes	.232				
	9. Preoccupation	.212				
	10. Depression	.204				
	11. Shame	.202				
<b>VII. Identity</b>	1. NONE		1. Preoccupation	-.319	1. Cynicism	-.657
			2. Anxiety	-.315	2. Shock & Depersonalization	.422
			3. Dependency	.276	3. Suicidal Thoughts	.357

(Continued)

Table 6 (Continued)

<i>Basic Human Need Frustration</i>	<i>Vietnamese Psychological Effect</i>	<i>Pearson r</i>	<i>H'Mong Psychological Effect</i>	<i>Pearson r</i>	<i>Cambodian Psychological Effect</i>	<i>Pearson r</i>
<b>VIII. Belonging &amp; Acceptance</b>	1. Depression	.284	1. Dependency	.571	1. NONE	
	2. Withdrawal & Isolation	.275	2. Withdrawal & Isolation	.458		
	3. Shock & Depersonalization	.197	3. Fears & Phobias	.447		
			4. Guilt	.384		
			5. Limited Emotionality	.305		
			6. Paranoia	-.269		
<b>IX. Disengagement</b>	1. Anxiety	.304	1. Dependency	.463	1. Guilt	.358
	2. Depression	.295	2. Depression	.321	2. Withdrawal & Isolation	-.318
	3. Fears & Phobias	.280	3. Fears & Phobias	.260		
	4. Hypochondriasis	.274	4. Cynicism	.258		
	5. Limited Emotionality	.274				
	6. Preoccupation	.259				
	7. Alcohol Abuse	.258				
	8. Inappropriate Affect	.250				
	9. Shame	.237				
	10. Dependency	.223				
	11. Derealization	.216				
	12. Withdrawal & Isolation	.212				
	13. Anger	.210				
	14. Compulsive Activity	.209				
	15. Manic Episodes	.204				
	16. Bad Memory	.202				
	17. Guilt	.188				
<b>X. Order &amp; Understanding</b>	1. Cynicism	.431	1. Dependency	.540	1. Inappropriate Affect	-.617
	2. Manic Episodes	-.255	2. Fears & Phobias	.463	2. Cynicism	.455
	3. Bad Memory	.181	3. Manic Episodes	-.347	3. Anger	-.423

				4. Preoccupation	-.342	4. Depression	-.357
				5. Anxiety	-.316	5. Limited Emotionality	.352
				6. Compulsive Activity	.303	6. Dependency	.331
				7. Shame	.282		
				8. Cynicism	.273		
				9. Guilt	.268		
XI.	Personal & Social Legitimacy	1. Depression	.435	1. Derealization	.595	1. Shame	.439
		2. Inappropriate Affect	.424	2. Anger	.428	2. Limited Emotionality	-.397
		3. Cynicism	.359	3. Shock & Depersonalization	.425	3. Withdrawal & Isolation	.366
		4. Shock & Depersonalization	.350	4. Guilt	.424	4. Paranoia	.366
		5. Bad Memory	.297	5. Limited Emotionality	.416	5. Anxiety	.333
		6. Anxiety	.291	6. Suicidal Thoughts	.408	6. Fears & Phobias	.316
		7. Derealization	.249	7. Depression	.392		
		8. Withdrawal & Isolation	.243	8. Hypochondriasis	.375		
		9. Shame	.242	9. Fears & Phobias	.358		
		10. Paranoia	.233	10. Inappropriate Affect	.356		
		11. Dependency	.231	11. Withdrawal & Isolation	.259		
		12. Anger	.197				
		13. Limited Emotionality	.183				
XII.	Meaning, Hope & Significance	1. NONE		1. Dependency	.618	1. Bad Memory	.368
				2. Manic Episodes	-.480	2. Hypochondriasis	-.324
				3. Fears & Phobias	.312		
				4. Preoccupation	-.287		
				5. Shame	.268		
XIII.	Extension of Self	1. Limited Emotionality	.269	1. Preoccupation	.514	1. Limited Emotionality	-.400
		2. Anger	.218	2. Paranoia	.338	2. Dependency	-.367
		3. Withdrawal & Isolation	.195	3. Dependency	-.318		
				4. Anger	.317		
				5. Manic Episodes	.310		
				6. Fears & Phobias	.275		



Table 7

Rank Order of Vietnamese, H'Mong and Cambodian Significant Pearson  $r$ 's Between Basic Human Need Frustrations and Psychological Effects

<i>Psychological Effect</i>	<i>Vietnamese BHN Frustration</i>	<i>Pearson <math>r</math></i>	<i>H'Mong BHN Frustration</i>	<i>Pearson <math>r</math></i>	<i>Cambodian BHN Frustration</i>	<i>Pearson <math>r</math></i>
<b>I. Bad Memory</b>	1. Physical Health	.395	1. Order & Understanding	-.316	1. Meaning, Hope & Significance	.368
	2. Love & Affection	.314	2. Identity	-.315		
	3. Personal & Social Legitimacy	.297	3. Physical Health	.269		
	4. Disengagement	.202				
	5. Self-esteem & Worth	.195				
	6. Order & Understanding	.181				
<b>II. Fears &amp; Phobias</b>	1. Disengagement	.280	1. Order & Understanding	.463	1. Personal & Social Legitimacy	.368
	2. Adequacy & Competence	.257	2. Belonging & Acceptance	.447		
	3. Physical Health	.251	3. Love & Affection	.419		
	4. Love & Affection	.229	4. Self esteem & Worth	.371		
			5. Personal & Social Legitimacy	.358		
			6. Meaning, Hope & Significance	.312		
			7. Extension of Self	-.275		
			8. Physical Health	.271		
			9. Disengagement	.260		
<b>III. Anxiety</b>	1. Physical Health	.464	1. Love & Affection	-.422	1. Personal & Social Legitimacy	.333
	2. Disengagement	.304				
	3. Love & Affection	.293				

	4. Personal & Social Legitimacy	.291				
	5. Safety & Security	.180				
<b>IV. Hypochondriasis</b>	1. Physical Health	.414	1. Physical Health	.635	1. Meaning, Hope & Significance	-.324
	2. Disengagement	.274	2. Personal & Social Legitimacy	.375		
	3. Safety & Security	.227	3. Self esteem & Worth	.326		
<b>V. Compulsive Anxiety</b>	1. Physical Health	.304	1. Physical Health	-.315	1. Agency & Autonomy	.363
	2. Safety & Security	.288	2. Order & Understanding	.303	2. Physical Health	-.360
	3. Disengagement	.209				
<b>VI. Cynicism</b>	1. Order & Understanding	.431	1. Order & Understanding	.273	1. Identity	-.657
	2. Self-esteem & Worth	.363	2. Disengagement	.258	2. Order & Understanding	.455
	3. Personal & Social Legitimacy	.359				
	4. Love & Affection	.223				
<b>VII. Suicidal Thoughts</b>	1. NONE		1. Personal & Social Legitimacy	.408	1. Identity	.357
			2. Safety & Security	.271		
<b>VIII. Limited Emotionality</b>	1. Disengagement	.274	1. Personal & Social Legitimacy	.416	1. Extension of Self	-.400
	2. Extension of Self	.269	2. Belonging & Acceptance	.305	2. Personal & Social Legitimacy	-.397
	3. Personal & Social Legitimacy	.183	3. Self-esteem & Worth	.257	3. Order & Understanding	.352
<b>IX. Alcohol Abuse</b>	1. Adequacy & Competence	.286	1. NONE		1. NONE	
	2. Disengagement	.258				

(Continued)

Table 7 (Continued)

<i>Psychological Effect</i>	<i>Vietnamese BHN Frustration</i>	<i>Pearson r</i>	<i>H'Mong BHN Frustration</i>	<i>Pearson r</i>	<i>Cambodian BHN Frustration</i>	<i>Pearson r</i>
<b>X. Manic Episodes</b>	1. Order & Understanding	-.255	1. Meaning, Hope & Significance	-.480	1. NONE	
	2. Adequacy & Competence	.232	2. Order & Understanding	-.347		
	3. Disengagement	.204	3. Extension of Self	.310		
	4. Self-esteem & Worth	-.198	4. Love & Affection	-.306		
<b>XI. Shame</b>	1. Personal & Social Legitimacy	.242	1. Order & Understanding	.282	1. Personal & Social Legitimacy	.439
	2. Disengagement	.237	2. Meaning, Hope & Significance	.268	2. Love & Affection	.329
					3. Safety & Security	.316
<b>XII. Guilt</b>	1. Adequacy & Competence	.239	1. Self-esteem & Worth	.589	1. Disengagement	.358
	2. Disengagement	.188	2. Personal & Social Legitimacy	.424	2. Love & Affection	-.318
	3. Safety & Security	.185	3. Love & Affection	.392		
			4. Belonging & Acceptance	.384		
			5. Order & Understanding	.268		
<b>XIII. Shock &amp; Depersonalization</b>	1. Personal & Social Legitimacy	.350	1. Personal & Social Legitimacy	.425	1. Identity	.422
	2. Safety & Security	.299	2. Physical Health	.311		
	3. Belonging & Acceptance	.197	3. Self-esteem & Worth	.284		
			4. Safety & Security	.282		
<b>XIV. Inappropriate Affect</b>	1. Personal & Social Legitimacy	.424	1. Personal & Social Legitimacy	.356	1. Order & Understanding	-.617
	2. Disengagement	.250				

<b>XV. Derealization</b>	1. Personal & Social Legitimacy	.249	1. Personal & Social Legitimacy	.595	1. NONE	
	2. Adequacy & Competence	.235	2. Self-esteem & Worth			
	3. Disengagement	.216				
<b>XVI. Paranoia</b>	1. Adequacy & Competence	.239	1. Extension of Self	.335	1. Safety & Security	.484
	2. Personal & Social Legitimacy	.233	2. Belonging & Acceptance	-.269	2. Personal & Social Legitimacy	.366
<b>XVII. Preoccupation</b>	1. Physical Health	.363	1. Extension of Self	.514	1. NONE	
	2. Disengagement	.259	2. Order & Understanding	-.342		
	3. Safety & Security	.223	3. Identity	-.319		
	4. Love & Affection	.212	4. Meaning, Hope & Significance	-.287		
	5. Adequacy & Competence	.212	5. Love & Affection	-.257		
<b>XVIII. Withdrawal &amp; Isolation</b>	1. Belonging & Acceptance	.275	1. Belonging & Acceptance	.458	1. Agency & Autonomy	-.388
	2. Adequacy & Competence	.247	2. Love & Affection	.321	2. Personal & Social Legitimacy	.384
	3. Personal & Social Legitimacy	.243	3. Personal & Social Legitimacy	.259	3. Adequacy & Competence	.364
	4. Disengagement	.212			4. Love & Affection	.338
	5. Extension of Self	.195			5. Disengagement	-.318
	6. Love & Affection	.188				
	7. Physical Health	.185				
<b>XIX. Anger</b>	1. Adequacy & Competence	.373	1. Personal & Social Legitimacy	.428	1. Order & Understanding	-.423
	2. Extension of Self	.219				
	3. Disengagement	.210	2. Extension of Self	.317		
	4. Self-esteem & Worth	-.199	3. Agency & Autonomy	-.313		
	5. Personal & Social Legitimacy	.197				

(Continued) -

Table 7 (Continued)

<i>Psychological Effect</i>	<i>Vietnamese BHN Frustration</i>	<i>Pearson r</i>	<i>H'Mong BHN Frustration</i>	<i>Pearson r</i>	<i>Cambodian BHN Frustration</i>	<i>Pearson r</i>
<b>XX. Dependency</b>	1. Safety & Security	.257	1. Meaning, Hope & Significance	.618	1. Agency & Autonomy	.374
	2. Personal & Social Legitimacy	.231	2. Love & Affection	.588	2. Extension of Self	-.367
	3. Disengagement	.223	3. Belonging & Acceptance	.571	3. Safety & Security	-.342
	4. Agency & Autonomy	.223	4. Order & Understanding	.540	4. Order & Understanding	.331
	5. Physical Health	.192	5. Disengagement	.463		
			6. Self-esteem & Worth	-.348		
			7. Extension of Self	.276		
			8. Identity	.276		
<b>XXI. Depression</b>	1. Personal & Social Legitimacy	.435	1. Personal & Social Legitimacy	.392	1. Order & Understanding	-.357
	2. Disengagement	.295	2. Self-esteem & Worth	.384		
	3. Belonging & Acceptance	.284	3. Disengagement	.321		
	4. Safety & Security	.266	4. Love & Affection	.285		
	5. Physical Health	.222				
	6. Love & Affection	.222				
	7. Adequacy & Competence	.204				

# Rank Order of Ethnic Group Significant Pearson r's Between Psychophysiological Effects and Basic Human Need Frustration

Basic Human Need Frustration	Vietnamese		H'Mong Psychophysiological		Cambodian	
	Psychophysiological Effect	Pearson r	Effect	Pearson r	Psychophysiological Effect	Pearson r
<b>I. Physical Health</b>	1. Lack of Energy	.475	1. Lack of Energy	.695	1. Headaches	.470
	2. Stomach Disorder	.442	2. Aches & Pains	.663	2. Loss of Weight	.361
	3. Tension of Muscles	.394	3. Pain in Lower Back	.627	3. Lack of Energy	.346
	4. Trouble Sleeping	.375	4. Faintness or Dizziness	.600	4. Stomach Disorder	.332
	5. Arthritis or Rheumatism	.371	5. Stomach Disorder	.540	5. Diarrhea or Constipation	.322
	6. Faintness or Dizziness	.368	6. Headaches	.517		
	7. Aches and Pain	.364	7. Fast Heart Beat	.468		
	8. Heart or Chest Pains	.317	8. Loss of Weight	.443		
	9. Sweatiness or Warmth of Skin	.309	9. Heart or Chest Pains	.426		
			10. Tenseness of Muscles	.425		
	10. Nausea	.296	11. Arthritis or Rheumatism	.323		
	11. Headaches	.287	12. Fast Breathing	.318		
	12. Pain in Lower Back	.284	13. Sweatiness or Warmth of Skin	.279		
	13. Loss of Weight	.250	14. Numbness or Tingling	.276		
	14. Diarrhea or Constipation	.221				
	15. Fast Breathing	.204				
<b>II. Safety &amp; Security</b>	1. Loss of Weight	.258	1. Tenseness of Muscles	.271	1. NONE	
	2. Faintness or Dizziness	.249				
	3. Pain in Lower Back	.235				
	4. Trouble Sleeping	.231				
	5. Sweatiness or Warmth of Skin	.210				
	6. Headaches	.196				
<b>III. Self-esteem &amp; Worth</b>	1. Fast Heart Beat	(-).229	1. Faintness or Dizziness	.383	1. NONE	
			2. Headaches	.353		

(Continued)

Table 8 (Continued)

<i>Basic Human Need Frustration</i>	<i>Vietnamese Psychophysiological Effect</i>	<i>Pearson r</i>	<i>H'Mong Psychophysiological Effect</i>	<i>Pearson r</i>	<i>Cambodian Psychophysiological Effect</i>	<i>Pearson r</i>
			3. Sweatiness or Warmth of Skin	.334		
			4. Lack of Energy	.316		
			5. Fast Heart Beat	.310		
			6. Aches & Pains	.268		
<b>IV. Love &amp; Affection</b>	1. Heart or Chest Pains	.344	1. Diarrhea or Constipation	(-).362	1. Loss of Weight	.431
	2. Numbness or Tingling	.194				
	3. Fast Breathing	.185				
<b>V. Agency &amp; Autonomy</b>	1. Arthritis or Rheumatism	.318	1. NONE		1. Loss of Weight	(-).366
	2. Diarrhea or Constipation	.303			2. Fast Heart Beat	.346
	3. Lack of Energy	.280				
	4. Pain in Lower Back	.244				
	5. Loss of Weight	.201				
<b>VI. Adequacy &amp; Competence</b>	1. Pain in Lower Back	(-).217	1. Arthritis or Rheumatism	.320	1. Nausea	(-).362
<b>VII. Identity</b>	1. Heart or Chest Pains	.232	1. Sweatiness or Warmth of Skin	.320	1. Nausea	(-).362
	2. Tenseness of Muscles	.205			2. Sweatiness or Warmth of Skin	.407
<b>VIII. Belonging &amp; Acceptance</b>	1. Diarrhea or Constipation	(-).227	1. Faintness or Dizziness	.317	1. NONE	
	2. Headaches	.184	2. Lack of Energy	.272		
<b>IX. Disengagement</b>	1. Headaches	.372	1. Lack of Energy	.299	1. Loss of Weight	(-).323
	2. Loss of Weight	.335				
	3. Aches & Pains	.323				
	4. Arthritis or Rheumatism	.323				

	5. Fast Breathing	.314			
	6. Trouble Sleeping	.302			
	7. Sweatiness or Warmth of Skin	.269			
	8. Heart or Chest Pains	.264			
	9. Pain in Lower Back	.239			
	10. Tenseness of Muscles	.222			
	11. Nausea	.214			
	12. Skin Disorder	.209			
	13. Fast Heart Beat	.206			
	14. Diarrhea or Constipation	.204			
	15. Faintness or Dizziness	.202			
<hr/>					
<b>X. Order &amp; Understanding</b>	1. Fast Heart Beat	(-).209	1. NONE	1. Nausea	(-).475
	2. Numbness or Tingling	(-).197		2. Faintness or Dizziness	(-).402
<hr/>					
<b>XI. Personal &amp; Social Legitimacy</b>	1. NONE		1. Trouble Sleeping	.283	1. Head or Chest Pains .374
			2. Sweatiness or Warmth of Skin	.274	2. Sweatiness or Warmth of Skin .372
			3. Pain in Lower Back	.270	3. Pain in Lower Back (-).318
			4. Faintness or Dizziness	.268	
<hr/>					
<b>XII. Meaning, Hope &amp; Significance</b>	1. Arthritis or Rheumatism	.313	1. NONE	1. Aches & Pains	(-).366
	2. Loss of Weight	.254			
	3. Stomach Disorder	.227			
	4. Pain in Lower Back	.224			
	5. Fast Breathing	.217			
	6. Heart or Chest Pains	.208			
<hr/>					
<b>XIII. Extension of Self</b>	1. Faintness or Dizziness	.310	1. Faintness or Dizziness (-).265	1. Heart or Chest Pains	.344
	2. Heart or Chest Pains	.288	2. Fast Heart Beat (-).262		
	3. Headaches	.282			
	4. Sweatiness or Warmth of Skin	.247			



to BHN frustration and psychological effects is in accordance with expectations. The fact that the H'Mong, who have the greatest amount of cultural difference (one of the parameters in the parametric analysis of cultural displacement) and the least history of acquaintance with Western culture (the parameter of Knowledgeability) clearly show the greatest cultural displacement effect (BHN frustration) is evidence of the empirical applicability of the conceptualization of cultural displacement presented above.

The correlational analysis conforms to the expectation that there would be many moderate correlations between particular BHN frustrations and particular psychological effects and psychophysiological effects, and that there would be substantial group differences in these respects. The correlations were expected to be only moderate because there is by no means a one-to-one relation between a given BHN frustration and a given emotional, intellectual, or other phenomenological response. For example, anger cannot be expected to be tied to any particular BHN, nor can shame, depression, and so on.

The data also provide some support for the hypothesis that the effects of cultural displacement unfold through time with the most overt and concrete effects, hence, the most easily recognized effects coming last. The data showed that the H'Mong, the most recent arrivals, among the ethnic groups in the present study showed effects at the Basic Human Need level; the Cambodians, who were the next most recent arrivals, showed effects at the psychological level; and the Vietnamese who had been in the country longest and had the greatest prior exposure to Western culture, had a slight predominance of effects at the psychophysiological level. If additional evidence supports the notion that in general the results of cultural displacement appear first in BHN frustration and later in negative psychological effects and still later in psychophysiological effects, this finding would have far-reaching implications for the design, monitoring, and evaluation of effective resettlement efforts.

Additional construct validation may be found in the pattern of results for the Cambodian group. The overall results for psychological effects showed that the Cambodians had significantly greater effects of this sort than the Vietnamese or the H'Mong. However, the differences among groups were not evenly distributed among the 21 psychological effects. Among the latter, 11 can be classified either as negative emotions or dissociative intellectual or behavioral phenomena. It was specifically in these two categories that the Cambodians showed the greater effects—in 10 of 11 cases. These results provide evidence that the psychological effects items were sensitive to the phenomena they were designed to assess and did assess psychological factors that mark important differences among groups.

The correlational results are too rich in detail to summarize effectively. The following analysis of certain results for the Cambodians illustrates how these results can contribute to an understanding of refugees and of group differences.

First, we may note that for the Cambodians, frustration of BHN Safety and

Security is associated with Paranoia (.484) and Shame (.316) and is negatively associated with Dependency (−.342) (In contrast, the Vietnamese show a positive association [.257] with Dependency, and the H'Mong show no significant correlation.) This suggests that the Cambodians are more highly mobilized and vigilant than the other two groups.

Second, we note that for the Cambodians, the two BBNF showing the highest correlations with psychological effects are Order and Understanding and Personal and Social Legitimacy. Not surprising is the correlation for the Cambodians of .439 between Shame and Personal and Social Legitimacy (but for the Vietnamese it was only .242 and for the H'Mong it was not significant). The fact that BBNF Personal and Social Legitimacy also correlates with Withdrawal and Isolation (.384), Paranoia (.365), Anxiety (.333), and Fears and Phobias (.316) suggests a general intropunitive component for this group.

Third, the correlation of BBNF Order and Understanding with Cynicism (.455), Limited Emotionality (.352), and Dependency (.331) is not surprising. What is more noteworthy is the high negative correlation (−.617) with Inappropriate Affect and negative correlations with Anger (−.324) and Depression (−.357). These results are compatible with other indications that there is a significant sequential aspect to the adjustment process and that, in particular, the Cambodians become more depressed, angry, and subject to episodes of uncontrolled emotionality as they come to terms intellectually with events in Cambodia and changes in their relationships and social standing.

Finally, it is of interest that limited emotionality correlates positively (.352) with BBN frustration Order and Understanding and negatively (−.397) with BBN frustration Personal and Social Legitimacy. This result is compatible with the notion that Cambodians have some initial difficulty in explaining what has happened and that eventual understanding involves a massive loss of standing and subsequent emotional reactions of anger, depression, and so on.

As a result of such interpretive analyses, a global picture of each of the ethnic groups emerges. These summary portrayals are given below.

### *Indochinese*

The refugee group as a whole was characterized by high Basic Human Need frustration in the areas of Order and Understanding, Adequacy and Competence, and Safety and Security. The refugees as a whole were also characterized by high Cynicism, Compulsive Activity, and Guilt.

These findings may be regarded as a lowest common denominator portrayal of the status and experience of the refugees. Cultural displacement, except under the most favorable circumstances, could be expected to carry with it a significant degree of disorientation with respect to the society at large and a corresponding lack of confidence in one's degree of security and one's ability to manage the intricacies and requirements of the new social milieu. The finding regarding

Compulsive Activity would seem to indicate a general form of adaptation marked by a relatively high degree of mobilization and activity which might or might not be productive or effective, but in either case, stemming from the felt necessity to "do all you can" or to "do *something*." The Cynicism and Guilt may be more characteristic of the Indochinese refugees than of refugees in general, since it is very easy to understand as the natural consequence of the violence and disruption of political, social, and family ties experienced by the majority of these refugees.

Beyond this general picture, it is the differences between ethnic groups which are salient. An analysis of these differences, which were detailed above, makes possible some further characterizations of each group.

### *Vietnamese*

Given that the Vietnamese consistently show the least BHN frustration and the least negative psychological effects, it would appear that this group is the best adapted to life in the United States. Although the study did not include an American comparison group, it may be assumed that the Vietnamese are nevertheless significantly short of their ultimate level of adjustment, and that their BHN frustration and Psychological Effects and Physiological Effects data reflect this. One salient indicator in this regard is the extremely high number of significant correlations between BHN frustration of Disengagement and both Psychological and Physiological Effects. These findings suggest that an appreciable number of Vietnamese are excessively caught up in instrumental activities and the discharge of responsibilities, and this condition is reflected in a wide variety of psychological and physiological correlates and symptomatology. Since the Vietnamese as a group are not marked by a high degree of BHN Disengagement, it appears that the mobilization and activities of this group are generally realistic and oriented toward improving their lot in the United States. The fact that the Vietnamese score much lower than the H'Mong and the Cambodians on BHN frustration Self-esteem and Worth is consistent with the notion that this is a group that sees itself as being on the road to success and is working hard, perhaps too hard, for comfort at it.

### *H'Mong*

The H'Mong were notable for the very high degree of Basic Human Need frustration overall and with respect to many individual BHN. This massive effect indicates that the H'Mong are still experiencing a major dislocation in their way of living and that the primary effect is one of frustration, immobilization, disorientation, and loss of behavior potential. The numerous correlations, many of them in the .50 and .60 range, between frustration of particular BHN and psychological and physiological effects provide some evidence of the extensiveness and variety of the effects of BHN frustration for this group.

In contrast, the H'Mong show the lowest level of negative psychological

effects overall and generally occupy the middle or low position among the three groups on individual effects. Among these, the markedly lower Anger, Anxiety, and Guilt scores suggest that this group does not have the degree of involvement with present and past events in Indochina that the Vietnamese and Cambodians give evidence of. This conclusion is supported by the relatively low degree of dissociative effects.

On this basis it appears that the H'Mong have a great potential for making direct progress toward an eventual stable and satisfying life in the United States even though they are currently further from that goal than the other two groups.

### *Cambodians*

This group was noteworthy for consistently being neither the highest nor the lowest on individual and overall basic human need frustration and for showing a considerable amount of negative emotionality (Shame, Guilt, Cynicism, Anger), and dissociative symptoms (Bad Memory, Compulsive Activity, Limited Emotionality, Manic Episodes, Derealization, and Shock and Depersonalization).

This combination of results suggests that involvement with past and current events in Indochina, rather than simple cultural dislocation, was the primary factor determining the Cambodians' generally negative state of mind, and that the dissociate phenomena are evidence that efforts to come to terms with these events were significantly short of being successful at the time the data were collected in 1979. The pattern of correlations of BHNF and Psychological Effects, including the presence of a number of negative correlations, suggests that for a significant number of Cambodians coming to a resolution in regard to events in Cambodia was associated with greater anger and other negative emotions.

## CLINICAL OBSERVATION AND AGENCY EXPERIENCE

The authors' experience in working with Indochinese has underscored the extent of the differences among the Vietnamese, H'Mong, and Cambodians. Substantial differences are found in almost all respects, including their histories, their cultures, and their transitional experiences. In fact, the term "Indochinese" is used by none of these ethnic groups to refer to themselves; the term was composed by the French to designate the several countries south of China and north of Indonesia. Each of the three groups has a spoken and written language that is completely unintelligible to members of the other two and little is shared in the way of common history or culture, despite the proximity of the three countries.

The Vietnamese in the present study were primarily from the "first wave" of Indochinese resettled in the United States (and thus spent the most number of months in the United States as well as shortest time in the refugee camps); they

were urban, closely associated with the governments of Vietnam or the United States, and had to leave upon short notice due to their close affiliation with one of these governments. They came from a society that had over one hundred years of familiarity with Western culture and frequently could read and write in at least Vietnamese, if not in one of the European languages. After the fall of Saigon, "reeducation camps" and new economic zones were instituted, and the blood bath which was feared did not materialize. While the Vietnamese were frequently separated from their families and friends, they were allowed to write and correspond with them, send money and supplies to their homeland, and plan for an eventual reunion with family members through escape or international negotiations.

Against this background, it is not surprising that the Vietnamese refugees in the United States showed the least cultural displacement effects, approached resettlement with a task-oriented and practical attitude, showed a pattern of cynicism, stress, and mobilization reactions, and somewhat more somatization reaction than the other two groups.

The H'Mong who came to the United States were, historically, a highland, nomad people who lived according to the doctrines of the tribe and the clan, including strict obedience to clan leaders. Animism, the dominant religion of the H'Mong, affirms that spirits inhere in houses, forests, and other objects believed by Westerners to be inanimate. The history and culture of the H'Mong people could be passed on only by word of mouth until a written alphabet for the language was developed in the 1950s. Of the major Indochinese ethnic groups that resettled in the United States, the H'Mong had had the least contact with Western culture and technology and as a group were the least prepared for the pace of life in the United States. Toilets, automobiles, elevators, telephones, and other modern conveniences were generally unknown to the H'Mong. By the time of the study, few H'Mong were still living in Laos and many who were still living were able to come to the United States in intact families.

Given this background, the evidence for massive culture shock provided by the needs assessment is understandable. Likewise, the fact that to a large extent the H'Mong escaped and resettled in relatively intact tribal groups appears to be reflected in the relative absence of shame and guilt among the H'Mong, in contrast to the Cambodians and the Vietnamese.

Cambodians who came to the United States before 1979, like the Vietnamese, were frequently separated from their immediate families and considered to be from the intellectual class. The Cambodians came to the United States later than the Vietnamese, and in contrast to this group, had often directly experienced the horrors of war under the regime of the Khmer Rouge, including the intensity of blood baths, torture, and starvation. In the camps, they were often described as numb, apathetic, and as having "lost the taste for life." After resettling in the United States, they were not allowed to correspond or send supplies to friends and relatives in Cambodia. They seldom knew even whether such persons were

still living. As a consequence, they were rarely able to bring a sense of resolution to their family situations, remained preoccupied with conditions back in Cambodia, and were unable to directly face the task of making a new life in the United States. The latter result is one of the major summary findings of the needs assessment, which reveals the extent of disorientation, preoccupation and emotional distress suffered by this group.

In general, the background knowledge of the three ethnic groups obtained on the basis of clinical interactions and general contact with Vietnamese, H'Mong and Cambodians (including Indochinese mental health specialists at the agency) fits extremely well with the needs assessment results concerning ethnic group characteristics and differences. The two kinds of information were complementary rather than redundant, since few of the detailed quantitative results or the more complex patterns of results could have been predicted on the basis of other information.

Clinical experience supports the idea that there are significant sequential patterns in the resettlement process. One of the most frequently observed patterns in the initial resettlement experience is marked by a "busy busy" syndrome in which the refugee is highly mobilized, operates on an extremely high level of energy and activity, often juggling multiple jobs, school or English language training, and family responsibilities. This extreme degree of activity and involvement operates to limit the refugee's thinking about past events and coming to terms with them. However, when the refugee has consolidated an initial adjustment and begins to think of events, persons, and relationships in Indochina, significant psychological effects such as depression, guilt, and anger frequently follow. These observations are compatible with the hypothesis that there is a fundamental sequence which starts with limited social participation accompanied by the frustration of basic human needs, followed by psychological effects and symptoms, and by later psychophysiological effects, if any.

Our experience in providing consultation, supervision, and direct services to hundreds of refugees over the years yields compelling evidence that the cultural displacement model has greater applicability with refugees than Western diagnostic categories and treatment strategies. It has been established that other refugees are groups which are psychologically "at risk" but terms denoting culturally specific categories of diseases and illnesses, provide little understanding of the causes of psychological distress and of the social and psychological symptomatology experienced by refugees.

At our agency in Denver, we moved to the development of individual case formulations within the cultural participation framework, and treatment plans were designed explicitly to increase need satisfaction through social participation. The Center uses many traditional Western mental health treatment procedures in working with refugees, but uses these differently with refugee clients. For example, many of the Center's clients have been given diagnoses that imply chronic mental health incapacities, when in fact, they are exhibiting situational

reactions. Consequently, they typically respond rapidly in the Center's day school program.

Clinical experience also supports the assertion that the general characteristics of refugee groups have changed over time. There are two noteworthy differences between recently arrived refugees and the early arrivals. First, the later arrivals appear to be less urban, less educated, and less knowledgeable in regard to Western culture than the earlier groups, which had a high proportion of government officials, military personnel, and persons associated with the government or the military. This holds for all three ethnic groups. We might expect, therefore, that the experience in resettlement of later groups of Vietnamese and Cambodians would more nearly resemble that of the early H'Mong group. Second, the later refugees are more likely to have direct experience of death, pain, injury, and brutality at home, in the process of escaping to refugee centers, and within refugee centers. They are also more likely to have spent one to four years in refugee centers before being resettled. Both kinds of differences between the later arrivals and their predecessors suggest that the current refugees will (other things being equal) experience greater psychosocial adjustment difficulties than did the earlier groups.

## IMPLICATIONS

Both the needs assessment results and treatment experience with refugees strongly support the strategy of approaching refugee problems as expressions of, consequences of, and correlates of cultural participation and Basic Human Needs phenomena, rather than merely as discrete problems of language, vocational, mental health, and so on. The social participation and behavior potential framework provides a basis for understanding refugees and for individual treatment and community prevention efforts. Together with the needs assessment methodology described above, it also provides a basis for establishing and monitoring a rational refugee program at the national level. Such a program, as envisioned, would involve the following elements:

*1. Systematic Research.* A systematic program of research was described above. Five elements were involved: (a) A parametric analysis of culture displacement; (b) the development of techniques for assessing parametric values in particular cases of cultural displacement; (c) a framework for conceptualizing the kind of degree of hardship suffered by a refugee population and the degree of adaptation achieved at any given time; (d) the development of techniques for assessing the degree of psychological distress and the degree of adaptation; and (e) the development of predictive functional models relating parametric values collectively (rather than singly) to distress/adaptation indicators.

The present needs assessment research has provided three of the five elements.

Elements (b) and (e) were not addressed. These elements are needed in order to be able to use distress/adaptation assessments in a normative way to monitor the progress of individual refugees. For immediate application, until a rational functional model is developed, we can use multiple regression techniques to predict distress/adaptation on the basis of parametric values, and we can do limited analyses of variables that are of interest. For example, we can study the differences between refugees who receive public assistance and those who do not. Periodic data gathering is needed in order to validate functional models and to confirm hypotheses concerning the sequential structure of the resettlement experience.

2. *Affirmative and Differential Programs.* Instead of a monolithic or homogeneous program of "services for Indochinese," different program emphases would be developed for Vietnamese, H'Mong, and Cambodians, based on group assessments of distress/adaptation. For example, all the evidence strongly indicates that the differences among the three ethnic groups are so great that no universal program for Indochinese could be expected to be very successful for any of the three groups. However, if differential program emphases were adopted for the different groups, a significant improvement in effectiveness could be accomplished. For example, the program emphasis for the H'Mong could consist of basic social participation learning, with the Vietnamese emphasis on stress management and the Cambodian emphasis on grief work and working through.

The concept of an affirmative program is the concept of planning the resettlement process, monitoring progress and seeing to it that auxiliary resources were available and were brought into play when an individual was not making satisfactory progress. Such a program would contrast with a tradition of making certain services "available."

3. *Individual monitoring.* Normative use of research data would provide the basis for monitoring the progress of individual refugees. Normative criteria would be developed for physical symptoms, linguistic and vocational skills acquisition, and psychological symptoms. In this way, individuals who were progressing substantially more slowly than their assessment data would suggest could be identified as candidates for direct remediation. If specific remediation in the problem area were unsuccessful or unpromising, the person would be referred for social participation and behavior potential evaluation and an individual program for social participation remediation undertaken.

4. *Informed consent.* Given the development of normative criteria based on rational functional models or on multiple regression analysis, refugees would be told in advance what was expected of them in the way of progress in resettlement.



ment. A cooperative model of resettlement would in principle be more effective than the unilateral "provision of services" for a limited period followed by a unilateral cutoff.

5. *Periodic assessment.* Periodic group assessment would provide an evaluation in depth of the effectiveness of the program. It would also provide information concerning change over time in the general characteristics of incoming refugees, and thereby provide a basis for planning and monitoring adaptive changes in program emphases.

Although we have dealt explicitly with Indochinese refugees, a program such as the one described briefly above would also serve as a model for similar programs for other refugee or immigrant groups.

## CONCLUSIONS

In the present chapter we have presented (a) some major cultural features of the Vietnamese, H'Mong, and Cambodian societies, their differences, and, by implication, their differences from American culture; (b) the transitional experiences of these groups in leaving their countries and resettling in the United States; (c) a conceptual framework dealing with cultural participation, Basic Human Needs, and cultural displacement; (d) an empirical assessment of Basic Human Need frustrations and their psychological and psychophysiological effects on the Indochinese refugees; (e) the experience and understanding gained from a successful, nontraditional mental health services program; and (f) an outline for a rational program of refugee resettlement at the national level.

What links these disparate elements is congruence, or complementarity. The conceptualization fits what we know of ourselves and the refugees; by design, it fits the empirical study and the treatment program as well as the hypothetical national program. Likewise, the results of our clinical experience fit the research findings and the cultural and historical facts concerning the three Indochinese groups. The research findings support the conceptualization and the conclusion: based on clinical experience, as well as provide a major portion of the technical requirements for the national program, and they fit the cultural and historical facts concerning the three refugee groups.

The whole is greater than the sum of its parts. We have greater confidence in our understanding and potential effectiveness than we would if, for example, we merely had twenty years of successful clinical experience or if all our experimental findings had been significant at the .001 level in the absence of a conceptual framework or successful practice. The achievement of congruence is not accidental, of course. It is a more or less natural consequence of operating within a multicultural, hence multiperspective, framework rather than more narrowly focused technical, scientific, or professional perspectives.

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# STRESS AND HEALTH IN A COLORADO COAL MINING COMMUNITY

Lane Lasater

## ABSTRACT

The purpose of this study was to relate community environment and individual functioning using a newly developed conceptualization for community needs assessment. The frustration of basic human needs is viewed in the conceptualization as an explanatory link between environment and pathology, and information about basic human need frustration is therefore of relevance to community planners. This study of a Colorado coal mining community was conducted as follows: (1) interviews were carried out regarding life circumstances for different age and sex groups; (2) interviews were analyzed regarding subgroups' opportunities for basic human need satisfaction, and a self-report instrument was developed to assess basic human need satisfaction, health, and mental health; (3) 138 community members were surveyed utilizing the instrument; and (4) survey data were reduced and analyzed. The researchers did not successfully predict self-reported patterns of need satisfaction on the basis of community interviews, but a significant relation-

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ship was found between self-reported indicators of need frustration and self-reports of mental health problems for five of the eight community subgroups. A significant relationship was found between self reported indicators of need frustration and self reports of health problems for four of the eight community subgroups. The utility of the conceptualization as a preliminary basis for community planning was supported.

Social scientists have for many years sought to define the relationships that exist between social system contexts and the physical and mental health of individuals. The idea that environmental variables make an etiological contribution to individual function or dysfunction is an appealing one, in part because it may be possible to make changes in social systems to remedy problems that are identified. There does not yet exist an established and comprehensive conceptualization of the relationship between community environment and individual functioning. What seem to be needed are theory and techniques that provide a rational basis for selecting information about social systems and individuals in order to make fruitful resource allocations. In this inquiry into a rural subculture, a conceptualization was developed and applied in order to assess human need satisfaction and its relation to physical and mental health for subgroups of persons there (Lasater, Note 1).

## THE STUDY OF ENVIRONMENTAL INFLUENCES ON PATHOLOGY

A central assumption in the study of environments is that external circumstances have an impact on persons and thus result in psychological and physiological states of clinical significance. Selye (1952) was one of the original theorists who dealt with the relationship between health and stress. Levi (1974) presented a conceptual model of psychosocial stress and disease that included six sets of variables relevant to an individual's experience of stress and reaction: (a) psychosocial stimuli, (b) psychobiological program, (c) mechanisms, (d) precursors of disease, (e) disease, and (f) interacting variables.

Because the notion of stress serves to link environmental conditions and subsequent states of persons, investigators have formulated various accounts of which psychosocial conditions produce stress. One such model is the research approach pioneered by Holmes and Rahe (1967) which has resulted in a focus on the adaptive behavior required by life-events as a probable precipitating factor in the onset of both physical and mental symptomatology. More recently, researchers in this area have also explored social support as an important variable modifying the impact of life changes on individuals. Published evidence documents a relationship between the presence of stressful life-events, the absence of social support, and the occurrence of mental health problems (Williams, Ware, & Donald, 1981).

The combination of life-events and the absence of social support appears insufficient as a general explanation of how environments produce individual pathology. In the area of mental health needs assessment, it is necessary also to take into account the differences in opportunity for individuals provided by different environments which have been related to rates of psychopathology. Faris and Dunham (1939) found that the incidence and prevalence of psychosis was greater in the central slum sections of Chicago and lower in the suburbs. Srole, Langner, Michael, Kirkpatrick, Opler, and Rennie (1962) found relationships between demographic and sociocultural variables and psychiatric disorder in New York City. It seems probable that life-events and the absence of social support were factors influencing the findings from these two landmark epidemiological studies, but in relating the environment to individual functioning, exposure to events requiring significant adjustments and the absence of social support are merely two examples of conditions that involve the frustration of basic human needs. The thesis of this paper is that the sorts of events or lack of opportunity for persons that result in stress and pathology are most likely to be those that frustrate the human needs of individuals, and particularly those that frustrate basic human needs.

A. H. Leighton (1959), in the Stirling County Study, provided this direct and essential bridge between the individual and his environment by focusing on ten "essential striving sentiments" or human needs. He sought to relate the occurrence of mental disorder to interference with human need satisfaction resulting from social disintegration in several rural Nova Scotian communities. By comparing the incidence and prevalence of disorder in the communities that they studied, D. C. Leighton, et al. (1963) concluded that limitations in the opportunities for need satisfaction were associated with the prevalence of psychiatric disorder. Because the concept of basic human needs potentially subsumes life-event changes, absence of social support, and other individual explanatory variables related to pathology, need satisfaction was viewed as a fruitful way of understanding individual functioning in a community in the present research effort.

Because it was the intent of this research to generate information that would provide planning information based directly on individuals' response to their unique and particular environment, the focus of this project was on social structure, opportunities for need satisfaction, and likelihood of need frustration. The research conceptualization provided a rationale both for professional assessment of opportunities for need satisfaction and for the assessment of individual perception of need satisfaction utilizing survey methods.

## **ENVIRONMENT AND PSYCHOPATHOLOGY IN INDUSTRIAL POPULATIONS**

The modern industrial system is an arena where the psychological functioning of workers is a pressing concern. Numerous researchers have documented the rela-

tion between job environments and the psychological adjustment of workers (e.g., Kornhauser, 1965; Ginzberg, 1967; Gross, 1970; Gardell, 1971; Austin, 1977). A general finding is that workers' perception that their job does not give them a chance to use their abilities is strongly related to mental health problems. In addition, it is viewed as important that in rationalized, large-scale industries, large groups of employees have been prevented from taking part in the planning and control of their own work. Severe restrictions in worker freedom and control appear closely tied to alienation.

Because mental health services are frequently unavailable or inaccessible to industrial populations, the industrial context is viewed as a fruitful setting for preventive mental health planning (Austin, 1977). It thus appears that a clear understanding of basic human need frustration among workers would provide direction and guidance to intervention efforts.

Within the industrial system, coal miners have faced extremes of economic hardship, danger, and physical demand, and appear to be an appropriate group for a study of the relation between environmental circumstances and individual functioning. Coal miners and coal mining communities have not been the focus of a great deal of research in the field of mental health, but there have been several research reports on this group from the fields of medicine, industrial psychology, and sociology over the past thirty years (Collison, 1947; Trist & Bamforth, 1951; Lantz, 1958; Peterson, 1972; and Powell, 1973). Because of the dangers involved, the safety and health of miners has been a constant concern not only to miners and their families but also to the industry. A coal mining community was thus chosen as a suitable location to study the relationship between community environment, basic human need satisfaction, and health and mental health.

## A CONCEPTUALIZATION FOR MENTAL HEALTH NEEDS ASSESSMENT

The requirements of a conceptual model upon which to base a community mental health assessment are straightforward. The model must identify aspects of the opportunity or lack of opportunity available to persons within certain demographic categories so that the implications of their social positions for need satisfaction become evident. In addition, the model must guide a data collection procedure. The model presented below meets both these requirements.

### *Needs, Pathology, and Basic Human Needs*

In the psychological literature "need" is often used to designate motivational concepts. For example, "Need Achievement" is used to refer to a certain kind of achievement motivation. In contrast, in Descriptive Psychology a need is defined as "a condition or requirement which, if not met, results in a pathological state"

(Ossorio, 1978, p. 61). Pathological state refers here to a restriction in one's ability to participate in the social practices of the community. For example, a broken leg is considered a pathological state because a person with a broken leg cannot do everything that persons without broken legs can do. Similarly, in the psychological realm, a person with an authority conflict that prevents him from interacting with various authority figures in accordance with accepted standards of civility and restraint, and accordingly prevents him from supporting himself and his family, is considered to be in a pathological state. The definition pertains to individual pathology and clearly separates behavioral restrictions, that result from absence of *ability* from behavioral restrictions resulting from absence of *opportunity*. In considering origins of social pathology, it is necessary to talk in terms of opportunity, but in this definition of pathology, only behavioral restrictions resulting from absence of ability are included. For example, being in jail results in an inability to participate in certain social practices of the community, but it does not constitute a pathological state.

The above nonmotivational concept of need is highly compatible with the general rationale for conducting "needs assessments," and, specifically, for conducting mental health needs assessments. A general rationale for mental health needs assessments is that a given population has needs, or requirements, which if not met, will subsequently result in new cases of mental pathology or in the exacerbation of existing cases of pathology. The assessment of the extent to which such needs are not being met provides indications for future pathology in the absence of intervention and provides some guidelines for possible intervention.

Most needs assessments to date, however, would be better described as pathology assessments. That is, the assessment procedure consists of gathering evidence that a given subpopulation has a relatively high incidence or prevalence of pathology (see Bloom, 1977). From such evidence one may conclude that some relevant needs were not met, but this deficit is not directly assessed. Such research provides some impetus to bring into play the treatment and prevention measures with which we are familiar, but only accidentally and incidentally provides suggestions for doing anything new that is specific to the situation.

Given the definition of "need" provided above, human needs are as variable as human histories. For example, one could say of a person that he needed to keep his job, and that it was as a result of losing it that he became paranoid. For another person, no psychological problem might develop. What is required is a common framework for talking about what people need in order to maintain mental health, and a stable set of need concepts that will be universally applicable. These requirements are satisfied by the notion of basic human need.

Previous researchers (e.g., Maslow, 1943; A. H. Leighton, 1959) have used the concept of basic human needs to denote central requirements for human functioning, which are universal rather than culture specific. There is some variation in which requirements are considered central by different authors. A



conceptual rationale is needed to provide criteria in order to avoid a mere impressionistic listing of requirements. For this purpose, a basic human need is defined here as "a condition or requirement, which, if not met, makes behavior impossible." Behavior, in this instance refers to the Deliberate Action necessary to engage in the social practices of the community. In Descriptive Psychology Deliberate Action is a case of Intentional Action where the person knows what he is doing and has also chosen to do it (Ossorio, 1978). Thus, the definition of a basic human need is an extension, or limiting case, of the earlier definition of human need as "a condition or requirement which, if not met, results in a pathological state." In the case of basic human needs the limitation on behavior is extreme, as it is expected to be the case that a person experiencing zero satisfaction of a given basic human need *will not be able to behave at all*.

For example, consider the case of the person who is seeking employment. Having a job or keeping a job is usually not one of those conditions which, if not satisfied at all, will make behavior impossible. In contrast, for illustrative purposes consider the person who has zero satisfaction of the basic human needs for Order, Understanding, and Predictability, or the person who has zero satisfaction of the basic human needs for Adequacy and Competence. (Needs from the list developed for the purpose of this study will be presented later.)

Behavior requires that you act on a discrimination—that you distinguish something from something else. But the act of discriminating something from something else introduces, to that extent, Order, Understanding, and Predictability. Therefore, if your world had no Order, Understanding, and Predictability at all, you could not be making *any* discriminations, and it would be literally impossible for you to engage in Deliberate Action. You could not reliably pick a red versus a blue marble from a table, or even distinguish the marbles from the table, without in this respect satisfying the basic human need of Order, Understanding, and Predictability.

Similarly, behavior requires that your performance be the expression, to some degree, of Adequacy and Competence, in order that when you try to do something, your success is not just accidental. For example, going out to the hallway to drink at a fountain involves balancing your body in just the right manner to remain upright, placing your feet in just the right way to move out to the hallway, and bending in just the right manner so that your mouth meets the flow of liquid, and so on. If all those things that are necessary to the success of this behavior have no connection and no relation to what a person knows how to do, then it can be said that this happened to him—not that he did it. And in that case he would not have engaged in behavior. If a person had no degree of satisfaction of the basic human need for Adequacy and Competence, then nothing that occurred would be the case of something that he did, and so there could be no behavior on his part, and it would be impossible for him to do anything.

The above conceptual definition of a basic human need provides a reasonable reconstruction of the character of the kinds of needs that appear on previous lists

of basic human needs (e.g., A. H. Leighton, 1959). The definition also makes it understandable why it is that different theorists can develop different lists. Namely, there is no reason to expect that there is a single set of categories for stating the necessary conditions for human behavior. The fact that different theorists develop different lists illustrates the fact that there are various ways of stating these necessary conditions. However, although these lists are literally different, they are not entirely unrelated, and there is a considerable amount of communality and family resemblance (e.g., Maslow, 1943, and A. H. Leighton, 1959). The differences among the lists are to be regarded as differences in what they bring out clearly and what they leave implicit. For different purposes different lists might be preferable in order to bring out particular facts that are relevant to that purpose.

The particular list used for the purposes of the present study was chosen in an attempt to bring out the kinds of facts that seemed particularly relevant to mental health issues. There is a substantial overlap between the list used in this study and the types of basic human needs presented by A. H. Leighton (1959) in the Stirling County study. This communality, along with reliance on the above conceptual definition, provides reasonable reassurance that the set used in this study was sufficiently comprehensive for descriptive purposes. The set of basic human needs used in the study is presented in Table 1. Also presented is a listing of social practices and relationships through which basic human needs appear to be most commonly met in U.S. culture at this time.

The social practices and relationships specified in Table 1 point to the sorts of dimensions of a particular sociocultural environment that can be taken into account in understanding the opportunities which are available in that environment to individuals for meeting their basic human needs. Basic human needs are not satisfied directly in abstract form; rather they are satisfied concretely through appropriate participation in the actual social practices of the community. Note here that environmental circumstances are expected to be a constraint on *opportunity* to satisfy basic human needs, whereas absence of basic human need satisfaction is expected to limit *ability* to behave (as in the definition of pathology).

If you specify (a) a set of basic human needs and (b) a particular cultural and social context, then you can talk understandably about something like a job being a need. For example, it could be the case that a particular person under sufficient financial duress with a family to support "needed" his job in order not to become depressed. The job in this case would represent participating in a social practice in order to satisfy a basic human need, in this case Adequacy and Competence. You can use "need" meaningfully in this manner only if (a) and (b) are specified.

One of the values of this conceptual formulation is that it provides a framework that is culture-free and context-free, but it also provides a manner of taking into account culture, context, and history for particular cases. That means that

Table I  
Basic Human Needs and the Common Social Practices  
and Relationships for Meeting Them in U.S. Culture

*Physical Health:* (a) maintain an adequate diet; (b) obtain sufficient sleep; (c) engage in regular physical exercise; (d) secure adequate shelter; (e) access medical and dental care; (f) make an adequate living or obtain other means of support; (g) work in a safe environment.

*Safety and Security:* (a) live in a protected residence in a safe community; (b) access to police and fire protection services; (c) access to medical and dental care; (d) make an adequate living or obtain other means of support; (e) access to necessary means of transportation; (f) work in a safe environment; (g) obtain job security and retirement benefits; (h) secure insurance, savings, or other financial reserve.

*Self-esteem and Worth:* (a) develop and maintain a good physical self-image; (b) understand and accept one's personal strengths and limitations; (c) develop and maintain a loving sexual relationship; (d) attain the respect and acceptance of significant others; (e) create and raise children in the family unit; (f) resolve major developmental tasks and life crises; (g) live in a way that affirm's one essential values; (h) attain status commensurate with personal aspirations; (i) attain economic self sufficiency; (j) maintain a positive personal identification with a valued group.

*Love and Affiliation:* (a) develop and maintain a loving sexual relationship; (b) maintain a caring relationship with one's family; (c) develop and maintain meaningful friendships; (d) receive culturally appropriate demonstrations of affection; (e) express culturally appropriate demonstrations of affection.

*Agency and Autonomy:* (a) engage in self determining action; (b) express one's personal rights, wishes, and opinions; (c) express one's individuality and choose one's own lifestyle; (d) resolve major developmental tasks and life crises; (e) initiate and be responsible for successful activity; (f) take independent action which affects one's environment.

*Adequacy and Competence:* (a) develop and maintain a loving sexual relationship; (b) fulfill family roles and responsibilities; (c) develop and utilize skills at work and at home; (d) attain economic self sufficiency; (e) receive recognition for personal accomplishments; (f) attain occupational and social status commensurate with personal aspirations.

*Identity:* (a) accept one's own masculinity or femininity; (b) accept one's own racial and ethnic identity; (c) understand and accept one's personal strengths and limitations; (d) accept one's occupational role; (e) develop and act in terms of a religious philosophy; (f) develop and act in terms of a political philosophy; (g) participate effectively in definite human groups; (h) accept one's membership in a political or geographical unit.

*Belonging and Acceptance:* (a) participate with and receive appreciation and loyalty from one's family and friends; (b) participate with and receive appreciation and loyalty from others at one's place of work; (c) participate with and receive appreciation and loyalty from one's valued social, political, and religious groups; (d) participate with and receive appreciation and loyalty from other members of one's ethnic or racial group; (e) obtain membership in and receive acceptance and loyalty from members of the society in which one lives.

*Disengagement:* (a) spend time alone and undisturbed; (b) derive enjoyment from inactive participation in non-problem solving activities; (c) derive enjoyment from active participation in recreational activities; (d) derive enjoyment from creative endeavor; (e) participate in social activities with others.

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(Continued)

Table 1 (Continued)

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*Order, Understanding, and Predictability:* (a) participate in a familiar environment; (b) interact with others whose motives, behavior, and feelings are understandable; (c) live in a society which is governed by law and provides rights and freedoms to its members; (d) adhere to the social customs, behaviors, and laws of the society in which one lives; (e) understand and utilize governmental and bureaucratic workings; (f) understand and utilize community resources.

*Personal and Social Legitimacy:* (a) live in a way considered right and fitting by oneself; (b) obtain just treatment and recognition from one's family and friends; (c) obtain just treatment and recognition from one's valued social, political, and religious groups; (d) adhere to the social customs, behavior, and laws of the society in which one lives; (e) carry out sexual, family, social, and other roles in ways compatible with cultural values and social norms.

*Meaning, Hope, and Significance:* (a) develop and maintain a loving sexual relationship; (b) create and raise children in the family unit; (c) engage in satisfying activities in major areas of one's life; (c) engage in satisfying activities in major areas of one's life; (d) take action as needed to improve one's life; (e) fulfill family roles and responsibilities; (f) develop and act in terms of a religious philosophy; (g) undertake long-term enterprises; (h) act in ways that make a difference in one's own life and the lives of others; (i) accept one's own death.

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you can talk about any given person, group, or population in this universal way, which allows for comparison or contrast with other persons, groups, or populations of any sort while at the same time permitting you to be responsive to the particularities of a given person, group, or population.

Conceptually, therefore, these needs are most understandable when one examines the concrete and identifiable ways in which they can be met. These ways are expected to vary according to an individual's personal characteristics and life circumstances. But regardless of the ways in which an individual's needs are ultimately satisfied, they must be satisfied through one of the social practices and relationships available to the individual in his community or society. Each environmental situation provides options for social participation that are both limiting and specific. Thus, in every life situation, an individual can be expected to be better able to satisfy some of his needs than others.

Different basic human needs are satisfied through participation in different sets of social practices and relationships. It follows from this that if a basic human need is frustrated, then either a set of social practices and relationships that could satisfy it is not available, *or* the person is not engaging in those available, *or* he or she is engaging in them in a deficient way.

Basic human needs are not considered motivational in this formulation, and people are not in general specifically trying to satisfy these needs. However, in a viable society, it is expected that the kinds of behavior in which people engage are the very sorts of behavior that would be chosen if people were trying to satisfy their basic human needs. This is understandable because, if you look at the list of needs, every one of them is something which, at face value, is desirable, and the lack of which is undesirable. Since the lack is undesirable, we may expect that when a given need is unsatisfied to a significant degree, the

person will feel dissatisfied and will be motivated to do something that reduces the dissatisfaction. If he succeeds in doing this, it is not unlikely that he will also have done something to satisfy the need that was previously unsatisfied.

For example, a person who has a significant lack of satisfaction of the basic human need Belonging and Acceptance is, in a practical sense, but not an absolute sense, an outcast. Being an outcast is, at face value, an unsatisfying condition, and we would expect a person to be unhappy or dissatisfied and to be motivated to do things to reduce that unhappiness or dissatisfaction. Given that the negative feeling resulted from being the outcast, one would generally expect (although it is not a logical consequence) that whatever this person did to reduce his unhappiness or dissatisfaction would be something that added significantly to the satisfaction of his need for Belonging and Acceptance, even if he had not figured out that that was what he needed.

### *Implications for Community Assessment*

Within the context of a particular community, certain regularities can be expected in terms of the kinds and variety of options for participation in the social practices and relationships that pertain to different subgroups of persons there. Because of these regularities in any community, it is expected to be more or less difficult for different persons to satisfy their basic human needs. In this approach, the regularities are conceptualized as community strengths and strains. Examples of strengths in the community studied would be the fact that the overall atmosphere was personal and that families were closely knit. These two facts provided the basis for the expectation that most individuals would have a reasonable opportunity to satisfy their need for Belonging and Acceptance. An example of a strain in the community would be that there were very few job opportunities available for women, and it could therefore be expected to be difficult for some women to satisfy their need for Adequacy and Competence.

In a particular social structure it is expected that regularities can be identified that are either facilitative of basic human need satisfaction or counter-facilitative, in that they act as barriers, difficulties, deterrents, and so on. Whether you have a strength or strain for that social structure will depend on the whole set of regularities and their overall facilitative or impeding effect. Because the whole set must be considered, the community must be analyzed so that researchers may take into account strengths and strains pertinent to a given need for a given group. A community analysis utilizing this approach includes gathering general facts relevant to basic human need satisfaction for all targeted demographic subgroups in a community. This pooling of facts then makes possible the estimation of the average degree of specific need frustration that would result for different demographic subgroups in such an environment.

There are a variety of ways in which the failure to satisfy basic human needs might be manifested. Among these, three general kinds stand out as relatively

direct and accessible manifestations that are consistent with the range of need frustration and stress symptoms identified by previous researchers (D. C. Leighton, et al., 1963; Holmes & Rahe, 1967; and Levi, 1974). The three general kinds of symptomatology resulting from basic human need frustration identified in this conceptualization are the following:

1. Physiological concomitants of stress and their consequences over time (e.g., ulcers, high blood pressure, or heart disease).
2. Behavioral expressions which could be classified as displacements, compensations, or symbolic behaviors (i.e., arguing, drinking to excess, fighting, unsafe driving, quitting jobs, etc.). For example, a person whose needs for Self-esteem and Worth and Personal and Social Legitimacy were strongly frustrated in his occupational setting might compensate by affirming these needs elsewhere, for example, by acting self-righteously and argumentatively outside of his occupational context.
3. Cognitive or emotional reactions (i.e., attitudes, feelings, and beliefs that persons hold regarding themselves, others, or their life situations). For example, someone whose economic situation is precarious might well develop a generalized feeling of fear and tension (as well as accompanying physiological correlates). A person for whom it was a matter of family tradition and economic necessity to work in a physically dangerous occupation might well adopt a fatalistic philosophy of life and act passively as a result.

### *The Development of Hypotheses*

The preceding conceptualization presents an approach to the systematic assessment of community needs. The approach (1) includes the specification of 12 needs which are considered basic to human functioning; (2) provides for analysis of how the circumstances of life in a particular community work either as strengths or strains by providing or limiting opportunity for participation in social practices and relationships by community members; and (3) specifies the kinds of effects that can be expected to be manifested by individuals faced with basic human need frustration.

Consistent with the rationale presented above, the conceptualization leads to the following general hypotheses:

- HYPOTHESIS 1.** *On the basis of a judgmental assessment of community circumstances, it is possible to predict modal patterns of basic human need frustration for particular subgroups and patterns of differences in need frustration between subgroups.*

**HYPOTHESIS 2.** *The lack of satisfaction of basic human needs in any substantial degree results directly in correspondingly severe psychological consequences and, over time, in a set of correspondingly severe physiological consequences. These consequences include both pathologies and conditions associated with pathology, and may be manifested in the forms of psychophysiological concomitants of stress and their consequences over time, behavioral expressions which could be classified as displacements, compensations, or symbolic behaviors, and cognitive or emotional reactions.*

## METHOD

### *Procedure*

*Project site.* The area chosen as the site of the study was the town of Paonia and the surrounding area, a coal mining center in western Colorado. The area was considered appropriate for study because coal mining had been an established part of community life there since the early part of the century. Six hundred miners were employed in the community, and the subcommunity of miners and their families consisted of 1,600 persons from the total area population of 15,000 persons.

*Community interviews.* Seventy interviews of individuals in the community were completed during the summer of 1976. The research had received sponsorship from the United Mine Workers of America Health and Retirement Funds, and this sponsorship was critical in securing the cooperation of community members. All interviews were carried out by the author and by another advanced graduate student in clinical psychology. Only one of those persons whom we sought to interview refused our request.

It was the researchers' intent in the interviews to gain a comprehensive understanding of the facts and circumstances of life for persons in the various age and sex groups in the coal mining community. The interview schedules used were open-ended in orientation, with general questions that encouraged respondent discussion of many life areas. Groups interviewed included active and retired miners, miners' wives and family members, high school students, school officials, mine operators and supervisors, clergy, community leaders, and health care delivery personnel in the area. In addition the researchers attended union meetings, took orientation tours at two active coal mines in the area, and met informally with miners and community persons at local restaurants and bars.

*Interview analysis and questionnaire development.* The information gathered in the interviews was taken down in verbatim transcripts and reviewed by the research team. A listing of facts about the community was developed, including forms of social participation that were available for basic human need satisfaction. These facts were considered to include the major dimensions of strength and strain relevant to the lives of members of the deep coal mining community in the area. During the community interviews, it became apparent that the relevant age and sex divisions within the community paralleled the early, middle, and late stages of a coal miner's career, and the community was divided accordingly, as described below.

As the researchers reviewed the community facts, sets of questionnaire items were developed that could be used for a self-report assessment of frustration of each basic human need. Individuals in the community were divided demographically into subgroups as follows: Retired Miners; Retired Women (wives of retired miners and widows); Older Miners (ages 35 to retirement); Older Women (wives of older miners and widows); Younger Miners (ages 18 to 35); Younger Women (wives of younger miners); High School Men (high-school-age sons of younger and older miners); and High School Women (high school-age daughters of younger and older miners).

The questionnaire items were developed specifically to sample aspects of community and mining life pertinent to the subgroup and need in question. Some items were used across several or all groups to assess a particular need, and other items which addressed the situation of a specific subgroup were included as well. For illustrative purposes, the questionnaire items used to assess need frustration for each group on "Love and Affiliation" are presented in Table 2. In general the sets of items were chosen as the operationalization of basic human need frustration because they pertained to dimensions of persons' lives which, according to the construct, would be expected to be answered differently by individuals who differed either in need frustration or in opportunity for need satisfaction.

Because resource limitations prohibited the assessment of "behavioral expression," the self-report assessments used in this study dealt only with the categories of "physiological concomitants of stress and their consequences over time" and "cognitive or emotional reactions." Twenty-eight items dealing with common illnesses and physical problems were used to measure health status, and 21 items indicative of anxiety, depression, psychosomatic problems, alienation and anger were used to measure mental health status. (See Lasater [Note 1] for item content.)

Because the population to be studied consisted of persons who were currently employed or who had successfully completed their careers, it was expected that the frequency of severe mental health pathology would be quite low. A review of self report scales similar to that used in our study indicated that such scales are adequate for the assessment of general emotional discomfort, neurotic symp-



Table 2  
 "Love and Affiliation" Need Satisfaction Assessment Across Subgroups

Item	Items Used in Need Factor for a Specific Group Are Indicated By X <sup>a</sup>							
	RM	RW	OM	OW	YM	YW	HSM	HSF
30. Older people are largely ignored in this community.	X	X						
86. It is easy to feel isolated here.	X	X	X	X	X	X	X	X
96. I don't get the chance to be with friends as much as I would like.	X	X	X	X	X	X	X	X
110. I regularly visit with friends in their homes.	X	X	X	X	X	X	X	X
41. Working swing shift or graveyard puts a strain on a miner's family or social life.			X	X	X	X		
69. Being a coal miner allows enough time for a full family life.			X	X	X	X	X	X
63. It is satisfying for a woman to concentrate her efforts on home and family.				X		X		
18. The values of young people here are different from those of their families.							X	X

Note: "Retired Miners = RM; Retired Women = RW; Older Miners = OM; Older Women = OW; Younger Miners = YM; Younger Women = YW; High School Men = HSM; High School Women = HSW.

tomatology, and psychosomatic disorders, but are not adequate for the assessment of psychotic behavior, organic brain syndromes, mental retardation, and sociopathic behavior (Schwartz, Myers, & Astrachan, 1973).

A questionnaire was developed utilizing the basic human need items, mental health items, and physical health items. Five different scale formats were developed that were appropriate to the variety of content and phrasing among questionnaire items. General questionnaire items and basic human need frustration items were arranged in a sequential manner that provided a mixture of content categories. To control for response set, basic human need items were written in such a manner that endorsement of an item indicated frustration on 50% of the items. Mental health, health items, and more personal demographic information were presented in separate sections at the end of the questionnaire.

*Community survey.* During April of 1977, a sample of 196 community members was drawn utilizing the files of the United Mine Workers of America Health and Retirement Funds Western Regional Office in Denver. The sample was selected as follows: (1) 150 families were selected at random from the

current listing of health card holders; (2) utilizing files of family members' names and ages, potential respondents were selected from these families. Within each target household, both husband and wife were selected as respondents, and if available, one child of high school age. This procedure was followed until what was considered a sufficient sample of persons had been identified in each demographic category. The 47 persons who were coal miners or from mining families who had taken part in the community interviews during 1976 were also included in the sample, since many of these persons had expressed interest in participating in the survey, so that this sample could be added to the target sample in the case that sufficient respondents did not participate from the target sample to permit analysis.

During May of 1977, a community survey was carried out. A special projects class at the local high school aided the author in distributing the mail-back questionnaire to 155 persons from the target sample and to the 47 persons from the interview sample within an approximately 100-square-mile area. A follow-up phone call was made to those respondents who had not returned their questionnaires after two weeks, and a postcard was sent to those who had not replied after one month.

During the survey, 155 persons of the 196 in the target sample were contacted and accepted participation in the study, or 79.1% of the target sample. Of these 155 persons, 106 or 54.1% of the target sample completed and returned their mail-back questionnaires. Of the 47 persons from the interview sample to whom questionnaires were distributed, 32 or 68.1% returned their mail-back questionnaires. The cell sizes that resulted in the target sample were barely sufficient for analysis, and accordingly the 32 persons from the interview sample were added to those from the target sample to compose a total sample of 138 persons. Although it was necessary to compromise the original sampling plan, the combined sample was considered adequate for the purposes of the study because of the unbiased procedures used to select both samples. The combined rate of return for the overall sample was 56.8%. A return between 50% and 70% is good for a community survey of this type.

*Data reduction and analysis.* Three independent sets of indices were developed for each of the eight subgroups in the study. The first was based on researcher judgments of need frustration for each group as indicated by the community facts gathered in the interviews. The second estimate of need frustration was derived from respondent self-reports to the sets of items developed to assess basic human need frustration. The third set of indices developed for each group in the study dealt with mental health and health symptoms. Multiple indices of each of the two estimates of basic human need frustration and of the estimates of mental health and health problems were needed because the theoretical formulation did not specify whether single, extreme basic human need frustration or multiple, less extreme frustrations would be more significant. The

same kinds of indices were developed for mental and physical health symptoms and are now briefly described here.

*Experimenter judgments.* (a) Rated Group Basic Human Need Frustration (for each need for each group); (b) Rated Group Extremity of Basic Human Need Frustration (average of those frustrations rated as greater than "slightly" frustrated); (c) Rated Group Unanimity of Basic Human Need Frustration (the percentage of needs for a specific group rated as greater than "slightly" frustrated); (d) Rated Group Total Basic Human Need Frustration (the mean frustration for each group across the twelve need frustration ratings).

*Respondent self-reports.* (a) Group Basic Human Need Frustration (the average of all group members' self-report indices of frustration from each basic human need factor); (b) Group Extremity of Basic Human Need Frustration (the average frustration across individuals on each factor and across needs for those needs which were frustrated greater than "slightly"); (c) Group Unanimity of Basic Human Need Frustration (the average percentage from all need factors for a particular group that were frustrated more than "slightly"); (d) Group Total Basic Human Need Frustration (the average need frustration across all basic human needs for all individuals in a particular community subgroup).

*Group indices of mental and physical health.* (a) Group Extremity of Mental Health Symptoms (the average score across individuals in each subgroup for those mental health items which were scored as present more than "slightly"); (b) Group Unanimity of Mental Health Symptoms (the percentage of mental health items of the total for all individuals in a subgroup which were reported present at a level greater than "slightly"); (c) Group Mental Health (the average score across all mental health items across all individuals in a particular subgroup); (d) Group Extremity of Physical Health Symptoms (the average score across individuals in each subgroup for those physical health items which were reported present more than "slightly"); (e) Group Unanimity of Physical Health Symptoms (the percentage of physical health items of the total for all individuals in a subgroup which were reported present at a level greater than "slightly").

*Predictions derived from hypotheses.* Prediction 1 is the operationalization of Hypothesis 1, and Prediction 2 is the operationalization of Hypothesis 2.

**PREDICTION 1.** *On the basis of a judgmental assessment of community circumstances by researchers, it will be possible to predict modal patterns of basic human need frustration reported by members of particular community subgroups and overall patterns of differences in need frustration reported by different community subgroups.*

- PREDICTION 2.** *Lack of satisfaction reported by respondents on the basic human need factors will be associated with correspondingly severe deficits in physical and mental health functioning reported on the questionnaire.*

## RESULTS

### *Demographic Characteristics of the Sample*

The 138 respondents who returned the mail-back questionnaire ranged in age from 13 to 83 years. Sixty-nine persons (50%) from the sample were male, and 69 (50%) were female. The sample included representation from the four towns situated in the river valley where the study was carried out. Included were data from 42 active coal miners and members of their families. The groups differed on characteristics that were used to define the study groups (i.e., age and employment status), and there were certain other differences of interest. Mean education as reported by the subgroups was early high school for Retired Miners and Retired Women, late high school for Older Miners and Older Women, and late high school and early college for Younger Miners and Younger Women. Approximately one-quarter of the Older Women were employed full time in contrast to 15.8% of the Younger Women. Responses from miners indicating years worked in mining confirmed the sample selection procedures, in that the three mining groups identified were those who had completed a full career in mining, those who had worked for many years, and those miners who were relatively new to this work.

### *Evaluation of Prediction 1*

Through the procedures described above, the data were reduced to forms that could be used for evaluating the hypotheses. Results pertinent to Prediction 1 and Prediction 2 are considered separately below. Prediction 1 was pertinent especially to the question of the utility of carrying out an assessment of community needs by means of interviewer assessment of community circumstances. This question was relevant to needs assessment strategy in the field of mental health.

Research procedures provided independent estimates of basic human need frustration—researcher estimates of group frustration on each of the 12 basic human needs and respondent self-reports of frustration gathered by means of the questionnaire instrument. Researcher estimates were used to develop Rated Group Basic Human Need Frustration. Respondent self-reports were used to develop Group Basic Human Need Frustration scores as described above. In order to evaluate Prediction 1, the following analyses were carried out:

1. Need by need Pearson product moment intercorrelations were computed across groups utilizing Rated Group Basic Human Need Frustration and Group

Basic Human Need Frustration. Group by group intercorrelations were also computed across needs utilizing these two independent indicators of need frustration.

2. The overall Pearson product moment intercorrelation was computed across groups and across needs utilizing Rated Group Basic Human Need Frustration estimates and Group Basic Human Need Frustration scores.

Rated Group Basic Human Need Frustration estimates and Group Basic Human Need Frustration scores were not significantly correlated, either across groups or on a group by group basis. (See Lasater, Note 1 [Table 12, p. 135]) This finding implied that researcher estimates of basic human need frustration patterns among subgroups were not consistent with respondents' reports of same. The researchers thus weighed the implications of the circumstances of life in the community somewhat differently than did the respondents. This difference will be discussed later.

### *Evaluation of Prediction 2*

In order to evaluate Prediction 2, the following analyses were carried out:

1. Utilizing the three consolidated indices of basic human need frustration, which were computed for each respondent from questionnaire data (Extremity of Basic Human Need Frustration, Unanimity of Basic Human Need Frustration, and Total Basic Human Need Frustration), and the five consolidated indices of psychological and physiological symptomatology developed for each respondent from questionnaire data (Extremity of Mental Health Symptoms, Mental Health, Extremity of Physical health Symptoms, and Unanimity of Physical Health Symptoms), Pearson product moment correlations were computed for each group across all respondents in that group. These results appear in Table 3.

Because three alternative indices of frustration and five alternative indices of mental health and health effects were developed, the data consist of 15 correlation coefficients in each of the eight cells. The 15 coefficients, however, are not mathematically independent because the alternative indices are merely that—alternative ways of indexing information derived from the same source.

2. Utilizing the three consolidated indices of basic human need frustration which were computed for each respondent from questionnaire data and the five consolidated indices of psychological and physiological symptomatology computed for each respondent, a set of Pearson product moment correlations was computed across all respondents in all groups. Results of this analysis appear at the end of Table 3.

*Results of analysis pertinent to Prediction 2.* For five of the eight community subgroups—Retired Women, Older Miners, Older Women, Younger Miners,

Table 3

**Intercorrelation Between Consolidated Indices of Basic Human Need Frustration  
and Consolidated Indices of Mental Health and Health Symptoms  
Across Individual Subgroups and Across All Community Subgroups**

<i>Consolidated Indices of Basic Human Need Frustration</i>	<i>Consolidated Indices of Mental Health and Health</i>				
	<i>EMH*</i>	<i>UMH</i>	<i>MH</i>	<i>EPH</i>	<i>UPH</i>
<i>Retired Miners</i>					
EBHNF <sup>a</sup>	.22	-.07	-.20	.30	-.07
UBHNF	-.05	.05	.07	.18	.03
TBHNF	.26	-.07	-.06	.39	-.08
<i>Retired Women</i>					
EBHNF	.14	.57*	.44	-.62	.38
UBHNF	-.06	.57**	.62**	.11	.36
TBHNF	.03	.53	.46	-.20	.45
<i>Older Miners</i>					
EBHNF	.12	.24	.19	.19	.26
UBHNF	-.26	.41	.29	-.32	.24
TBHNF	-.10	.54**	.47**	-.14	.32
<i>Older Women</i>					
EBHNF	.13	.13	.15	.12	-.17
UBHNF	.44*	.36*	.46**	.35	.05
TBHNF	.49**	.40*	.50**	.34	.04
<i>Younger Miners</i>					
EBHNF	.02	.75**	.68**	.31	.53*
UBHNF	.22	.56*	.54*	.28	.46
TBHNF	.14	.69**	.67*	.31	.56*
<i>Younger Women</i>					
EBHNF	.36	.21	.09	.82*	.31
UBHNF	.11	.14	.01	.41	.13
TBHNF	.14	.19	.04	.51	.20
<i>High School Men</i>					
EBHNF	.58	.93***	.94***	-.23	.23
UBHNF	.96***	.96***	.91**	.33	.04
TBHNF	.95**	.94***	.93***	.33	.13
<i>High School Women</i>					
EBHNF	.27	-.09	-.05	.18	.30
UBHNF	.41	.01	.09	.92***	.37
TBHNF	.38	-.08	-.02	.83**	.42
<i>All Subgroups Combined</i>					
EBHNF	.14	.30***	.28***	.08	.15*
UBHNF	.13	.36***	.38***	.10	.20**
TBHNF	.26**	.38***	.39***	.20*	.22**

*Note:* <sup>a</sup>Acronyms used in this table are as follows: EBHNF = Extremity of Basic Human Need Frustration; UBHNF = Unanimity of Basic Human Need Frustration; TBHNF = Total Basic Human Need Frustration; EMH = Extremity of Mental Health Symptoms; MH = Mental Health; EPH = Extremity of Physical Health Symptoms; UPH = Unanimity of Physical Health Symptoms. All correlations are based on individual subject scores on these dimensions.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

and High School Men—at least one significant correlation was found between indices of basic human need frustration and consolidated indices of mental health. In most cases this significant relationship was apparent across several of the dependent indices of basic human need frustration and across several of the dependent indices of mental health. This was to be expected in light of the common sources of the three indicators of basic human need frustration and for the three indicators of mental health. The findings provide substantial support for Prediction 2, and imply that there was a significant positive relationship between respondent self-reports of basic human need frustration and self-reports of mental health.

For four of the eight community subgroups—Older Miners, Younger Miners, Younger Women, and High School Women—at least one significant correlation was found between consolidated indices of basic human need frustration and consolidated indices of physical health. These findings provided support for Prediction 2, and implied a positive relationship between respondent self-reports of basic human need frustration and self reports of physical health.

As can be seen in the last section of Table 3, when correlations are computed across all subgroups, seven of the nine correlations were significant between consolidated indices of need frustration and consolidated indices of mental health. For the community as a whole, four of six correlations were significant between consolidated indices of need frustration and consolidated indices of physical health. These results provide substantial additional support for Prediction 2. For the community as a whole, self-reports of basic human need frustration were moderately (avg.  $r = .29$ ) and consistently related to self-reports of mental health symptoms. Self-reports of need frustrations were also consistently but less strongly related (avg.  $r = .159$ ) to self-reports of physical symptoms. Data (not tabled) indicated that those respondents who reported mental health problems also tended to report physical health problems.

## DISCUSSION

The research reported here constituted an initial effort to develop a model of the relation between community environment and individual functioning. The model developed guided an inquiry into a particular social system and the functioning of its members with the aim of identifying information about the social system that would provide a rational basis for allocating health and mental health resources there.

### *Discussion of Hypothesis 1*

Results of the study did not support the first hypothesis, which predicted that the researchers, relying on the interviews and community observation, would be able to predict patterns of basic human need frustration reported by community

subgroups. The two groups that researchers estimated to have the least frustration—Older Miners and High School Women—were shown to be the most frustrated by frustration indicators derived from respondent self-reports. The discrepancy between researcher estimates and need frustration indicators derived from self-reports illustrated the difficulty in fathoming from without both the opportunities for need satisfaction among community subgroups and the priorities that different individuals placed on different aspects of their lives. While it is possible that outside experts will not be able to predict variations in basic human need frustration among subgroups no matter how much information they obtain, it seems more likely that, in our approach to community assessment, we overlooked an essential kind of information. Our interviews were directed toward evaluating the opportunities that each group had for need gratification, but, in retrospect, it is apparent that we did not get enough information about the opportunities that individuals did *not* have. Conceptually, a frustration ought to follow from a sense of something missed.

Clearly, judgments by researchers did not match basic human need frustration as assessed through respondent self-reports. If valid data on behavioral compensations (drinking, violence, etc.) could have been obtained, the pattern may have been different. With respect to community needs assessment, it seems safe to conclude that, when the criteria are self-reports of mental and physical health status, self-report assessments of need frustration will be useful predictors.

### *Discussion of Hypothesis 2*

Substantial but not entirely uniform support was found for the prediction that lack of satisfaction of basic human needs results in correspondingly severe psychological and physiological consequences. Significant relationships were found between basic human need indices and consolidated indices of mental health for five of eight groups, and significant relationships were found between basic human need indices and consolidated indices of physical health for four of eight groups. The question arises, however, as to what explains the negative findings for several groups in correlating basic human need factor scores and physical and mental health factor scores.

Two essential dimensions of the data may be pertinent to potential error sources in these findings: (1) the set of basic human needs and assessment factors which were developed and imbedded in the questionnaire instrument; and (2) our inability to obtain direct data on behavioral compensation as a result of resource limitations.

The set of basic human needs used in this application of the model appears adequate for our purposes, but it is possible or even likely that some of the needs are not in fact *basic* and the resulting data would therefore have served to dilute the findings somewhat. For example, in evaluating Love and Affiliation, if this need is interpreted broadly as the presence of a special relationship between



persons, it may be the case that people can get along without this. In future empirical research with the model it may be possible to establish in fact a ranking or hierarchy among needs, whereas for the purposes of this study each need was treated as equally potent if frustrated. It also seems likely that achieving substantial satisfaction on one need may serve to offset even considerable frustration on another, but this question as well exceeded the scope of this current project.

The items which were developed to provide a derived need frustration score for each individual were considered pertinent to the subgroup and need in question. The intent was not to measure basic human need frustration, but to utilize the questionnaire as a structured interview that allowed respondents to make a self report related to these dimensions in order to assess the construct. It was not necessarily the case that the operationalizations chosen were the best possible. An alternative approach to that taken here would be to assess the opportunities available to community members to engage in the social practices and relationships through which basic human needs are most commonly met in this society (Table 1). Even this list is not exhaustive, however, and would not guarantee that the forms relevant to a given community were included, but such an approach would allow for greater uniformity than was achieved in this project in the dimensions sampled relevant to each need.

A second potential error source in the findings was that in this project it was not possible to obtain data regarding behavioral compensation related to basic human need frustration. A difficulty with all assessment through respondent self-reports is the likelihood of respondent distortion due to a social desirability factor. This factor operates in all mental health research, and it can be assumed that it was present to some degree in these data. Two particular dimensions of behavioral compensation included in the questionnaire were under the mental health section as "marital problems" and "drinking too much." No community subgroup reported significant symptoms in these categories. Evidence of these symptoms was ascertained during community interviews, and it was noted that bars and beer halls were common gathering places. Socialization around drinking was a primary social activity in this rural area. A greater amount of marital difficulty than these self-reports indicated probably exists there as well.

Ideally, it would be useful to utilize others' judgments of respondents' behavior as well, as a more extensive survey of possible behavioral dimension of need frustration in future need frustration studies. It might well be useful as well in future work with the conceptualization to develop a greater variety of mental health symptoms to be sampled.

All in all, it can be concluded that the procedures and findings elaborated here provide a basis for future research on basic human needs and their relationship to mental health and health. These findings provide a rational basis for the allocation of community resources in attempting to deal with mental and physical health problems.

It is not possible to present here the complete findings about patterns of basic

human need satisfaction for members of the eight subgroups in the community studied. A detailed picture of the life-cycle of persons involved in this community and occupation did emerge, and patterns of need frustration and satisfaction pointed to a variety of individual- and community-oriented interventions which could be carried out to address the needs and frustrations in question. Complete information on these findings and implications is available in the original report on the study. (see Lasater, Note 1).

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# WHAT ACTUALLY HAPPENS TO *JOSÉ*: CHICANO FRESHMEN IN A PREDOMINANTLY ANGLO UNIVERSITY

Joseph C. Silva

## ABSTRACT

Many theories of behavior literally bypass the area of cultural characteristics and differences. One notable exception is a model, used extensively in the social sciences, which has been termed "cultural determinism." The model focuses on cultural values, or value orientations, as a way of understanding cultural influences of behavior. Since application of the cultural determinism model has produced real-world failures in seeking to understand behavior and persons cross-culturally, a new approach is wanting. Using some major logical elements from Descriptive Psychology, a concept of culture is presented that makes explicit the relationships among culture, values, persons, and behavior. The research derived from the conceptualization examines the effects of cultural displacement on the participation and success of Chicano freshmen at a predominantly white, middle-class university.

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There are currently many theories of human behavior in the field of psychology. They differ from one another in some important and characteristic ways. One feature most of them share is a level of generalization that allows for application across time, place, and person. This sort of explanatory power gives the appearance of having achieved a culture-free, or universal, formulation of human behavior. It can be more accurately said, however, that theories of this sort simply do not provide a way of *directly explicating* the relationships among the concepts of person, behavior, and culture.

It seems to be a widely accepted notion that theories of human behavior are culture-free to the extent that they have been general enough to avoid including a concept of culture. Yet, one can easily observe systematic differences in behavior between groups of people as a function of their cultural background. Since every person has been socialized into some culture, these systematic differences are literally an intrinsic part of everyone's behavior where cultural differences exist and are being expressed. This consideration alone would seem to indicate that theories of human behavior which fail to *include* a well-developed and integrated concept of culture, then, would appear to be overly general.

Historically, the concept of culture has been central to, and developed within, the discipline of anthropology. It has been adopted and applied extensively in social psychology and is an essential concept in the comparatively new field of cross-cultural psychology (Segall, 1979). Over time numerous definitions of culture have been presented.

Milton M. Gordon (1964), in a study of assimilation, begins with a definition of culture by the early anthropologist, E. B. Tylor. In sharp contrast to this usual method of calling upon a familiar definition, Marsella and Pederson, editors of the excellent book *Cross-cultural Counseling and Psychotherapy* (1981), provide neither a definition nor a discussion of culture as an introduction. They seem to rely instead on a "common understanding" of the concept.

Wallace (1970), in relating culture to personality, maps out a detailed *formulation* of culture and rejects the common definitional approach:

We do not propose to list a set of definitions of the words 'culture' and 'personality' and then, by some suitable criteria, to select the best. Nor shall we offer new definitions. The student should realize that dozens, if not hundreds, of respectable definitions exist (p. 8).

Wallace is to be credited for his work in that it expresses an appreciation of the range of facts to be accounted for by a concept of culture. His nonfundamental approach, however, leads him away from an explication of the concept of *culture* and results instead in a tabular categorization of "empirical operations." One of the intended and unique contributions of the present study, then, is to present a direct descriptive explication of the concept.

It is worth examining briefly, on the most basic level, the necessity of considering some of the cultural factors that give coherence and meaning to individual

behaviors and behavior patterns. These are most clearly seen from a cross-cultural perspective. Without knowledge of the cultural basis of behavior, it is possible that some behavior would not even be recognized as such. For example, the simple shrugging of one's shoulders clearly indicates a lack of knowledge among members of one cultural tradition but to persons outside that cultural group it may be indistinguishable from a reflexive movement. The same is true of subtle hand gestures used in many cultures to communicate what may be a complex state of affairs.

Even where a given movement is recognized as behavior, the differing significance from one culture to another can be a source of confusion. An illustrative, if somewhat exceptional, example is provided by the East Indian custom of indicating approval or appreciation by moving one's head from side to side. The behavior duplicates in movement the customary Western expression of disapproval. Here, although the movement may be recognized as behavior, the significance is likely to be lost to someone unfamiliar with the custom.

To a person observing behavior cross-culturally, some actions can seem obvious and unmistakable. For members of a given cultural community, however, slight intentional variations in the customary way of doing things can literally make the difference between one behavior and another. These differences can be easily missed by an outsider. A person knowledgeable and competent in the traditional Japanese form of greeting another person can, with subtle variation in movement, show either a great deal or a minimum of respect. Being able to distinguish which behavior it was on a given occasion would almost certainly require knowledge and experience acquired within the Japanese culture, or prior knowledge of the relationship.

Just from these few examples alone it is easy to see the necessity of (accurately) taking the cultural context into account when observing and describing behavior. There are, of course, more subtle effects of failing to do so that are just beginning to be fully appreciated. In a provocative and insightful statement, Segall (1979) captures the principal pitfalls of behavior observation and description *within* one's home culture in the absence of a cross-cultural perspective. In noting the "culture-bound" nature of (social) psychology he warns:

There is a very real danger that psychologists, by limiting their attention to the behaviors of individuals in a single culture (however complex that culture might be), lose sight altogether of culture itself. The scientist, no less than the most unsophisticated layperson who knows only his or her own society becomes prey to ethnocentric judgments. Behaviors that may in fact be heavily influenced by cultural forces may appear to the psychologist to be manifestations of 'Human Nature' (pp. 22-23).

Achieving a good understanding of another culture's behavior patterns is seldom possible through observation alone. Sufficient participation is required so that one can understand the perspective of that culture. Social scientists whose activities *primarily* involve cross-cultural observation and description, and not

extensive socialization experiences, are no exception. Their perspective remains essentially that of a "foreigner".

The limitations of a monocultural perspective are nowhere better illustrated than in the social science research, conducted primarily by Anglos, on Mexican American culture. As Moore (1976) has noted, only with the advent of a growing body of research and critical evaluation by Chicano scholars (e.g., Montiel, 1970; Padilla, 1970; Romano-V, 1968; & Vaca, 1970) have the limitations of this literature become apparent.

After an extensive review of the literature across the social sciences on Mexican Americans, Vaca (1970) identified and traced the development of a model he termed "cultural determinism". In attempting to account for cross-cultural differences in behavior between Mexican Americans and Anglos, social scientists utilizing the model had focused on the values unique to each culture and shared by its members. The supposition was that behavior is best understood by reference to the value system of a particular culture. Unlike many theories of human behavior, then, this one dealt *directly* with cultural characteristics and differences.

Vaca and others cited above have shown that what has emerged from application of the model is the identification of cultural values that bring into sharp relief the *differences* between Mexican American and Anglo culture in a manner that could only be described as ethnocentric and stereotypic. There is general agreement that the following studies exemplify the development and application of the cultural determinism model (Saunders, 1954; Kluckhohn and Strodbeck, 1961; Madsen, 1964; Heller, 1966).

The need of calling attention to and critically reviewing these early studies was clearly described by Romano-V (1968):

The historically distorted studies of Tuck, Saunders, Edmonson, and Kluckhohn-Strodbeck have been widely accepted in departments of anthropology and sociology throughout the United States. These books have become *the* [italics his] authoritative sources of information about Mexican-Americans for a wide variety of institutional agencies, from schools of medicine, departments of social welfare, to departments of employment and other governmental agencies (p. 47).

Readers unfamiliar with this body of literature are strongly encouraged to review both the original works and the critical reviews cited earlier.

For the most part, criticism of the cultural determinism model has been content-bound. That is, it has taken the form of a complete repudiation of the model and the collective descriptions of Mexican American culture that have resulted from its application. Murillo (1976) went a step further and redescribed, in a nonpejorative manner, the cultural values as they have appeared in this literature. His descriptions reflect the Chicano perspective of Mexican American culture (i.e., an insider's view). The *conceptual* shortcomings of the model have been detailed by Silva (1980). Some of the points brought out in that analysis were:



1. The model is reductionistic in that it would lead to a description of culture solely by reference to cultural values.
2. The formulation of values as utilized in the model gives values an inordinate status within the larger concept of behavior.
3. There is not a place within the model for important aspects of human behavior other than values.
4. Because of the emphasis on cultural differences, no allowance is made for cross-cultural commonalities in values. The logical extension is that non-conflictual biculturalism is negated.

These deficiencies alone are enough to suggest that a new approach is wanting. Just as important, however, is the fact that cultural determinists conceive of cultural values and individual behavior as being causally connected. In addition to providing a direct explication of the concept of culture, then, the formulation to be presented will show the *logical* links between culture and behavior and not just the contingent connections.

## A DESCRIPTIVE PSYCHOLOGY APPROACH TO THE CONCEPT OF CULTURE

The phenomena of persons, values, behavior, and culture are all related conceptually. To understand any one of them, therefore, one needs to understand the others and how they fit together. What follows, accordingly, is a development of these concepts and the relationships which hold among them.

### *Personal Characteristics, Circumstances, and Behavior*

Among the resources for describing and explaining behavior that are systematically developed within Descriptive Psychology, the one most relevant to our needs at this point is the Developmental Schemata (Ossorio, 1970/1981). It has two components, a formula for constructing causal (but nondeterministic) accounts of the acquisition of Personal Characteristics, and a formula expressing the logical interconnections among Personal Characteristics, Behavior, and Circumstances. Briefly, we express these connections as follows:

1. To behave at all requires a real world within which certain states of affairs exist and others are possible. We may refer to these states of affairs as the circumstances which the person encounters. That a person appraises the circumstances as being of one sort rather than another (e.g., a danger to him vs. an opportunity to get something wanted) provides the basis for doing one thing rather than another.

2. Because two persons reared in the same culture may well appraise the "same" circumstances differently as a function of their differences in ability, knowledge, dispositions, or current conditions, one needs to take explicit account of such Personal Characteristics. Ossorio has provided an explicit recognition of the logical point that any behavior is an expression of some Personal Characteristics of the actor by building the Personal Characteristics parameter into the parametric analysis of behavior as Intentional Action (1970/1981).

3. Thus, the formula: Behavior is a function of Personal Characteristics and Circumstances.

A second resource of the Descriptive Psychology formulation is an explicit codification of the major logical types of Personal Characteristics under the threefold heading of Dispositions, Powers, and Conditions. Each of these general categories is in turn subdivided into important distinctions (in the case of Powers, the distinction among Knowledge, Values, and Abilities), each of which may be exemplified in a great variety of specific instances. While the Personal Characteristics codified within the system include both those that refer to relatively stable characteristics such as Dispositions (Traits, Attitudes, Styles, Interests) and to temporary conditions such as specific psychological states, moods, etc.), the primary interest for this discussion is the relatively enduring characteristics.

The Developmental Schemata is also relevant to the acquisition and change of Personal Characteristics. That persons have specific characteristics at one time depends upon their having had a limited set of others earlier and having certain life histories. To a considerable extent the relevant life history may be conceived as a history of participation in existing social practices of his or her community. In the course of such participation, a person typically, but not necessarily, becomes capable of entering into and participating successfully in the practices of his or her community. Because Personal Characteristics are acquired rather than chosen, persons cannot guarantee that they will develop the characteristics that they want. Such an outcome depends both upon having a relevant and effective personal history and also upon having already acquired other characteristics that make successful participation in the relevant social practices possible. Furthermore, the social practices that a person chooses to engage in and the way they participate already reflect the Personal Characteristics that the person has.

Group characteristics are a logical extension of Personal Characteristics. They correspond to the modal characteristics of a group. Given the relevant competence, people from different families, regions, or cultures can be identified to the extent their Personal Characteristics fit the known characteristics of a particular group. On the other hand, one can have knowledge of the modal characteristics of a group without being able to detect basic individual differences among the group's members. The common statement, "they all look alike to me," is a sure indication of limited experience with individual members of a group.

When attempting to understand or explain a person's behavior, one can make reference to his or her Personal Characteristics. The same principle holds for groups (i.e., the behavior of an individual or group of individuals is observed, circumstances are taken into account, and the individual or modal group Personal Characteristics are ascribed accordingly). For the most part, cultural determinism studies of behavior have relied on reference to only one Personal Characteristic concept-Values. The modal values that characterize a particular cultural group have been termed cultural values or value orientations.

In the present formulation of personal and group characteristics, Values are but one type of Personal Characteristics. As with other Personal Characteristics, Values are logically related to both circumstances and behavior in the manner described earlier (i.e., in any given set of circumstances the observed behavior will be an expression of some of the Values a person has). The information contained in the pattern of observed behavior allows for Personal Characteristic descriptions which include Values. Codifying a person's pattern of behavior as an expression of his or her Values gives it a particular status within their life history as distinct from other Personal Characteristics (e.g., attitude, style, trait). One needs to bear in mind in the following section that circumstances *include* the social practices being engaged in. As such, participation in a social practice constitutes an expression of an individual's Personal Characteristics and circumstances.

### *Social Practices*

A social practice is an intelligible, recognizable and learnable pattern of behavior. It is generated from a formal schema for a Process Description (Table 1), where the Process is specified as a behavioral process and the Individuals are people (Ossorio, 1978). The notion of a social practice is that of a sequence of behavior exemplifying a pattern having sequential stages. Of particular importance is the fact that the same social practice can be done a number of different ways on different occasions and still be the same social practice. Getting married is a social practice for which most people could readily generate a number of different versions.

Every individual behavior is a behavior within some social practice, and at some level of description, an intrinsic social practice. That is, as one goes from individual behavior through the descriptive levels of social practices that constitute the more extensive behaviors being engaged in, the boundary condition will be an intrinsic social practice. Intervening social practices, where they can be identified, will be of the nonintrinsic variety. Each level of significance of a behavior, similarly, will paradigmatically be a social practice, the participation in which is achieved by engaging in that individual behavior.

A nonintrinsic social practice is one which a person engages in as part of doing something else (i.e., participation in another, more extensive social practice,

Table 1  
Basic Process Unit  
(Ossorio, 1978)

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P-Name <sup>A</sup> :	The process “Name” of process A.
P-Description <sup>A</sup> :	The “Description” of A. It specifies: <ul style="list-style-type: none"><li>I. P-Paradigms: The major varieties of P-Name<sup>A</sup>. This is a technical option. If only one paradigm exists, it will be the same as P-Name<sup>A</sup>. For each paradigm, the following is specified:<ul style="list-style-type: none"><li>(a) Stages 1-K: These are “Names” of sub-processes within A. They are systematically specified, e.g., as P-Name<sup>A11</sup>, P-Name<sup>A12</sup>, . . . P-Name<sup>A1K</sup> for Paradigm 1. For each stage specify:<ul style="list-style-type: none"><li>(1) Options 1-N: These are the various exemplars of the process (stage) in question. That is, these are the various ways in which that process could happen. Each Option is systematically indexed as P-Name<sup>A111</sup>, P-Name<sup>A112</sup>, . . . P-Name<sup>A11N</sup>. Each of these can now be expanded (decomposed) on the model of P-Name<sup>A</sup>.</li></ul></li><li>(b) Individuals</li><li>(c) Elements</li><li>(d) Eligibilities</li><li>(e) Contingencies</li><li>(f) Versions</li></ul></li></ul>

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either nonintrinsic or intrinsic). An intrinsic social practice is one which is understandable as being done for its own sake. An example is provided by the game of tennis. Playing tennis is an intrinsic social practice and some people participate in it in that way. Others participate in it as a means to an end (e.g., making business contacts). For those individuals, playing tennis constitutes participation in an intrinsic social practice, but having an ulterior motive for doing so.

In a given culture customary versions of a social practice may become established in time as *the* way something is done (e.g., baptism by total immersion). The development of a particular version of a social practice is generally an historical accident, yet doing something in the customary or established manner is sometimes confused with the doing of it at all. Following the example, a person stuck at the conceptual level of custom might consider any other form of baptism not *really* being baptized. It is the customary versions of social practices, along with modal Personal Characteristics, which contributes to the regularity of behavior one observes among the members of a cultural group.

Both the significance and the intelligibility of any individual behavior derive from the larger pattern of behavior of which it is a part. Understanding someone’s behavior requires knowledge of what social practice was being engaged in at the time, as well as competence to recognize it as such on a particular occasion. This is so because the social practice is *what* the person was doing by engaging in that behavior (e.g., moving a pawn in a game of chess). The fact that

a social practice may be done in different ways at different times allows for the expression of individuality. But even creative participation necessarily conforms to the requirements of the social practice being engaged in at the time.

### *Socialization*

A person needs to have certain Personal Characteristics, including Values, to function successfully in a given context, whether it be a family, profession, or culture. This requires being socialized into having, or acquiring, the relevant Personal Characteristics. They cannot simply be passed on as information (as many a frustrated parent has come to find). Successful socialization occurs by virtue of the acquisition of certain Personal Characteristics that facilitate acceptance and allow a person to appreciate and participate in social practices. This has classically been called “internalization” in the literature on socialization. The mark of successful socialization is having good independent judgement and being able to make choices appropriate to the context one is operating within. By virtue of having the relevant Personal Characteristics, one will be able to make choices that satisfy one’s basic needs which at the same time are well fitted to the operative cultural context. In order to exercise good independent judgement in the course of living and encountering novel situations, one has to be doing the right things for the right reasons.

Simply conforming to the behavior of others in the situation or doing what one has always done before in a similar situation will not generally result in an appropriate response in a social practice. Imagine a game of chess in which a person made either all the same moves the other person made, or the same moves made the last time he or she played. Just engaging in ordinary conversation involves the creation of novel, but fitting responses (that reflect one’s socialization). Carrying the analogy of the chess game just described to conversing with someone generates some humorous possibilities. It is the sort of participation that could only work for a fictional person.

There are numerous social institutions that are involved in and directed toward, socialization (e.g., family, school, church). They are part of the totality of social forms, social practices, and institutions that make up a culture. In any given culture, then, some complementarity among them can be expected. The cumulative effect of participating in the social practices and institutions of a culture is, paradigmatically, the development of a person who is well adapted to that culture.

There are some individuals, however, who may not reach the point of being well adapted to their culture. This is understandable, as socialization is not foolproof. These individuals will range from creative to pathological in their manner of participation. Failures of socialization of this sort are many and varied, and it is difficult to make any general statements about them as a group.

### *Cultural Displacement*

There are some mismatches of person and culture that are not merely accidental. They result when a person who has been primarily socialized into one culture has to operate within the context of another culture. These individuals can be systematically described as *culturally displaced persons*.

If people are culturally displaced, their Values and other Personal Characteristics still play a selective function in their new cultural context, but their life is likely to be unsatisfying to the extent that their Personal Characteristics are a poor fit. Culturally displaced persons lack the required Personal Characteristics and skills that would lead them to choose the forms of social participation that would satisfy their basic needs and allow them to participate successfully. The same set of Personal Characteristics that may have been well adapted to their home culture often leads them to make choices that may be problematic in the host culture.

It is also the case that some number of the choices made by a culturally displaced person would be all right if other persons in the host culture were not functioning as gatekeepers by equating *valid* participation in the social practices of their culture with the *customary* way of doing something. Institutions, in particular, with their tightly organized sets of social practices, can present a formidable barrier for the culturally displaced person. Yet, it is only through successful participation in the social practices and institutions of the new culture that a culturally displaced person can acquire the necessary Personal Characteristics required by that culture. The person cannot simply *choose* the necessary Personal Characteristics and then act accordingly, thereby fitting into the new cultural context, however high the motivation may be.

### *Way of Life*

Way of Life notions are ways of distinguishing how people live (e.g., hunting, seafaring, nomadic). Different cultures will correspond to different modal ways of life. Formally, Way of Life is a framework, based on the structure of a Process Description, for conceptualizing a biographical historical process that is instantiated by individual persons living their lives. The specific process is a social practice, which serves as a building block. The descriptive hierarchy of social practices is such that each social practice constitutes a unit in a more extensive social practice, which in turn has Stages with various other social practices, as Options. At the lower limit of this descriptive hierarchy the most basic unit is a single behavior. The upper limit of description provides the representation or identification of a culture. At this level the units of each Stage are complex sets of social practices—some of which may be social institutions—the participation in which over a lifetime constitutes a Version of a Way of Life for any particular person.

On an individual level, a way of life involves all the basic aspects of behavior

(e.g., Values, Judgments, Choice, etc.). A way of life itself, however, is not chosen by a person. The logic here is the same as it was for Personal Characteristics. Individuals do not choose to become the persons they are, nor do they choose their way of life. Yet, one's behavioral choices reflect and are an expression of both simultaneously. Individuals are born and socialized into a way of life and in the process of living they become the persons they are at any given point in their life.

Participation in a way of life is always at the intrinsic level and involves a person's competence—as contrasted to information or knowledge only. The boundary condition of the descriptive hierarchy of social practices, as mentioned earlier, will always be an intrinsic social practice. Going to the dentist may be done “only” because it is time for a check-up, but at the intrinsic level a person is going as an instantiation of living a healthful way of life. The expression of competence is in knowing how to take care of one's teeth (i.e., by getting regular check-ups).

The development of competence requires (successful) participation in some of the relevant social practices, as opposed to just information or knowledge of the social practices. People, in addition to having the required competence, have a sense of which choices fit their particular way of life and which do not (i.e., can make those kinds of judgments). Their values allow them to make choices that are in accordance with their way of life. The significance those behaviors have for them will, in turn, be expressive of their way of life. The ultimate significance, of course, will be that they are living that way of life.

### *Culture*

The present formulation rests on the concept of a social practice as a way of relating persons, behavior, and culture. This contrasts with the traditional accounts of person and culture, which generally make a conceptual leap from one to the other. Here, the relationship between person and culture is through behavior as participation and choice in social practices, as an expression of a person's Personal Characteristics within the behavioral opportunities provided by the culture.

By using the concept of a social practice as a link between persons, behavior, and culture, one can address both the individual and the universal aspects of behavior. In addition, the concept of a social practice allows one to relativize behavior to a cultural context without limiting it to that context. As such, it is possible to talk about cultural differences in a content-free manner without reference to any particular culture.

In essence, culture consists of the historical patterns of behavior required by the various social institutions as they exemplify certain principles in the form of organized social practices. It can be thought of as the set of societal parameters for behavior that place certain constraints on a person's behavior and thereby

provide opportunities to participate in the social institutions of that culture. To participate in a culture is to follow the requirements of whichever social practice one is engaging in at the time. One's participation (i.e., pattern of participation) in the social practices of a culture has a necessary relationship to the Significance those behaviors have for the person. That someone would want to ride a motorcycle around a twisting, paved, closed course at speeds exceeding 150 miles per hour, considering the dangers involved, would seem to require some deterministic causal explanation (e.g., a death wish). That a person does so, for example, is to be understood as participation in the social practice of road racing, which in turn is one of the practices involved in the social institution of organized motor vehicle racing. It is part of the way of life of motorcycle racing. To be sure, motorcycle racing is a sport for some and a way of life for others. Clearly only some cultures include this way of life and, accordingly, its instantiations. To explain someone's participation in the practices of their culture, then, is to explain the Significance of those behaviors and not to imply, or give, a deterministic cause.

Different cultures correspond to different modal ways of life. Each way of life in turn will involve participation in different sets of organized social practices, social institutions, and other forms of social participation. These organized sets of social practices provide the behavioral requirements that result in patterns of behavior, some of which are unique to given cultures. It is the social practices being engaged in that give coherence and meaning to the individual behaviors within those Social practices. A person, through participation in the various social practices of a culture which fit his or her way of life—becomes socialized into his or her culture. Successful socialization occurs by virtue of the acquisition of certain Personal Characteristics that provide a good "fit" to the culture when implemented as behavioral choices. That is, people are able to make choices from among the options open to them that meet their basic needs and allow them to express themselves in a satisfying manner.

## A RESEARCH APPLICATION

The general hypothesis to be pursued here is that Chicano students in an American university setting will qualify as culturally-displaced persons and that their behavior and achievements will reflect this. By virtue of their socialization into Hispanic culture and the contrasts to mainstream American culture, when a Chicano comes to the university as a freshmen he or she is operating within a substantially "foreign" culture.

The difficulties encountered by Chicanos in educational institutions are often attributed to deficits in their prior academic preparation. There is evidence, however, that other factors, cultural and personal, are as important as academic factors (Ramirez, et al., 1971).

One of the major ways in which socialization is manifest is that nonnormative



behaviors will tend to not merely be rejected in fact, but to be literally unthinkable. If suggested, the general response is "I couldn't do that (and still be me)". Thus, they do not even come up for decision. Correspondingly, one would expect that a manner in which culture conflict will be expressed for Chicano students is that some university activities and practices essential for academic success will be seriously inhibited or ruled out altogether. As such, Chicano identity and general Chicano values that conflict with institutionalized Anglo values appear to be among the most likely extra-academic factors that make it difficult for Chicano students to function successfully.

In principle, in a culture conflict situation, the required forms of participation to a large extent are incompatible only with the concrete, customary performances rather than with central cultural values and styles. The life-sustaining interdependence of the early Native Americans, who had a tribal way of life, fostered a strong cultural value of maintaining interpersonal harmony among group members. The expression of that value in one culture may have required the individualistic gathering and storing of food, whereas in another all food may have been gathered and stored as community property. The social practices that developed in each culture would reflect the differing circumstances and other cultural values held by the respective cultural group. One would want to consider, for example, the type of food available and the tasks faced in gathering it. Did it require group effort? Also, the cultural values around division of labor would have their interactive effect. The differing social practices around something as basic as food gathering and storing would no doubt have an influence on less central social practices, creating a pattern of practices quite distinct cross-culturally. On the concrete level of custom, it is easy to see the potential for culture conflict. One group could see the others as engaging in *individualistic hoarding*. From the other side, it would seem unthinkable, or at least an imposition, to be so *dependent* on one's neighbors for food.

An individual who identifies primarily with the concrete customs and performances of his culture (i.e., a Performative person) can be expected to experience serious difficulty when faced with the necessity for participating in the host culture practices, since these appear to be literally incompatible. In contrast, an individual who identifies primarily with his culture's central values and styles at the level of significance will be capable of engaging in the host culture activities without serious conflicts.

**HYPOTHESIS 1.** *Performative persons will participate less in the institutions of the host culture than will less performative persons.*

**HYPOTHESIS 2.** *Performative persons will see more conflict between their values and host culture practices and requirements than will less performative persons.*

**HYPOTHESIS 3.** *The more a person sees specific conflicts between essential host cultural institutional practices and his or her own central values or self-concept, the less he or she will participate in those institutional practices.*

**HYPOTHESIS 4.** *Persons who do not identify cultural values with specific cultural practices will be better able to participate effectively in host culture institutions.*

#### *Methods.*

*Sample.* Subjects for the study were 36 full-time freshmen Chicano students, 19 male and 17 female, at the University of California, Davis. They began their freshman year in the Fall quarter of the 1979–80 academic year. The sample consisted of students who were identified as “high ethnic Chicanos” by means of an inventory of central cultural values (Ethnicity Index). This index was included in the Chicano Cross-Cultural Research Questionnaire (CCRQ). Both the questionnaire and the index are described in the section, “Experimental instruments”.

None of the students had completed more than 9 units of transferable credit at another educational institution prior to entering University of California, Davis as freshmen. Re-entry students (i.e., those who were re-entering the educational system after an extended absence) were excluded from the study.

The average age of the students at the time of the study was 19 years. They were U.S. citizens who had lived most of their life in California. Their parents, for the most part, had started, but not completed high school. The majority of students in the sample, then, were the first generation to graduate from high school and enter an institution of higher education. Income level of the parents ranged from \$12,000 to \$20,000.

Students selected for the study fell into two groups based on their university admissions status:

Group I. *Those students who were admitted to the University by Special Action (i.e., they did not meet the established admissions criteria, but showed other evidence of academic promise). There were 14 such students in the sample.*

Group II. *Those students who were regular admissions (i.e., did meet the established admissions criteria of the University). There were 22 such students in the sample.*

The students in both groups were in the Educational Opportunity Program (EOP) at University of California, Davis. EOP status is the combined result of a

student's request to be in the program and meeting established program guidelines. All EOP students have some structured interaction with the program's support services (e.g., counseling, peer advising, class scheduling, etc.). Because of the small number of incoming freshman Chicano students who met the selection criteria for inclusion in the study, an effort was made to contact each of them for participation in the study.

*Experimental instruments.* Two separate questionnaires were devised for the study, The Participation Rating Sheet (PRS), and the Chicano Cross-Cultural Research Questionnaire (CCRQ). The PRS identified a student and the course in which he or she was enrolled. It asked either the faculty member or teaching assistant who taught the course to rate the student's overall level of participation in the course, independent of base level academic abilities. An eight-point scale was used ranging from an "absolute minimum level of participation" to "absolute maximum level of participation." Descriptions of the sort of behaviors to consider were included for clarity. For students, this data would constitute an assessment of legitimate overall participation in essential university social practices. A copy of the PRS can be found in Appendix A.

The CCRQ contained items related to: (a) Chicano central cultural values, (b) university social practices or requirements, and (c) concrete cultural performances. Questions were rated on an eight-point scale keyed to the type of question asked. The Chicano central cultural values and potentially conflictual university practices or requirements as described for the CCRQ are listed in Appendix B. Sample descriptions of concrete cultural performances are contained in the description of the Performative and Significance Indices. The selection and description of all items as they appear on the CCRQ are an expression of the researchers knowledge about and experience within both the Chicano cultural context and the university environment.

The individual items on the CCRQ were components of indices conceptually related to a parametric analysis of Behavior as Intentional Action (Ossorio, 1981). The conceptual relationship of the indices to the Parameters of Behavior is shown in Appendix C. The various indices are described in detail below:

*Ethnicity Index.* An assessment of identification with Chicano cultural values. Consists of CCRQ questions based on Research Descriptions 1 through 5 of Appendix B (e.g., "How important is it for you to be someone who fits in well with your family?"). Each question is rated for degree of importance on an eight-point scale.

*High Ethnic Chicanos.* Those Chicanos whose mean score on the Ethnicity Index is 4 or greater.

*Performative Index.* An assessment of how closely cultural identity is tied to the concrete performances of one's home culture. Consists of CCRQ questions which equate being Chicano with concrete cultural practices (e.g., "Someone

isn't a real Chicano, or Chicana, if he or she does not do these things when he or she gets a chance: Go to church at least on special occasions, attend large family gatherings, or speak some Spanish.''). Each question is rated for degree of agreement on an eight-point scale. Higher mean scores indicate Performative cultural identity.

*Significance Index.* An assessment of cultural identity that is not tied to specific cultural performances. Consists of a CCRQ question, which places cultural identity on the level of significance (''Being Chicano, or Chicana, is something you carry inside you, not what you visibly do?''). Higher scores on an eight-point scale indicate Significant cultural identity.

*Flexibility Index.* An assessment of flexibility in values implementation. Consists of the relative scores between the Performative Index and the Significance Index. A decision table was designed to establish the Flexibility Index Score (Appendix D).

*Conflict Index.* An assessment of the degree to which Chicano cultural values (as part of one's self concept) conflict with university practices or requirements essential for continued participation and success. Consist of CCRQ questions which pair, in all combinations, Research Descriptions 1 through 5 with those numbered 7 through 12 of Appendix B (e.g., ''Does being someone who fits in well with your family conflict with spending a lot of time around white, middle-class people?''). Each paired description is rated for degree of agreement on an eight-point scale. The product of scores between a paired description and the corresponding Ethnicity Index item is used to generate a Conflict score. A weighted mean Conflict Index score is used to account for the fact that an absence of conflict in one area does not completely account for the presence of conflict in another (as would be implied by simple averaging).

*Pure Ethnicity Conflict Index.* An assessment of the degree to which pure ethnic identity as a Chicano conflicts with specific university practices or requirements. Consists of CCRQ questions that pair Research Description 6 with those numbered 7 through 12 of Appendix B (e.g., ''Does being Chicano conflict with studying alone a lot of the time?''). Each paired description is rated for degree of agreement on an eight-point scale. Higher mean scores indicate pure ethnic identity conflict.

*Academic Knowledge and Abilities Index.* An assessment of academic knowledge and abilities. Consists of standardized scores on established academic knowledge and ability indicators (i.e., high school grade-point averages, Scholastic Achievement Test scores, the number of university-required high school course omissions, and university math and English placement exams). An unweighted mean composite score was used.

*Academic Achievement Index.* A scale corresponding to a university Grade Point Average (GPA), but which takes into account pass/no pass and other courses that do not contribute to a GPA. Results in an adjusted Grade Point Average (AGPA).

*Academic Success.* An AGPA of 2.00 (equivalent to a C average), or greater, for the last complete quarter of full-time attendance.

*Participation Index.* An assessment of a student's overall course participation independent of exam scores. Consists of the Participation Rating Sheet (PRS), Appendix A, which asks faculty and teaching assistants to rate the student's participation level on an eight-point scale. Higher mean scores indicate greater participation.

*Procedure.* The EOP program at the University of California, Davis is decentralized, which means that its functions as a support program are performed by established university services. EOP Counseling, a program component, is performed within the University Counseling Center by professional staff members. Data gathering for the study took place in the Center where the researcher works as a staff psychologist.

Because of the structured interaction with the EOP program, it was possible through posted notices, referral from other staff members, and direct contact, to communicate with incoming Chicano students and request their participation in the study. Those students indicating a willingness to take part in the study were given an appointment with the researcher. When the students came for the appointment, they were given a copy of the CCRQ with an Informed Consent Form. They were given instructions for filling out the CCRQ and allowed about forty-five minutes to complete the questionnaire. About fifteen minutes were provided at the end for any questions they had.

At the end of the time period, subjects were requested not to discuss any aspect of the study with other students. The one exception to this was that they could encourage other Chicano freshmen to take part in the study.

Data gathering with the CCRQ took place the last half of the Winter quarter during the 1979–80 academic year. PRS forms were sent through campus mail to faculty members of all classes the subjects were currently enrolled in, with the exception of physical education courses (where participation is mandatory). PRS forms were sent out in a like manner the last half of the Spring quarter for each person in the sample group.

Demographic data on each subject were obtained from student records on file with the Counseling Center, Admissions Office, and Registrar's Office of the University. Earned grades and grade points for each class completed during the academic year were obtained from official transcript data on file at the Center for EOP students.

## Results

The first hypothesis was that Performative persons would participate less in the institutions of the host culture than would less performative persons. The prediction stated that the scores on the Performative Index would correlate negatively with scores on the Participation Index. One-tailed Pearson correlations

were used to analyze the data relative to this and other predictions. The prediction did not hold up for the total sample group ( $r = .09, p = .29$ ). There were no appreciable differences between the two subgroups used in the study.

The second hypothesis was that Performative persons would see more conflict between their values and host culture practices and requirements than less Performative persons. The prediction stated that there will be a positive correlation between scores on the Performative Index and scores on the Conflict Index. There was a moderate positive correlation for the total sample group substantiating the hypothesis ( $r = .44, p = .004$ ). Looking at each of the subgroups separately reveals some sharp differences. Group II had a moderately strong correlation ( $r = .66, p = .001$ ), while Group I was near zero ( $r = -.07, p = .41$ ).

The third hypothesis was that the more a person sees specific conflicts between essential host culture institutional practices and his or her own central cultural values, the less he or she will participate in those institutional practices (since participation would violate his or her self-concept).

The first prediction for this hypothesis was that scores on the Conflict Index will correlate negatively with scores on the Participation Index. For the total sample group, the correlation was in the predicted direction, but not statistically significant ( $r = -.11, p = .27$ ). There were no appreciable differences in the subgroups. The second prediction was that scores on the Pure Ethnicity Conflict Index will correlate negatively with scores on the Participation Index. The correlation was moderate and negative, substantiating the hypothesis ( $r = -.34, p = .02$ ).

For the second prediction of hypothesis 3, there were subgroup differences. Consideration of Group I only reveals a low negative correlation ( $r = -.27, p = .18$ ). Group II, by contrast, shows a stronger negative relationship between the two indices ( $r = -.44, p = .02$ ).

The fourth hypothesis was that persons who do not identify cultural values with specific cultural practices will be better able to participate effectively in host culture institutions. The first prediction for this hypothesis was that scores on the Flexibility Index will correlate positively with scores on the Participation Index. The correlation was low and negative ( $r = -.20, p = .12$ ). There were no subgroup differences. The second prediction for hypothesis 4 was that scores on the Flexibility Index will correlate positively with scores on the Academic Achievement Index, allowing for academic knowledge and ability.

Making allowance for academic knowledge and ability was done by taking into account the Academic Knowledge and Abilities (AKA) Index. The Index provided a way of predicting which individuals in Group I could be expected to succeed academically even though they had not met the regular university entrance requirements. Group II, by contrast, was described as having the relevant academic knowledge and abilities by virtue of having met the regular admissions requirements of the university. Thus, the prediction was considered to apply to only the subgroups. The prediction did not hold up for Group I ( $r = -.14, p$

= .05). For Group II, the correlation was in the predicted direction, but not statistically significant ( $r = .20$ ,  $p = .18$ ).

### *Discussion and Implications*

The principal findings of the study were substantially different for the two subgroups. This calls for some description of their relative characteristics and circumstances beyond mere identification.

Group II consisted of students who had met the regular admissions standard of the university. This means that not only had they participated in high school, they had done so successfully. Group I students, for a number of reasons, seem not to have participated to the same degree in that they have not been as successful academically. It is reasonable to expect, then, that students from each group would continue to participate on a level in keeping with their established patterns. This is substantiated by the fact that Group II had a higher mean on the Participation Index than Group I.

The high schools the students in both groups attended tend to reflect the ethnic composition of the surrounding community—at least within the student body if not among the faculty and staff. In addition, the students generally lived at home with their families. Thus participation in high school could be carried out from a cultural “home-base” as it were. In contrast, the University of California, Davis remains a predominantly white, middle-class, educational institution in terms of its student body, faculty, and staff. Furthermore, it is situated on the edge of a small university town that mirrors the university in this respect. Because of the distance involved, many Chicano students have to relocate to Davis and do not commute from their home communities. The sum effect is that the cultural “home-base” has been lost for most Chicano students.

With these factors in mind it can be understood that a Chicano student could have been participating successfully throughout high school with a minimum of cultural conflict. The same level of participation at the university, however, may generate previously unexperienced and unexpected cultural conflict. This would be more pronounced for Group II given their higher overall level of participation at both high school and the university.

Relating the principal findings of the study, including the subgroup differences, to the experimental hypotheses suggests the following conclusions:

1. Having a Performative cultural identity (i.e., being a Performative person) is not linearly related to one's level of participation in host culture social practices. Rather, the “cost” of a Performative cultural identity seems to be one of cultural conflict—to the extent that one has the motivation to participate and does so.

2. Cultural conflict between one's central cultural values and the social practices of the host culture has little linear relationship to one's participation in those practices.

3. Cultural conflict between one's pure ethnic identity and the social practices of the host culture is negatively and linearly related to one's participation in those practices.

4. Flexibility in cultural values implementation has little linear relationship to either participation in host culture social practices or successful participation.

One of the problems evident in the study was the failure of the Flexibility Index to capture the relevant categories. Sixty-nine percent of the individuals sampled were at the highest point on the Index, and 89 percent were in the upper half. While this may be an accurate reflection of the flexibility in values implementation for this particular group, the broad category effect of the Index understandably affected the statistical analysis and must be taken into account when reviewing the results.

The findings of the study suggest an expansion of the conceptualization in terms of the possible resolutions to cultural conflict.

Engaging in host culture practices in a manner that does not violate one's cultural values, by exploiting the options intrinsic to social practices, was considered a primary form of resolution. The potential "resolution" of choosing not to engage in host culture practices at any more than the required minimal level was also considered. The former represents a successful integration of one's home culture and a host culture when both are operative for a person, whereas the latter would represent a resolution which is less than optimal for both cultures—although it may be necessary for self-preservation at times.

The findings of the study indicate that having a Performative cultural identity did not lower one's level of participation in host culture practices. In addition, conflict between one's central cultural values and essential host culture practices had only a low negative relationship to participation in those practices. This would seem to indicate other "resolutions" to cultural displacement than exploitation of the social practice structure, particularly for Performative persons.

One possibility is that individuals who would potentially have lower participation levels related to cultural conflict could participate in host culture social practices in a *dissociated* manner. In effect, "when in Rome, they are Romans". Their participation in host culture practices has roughly the same significance for them on a cultural level as it has for host culture persons. When operating within a home culture context, their participation in home culture social practices has the cultural significance of the home culture. Thus, two cultures are operative for these persons which are potentially conflictual, and they are able to participate in one or the other by keeping them well separated. One factor to consider in this respect is that for many Chicanos, the language of choice when in the company of friends or family is Spanish over English. In fact, the tenacity of Chicanos in keeping alive their home culture language has been noted in the literature (Moore, 1976). Speaking Spanish may not only be a way of keeping one's



cultural roots, it could also serve to help one live with cultural conflict in a way that allows participation in the host culture.

Another resolution to cultural conflict that would allow a person to participate in the host culture would be to participate with an *ulterior motive*. This was covered in the conceptualization within the context of intrinsic and nonintrinsic forms of participation in social practices. It may be a more common way of living with cultural conflict than its "cost" would suggest. Primarily, much of the satisfaction of participation in host culture social practices is almost certain to be lost and it is difficult to sustain participation under these conditions. The significance of engaging in the host culture social practices is part of the *home* culture and does not include any integration of the host culture. The ulterior motive is to pass oneself off as "one of them" for whatever benefit participation in the host culture may hold for a given individual. (Accordingly there is also some danger of being found out.)

Both dissociative participation and participation with an ulterior motive may be effective in circumventing the expected effects of cultural conflict. As such, they allow a culturally displaced person, who might not otherwise do so, to participate in host culture social practices. Both resolutions, however, are less than optimal for members of *both* cultures.

Participation in those options of a social practice which do not violate one's cultural values, but still constitute legitimate and potentially successful participation, is the in-principle way of achieving cultural integration. Through participation of this sort one can learn to appreciate and understand the host culture significance of a given social practice. An optimal cultural integration for a person would result in cultural enrichment for members of both cultures.

It is through successful participation in the social practices of another culture that people acquire the new values that allow them to appreciate and understand the social practices of another culture, and at the same time allow them to gain new appreciation of the social practices of their *own* culture. The acquisition of new values, concepts, perspectives, and forms of behavior through cultural integration enriches the lives and cultures of persons from both cultural groups.

### *Concluding Statement*

This study calls attention to the liability of "culture-free" formulations of human behavior. The conceptual adequacy of the cultural determinism model is questioned and some of its shortcomings pointed out. More importantly, a *concept of culture* is presented which makes explicit the logical links between persons, values, behavior, and culture.

The foremost intent of the research application was the demonstration of a more conceptually adequate approach to research in the area of cultural differences and displacement than that offered by the cultural determinism model. The present study, drawing as it did on the conceptualization rather than relying

on the cultural determinism model, did not result in the time-worn cataloging of deficits attributed to Chicano cultural values, personal characteristics, or culture. Nevertheless, the study focused on cultural conflict on the level of cultural values and thereby demonstrated a *culturally relativistic approach* to research in this area. At the same time, the study contributes to our understanding of cultural displacement in general, and Chicanos in particular.

Cultural determinism studies predictably conclude with the "recommendation" that Chicanos (or other cultural groups) give up their cultural values and adopt those of the dominant Anglo culture (e.g., Keller, 1971; Schwartz 1968). This is neither an acceptable nor a plausible approach to the problems of the culturally displaced person. The conclusion here, by contrast, is that through intrinsic, successful participation in each other's social practices, persons from Chicano and Anglo cultural backgrounds can begin to recognize, appreciate, and understand what they have to offer one another—*this is education*.

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## APPENDIX A

### PARTICIPATION RATING SHEET (PRS)

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Faculty Member or T.A.

INSTRUCTIONS: \_\_\_\_\_ has been a class member in your \_\_\_\_\_ course, section \_\_\_\_\_, 19\_\_\_\_. Please rate his/her level of overall class participation. In assigning a numerical value to his/her level of participation take account of such things as: [if applicable]

Number of absences or late arrivals; required assignments; involvement in classroom activity; deadline dates for assignments; extra work turned in; homework; asking relevant questions in class; disruptiveness, etc. *Important: Please do not include any assessment of the student's base level of academic abilities or knowledge. This is an assessment of the level of participation only.*

\* \* \*

MAKE YOUR RATING BY CIRCLING *ONE NUMBER ONLY* ON THE FOLLOWING SCALE

1. *Absolute minimum level of participation:* High number of unexcused absences; little or no attention in class; general noninvolvement in classroom activities; little or no homework or labwork completed, etc. Does the very least one can do.
  2. *Low level of participation.*
  3. *Somewhat low level of participation.*
  4. *Slightly toward a lower level of participation:* Reasonable and effective participation, but not especially noteworthy in any respect.
  5. *Slightly toward a higher level of participation:* Reasonable and effective participation, but not especially noteworthy in any respect.
  6. *Somewhat high level of participation.*
  7. *High level of participation.*
  8. *Absolute maximum level of participation:* No unexcused absences; all assignments in on time; total involvement in class; complete attention in class; all lab and homework completed on time, etc. Does the very most one could do.
-

## APPENDIX B

### CENTRAL CHICANO CULTURAL VALUES AND POTENTIALLY CONFLICTUAL UNIVERSITY PRACTICES OR REQUIREMENTS

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#### *Cultural Value: CCRQ Description*

1. *La Familia* (The extended family): Being someone who fits in well with his or her family.
2. *Comunidad* (Community): Being someone who shares.
3. *Respecto* (Respect): Being someone who is informal in social situations.
4. *La Cultura* (The culture): Being someone who does not become like Anglos.
5. *Hermanidad* (Brotherhood): Being someone who maintains solidarity with other Chicanos.
6. *Chicanismo* (Pure Ethnicity): Being Chicano.

The following are specific university practices or requirements essential for continued participation or success which are hypothesized to be potentially in conflict with the central cultural values listed above:

7. Learning to write and speak standard English.
8. Keeping to a schedule a lot of the time.
9. Attending a predominantly white college.
10. Trying to get a good grade in class.
11. Spending a lot of time around white, middle-class people.
12. Studying alone a lot of the time.

(e.g., "Being someone who does not become like Anglos" could potentially conflict with "attending a predominantly white college," especially for someone who was not flexible in their values implementation [a Performative person]).

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## APPENDIX C

### CONCEPTUAL RELATIONSHIP OF INDICES TO PARAMETERS OF BEHAVIOR AS INTENTIONAL ACTION

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K = The cognitive parameter

The Ethnicity, Performative, and Significance indices centered on a particular state of affairs as being distinguished (i.e., oneself in relationship to Chicano central cultural values and their expression.)

W = The motivational parameter

The Conflict and Pure Ethnicity Conflict indices centered on a state of affairs as being wanted (i.e., participation and success in essential university social practices given one's identity as a Chicano and expression of central cultural values).

KH = The competence parameter

The Academic Knowledge and Abilities Index was centered on a prior state of affairs as a relevant learning history (i.e., the level of academic knowledge and abilities previously acquired).

P = The process, or procedural, parameter

The Participation Index centered on the process of participation at the university (i.e., the level of participation in essential university social practices).

A = The result, or outcome, parameter

The Academic Achievement Index centered on the event of succeeding academically (i.e., achieving a grade point average which kept one in good academic standing).

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APPENDIX D  
DECISION TABLE FOR ESTABLISHING  
FLEXIBILITY SCORES

		SIGNIFICANCE INDEX SCORE							
		1	2	3	4	5	6	7	8
PERFORMANCE INDEX SCORES	1	OUT	OUT	OUT	2	4	4	4	4
	2	OUT	OUT	OUT	2	4	4	4	4
	3	OUT	OUT	OUT	2	4	4	4	4
	4	2	2	2	2	4	4	4	4
	5	1	1	1	1	3	3	3	3
	6	1	1	1	1	3	3	3	3
	7	1	1	1	1	3	3	3	3
	8	1	1	1	1	3	3	3	3

The Flexibility Decision Table is designed to establish Flexibility Scores below the mid-point for any person with a Performative Index Score of 5 or greater. Thus, a Performative person is defined as having low flexibility (in values implementation) and its attendant problems, even though he or she may score high on the Significance Index. A person who scores low on both Performance and Significance Indices would seem to have a low level of ethnic identity and therefore not be suitable for the study.

# PUERTO RICAN AND ANGLO CONCEPTIONS OF APPROPRIATE MENTAL HEALTH SERVICES

Walter J. Torres

## ABSTRACT

Many cultural differences between Puerto Ricans and Anglo-Americans reflect basic differences between folk or "natural" societies and industrial/technological societies. In light of this and related considerations, it is probable that certain helping practices that instantiate the industrial/technological traditions of Anglos will not be appropriate to Puerto Ricans of folk society traditions. Four hypotheses were drawn concerning differences in Puerto Ricans' and Anglos' concepts of client and therapist role appropriateness. A questionnaire was administered (in Spanish) to 37 low-income Puerto Rican residents of Chelsea, Massachusetts, and (in English) to a matched sample of 37 Anglos. Hypothetical situations were presented concerning appropriate treatment duration, compliance with medical

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advice, self-disclosure to a therapist, and sources of help for nine mental health problems. Participants responded by selecting from among pre-set responses. All hypotheses were supported. Less acculturated Puerto Ricans equated lack of prompt improvement with failure of treatment; Puerto Ricans were more inclined to disregard expert advice after symptom relief. Puerto Ricans saw the disclosure of intimate information by a female client to a male therapist as unacceptable and peculiar. They saw psychiatrists as appropriate for individual psychopathology problems, but marginally appropriate at best for social-interaction problems. Puerto Ricans valued religious help for all nine mental health problems more than did Anglos. The findings offer strong support for this study's conceptualization of Puerto Rican and Anglo differences in relation to mental health secular experts. The findings help explain Puerto Rican underutilization of, and attrition from, traditional mental health treatment.

This study deals with the question of why Puerto Ricans are less likely to use psychotherapy and other mental health services than Anglo-Americans by examining the fit between the presuppositions of standard psychotherapeutic practices and the characteristics of Puerto Rican traditional culture. A major thesis of the study is that the provision of mental health services is a set of practices within a particular culture and hence embodies the presuppositions of that way of life. To the extent that ways of life differ in practices and presuppositions, what will be seen as appropriate and effective treatment for personal problems will also differ. The identification of such specific differences serves as an important step toward the development and provision of mental health services more adequately tailored to the needs of different cultural groups. This study makes this sort of contribution by identifying differences between Anglo-Americans' and Puerto Ricans' conceptions of appropriate responses to mental health problems and to current modes of mental health service.

## REVIEW OF PRIOR RESEARCH

There are relatively few empirical studies that contribute to our understanding of Hispanic Americans' attitudes toward mental health problems and their treatment. Few compare these attitudes with those of Anglos, and most of the relevant studies have focused exclusively on Hispanic Americans of Mexican American descent. The findings of several studies have established that Mexican Americans underutilize mental health services (Jaco, 1959; Karno, 1966; Karno & Edgerton, 1969; Keefe, Padilla & Carlos, 1978; Torrey, 1972) and often drop out of treatment after only a brief number of sessions (Acosta, 1979; Sue, 1977). Keefe (1979) compared those Mexican Americans who have utilized mental health services with those who have not. Using factors that have traditionally been cited as critical to Mexican American underutilization of mental health services such as socioeconomic status, presence of extended family, reliance on alternate sources of support (relatives, "compadres," "curanderos"), commit-

ment to folk medicine systems, and attitudes toward mental health services, she found that none of these factors bore any significant relationship to contact with mental health clinics by the Mexican Americans surveyed. Keefe goes on to suggest that the main reason for the Mexican American's underutilization revolves around his perception of mental illness and its required treatment and recommends that research be conducted to determine if, in fact, Anglo- and Mexican American models of mental illness differ in ways that might explain ethnic differences in clinic use. Indeed, to study "underutilization," cross-cultural studies are especially in order since underutilization is a relative notion that relies on Anglo patterns of utilization as a normative baseline.

Cortese (1979) reviewed studies on Hispanic Americans' responsiveness to psychotherapy. She points out that the few studies in this area (Acosta & Sheehan, 1976; Bergland & Lundquist, 1975; Boulette, 1976; La Calle, 1973; Naun, 1971) when taken together "suggest that intervention methodologies that de-emphasize self-disclosure or client interaction are more effective with Hispanics" (Cortese, 1979, p. 15). However, since only the Acosta and Sheehan study makes inter-ethnic comparison (and these on college students), one cannot reliably conclude from these studies that amount of self disclosure and/or degree of client interaction has differential effects on Anglos' and Hispanics' responsiveness to treatment.

While it is recognized that the Puerto Rican, like the Mexican American, underutilizes mental health services (Mizio, 1978), no studies have systematically addressed the reasons for this underutilization. There have been no studies that compare Anglo and Puerto Rican needs, expectations, and treatment preferences in relation to therapy.

## CONCEPTUAL FRAMEWORK

This paper will present a conceptual framework for understanding several aspects of Anglo and Puerto Rican relationships with mental health practitioners. From this framework, certain hypotheses will be derived concerning differences in Puerto Rican and Anglo concepts of client and therapist role appropriateness. The hypotheses have implications for ethnic group differences in rates of utilization, length of stay in treatment, willingness to self-disclose in treatment, and, ultimately, for treatment and service delivery strategies.

Culture usually serves as the orienting matrix within which our relationships are embedded, as a set of givens that connect us to another who shares these givens. When an interaction is cross-cultural, the participants in that interaction are prone not to know what perspective the other has, what allowances to make for one another, or what appropriate choices they have with respect to one another. If the participants in that interaction are therapist and client, the former must understand the givens in the client's culture *enough*, so that he or she is in a position to successfully apply universal principles of behavior change to the

client's problem. Yet to approach the problem by taking culture into account does not replace dealing with individuals. It does, however, give a route of approximation to a new set of individuals.

Current frameworks of therapy indicate what is doable and effective given the antecedent conditions, the givens, of their own home culture. Since there is a general failure to recognize the *inherent* cultural relativity of the effectiveness of *any* one therapeutic procedural framework, a number of problems have resulted:

1. Forms of therapy that are devised for "nontraditional" groups and which do not conform to "standard" therapeutic theory and practice have been seen as exceptions, deviations from appropriate and "real" therapeutic theory and practice; as such, they are relegated to a bastardized status, lacking the respectability and validity provided by a theoretical conceptual framework. This problem is aptly exemplified in the title of Gould's (1967) excellent article: "Dr. Strange-class: or how I *stopped worrying about theory and began treating* the blue collar worker" (emphasis added). The treatment of these clients is a "theoryless," misfit sort of treatment.

2. Given the lack of a validating conceptual framework for these maverick treatment procedures, the therapist who must implement them in order to treat a low socioeconomic status clientele is prone to view his activity as one that does not really qualify as therapy—but rather more as caretaking, baby-sitting, advice giving, or in any case, something short of "the real thing." It is no surprise, then, that psychiatric residents have tended to view the treatment of these clients with such distaste as boring and as lacking in any value for their training as therapists (Carlson, 1965).

3. The lack of awareness of the cultural relativity of effective procedures raises the likelihood that what the therapist of one culture will count as therapy, the client of another culture will not (i.e., what the therapist proposes to the client may lack face validity and motivational compellingness as something that will help with his problem). In effect, then, the therapist has not provided the client with treatment, and it would not be surprising if the client dropped out after the first visit. The anecdote of the older Mexican American woman who, upon leaving the therapist's office, exclaims, "We had a very nice talk, but he didn't give me any treatment" is all too telling in this respect. Conversely, what may in fact constitute treatment for the client may be anathema to the therapist, in light of his precepts, training, experience, and cultural background.

4. Since cultural factors have not been adequately accounted for in psychotherapeutic theoretical and procedural frameworks, the therapist may tend to attribute his client's failure to participate in the usual practices to pathology or other form of personal inadequacy.

With the adoption of a culturally relative framework for the application of therapeutic procedures, we do not come to view treatments of different groups as "variations from the norm," "deviations," "sources of bias," or "primitive psychiatry." Rather, the relativity that is built in tends to assure a rightful, conceptually valid place of its own for any particular form of therapy that is appropriate for any one particular group.

## ANGLO VS. TRADITIONAL PUERTO RICAN CULTURE

A contrast of Anglo-American and folk Puerto Rican world views is called for in order to shed light on the problems in applying traditional psychotherapy to Puerto Ricans. One difference between folk Puerto Rican and Anglo-American cultures that is of potential significance to the effectiveness of psychotherapy is that between a traditional or folk orientation and a technological/industrial orientation. In industrial societies such as that of Anglos, technology and secular expertise occupy central positions as means of problem solving. This problem-solving approach places a high value on *efficiency*, that is, on conditions being optimal for the solution of a target problem. Because of the central importance of efficiency, much room is made in technological/industrial societies for formal, nonpersonal relations between people engaged in joint efforts at problem solving. A team of people operating conjointly like a smooth-running machine is only possible when people are operating in nonpersonal ways. Though this extreme is not always possible or desirable, problem-solvers of Anglo culture clearly tend to lean in this direction. It is not only the Anglo professional secular expert who is prepared to give a place to efficiency-serving, nonpersonal relations. The Anglo worker, as a problem-solver in many diverse roles, understands how to act according to the constraints essential to an efficient mode of problem solving.

The Anglo is ready to apply the nonpersonal problem-solving methods of technology and secular expertise not only to work problems, but to a vast array of concerns—including personal and intimate concerns. Thus, one finds the lay person making use of experts' advice and help with the raising of children, personal development, health maintenance, personal appearance, sexual relations, and so on. Psychotherapy for the solution of personal problems, as a concept and as a practice, arises from this tradition in the use of technology and secular expertise.

The Anglo orientation has been described as emphasizing "mastery over nature" (Kluckhohn & Strodtbeck, 1961). In contrast, Puerto Rican folk culture tends to regard the favorable and unfavorable states of affairs brought by nature as something to be accepted and to be lived with. In this context, religion and the supernatural realm take on special importance. They help provide the mean-

ingfulness needed to withstand unhappy circumstances that are to be lived with. Furthermore, what may not be changed through our own natural powers may be subject to change by appeal to the supernatural. In short, we may say that whereas the Anglo does *about*, the Puerto Rican does *with*. Because of the presence of Anglo technology and secular expertise in Puerto Rico, Puerto Rican folk have become more disposed to utilize certain experts, particularly physicians, as means for solving problems. However, as I shall discuss later, the overall place of technology and secular expertise in folk Puerto Rican life is a peripheral one, and a far cry from the central and practically uncontested position it holds in Anglo life.

Some of the contrast between the cultures has also been articulated as the difference between an emphasis on *doing* and an emphasis on *being* (Spiegel & Papajohn, 1975). The latter emphasis is exemplified in the Puerto Rican's willingness to make ample room in his world for spontaneity and free expression of feelings.

Tempers fly, laughter rings out, tears flow. One knows where one stands in the feelings of others. Children are freely scolded and punished; they are also freely and effusively loved. No one is expected to control his feelings except before strangers (Papajohn & Spiegel, 1975, p. 47).

The Puerto Ricans' tendency to (1) accept naturally arising states of affairs as something to be lived with and (2) to give high priority to personal expressive-ness leaves little reason or opportunity for efficiency-oriented, nonpersonal relationships.

In summary, the Anglo orientation is seen as embodying a technological/industrial orientation, which involves an emphasis on mastery over nature, a high valuation of efficiency, heavy reliance on secular experts, reliance on nonpersonal means of problem solving, and a conception of personal problems as amenable to solution through nonpersonal, professional means. In contrast, the Puerto Rican folk orientation is seen as embodying a naturalistic orientation, which involves an emphasis on accepting what is brought by nature as something to be lived with; low emphasis on efficiency; high emphasis on personal spontaneity and expressiveness and the personal relationships that allow for these; and little reason to believe that personal matters could belong in anything other than a personal relationship.

Like any cultural orientation, the Anglo and Puerto Rican orientations each carry points of vulnerability, that is, they lend themselves readily to particular and characteristic ways of going wrong. The Anglo emphasis on efficiency and on problem-solving instrumental activity, on "doing about," has as a liability the prospect of self-alienation. For to objectify what is personally natural, to the extent that it involves taking an observer's or critic's standpoint, tends to reduce ordinary participation in what is natural from an actor's standpoint. One thinks in

this connection of the person living according to "how to" books, of the person taking a concerted problem-solving instrumental posture at the expense of awareness and solidarity with the inner life, and of the "organization man." It is not surprising, given this problem, that helpers in Anglo culture have strived to generate more recognition, acceptance, and participation in natural processes, to encourage clients to "let things happen" and to not try to be in control of it all.

The Puerto Rican emphasis on personal expressiveness and on "doing with," has as liabilities the prospect of losing control over personal feelings and impulses, and of failing to strive for solutions to problems out of a sense of self-defeating hopelessness. Given this context, it is not surprising that the indigenous Puerto Rican helper has strived to generate in their clients more action toward problem solving and more hopefulness (as that which comes from having the supernatural forces of God and spirits on your side). One may detect a rough reversal between the Anglo and Puerto Rican strengths and points of vulnerability. That is, what one culture tends to lack, the other tends to have an excess of, and vice versa.

## **ANGLO VS. PUERTO RICAN RELATIONSHIP WITH MENTAL HEALTH SERVICES**

Because the concept and practice of current psychotherapy arises out of the cultural traditions of Anglo life, one could expect problems in applying it to Puerto Ricans. First, it should be noted that the practice of psychotherapy requires that two individuals, a particular sort of secular expert and his client, engage in a professional relationship with the objective of solving the personal problems of the client. In spite of the fact that they are dealing with personal, subjective, or even intimate matters of the client, and that both may experience personal feelings toward one another, the relationship ultimately operates with the constraints of a nonpersonal, professional one. The fact that the relationship is nonpersonal increases the efficiency of the problem-solving endeavor, as at least one of the participants is committed to maintaining an objective stance, while offering perspectives and/or recommendations on the personal, subjective affairs of the client.

It has been noted here that the Puerto Rican makes far less place for efficiency-serving, nonpersonal relations than does the Anglo as a way of dealing with problems at large. Given this tendency, one could only expect that the Puerto Rican would be especially reluctant to deal with his personal, subjective, intimate problematic affairs by way of the interpersonal context of a nonpersonal relationship. That he be so inclined need not be seen as peculiar or as calling for an explanation. By tautology, personal matters belong in a personal relationship. It is placing such matters in a nonpersonal relationship that calls for an explanation.

Secondly, the Puerto Rican has less acquaintance with secular expertise in general than does the Anglo. He has less faith in the promise of secular experts and less reason to expect rewards out of the instrumental activities recommended or required by secular experts. His stance vis-à-vis secular experts may be like that of the man from Missouri—"Show me."

A number of specific issues arise from these and other important basic differences between Puerto Ricans and Anglos, regarding their orientation toward secular experts and toward nonpersonal, efficiency-oriented relationships. Because the Puerto Rican has less a priori faith in secular experts than the Anglo, one could expect that for the psychotherapist to gain the faith and participation of the Puerto Rican, the therapist would be more heavily required to demonstrate his efficacy when dealing with a Puerto Rican than when dealing with an Anglo. The latter, with his a priori faith in secular expertise and technology, does not require early demonstrations or proofs and is more willing to give the benefit of the doubt to the expert. The following hypothesis is in line with this expectation.

**HYPOTHESIS 1.** *Puerto Rican subjects are more likely than Anglo subjects to believe that one should quit treatment if relief is not achieved early in treatment.*

Given the traditional Anglo way-of-life reliance on secular experts, one can expect the Anglo to monitor basic health through secular expertise, to seek expert advice on health even though he may be unsymptomatic (e.g., yearly check-ups, reading on health maintenance practices, etc.). The Puerto Rican, on the other hand, would be more likely to accept his basic health as a natural state of affairs and to seek expert advice only if distressingly symptomatic. Because the Puerto Rican is not as oriented toward living by secular expert advice as the Anglo, the following hypothesis is made.

**HYPOTHESIS 2.** *Puerto Rican subjects will be less likely than Anglo subjects to see a need to continue receiving treatment and heeding expert advice after symptom relief has been achieved, even though a secular expert may have directed them to do so.*

Because the Anglo is more apt to accept that the domain of secular expertise extends over personal, human matters than is the Puerto Rican, one may expect the Anglo more easily to reveal intimate aspects of his life to a secular expert than the Puerto Rican.

**HYPOTHESIS 3.** *Puerto Rican subjects are more likely than Anglo subjects to regard personal revelation to a secular expert as ill-fitting, strange, alien and inappropriate—in effect, to re-*

*gard a relationship which blends nonpersonal and personal elements as a peculiarly faulty personal relationship.*

It may follow, incidentally, that the Puerto Rican who does share intimate matters with a secular expert is more likely to take it that he has established a personal relationship than is the Anglo who has shared such matters with an expert.

Some Hispanic minorities have been reported to have a priori faith in psychiatrists (Edgerton & Karno, 1969). This seems to be the case with Puerto Ricans as well. However, there is reason to believe that such faith in psychiatrists stems from the belief that psychiatrists are primarily *medical* specialists administering treatment through primarily organic, medicinal means. One should note in this connection that the physician is one secular expert who has gained the faith of the Puerto Rican, because the physician has ample opportunity to demonstrate his beneficiality quickly and effectively, as with analgesics and tranquilizers. Furthermore, the physician puts somatic, not personal, matters under the realm of technology and secular expertise, hence his authority is more acceptable to the Puerto Rican. Since Puerto Ricans may tend to view the phenomenological discomfort of "nerves" and "mental problems" as originating from physical, organic bases, the following hypothesis is made:

**HYPOTHESIS 4.** *Puerto Rican subjects will tend to conceive of the psychiatrist's role as appropriate only for problems that are formulated in terms of individual psychopathology and not for problems formulated in social-interactional terms; in contrast, Anglo subjects will tend to see the psychiatrist as appropriate for both sorts of problems.*

## METHOD

### *Sample*

Forty Puerto Ricans and forty Anglo-Americans living within six square blocks of an ethnically mixed poverty area in Chelsea, Massachusetts, were interviewed in their residences. The participation of subjects was solicited from households which were selected on a random basis within the designated area. The Puerto Rican sample was obtained first so that an Anglo sample matching in age, sex, and income level could then be sought.

### *The Interview*

An interview questionnaire was administered in either Spanish or English (depending on the group to which the subject belonged), by interviewers of the



same culture group as the subject. Each question was presented simultaneously in oral and written form. Two persons other than the experimenter who are proficient in both languages reviewed and revised both versions of the questionnaire to ensure the accuracy of the translation.

The interviewer recorded each subject's gender, age, level of education, religious practices, and the income of the head of the household. The interviewer asked the Puerto Rican subjects to rate their proficiency in speaking, reading, and writing the English language. The interview was divided into five sections. (See Torres [Note 2] for complete information.)

*Section I.* To assess the tendency to terminate therapy if improvement did not develop quickly, the following vignette was presented and participants selected one of two alternatives:

A woman has been quite nervous and depressed and went to see the psychiatrist. She has been seeing him weekly. She has seen him now five times (that is, for five weeks), and she continues to feel poorly.

With which of these two opinions are you in more agreement?

- a. She hasn't seen him enough times yet to realistically expect to be cured already.
- b. Looks like he doesn't really know how to help her. Maybe she should stop seeing him or begin looking for another one.

*Section II.* To assess the tendency to continue to comply with a secular expert's advice<sup>1</sup> after his treatment has generated symptom relief, subjects were questioned about the following vignette:

Suppose that you feel poorly and that you go see the doctor. The doctor examines you and seems to understand what your complaint is all about. He gives you some medicine and tells you to take it for fifteen days. You start taking the medicine and find that after four or five days of taking it, you feel well again.

Subjects answered the following questions, "What would you do?" "What do you think most other people around here would do?" and "What should one do?" by choosing between (1) "take the medication only for the five days that it took to cure," and (2) "take the medication for the whole fifteen days."

*Section III.* The interviewer presented a description of a relationship between a therapist and a female client. For half of the subjects of each group the therapist was designated to be a counselor, referred to on a first name basis; for the other half a psychiatrist, referred to as "Doctor." The description of the interaction follows:

A woman has been feeling quite nervous and depressed and has had many problems in her love life. Because of these problems she has been seeing a counselor [or psychiatrist] whose name is Paul Ryan [José Rivera in Spanish version; psychiatrist referred to as Doctor Ryan in English version, unnamed in Spanish and referred to merely as 'el siquiatra']. The more she speaks with him, the more trust she gains in him. Accordingly, she has begun to speak to him quite openly about her life's problems. She speaks to him frequently about problems that she is having in the intimate and private areas of her life. She has wept several times in front of him and has begun to feel free to show him many of her personal feelings. Sometimes she even becomes angry with him and lets him know of it. But later they speak of what angered her, she gets over it and things go on. Paul [or José, Dr. Ryan, or el Doctor] listens to her attentively and understandingly and speaks to her about the problems that she brings up. It's been several months now that they meet weekly in order to talk about her life, her intimate problems, her needs, and her feelings.

The interviewer then obtained the subject's opinion of what had been described by presenting the following questions:

From what you see here, do you think that

- a. what is happening is to be expected when a person goes to see a counselor [or psychiatrist]?
- b. what is happening is good for her?
- c. it's good that she speaks with Paul [or José, or Dr. Ryan or el Doctor] about problems in the intimate area of her life?
- d. she is making correct use of her visits with the counselor [or psychiatrist]?
- e. what is happening is strange?

To each of these questions, the subjects responded according to the following rating scale:

Yes, I am sure of it.	I am not sure but I think so.	I am not sure but I don't think so.	___ No, surely not.
--------------------------	----------------------------------	--	------------------------

*Section IV.* The interviewer presented ten different personal problems, five formulated in individual psychopathology terms, three in social-interactional terms, and two miscellaneous problems, a sexual dysfunction and a somatic problem. The titles of the ten problems are, in order of their presentation to the subjects, Ineffective Disciplinarian, Psychogenic Ills, Violent Temper, Anxiety Attack, Abused Woman, Depression, Cognitive Confusion, Family in Strife, Sexual Dysfunction, and Somatic Symptoms. Examples of individual psychopathology and social-interactional problems, respectively, are the following:

*Anxiety Attack.* A person has been suffering from certain panic attacks which the person doesn't understand. Suddenly this person feels much nervousness and fear and begins to shake. The person doesn't know why this is happening.

*Abused Woman.* A woman has been married three times. All of the men she has married have been drinkers and have been very jealous and very violent. Presently, she's married to a man who beats her frequently and who has a mistress on the side.

The titles that are assigned here to each problem were not made available to the subjects.

After presenting each problem, the interviewer presented a constant set of various sorts of responses to problems. The set of response alternatives consisted of (a) keep it a secret, (b) put up with it, (c) see a doctor, (d) see a psychiatrist, (e) see a counselor, (f) take care of the problem by yourself without seeking help from anyone else, (g) appeal to God/Religion, (h) see a psychic or a medium ("espiritista" for Puerto Rican subjects), and (i) go to a family relative for help. The subject was asked to rate how appropriate each response alternative was as a way of contending with the problem presented. These appropriateness ratings were made by asking the subject to indicate whether a given response alternative was "ideally appropriate," "very appropriate," "somewhat appropriate," or "not appropriate" as a way of contending with the mentioned problem. Any time that the subject indicated that a response alternative was "not appropriate" for a particular problem, the interviewer asked the subject whether or not the inappropriate response would have harmful effects if it were used to contend with that problem.

## RESULTS

### *Sample*

When three participants from each group were dropped, the gender and age distributions of the groups were well matched. The mean age of each group was 32.5 for Anglos and 34.2 for Puerto Ricans; ages ranged from 20 to 59 and the spread of the age distributions was similar; the proportion of men was 43.3% for Anglos, and 48.7% for Puerto Ricans. Both groups were heavily weighted, though not closely matched, in the low-income category—38% of Anglos and 66.6% of Puerto Ricans had incomes under \$8,000 a year per head of household; 38.3% of Anglos had incomes between \$15,000 and \$23,000 a year, but no Puerto Ricans reported incomes within this range.

To test for possible confounding effects resulting from the lack of a close match in income levels, (a) correlations were run between the independent variable of Anglo income level and all Anglo dependent variables, (b) chi-squares were run comparing the responses of those Anglos who matched and those who did not match the Puerto Ricans on income level, and (c) multiple regressions that included the independent variable of income were run on Anglo dependent variables. None of these analyses yielded any significant relationship between Anglo income levels and pattern of response. It should also be noted that Anglo income did not correlate with any other independent variables, such as education, sex, age, religion, and so on. These results provide sufficient assurance that any differences in the groups' responses are not confounded by the apparent mismatch of income levels.

Two and seven-tenths percent of Anglos and 56.7% of Puerto Ricans had dropped out of school by the seventh grade; 32.4% of Anglos and 86.4% of Puerto Ricans had not completed high school. These sample differences in educational level reflect the educational level differences of low socioeconomic status Puerto Ricans and Anglos at large (Mizio, 1978).

Given that (1) the Puerto Rican sample is predominantly poor, (2) the responses of the Anglo sample are consistent with those of poor Anglos, (3) the two samples live in the same six-square block, economically depressed urban area, (4) the two groups match closely in age and sex distributions, and (5) the educational level differences of the samples reflect the educational differences of the Anglo and Puerto Rican populations, the samples seem to provide an adequate basis for comparing the attitudes of low-income Anglos and Puerto Ricans.

Other relevant descriptors of the groups pertain to religion and English language proficiency. Whereas 94.6 of Puerto Ricans claimed to practice religion, 59.5 of Anglos did so. The English-speaking proficiency of the Puerto Rican group, as derived from each subject's rating of his own proficiency, was "good" 16.2%, "considerable" 16.2%, "little" 37.9% and "none", 29.7%.

### *Predictions*

It was predicted that Puerto Ricans would be more likely to terminate therapy than Anglos if no improvements were made after five visits. Only 32% of the Anglos would terminate in this case, but 48.6% of the Puerto Ricans,  $X^2(1) = 1.40, p < .12$ , would do so. When the more Anglo-acculturated Puerto Ricans were deleted (by dropping the 12 Puerto Ricans who had "considerable" or "good" English-speaking proficiency), then the pattern predicted was found. Sixty percent of the Puerto Ricans would terminate vs. 32% of the Anglos,  $X^2(1) = 3.56, p < .05$ . A multiple regression performed on the Puerto Rican sample (before deleting for Anglo-acculturation) found that the factors of Puerto Rican income and English language proficiency reached a multiple  $r$  of .69 ( $r$  square = .48),  $F(3, 19) = 5.85, p < .01$ , with the tendency to quit treatment if early improvement was not achieved.

The prediction that Puerto Ricans would be more likely than Anglos to not comply with medical advice after symptom relief had been achieved, was met. Whereas 17.6% of Anglos would choose noncompliance with the advice in this circumstance, 64.7% of Puerto Ricans would choose noncompliance,  $X^2(1) = 12.8, p < .001$ . Interestingly, when Puerto Ricans were asked what course of action they *should* choose, only 33.3% said that they should choose noncompliance. Indeed, the discrepancy between the option that Puerto Ricans said they *would* choose versus the option they felt they *should* choose was significant,  $X^2(1) = 10.9, p < .001$ . No such discrepancy was found within the Anglo group.

It was predicted that the Puerto Ricans would be less likely than Anglos to

agree with the notions (a) that the depicted therapist-client interaction represents what is to be expected in such a situation, and (b) that the interaction is good for the client; (c) that it is good that she speaks with the therapist about problems in the intimate areas of her life, and (d) that the client is making correct use of her sessions with the therapist. It was also predicted that the Puerto Ricans would be more likely than Anglos to agree with the notion (e) that the depicted interaction is strange. Three of the predictions were met in the full Puerto Rican sample. All of these predictions were met after deleting the more Anglo-acculturated Puerto Ricans. Ninety percent of Anglos vs. 60% of unacculturated Puerto Ricans,  $X^2(1) = 5.7$ ,  $p < .01$ , saw the interaction as "what is to be expected." This prediction was also met without deleting for Anglo-acculturation,  $X^2(1) = 3.9$ ,  $p < .05$ . Ninety percent of Anglos vs. 64% of unacculturated Puerto Ricans,  $X^2(1) = 4.29$ ,  $p < .05$ , saw the interaction as being "good for the client." Ninety-two percent of Anglos vs. 52% of unacculturated Puerto Ricans,  $X^2(1) = 10.9$ ,  $p < .001$ , saw it as "good that the client talk about intimacies with the therapist." This prediction was also met without deleting for Anglo-acculturation,  $X^2(1) = 7.64$ ,  $p < .01$ . Eighty-three and eight-tenths percent vs. 56% of unacculturated Puerto Ricans,  $X^2(1) = 4.5$ ,  $p < .05$ , saw the client as making "correct" use of her sessions. Only 5.4% of Anglos vs. 56.7% of unacculturated Puerto Ricans,  $X^2(1) = 11.18$ ,  $p < .001$ , saw the interaction as "strange." This prediction was also met without deleting for Anglo-acculturation,  $X^2(1) = 8.36$ ,  $p < .01$ .

Several findings suggest factors that may be predictive of Puerto Rican and Anglo clients' willingness to put personal matters within the reach of the secular expert therapist through personal self-disclosure. In the Puerto Rican group, approval of talking to a therapist about personal matters correlated positively with prior use of mental health services ( $r = .42$ ,  $p < .01$ ) and with English-speaking proficiency ( $r = .48$ ,  $p < .01$ ), for a multiple of  $r$  of .59 ( $r$  square = .35),  $F(2,20) = 5.27$ ,  $p < .05$ ). In the Anglo group, older age and male sex correlated negatively ( $r = -.52$ ,  $p < .001$ ,  $r = .34$ ,  $p < .05$ , respectively) with agreeing with the above proposition, for a multiple  $r$  of .60 ( $r$  square = .36),  $F(2, 17) = 4.82$ ,  $p < .05$ .

Other relevant findings were that, for the full Puerto Rican sample, agreement with the proposition that the relationship was "good for" the client correlated negatively with frequency of church attendance ( $r = -.31$ ,  $p < .05$ ) and positively with educational level ( $r = .31$ ,  $p < .05$ ). Agreement with the proposition that the relationship represented a "correct" use of the therapist had a .40 correlation ( $p < .01$ ) with education. Agreeing that the relationship was "strange" correlated negatively with education ( $r = -.40$ ,  $p < .01$ ) and with English-speaking proficiency ( $r = -.35$ ,  $p < .01$ ). It is noteworthy that no significant correlations were found between the Anglo sample's agreement with these propositions and any of the independent variables, suggesting uniformity of attitudes within the Anglo group.

To test for several of the following predictions, the appropriateness ratings of Section 4 of the interview were assigned the following numerical values: Ideal = 1, Very Appropriate = 2, Slightly Appropriate = 3, Inappropriate but not Harmful = 4 and Inappropriate and Harmful = 5. A subject was counted as having rated a response to a problem as "generally appropriate" for a given category of problems if the mean appropriateness rating he gave that alternative as a response to those problems was 2.5 or lower; "generally inappropriate" if the mean rating was higher than 2.5.

It was predicted that Puerto Ricans would tend to rate the psychiatrist as appropriate for individual psychopathology problems more than they would for social-interactional problems, that Anglos would tend to rate the psychiatrist as not differentially appropriate for social-interactional and individual psychopathology problems, and that Anglos would see the psychiatrist as "generally appropriate" for both sorts of problems. All three predictions were met. Whereas 72.9% of Puerto Ricans rated the psychiatrist as an appropriate helper for individual psychopathology problems, only 37.8% of the Puerto Ricans rated the psychiatrist as appropriate for social-interactional problems,  $X^2 (1) = 3.04, p < .05$ . As predicted, no significant difference was found between Anglos' ratings of the appropriateness of the psychiatrist for individual psychopathology vs. social-interactional problems, with 97.3% rating the psychiatrist as appropriate for individual psychopathology problems and 73% rating the psychiatrist as appropriate for social-interactional problems,  $X^2 (1) = 0.28, p < .60$ . And, as predicted, Anglos' mean appropriateness ratings of the psychiatrist as a helper for individual psychopathology problems ( $M = 1.68$ ) and social-interactional problems ( $M = 2.17$ ) both fell well within the "generally appropriate" range.

It was predicted that for each of the three social-interactional problems Anglos would give higher appropriateness ratings to the psychiatrist than would the Puerto Ricans. The prediction was met with respect to the social-interactional problem "Ineffective Disciplinarian." Anglos' mean rating of the psychiatrist's appropriateness as a helper for this problem approximated "Very Appropriate" (2.3), whereas Puerto Ricans' mean rating approximated "Slightly Appropriate" (2.8),  $t (72) = 2.25, p < .05$ . For the problem of the "Abused Woman," the prediction was met, with Anglos rating the psychiatrist as better than "Very Appropriate" (1.9), Puerto Ricans rating him as worse than "Slightly Appropriate" (3.2),  $t (72) = 5.9, p < .001$ . The prediction was also met with respect to "Family in Strife," with the Anglo rating approximating "Very Appropriate" (2.3), the Puerto Rican approximating "Slightly Appropriate" (2.8),  $t (72) = 1.67, p < .05$ .

One may note from Table 1 that Anglos give significantly higher appropriateness ratings to the psychiatrist than do the Puerto Ricans, not only with respect to the three social-interactional problems noted above, but also in relation to the problems "Psychogenic Ills," "Violent Temper," "Depression," and "Sexual Dysfunction."

Table 1  
Comparison of Anglo and Puerto Rican Appropriateness Ratings for Each Alternative Response to Each Problem

Alternatives	Groups	Problems									
		<i>Ineff. Disc.</i>	<i>Psychogenic Ills</i>	<i>Violent Temper</i>	<i>Anx. Attack</i>	<i>Abused Woman</i>	<i>Depression</i>	<i>Cogn. Confusion</i>	<i>Family in Strife</i>	<i>Sexual Dysf.</i>	<i>Somatic Symptoms</i>
		<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>	<i>M</i>
Put Up	P.R.	3.9**	4.2**	4.3***	4.4**	3.4***	4.3***	4.4**	4.4**	4.3*	4.8
	Anglo	4.7	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.8	4.9
Secret	P.R.	4.2***	4.4**	4.3***	4.6*	3.8***	4.3***	4.5	4.5	4.4	4.9
	Anglo	4.9	4.9	4.9	4.9	4.8	4.9	4.7	4.6	4.4	4.9
Alone	P.R.	3.2***	3.6***	2.7***	4.1	2.5***	3.2***	4.1*	2.8***	4.1	4.4
	Anglo	4.1	4.5	4.4	4.4	4.4	4.7	4.6	4.3	4.1	4.7
Family	P.R.	2.8	2.5*	2.6*	2.8	3.1	2.4	2.6	2.8	3.0	3.1
	Anglo	2.8	2.9	3.1	3.1	2.6*	2.7	3.0	3.0	3.1	3.5
God/Religion	P.R.	2.0***	2.2**	2.2***	2.3***	2.2**	2.1*	2.3***	2.2**	2.9*	2.7***
	Anglo	3.2	3.0	3.1	3.3	2.9	2.6	3.3	2.9	3.5	3.9
Counselor	P.R.	2.0	2.1	1.9	2.5	2.2	2.0	2.3	1.8	2.4	2.7***
	Anglo	2.0	2.4	2.1	2.7	1.8	2.2	2.4	1.5	2.3	3.8
Psychiatrist	P.R.	2.8	2.2	2.4	2.4	3.2	2.4	1.9	2.8	2.7	3.5
	Anglo	2.3*	1.3***	1.5***	1.9	1.9***	1.4***	2.3	2.3*	2.1*	3.2
Physician	P.R.	2.9	2.3	2.5	1.5	3.5	2.7	1.6	3.3	1.1***	1.1
	Anglo	2.9	2.5	2.5	1.5	2.8***	2.4	1.9	3.2	1.6	1.1
Psychic	P.R.	4.8	4.8	4.8	4.8	4.8	4.9	4.8	4.6	4.6	4.8
	Anglo	4.4*	4.6	4.3**	4.4*	4.4*	4.4*	4.4*	4.5	4.4	4.7

Note: The lower the numerical value, the higher the appropriateness rating: 1 = Ideal; 2 = Very Appropriate; 3 = Slightly Appropriate; 4 = Inappropriate but Not Harmful; 5 = Inappropriate and Harmful.

\* $p < .05$ ; \*\* $p < .01$ ; \*\*\* $p < .001$ .

It was predicted that for the social-interactional problems, Puerto Ricans would give higher appropriateness ratings to the counselor than to the psychiatrist. The prediction was met with respect to “Ineffective Disciplinary,”  $t(36) = 5.82, p < .001$ , “Family in Strife,”  $t(36) = 4.46, p < .001$ , and “Abused Woman,”  $t(36) = 5.82, p < .001$ . In addition, Puerto Ricans gave the counselor significantly higher appropriateness ratings than the psychiatrist with respect to “Violent Temper” and “Somatic Symptoms.” (One may find on Table 1 the mean appropriateness ratings for each response alternative in relation to each problem). In contrast, Anglos rated the counselor as more appropriate than the psychiatrist for only one of the problems presented, “Family in Strife,”  $t(36) = 3.6, p < .001$ .

Table 2 compares the ratings given to the psychiatrist and the counselor, per problem, per group. One may easily note the greater tendency of the Puerto Rican group to rate the counselor as equally or more appropriate than the psychiatrist as a helper for the problems.

As predicted, Puerto Ricans gave higher appropriateness ratings than did Anglos to Religion/God as a response alternative for each social-interactional problem. “Ineffective Disciplinary,”  $t(72) = 4.4, p < .001$ , “Abused Woman,”  $t(72) = 2.88, p < .01$ , and “Family in Strife,”  $t(72) = 2.88, p$

Table 2  
Within-Group Ratings:  
Counselors vs. Psychiatrists as Appropriate Caretakers for Different Problems

Groups	Problems for which . . .		
	Counselor was rated significantly more appropriate than Psychiatrist	Counselor was rated as appropriate as the Psychiatrist	Psychiatrist was rated significantly more appropriate than Counselor
Puerto Ricans	Ineff. Disc.*** Abused Woman*** Family in Strife*** Violent Temper* Somatic Symptoms***	Psychogenic Ills Anxiety Attack Depression Cogn. Confusion Sexual Dysfunction	
Anglos	Family in Strife***	Ineff. Disc. Abused Woman Cogn. Confusion Sexual Dysfunction	Psychogenic Ills*** Violent Temper*** Anxiety Attack*** Depression*** Somatic Symptoms***

\* $p < .05$   
\*\* $p < .01$   
\*\*\* $p < .001$



< .01. However, as one may see on Table 1, Puerto Ricans gave higher appropriateness ratings than Anglos to Religion/God for every other problem as well.

Table 3 compares the ratings given to the psychiatrist and Religion/God, per problem, per ethnic group. One may note that whereas Anglos rated the psychiatrist as more appropriate than Religion/God for contending with each and every one of the problems, the Puerto Ricans rated Religion/God as more appropriate than the psychiatrist for the three social-interactional problems and for Somatic Symptoms, and equally appropriate as the psychiatrist for the remaining problems.

It was predicted that Puerto Ricans would give higher appropriateness ratings than would Anglos to the alternative of putting up with and resigning oneself to the problem (Put Up With It) as a response to each social-interactional problem. This prediction was met for all three problems, "Ineffective Disciplinarian,"  $t(72) = 3.04$ ,  $p < .01$ , "Abused Woman,"  $t(72) = 5.88$ ,  $p < .001$ , and "Family in Strife,"  $t(72) = 2.74$ ,  $p < .01$ . See Table 1 for the mean appropri-

Table 3  
Within-Group Ratings:  
Religion/God vs. Psychiatrist as Appropriate Responses to Different Problems

Groups	Problems for which . . .		
	<i>Religion/God was rated significantly more appropriate than Psychiatrist</i>	<i>Religion/God was rated as appropriate as the Psychiatrist</i>	<i>Psychiatrist was rated significantly more appropriate than Religion/God</i>
Puerto Ricans	Ineff. Disc.** Abused Woman*** Family in Strife* Somatic Symptoms***	Psychogenic Ills Violent Temper Anxiety Attack Depression Cogn. Confusion Sexual Dysfunction	
Anglos			Ineff. Disc.*** Psychogenic Ills*** Violent Temper*** Anxiety Attack*** Abused Woman*** Depression*** Cogn. Confusion*** Family in Strife* Sexual Dysfunction*** Somatic Symptoms***

\* $p < .05$

\*\* $p < .01$

\*\*\* $p < .001$

ateness ratings obtained from each group, and note the especially large disparity between the means of each group on Put Up With It as a response to the predicament in "Abused Woman."

No predictions were made as to how Puerto Ricans and Anglos would compare in appropriateness ratings to the response alternatives of Keep It a Secret, Do It Alone, Psychic, and Seek Help of Family Relatives as helping responses to each of the problems. From Table 1, one may see what differences were found between Puerto Ricans and Anglos in their ratings of these response alternatives as ways of coping with each of the problems.

## DISCUSSION

To test for the possibility that some Puerto Rican subjects' acculturation to Anglo way of life was obscuring the differences between Puerto Rican and Anglo response tendencies on given comparisons, those Puerto Ricans judged to be more acculturated were eliminated from those comparisons. Degree of English language proficiency was used as the indicator for acculturation. The rationale for this procedure was based on findings from a previous study by the author (Torres, Note 1). In that study, English-speaking proficiency was the only factor among several (including length of mainland residency, age, education, gender) that correlated with a tendency on the part of Puerto Rican subjects to veer away from the dominant Puerto Rican pattern of response to illness and misfortune, and to express a preference for the dominant Anglo pattern of response to such circumstances. It should be noted that the elimination of the presumably more acculturated Puerto Ricans reduced that sample by nearly one-third and that the remaining acculturation-corrected sample was not matched with the Anglo sample. The correction for acculturation consistently yielded response patterns that were more heavily weighted in the expected Puerto Rican direction than those obtained from the uncorrected Puerto Rican sample. Since only a small portion of the between-group comparisons called for the acculturation correction, the results discussed in this section will be based on the full, uncorrected sample comparisons unless specified otherwise.

The findings of this study yield strong evidence for culturally bound differences between Anglos' and Puerto Ricans' relationships with secular mental health experts. The findings summarized below help explain Puerto Ricans' lower utilization of and higher attrition from traditional mental health services compared to Anglos.

1. Puerto Ricans are more inclined than Anglos to discontinue treatment and disregard expert health advice as soon as symptom relief has been achieved.
2. The less acculturated Puerto Ricans are more likely than Anglos to judge that treatment has been ineffective and should be abandoned if improvement has not been achieved within the first five weekly sessions.

3. Puerto Ricans are more inclined than Anglos to view a female client's emotionally involved relationship with a male therapist as an unexpected, unhealthy, and strange use of a therapist.
4. Puerto Ricans do not see psychiatric services as appropriate sources of help for the social-interactional problems or the male sexual dysfunction problem presented here, whereas Anglos do.
5. Puerto Ricans see the psychiatrist as a less appropriate source of help for all nine mental health problems presented than do Anglos.
6. Puerto Ricans see five of the nine problems as more appropriately helped by a counselor than by a psychiatrist; in contrast, Anglos see but one problem as more appropriately helped in this way.
7. Puerto Ricans see all nine problems as either more appropriately helped, or just as appropriately helped, by Religion/God than by a psychiatrist, whereas Anglos see all nine problems as more appropriately helped by a psychiatrist than by Religion/God.
8. Puerto Ricans see putting up with all of the problems, being secretive with six of the problems, and contending alone without anyone's help with seven of the problems, as less inappropriate and less harmful than do Anglos.

Each of these findings has heuristic value for developing more effective treatment and service delivery practices for Puerto Ricans. The finding that the unacculturated Puerto Rican is more prepared than the Anglo to view five sessions of nonameliorative treatment as evidence of therapist failure and ineffectiveness suggests that the Puerto Rican has less a priori faith in the psychiatrist than does the Anglo. This lesser faith is also suggested by the finding that Puerto Ricans see the psychiatrist as less appropriate a helper for mental health problems than do Anglos. Indeed, the Puerto Rican stance toward a secular expert such as a psychiatrist may be in effect like that of the man from Missouri: "Show me." These findings suggest that to gain the faith and participation of the Puerto Rican, the therapist is more heavily required, than he is with Anglos, to demonstrate his powers to make a beneficial difference soon after initiating treatment. The multiple regression on Puerto Ricans' responses to the five nonameliorative sessions vignette suggests that the therapist should be especially alert to the need for quickly making a beneficial difference when the Puerto Rican patient is in the lowest income categories and speaks little or no English.

The findings indicate that Puerto Ricans may tend to discontinue treatment when improvement is not quickly achieved, but also, just as soon as improvement is achieved. Thus, even if the therapist succeeds in gaining the faith and participation of the Puerto Rican client by establishing his ability quickly to bring about improvement, the duration of therapy is likely to be brief, and it behooves the therapist to orient his therapeutic interventions accordingly.

It is interesting to note that those same Puerto Ricans who explicitly acknowledge that they would discontinue compliance with expert health advice after that advice has led to symptom relief, also tend to express the belief that they *should* continue to comply with that advice. The apparent conflict may rest on the dilemma that, whereas on the one hand the Puerto Rican may hold secular experts as authorities to be respected (and complied with), the Puerto Rican may also see such experts' advice as irrelevant and uncalled for when things are well enough. Thus, if things appear to be well enough and the secular expert is out of sight, the Puerto Rican will give the expert, and his advice, the wave of the hand. An understanding of such cultural factors could ease the bewilderment of clinicians who regularly encounter Puerto Rican clients who, while in the presence of the expert voice no argument against and seemingly accept a directive of the clinician (such as an appointment for a subsequent meeting beyond the point of symptom relief), yet simply do not comply with the presumed agreement.

With respect to the content and tenor of discussion between therapist and client, the findings give strong support to the notion that Puerto Ricans are far less ready than Anglos to see personal, intimate matters as a fitting and appropriate subject for extensive discussion between a female client and a male therapist. Indeed, the difference in Anglos' and Puerto Ricans' ratings of the depicted client-therapist relationship were sharpest when it came to judging whether it was good for the client to be speaking about personal intimacies to the therapist.

Because the Puerto Rican is less likely than the Anglo to have personal matters put under the nonpersonal domain of secular expertise, a Puerto Rican who develops personal feelings toward a therapist (as may happen after personal self-disclosure), would be more likely to take it that a personal relationship has been established. The traditional therapist's expectation that the client reveal and explore personal, even intimate matters *without* the context of a personal relationship would, as the findings suggest, be strange and inappropriate, even unhealthy, to the Puerto Rican client. Indeed, given that the Puerto Rican does not see personal matters as belonging in a nonpersonal framework, the kind of relationship which the traditional therapist proposes would stand out to the Puerto Rican as a peculiarly faulty, indian-giving invitation to a personal relationship: "Talk to me about your personal situations, show me your personal feelings, but let's not *be* personal." It should not be surprising if an ordinarily gregarious and expressive Puerto Rican lapses into silence once in the room with a therapist.

The correlations between independent variables and each group's ratings of the depicted client-therapist relationship suggest that personal self-disclosure and display of personal feelings to a therapist would tend to be most unacceptable to Puerto Ricans of lower education, lower English-speaking proficiency, and high frequency of church attendance; and to Anglos in the older age groups and of male gender.

The findings with respect to Puerto Ricans' and Anglos' assessments of appropriate sources of help for various sorts of problems suggest particular health service delivery strategies for Puerto Ricans.

As may be seen from Table 2, Puerto Ricans and Anglos differ markedly in the relative ratings of appropriateness which they ascribe to counselor and psychiatrist as helpers for various problems. Whereas Anglos tend to prefer the psychiatrist over the counselor, the reverse appears to be the case with Puerto Ricans. It appears to this writer that those problems which Puerto Ricans see as being more appropriately cared for by a counselor than by a psychiatrist—Ineffective Disciplinarian, Abused Woman, Family in Strife, Violent Temper and Somatic Symptoms—may be problems that Puerto Ricans do not regard as being of a “psychiatric,” “mental,” or “nervous” sort. If this is in fact the case, they are likely to regard “psychiatric” help for these problems as unwarranted and possibly stigmatizing as well. For social-interactional problems, Puerto Ricans would seem to prefer helpers with whom a more informal and personal relationship can *appropriately* be established. A same-sex counselor who can make home visits, help a mother develop more effective discipline strategies through counsel and demonstration, and establish a relatively informal, relaxed alliance that allows for discussion of other problems may instantiate this sort of helper.

The findings indicate that for Puerto Ricans, religious avenues of help compete with and often win out over the psychiatric ones in relevance and appropriateness for contending with all of the problems presented; in contrast, for Anglos, religion and God consistently lose to the psychiatrist in their appropriateness as help for the problems. Thus, it seems that secular mental health services should explore the value and viability of establishing cooperative relationships with nonsecular, religious helping sources, as a way of providing improved, culturally accessible mental health services to the Puerto Rican population.

Compared to other alternative responses to the problems, “Put Up,” “Secret,” and “Alone” generally received, from both groups, appropriateness ratings that were at the lower range of appropriateness values. However, in between-group comparisons, Puerto Ricans show greater readiness than Anglos to respond with resignation to, and tolerance for, the particular unhappy states of affairs found in all of the mental health problems presented; a greater readiness than Anglos to contend with most of the problems secretly and alone, without seeking anyone’s help. These particular Puerto Rican tendencies underscore the need for mental health delivery systems to take the initiative to actively reach out to Puerto Rican communities with services that are in a culturally accessible format.

The especially sharp differences between the groups on their ratings of “Put Up” as a response to the problem “Abused Woman” warrant discussion. The Puerto Ricans’ appropriateness ratings for “Put Up” as a response to the problem “Abused Woman” had a mean of 3.4, which falls between “Somewhat Appropriate” and “Inappropriate but not Harmful.” In contrast, the Anglo mean was 4.9, which is as close as any mean appropriateness rating gets to “Inappropriate and Harmful.” These findings suggest that Puerto Ricans (irre-

spective of sex), are considerably more ambivalent than Anglos about the appropriateness of a woman tolerating or not tolerating abusive behavior from a husband.

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## NOTE

1. A medical secular expert was chosen because this is one expert who is familiar to Puerto Ricans and recognized as valid.

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## **PART II**

### **A POTPOURRI OF NEW DEVELOPMENTS**

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# INTRODUCTION:

Keith E. Davis and Raymond M. Bergner

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Perhaps no selection of papers for the *Advances* volumes better illustrates the diversity of applications of Descriptive Psychology than this collection. Among the questions raised and issues dealt with are:

- What, categorically, constitutes humor and how can we understand individual differences in the appreciation of humor?
- In what respects is the traditional treatment of emotions as feeling states inadequate and how does a relational or status dynamic formulation serve both to remedy the defects of the traditional approach and to enhance the clinician's effectiveness in dealing with emotional problems?
- How are the domains of spirituality and psychology related, and what implication does a careful distinction among these two domains have for the handling of troubled persons?

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- What conceptual and practical resources are required to simulate the functioning of a complex social organization on the computer and how promising is the approach to simulation developed from a Descriptive Psychological perspective?

In "A New Formulation of Humor", Littmann rejects the view that "Humor is whatever anyone laughs at" and proposes a formulation of what we take categorically to be cases of humor and also an account of why individuals will differ in their judgments of which particular things are humorous. Some of the difficulties of her topic include distinguishing humor from closely related phenomena such as comedy, irony, parody, etc. and accounting for the variety of often-cited effects of humor; including feelings of superiority or inferiority, relief, surprise, and liberation, as well as amusement and joy.

The starting point in Littmann's formulation is the concept of *Status* as the totality of the person's relations to his or her world. The range of possibilities for behaving is summarized by the person's status. Humor is taken to involve a change in person's relationship to some specified part of the world; and something counts as a joke when it involves the presentation of a subject or topic as

- a. something to be taken seriously
- b. something to be taken nonseriously.

Furthermore, the serious viewpoint is, characteristically the background context (or given) for the nonserious viewpoint. To see a specific presentation as a joke is to maintain both viewpoints. Because the formerly serious topic is now also seen as nonserious, the person has his behavior potential (status) enhanced because he has acquired an alternate way of looking at the issue. Sometimes the new perspective may involve feelings of surprise, other times feelings of relief, and other times feelings of superiority or inferiority but none of these is intrinsic to the humor of a joke. Rather its humor consists in seeing the topic in a different (typically nonserious) light while retaining the serious perspective also.

By using a paradigm case formulation, Littmann extends the analysis to cases where the alternative perspectives involve contrasts other than serious-non-serious. Among these are "at face value vs. not", "real vs. unreal", and "expected vs. unexpected".

When she turns to the question of individual differences in amusement, the Relationship Formula becomes a central resource. When applied to humor, the Relationship Formula becomes *humor elicits amusement unless*

- a. the person does not recognize the humor for what it is, e.g., does not get the joke;
- b. the person is acting on another relationship which takes priority over

the humorous one, e.g., he sees the humor, but does not show his amusement because he is at a funeral, in church, or doing therapy;

- c. the person is unable at the time to act on the humor, e.g., he is engaged in some behavior incompatible with expression of humor or is in a state that prevents the showing of amusement;
- d. the person mistakenly believes that what he did was an appropriate expression of amusement, e.g., his laughter at the joke betrayed more hostility than amusement.

The relationship formula thus provides a comprehensive framework for explanations of specific occasions on which jokes are not taken as humorous. Littmann goes beyond this conceptual formulation to a theory of which jokes will be seen as amusing by which persons.

If to find something humorous, we must be able to see it as both serious and nonserious, then individual differences in amusement will reflect deficits in either of these. Thus if one is so involved with an issue that one can only take it seriously, then one will have trouble seeing the humor in jokes about it. Likewise, if the topic is not very important to you, it will not be serious enough to elicit the perspective shift required for amusement. Littmann's hypothesis then calls for a curvilinear relationship between degree of amusement concerning jokes on a topic and degree of involvement in the topic, with amusement increasing as a function of involvement until the involvement is high enough to amount to overinvolvement. The details of her experimental procedures are fairly complex, but we may summarize her findings by indicating that 24 of the 35 participants exhibited relationships between involvement and amusement consistent with the theory but 11 of the 35 did not. Examination of the comments of these eleven persons led Littmann to formulate a propriety hypothesis. For some participants, the more serious the topic is the less appropriate it is to joke about it, hence for them presenting a joke on such topics does not achieve an elicitation of the nonserious perspective and the attempt is seen as socially inappropriate or stupid.

Littmann's paper constitutes an advance in Descriptive Psychology because she has taken a major subject matter and shown systematically how a nonreductive formulation of humor both integrates prior research and points toward new answers concerning individual differences in response to humor. The empirical assessment of her hypothesis about individuals has just begun, but it is promising.

Bergner's "Emotions: A Conceptual Formulation and Its Clinical Implications" is connected to Littmann's paper by the formal device of the Relationship Formula, but his aim is to show (a) the limitation of the traditional inner state view of emotions and (b), using a relational view, to show how it enhanced the therapeutic alternatives available to practicing clinicians. In his analysis of the

limitations of the traditional view, he draws both on Descriptive Psychology (Ossorio, 1967/81; 1976) and on work in analytic philosophy (Kenny, 1963; Pitcher, 1965; and Wittgenstein, 1953). On the traditional view, emotional concepts refer to certain inherently private, inner feelings known only to the person having them. Three considerations suggest the implausibility of this view. First, "if emotion concepts designate private feeling states, they could never become part of a language." And of course emotion concepts are part of our public, sharable language. Second, the attribution of an emotion to self or other hinges on there being some states of affairs toward which the emotion has reference. It is not intrinsic to the concept of a feeling or a sensation that they have a connection to external states of affairs but it does seem to be intrinsic to emotions. Hence one's formulation of emotion concepts has to make a place for this relational aspect of emotions.

Third, emotion concepts are used in a variety of different ways; and this multiplicity of logical types requires a formulation in which the astounding diversity of uses for emotion words can be placed. Inner state theories do not handle these facts. Bergner's critique has been anticipated in part by Solomon (1980) and Sabini and Silver (1982), but neither of these authors have had an explicit concern with the clinical implication of an alternative view.

Many therapeutic schools agree on the importance of helping clients to know or get in touch with their own feelings. Bergner suggests that this goal does indeed make a good bit of sense. When we conceive of this sense within the traditional view, however, pragmatically this proves very limiting (essentially, if you cannot get the client to report occurrent feelings, you cannot proceed therapeutically). Within the relational view, however, knowing one's feelings emerges as one way to know one's appraised relatedness to the world. If it proves impossible to exploit this avenue, the relational view heuristically suggests that there are any number of alternative ways to accomplish the same objective, and the clinician need not be at an impasse.

Closely connected in traditional therapies is the practice of helping clients to express their feelings. However, neither research nor clinical experience has been supportive of an unqualified policy of emotional catharsis. Bergner shows that a more generally adequate policy is suggested by the relational conception of emotion: "Confronted with problematic emotional states of affairs in clients, clinicians should help their clients (a) to reappraise the reality basis of their emotions and/or (b) to act successfully on the emotional relationship in question." This policy, when elaborated, helps the therapist and client to discern just when emotional expression is likely to be a constructive act, and when it is not. Further, the relational conception (using the formal apparatuses of the Relationship Formula and the Relationship Change Formula) heuristically suggests many constructive behavioral options other than expressing emotion. Again, Bergner shows that the relational conception of emotion enhances the psychotherapist's behavior potential.

Bergner's primary contribution in this paper lies in his careful demonstration of the pragmatic therapeutic advantages of a Descriptive Psychological conceptualization of emotion, when compared with the traditional conception of same. We anticipate that this paper will have considerable utility for practicing clinicians who know that something is wrong with traditional theories but do not have a satisfactory alternative conceptualization.

Mary Shdeler's "The Priest and the Psychotherapist" takes us into a new domain. When we encounter a person suffering profound distress, to whom do we turn for help? In the course of following the implications of her question, she develops two central distinctions. The first of these concerns the orientation of the helper—be he priest or psychotherapist—toward the welfare of his client. She distinguishes emancipators from crusaders; the latter regard themselves as specially empowered promulgators and the former conceive of their task as that of removing restrictions to self development. While pure types may be rare, these orientations support very different approaches to a client's problems in living.

The second distinction concerns the differences between the mundane and the transcendental. "Three concepts characterize the domain of transcendence: totality, ultimacy, and boundary condition. That is the world within which we ask questions like, 'What is the meaning of everything that is—of the totality of being? What, ultimately, is the nature of the universe? . . . The mundane is our everyday world of people and personal relationships, jobs, houses, births and deaths. . . .'" In Shideler's view, it could only be a matter of accident if a helper, whether priest or psychotherapist, could be of assistance to someone with spiritual problems if that helper did not himself have some appreciation of a transcendental or spiritual perspective. She defends the thesis that transcendental issues are the central issues in spiritual despair and that by recognizing spirituality as a distinct perspective and way of life, one can avoid the grievous error of reducing spiritual problems to mundane problems and, thus, trivializing them. She identifies certain characteristic defects that hinder the development of a spiritual life.

All in all, this paper is a resource for enhancing the awareness and skill of spiritual counselors and psychotherapists alike, and it continues Mary Shideler's unique contribution to Descriptive Psychology—the elucidation of the connections between psychological and religious realities.

Jeffrey and Putnam's "The MENTOR Project" takes Descriptive Psychology into another new domain—a mundane domain, but an exceedingly important one. The goal of project MENTOR was to model the actual operations of a complex social organization in sufficient detail so that it would be practically useful. The specific organization modelled was the computer software development activity within Bell Telephone's Toll Digital Switching Laboratory. The practical concern was whether it was possible to simulate the process of computer software development precisely enough so that persons engaged in such ac-

tivities would come to use their computer "MENTOR" in preference to (a) asking a more experienced person or (b) stumbling blindly through without asking questions. Because of the complexity of the programming tasks, achieving mastery of the software development process was recognized as a three-year task. Furthermore, it was not just inexperienced programmers who had trouble keeping up with the changing features of the computer system and social-physical system in which they operated. Thus any procedure that could shorten the time required or facilitate mastery of the system would have practical consequences for the organization.

While the entire conceptualization involved in Descriptive Psychology formed the framework for Jeffrey and Putnam's efforts, the distinctive aspect of the project was the use made of the Basic Process Unit (BPU). The BPU is a descriptive format for representing the various possibilities of how any given process or social practice is carried out.

The essential formal ideas can be stated briefly. "Rule 4. A process is a sequential change from one state of affairs to another. Rule 5. A process divides into smaller, related (sequentially or parallel) processes" (Ossorio, 1971/1978, p. 40). Since a process is a sequential change, it will be possible to identify stages in the change and each of the stages may be treated as a process also. Typically, for each stage there is more than one way to do it so that options are available. Which options are available depends upon what ingredients (persons, props, resources) are available. Here it is useful to distinguish the formal ingredients (called Elements) from the historical particulars (called Individuals) and to state the rules of eligibility, governing which Individuals may act as which Elements. In the play, "Hamlet", the role of Hamlet is an Element or a part of the play. For any version of Hamlet to be enacted, there must be an Individual (an actor) to play the part. Eligibility rules are needed because that same actor may play another part in a scene in which Hamlet is not on stage.

With two other conceptual resources, it is possible to represent what actually happens on the occasion that a specific version of a process occurs rather than an abstraction of that. These distinctions are two types of contingencies, called co-occurrence and attributional contingencies. The informal way of putting the first contingencies is that what happens later in a process depends upon which options and ingredients were involved earlier. I cannot bake an apple pie if my cupboard contains only apricots and celery. In the case of attributional contingencies, it is some property of the ingredients that places the limit on what can and cannot happen. If the apples I have are bland and tasteless, that fact will limit the quality of pie I make.

Let me make this specific to Jeffrey and Putnam's case. One activity involved in software development is finding and fixing problems and one stage in that process is reporting a problem. There are several ways of reporting problems, depending upon whom one is and where the problem is. Hence options are defined and elements and eligibilities identified. Covering the domain of finding

and fixing problems ultimately required the identification of 50 BUP with 399 stage-options.

The next major task for Jeffrey and Putmann was to develop an on-line interactive computer program that would allow users to get answers for questions about a set of activities in software development. The answers appear as instructions about what to do to complete the remaining stages in the version of the social process engaged in and as reminders of what contingencies must be met to accomplish these steps. The MENTOR Program allows for recursive questioning at greater and greater levels of detail so that a person who does not know how to execute step 3 may ask "How does one do \_\_\_\_\_?"

Finally Jeffrey and Putnam put MENTOR to the test. Would programmers of various levels of sophistication actually use MENTOR to answer questions for themselves, and are the answers given accurate and useful? Twenty-five programmers were given an opportunity to use MENTOR and all did use it at least some. The overall evaluation, while limited in scope, suggests that MENTOR simulated the social-technical process well enough to be useful to programmers and that they would recommend its use to others.

The complexity of Jeffrey and Putman's effort staggers one's imagination. They demonstrated the technical feasibility of representing human social practices at a level of detail not previously attempted. On one hand the development of similar social practice descriptions could significantly enhance forecasting efforts for complex processes. Secondly, the trouble-shooting use of such process descriptions ought to be very valuable. Finally, as Putman and Jeffrey (1983) have recently suggested, the approach used in project MENTOR lays the groundwork for genuinely different approaches to the social problems of software development.

Jan Vanderburgh's "The Positive-health Developmental Model" has a special status within Descriptive Psychology, for her original insights predate her contact with Descriptive Psychology, but she has been able to significantly enhance the scope and interconnectedness of her theory by taking advantage of formal devices contained within Descriptive Psychology. Most notable in this respect has been the use of the Actor-Observer-Critic schema to formulate a criterion pertaining to when a person has mastered the issues involved in a specific developmental stage. The Positive-health Developmental Model (PDM) has, in turn, been important to the advancement of Descriptive Psychology because it represents a serious and sustained attempt to take advantage of the opportunity for complex typological work. By formulating hypotheses about typical patterns in the co-development preferences and skills and working out the criteria for classifying persons according to these orientations. Vanderburgh has established an interesting basis for therapeutic and counseling practice. The fundamental insight that patterns of skill and motivation tend to develop together and form the core of higher order traits or orientations has been made by other theorists—Allport, Cattell, and Jung—and the specific patterns of orientation recognized by



Vanderburgh bear some kinship to Schutz's (1958) FIRO-B and to Harvey, Hunt, and Schroder's (1961) conceptual systems theory. However, Vanderburgh's use of two other dimensions—developmental level and mastery—which are conceptually distinct from orientation serve to make possible a considerably more complex typological system than has typically been developed.

Thus the PDM is a typological theory but one with special characteristics. Among these are its use of three independent dimensions of classification—orientation, developmental level and mastery. Developmental level is explicitly anchored in adult norms rather than in hypothetical internal processes that produce overt behavior, and the model permits the non-pejorative description of accomplishments at levels other than the highest stage. While the primary purpose of Vanderburgh's paper is exposition of the theory, she gives a preliminary account of how her views differ from those of the major stage and typological theorists and suggests some of the practical benefits that seem to be characteristic of her use of the theory in therapy and consulting.

Let us characterize the theory briefly. She distinguishes three major orientations (complex patterns of skills and preferences); (a) a *relationship* orientation involves concerns about being in or out of the group, being liked and respected, and being intimate with others; (b) a *power* orientation involves concerns with control, achievement and accomplishment, and with win-loss relationships; and (c) and *information* orientation involves giving a primary place in one's life to knowledge and understanding.

The second dimension of the PDM is developmental level or the characteristic social participation level of the person. Here she uses an eleven point scale and adequacy is judged against age norms. Provision is made for those who are unusually able as well as those who are impaired in some way. The third dimension is mastery, which concerns the level of integration of orientations and social competence so that the necessary human self regulation can occur.

Vanderburgh has been able to use the complex three-dimensional model in both organizational consulting and therapy and finds that it has sufficient resources to provide coherent and practical guidance for her clients. Because the PDM is in the early stages of development, we may expect to find Vanderburgh making further elaborations and refinements in future volumes of *Advances*. We look forward to her contributions.

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# A NEW FORMULATION OF HUMOR

Jane R. Littmann

## ABSTRACT

Having a sense of humor is an important part of being a person. Correspondingly, understanding humor is an important part of understanding persons. To understand the problem of individual differences or senses of humor requires that we distinguish the matter of what is categorically a case of Humor from what is appreciated by an individual as an instance of humor. Therefore, this paper offers a conceptual and theoretical treatment of Humor, and a report of an empirical study that tests hypotheses derived from the theoretical formulation. Thus, this essay includes (a) a theory of Humor; (b) an explication of the concept of Humor; (c) an examination of the relation of humor to emotional behavior; (d) a parametric analysis of successful versus unsuccessful humor; and (e) a status-dynamic analysis of the appreciation and enjoyment of humor. The empirical study contains (a) a description of the hypotheses derived from the status-dynamic analysis; (b) a description of the procedures and data analyses used in the investigation; (c) a report of the results; and (d) a discussion of the results of this study.

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As everyone knows, some things are funny and some are not. But which are which? What characterizes some things as humorous and others not, and how come people disagree over which things they identify as instances of Humor?

## CONCEPTUAL AND THEORETICAL ISSUES

Some persons have attempted to resolve this dilemma by proposing that "Humor is whatever anyone laughs at or finds funny". I take this proposal to be fundamentally inadequate in illuminating either Humor or the matter of our individual differences in regard to what each of us finds humorous. The new formulation presented here purports to clarify the concept of Humor which we share, which enables us to have individual differences with regard to what we each take to be humorous on particular occasions. If we did not have the fundamental concept of Humor in common, there would be no question of individual differences, since there would be no subject, namely humor, for us to disagree with respect to. In short, we shall find that the matter of "what is Humor" is not simply "all relative".

Furthermore, a comprehensive understanding of humor would include not only an adequate conceptualization of Humor and the place that humor has in the behavior of persons; we should also want a theory of humor that will provide a systematic way of picking out what we actually distinguish as categories of humor, and as categories which are related to humor. Thus, a *theory* of humor would deal with *which* things, categorically, are funny. The problem of individual differences requires that we distinguish the matter of what is *categorically* a case of Humor from what is appreciated by an individual as an *instance* of humor (i.e., what he appraises as funny). This distinction will further enable us to clarify the problem of what is involved in there being successful and unsuccessful humor, since no instance of humor is guaranteed to be appreciated on any historically particular occasion.

Finally, beyond the conceptual and theoretical treatment of the problem of *which* things are funny, there is also the question, "What is *actually* found to be funny by whom?" Thus, the latter section of this essay reports the design and results of an empirical study in which hypotheses based on the formulation proposed in the first section of this paper were investigated.

Two other matters might best be addressed at the outset. First, a full understanding of Humor involves more than competence in appreciating humor. Although we are able to enjoy humor and often even produce humor without reference to any theory, still it remains for the behavioral scientist to give a more illuminating account of the nature of humor, to account for individual differences with respect to the appreciation of humor, to illuminate what contributes to successful versus unsuccessful humor, and to clarify the place of humor in human behavior. Interestingly, even successful professional writers and performers of humor and comedy often admit to being puzzled about these matters.

Indeed, we are all readily aware that the enterprise of analyzing humor (including elucidating the concept of humor and formulating a theory of humor) contrasts markedly with simply enjoying humor. Thus, a monograph about humor does not necessarily read like a joke, although I have read some which bear a marked resemblance to shaggy dog stories.

Secondly, it is important to clarify at the outset that my subject in this monograph is humor, not laughter. Some efforts to understand humor have taken as their subject matter the phenomenon of laughter. I believe that such an approach to humor is off target, and most often symptomatic of an attempt to find a suitable starting point for an investigation of humor. While the study of laughter has merit in its own right, it is misguided as an approach to understanding humor because it is both too broad and inclusive on one hand, and too narrow and exclusive on the other. The study of laughter as an approach to understanding humor is too broad in that not all cases of laughter are indications of something humorous or funny. We sometimes laugh to be "sociable" even when we don't see the humor of the matter; we sometimes laugh when we are nervous or afraid or embarrassed; we may laugh to ridicule someone, or to give a signal, and so on. The point is that we recognize that we laugh on some nonhumorous occasions, and it would be unsound to conclude that because someone laughs, there was something funny. In short, not all occurrences of laughter have humor in common. Incidentally, this position contrasts with that assumed by many researchers throughout the ages, who have sought to collect samples of laughter-occasions as if there were some essence of Humor to be distilled which they supposed might be common to all instances. The problem inherent in the above method of investigating humor is considered to a greater extent elsewhere (Littmann, 1979).

But not only is the topic of laughter as an approach to understanding humor too broad and inclusive, it is also too narrow and exclusive. Laughter does not accompany much that *is* funny (humorous). Laughter is, of course, only one manner of expressing our amusement. Sometimes we smile, sometimes we chuckle, sometimes we groan, and sometimes we remain stonefaced, among other manners of responding. Were we to delimit the study of humor to occasions that elicit or generate laughter, we would overlook much humor; laughter is not the only behavioral response to humor in our repertoires, and neither is volume of laughter necessarily proportionate to degree of amusement.

Thus, even without a theory of Humor, it is possible for the reader to recognize that the study of laughter is a misguided approach to the study of humor, and that laughter as an index of humor is, while not unrelated, conceptually off the mark. Some laughter is nonhumorous; some humor is not laughed at. A comprehensive formulation of humor ought at least to be consistent with this state of affairs.

Nonetheless, it is sensible for any serious investigator of humor to seek a starting point which clearly identifies the subject matter. Many theorists offer

definitions at this point as a method of anchoring their subject matter. However, identifying (or delineating) a subject matter and giving a definition of it do not come to the same thing. Moreover, one's *method* of identifying one's subject matter greatly influences the substance of one's findings. Among the problems encountered in the use of definitions are:

1. *Inclusion-exclusion.* Although definitions allow approximations, we can almost never be sure of including all cases (of humor) that we mean to include, and excluding everything we mean to exclude.

2. *The infinite regress.* With definitions, there is the infinite regress; that is, since the definition makes reference to something else, there is the problem of defining that something else, and so on. The definition does not provide a stopping point, but its structure reminds us that ultimately we must reach a set of terms we know enough about to use without a definition.

3. *Reductionism.* Definitions invite reductionism, since in the course of giving a definition, there is a referential leap to a new domain; for example, "What I mean when I refer to humor is really 'anything which stimulates the occurrence of laughter' ", which is usually followed promptly by a claim that this is the same as humor. This smacks of changing the subject rather than of giving an informative account of what was set out initially for definition. The trap of reductionism often snares investigators entangled in the infinite regress.

4. *Peace at any price.* Definitions often represent an investigator's attempt to legislate a particular version of a concept over which there are legitimate individual differences; thus, an adequate conceptualization is often sacrificed for lack of an alternate method of coping with individual differences. Such an approach—namely, the arbitrary declaration of a particular meaning of a term as, by fiat, the correct one, or even merely, "Well, this is what I mean by the term, 'humor' "—defaults with respect to establishing the legitimacy of any claim.

Fortunately, several alternatives exist for identifying our subject matter and systematically delineating what is to be investigated further. The alternative to definitions which I shall be concerned with here is the Paradigm Case Formulation (Ossorio, 1981). It provides an alternate way of including the cases (instances of humor) which we wish to include and excluding those we wish to exclude; in addition, it enables us to be explicit about the differences in our conceptualizations of humor and what instances we would each consider as cases of humor. A Paradigm Case Formulation is accomplished in two major steps:

1. Introduce a Paradigm Case (of Humor). In the theory of humor which I shall present, the Joke is introduced and elucidated as the Paradigm Case of Humor. *Jokes* are paradigmatically *funny*, although we may disagree about

*which* jokes each of us finds funny. This matter will be dealt with in a later section of this paper; for now, it is sufficient to notice that if we do not find “X” funny, we are ready to withdraw our appraisal of it as a “joke”. Thus, the Joke is a suitable candidate for the Paradigm Case of Humor.

II. Introduce one or more transformations of the Paradigm Case. These consist of saying, “Change the Paradigm Case in this specified way, and you’ll still have a case of the subject matter of the formulation.” Transformations are written in the form, “ $A \rightarrow \dots$ ” which is read as, “Replace A with  $\dots$  [whatever follows the arrow].”

Thus, the Paradigm Case will directly identify some portion of the cases of Humor which are to be chosen. Each transformation consists of specifying a particular change in the Paradigm Case (structure of a Joke) which will pick out additional cases; this is why they are called transformations. Among the advantages of Paradigm Case Formulations over definitions is that they enable us to clarify our conceptual differences with one another, since these disagreements usually occur in reference to one of the transformations. For example, someone may reject my second transformation (the “Practical Joke”) with the comment, “Well, *you* may call those ‘jokes’, but I don’t.” Thus, at least the Paradigm Case Formulation illuminates the subject matter and enables us to understand, communicate, and clarify our differences with others. Moreover, the Paradigm Case Formulation approach avoids the assumption (shared by many critical thinkers of many eras) that there is an essence of humor, a necessary and sufficient element that all instances of humor have in common. Instead, it will become apparent that diverse forms of humor are interrelated along the model of the transformations to the paradigm case. One comic element need not be common to all instances of Humor in order for there to be a family resemblance among various forms of humor.

The theory of humor presented below actually has the form of three Paradigm Case Formulations (PCFs). (All three Paradigm Case Formulations, including the transformations, are required to descriptively encompass the range of actual cases of humor.) In the first PCF the Joke is presented as a Paradigm Case of humor.

The Joke is formulated as follows:

### **Paradigm Case Formulation–1      for Humor**

#### **I. Paradigm Case: Joke**

- A. Present some subject as to be taken seriously ( $\text{View}_{\text{serious}}$ )
- B. Present that subject as to be taken nonseriously ( $\text{View}_{\text{nonserious}}$ )

A joke further involves presenting the nonserious view ( $V_{\text{ns}}$ ) in such a way that it has a special relation to the serious view ( $V_{\text{s}}$ ). The nonserious



view is not mutually exclusive with respect to the serious view; both views are maintained, but the nonserious view has controlling importance.

This special relationship between the two viewpoints, serious and nonserious, will be further elaborated following the schematic layout of the PCFs. Also, it should be noted that the presentation of the subject as serious (and nonserious) can be accomplished in several ways, for example: (1) by mention, and (2) by evocation (i.e., by implication, by suggestion, or by presupposition).

Two transformations of the first Paradigm Case modify it so as to encompass T-1: Humor in the Situation, and T-2: the so-called "Practical Joke".

## II. Transformations (T)<sup>1</sup>

### T-1: Humor in the Situation

- A→ Notice or take some subject (S) as serious. (The Observer creates  $V_s$  of some situation.)
- B→ Notice or take S as nonserious. (The Observer creates  $V_{ns}$  and correspondingly,  $V_{Humorous}$ .)

### T-2: Practical Joke

- A→ Present to someone (victim) some subject (S), especially a situation, as to be taken seriously.
- B→ Present to observer(s) of the victim who takes S seriously, S as not-to-be-taken-seriously. (The victim may also assume the role of observer once he appreciates the nonserious perspective. In such a case, he has the double status of observer and victim.)

It was noted that this theory of humor actually has the form of three Paradigm Case Formulations. What follows are called "second-order" transformations because they take the PCF-1 (Joke) and introduce transformations of it. Basically, PCF-2 specifies that the serious and nonserious viewpoints could be presented in any order or simultaneously, and, provided that the special relationship is still created, the result would still qualify as a Joke (or variety of Humor). PCF-3 specifies that the terms "serious" and "nonserious" could be replaced by any functionally equivalent (Ossorio, 1966; Note 1) terms.

## Paradigm Case Formulation-2 for Humor

### I. Paradigm Case: PCF-1

### II. Transformations

T-1: Present A and B simultaneously (e.g., as in Puns)

T-2: Reverse the order of presentation: First B, then A (B, the non-serious view, still predominates.)

### **Paradigm Case Formulation-3      for Humor**

I. Paradigm Case: PCF-1 and PCF-2

II. Transformations

Serious → Any functional equivalent of serious, for example

T-1: serious (seriously) → At face value  
(nonserious is replaced, accordingly, by the negation of “at face value”). Thus,

A → Present some subject as to be taken at face value

B → Present some subject as not to be taken at face value

(Each transformation of “serious” applies to both A and B clauses.)

T-2: serious → Real (realistic)

T-3: serious → Expected

T-4: serious → Unequivocal

T-5: serious → Conventional

T-6: serious → Problematic

T-7: serious → In Earnest

T-8: serious → Normative

(etc.)

As noted above, all three Paradigm Case Formulations (including the transformations) are required to descriptively encompass the range of actual cases of humor. However, most of the following discussion will center on the first, in order to illuminate the special relationship between the serious and nonserious viewpoints in a Joke.

PCF-1 may be summarized in an approximate way by noting that when we say that a person “sees the joke”, “appreciates the humor of Y”, “gets the joke”, or “finds it funny”, we are talking about a situation in which a person realizes (attains) a second, nonserious view of some (serious) subject matter while nevertheless retaining the first (serious) view of that subject matter, not as a competing view, but as a background “given”.

Since the Joke serves as our Paradigm Case of Humor, let us examine a very simple joke:

- A. One automobile company has finally invented the perfectly safe car.
- B. All the doors lock automatically so that the driver can't get in.

Line A, the build-up, presents a view that is to be taken seriously ( $V_s$ ) the invention of the perfectly safe car. Line B, the punch line, presents a second viewpoint, this one nonserious ( $V_{ns}$ )—it is an undrivable car. However, the punchline also preserves the serious viewpoint, thus concomitantly generating a new view, the serious-seen-as-nonserious ( $V_H$ )—what makes it a perfectly safe car is that its special new features make the car undrivable. The serious view provides the background-given (the context) for the nonserious view, and thereby sets the stage for the humorous perspective.

This joke brings out certain of the characteristic features of Jokes in general. Since a shift from one viewpoint to another is involved, and since the shift from one viewpoint (and view,  $V_s$ ) to another ( $V_{ns}$  and  $V_H$ ) is discontinuous (there are no halfway or intermediate stages), the new view ( $V_{ns}$  and concomitantly,  $V_H$ ) will be sudden, unexpected (surprising) and incongruous in relation to the first. Notice that incongruity is not a "component" of Jokes. Whereas many theorists, including Kant and Schopenhauer, have offered accounts of laughter which hinge on incongruity as the explanatory element, it can be seen in the present formulation that although incongruity may be universally present in Jokes and humor, incongruity does not *account for the humor* of Jokes. Incongruity is a categorization of the kind of relationship which exists between two viewpoints,  $V_s$  and  $V_{ns}$ , both of which are adopted by an audience who "gets the joke" ( $V_H$ ). Both the serious view and nonserious view are *aspects* of the humorous view, which encompasses both  $V_s$  and  $V_{ns}$ . Thus, while incongruity, surprise, and "the unexpected" may be in common to all jokes, these characteristics are in a sense "incidental" (or subsidiary) features, and do not intrinsically make things humorous. Incongruity may be funny-peculiar, but it is not necessarily funny-humorous.

Although the special relationship between the two points of view  $V_s$  and  $V_{ns}$  is examined in greater depth elsewhere (Littmann, 1979), in order to help clarify the nature of Jokes it is informative to be explicit on several points:

1. Obviously, a Joke is not merely serious ( $V_s$ ). If someone treats the information in both Line A and Line B entirely seriously, he will not "get the joke". At best, he would respond like Porkypine: "Ha ha ha ha . . . evidently".<sup>2</sup>
2. Perhaps less obviously, a Joke is not the same as treating something nonseriously ( $V_{ns}$ ). We treat many matters as nonserious without treating them as Jokes. Moreover, seeing something as a joke ( $V_H$ ) *contrasts* with seeing it as merely nonserious ( $V_{ns}$ ). We appraise *jokes* as "funny", "amusing", and "humorous", whereas we appraise *nonserious matters* as either trivial, inconsequential, insignificant, of minimal concern, no big deal, minor, or as silly—that is, as

not important or significant enough to be taken seriously. Humor does not reduce to “nonserious”.

3. In the case of Humor, *both* the serious and the nonserious viewpoints are preserved; the serious is seen *as* nonserious. Although a Joke involves a transition from the serious to the nonserious viewpoint, the initial (serious) viewpoint is not discarded; both are preserved in the special and peculiar relationship mentioned above. (If a joke were merely a transition from serious to nonserious, an individual’s appraisal would probably be “Oh, I was wrong—it’s really not that serious”, rather than an appraisal of the situation as funny. Notice that one might feel relieved over the diminished seriousness, but not necessarily amused.)

4. Neither is a Joke a matter of ambiguity or equivocation, that is, a subject which *merely* permits more than one viewpoint ( $V_s$  and  $V_{ns}$ ). In such cases, one’s response is likely to be some attempt to clarify which of the viewpoints or meanings was intended, rather than to be amused.

By way of summary, in a Joke, both a serious viewpoint ( $V_s$ ) and a nonserious viewpoint ( $V_{ns}$ ) about some matter are preserved in a special relationship: The serious view is the background-given which provides the context and coherence for adopting the nonserious view. These otherwise incompatible viewpoints are both maintained in the special relationship: “seeing-the-serious-as-nonserious”. What is systematized by PCF-2 is that this humorous view can be created regardless of the order in which the viewpoints ( $V_s$  and  $V_{ns}$ ) are presented, provided that the relationship between them is as described above, wherein both are maintained, the nonserious as figure, and the serious as ground.

The peculiar relationship between two “incompatible” viewpoints maintained in a coherent framework provides the funny-peculiar feature of Jokes. The case of *humor* (funny ha-ha) is distinguished by the fact that the appraisal which is the “background-given” is *serious* (but see PCF-3) and the reappraisal which contrasts with the serious is *nonserious*. Since some cleverness may be required to create (or appreciate) contexts which sustain contrasting dual perspectives, humor overlaps with wit.

What is systematized by the PCF-3 is the range of contexts which may serve as the background viewpoint and provide coherence for the contrasting reappraisal, that is, foreground viewpoint. The list of terms given in PCF-3 could, standing alone, provide some indication of the range of potentially funny-peculiar or incongruous ideas, but it is by virtue of the PCF structure, and especially their connection to the serious-nonserious perspective, that these terms are enlightening in respect to *humor*.

As a practical matter, it is often the case that the listener is uncertain how to appraise the initial information presented to him until he also receives the remaining portion. And to complicate the matter further, it is also possible to create a series of presentations such that one foreground viewpoint (e.g., a punch line)

becomes the background for a subsequent viewpoint, so that it may be difficult to uniquely identify a given viewpoint. For example, consider the following story of the man and his talking-dog act:

The circus was recruiting for new, unusual acts, and a man and his dog went in to audition. The Ringmaster called them forward: "OK, let's see what you've got."

The man says to his dog, "What's the top of a building called?" The dog goes, "Roof! Roof!"

The Ringmaster says, "OK, pretty good. Let's see some more."

The man says to the dog, "What do you call a man's beard when he wakes up in the morning, before he's shaved?" The dog says, "Rough! Rough!"

The Ringmaster says, "That's fine. But let's see some more."

The man says to the dog, "Who was the greatest baseball player of all time?" The dog says "Ruth! Ruth!"

The Ringmaster says, "That's all! Get out of here with that act. You're finished. Get out!"

Moments later the man and dog are outside walking down the street. The dog turns and looks up at the man and says, "Gosh, I don't know, was it Gehrig?"

The above joke also serves to illustrate that the nature of the background appraisal may be concealed until the final punch line (second viewpoint) is presented.

Humorous tales and longer, more complex comic works involve a variety of different elements in the portrayal of various contrasting viewpoints, only some parts of which would be regarded as humorous. Not every line or moment of a comedy, for instance, is humorous. Yet the PCF structure indicates the way in which comedy connects to humor. Similarly, categories such as irony, absurdity, riddles, puns, the ridiculous, satire, farce, nonsense, shaggy dog stories, kidding, parody, caricature, burlesque, and limericks each display some unifying characteristics which form the basis for distinguishing each as a "category". However, these categories were never intended to provide a taxonomy of humor, that is, to organize humor into a set of mutually exclusive and jointly exhaustive categories, nor is the classification of a genus-species sort. Not every riddle, for example, is a case of humor. Space in this paper does not permit an explanation of the relationships among these terms. However, the PCF structure provides the basis for understanding the family resemblance among these concepts and the way(s) in which diverse instances of humor are related (cf., Littmann, 1979, pp. 51-64). In contrast to definitions, the PCF structure is better suited for doing justice to representing both the similarities and differences among humor phenomena, and for distinguishing cases of humor, borderline cases, and cases which are not humor.

### Individual Differences and Humor

Notice that the use of the Paradigm Case Formulation permits the clarification of the nature of Jokes, and more broadly, the nature of humor, but it is noncommittal with respect to identifying individual persons' appraisals of particular instances of Jokes or Humor. In other words, the Paradigm Case Formulation is aimed at identifying what a Joke is, and leaves as a separate matter which specific jokes appeal to which individuals. This separation is precisely what is needed to deal effectively with the observation mentioned earlier, that "some laughter is nonhumorous; *some humor is not laughed at*". Moreover, it is useful to refine the problem of individuals' different responses to humor still further. In the first place, I will give an account of those occasions when humor is not accompanied by amused behavior, and subsequently I will discuss the matter of individual humor preferences or senses of humor.

There are a number of possible reasons why a person may not laugh at a joke. However, to understand specific instances of a person's failing to express amusement when humor is presented, it is useful to consider the general case of a person's behavior not expressing a given relationship. This discussion will also facilitate our understanding of how humor resembles an emotion, since humor, like an emotion, implies a relationship.

### The Relationship Between Humor and Emotional Behavior

We may formulate our knowledge of relationships as follows:

*If person X has a given relationship to person Y, the behavior of person X vis-à-vis person Y will be an expression of that relationship unless:*

- a. *X is acting on another relationship (either with Y or with someone else) which takes precedence; or*
- b. *X takes the relationship to be a different one instead; or*
- c. *X is unable at that time to act in accordance with the relationship; or*
- d. *X mistakenly believes that what he did was an expression of that relationship (Ossorio, 1970/1981).*

The above is a logical, preempirical formulation of the concept of "relationship" as it pertains to the behavior of persons, and thus is called the "Relationship Formula". The "Unless Clauses" are an exhaustive classification of the kinds of exceptions there are to the principle that *X's behavior will express his relationship with Y*.<sup>3</sup>

We can summarize our knowledge of emotional behavior as follows: Specifying a particular emotion identifies a particular relationship. To characterize a particular instance of behavior as "emotional" is to say that (a) an individual has made some particular discrimination, which (b) tautologically carries with it motivational significance (a and b amount to saying that an appraisal is made and

appraisals are grounds for corresponding action); (c) the person possesses a learning history (competence) relevant to acting on that particular discrimination/appraisal; and (d) the person has a learned tendency to act on that discrimination/appraisal *without deliberation*. For example, specifying the emotion *fear* identifies (elicits)

the relationship: Danger → Avoidance/Escape Behavior. The appraisal of something as dangerous tautologically involves having reasons/motivation for escape or avoidance behavior.

The concept of Humor is given by a tautological formula which parallels the emotional behavior formulas (see Table 1) and, like them, is a special case of the Relationship Formula:

$$\text{Humor} \xrightarrow{\text{(elicits)}} \begin{cases} \text{Amused Behavior (Amusement)} \\ \text{Mirth} \end{cases}$$

Unless:

- a. *Person X is acting on another relationship which takes precedence* (for example, although person X appreciates an incident as humorous/funny, he doesn't laugh because he is at a funeral, or in class listening to a lecture, or, he is doing therapy, and he is giving priority to one of these other relationships); *or*
- b. *Person X takes the relationship to be a different one than humor* (for example, he doesn't get the joke and treats the information completely seriously); *or*
- c. *Person X is unable at that time to act in accordance with the relationship* (for example, he was eating at the time and winds up choking rather than laughing; or is cataplexic and collapses instead of laughing); *or*
- d. *Person X mistakenly believes that what he did was Amused Behavior, that is, an expression of amusement* (for example, his laughter was an expression of his hostility, not of his amusement).

From the above, it should be apparent that there is no mysterious ingredient which must be added to humor to make it funny; the connection, as in the case of emotions, is tautological: It is our appraisal of a given instance as funny, humorous, or amusing which tautologically carries motivation for engaging in Amused Behavior. Humor is the reality basis (like danger in the case of fear) which tautologically carries with it motivation for the appraiser to engage in some form of Amused Behavior (Mirth). Amused Behavior is engaged in when (a) a person discriminates humor; which (b) tautologically carries motivational significance

Table 1  
Emotion Formulas Chart

<i>Emotion</i>	<i>Discrimination</i>	<i>Relationship</i>	<i>Behavior</i>	<i>Attitude</i>	<i>Perception</i>	<i>Belief</i>	<i>Feeling</i>	<i>State</i>
fear	danger	is a danger to	escape	fear	danger	danger	fear	fear
anger	provocation	provokes	hostile	anger	provocation	provocation	anger	anger
guilt <sub>1</sub>	wrongdoing before the fact	temptation	avoidance	guilt <sub>1</sub>	wrongdoing before the fact	wrongdoing before the fact	guilt <sub>1</sub>	guilt <sub>1</sub>
guilt <sub>2</sub>	wrongdoing after the fact	wrongdoing	penance restitution	guilt <sub>2</sub>	wrongdoing after the fact	wrongdoing after the fact	guilt <sub>2</sub>	guilt <sub>2</sub>
shame	transgression of social norm	transgression	face-saving	shame	transgression of social norm	transgression of social norm	shame	shame
despair	hopelessness	hopeless	none	despair	hopelessness	hopelessness	despair	despair
envy	inequity	unequal	equalization	envy	inequity	inequity	envy	envy
jealousy	possession	jealous	equity	jealousy	possession	possession	jealousy	jealousy
sadness	bad fortune	loss	lament	sadness	bad fortune	bad fortune	sadness	sadness
joy	good fortune	gain	celebration	joy	good fortune	good fortune	joy	joy
amusement <sup>a</sup>	humor	is funny to amuses is humorous to	express amusement, e.g., laugh, smile, chuckle, etc.	amused	humor	humorous funny	amused	amused

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<sup>a</sup>I have added this line to the original text in consultation with the author.



(a and b amount to saying that an appraisal is made, namely, the appraisal that Y is humorous, funny, amusing, and that appraisals are grounds for some corresponding action); (c) the person possesses a learning history (competence) relevant to acting on that discrimination/appraisal; and (d) the person has the learned tendency to act on that discrimination/appraisal without deliberation. Thus, we are able to specify the way in which Amused Behavior can be characterized as emotional behavior. (Again see Table 1.) And as described earlier, we are also able to give a logically comprehensive, systematic account of the kinds of exceptions there are to the principle that Humor elicits Amused Behavior/Mirth.

It may be useful to clarify that the terms "Amused Behavior" and "Mirth" are used above to signify the sort of amusement expressed in response to Humor specifically, and not to entertaining situations in general. Also, as discussed earlier in this paper, there are many reasons why someone might engage in Amused-type Behavior (for example, the *Performance* of laughing, smiling, etc.) even though he does not appraise Y as funny. However, since the focus of this paper is humor, the occurrence of amused-type behaviors in the absence of humor shall not concern us here.<sup>4</sup> But it would be handy to have a term in English which signifies precisely the kind of behavior that we are tautologically motivated to engage in on various occasions when we appraise Y as humorous, funny, amusing. "Mirth" appears to be a good candidate, and it is noteworthy that mirth does not signify a particular universal behavioral manifestation on each and every occasion of humor. The difficulty with the term mirth, however, is that, like Amused Behavior, it tends to suggest a response to a broader range of occasions than merely humorous ones. And although it can be seen that some of the broader meanings of these terms are interrelated, especially in the sense that something which is "entertaining" or "amusing" may put one in a "good humor" in general, nonetheless, for the present purpose, the more specific use of the terms are intended.

Having now given a preempirical account of the general conditions under which humor is not accompanied by amused behavior, we can return to the matter of individual differences in humor preferences on particular occasions. It should be obvious that various conditions specified as exceptions to the principle that "Humor elicits Amused Behavior" will obtain for different individuals, under different circumstances. Just who is most likely to enjoy humor about what on a given occasion is an empirical matter. Although the Paradigm Case Formulation primarily addresses the matter of what is involved in there being cases of Humor (categorically), we shall find that the PCF is also helpful in illuminating the nature of individual differences in humor preferences. However, there is a matter which merits prior attention, especially since it has a bearing on any empirical investigation of individual differences in humor appreciation. It can be noticed that there is no guarantee that something which is presented as humor will be appraised as humorous (funny). And there is no guarantee that any historically particular joke (i.e., any joke presented at some given point in time)

or instance of humor will succeed at being appreciated or appraised as funny. It is possible to identify, in principle, three aspects (parameters) of the successful or unsuccessful occurrence of humor: the subject matter (material), its presentation, and the personal characteristics of the audience. All things being equal, good material obviously has a better chance of succeeding (in being appreciated) than rotten material. The professional presentation of humor, including delivery and staging, is designed to overcome or preclude problems either on the audience side (e.g., poor attention) or on the subject matter side (e.g., weak, dull, or otherwise poor material), that might contribute to the failure of some given material to be appreciated as humorous. Thus, if a subject is only of minimal interest, the presentation may build it up, persuade the audience of its seriousness, help people to notice it or to understand it, and so forth, and thereby help the audience to appreciate the humor of the material. The presentation is also designed to overcome other individual differences among audience members, so that hardly anyone is too tired, or not involved enough, or in too bad a mood to appreciate the material. In brief, wherever there is a relevant audience factor, there is a relevant presentation factor, and a relevant subject matter factor; each can help make up for the deficiencies (or overcome the assets) of the others in order to produce a successful (or unsuccessful) instance of humor.

Of course, individuals differ widely in their appreciation of various matters, and humorous matters are no exception. A person's interests, attitudes, moods, states, involvement, values, sensitivity, and ideas about humor, among other factors, may all influence his disposition to find any occurrence funny or not. In the following "status-dynamic analysis", the particular contribution of the formulation of humor given in this paper to our understanding of the behavioral effects of humor should become apparent.

### Behavioral Effects of Humor: A Status-Dynamic Analysis

The often-cited effects of humor include feelings of surprise, superiority, relief, and joy. We have touched on the subject of surprise earlier, when it was noted that humor involves a shift from one viewpoint to another (serious to nonserious; see also PCF-3 transformations of "serious"). Furthermore, it was noted that since the shift from one viewpoint to another is discontinuous (there are no intermediate or halfway stages), the new view ( $V_{ns}$  and concomitantly,  $V_H$ ) will be sudden, unexpected, incongruous, and thereby surprising in relation to the prior view. The present formulation offers a further account of the surprise inherent in successful humor, but space does not permit further elaboration here. A portion of that discussion appears elsewhere (see Littmann, 1979, pp. 64–65).

To say that someone appraises something as serious is to specify the sort of relation which that person has toward that something and the place that it has in his world. Matters which are taken seriously are tautologically given priority in our behavior over matters which are taken less seriously or nonseriously; this is

equivalent to saying that matters we appraise as *serious* tautologically carry motivational priority. According to this formulation of humor, to appraise X as *funny* is to reappraise X, which was formerly appraised as serious, as nonserious, without invalidating the serious view. On the one hand, we could say that X's status has undergone a degradation (from serious to nonserious); a viewer who treats X as not serious can be said to be taking a superior stance. However, humor does not reduce to superiority or degradation. To see X as nonserious also introduces for the viewer alternative possibilities for involvement in his world since X no longer assumes the same priority it did when it was appraised as serious. But recall that the viewer does not *lose* the serious perspective. To see X as nonserious is to not be stuck with the same "givens"; but in the case of humor, since the serious view is retained and the corresponding behavioral possibilities are also retained (nothing is lost), the introduction of the nonserious perspective introduces alternative behavioral opportunities. The viewer who makes the reappraisal of X as humorous has two grounds for "celebration": he is "liberated" from his previous, serious involvement with X (hence, relieved of some of that involvement), and he acquires new or alternative behavioral possibilities and potential, that is, he acquires status.

In summary, to achieve a second, nonserious perspective about a serious subject, without discarding the first viewpoint, is to acquire a new relationship to the subject matter. Thus, when one appreciates the humor of X, the new perspective is both liberating and status enhancing, and the liberation and enhanced behavior potential (status) are our good fortune which accompanies our appraisal of humor. "Joy" is the name we give to the feelings of appreciating our gain and good fortune. Thus, it is no mystery that we both are amused by and *enjoy* humor.

## AN EMPIRICAL STUDY

### Implications of the Status-Dynamic Formulation

In the opening of this paper, the question was raised not merely of which things are funny, but "How come people disagree over which things they identify as instances of Humor?" We can now also raise and attempt to answer the empirical question, "What is actually found to be funny by whom?"

The formulation I have presented has already provided a general answer to this question: People will find nearly anything funny, provided they can see it as both serious and nonserious. Then, why don't we all agree about how funny a given occurrence is? An obvious answer follows from the formulation: we don't all take the same matters equally seriously. Thus it is suggested that much of the variability among people about what they appreciate as funny and how funny they find it, can be accounted for by the variability among persons as to how seriously they take the humorous subject matter. Furthermore, it follows from

the formulation that for any given individual, his degree of enjoyment of a particular subject matter (how funny he finds it) will be related to how seriously he takes that matter.

The problem, however, is more complex. For on the one hand, we would expect that someone who is more seriously involved in a given subject matter (area) would be likely to be more relieved, to be more liberated, and to enjoy being released from this exclusively serious perspective more than someone who is not so involved, when he appreciates the serious-as-nonserious. Such a person would also be acquiring more alternative behavior possibilities when he acquires the new, humorous perspective than someone who had not been so involved. However, on the other hand, it is also likely that a person who is extremely involved in a given area, that is, takes it extremely seriously, may have greater difficulty relinquishing that serious perspective and acquiring the nonserious (and humorous) perspective. In other words, if one is *extremely* involved in a given area (takes it extremely seriously), his degree of involvement may *interfere* with his appreciating or enjoying the humor of that matter.

We have each experienced being so "caught up" in a problem or so preoccupied with some issue that we failed to see the humor of it. Our formulation is in keeping with this experience; one who cannot see the matter as also nonserious will not appreciate the humor of it. At the lower end of involvement, we find the person who is not sufficiently involved in the subject matter and thus does not appreciate the serious side sufficiently to appreciate the humor. We offer accounts for these cases of unappreciated humor such as—"Well, I guess you had to be there", or "Hmm, it seemed funny at the time", or "Oh, I guess he's just not into that", or "That's not so-and-so's type of humor", and similar explanations, which often hinge on the degree of the audience's involvement or willingness to take the subject matter seriously at the time the humor is presented.

Thus, we could summarize our expectation, based on the formulation, by saying that the success of humor depends both on a person's appraisal of an area as serious and on his reappraisal of the serious-as-nonserious. Outright failure to enjoy presented material or loss of impact of the funniness of the material can occur if either appraisal, of the serious or the nonserious, is deficient.

### Hypotheses Based on the Status-Dynamic Formulation

More specifically, the hypotheses which were proposed in this study in conjunction with this formulation of humor were:

1. For a given individual, the greater his degree of involvement in a particular subject, that is, the more seriously he takes that issue, the greater would be his enjoyment of (amusement at) jokes concerning that subject; however, overinvolvement detracts from or interferes with one's enjoyment of the humor of some matters.

2. Similarly, for groups, those groups which are more involved in a particular subject would enjoy humor about that subject more than groups which are not as involved in that subject (do not take it as seriously), provided the "more involved" group is not "overinvolved".

## Method

### *Subjects*

The persons who participated in this study as subjects were students fulfilling a research requirement in an Introductory Psychology class. At the time that they volunteered, they did not know that the research concerned humor.

### *Questionnaire*

Subjects were assembled in groups, where they completed as individuals a four-part questionnaire, the completion of which required less than two hours.

*Section 1. Enjoyment Scale.* The subjects rated 30 jokes on a nine-point Enjoyment Scale, ranging from "Not funny at all" (1) through "Extremely funny" (9). All subjects rated the same jokes, which were presented in partially counterbalanced order. Participants were instructed to rate their own enjoyment of the jokes, that is, "How funny is it to *you*," as opposed to trying to rate how "good" the joke is.

*Section 2. Involvement Scale.* Subjects rated 64 subject-matter areas on a nine-point Involvement Scale according to their own seriousness about each area. The Scale ranged from "Not serious at all" (1) through "Extremely serious" (9).

The subject-matter areas were selected by a panel of four experimenters on the basis of several factors: (a) availability of jokes for each area; (b) likelihood that a given individual would use a wide range of involvement ratings across subject-matter areas; and (c) likelihood that for a given subject-matter area, there would be high variability among individuals with respect to their involvement in it.

*Section 3. Relevance Scale.* Subjects were asked to reconsider the same 30 jokes they had previously rated for enjoyment, but this time they were to decide what the jokes were about. The experimenters had previously identified several subject-matter areas as possibly relevant for each joke. Participants were asked to rate on a seven-point scale to what extent the joke was about the suggested subject-matter areas. The scale ranged from "Not at all" relevant (1) through "Extremely" relevant (7).

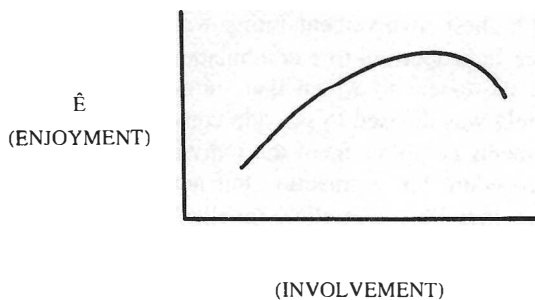
If a subject thought a particular joke was more relevant to some other subject-matter area than those listed as possibilities, he was asked to describe that subject-matter area briefly and then to rate, on the standard seven-point scale, the degree to which the joke was relevant to the new area. Data were not used unless a subject reported that the joke had at least “a lot” of relevance to the subject-matter areas suggested by the experimenters.

*Section 4. Miscellaneous Information.* Subjects were asked to provide information about (a) factors such as demographic characteristics, (b) general humor preferences, such as favorite comedian, and (c) feedback to the experimenters about the questionnaire.

*Data Analysis*

It was hypothesized that there is a curvilinear relation between enjoyment and involvement, such that enjoyment increases with involvement up to the point of overinvolvement, where there is a decline in enjoyment. (See Figure 1.) In order to test this hypothesis of the relation between Enjoyment and Involvement (i.e., Seriousness toward the subject matter of the joke), it was necessary to devise a single rating of Enjoyment and a single rating of Involvement. The constructed scores were called “net Enjoyment” and “net Involvement”, notated  $\hat{E}$  and  $\hat{I}$ , and were derived by various transformations from the original raw scores reported by the subjects.

*Net Enjoyment Scores.* The difficulty with using an individual’s raw enjoyment rating is of course that part of how funny he finds each joke depends, not merely on his involvement, but on how good the joke is, and as indicated earlier, not all jokes are equally funny. But neither can the funniness of each joke be



**Figure 1.** Predicted relation between a respondent’s doubly-corrected Enjoyment scores and ratings of his Involvement in the subject matter of the jokes.

assessed by taking a simple average of all the ratings given, since those scores would be confounded by differences in individuals' involvements in the various subject matters of the jokes. Thus, to remove the confound of intrinsic funniness and the tendency of some jokes to attract different degrees of involvement, a Joke Correction Factor was calculated for each joke. This Factor was the mean of the raw Enjoyment ratings given for each joke by subjects whose Involvement ratings were low, that is, two, three, or four on the Involvement Scale.

An individual's raw Enjoyment rating can also be seen to reflect his individual response tendency, for example, any differences in his use of the rating scale or in his overall responsiveness to humor, other than his degree of involvement in the subject matter. Thus, an Individual Correction Factor was derived for each subject by taking, for each individual, the mean of the differences between his raw Enjoyment scores and the Joke Correction Factors over all the jokes in which he had low involvement, that is, a rating of two, three, or four on the Involvement Scale.

Finally, the "net Enjoyment" score for each individual on each joke,  $\hat{E}_{ij}$ , was calculated by subtracting from the original raw score on the Enjoyment Scale for that joke (a) the Joke Correction Factor for the joke and (b) the Individual Correction Factor for the subject.

*Net Involvement Scores.* The number of subject-matter areas viewed as relevant to each joke differed for different individuals, and differed for any given individual across jokes. Thus, for some jokes, there was only one subject-matter area rated as relevant (at least 5, or, "A lot"), and correspondingly, only one rating of involvement given by that individual for that joke. For other jokes, as many as four areas were rated as relevant. In order to provide a single measure of an individual's involvement in the subject-matter area for each joke, a net Involvement score for each individual toward each joke was derived by the following procedure.

First, the highest involvement score for a relevant area was determined. Second, the second-highest involvement rating was transformed to augment the Involvement score in proportion to a combination of the individual's degree of involvement and the extent to which that subject matter was also viewed as relevant. A formula was devised to provide constraints on the degree to which multiple involvements could augment the individual's Involvement score. The details of this procedure for augmenting but not overloading the involvement rating to reflect an individual's multiple involvements have been reported elsewhere (Littmann, 1979, pp. 90–92). Finally, the individual's highest involvement score and the score reflecting multiple involvements were summed to produce the net Involvement Score,  $\hat{I}_i$ .

A net Involvement score was not calculated if the individual did not report at least one subject-matter area as having at least a rating of 5 ("A lot" of) relevance to the joke.

### *Hypothesis Testing*

Having defined Involvement and Enjoyment Scores, net Enjoyment scores were plotted against net Involvement scores. Several predictive criteria were proposed (cf., Littmann, 1979, pp. 93–101) to establish whether or not the curve fit the predicted shape of the hypothesized relation between enjoyment and involvement, (as shown in Figure 1).

Thirty-five of the original eighty-two subjects provided the data which met the criteria for data selection, that is, data which could be transformed so as to test the predictions.<sup>5</sup> The deletion of subjects indicates that the set of thirty jokes selected for the Questionnaire Joke Packet did not concern a sufficiently broad range of subject-matter areas to provide the range of information regarding the humor behavior of all these individuals needed to respond to the questions raised in this study.

Nevertheless, it may be of interest that the joke with the highest mean “funniness” for this group of college students concerned teaching and the value of a college education:

“Class! Pipe down!” ordered the Professor. “I’ve been lecturing for almost 45 minutes, but there’s so much racket in here I can hardly hear myself!”

“Don’t worry,” came a voice from the back of the lecture hall, “you haven’t missed a thing.”

This joke rated as 5.3, slightly better than “funny” (5.0) but still below “Quite Funny” (6.0 on the Enjoyment Scale).

### *Results*

When  $\hat{E}$  versus  $\hat{I}$  was plotted for each of the thirty-five participants, and each of the predictive criteria was applied, on the whole, a moderate degree of confirmation of the hypotheses was observed.

For twenty-four of the thirty-five individuals in this study, the data, according to several criteria, are in accordance with two predictions: First, that for low to middle range of involvement ( $\hat{I} = 2.0$  [“only slightly serious”] through 6.5 [between “Serious” and “Quite serious”]), an individual’s enjoyment of humor is a monotonic function of his involvement in the subject matter of the humor. (These twenty-four individuals had scatterplots with positive slopes based on  $\hat{I}$ -values of 2.0 through 6.5, and are henceforth referred to as the “Positive Slope Group”.) Second, that at very high levels of involvement ( $\hat{I} = 9.0$  = “Extremely serious”), there is, in more instances than would be expected by chance, a drop in these individuals’ level of enjoyment relative to the level that would be expected from a linear projection of their enjoyment based on a monotonic function. Twenty-four out of thirty-five respondents is a statistically significant proportion of the sample.



However, some of the experimental hypotheses were not confirmed. For example, there remains some question about the enjoyment levels of these twenty-four individuals when they have merely a high degree of involvement in the subject of the joke (cf., Littmann, 1979, pp. 116–117).

Among the most interesting results of this study were some findings in the opposite direction from the experimental predictions. Most surprising was the finding that eleven of the thirty-five respondents' scatterplots had negative slopes, reflecting an inverse relationship between enjoyment of a joke and involvement in the subject area of that joke (for low- to middle-range involvement values). Moreover, a further statistical test supported the finding that for members of this group, the greater their involvement, the *less* their enjoyment. In Figure 2, the group means of  $\hat{E}$  versus  $\hat{I}$  across the full range of  $\hat{I}$  were plotted separately for the positive and negative slope groups.

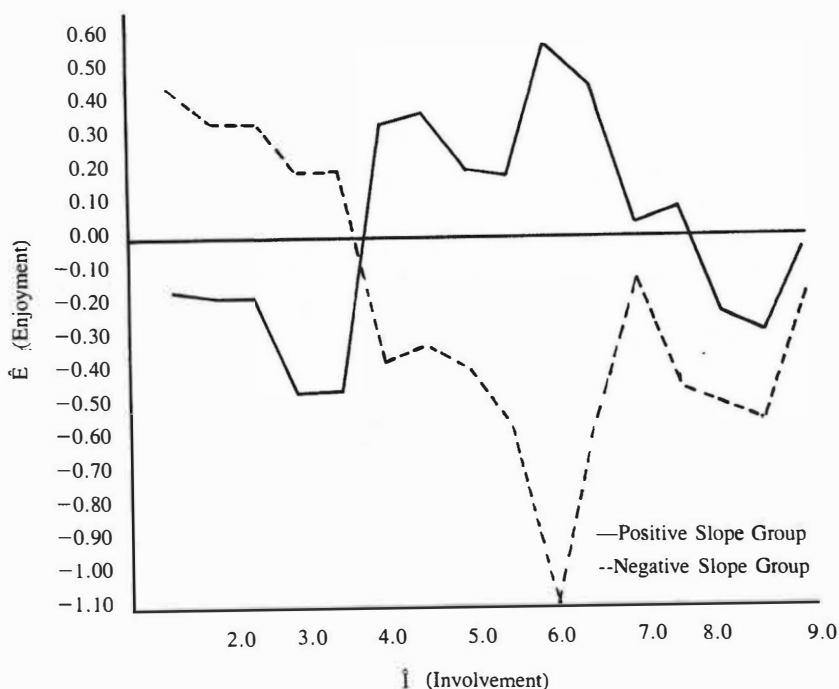
### Discussion

Although there are several possible accounts which might be offered to explain the results of this study (see Littmann, 1979, pp. 116–140), one of the most plausible and intriguing is that there are actually two effects present which contribute to this surprising finding: (a) a liberation effect and (b) a social inhibition effect, or more specifically, a "Propriety" effect.

The liberation effect was already briefly discussed. Based on the formulation of Humor, it was suggested that when a person can see the nonserious side of a matter which he had formerly appraised exclusively as *serious*, then he acquires a new relationship to that subject which is liberating, in that the subject no longer has the same place in his world as it had previously. The person acquires an additional perspective on that matter. The term "liberation effect" indicates that a person may experience surprise, relief, joy (enjoyment), amusement, and/or some other possibilities including having new behavior potential, that is, possibilities for behaving differently in regard to other aspects of his world. The individuals in the positive slope group behaved in accordance with this hypothesis.

However, it appears that for other people, among whom the eleven negative slope individuals would be included, there exists some inhibition such that the more seriously a subject matter is taken, the more difficulty these individuals have in relinquishing an exclusively serious perspective (and/or acquiring a nonserious perspective), and the less they enjoy jokes about it.

This idea is consistent with our customary notion of propriety. That is, there are certain more serious issues or subject matters which we ought not to joke about, and the more serious the matter is, then the less we ought to joke about it. The extent to which persons are bound by their attitudes and values concerning propriety would be expected to differ and would be apt to influence, or at least be related to, one's ability to acquire the nonserious view of a matter which is



**Figure 2.** Group means of "net" Enjoyment versus degree of Involvement plotted separately for positive and negative slope groups.

treated as serious. And although our account of the drop-off of enjoyment for members of the positive slope group at extremely high levels of involvement has focused primarily on preoccupation and the consequent inability to achieve a nonserious perspective, such an account is not incompatible with an explanation which includes the effect of propriety at high levels of seriousness.

Support for this account was gained from a perusal of the sorts of responses participants gave on the open-ended page of the Questionnaire which asked them about their humor preferences and why they liked and disliked what they did. Positive slope individuals tended to respond in terms of *their own* preferences about what they find funny. Negative slope individuals, in contrast, tended to respond to these same questions regarding their humor preferences with objectively stated judgments concerning standards of right and wrong, moral and social appropriateness, and aesthetic merit. For example, to the question, "Which of these jokes did you like the least?" and "Why?" a characteristic answer from the positive slope group was: "(Joke #12) I really didn't understand it. Maybe if I had, I would have rated it higher." In contrast, a negative slope respondent reported, "(Joke #20) It was not funny. It was stupid. I did not

understand it." Differences in response styles are described more fully elsewhere (Littmann, 1979).

### Summary

In summary, this empirical study supported the hypothesis that one's degree of enjoyment is a function not merely of seeing a matter as nonserious, but of the degree to which one takes a matter as serious. The more seriously one takes a matter, the more potential there is to enjoy humor about those matters, provided one is able to see the matter as nonserious. The enjoyment is based, in part, on the person's liberation from his previous involvement, that is, he is freed from an exclusively serious outlook on the matter and is eligible for other, alternative involvements. To the extent that a person's appraisal of something as "serious" corresponds to an appraisal of it as "problematic", or is problematic for him, then a person's liberation from that exclusive perspective further constitutes good fortune.

There remains some question as to the relationship between one's ability to achieve a nonserious (contrasting, humorous) view and the degree to which one takes a matter as serious. On the basis of this study, it appears that persons differ on the dimensions both of how seriously they take various matters, and of to what extent and at what point their degree of seriousness inhibits their enjoyment of jokes about those subjects. This inhibition may be described partly as a reflection of an individual's attitudes concerning propriety. Some persons in this study tended to express their humor preferences as objective judgments and appealed to public standards as the basis for their judgments of what is funny. For these individuals, the more serious the subject matter, the less their enjoyment, for low to moderately high levels of involvement. This "propriety effect", that is, inhibition of enjoyment, appeared at low levels of personal involvement for this group because their judgments are anchored on public norms of what is, and ought to be, taken seriously. Thus, the first hint of seriousness would be grounds for some inhibition of enjoyment. In contrast, a larger group of individuals tended to express their humor judgments as based on subjective, personal standards. For this group, inhibition of enjoyment was displayed primarily at high levels of involvement.

Thus, different attitudes concerning propriety appear to be associated with a person's enjoyment of humor, that is, the success or failure of humor which is presented. Alternatively, we may say that individual differences concerning propriety are an important feature of one's sense of humor.

### ACKNOWLEDGMENT

This formulation was developed and this investigation of Humor was conducted primarily at the University of Colorado, Boulder between 1975 and 1979. I am grateful to Dr. Peter Ossorio for his insightful contributions in our many consultations during that time. Ad-

dress: Psychology Service, William S. Hall Psychiatric Institute, Post Office Box 202, Columbia, South Carolina, 29202.

## NOTES

1. Recall that transformations are written in the form  $A \rightarrow \dots$ , wherein A is replaced by whatever follows the arrow.
2. From Walt Kelly's comic strip, Pogo.
3. They logically exhaust the kinds of possibilities for exceptions, because they are systematically related to the parameters of behavior (cf., Ossorio, 1966 and *The Behavior of Persons*, in preparation). There is a further set of exceptions to the principle that X's behavior will express his relationship with Y. These exceptions have to do with the Performance and Achievement parameters of behavior, under the Intentional Action parametric analysis of behavior. The exceptions involving the Performance and Achievement parameters deal with cases where X miscalculates or his behavior miscarries, for example, as a result of some interfering condition. This set of exceptions can either be handled as a fifth (and perhaps sixth) Unless Clause or elaborated in a separate discussion since this last set of possibilities is not a special feature of behavior as an expression of relationships. I have adopted the latter approach, and address this matter in the discussion of successful versus unsuccessful humor.
4. Neither is it the purpose of this paper to address how it came to be that laughter, smiling, etc. are the behaviors we commonly engage in in response to humor; nor is it the subject of this paper to discuss individual differences in the form(s) of expressing one's amusement in response to humor. These might be subjects for other investigations which focus on laughter or amused behavior.
5. However, for purposes of computing the Joke Correction Factors (JCFs), the pool of all 82 respondents was used as the data base.

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# EMOTIONS: A CONCEPTUAL FORMULATION AND ITS CLINICAL IMPLICATIONS

Raymond M. Bergner

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## ABSTRACT

Psychology often gets itself into trouble by failing to do its conceptual, pre-empirical homework before embarking on experimental and clinical courses of action. One place where this seems especially true is in the area of human emotions. In the first part of this paper, I argue that the traditional formulation of emotions, which equates them with certain sorts of inherently private, discriminable feeling states, does justice neither to the conceptual nor to the empirical facts. In the second part, I outline a sketch of an alternative conception of emotions as, paradigmatically, a certain class of relationships of objects to persons, the appraisal of which logically carries motivational significance, and the nature of which is such that persons have a learned tendency to act on them without deliberation. In the third and final part, I demonstrate that this relational conception of emotion heuristically suggests a greater range of therapeutic options than do our predominant contemporary views.

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. . . having an emotion is a much more complicated affair than it is often supposed to be."  
(Pitcher, 1965, p. 326)

The purpose of this paper is to take a fresh look at an old topic, human emotion. This look will comprise three parts: (1) a demonstration that the almost universally accepted conception of emotions as feeling states is an insufficient one, (2) a reconceptualization of emotional phenomena as fundamentally relational phenomena, and (3) an elaboration of the enhanced clinical utility of this relational view of emotion. This reconceptualization will utilize the insights of Descriptive Psychology (e.g., Ossorio, 1967/1981, 1976, 1978) and of certain ordinary language philosophers (e.g., Kenny, 1963; Pitcher, 1965; Ryle, 1949; Wittgenstein, 1953).

## INSUFFICIENCY OF THE TRADITIONAL VIEW OF EMOTION

The prevailing conception of emotion concepts today is that such concepts designate certain sorts of feelings or sensations (e.g., Beck, 1979, pp. 34–44; Leventhal, 1980; Mischel, 1981, pp. 502–503). Terms such as "anger", "fear", "sadness", "love", and so forth are terms that stand for relatively unique, discriminable, subjective human experiences. Further, these experiences are inherently private. That is, they are directly observable only by the individual having the emotion, and must be inferred by anyone else. I shall call this view, following Pitcher (1965), the "traditional view" of emotion.

### *The Rule of Common Usage*

I should like to begin my appraisal of the traditional view with a preliminary consideration, a position which is sometimes referred to by philosophers as the "rule of common usage" (Hospers, 1967). Expressed in its negative form, the rule of common usage asserts that words do not mean whatever we want them to mean. I may call the utensil with which I am now writing an "automobile", or the caffeinated substance I am now drinking "magnolia", but I would be counted by any competent English language user as speaking either nonsensically or falsely. In appropriating these terms and assigning them a private meaning which is not the same as that consensually agreed upon by other users of my language, I have violated the rule of common usage. Fundamentally, if I am to say something meaningful to another, I must use terms in the sense or senses that competent speakers of my language have agreed to use them, not in the idiosyncratic senses that some of our experimental and personality psychologists, among others, have taken the liberty to adopt. See, for example, Mischel's (1981, p. 2) assertion that, despite some common themes, "there may be as many different meanings of the term personality as there are theorists who have tried to define it."

With a few exceptions (e.g., Heider, 1958), there is a tendency in psychology to dismiss this and related sorts of thinking, as “naive”, merely common sensical”, and “pre-scientific”. This is not the place to debate this issue. In this connection, I shall only quote the words of Austin (1957) regarding the value of respecting the meanings contained in ordinary language usages:

our common stock of words embodies all the distinctions men have found worth drawing, and the connections they have found worth making, in the lifetimes of many generations: these surely are likely to be more numerous, more sound, since they have stood up to the long test of the survival of the fittest, and more subtle, at least in all ordinary and reasonably practical matters, than any that you or I are likely to think up in our armchairs of an afternoon the most favored alternative method (p. 8).

### *Common Usage: Emotion Words Are Not Always Used to Denote Feelings*

With this rule of common usage in mind, it is obvious that we often use emotion concepts, and do so correctly, to designate feeling states. If I say, for example, that “I was gripped by intense feelings of panic”, or that “a wave of anger swept over me”, I am clearly using emotion words to denote feelings or experiences that I am having.

On many other occasions, however, we use emotion concepts, again correctly, yet we do not thereby designate any feelings or sensations at all. For example, I may correctly assert that “I love my wife”, or that “I fear an economic recession is upon us”; in these cases, though I employ the present tense, and though I am talking about myself *right now*, I need not be having any occurrent feelings to assert these. Further, I might inform you that “I am calm about my upcoming examination but I am dreading the prospect of hunting for jobs.” Again, I use the present tense, but it is certainly difficult to see, if we must take this as a report about present *feelings*, how I can be feeling both calm and dread simultaneously (cf., Wolpe, 1958, on “reciprocal inhibition”).

To put this matter somewhat more generally and systematically, we frequently employ emotion concepts to designate *motives* (“Her seeming aloofness is motivated by fear, not arrogance”), *traits* (“He is a fearful individual”), *attitudes* (“He is hostile toward anything which he deems unscientific”), and *states* (“She is still grieving the loss of her father last year”). In our usages of emotion concepts to designate these states of affairs, we are not primarily reporting the presence of occurrent feelings. On many occasions we are not reporting the presence of feelings at all. Let me explain.

In using emotion words to denote *traits*, *attitudes*, and *states*, we use them to designate ongoing dispositions or proclivities of greater or lesser temporal duration. While such a proclivity may at times involve feelings, it is clear that an enduring proclivity is not the same as, nor is it reducible to, a feeling or even a series of feelings. To say that “He is a hostile person” is to say that he is disposed or inclined with notable consistency to treat other persons in an un-



friendly, antagonistic manner. It is to allege an *observed* consistency in his behavior, not an *inferred* consistency in his feelings. In fact I need not know, and often do not know, anything at all about his feelings to rightly make this allegation.

Let me carry this analysis one step further. A proclivity or inclination, say, to be hostile or afraid, may at times involve no particular feelings of anger or fear at all. The person who is given to, and perhaps even gifted at, hostile humor, may resort to such behavior time and again in the absence of any particular angry feelings. In fact the presence of such feelings in any degree of intensity might well (1) hamper his ability to be successfully humorous, and (2) enable him to be the first person, rather than, as he often is, the last to recognize his own hostility (Ryle, 1949). Or the person who is afraid of heights might so steadfastly avoid them that he experiences no feelings of fear at all. Thus, I can rightly say of him that he "is afraid" (present tense) of heights on occasions when he is having no occurrent feelings of fear at all.

With respect to emotion concepts as designating *motives*, the prevailing misunderstanding is that to attribute such motives to a person is to assert the presence of a feeling or impulse (perhaps even an unconscious one) that preceded his behavior and caused it to occur. Much has been said elsewhere about this theory (see e.g., Ossorio, 1976; Peters, 1960; Ryle, 1949), the thrust of which is that it does not bear well too much close scrutiny. Here, I shall only put a slightly different slant on an argument I have just made above. To say "His avoidance of high places is motivated by fear" is not to say that, on each occasion on which he avoids high places, this avoidance is preceded by a fearful impulse or feeling. It is to say that he finds heights threatening (i.e., he appraises heights as dangerous to him) and thus avoids them. To a great extent, there is *no event at all* here that could serve as the cause in a causal sequence. Compare: if I say "I never go to Indian restaurants because curry nauseates me," nobody thinks to look for an endless series of "nausea impulses" or feelings that ceaselessly impel me away from Indian restaurants.

### *Common Usage: Emotion Concepts Never Designate Just Feelings*

From what has been argued thus far, it might be concluded that sometimes emotion concepts do designate feelings, but often they do not. However, this is not yet an adequate position, and I will argue here for something stronger. Though emotion concepts are correctly used at times to designate feelings, they are *never* used to designate *only* feelings. They are used in every instance to designate more than just a feeling or sensation.

No feeling or sensation *by itself* could ever have the status of an emotion (Kenny, 1963). In support of this proposition, I should like to propose a hypothetical experiment. Suppose that medical scientists were able to devise a drug that produced feelings in me identical to those I get when I am feeling especially guilty about personal wrongdoing. Or suppose, as in some Shakespearean plays,

a potion were devised that evoked in me feelings identical to those I have when I am feeling especially loving toward my wife. When I was under the influence of either of these drugs and when the feelings I was having were totally drug-induced, would one want to say of me that "he is feeling guilty" or "he is feeling loving?" Would one want to say that these sensations *were* feelings of guilt and of love? I think clearly not. (As an informal experiment, I recently posed this question to 37 undergraduates. Given the choice between saying that these feelings *were* "love" and "guilt" or "feelings *like* love and guilt", all 37 chose the latter). As the concept, in card playing, of a "trump" is *conceptually* linked to the concept of "non-trump" and to a whole set of gaming practices, so is guilt connected to wrongdoing, love to beloved objects, fear to dangers, anger to provocations, and so forth. Were we able through biological manipulations to evoke the sorts of feelings in persons which they have on occasions when they are feeling guilty, loving, and so forth, these feelings would no more have the status of emotions than if, sitting alone here writing, a card which I select from a deck in front of me could have the status of a trump card. A necessary logical requirement, namely the existence of a *perceived object of my emotion*, is simply absent.

*If Emotion Concepts Designated Private Feeling States, They Could Never Have Become a Part of a Language*

There are a number of other good reasons for concluding that emotion concepts designate more than mere feelings. Perhaps the most compelling of these, and the last one I shall mention here, is a famous argument advanced by Wittgenstein in *Philosophical Investigations* (1953, nos. 243–305), and beautifully condensed by Kenny (1963). According to Wittgenstein, no word could (1) be the name of something observable only by introspection, and (2) be connected with publicly observable phenomena only causally and contingently. The reason why this is so is that language is essentially public and sharable. If the name of *anything*, then, acquired its meaning by a private ceremony from which every other person was necessarily excluded, then nobody would have any idea what anyone else meant by this word. Nor for that matter, could anyone know what he himself meant by the term, because to know the meaning of a term is to use it rightly, and if there is no conceivable check on correct or incorrect usage, there is no question of using it rightly. According to this argument, then, emotion concepts could not possibly refer exclusively to sensations observable only through introspection, for if this were the case, they could never have come to have any place at all in our public, sharable language.

## AN ALTERNATIVE CONCEPTION OF EMOTION

If emotion concepts do not primarily designate feelings, what do they designate? I shall adopt the position here, following Ossorio (1976; 1978; 1970/81) that what our emotion terms denote first and foremost are *appraised relationships* of

a certain precise sort. Specifically, and paradigmatically, emotions involve (1) the appraisal by a person of a relationship which some object bears to him or her, which relationship (2) logically carries motivational significance and (3) is such that the individual has a learned tendency to act on it without deliberation. In this section I shall discuss each of these three paradigm case characteristics separately.

### *Emotions Concepts as Relational Concepts*

Emotion words denote appraised relationships. What is involved in emotional phenomena, whether this be in the case of feelings, motives, states, traits, or attitudes, is a person discriminating a relationship which some object bears to him or her. If we take the following, content-free formula: "X is an appraised — — to P (person)," our emotions terms denote the perceived relationship of X to P. Thus fear designates the relationship "is a perceived danger to," anger designates the relationship "is a perceived provocation to," guilt designates the relationship "is a perceived moral transgression to," and so forth (see Appendix I for a more complete list of these relationships).

The term "object" as employed here should not be understood in the narrow sense that it denotes a concrete physical entity. Rather, the object of an emotion may be a person, a member of an infrahuman species, an event, or a state of affairs. Thus I might fear the man lurking in the alley, the dog barking at me, a courtroom appearance, or the alliance developing between my adversaries. Further, these objects might be real or merely possible. Thus, I might fear that my retirement pay will prove woefully insufficient, or that the bald tire on my car may blow out.

An interesting problem here concerns so-called objectless emotions (e.g., Pitcher, 1965). This appellation is used in circumstances in which persons report feelings, but state that these feelings do not seem related to any discernible object. I shall not dwell on this point at length. Suffice it to say that when such persons are examined closely by knowledgeable clinicians, their emotions routinely turn out to have compelling, if sometimes subtle, objects. For example, Goldstein and Chambless (1978), in their work with 32 agoraphobic clients, indicate that these persons routinely report objectless anxiety. Upon closer examination, however, it turns out (1) that their sense of themselves as tremendously incompetent to handle almost anything outside the protective confines of their families renders "everything" frightening, and (2) that they are literally afraid of fear itself (specifically, of anxiety attacks). Thus, while everything and fear are more subtle objects than lions and lightning storms, they are objects nonetheless, and their intelligibility as threats is clear.

### *Emotional Relationships Logically Carry Motivational Significance*

To see something as a triangle *is* to see it as a three-sided, two dimensional, enclosed figure. To see a person as a bachelor *is* to see this person as male. The

relations between the two terms in each of these cases are logical, not empirical. If we expressed these relationships in propositional form (e.g., "All bachelors are male"), the propositions would be analytic and knowable a priori, not synthetic and knowable a posteriori. We would never think to do an experiment to confirm either.

In the same way, to see something (e.g., an uncaged lion bearing down on me) as a danger to me *is* to be motivated to escape or avoid it. To see something as a provocation to me *is* to be motivated to be hostile. To see a possible action of mine as morally objectionable *is* to have reason to refrain from doing it. (See Appendix 1 for other such relationships.) It makes no more sense to say "I saw that lion as a genuine danger to me, but that gave me no reason to escape him" than it does to say "I saw that person as a bachelor, but I did not see him (her?) as male." (To anticipate a possible misunderstanding, this does not imply that I will necessarily *act* on this reason; see the section below on Emotion Formulas.)

To conclude: not all discriminations which a person makes carry motivational significance. To see something as red, or as a table of square roots, are not reasons—by themselves—for doing anything. The discriminations, however, which are peculiar to emotional phenomena—provocations, dangers, and so forth—logically carry such motivational significance.

*The Relationships Involved In Emotional Phenomena Are Such That Persons Have A Learned Tendency To Act On Them Without Deliberation*

Another distinguishing characteristic of emotions, and no doubt an important reason why historically they have warranted so much attention, is this: The relationships at issue where emotional realities are concerned are such that individuals "have a learned tendency to act on (these) discriminations without thinking, without deliberation" (Ossorio, 1978, p. 128). Thus, they enhance the possibility (but by no means guarantee) that persons will act without due consideration. In some circumstances, such behavior presents no problems. For example, an individual might leap up in exultation as the winning home run goes over the wall, cry upon hearing that the president has died, or express irritation to her husband upon seeing that his dirty clothes are again on the floor. However, in other circumstances, insufficiently considered action might prove imprudent, unethical, or inappropriate. For example, in response to a provocation, a man might angrily explode at his boss (potentially imprudent behavior), and in his anger say things to him which he knows to be gratuitously hurtful and untrue (unethical and imprudent behavior). Emotions, then, in certain circumstances and for certain persons present control problems (cf., Shapiro's 1965 conception of "impulsive" action). This is no doubt one important connection, if not *the* important connection, in which emotions have come to occupy a position of great importance and centrality in the literature on psychopathology and psychotherapy. The psychoanalytic focus on enhancing the strength and mastery of the ego vis-à-vis the id (e.g., Erikson, 1963; Freud, 1923/1962); the emergence of

cognitive therapies (e.g., Beck, 1974, 1979; Ellis, 1962, 1975; Raimy, 1975), which stress mastery of the emotions through rational thinking; and the increased popularity of Bowenian family therapy (e.g., Bowen, 1966, 1976), which emphasizes helping family members to act in terms of principle-based thinking and not emotional inclination, are all ample testimony to this. (In this discussion, I have been speaking of the paradigm case of a competent, socialized adult; specifically here, one who has a learning history that renders him or her able to act appropriately on emotional relationships appraised. A derivative case, but still clearly a case of emotion, would be that, for example, of an infant who is frightened by a strange and grotesque face, but has neither the learning history nor the motor skills to act on this, that is, to escape).

### *Emotion Formulas*

There is a classical physical formula that may be rendered as follows: "A physical body will accelerate in the direction of an applied force." If one examines the actual usage of this formula by scientists and persons in general, it becomes clear that it does not serve as a disconfirmable empirical generalization (Ossorio, 1967/81). Rather, it is employed as a nonempirical prescription followed by the scientist in describing what he or she observes. It is, in Ossorio's words, a "a conditional prescription to the effect that the observed results *must* be described in accordance with the format provided by the formula if it is to be a description of a certain sort (here, of a physical body)" (1967/81, p. 44). Thus, if in a given case a physical body does *not* accelerate in the direction of an applied force (e.g., if one billiard ball were to strike another sharply, but the second ball were to remain totally immobile), the layman and the scientist do not abandon the formula. Rather, they employ it as a prescription which says to them in effect: "Go and find the additional force(s) acting on the body" (e.g., they might check to see if there was an equal and opposite force acting on the second billiard ball, or to see if this ball had been fastened to the table). This implies that, *in effect*, the formula contains at least one, if not more, "unless clauses" (Ossorio, 1967/81): "A physical body will accelerate in the direction of an applied force, *unless* there is another force (or forces) acting upon it." These unless clauses permit the user of the formula to preserve the original formulation while accounting for apparent exceptions to it, and conveys enormous heuristic benefit (e.g., if I am an astronomer, and a meteor I am tracking veers off in a totally unanticipated direction, this unless clause would dictate that I look for an as yet unseen force, such as the gravitational field of a planet or black hole; doing so, I might make a new astronomical discovery).

Ossorio (1967/81, 1970/81, 1978) has devised a relationship formula which parallels this physical formula, in that it serves as a nonempirical prescription followed by persons in describing what they observe with respect to relational phenomena. When one applies this formula to emotional relationships, the prod-

ucts generated constitute a set of emotion formulas. I shall present this relationship formula, and provide content pertinent to the emotion of anger (Appendix 1 will be helpful to the reader interested in generating the formulas for other emotions):

If *B* has a given relationship to *A*, (e.g., *B* provokes *A*), *A*'s behavior with respect to *B* will be expressive of this relationship (i.e., it will be hostile behavior), unless . . . (Alternate form: Provocation by *B* will elicit corresponding hostility from *A*, unless . . .)

- a. *A* doesn't recognize the relation for what it is, (e.g., *A* does not recognize *B*'s insult for what it is);
- b. there is some other relationship which takes priority (e.g., *A* is afraid of *B*);
- c. *A* is unable to engage in behavior expressive of the relationship (e.g., *A* can't think of an effective response to *B*'s insult); or
- d. *A* takes it that his behavior is a case of acting successfully on the relationship, but in fact it is not (e.g., *A* responds to *B*'s insult by bringing up what he believes is a sensitive matter for *B*, but in fact it is not a sensitive matter).

Just as our analogy to the physical formula and its use articulated how scientists and others account for the acceleration of physical bodies, the emotion formulas articulate how competent users of emotion concepts describe and explain emotional phenomena. Further, again in a fashion that parallels that of the physical formula, these descriptions and explanations provide rational bases for addressing oneself effectively to emotional states of affairs. For example, a clinician might be confronted with a client whom any neutral observer who knew the facts would describe as grossly exploited by her husband (i.e., provoked in this particular manner). If this woman were angry and behaving hostilely to her husband, this would be straightforwardly intelligible (the original formula that provocation elicits hostility would hold without exception). If, however, the woman were not angry or, if angry, not acting on this, the clinician would wonder why not. In attempting to explain these possibilities, the sorts of exceptive conditions articulated in the four unless clauses would constitute the sorts of things he or she would inquire about. Does this woman appraise her husband's behavior as a case of provocation, or only perhaps as her due or as justifiable revenge for previous wrongs she has done to him? Does she have some other relationship that takes precedence; for example, does she fear him, or fear that he could not take it if she became hostile? Is she unable to express hostility, perhaps because, given her personal history, such behavior is simply unthinkable? Finally, does she take it that what she is doing is hostile behavior, when in fact it is not; for example does she maintain a good deal of silence in his presence, and see this as "giving him the silent treatment," but her behavior is taken by him as mere quietness? Should the clinician wish to help this woman to address wrongs being done to her, any of these explanations or several taken in combination would then provide a rational basis on which to proceed. For example, should this woman take her husband's behavior, not as exploitative and provocative, but merely, given her lowly status, as her due in life, then the therapist might

rationally work with her to alter her conception of her own status, and thus to reappraise her conception of herself as one who is entitled to no better treatment than this.

It should be noted that the emotion formulas take us into the realm of emotionally motivated *behavior*. Earlier, it had been stated that, if a person makes a certain sort of appraisal (e.g., of some state of affairs as a provocation, threat, etc.), he or she is logically motivated to act on this appraisal. The emotion formulas take us from appraisals and motivation to the realm of action. They do so in a manner akin to an Aristotelian practical syllogism. What may be noted is the contrast between this depiction of a set of nonempirical relationships between discrimination, motivation, and action, and the traditional attempt to portray these relationships as causal, contingent ones comparable to the relationships between input, processing, and output in a computer (e.g., Cannon, 1927; James, 1890/1950; Leventhal, 1980).

## CLINICAL IMPLICATIONS

The final general question I should like to deal with in this paper is this: "What difference would it make in our therapeutic practices should clinicians adopt the view of emotions which I have elaborated above?" I will approach this question by drawing a contrast between certain traditional and widely utilized clinical practices and practices that are heuristically suggested by the relational view of emotion. The traditional practices I will consider are (1) helping clients to become aware of their feelings, (2) helping clients to express their feelings, and (3) modifying emotional states by modifying the cognitions that are believed to cause them. I will devote separate sections to the first two of these practices, and discuss the third practice in the second of these two sections.

To anticipate, I will try to show that the relational view offers the clinical practitioner enhanced behavior potential, that is, more and better options for successfully addressing the emotional difficulties presented by clients. All of the constructive possibilities afforded by the traditional modalities just enumerated will be shown also to be heuristically suggested by the relational view. However, the relational view will be shown to suggest therapeutic tactics in circumstances where use of these traditional practices proves either unsuccessful or inadvisable.

### *Traditional Practice: Helping Clients To Be Aware Of Their Feelings*

Certainly, one of the most broadly accepted of clinical endeavors is that of helping clients to "be in touch" with their feelings (e.g., Fromm-Reichmann, 1950, p. 70; Korchin, 1976, pp. 314–317; Passons, 1975, p. 53; Rogers, 1959, pp. 213–219; Satir, 1967, pp. 91–92; Yalom, 1975, pp. 92–92), and a great deal of therapeutic effort is frequently devoted to this. Getting in touch with one's feelings is generally taken to mean becoming aware of the emotional

experiences going on within one. In contrast, being out of touch is being alienated from or ignorant of one's emotional experiences, especially through the use of defense mechanisms such as repression, intellectualization, projection, and so forth.

Within the relational view of emotion, helping clients to be aware of what they are feeling would remain in many circumstances a most sensible practice. It would remain so, however, not because there is anything of intrinsic value in feelings *qua* feelings, nor because such knowledge frees up energy that had previously been utilized to maintain the feeling in a state of repression, nor yet because such knowledge is the *sine qua non* for the more important step of expressing emotions. In the relational view, knowing how one feels remains a sensible goal because (paradigmatically) knowing this is knowing something about one's relatedness to other persons, events, and states of affairs (e.g., enraged at one's own shortcomings, deeply saddened at the loss of another whom one believed he no longer cared for, afraid to incur the disfavor of one's children).

From my personal observations working in clinical settings, however, a problem that often arises in connection with this practice is that, when the attempt to help clients know how they are feeling fails, therapists feel tremendously stymied. The belief seems to be that, if clients cannot come to know how they feel, then therapy itself cannot continue. The oft-heard lament runs something like this: "This person is so incredibly out of touch, I just don't know where to go with him."

When one thinks of emotions as pre-eminently involving appraised relationships and not feelings, this places them in a broader context that has considerable heuristic suggestiveness for the clinician. If what one must come to know is one's *feelings*, then one is confined in one's efforts to a single strategy, namely, an introspective search for historically particular and ephemeral inner sensations. But, if what one must come to know is one's *relatedness* to some object of the emotion, then one may utilize any of a range of ways in which persons can come to know relationships.

The clinician who conceives of this matter relationally, then, might employ traditional practices designed to help clients know how they are feeling. But he or she might also help clients to know their relatedness in other ways. To cite several examples, the clinician might (1) ask clients about emotional relationships in terms that do not involve the vocabulary of emotions (e.g., "Do you have any objections to what she has been doing to you?" "Where do you stand on this matter?" "What do you think of what you have done?" etc.); (2) portray relationships described by clients in nonemotional terms as being relationships of an emotional sort (e.g., "What she has been doing seems rather insulting to you." "Do you believe that what you are contemplating is wrong?" "So it seems like your boss's attitude represents a continual threat to your job security?" etc.); (3) describe the client as emotional, but showing this in action,



not in feelings (e.g., "Quite aside from how you feel, you seem to be treating her as only an angry person would." "It's not surprising that your constant checking up on her and questioning of her would be seen by her as jealousy." "I think your steadfast avoidance of him these past few months suggests fear more strongly than any feeling could." etc.).

All of these tactics present possibilities regarding how therapists may help clients to clarify their emotional relatedness without being in touch with feelings. To take this matter a step further, if one bears in mind that achieving such clarity is often propaedeutic to engaging in needed action or to refraining from ill-advised action, the self-definitions engendered through these therapeutic operations may serve just as well as knowing one's feelings serves to guide action. For example, both the individual who *feels* guilt because she is experiencing temptations to slander another, and the individual who merely *discerns* that this action would be deeply immoral, are given guidance in their actions by their respective knowledge. (It is even conceivable that, given our modern proclivity for dismissing guilt feelings as "neurotic" and therefore illegitimate, the latter person may actually achieve a clearer sense of direction than the former.)

Let me anticipate a possible objection here. I think it true that in this culture many persons (including many psychotherapists) assign a certain sort of epistemic superiority to feelings. Where Pascal once asserted that "the heart hath reasons which the mind knoweth not", these persons would add that, "yes, and not only that, but the heart knows best". The belief is that feelings, in (supposed) contrast to mere beliefs and perceptions, are somehow more trustworthy, more grounded, more veridical. Much might be said about this in a systematic way (see, for example, Kenny, 1963; Pitcher, 1965; Shideler, 1981). Here I would only remind the reader that if, as I have already argued, any emotional experience rests on an appraisal of realities and possibilities, then it follows that a feeling cannot in principle be any more trustworthy or well-grounded than the appraisal on which it rests. The feeling could not enjoy any epistemic superiority over the appraisal. (The traditional Rational-Emotive hypothesis [Ellis, 1962] which holds that beliefs cause feelings, would have exactly the same implications in this respect.)

Thus far in this section, I have been arguing that if as a psychotherapist you cannot get feelings from your client, or if you have some better reason not to, then do something else. However, before concluding, I wish to mention a somewhat common sort of situation in which it is of especial value to help clients to feel. This situation, I believe, warrants more than the usual efforts one might devote to this goal. Certain feelings, perhaps most notably feelings of love and of grief, serve for most persons as very powerful reassurances of their humanity, of their very status as members in good standing in the human community. Thus, for persons who believe they are incapable of love, or who believe that they once loved but no longer do, or who have felt little grief at the death of a loved one, it can be a source of considerable reassurance of their own status as caring human beings to experience feelings of love or of grief. In such circumstances, then, the

therapeutic creation of situations likely to engender feelings (e.g., in working with bereaved individuals, fantasied recollections of certain sorts) deserves more than the usual efforts which a therapist might devote to this.

Here again, however, the relational view suggests options in those circumstances where clients cannot or will not experience feelings. In relational terms, the therapeutic goal here is one of providing reassurance to clients of their positive connectedness or relatedness to other human beings. Suppose for example, that a therapist should wish to discuss love with a man who is obviously devoted to his wife, but due to a lack of feelings on his part, doubts his love for her. He or she might point out to this man that "actions speak louder than feelings" and thus that his history of choosing her good for her sake, of maintaining fidelity and loyalty, and of assigning primacy to this relationship with her is, if anything, more profound evidence of his love for her than any feelings could be. In this connection, further, the notion of a "sentimentalist", that is, a person who *feels* a great deal of love and sympathy for others, but *does* very little for them, might be shared with the client. (Incidentally, such an approach will sometimes have the effect that an individual ceases to pressure himself to feel, and consequently begins to feel more.) Again, as psychotherapists, the relational view suggests more procedural options than do traditional views. One is able to proceed both in circumstances where clients do experience feelings and in circumstances where they do not.

### *Traditional Practice: Helping Clients to Express Emotions*

A second extremely common clinical belief is that our clients should be helped, not only to know their feelings but also to express them (Alexander, 1946; Breuer and Freud, 1895; Janov, 1970; Moreno, 1946; Perls, 1971; Rubin, 1969; Satir, 1967; Yalom, 1975). On this basis, much therapeutic effort is devoted to eliciting overt expressions of felt emotions. Clients are encouraged to express their anger overtly, particularly, where feasible, to the appropriate target of this anger. They are encouraged to express sadness, especially to cry, in circumstances warranting grief. They are encouraged to express their positive feelings, feelings of love and of caring, to others. And, since in this view it is deemed positive and constructive to do such things, clients are helped, not merely to engage in such expression on a situational basis, but to become *emotionally expressive persons*.

Expressing emotions is usually posed by its proponents as a general value. However, we may begin our examination of this value by noting that, upon closer inspection, even these proponents encourage clients to express *certain emotions but not others*. For example, although they would encourage clients to express anger, sadness, and love, they would rarely encourage them to express their envy, jealousy, shame, or despair. In practice, then, the prescription (and the value) becomes: "Express certain feelings, but not others."

That the expression of certain emotions has become such a popular goal

among mental health professionals seems attributable primarily to the historical place of honor which catharsis or abreaction have enjoyed in psychology and psychiatry (Alexander, 1946; Breuer and Freud, 1895). The notion of catharsis in turn rests on the notion that emotions are feelings, that these feelings can somehow be "pent up" or "dammed up", thus causing personal damage, and that the external expression of these is tantamount to releasing that which has been dammed up. In this fashion, freedom from the damaging emotion is established. Historically, anger and grief have been the two emotions most discussed in this connection.

That this cathartic view is false is corroborated not only by some experimental evidence (e.g., Berkowitz, 1970), but also by the most commonplace clinical observation. Most of us have seen clients who are continually expressing anger, yet forever angry. Their expression of this anger brings not even a temporary diminution in its level of intensity. And most of us have seen individuals who, following a significant loss, have expressed enormous sadness, and yet have achieved little or no relief from this sadness. The most dramatic example of this which I have observed personally was a woman who, following the death of her seven-year-old daughter, cried virtually every night for fifteen months. This crying brought her no peace and no respite from her grief.

However, sometimes the expression of feelings, for example, a "good cry" or an angry outburst, does seem to result in the diminution of these affects. How can this be so? I believe that the relational conception of emotion does a better job of accounting for these observations than the cathartic view does.

Recall that, in the relational view, one is fearful insofar as one is threatened, one is angry insofar as one is provoked, one is grief stricken insofar as one is confronted with significant loss, and so forth. In general, one is emotional insofar as one has appraised that one stands in certain sorts of relations to real and possible objects. On this view, one's emotions ought to change if (1) one reappraises these relationships as not being of the sort that one had previously supposed; (2) the relationships at issue change; or (3) relationships other than the relationships at issue change in such fashion that the effects of the original emotional relationships are intensified or (partially or totally) cancelled out. I will discuss each of these possibilities separately.

The first of these possibilities, the reappraisal of a relationship as not being of the sort one had originally supposed, is familiar as a paraphrase of the traditional Rational-Emotive hypothesis (Ellis, 1962, 1975; see also Beck, 1974, 1979; Raimy, 1975). This is so familiar that it requires little elaboration. Essentially here, if I reappraise, let us say, a perceived provocation as not a provocation at all, emotional change will occur. For example, I might work with an adolescent who is angry with his father over what he takes to be arbitrary and punitive limit setting. Based on my assessment of the father's actions and intentions, however, I might take it that the father's restrictiveness, though excessive, is motivated by love and by fear of what his son might do if not restricted. If I am successful in

getting the son to appraise his father's actions in this way, his emotional disposition toward his father (at least with respect to this issue) will change from anger to one of a different sort.

The second possibility is that the emotional relationship at issue changes. Thus, to cite a nonclinical example, an astronomer might become frightened when he perceives that a large meteor is on a collision course with Earth. Subsequently, however, this meteor collides with another object in space, alters its course, and no longer represents a threat. The astronomer's emotional state changes from fear to relief upon perceiving this relationship change. Of particular importance to clinicians here is the fact that clients may *deliberately act to change many emotional relationships*. Fearful individuals may identify threats and act to escape or to master them; if they succeed, these states of affairs no longer stand in the relation "threat" to them, and emotions change accordingly. Or, angry individuals may act to remove provocations; if they succeed, again, the persons or states of affairs in question no longer stand in the relation "provocation" to them, and emotions change (see Ossorio, 1978, 1970/1981, on the "relationship change formula").

The third and final possibility is that the emotional relationship at issue does not change, but *other* emotional relationships (or one's awareness of same) change in such fashion that the emotion attendant upon the original relationship changes. The effect of these other emotional relationships may be that they intensify or that they partially or totally cancel out the effects of the original relationship. For example, a woman who is angry with her husband over his perpetual lack of involvement with the family finds out that he is having an affair. Originally provoked, she is now doubly provoked, and her anger increases accordingly. Or, to cite a contrasting example, an individual who is grief-stricken at the loss through death of his spouse, becomes less so when after a time he forms a new and rewarding relationship with another woman.

At the beginning of the clinical section, I stated that I would contrast the heuristic implications of the relational view of emotions with those of the cognitive view (e.g., Beck, 1974, 1979; Ellis, 1962, 1975; Raimy, 1975). At this point, it can be seen that cognitive views provide the psychotherapist with formal, systematic access to only the first of these three ways to change emotions. Their exclusive emphasis is on altering appraisals of reality to alter emotional states. They are thus needlessly restrictive in not providing formal access to the possibilities of altering emotions by altering the emotional relationships at issue in a given circumstance, or by altering other emotional relationships in such a way that the emotion is intensified or diminished. Further, these views only apply in circumstances where persons have misappraised realities and possibilities; they do not help us as clinicians to deal with the many circumstances where our clients' emotions rest on correct or reasonable appraisals.

Returning now to a consideration of the problem that emotional expression sometimes results in a diminution of emotion, but sometimes does not, we have

already seen that the cathartic hypothesis cannot account for this. On the relational view, we would predict that emotional expression would result in the diminution of emotion when this expression brought about one or more of the three possibilities outlined above, and this in such fashion that one's newly appraised emotional relatedness runs counter to the originally appraised relatedness. Thus for example, if I am angry at another for being late, and I express this emotion by yelling at him about this, my anger should diminish if for example, (1) he convinces me that he was late due to unforeseeable and unpreventable circumstances (i.e., I reappraise what I took to be provocative as nonprovocative); (2) he apologizes and promises to be on time in the future, and I believe him to be sincere in this (i.e., he alters our relationship from one in which he is careless about our agreements to one in which he respects them); or (3) he acknowledges that he was late through negligence but then, without apologizing or otherwise closing this issue between us, he suddenly and very enthusiastically says, "Hey, I spent about four hours last night getting information you wanted, and wait 'til you see what I've got! You won't believe it!" (i.e., he expresses other relationships which he has to me, here, those of helper and provider of vital information; I get caught up in this bid, forget the original provocation, and my emotional state changes). On the other hand, if I yell about this matter, my emotional expression should not result in a diminution of my anger if none of the above three types of possibilities ensue. For example, if I yell at this individual about his lateness but he dismisses my concern as petty and illegitimate, my anger will not abate, but intensify, since a new provocation has been added to the original one. My personal clinical observations, and, I believe, everyday observations in general, support the superiority of this view to the cathartic hypothesis.

From the relational view of emotions, then, the therapeutic policies that emerge are these: Confronted with problematic emotional states of affairs in clients, clinicians may help these persons by helping them (1) to reappraise the reality bases of these emotions, (2) to alter the emotional relationships in question, or (3) to alter, or to realize the existence of, other emotional relationships which would serve to partially or totally cancel out the effects of the original emotional relationship. From the fact alone that helping clients to express emotions is but one therapeutic possibility that is compatible with the relational view, it is clear that the relational view provides an expanded heuristic suggestiveness and, in the bargain, a rationale regarding when the expression of emotions is well or ill advised.

Earlier, I noted that the express-your-emotion cathartic viewpoint, even among its most enthusiastic proponents, is utilized in connection with but a limited range of emotions. It may now be noted that the emotion-as-relation formulation and its procedural implications apply to *all* emotions. In this connection, again, the relational conception of emotion provides expanded heuristic suggestiveness. Finally, I noted at the outset of this section that practitioners of

the express-your-emotion viewpoint encouraged their clients, not merely to engage in emotional expression on a situational basis, but to become emotionally expressive persons. While this remains an option, it is far from being the only option suggested by the relational view. The more fundamental development is that individuals become able, when confronted with emotional relationships, to act in such fashion that constructive emotional change takes place, and this in whatever manner they elect to do so.

## SUMMARY

In this paper, I have attempted to show three things. The first of these was that the traditional formulation of emotion, which equates emotions with certain sorts of inherently private feeling states, does justice neither to the conceptual nor to the empirical facts. Second, I have outlined a sketch of emotions as paradigmatically a certain class of relationships of objects to persons, the appraisal of which logically carries motivational significance, and the nature of which is such that persons have a learned tendency to act on them without deliberation. Third, and finally, I have tried both to show how this relational conception of emotion heuristically suggests a greater range of therapeutic options than do our traditional views and to enumerate a goodly number of these additional procedural options.

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# Appendix 1

## Emotional Relationship Chart

<i>Emotion</i>	<i>Some object, real or possible . . . . . is an appraised _____, . . . . . to me . . . . . and logically conveys motivation to engage in _____ behavior.</i>
fear	threat or danger to me escape or avoidance
anger	provocation to me hostile
guilt	wrongdoing, moral transgression of mine penance, restitution (after)
shame	stigma of mine avoidance (before) face-saving
despair	impossibility for me no
envy	inequity to me equalization
jealousy	competitive loss of what is mine recovery
sadness	loss to me lamenting
joy	gain to me celebration





# THE PRIEST AND THE PSYCHOTHERAPIST

Mary McDermott Shideler

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## ABSTRACT

People consult with priests (ministers, rabbis, gurus) and with psychotherapists for many reasons, ranging from preventive care and maintenance of spiritual or psychological health to crisis intervention. In the last case—the only one I am concerned with in this paper—often the sufferer does not know whether what ails him is a spiritual or a psychological malaise; therefore he does not know where to turn for help. Moreover, often priests and psychotherapists themselves have difficulty in determining whether the problem is of the one kind or the other. I begin with the practical plight of the sufferer, and conclude with a Descriptive Psychology formulation of the relation between spirituality and psychology.

It can sweep over any of us at any time, in any place, that engulfing wave of desolation, emptiness, futility, dryness. If it occurs rarely and momentarily, we can pass it off as a transient mood, but if it returns frequently or intensely, or if it

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remains as a settled state, sooner or later we shall come to the point where we must go for help to get our heads above water. But to whom shall we go? Are we suffering from the incurable existential dread which is supposed to be the natural state of human beings, so that we have no hope except to endure it? Is it a psychological depression, or a spiritual malady, or a physiological symptom, or any combination of these, or something else entirely? Since we do not know what is wrong with us, how can we know where to go for treatment or guidance?

The woods are full of people proffering innumerable kinds of help for this kind of undiagnosed malaise, and here, obviously, I cannot canvass all the possibilities. Therefore I am limiting myself to the two that are most readily available to most people: a minister or priest or other person operating primarily within a religious tradition, and a psychotherapist operating primarily within a nonreligious tradition, often exhibiting itself as "scientific." What can we expect when we go to either of these? How do they differ? What can the one do that the other presumably cannot do, if anything? And more basically, how are the domains of religion and psychology related? In what follows, I shall be using the conceptual resources and methodology of Descriptive Psychology to present an alternative to the traditional ways of approaching such questions.

## I

Let us suppose that we turn first to a priest or minister. If he—or she or they, this to be understood throughout—if he be of a fundamentalist persuasion, in all likelihood he will assure us that if we take Jesus (or whomever) into our hearts, the Lord will solve all our problems. Distinguishing between spiritual and psychological difficulties becomes unnecessary because in the end all are taken to be spiritual. In contrast, a cleric who has been ordained by one of the so-called mainline churches within recent years almost certainly has had training as a psychological counsellor, at least enough to identify when the people who come to him need more expertise than he possesses. And the chances are fair to excellent that he can deal adequately with many psychological problems short of psychosis. It is less likely that he will be equally competent in spiritual direction. No doubt he will be acquainted with a few books on prayer life or something of the sort, but books are not usually of great help to an individual person afflicted with the mystical Dark Night of the Soul, or bowed down with a sense of sin (which is not the same as feelings of guilt), or tormented by a theological problem as of evil or God, or starved for the sacraments or uncertain whether it is appropriate to pray for healing or a job promotion or the dead, or desperate to find the ultimate significance of everything that is.

Now let us suppose that next we confer with a psychotherapist. It is improbable, though not impossible, that the therapist will know or care very much about spiritual problems, and why should he? They lie outside the domain of psychology. He may assimilate the spiritual to the psychological, as was the case with a

therapist I know of who worked assiduously for years with a friend of mine to persuade him that his devotion to God was a misplaced effort to make up for the loss of his father when he was a small boy. Or the therapist may recognize that spiritual problems are legitimate and important in their own right but decline to deal with them, as in medicine an eye specialist might decline to set a broken pelvis. Another friend of mine, more fortunate than most, described to her therapist a mystical experience she had once had. He listened gravely, paused for quite a long time when she had finished, and then said, "Any of my colleagues who heard that would telephone at once for an ambulance and the men in their little white coats." Instead, the two of them went on to several very valuable discussions on the nature of spirituality and its relations with psychology, although not as spiritual director and directed.

We should not be surprised if these are the kinds of responses we get to our preliminary inquiries. The chances are strong that most priests and most therapists are conceptually confused not only with respect to the nature of spirituality and its place in human life, but also with respect to what their professional functions should be in dealing with persons who are, or claim to be, spiritually oriented.

## II

Both spiritual advisers and psychotherapists are agents for producing personal change, and are presumably not only mentors but allies of their clients in the sense that both are committed to the welfare of the persons who come to them for help. From my own experience and that recounted to me, how the helper defines "welfare" depends not so much upon whether he is a priest or a therapist as upon whether he is functioning as a crusader or an emancipator. I differentiate these not by what they claim to intend or to achieve, but by what I have observed them to have accomplished or be accomplishing. The pure cases are rare. All the same, their respective effects are distinguishable, and for the most part readily so.

The crusader possesses a Truth, whether it be The Correct View of the nature of the world, or the Right Way to live. He is what has been called a True Believer: in Christianity, or Freudianism, or est, or atheism, or his own brand of eclecticism or empiricism, or his special charismatic powers or technical skills. Only the extremists among them declare boldly, "I have the truth that will set you free," but this is their mood, their temper.

In contrast, the emphasis of the emancipator—again, be he priest or therapist—can be described as attempting to remove or to make an end run around those restrictions that hinder the person from developing his capacities into abilities. The emancipator's approach is along the lines of, "Until you are free of your hate, your anger, your illusions, your inability to see alternative courses of action, you will not be able to function effectively. I am here to help you increase

your behavior potential." I do not know of any more vivid portrayal of being restricted than in Charles Morgan's novel *The Voyage*, where one character says of another:

Barbet is limited—or, as you say, imprisoned—by his refusal to recognize anything exceptional—any exceptional power and therefore any exceptional duty in himself. He is like a man fitted to command who wishes always to remain a private soldier, or like a child of rare talent who says always, 'I am not different from the others in my class.' . . . He inhabits a house too small for him (Morgan, 1940, pp. 241–242).

An emancipating therapist of my acquaintance will sometimes set a client the exercise of doing whatever he spontaneously wants to do, subject only to the limitations that it be not dangerous to himself or others, and not by the prevailing standards illegal or immoral. It is a distinctly—not to say distinctively—double-negative approach with a flavor all its own. Compare the crusader's command, "Obey the law", with the emancipating direction, "Don't break the law". Even if both are spoken in a voice of thunder, they generate a different atmosphere and usually a different response. Or to take another example, how confining it is to be told, "Speak only the truth", how liberating to be told, "Don't lie", which leaves us free to dramatize, decorate, joke, and produce poetry or satire or fantasy, as well as to speak the truth plainly and directly.

A great body of nonsense has been uttered about the negativism of such religious edicts as the Ten Commandments, eight of which are "Thou shalt not's," by people who have not taken into account that all eight are *double* negatives: "to kill" is a forbidden act, therefore a negative concept, however positive the act of killing. Thus "Thou shalt not perform" (a negative), coupled with "a forbidden act" (another negative), results in a double negative. By defining the evils we should refrain from, the "thou shalt not's" leave us free to do what we will within those limits, which in this case allow us a considerable range of permissible behaviors. Think of how many things we can do with people short of murdering them, stealing from them, telling lies about them, and so on. We can teach and learn, buy and sell, talk and play and fight, engage in arts and games and work. We can love or hate them, provoke or console them, cooperate with or impede them—take your pick. These particular double negatives do emancipate, unlike positive prescriptions that define for us a set of behaviors that must be complied with to the letter. (Note that not all double negatives are liberating. If we are walking a tightrope, the injunctions "Don't fall off" and "Stay on" are about equally restrictive.)

As priest or therapist can be either crusader or emancipator, so both agents for personal change can use coercive or noncoercive methods to accomplish the desired changes. The one can invoke the fear of hell or impose harsh penances to compel orthodox behavior or to break down a proud and recalcitrant disposition. The other can subject his client to physical or chemical compulsions, or expose him to the violence of, say, Primal Therapy, in order to free him from bondage to

his past history or habits. The one can build up confidence by the laying on of hands, the other by the reassuring word. The one can facilitate release from bitter memories by confession, the other by ventilation. One lifts the burden of guilt by the rite of absolution, the other by a ceremony of accreditation. Either can be as wily as a serpent in order to appear as harmless as a dove, or be a candid and caring collaborator in the joint enterprise of accomplishing change in a direction everyone concerned has agreed upon in advance. So close are their affinities that psychotherapists are sometimes described, justly, as secular priests.

The spiritual adviser can claim to derive his authority from beyond himself, whether directly from God or indirectly from an intermediary presumed to be constituted by God, such as a church. This would carry weight only for those who confess the same God in the same way. But the therapist also can appeal to an external source which has constituted him an authority: a school of thought, or the body usually the state which has licensed him to practise. And in both cases, what is likely to count still more heavily is the personal power of the individual to convey that he “speaks with authority and not as the scribes” (Matt. 7:29).

It has been argued that the decisive difference between religious and secular consultants lies in the irreducible and incontestable nature of the problems which they are respectively concerned with, on the supposition that spiritual disabilities are by their very nature as distinct from psychological disorders as these are from physical ailments—recognizing that none of these are pure cases. Those who take this view are presupposing that we can have a way to determine what the essential nature of the problems “really” is, independently of the viewpoint from which they are observed, that is, of the conceptual framework of the observer. In fact, of course, any phenomenon can be described in more than one way and therefore can be approached from more than one direction, depending on the observers’ conceptual resources and personal commitments.

### III

There is widespread confusion among priests and therapists in diagnosing when a person’s difficulty is primarily spiritual and when it is primarily psychological. This reflects a more basic confusion stemming from a long history of controversy on what is, or should be, the relation between psychology and religion. What are the frameworks, the worlds or domains, within which priest and therapist are expected to operate, and how are those worlds related?

Any world is a domain of possible facts and their interrelationships. Worlds are distinguished from one another by the particular facts that are involved, and the boundary of a world is generated by the internal links among those facts—compare the worlds of fashion and of football, or of science and of spirituality. The worlds that especially concern us here are what we might call the mundane and the transcendental, or the immediate and the ultimate.

Three concepts characterize the domain of transcendence: totality, ultimacy, and boundary condition. That is the world within which we ask questions like, "What is the meaning of everything that is—of the totality of being? What, ultimately, is the nature of the universe? What are the boundary conditions upon our possible behaviors and knowledge?" The mundane is our everyday world of people and personal relationships, jobs, houses, births and deaths, politics and economics, the sciences and the arts, sleep and play. The distinction between transcendental and mundane is so commonplace that it even appears occasionally in comic strips, like the one in which Hagar the Horrible asks his sidekick Lucky Eddie, over their cups, "What is the meaning of life? Why am I here?" After an interval of cogitation, Lucky Eddie answers, "Because if you were home you'd have to help with the dishes, right?" (Dik Browne, 1980).

The transcendental concepts of ultimacy and totality are familiar; that of boundary condition is less so. To clarify it, let me give two examples. The first has to do with the boundary condition of knowledge. Little Susie comes home from school announcing that Columbus discovered America. Her mother asks her how she knows that. Her teacher told her. How did the teacher know? She learned it from a book. How did the author of the book know? The teacher didn't say, and since Susie's curiosity has been satisfied by seeing the book, she happily goes off to play. A historian, however, will not stop there. He will go on and on to documents and their authenticity, to signs that the Irish or Scandinavians or Phoenicians or Chinese got here first, and to the weighing of evidence, but somewhere even the most erudite historian's knowledge comes to an end. As Peter Ossorio says,

All knowledge has that structure, that you can back up some knowledge with other knowledge, and you can back that up with some other, but there is never an infinite sequence of backing up. You do reach an end point. The fact that you reach an end point is an example of a boundary condition with respect to knowledge, that knowledge is not founded on an infinite set of foundations, nor is it founded on a secure foundation. A secure foundation is just some other fact that one can ask questions about. So knowledge starts somewhere, and it doesn't start from further knowledge, ultimately (Ossorio, Note 1).

Where knowledge starts—the bottom line—is observation, not infinitely regressing knowledge; and the top line, its consummation, is not perfect knowledge but competence. But neither observation nor competence has a place within the domain of knowledge as such.

For my second example: Susie watches while her mother is cooking and asks, "Why are you doing that?" Her mother replies, "I'm fixing dinner." "Why are you fixing dinner?" "Because by dinnertime you'll be hungry and I want to feed you." "Why do you want to feed me?" "Because I love you." Susie is content to stop at that step in the "Why?"—the significance—series, and her mother is content to leave it there for the moment. But long since, she herself began grappling with the question of what place her cooking dinner has in her and her

family's life, and what place their life has in society and in the entire scheme of things, what its ultimate significance is, if any, in the totality that embraces all that is past, present, and future.

Susie's world is mundane, but in using a child to represent nontranscendental living, I do not mean to imply that the mundane orientation is in any sense childish. On the contrary, it would be easy to defend the proposition that a concern with what is beyond the mundane is an indefensible luxury, a waste of energies that should be spent fulfilling more urgent demands, so that it is "transcendentalists," so to call them, who are childishly evading reality. Such appraisals, however, are premature. We need to describe both worlds before we can properly evaluate them, and having described, we may conclude that such evaluations are uncalled for.

Returning to our priest and therapist: by definition, the domain of the priest is the domain of ultimate significance. What is the meaning of life and our lives? From whence do they derive their significance? What is our ultimate destiny? What is our place in the real world—defined in Descriptive Psychology as "the state of affairs that includes all other states of affairs" (Ossorio, 1971/1978, p. 29), the totally inclusive, limiting-case world? Further, how can we answer such questions? What ways do we have to answer them? And how much confidence can we place in the answers? I am not suggesting that any priest or minister is, or should be, able to provide satisfactory answers to all these, but he should certainly be able to recognize when they are the *kinds* of questions that a person is troubled by, even when that person is not sufficiently articulate to state them clearly, or is afraid to.

That fear can be real and daunting. My mother once approached me timidly—and she was not a timid person—with a question which she had not dared to ask anyone else lest she be judged literally, certifiably crazy. Stumblingly and at length she managed to get it said, and it turned out to be—restated in technical language—What is the relation between the coherence and the correspondence theories of truth? Having never been exposed to philosophy, she believed it proof of her intellectual inadequacy and psychological abnormality to be exercised by what is in fact a highly sophisticated and important issue. Again and again I have talked with people who had been so firmly persuaded that it was frivolous or stupid or immature or pathological to entertain ultimate concerns that they could scarcely bring themselves to refer even indirectly to intimations of transcendence that had come to them.

I should perhaps add the caveat that although by definition the priest's domain is that of transcendence and ultimate significance, in practice his interests and competence may be wholly mundane, however pious his language. Since he of all people ought to be able to recognize the transcendental dimensions of a problem, if he fails to do so, the consequences can be unfortunate or even tragic.

Whatever the theory, in practice the psychotherapist is expected to deal primarily, if not exclusively, with the mundane, judging from the training required



for his accreditation and from what I know of licensing examinations. He focuses upon the individual's or family's personal characteristics, behavior, and relations with who and what surround him or them—the world they live in. That world may be mundane or transcendental; his client—person or family—may or may not be asking ultimate questions and searching for ultimate answers. I do not believe that is within the province of the psychotherapist to attempt to convert a client to or away from a specific religious belief or practice. It is certainly within his province to initiate discussion of such matters, especially if his client has been unwilling or unable to recognize them as relevant through fear or ignorance or any other reason. But I submit that it is emphatically not within his province to impugn to any client the legitimacy and importance of transcendental questions or the search for transcendence, even if his own viewpoint be exclusively mundane.

The therapist is not necessarily excluded from the transcendental. The minister or priest is not necessarily excluded from the mundane. But in practice, we cannot take for granted that either will be competent in the other's domain. Unfortunately, all too often either priest or therapist presumes to a competence he does not have and should not be expected to have, or assimilates what he sees to his own specialty. Thus we find the therapist with no training in spirituality who offers advice on spiritual development, and the minister or priest with no training in psychotherapy who blithely takes on a paranoid schizophrenic, as well as the therapist who interprets spiritual anguish as psychological anxiety, and the priest who fails to recognize psychopathology when it is presented to him in terms of a spiritual orientation.

The solution is not that each should be required to undergo extensive professional education in both domains. That would be impractical for most people. But each needs to know enough about the other's domain that he will humbly confess his personal limits, and needs as well to become sufficiently acquainted with the resources in his community that when he is out of his depth, he will be able to refer a client wisely to other agencies or agents, as a competent family physician can tell that a patient needs a specialist in dermatology or neurology, or a neurologist can tell that the patient needs a dentist. And as the physician may have to know his patient well and expend considerable time in order to make his differential diagnosis, likewise the priest or psychotherapist may discern the person's central need only after careful and prolonged investigation.

#### IV

Many religious traditions have taken the mundane and the transcendental worlds to be necessarily in conflict, and the experience of many centuries has shown that indeed, a satisfactory adjustment to the mundane world can inhibit spiritual development; likewise, growth in spirituality can disrupt our relations with the mundane. The reasons are clear: at stake are different values, a different range of

knowledge, different attitudes and interests and styles and embodied performances. The domains themselves are not incompatible as, for instance, political parties or religious factions can be. But people whose primary devotion is given to one or the other do sometimes come into conflict, and that conflict, when it occurs, can be bitter. The mundanes tend to distrust or resent the exotics in their midst; the spirituals become impatient with the earth-bound. (For a closer look at them both, and the relations between them, see Søren Kierkegaard's fable of the wild and the tame geese [Lowrie, 1962, pp. 360–362].) True, once in a while one will say to the other, "I am glad that you have what I do not. I give you balance and stability; you give me wings." Blessed are they who so respond to each other, but such generosity of spirit is not common.

My assertion that the mundane and the transcendental worlds are not incompatible, however, is based not on empirical observation but on the Descriptive Psychology definition of the real world, already quoted, as "the state of affairs which includes all other states of affairs." Thus the real world is a totality, is ultimately all that is, and there being nothing outside or beyond it reflects a boundary condition. It includes smaller domains, some of which are mutually incompatible, like those I mentioned earlier: fashion, football, science, and spirituality. But no domain can be—*logically* can be—incompatible with the whole of which it is a part, of which all domains are parts. One domain can exclude or contravene or engulf another, but such exclusions and contraventions and absorptions can occur without violating the framework within which they occur. The real world has places for all these disparate domains.

Logically, therefore, the mundane world cannot conflict with the real world within which it has a place, and since the real world, as the limiting case, corresponds to the transcendental world, necessarily they are compatible, as any part must be compatible with the whole within which it has a place. Questions relating to the whole, however, may be irrelevant to a particular part. Sanctity, for instance, does not automatically confer mastery of chess or relieve all physical and psychological ills. For that matter, neither is sanctity conjoined necessarily with competence in spiritual direction. Domain problems must be resolved within that domain, whether it be chess, cooking, psychology, or spirituality. And any transcendental ramifications or implications which a domain or a domain-problem has must be dealt with transcendently, although in practice, such extensions are often so remote, or of so little concern to the persons involved, that they can be ignored, and the matter be dealt with satisfactorily on the mundane level.

This is not a new portrayal of the relation of psychology and spirituality, merely a new formulation of an old one, but historically it has been overshadowed by the Western devotion to dualistic distinctions that were then reified, so that now we tend to think in terms of "a mind" rather than "mental activities", "a body" rather than "an embodied person" (or nonperson), and "a spirit"—a thing—rather than "spirituality", a characteristic way of living, con-

cepts so embedded in our language as now to be almost ineradicable. "What is 'spirit'?" we ask, as if it could be pinned down like a butterfly, and as if "spirituality" were incomprehensible unless we have specified what that thing, "spirit," however immaterial, might be. But spirituality, as a class of ways of living, can be compared to the hedonic, prudential, ethical, and aesthetic value orientations, and who has tried to reify pleasure or prudence or righteousness or fittingness as we and unnumbered predecessors have reified "spirit"?

Taking spirituality as a class of ways of living, on what grounds can we appraise a way of life, our own or anyone else's? When it comes to our own, a good many of us say with St. Paul, "The good that I would I do not: but the evil which I would not, that I do" (Rom. 7:19). We know how we fall short of, or diverge from, living the way we most want to live. When it comes to appraising others' ways of living, our first concern should be to identify the viewpoint from which we are observing them, with the clear recognition that there is not, and cannot be, one unconditionally "right" viewpoint—unless one is a crusader and, as you may have gathered, I am not very much interested in crusaders in this connection. But as a cardiologist and an orthopedist will look at a patient from different viewpoints, so the spiritual adviser and the psychotherapist will see the person who comes to them from their respective positions, and a friend will see him from a still different one. It is, of course, legitimate to shift from one viewpoint or position to another; it is inexcusable to confuse them, not to know what one is doing.

From my own viewpoint, any way of living is defective to the degree that it fails to meet the theological criteria of coherence, inclusiveness, and elegance, which can also be formulated as personal integrity, community, and—for lack of a better word—joy (which is not to be mistaken for mere happiness), in contrast to inconsistency or fragmentation, isolation, and apathy. I invite you to propose your own.

Keeping in mind the last of the Descriptive Psychology maxims for behavior description, "Given the relevant competence, behavior goes right if it does not go wrong in one of the ways that it can go wrong" (Ossorio, 1969/1981, pp. 34–35), it may be useful to indicate here some of the more common ways in which spirituality—life *sub specie aeternitatis*—can go wrong to the point where the person's ability to live that way is significantly restricted.

There appear to be five principal ways in which spirituality can go wrong: deficits or defects in our knowledge, our values, our abilities, our dispositions, and our performances—our bodily acts—any of which can result in our not living fully and consistently in the light of ultimacy, totality, and boundary conditions, and so being imperfectly spiritual. Let us consider them one by one.

Defects in knowledge come in two main varieties, factual and conceptual. A nice example of a factual defect is the widespread belief that only the Eastern religions have well-developed techniques for learning to meditate and for practicing meditation, an error that could be corrected by a little attention to the facts of

Western history. Not even to know what the Western methods are, in fact, constitutes a restriction upon behavior potential that could be removed fairly easily. Conceptual deficits are likely to be more difficult to remedy, as anyone can tell you who has tried to work through and with the concept of eternity not as unending time, but as that state which is sometimes called "infinite contemporaneity," in which time and space do not limit action or knowledge or communication. Unless we have acquired the necessary concepts—made the necessary distinctions—that notion of eternity will be not just nonsense, but utterly, opaquely unintelligible.

What we most value can restrict us spiritually: "I'm only looking out for Number One," for instance, or the victory of a cause or a country, when we set them up as the highest good to which we subordinate all other goods—love and beauty and wisdom and holiness. Is victory or Number One all that is worth living for? Moral philosophers have propounded more inclusive values: the greatest good of the greatest number, the golden mean, and the golden rule, among many others. But what place do these moral values have for such a value judgement as obedience to God regardless of the foreseeable social and personal consequences? What is the practical or social value of the mystical vision, of the contemplative life, of sacraments as means for infusing the holy into the mundane? Many people, including some priests and some therapists, will say there is none. And if there be none, there is no point in exploring the realm of transcendence at all, or building on our peak experiences, or venerating whatever or whoever opens to us the vastness of the transcendental domain. If there be no value, moral or otherwise, in living *sub specie aeternitatis*, our behavior potential is sorely limited. But let us note that the behavior potential of those unworldly souls who despise the mundane values of utilitarianism and the like is also significantly restricted.

Briefly to illustrate defective abilities, we can take the inability to imagine beyond the mundane, which can sometimes be traced to conceptual poverty. On a more practical level are such defects as the inability to concentrate. Concentration can be learned, and let no one underestimate its importance for spiritual development.

It should go without saying that certain dispositions, such as the trait of hard-heartedness, or the attitude of cynicism about anything religious, will close a person off from the domain of transcendence. So can simple lack of interest. But these represent more nearly impediments to any form of spiritual life than ways in which spirituality itself can go wrong.

Some religious traditions teach that the very fact of embodiment is a hindrance to spirituality, that inevitably the letter (so to speak) cramps or distorts the spirit. Others refer in one way or another to "the spirit waiting for the letter, without which it cannot perfectly be" (Williams, 1950, p. 166): spirit without body is incomplete. All the masters of the spiritual life that I know of, however, have taught that not to give physical expression to what one has learned will

eventually, if not immediately, arrest spiritual development. The bodily performance need not be a perfect or completely adequate expression, but some fitting action must ensue upon every increase in knowledge or ability, and every change of values or attitudes.

## V

By redescribing spirituality in terms of the transcendental concepts—ultimacy, totality, and boundary condition, with special emphasis on ultimate significance—we acquire formal access to a domain which for the most part has been treated either as essentially closed to all but a few, or else has been reduced to some mundane description that deprives it of its essential characteristics. Be it noted that “formal access” is not the same as “experiential access”: the outsider who has had no spiritual experience is still outside. But with these resources, both priest and psychotherapist can identify what the person’s special needs are as—to return to the earlier illustration—the physician can tell whether to refer his patient to a surgeon or to a physical therapist.

Moreover, this redescription can guide us more precisely than heretofore in our choices when to use mundane or transcendental concepts in our own lives and in relation to others. If we are alert, what another person says and how he says it will clue us in before long as to whether he is tormented by a mundane purposelessness or a transcendental meaninglessness, by a need for immediate satisfactions or by the passion toward ultimate consummation.

Thus what matters most as the waves and the billows pour over us is not so much whether we seek out a minister or priest or a psychotherapist, as whether the one we choose to work with has at least formal access to the domain of transcendence, and whether he is primarily a crusader or an emancipator. The crusader will direct his efforts toward replacing our previous errors with what he takes to be The Truth. His aim is to restrict our behavior potential—and hence our responsibility—to save us from falling into whatever he sees as pathology or sin. The emancipator will be concerned to remove whatever is preventing us from achieving what we want to achieve, and will thrust upon us the responsibility for what we do when the constraints upon our knowledge, values, dispositions, and embodiments have been reduced, and our behavior potential is correspondingly increased.

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# THE MENTOR PROJECT: REPLICATING THE FUNCTIONING OF AN ORGANIZATION

H. Joel Jeffrey and Anthony O. Putman

## ABSTRACT

The MENTOR project addresses the problem of modeling a large, complex human organization in sufficient detail for the model to be practically useful. In this project the process of developing software in an organization of over 300 people was studied. The project includes building a model of the software development process in the organization and writing a program which uses the model to furnish accurate, specific, current information needed by software developers. This information system has been implemented. It accepts a developer's question in ordinary technical English, uses the model to figure out an answer tailored to the specific developer and the circumstances, and answers the developer in English. A pilot study was carried out, in which the developers found the system to be accurate, informative, and useful. The project is based on an unusual conceptualization, the human system approach. Descriptive Psychology provides the theoretical and technical basis for acting on this conceptualization. This chapter presents the human system approach, the application of Descriptive Psychology to the problem, and the pilot project in detail.

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The MENTOR project is an attempt to solve a previously intractable problem: How can we model, at sufficient depth of complexity and detail to be useful for practical purposes, a large, complex organization, including the people and their activities and computer software and its activities? The organization modeled is the Toll Digital Switching Laboratory of Bell Telephone Laboratories. Bell Telephone Laboratories is the research and development organization of American Telephone and Telegraph, Inc.; the Toll Digital Switching Laboratory, which includes about 340 people, is responsible for building and maintaining the long-distance telephone switching system known as No. 4 ESS (Electronic Switching System). The particular area of activity within that organization that we chose as the area of investigation was the process of developing switching system software.

The project is based on a significantly different conceptualization, which we call the "human system" approach. This paper presents the approach, the way we followed through on it and describes in detail the pilot study that was done to test the feasibility of the project. The pilot study included modeling a sizeable portion of the software development process in the Laboratory, writing a program to access that model to answer actual user questions, and trial and evaluation of the system by a significant body of users in the Laboratory.

The process of developing software for No. 4 ESS is large and complex. Although the process is generally stable, its details change due to varying technical needs, sufficiently often that software developers report significant difficulty in keeping their information current. That information includes a great wealth of knowledge about people, activities, and interactions between those activities: writing code, debugging one's code, integration testing, developing a new feature, reporting problems, telling others what you've done, filling out Failure Reports (FRs) and Correction Reports (CRs), processing those reports, etc. A software developer whose knowledge is too far out of date is significantly restricted in his ability to engage in the practices involving the knowledge; this is particularly acute when many of the practices involve using other computer programs, which requires having very small details exactly right.

As is often the case in large organizations, the general level of understanding of the software development process is (in the opinion of experts in the Laboratory) not what one might hope for. Because of its size and complexity, and the large number of people who are either new or have been fairly sharply focused in one area, Laboratory personnel generally understand the process well enough to get the daily job done, but their understanding tends to be superficial or narrow. When unusual cases or circumstances arise, as they inevitably do, developers quickly find themselves having to do things they are unfamiliar with. The level of understanding is low enough to have a significant negative impact on the productivity of the developers.

In addition to the difficulty of keeping up to date, experts in the Laboratory consider it to be difficult to acquire expertise in the development process, both for new people and those moving into a new area. It seems to take a new person

approximately two full cycles of developing a new version of the No. 4 software (about three years) to become really competent in the software development process.

Documentation of the development process is lacking for two reasons. First, a large portion of the knowledge is knowledge about a complex, interrelated set of activities done by people, that is, a complex set of human behaviors. There is little disagreement that what people need is a unifying framework for this knowledge, rather than simply facts or memos; this wealth of data about people and human behavior has, until now, proven extremely resistant to all attempts to gather it and build a useful model of it.

Second, would-be documenters have been faced with a dilemma. Since the development process *is* large and complex, any documentation of it that is both complete and detailed enough to be useful in the daily activities of developers would be so massive as to be virtually unusable.

The MENTOR project is an attempt to deal with this need for information by (a) gathering the information various developers have about how things really work, (b) building a model of the development process, and (c) using that model as the basis for a computerized system that developers can use to get answers to their questions about the process.

The point of doing this is to reduce the number of mistakes by developers, and to increase the developers' effectiveness in the organization by supplying missing, but necessary, information. If an individual who lacks some information about a computer program makes a change in it, he or she is very likely to make an error. In an analogous manner, someone missing some information about the software development process will quite probably either have to take the time to find the information, or not take the time and make an error. The cost in time and effort, by the developer and others, is significant.

In addition to the immediate impact of these errors and confusion, there is the cost of one of any organization's most precious resources: the time of the comparatively few persons who are experts on how to get things done. Several such experts in the Laboratory reported that they had in the past spent a good deal of time helping developers needing information and repairing damage done by developers who had not had the proper information (or, in some cases, had not known that there was information to get). The experts in how to get things done are almost always those who have been in the organization longest, and it would generally be preferable if they did not need to spend so much of their time in this manner, because they are the ones with the most to contribute to difficult technical problems, including the design of innovations.

All of this adds up to extra staff effort on development projects, extra time, and confusion and annoyance for members of the organization—in this case, people developing No. 4 ESS software.

Successfully meeting the software developers' need for accurate, current, easily used information would have two important benefits. First, it would enable developers to do things more quickly and easily, by making it easy to find

out what they need or want to know in order to act. Second, it would have a significant impact on morale of the organization, since it is very difficult for people to experience satisfaction in a confusing, annoying environment. (It seems quite probable to us that the effect on morale would in turn have a further impact on the productivity of the organization.)

The first step was to do a pilot project to test the approach and the technology. This was the first time this sort of application had been attempted. The pilot project was designed to address the following questions:

1. Could we in fact describe the software development process completely and at a technically useful level of detail?
2. Could we in fact use the description to give people information in a useful form? (This question very soon became, Could We write a program, with a reasonable amount of time and effort, to answer people's real questions?)
3. Assuming a positive answer to the above questions, would people in the Laboratory actually use the tool?

The approach and the technology of the project are described first, then the pilot study is presented, and finally current efforts and extensions are discussed.

## HUMAN LOGIC AND PROCESS DESCRIPTIONS

There are two key differences between the MENTOR project and other approaches to modeling software development: the basic approach, or perspective, and the technical basis for following through on that approach.

### *Human Systems*

The basis of the MENTOR project is to view the software development process as a *human system*, that is, as an interrelated set of activities done by people. Accordingly, the system is best described with concepts and a technology suitable for human systems, rather than some other sort. This does not mean that the usual facts, objects, and processes are ignored, but rather that another set of facts, objects, and processes will be included—facts and processes including humans.

The human system approach contrasts fairly sharply with more typical approaches. The most frequent technical approach to the problem is to build some type of finite-state machine model. Directed graphs, flowcharts, decision table, cause-and-effect methodology, or finite-state machines are all examples. This approach has run into two difficulties.

First, the technology is ill-suited to describing a human system, since it is not designed to describe specifically human behavior (we shall see an example of this shortly). As a result, attempts to use the finite-state machine model quickly result in very complex graphs (or tables, etc.), which are not only very difficult to use, but which, to our knowledge, have not been successfully used as a basis for the kind of information system that would meet the needs addressed by this project.

Second, other approaches that we are aware of are designed, intentionally, to represent abstractions of what actually happens. However, a member of an organization with a job to do, who needs a question answered in order to do the job, wants an *answer*, not something he or she can (assuming the relevant competence) use to figure out an answer. In other words, an abstraction is not likely to be directly usable by a person asking a question. Therefore, the problem of translating the abstraction into what actually happens in the organization remains.

In order to see the kind of difficulty one must deal with in describing human systems, consider the following example:

Two people, Gil and Wil, observe Jill sitting at a computer terminal, punching the keys. Gil asks Wil, "What is Jill doing?" Wil, depending on his preference and personal characteristics, could give any of the following answers:

1. Editing a file
2. Changing the source code of a program
3. Fixing a bug in a program
4. Maintaining the current release of the software

Here we have a problem. Each of these answers is a useful, informative description; each names an activity that actually happens. Further, each description has direct connections to very different other activities. (For example, the next step in the activity named "editing a file" is different from the next step in "fixing a bug".) Which, then, shall we say that Jill is doing? Further, if we are to write a program that can answer Jill's questions about, for example, what to do next, how will that system tell which description is "right"?

The solution to the problem, of course, is not to take the bait. What is actually happening is that

1. Jill is editing a file; by doing this,
2. Jill is changing the source code of a program; by doing this,
3. Jill is fixing a bug in a program; by doing this,
4. Jill is maintaining the release of the software.

In other words, Jill is engaging in *all* of these activities, *simultaneously*.

Further, as one might guess from the mundane character of this example, doing more than one thing simultaneously, rather than being unusual, is by far the most common case in human behavior. Therefore, any model of a system involving people that does not include this hierarchical, simultaneous character of human behavior will be leaving out some important facts and connections to other activities.

A primary way in which we have acted on our view of the software development process as a human system has been to develop and use a set of descriptions of the process that are statements of what persons in the Laboratory do, and the ways those activities interact. Thus, we have built a model of the process as a *human* system. This model is the needed “blueprint” of what actually happens in developing software in the Laboratory, and forms the critical, but up until now missing, unifying framework for the facts and data.

### *Descriptive Psychology*

It was clear from the outset of the project that if the human system approach was to be more than simply a slogan or an abstract philosophy, one element was absolutely necessary: a theory that was

1. Designed for describing human (as opposed to chemical, physical, finite-state, etc.) systems.
2. Applicable to the problem of representing what actually happens as people develop software. Theories of emotion, self-actualization, politics, and so on might or might not be useful, but would not address the developers’ need for information.
3. Technically usable, that is, one that would allow us to give descriptions that we could work with technically. No matter how good the descriptions were, it seemed very unlikely that *any* set of ordinary English descriptions would allow us to give developers or managers directly usable information.

Descriptive Psychology (Ossorio, 1969/1978; 1971–1978b) was the only conceptual framework known to the authors that met these criteria, and so was the natural choice for the technical basis for the project. The project relies technically on giving descriptions of the software development process using the basic process unit, or BPU (Ossorio, 1971/1978b). Since using the basic process unit is the technical foundation of the project, the next section discusses it in detail.

### *Describing Processes*

The basic process unit is the primary device for reaching a technically effective level of detail in describing a process (Ossorio, 1971/1978b, pp. 40–41). It

is a means of codifying all of the information about a process, at a given level of detail.

Rather than attempt to restate the explanation of the BPU (Ossorio, 1971/1978b), it seems more useful to illustrate its use, with some actual information about the software development process we are modelling. We will first present the information discursively, and then show how it is codified in a basic process unit. (In a few instances we will use some actual technical names without defining them.)

Among the activities involved in developing and maintaining a No. 4 ESS Generic (a version of the software and hardware) is the activity of finding and fixing problems. The next paragraphs are a brief description of part of what is involved in one step of this activity: reporting a problem.

The first step in finding and fixing a problem in No. 4 ESS is that some responsible person in the Laboratory finds out about it. This can happen in four ways: (a) Someone at Indian Hill (the location of the Laboratory) discovers a problem and reports it by filing a Failure Report (FR) on it. (b) Someone at Indian Hill finds a problem and tells the responsible programmer (the programmer responsible for the part of the software at fault). (c) Someone at Indian Hill finds the problem and tells the Group FR Coordinator of the Group responsible for the program needing the fix about it. The Group FR Coordinator either files the FR himself, or has the programmer file it. (d) Someone in a Field Office (a telephone office where No. 4 ESS is installed) finds a problem and reports it to someone in the No. 4 Electronic Switching Assistance Center (4ESAC) at Indian Hill. Someone in 4ESAC then files an FR on the problem, or contacts someone in the Field Support Group about it. The Field Support person then either files the FR, contacts the responsible programmer about the problem, or has the Group FR Coordinator for the Group responsible for the program needing the fix file the FR.

Anyone at Indian Hill can find and report the problem. The Group FR Coordinator will be the FR coordinator for one of the Development Groups in the Laboratory (Call processing, Data Administration, MAS & INWATS, Network Management, and Trunk Maintenance).

Certain points about this information are worth noting. First, it is entirely concerned with activities done by people. While technical elements are present (No. 4 ESS, the fix for the problem, etc.), we are talking about human actions here. Second, information about the ways people can do some task, the steps involved in it, which people do which parts, and so on, is crucial to developers, for understanding their work and for doing their jobs effectively. Finally, this information does not exist, in written form, anywhere. It is part of what "everybody knows", and is passed entirely by word of mouth. Of course, a great many people do *not* know it, especially those new to the job.

Now let us codify this information in a basic process unit. The BPU consists of a pair, the Name and the Description. The Name identifies the process, and is

used to refer to it. The Description contains the details of the process. As we shall see, both the Name and the Description are formal items, not English text. To identify the process, we give it a name that we, the describers, judge useful and appropriate. "Name 1", "open data file for update", "throw a ball", "fire a gun", and "fix a bug" are all examples of Names.

The person writing the BPU has free choice of Names. The basis for choosing is the informative value for the person (or persons) who will be reading the descriptions. In light of this, the describer typically chooses Names that are a brief description of the process, as that is typically the easiest way to identify the process to the reader. The Name of the process discussed about is "responsible persons in the Laboratory find out about a problem".

As we noted, finding out about a problem is part of the larger activity of finding and fixing a problem in No. 4 ESS; this larger activity is a process with the Name, "responsible persons find and fix a problem in a No. 4 Generic".

Sometimes a Name is all that is needed for the use the BPU will be put to; sometimes not. To give the details of a process, one gives the Description. This Description has six parts: Stages, Elements, Individuals, Eligibilities, Contingencies, and Versions.

*Stages.* A process breaks down into Stages, which may be sequential or parallel. The stages constitute a task analysis of the process; they are the sub-processes of the process being described. Stages are specified by Names; thus, the basic information on how a process is done is given by *other process Names*.

This is an important difference between the basic process unit and other approaches to describing complicated sets of activities, which sometimes follow the Name-Description format. With other approaches, the Description is typically in some form of English text (although it may be a somewhat structured form of English). The breakdown of a process with a purely formal name into other purely formally named processes is critical to the concept of using the basic process unit to describe a process. This formalism is what makes it possible to write a program to work with a set of process descriptions without the problems of natural language understanding and artificial intelligence.

The Stages of "find and fix a problem" are:

1. Responsible persons in the Laboratory find out about a problem
2. People who keep track of problems track the course of the problem
3. The responsible programmer decides the response to the problem
4. The responsible programmer implements the chosen response to the problem
5. People in a support group install the fix for the problem in the Generic.

Each stage, in general, may be accomplished in more than one way. In our illustration, there are four ways in which a responsible person in the Laboratory can find out about a problem. These ways of doing the Stage are the *Options*. In “find and fix a problem,” the Options for Stage 1 are as follows:

1. Responsible persons in the Laboratory find out about a problem
  - 1-1 a person at Indian Hill discovers a problem and reports it
  - 1-2 a person at Indian Hill discovers a problem and has the responsible programmer file the FR on it
  - 1-3 a person at Indian Hill discovers a problem and has the FR Coordinator tell the programmer about it
  - 1-4 a person in a No. 4 Field Office discovers a problem and reports it.

The options for Stage 4 are as follows:

4. The responsible programmer implements the chosen response to the problem
  - 4-1 the responsible programmer produces the fix for the problem
  - 4-2 the responsible programmer files a Not-applicable CR (a Correction Report stating that the problem is not applicable to this version of the software) for the problem
  - 4-3 the responsible programmer files a Not-implemented CR (a Correction Report stating that the problem is something that has not yet been implemented in the software) for the problem
  - 4-4 the responsible programmer files a Cancel CR (a Correction Report stating that the problem report has been cancelled).

Notice that the four Options for Stage 1 are the four ways of finding out about a problem presented in the discursive description given earlier.

The Stages and Options codify the subprocess structure of the process. Other aspects remain, however: the state-of-affairs structure of the process. To codify this structure one uses the Elements, Individuals, Eligibilities, and Contingencies (Ossorio, 1971–1978b, p. 43). The last paragraph of the discursive description of reporting a problem provides this sort of information.

*Elements.* We normally consider a process to have object constituents. The Elements are these objects. The Elements in a BPU are the objects appearing in the Names of the process, Stages, or Options. Again, they are specified by purely formal names, chosen by the describer to be informative to the reader. Some of the Elements in the BPU we have so far are:



1. person at Indian Hill
2. problem
3. fix for the problem
4. response to the problem
5. NA CR
6. NI CR
7. CC CR
8. No. 4 Generic
9. FR Coordinator
10. responsible programmer
11. people who keep track of problems.

*Individuals.* In an actual occurrence of a process one sees actual historical individuals taking the places named by the Elements. For example, "No. 4 Generic" may (today) be any of the individuals named 4E4, 4E5, or 4E6. These Individuals play the roles named by the Elements. Again, the Individuals are given by formal names, chosen to be informative. In our example, a partial list of the Individuals is:

1. anyone at Indian Hill
2. member of 4ESAC
3. 4E4
4. 4E5
5. 4E6
6. persons in a support group
7. the FR for the problem
8. the CR for the problem
9. incorrect behavior by the ESS machine
10. people in System Test
11. people in a development group
12. people in the Field Support Group
13. people in a development Department.

*Eligibilities.* The specification of the Eligibilities of Individuals to be Elements codifies the information about which historical individuals may take which parts in the process. Examples of Eligibilities are:

1. the No. 4 Generic may be 4E4, 4E5, or 4E6
2. person at Indian Hill may be any technical staff member at Indian Hill
3. people who keep track of problems may be people in System Test, people in a development Group, people in the Field Support Group, or people in a development Department.

*Contingencies.* Not all of the Stage-Option combinations are valid instances of the process, that is, would not be considered instances of the process being described. Valid combinations are specified by certain of the Contingencies which specify which Stages and Options are sequential or parallel. Contingencies are of two types: *Attributional Constraints* and *Co-occurrence Constraints*.

An Attributional Constraint specifies that the occurrence of an Option within a Stage, or an entire Stage, depends on some Element's having an Attribute. For example, Stage 1—Option 4 (a Field Office reporting a problem) happens if and only if the Generic is in the field. (It could be that the Generic is under development.)

Co-occurrence Constraints specify that certain Stages, or Options of a Stage, take place only if other Stages or Options do. For example, the programmer produces the fix for the problem (Stage 4—Option 1) only if, in choosing the response to the problem, the programmer chooses the Option “decide to fix the problem”—Option 1 of Stage 3 of the process named “responsible programmer chooses the response to the problem.”

The Constraints are encoded formally, so that they can easily be processed by a program; Attributional Constraints are of the form

Stage-Option Name   if   Attribute

where the Attribute, again, is a purely formal name. Co-occurrence Constraints are of the form

Stage-option Name   code   Stage-Option Name

where “code” is only-after, only-before, or if-and-only-if.

This formal structuring of the information makes it easy for a program to search for things that must be done before some action—prerequisite constraints. For example, if a person asks how to file a CR, a program can find all processes in which this is a Stage or Option, search the list of Constraints in each of those processes for actions that must be done before “file a CR,” and then check whether those actions have been taken, if necessary by querying the user.

*Versions.* Actual instances of the process being described are known as Versions. Each Version is a sequence of Stage-Option Names satisfying the Constraints. In our example, some of the Versions are:

1. 1-1, 2, 3, 4-1, 5-1
2. 1-2, 2, 3, 4-1, 5-1
3. 1-3, 2, 3, 4-1, 5-1
4. 1-4, 2, 3, 4-1, 5-1
5. 1-1, 2, 3, 4-2, 5-1

(Single numbers refer to Stages, e.g., 2 is “keeping track of the problem”; hyphenated numbers refer to Options within a stage, for example, 4-1 refers to “fixing the problem”).)

We have found it useful to distinguish certain types of Versions, including paradigm Versions, preferred Versions, and error Versions. In the above list, the first Version is a paradigm case of this process: Someone at Indian Hill discovers the problem and reports it, people track the handling of the problem, the programmer decides what to do about the problem, the programmer produces a fix for the problem, and people in a support group install the fix. The preferred Versions are the preferred ways to do the process, if one is Eligible. For example, if one is authorized, it is preferred to sign one's own CR. Finally, the error Versions are ways in which the process can actually be done, but which it should not be. For example, it is possible to take an FR number but not sign it out in the Log meant for that purpose. Doing this causes difficulties for the person who does it or for others. It is not supposed to happen, but does. An example of Error Version in our example would be for a person to discover and report the problem (Stage 1—Option 1), and for people to track it (Stage 2), but for the responsible programmer to ignore it when he is notified (error in Stage 3).

## THE PILOT PROJECT

Several researchers have used Descriptive Psychology in technical applications (Jeffrey, 1975; Johannes, 1977; Ossorio, 1966; 1971/1978a), including describing a human system of significant size and complexity (Busch, 1974). No one, though, had used it to both build a model of an actual human system and to write a software package to manipulate the model. As we noted earlier, a pilot project was carried out to address the issues of (a) the descriptive adequacy of the approach and the basic process unit, (b) the possibility of using the model to meet the developers' needs for information, and (c) the judgment by the developers themselves of the usefulness of the information system. We selected a portion of the development process that was sufficiently complex to test the approach, and of sufficient interest in its own right that the resulting information system would be of interest to developers. We wrote a program to answer questions developers might typically ask, and then had a sample of developers in the Laboratory use and evaluate the program.

### *Subject Matter*

Within all of the practices involved in building and maintaining No. 4 ESS, there is a set of activities involving finding bugs, reporting them, fixing them, and getting the fixes into the software. These activities are commonly referred to in the Laboratory as "FR/CR handling". This is the subject matter covered for the pilot project. It ranges from high level descriptions, such as "find and fix a problem", down to the most concrete aspects of the development process, such as which priority code to put in the priority code box on a form.

Covering this material required about 50 basic process unit descriptions, with 399 Stage-Option names. Six levels were encompassed from the highest level Name (“find and fix a problem in a Generic”) to the lowest (“filling out special instructions on a Correction Report”).

This area was chosen primarily because it was suggested by a number of developers as a very complex subject about which there was a great deal of confusion. Further, FR/CR handling includes many activities done only by people: reporting problems, giving forms to other people, checking up on the handling of a problem, and so on, as well as filling out forms. Thus, it was considered a good test of the adequacy of the descriptive technique, especially for those parts of the software development process that include specifically human activities.

Here are some examples of basic process unit descriptions (including only the Name and the Stage-Options):

NAME: responsible people find and fix a problem in a No. 4 Generic

Stages:

- a responsible person at Indian Hill finds out about problem
  - Option: person at Indian Hill discovers a problem and reports it
  - Option: person at Indian Hill discovers a problem and has the responsible programmer file the FR on it
  - Option: person at Indian Hill discovers a problem and has the FR Coordinator tell the programmer about it
  - Option: a person in a No. 4 Field Office discovers a problem and has someone in 4ESAC tell the programmer about it
- people who keep track of problems track the course of the problem
- the responsible programmer decides the response to the problem
- the responsible programmer implements the response to the problem
  - Option: the responsible programmer fixes the problem
  - Option: the responsible programmer files an NA CR for the problem
  - Option: the responsible programmer files an NI CR for the problem
  - Option: the responsible programmer files a CC CR for the problem
- people in a support group install the fix for problem in No. 4 Generic
  - Option: people in System Test install the fix for the problem in the Generic under development
  - Option: people in the Field Support Group install the fix for the problem in a field Generic

NAME: person files an FR on problem

Stages:

- person gets an FR form
  - Option: person gets an FR form from the System Lab
  - Option: person gets a previously signed-out FR form

- person fills out the FR form
- person gets the Supervisor's signature on FR form
  - Option: Supervisor signs FR form
  - Option: a person who can sign his/her own FR signs Supervisor's signature on FR form
- person submits FR form
  - Option: person puts the FR in the System Lab bin
  - Option: person working on Recent Change and Verify puts the FR in the box in the Western Electric Recent Change Group area
  - Option: person give the FR to Field Support Group FR Coordinator
  - Option: person gives the FR to Dept. 5426 FR Coordinator
  - Option: person working on Recent Change and Verify gives the FR to Data Administration Group FR Coordinator

NAME: the responsible programmer fixes the problem

Stages:

- the responsible programmer produces code to fix the problem
- the responsible programmer files a PIDENT change CR
- the responsible programmer PERMs the overwrite on TSS
- TSS executes the PERMOW procedure
- the responsible programmer fills out the CR for the problem
- the responsible programmer submits the CR
  - Option: the responsible programmer puts the CR in the System Lab bin
  - Option: person working on Recent Change and Verify puts the CR in the box in the Western Recent Change Group area
  - Option: the responsible programmer gives the CR to the Field Support Group FR Coordinator
  - Option: Dept. 5426 programmer gives the CR to the Dept. 5426 FR Coordinator
  - Option: person working on Recent Change and Verify gives the CR to the Data Administration Group FR Coordinator
- the responsible programmer carries over the CR
- the responsible programmer informs the FR Coordinator that the CR has been filed

We can now be somewhat more specific about the size and difficulty of the documentation problem briefly discussed earlier. Conservatively, the information in the complete BPU for the first example above could be written in about 3 to 4 pages of English text. For 50 basic process units, this would be about 150 to 200 pages of (extremely dense) English text, to completely document FR/CR Handling in the Laboratory.

While we would then have a document, it would be almost unusable as a source of specific, directly useful information for developers. The difficulties of

looking up the needed information, and figuring out how this listing of *all* of the possible things to do would apply in the developer's particular circumstances, would be almost insurmountable. (Interestingly, we did try this approach briefly. The complete set of BPU's were given to a few highly expert users. There assessment was that the set of descriptions was far too unwieldy for practical use.)

### *Writing Basic Process Unit Descriptions*

One of the most significant and valuable results of the MENTOR project has been the development of experience and expertise in actually writing process descriptions. The basic process unit specifies what must be given to describe a process. It is, however, totally content-free; it does not say anything about standards for what constitutes a good description.

We have developed a sizable body of heuristics, rules-of-thumb, and guidelines that address this issue. For example, one of the first rules developed was that any Name, or Stage-Option Name, should only state something that can straightforwardly occur. We recognized the need for this rule after examining an early candidate for a Stage-Option Name: "The Laboratory finds out about a problem in a Generic". This phrasing, quite common and normally taken to be communicative, does not state something that can actually, literally, happen. The Laboratory is not eligible to discover something; discovering is a human action, engaged in by a person. This name was replaced by "Responsible people in The Laboratory find out about a problem in a Generic".

The problems one encounters with poor descriptions may be divided into two categories. The first comprises descriptions that are uninformative or, worse, actually confusing, which results in developers getting answers that are uninformative or confusing. For example, it is uninformative to use purely nominal names such as "processes the CR". While sometimes this is the best way to say it (recall that these are rules of thumb, not hard and fast rules), someone reading this Stage Name can tell only that something is done to the CR, but not what.

The second category comprises descriptions that, by themselves, do not seem to be problems, but which are very difficult to compose and decompose (Osorio, 1971/1978b, p. 41). For example, at one point in the pilot project we were considering having one description for all of the ways of filling out a CR—normal problem-handling CRs, Edit-CRs (which are used for an entirely different purpose and just happen to use the same form), and PIDENT-change CRs (which are used for yet a third purpose). While this certainly could have been done, the result would have been a very large and complex single description, with many Stage-Options and many Contingencies to keep things straight.

Using very complex basic process units tends to result in serious difficulty in the composition of basic process units. Recall that it is fundamental to the concept of the basic process unit that the Stage-Options Names are the Names of

*other processes.* If we represent what we can recognize as distinct processes in a single complex basic process unit, there is no way, within the BPU format, to refer to one of the distinct processes; it would be necessary to make some addition to the BPU. For example, a reference to a particular Version of another BPU. While this is certainly not difficult technically, it seemed to us that by far the most prudent course to follow was not to tamper with the BPU for purely technical convenience. One of the most important reasons for this choice was that the BPU is not an ad hoc invention; it is a codification of the concept of a process (Ossorio, 1971/1978b, pp. 15, 38–39). Therefore, we thought it better to write separate BPUs for distinct processes. In the case of the many ways to fill out a CR, for example, we described each of the distinct activities (“responding to a problem,” “giving special handling instructions,” and “officially changing the program considered to be at fault”), with a BPU for the process of filling out the form at the appropriate point in each activity.

An extensive discussion of these guidelines is beyond the scope of this paper. They are discussed in detail, along with the issue of how to train people to use the BPU format for description, in a forthcoming paper.

### *User Questions*

As work on the description of FR/CR handling proceeded, it quickly became apparent that making the information available to developers would require a program to accept a person's questions and use the descriptions to answer the questions. As we noted above, the documentation dilemma is still present, whether one uses discursive English or BPU descriptions; the complete description of the software development process is so large and complex as to be almost unusable by someone needing information to act.

If we were going to write a program to answer questions, it was crucial to find out what questions developers actually had. We believed that developers' questions would fall into a fairly small number of question types, and that we would then be able to write a separate question-answering routine for each type, rather than have to address the far more difficult problem of writing a general question-answering program.

In order to find out what was actually the case, we interviewed ten developers from various parts of the Laboratory and then analyzed the results of the interviews. Each of the developers interviewed was asked what questions they had, or had had, about how the development process works. Each developer furnished about ten to fifteen questions. Half of the questions were analyzed, looking for a small number of patterns that would include all of this half of the questions. We found that eight patterns sufficed. These eight pattern questions were then checked against the other half of the questions. When the check was done, no new question types were found. As a further check, we showed the interviewees the eight pattern questions, and asked them how well they thought the pattern ques-

tions covered the range of questions they would like to be able to ask. All of the interviewees agreed that the list of questions covered the range quite well.

The analysis procedure was straightforward. We examined the lists of questions from the developers, looking for different types of questions. Frequently a question type was immediately recognizable, for example, "How do I do (something)?" or "Who does (something)?" In other cases we examined possible answers in order to get a better understanding of what the developer wanted to know, and then noticed that the question could appropriately be treated as one of the question patterns we already had. This was the case, for example, with most of the "Why did this happen?" questions from the developers, which are treated as, "How did this happen?" (This is certainly not the sort of procedure one would follow to develop a comprehensive, statistically valid model of the information needs of a population. That, however, was not what we were doing here. We were looking for adequate assurance that a program that could answer a fairly small number of questions would be suitable, if it had an adequate description of the organization. Since we knew we would be writing the program and having developers evaluate it, we considered the procedure of analysis, combined with checking our results with the interviewees, to provide adequate precautions. (See Ossario, [1981] for a discussion of the precaution-assurance paradigm of research.)

The following list of questions was developed:

1. How do I do X?
2. How do we (in general) do X?
3. What is X?
4. Who does X?
5. X has happened. What do I do now?
6. How did this X happen?
7. Who uses X?
8. What happens when I do X?

### *The MENTOR Program*

There are two key pieces in the MENTOR project. The first is a data structure to contain the information needed. We have discussed this in some detail, and shown how the basic process unit does this, in the foregoing section. The second, equally important, is the program to access the data and use it to answer a developer's question. That program is called MENTOR. Making it possible for a person to get useful answers to questions is, after all, the purpose of documenting the software development process. The database of BPU descriptions gives all of the possibilities for doing things with whatever it describes—in this case, FR/CR handling. But a person with a question does not ordinarily want merely a list of possibilities. No one wants to go to an expert, ask a question, and be told,



“Here’s all the information about that. You figure it out.” To have given just the BPU database to people would have been doing this.

A good deal of clerical work is necessary to use the BPUs to figure out an answer that fits both the person asking the question and the circumstances. For example, if a person asks how to do something, one must check whether the questioner is eligible to carry out each Stage of a Version, whether all necessary prerequisite constraints have been fulfilled (which requires looking up the BPUs of other processes), which Attributional Constraints are involved, and which are satisfied. The MENTOR program does this bookkeeping and place-holding work.

A person asks MENTOR a question by typing it in ordinary English. MENTOR figures out the answer that fits the person and the circumstances, asking for more information when necessary, and answers the question in English. At the time of the pilot study, MENTOR could answer the first three of the questions listed above.

MENTOR is not, of course, actually competent in English; it cannot actually understand arbitrary English from a user. However, it will properly recognize any of the developers’ actual ways of talking about the development practices. MENTOR’s answers are in actual, grammatically correct English, which it composes after it has found the data to answer a question. The result is that, to a developer, MENTOR appears to understand English.

Although the BPU database forms a hierarchical description of the activities being described, the use and operation of the program is not hierarchical. A user can directly ask any question, whether high- or low-level, without having to proceed “top-down”. To answer the question, MENTOR accesses only those BPUs it needs; it also does no hierarchical processing. Therefore, response time is relatively insensitive to the number of BPUs on file. (There are obvious exceptions, of course. As we shall see, to answer some questions MENTOR must check the Elements and Individuals of each BPU. This of course takes more time as the number of BPUs increases.)

*Design considerations.* Using MENTOR is intended to compete with the existing social practice of finding a human expert and asking. Ordinarily, when an expert is asked a question, he or she may ask for some information, and then gives the questioner an answer that is tailored to that person and the specific circumstances involved. The expert does not tell the person to do something the person is ineligible to do (e.g., sign their own CR form if they are not authorized to do so), or something that does not fit the case. Further, the expert does not ordinarily give a general format and tell the person to figure out the answer.

Rather than attempt to change the developers’ habits and expectations about asking questions, it was decided at the outset to have MENTOR behave like a human expert as far as possible. Specifically, a person should be able to ask MENTOR a question with no more specialized vocabulary than one would need to talk to a human expert, and be given an answer specifically tailored to the

person and the facts of the particular case. Further, the answer is one that the person can act on, with no interpretation, figuring out, or other investigation at all. (Of course, again as with a human expert, the questioner may need more detail; people often ask an expert to give the details of how to do something. That capability is provided.)

For example, a person who asks how to fix a bug in a Generic is told:

1. Write the code to fix the problem
2. PERM the overwrite
3. Fill out the CR
4. Submit the CR

In response to a request for the details of how to fill out the CR form, MENTOR supplies the user with 13 (or 14, depending on the circumstances) steps that, when carried out, result in the CR form being filled out exactly correctly for this case.

This design differs significantly from the more common approach of writing a manual, even an on-line manual. An on-line manual will typically give a user a page or two of information, from which a user can, presumably, figure out an answer. MENTOR does not function in this manner. The reason for this choice is that this is overwhelmingly what people indicated they wanted. They do not (they reported) want to have to figure out something about some procedure that is basically (in their view) extraneous to their job. They want the immediately useful information necessary to get their job done. Many were quite emphatic about this point.

The trials seemed to bear out this decision. Most users liked being given detailed, pointed, step-by-step information. There are, of course, individual differences; of the twenty-five developers who evaluated MENTOR, three said they would prefer an on-line manual. These three were all developers who had been in the organization for six years or more.

*Using MENTOR.* A user wanting to ask a question calls MENTOR by typing the word "MENTOR" on the computer terminal. MENTOR responds by asking for the person's name. (It uses this to tailor the response to the individual user.)

After receiving the name, MENTOR prints the question menu. Straightforward algorithms for all of the questions have been developed. At the time of the trials three of the algorithms had been implemented. (As of this writing all have been implemented.) The menu for the trials was:

1. How do I do X?
2. How do we (at Indian Hill) do X?
3. What is X?
4. Who is X?

(“What is X?” and “Who is X?” are treated identically.)

The user types the number of the question desired, and MENTOR responds with the question stem. The user fills in the stem, asking the question just as he or she would of an actual person—in ordinary English. For example, if the user types “1,” MENTOR immediately types, “How do I,” and stops, at that point on the line. The user then continues the line where MENTOR left off, typing, for example, “fill out the CR for this problem?”

MENTOR recognizes a set of standard phrases, which are the phrases that make up the Stage-Option Names, and the names of the Elements and Individuals. In addition, MENTOR keeps a file of alternate phrasings for each of its standard phrases. If the user’s input is not recognized as a standard phrase, MENTOR examines its alternate phrase lists. When it finds the user’s input in an alternate phrase list, it has then recognized what the user is asking about. (In the case of an ambiguous phrase, MENTOR will ask the user which of the possibilities is meant.). For example, “The responsible programmer fixes a problem in a Generic” is the Name of a BPU. The standard phrases in MENTOR’s files are “the responsible programmer” and “fixes a problem in a Generic.” A user might also want to say, for example, “How do I fix a bug?” When MENTOR encounters the phrase “fix a bug,” it looks it up and discovers that this means the same thing as “fix a problem in a Generic.”

Since MENTOR understands all of the ways of actually talking about the subject matter, it appears to the user to understand English.

This very simple algorithm has proven to be adequate, because there is a relatively limited number of ways to saying the same thing in a technical organization. It is clear that MENTOR’s processing of user input could be a great deal more sophisticated, including using the Classification Space technique (Ossorio, 1965, 1966), so that MENTOR could understand virtually anything a user would type in. We chose not to add this sophistication, since as long as the simple approach served there seemed little point in doing so.

After recognizing what the user has asked about, MENTOR asks for any additional information it needs in order to figure out the answer, and then gives the user the answer that fits the user and the facts at hand.

*How do I do X?* MENTOR looks up the BPU of the process the user has asked about. It sequentially searches the Versions of the process for a Version that this user can actually carry out in these circumstances. (This is where it uses the user’s name.) To do this, MENTOR checks whether the user is eligible to carry out the Stage-Options making up the Version, and whether the Attributional Constraints on each Stage-Option of the Version are satisfied. Where necessary, MENTOR queries the user about what he or she can do and the facts of the case.

MENTOR also performs another very important check: it checks for prerequisites of this process, and queries the user about whether they have been fulfilled.

Any that have not, are flagged for the user, as a reminder, before the answer to the question is given. (This is again in keeping with the practice of a human expert answering a question; he or she knows what should have been done before this, and tells the questioner to be sure to do it first.) For example, before one submits a CR, the FR must have been filed, and a procedure called "PERM" must have been carried out. MENTOR asks about these steps, and reminds the user to first file the FR and do the PERM procedure before submitting the CR.

After answering the question, MENTOR asks the user whether he or she wants more detail. The user may ask the following detail questions:

1. How do I do the step?
2. Who does the step?
3. What is X?
4. Who is X?

Asking about details is recursive—the user may ask for sub-details, sub-sub-details, and so on. When the user is finished with detail questions at one level, MENTOR returns to questions about the previous level. (An entire line of questioning may be abandoned by hitting the "break" key on the terminal; this returns to the original question.)

*How do we do X?* Answering this question is less complex. MENTOR looks up the BPU for the process, prints the people who do it, and gives the user a paradigm Version of the process. No eligibility checking is done, as the user is not asking how he or she can actually do it. However, the Contingencies are checked, so that the Version fits the actual facts, as are the prerequisites.

*What is X?* This question is answered in two steps. First, MENTOR prints out a dictionary-style answer—an ordinary English explanation from a file. Then, if the user wants to know more, MENTOR finds all of the BPUs in which X is an Element or an Individual. For each process, it prints the Stage-Option Name in which X appears, and the Name of the process in which that Stage-Option appears. MENTOR places X in its widest context first, by printing the list of uses in order of highest level (most general) first.

*Who is X?* This question is treated precisely like "What is X?" A dictionary-style explanation is given, and then a list of all of the processes in which X is an Element or Individual.

At the time of the pilot study, MENTOR could answer the first three of the questions listed above. The program was approximately 3,000 lines of code in the C language. (At the time of this writing MENTOR can answer all of the questions, and has some additional capabilities as well, which are discussed

briefly in the final section. The program is now approximately 7,000 lines of C code.) MENTOR runs under UNIX (Note 1) a widely available operating system on minicomputers. On a Digital Equipment Corporation 11/70 (a large minicomputer), with approximately 20 to 25 timesharing users, typical response time is about four to five seconds.

### *Trials*

We now knew that the descriptive technique was technically sound, we had covered complex actual subject matter, down to a technically useful level of detail, and we had a program to answer questions that users had told us were of interest to them, giving answers as a human expert does. The key question, however, remained: Would people actually use the resulting system to answer their questions?

*Participants.* A group of 25 users in the Laboratory used MENTOR and evaluated its answers. Of this group,

- 6 were very highly experienced (9 or more years),
- 6 were relatively new (less than 1 year),
- 13 were in the "mid-range" of experience,
- 6 were Associate Technical members of the Lab (the level below full Member of Technical Staff),
- 2 were in management, and
- 3 were specially chosen experts in some area of the Development process.

This mixture of people insured covering a broad spectrum of people throughout the Lab.

Half of the users were in the original pool of people who helped develop the user question list, and half were people with no prior exposure to MENTOR. Of the six very highly experienced developers, three had no prior experience with MENTOR, as was the case for the three specially chosen experts.

The people were given access to MENTOR, told briefly what it was for (answering questions about anything involving FR/CR handling), and invited to use it as much as they wanted to or felt they needed to to answer the evaluation questions. They used MENTOR by themselves, with no coaching other than for a brief check-back after about fifteen minutes to make sure that no misunderstanding had occurred. Average use was about one hour, with a range of one-half to over four hours.

The users then filled out a questionnaire which asked them to evaluate the quality of MENTOR's answers and, assuming that all of the user question list was implemented and that MENTOR covered all of the software development process, whether this looked like a tool they would use and recommend to others. Answers to each question were on a scale of zero to four.

The actual questions asked, and the anchoring of the scale in each case, were *as follows*:

1. How informative were MENTOR's answers? (not at all; a little; fairly; quite; very)
2. How accurate were MENTOR's answers? (very inaccurate; somewhat inaccurate; fairly accurate; quite accurate; very accurate)
3. If you were new to the Laboratory, how useful would MENTOR be to you? (not at all; a little; fairly; quite; very)
4. If you were an experienced person getting into an unfamiliar area in the Laboratory, how useful would MENTOR be to you? (not at all; a little; quite; very)
5. How much would you use MENTOR to answer your own questions? (not at all; a little; a fair amount; quite a bit; a great deal)
6. If you were mentoring a new person and MENTOR were available, how much would you use it to help the new person get on board? (not at all; a little; some; quite a bit; a great deal)
7. Would you recommend MENTOR to other people? (strongly advise against; advise against; no opinion; recommend; recommend strongly)
8. Do you agree or disagree with expanding MENTOR's knowledge to cover the whole software development process? (strongly disagree; disagree; don't care; agree; strongly agree)

*Results were as follows:* The mean on Question 1, on how informative the answers were, was 2.4 out of 4, or between "fairly informative" and "Quite informative."

The mean on Question 2, accuracy, was 2.7 out of 4, or between "fairly accurate" and "quite accurate." Follow-up interviews with the users about this question revealed that MENTOR actually made very few inaccurate statements (three errors were found), but users tended to rate the accuracy lower when they felt the answer should have been more complete.

The mean on Question 3, usefulness to new people, was 3.1 out of 4, or "quite useful." It is significant that there was no difference in the mean for all users, the mean for the six highly experienced users, and the new people.

The mean on Question 4, usefulness to experienced people changing areas, was 2.6 out of 4, or between "fairly useful" and "quite useful."

The mean on Question 5, how much they would use it for their own questions, was 1.9 out of 4, or approximately "a fair amount." The mean for the highly

experienced developers, who would not be expected to need MENTOR, was 1.3, or between "a little" and "a fair amount." Excluding these six, the mean on this question was 2.2.

The mean on Question 6, how much would they use MENTOR to mentor a new person, was 2.9, or approximately "quite a bit."

The mean on Question 7, recommending MENTOR to others, was 3.2 out of 4, or a bit over "recommend." Of the 25 users, 22 said they would recommend or recommend strongly; nine said they would recommend it strongly.

The mean on Question 8, expanding MENTOR's coverage, was 3.3 out of 4, or between "agree" and "strongly agree." Of the 25 users, 21 said they agree or strongly agree; 13 said they strongly agree with the expansion.

(A clerical oversight resulted in the anchoring of the scales for some of the questions being somewhat uneven, in such a way as to make the evaluations appear more negative than they would have with properly anchored scales. For example, on Questions 6 and 7, there is more distance between "a little" and "a fair amount" than between "a fair amount" and "quite a bit." There is a similar problem with Questions 1 through 4. While we would not presume to try to quantify the difference that more evenly spaced scales would make, our examination, and discussion with colleagues, leads us to believe that it is appropriate to consider the ratings conservative.)

The answer to the key question of developer reaction is that they found MENTOR to be informative and accurate, and that they would use it and recommend its use to others.

## SUMMARY AND CONCLUSIONS

The pilot project was undertaken to address three critical issues:

1. Is the basic process unit adequate for describing what actually happens in developing software, completely and in detail?
2. Can we build a tool that people can use to have real questions answered?
3. If such a description and tool can be built, will people actually use it?

We addressed these issues in the strongest way possible: demonstration.

1. A complex and fairly large portion of the activities of the Laboratory (FR/CR handling) was described, completely and in detail. The content was deliberately chosen to be varied in level of detail, and was known at the outset to be one about which considerable confusion existed.

2. A program, MENTOR, was written to accept a question phrased in ordinary English and answer it in ordinary English, figuring out the answer that fits both the user and the circumstances. Further, a good deal of work was done to ensure that the questions are the ones users actually want to ask.

3. When a broad cross section of people in the Laboratory evaluated MENTOR, their assessment was that MENTOR provided accurate, informative, and useful answers, and that they would use it and recommend its use to others.

By doing this, a firm foundation for the overall MENTOR project was established. Further, we have demonstrated the feasibility and practicality of the human system approach and Descriptive Psychology technology to the problems of understanding and modeling human organizations.

It should be clear that there are a number of applications for the approach and technology. The reader is invited to make his or her own list of systems, activities, organizations, and so on, that can appropriately and profitably be viewed as human systems. We will point out only two.

First, the situation the Laboratory faces, that is, a complex process and a relatively low level of experience in that process on the part of people in the Laboratory, is significantly exacerbated in cases where the software development process is being created on a schedule only slightly ahead of the project it is intended to support. Such situations are not uncommon in the software field; any large, new software effort faces it to some extent. This obviously has a heavy impact, in terms of staff effort and calendar time, on an already tight schedule.

The second application is to documenting software. Just as MENTOR documents FR/CR handling completely and in detail, and will cover the entire software development process of the Laboratory in like manner, we can use the approach and technology to document large software systems completely and in detail. (The basic process unit, and the technology for using it that we have developed, can be used to describe any action, whether done by a human, machine, or program.) Documenting a system in this way results in a tool a person can use to find out how the system works and how to use it, from high-level descriptions down to the details of how some part of the system works. In other words, we can build a tool that can act as a human expert about the system. The ubiquity of large software systems, and the extreme value of expertise in how those systems really work, points to a high potential payoff in this area.

## CURRENT WORK AND FUTURE DIRECTIONS

After reviewing the results of the pilot project, a management decision was made to carry out the full MENTOR project, covering all of the software development process and with the full capabilities of the MENTOR program. Work on the project is in progress. At this time the MENTOR program can answer all of the



questions on the user question list. The BPU database now includes approximately eighty descriptions.

The next area of the development process to be covered was the use of a critical software tool, the Source Overwrite System (SOS).

The same philosophy has been followed: MENTOR is intended to act as an expert in how to use SOS. This philosophy has an interesting implication, when applied to describing the use of software. If a human expert is asked how to use a piece of software, she or he will ordinarily give the questioner the actual commands to do the job, not a command form that the person must figure out or substitute into, and so forth. MENTOR now does exactly this. When a user asks how to use SOS, MENTOR asks for the necessary information, and then gives the user the actual commands to be entered to do the job. Thus, MENTOR now has the capability of asking a person about what he or she wants to do, and then writing the software commands to do that job.

We have found it necessary to move from the general basic process unit to a particular form, the behavioral process unit. This is a technically usable form of the intentional action analysis of human behavior (Ossorio, 1969/1978). Whereas the BPU is suitable for describing any process, from ice melting to a person behaving, describing software at a level of detail to let MENTOR actually act as an expert has called for a form of description designed for specifically human action.

With this form of description, rather than having simply Stage-Option Names, one specifies certain of the parameters of intentional action: Know, Know-how, and Performance. In the behavior of a person, Know and Know-how function as constraints; someone lacking the relevant Knowledge or Competence cannot carry out the process in question. The Performance is the actual physical performance one does, to engage in the action named by the process Name. In the case of using SOS, the Performance is entering the actual command on the computer. For example, the action with the Name "The SOS user tells TSS to call SOS" has the Performance with the Name "type SOSG program-name,CR-number."

An obvious use for the "blueprint" of the software development process is as a basis for simulation. Fundamentally, we now have the basis for saying *what* is to be simulated. The next step would be developing measures, that is, numbers representing how many Individuals eligible for various Elements there are, how long the various component processes take, how often each of the Options for a Stage is selected, and so forth. Such a simulation appears to have a high potential for tools of considerable value to systems analysts.

On a larger scale, we are now in a position to begin exploring simulation of the Laboratory in its entirety, including the practices involved in supervision, management, tool building, budgeting, feature planning, and requirements definition. Issues here would include the adequacy of the descriptive technique for cases where there is more "gray area" and judgment involved, adequacy of the interviewing procedures for gathering the information in these areas, and re-

producing human judgments. (The work of Busch [1974], Jeffrey [1975], and Johannes [1977] is relevant to these issues, and addresses both the technical feasibility and practicality aspects.) Simulation of the Laboratory would directly address the needs of management.

It seems to us that the most reasonable approach to this problem is to treat the Laboratory as a Community, as Putman (1981) has articulated the concept, including core and other intrinsic practices, subcommunities, and locations. Simulating organizations, or other communities, seems to be a feasible endeavor at this point, and one of very wide applicability and interest.

## ACKNOWLEDGMENTS

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## NOTE

1. UNIX is a trademark of Bell Telephone Laboratories, Inc.

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# THE POSITIVE-HEALTH DEVELOPMENTAL MODEL

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## ABSTRACT

The Positive-health Developmental Model (PDM) is a comprehensive arrangement of personal characteristics, behaviors, and social practices in three dimensions: Approach, a person's way of relating to self, others, and the world; Developmental Level, a person's social and cognitive behaviors, as compared with societal norms; and Mastery, the extent to which a person has mastered and integrated the skills and content of each Developmental Level, described in terms of Actor-Observer-Critic function. Some possible advantages of such a model are discussed, along with settings in which the model has already been used. Directions for further research are suggested.

Current well-founded concerns in education, psychology, medicine, and other fields have led to the development of peer-review requirements for the encouragement of responsible professional behavior and the improvement of services.

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One problem encountered in this process is the identification of specific goals and objectives.

What kind of person is the educational system designed to produce? Ought there to be a difference between public and private education? What kinds of change are to be seen as positive in the practice of psychotherapy? Which current medical procedures so degrade the quality of a person's subsequent life as to make them undesirable or actively destructive? How can a social worker be sure that his or her interventions are in fact helpful to the client?

The answers to such questions often take into account either the needs of the society in which the recipient of the services lives, or the needs of the individual himself or herself, but not both. When one adds to this the time lag in the professional's delivery of the services, what is provided is often neither precise nor timely. For example, by the time universities had produced an appropriate number of scientists and engineers for the space program, the program itself was winding down.

In fact, many of the problems in delivering services are caused at least in part, or compounded, by our taking a reactive stance on various specific difficulties. If Johnny can't read, we'll set up to teach his son and grandson to read. In being perhaps too specific, we find ourselves sometimes working at cross purposes—drawing the boundaries among the professions so rigidly that cooperation is discouraged and the benefits of the knowledge of one profession are not shared with others. We lose sight of our common goals.

It seems, then, that it would be desirable to have a model of positive health, sufficiently general to provide for interdisciplinary communication and broad usefulness, and sufficiently specific to be usable independently of, or cooperatively with, other models. It would make sense to look to developmental models for help with the problems mentioned above. One such model is proposed here.

## SUMMARY OF THE MODEL

The Positive-health Developmental Model (PDM) is a way of describing and assessing human behavior in terms of three factors: Approach, a person's way of relating to others and to the world; Developmental Level, a person's social and cognitive behaviors, as compared with societal norms; and Mastery, the extent to which a person has mastered and integrated the skills and content of his/her developmental level to provide enriched and extended opportunities for effective function in his/her world. These factors, or conceptual dimensions, are delineated below.

### *Approach*

Approach is defined as an orientation which is characterized by a preferred context, mode of operation, and set of priorities. Differences in approach, in this

sense, involve differential preference for, an emphasis on, and an inclination toward different modes of operation and their corresponding goals, values, and natural contexts. A person with a given approach will characteristically select or create situations which call for the preferred mode of functioning and carry the promise of the preferred goals. Each approach has its own frame of reference, its own specific skills, and its own values. (One of Ossorio's [Note 1] status dynamic principles is, "If a person wants to do something, he has a reason to create or look for an opportunity to do it.")

Three approaches are distinguished: Relationship, Power, and Information. As defined above, each of these orientations involves a variety of personal characteristics, of which values and preferences, on the one hand, and skills and abilities, on the other, are major elements. In general, we may expect that the acquisition of skills, traits, attitudes, interests, knowledge, and interpersonal styles reflects the result of the operation of consistent preferences over time, and that it is this latter which accounts for much of the psychological coherence of the constellation of acquired personal characteristics.

The fact is, however, that the skills and interpersonal capabilities associated with any one of the three approaches will be too limited to enable the person to function at a normative level. From the latter point of view, we may say that normative functioning at most ages will, at one time or another, call for the skills and capabilities associated with each of the three approaches. For this reason, we need to distinguish the skill and capabilities which are characteristic of a given approach from the approach as such, including the simply preferential aspects. This is accomplished by referring to "Relationship skills," "Power skills," and "Information skills." A person who has normative capability for exercising Relationship skills does not necessarily have a Relationship approach.

We can say, therefore, that normative functioning requires Relationship, Power, and Information skills, even though a given person will have a primary approach that reflects values and preferences. The operation of the values and preferences can be expected to be evidenced by some selectivity in the acquisition and exercise of skills corresponding to the nonpreferred approach. For example, a person whose primary approach is Power will exercise Relationship and Information skills in ways that express the Power orientation as well. (Another status dynamic principle [Ossorio, Note 1] is, "If a person has two reasons to do a certain thing, he has a stronger reason to do it than if he had only one of those reasons.")

At the same time, the division between skill and value or attitudinal components should not be too sharply drawn empirically. The exercise of, for example, "Relationship skills" is not just a matter of engaging in certain skilled performances. To a large extent, it is a matter of appreciating certain values and operating within certain perspectives. Thus, we may speak of our Power-oriented person not merely as capable of exercising Relationship or Information skills, but also as capable of taking a Relationship or Information approach to particular

situations. Accordingly, rather than saying simply that a given person operates from one of the three approaches, we may say that a person has one primary approach, and that the others are secondary for him or her.

One can exercise skills independently of one's own attitudes and preferences, but one can also *adopt* a given attitude or perspective and act on that relatively independently of one's "real" or "primary" attitudes and preferences. To the extent that the three orientations distinguished in the PDM have psychological reality and the corresponding developmental significance, there is a point in saying that a person specifically needs Relationship, Power, and Information skills to function normatively, rather than saying merely that a person needs whatever skills he needs to function normatively. Similarly, there is a point in saying that a person needs to have all three approaches available in order to function normatively.

Considered as personal characteristics, in the sense that Ossorio (1978) uses the term, Relationship, Power, and Information refer to motivational priorities or behavioral preferences. They do not represent or correspond to stages. The relative valuation of Relationship, Power, and Information may be constitutional, that is, already present at birth, or may be a consequence of individual or family preference or training; this is an area for research. The Relationship, Power, and Information *skills* consist of those abilities which are called for by the behaviors and social practices, participation in which constitutes a realization of the Relationship, Power, or Information values. These skills are stratified in terms of the developmental levels.

The following three approaches are delineated in some detail here and in Table 1.

*Relationship* has an interactional context. A person with a Relationship approach will value personal contact with other people; will be interested in his/her own feelings and others'; is likely to be nurturing, cooperative, and skillful in building intimacy. In a continuum of possible relationships (acquaintanceship, cooperation, alliance, friendship, . . . , intimacy), he/she is likely to prefer those relationships in which intimacy (not necessarily sexual in nature) is possible. He or she will tend to structure his/her time around the wants, needs, or goals of others; his/her own goal is being with and taking care of, or being taken care of by, others.

*Power* is goal- and task-oriented. Where a Relationship-oriented person might say, "I don't care what I'm doing, so long as I have good company," a Power-oriented person would say, "I don't care how you do it, get it done!" Such a person is likely to be impatient with feelings, his/her own or others', hard-driving, autocratic, controlling, and solitary or reserved. His/her skills have to do with getting things done, with leading (but probably not following), with setting structures for others and building myths that others accept. Competition is

Table 1

<i>Approach</i>	<i>Style</i>	<i>Methods, Characteristics, and Values</i>
Relationship	magical, intuitive, <i>ad hoc</i> , one-valued, other-directed, "good ol' boy," Doc and Uhura in <i>Star Trek</i> , BJ on <i>MASH</i>	<i>intimacy</i> , charm, friendliness, enthusiasm, pleasing behaviors, seduction (both sexual and non-sexual), ingenuity, persuasion, adaptability, commitment to a relationship or person, loyalty to a relationship or a person, taking care of or being taken care of, dependency, feelings, enjoyment, over-generalization, distortions of sequence, missing steps in thinking, political skills (of relationship), regrets, depression
Power	control-oriented, authoritative, goal-centered, planned, expedient, two-valued (often in extremes), active, not reflective, Lone Ranger, Captain Kirk, Colonel Potter	<i>control/cooperation</i> , energy, creativity, organization, charisma, leadership and political skills, dedication, perseverance, commitment to own goals, responsibility, lack of concern with process, outcome evaluations, involvement with the task at hand, arbitrariness, hostility, competition (both appropriate and inappropriate), conviction (sometimes uninformed), incorrect or missing steps in thinking process, distortions of duration, remorse, cyclic disorders
Information	process-oriented, flexible, multi-valued, logical, precise, reflective, Spock	<i>trust</i> , analysis and synthesis, reality-testing, model-building, cognition, study, observation and examination, accuracy, curiosity, rationality, suitability for a chosen purpose, difficulties with closure, low-pressure, not inspiring, successive working hypotheses, concerned with learning and teaching, exchange of information, procrastination, anxiety, extra steps in thinking, isolative behaviors, faithfulness to principle or commitment



an integral part of the underlying thought structure, whether with self, others, or some real or imagined standard. Where intimacy is the highest priority for Relationship-oriented people, control (and its concomitant cooperation) is the name of the game for Power-oriented people. Pleasure comes from achievement, from testing one's limits and extending one's skills—from making something challenging or new come to fruition. And after a moment's pleasure at closure on one task, a Power-oriented person is likely to move on quickly from that achievement to the next, and the next, and the next, with brief but intense periods of satisfaction from each.

For such a person, crises are exciting and stimulating; the successful resolution of an emergency is enormously gratifying. Where Relationship- or Information-oriented people will put considerable effort into denying, avoiding, or smoothing over a crisis, Power-oriented people often create crises in order to have an opportunity to function effectively.

*Information*, as an approach, is process-and structure-oriented. People who approach the world from this system are almost endlessly curious; they wish to know how everything works, from relationships to computers, drainpipes to bagpipes. Their passion is for accuracy and the increase of knowledge; they play with words, ideas, objects, and arrangements, and find delight in knowledge for its own sake. These are the trivia experts, inventors, intellectual packrats. Their highest priority is trust, whether of information or of persons. In general, they are poor liars, because accuracy is a high value to them. Many Information-oriented people have difficulty bringing a project to closure, because there is always more to learn, and a project cannot be trusted if it is incomplete. At their healthiest, they maintain a sense of delighted wonder at the world and its variety; at their least healthy, they so drastically limit their field of observation that they become deprived of the full benefits of interaction with other people and with the world around them.

Some empirical articulations of the approaches, taken primarily from material generated at workshops by leaders and participants, are shown in Table 2.

In various combinations, the approaches are significantly related to the ways a person chooses to spend his/her time, and the kinds of communication and relationships in which a person chooses to engage. In order to be healthy, a person needs to have skills and some fluency in all these approaches. A single-approach person seems to others to lack some essential characteristics. Even a very young infant uses Relationship skills to elicit affection and nurturing, Power skills to compel appropriate responses from the environment (e.g., a baby's urgent distress cry), and Information skills to make sense out of his or her experience.

In a healthy and supportive environment, a child has opportunities to learn and practice skills from all three approaches. Indeed, it is difficult to imagine a well-rounded adult who does not value intimacy, trust, and control/cooperation, even

Table 2  
Empirical Articulations of the Three Approaches

<i>Distinction</i>	<i>Approach</i>		
	<i>Relationship</i>	<i>Power</i>	<i>Information</i>
action distortion	sequence	process	significance
affective disorders	hysteria, depression	cyclic, depression	anxiety
competition	for taking care of, being taken care of	for frame of reference, defining reality	for accuracy
confusion	thinking with feeling	doing with feeling	thinking with doing
decision process	intuition, feelings	conviction (sometimes uninformed), action	successive working hypotheses, reflection
interests	enjoy, feel close, feel good, take care of or be taken care of	achieve, compete, succeed, excel, strive	learn, teach, exchange, experiment
locational priority	closeness	time	space
management style	buddy, good ol' boy, "Let's win one for the Gipper," Col. Blake in <i>MASH</i> , Doc in <i>Star Trek</i>	solitary horseman, no peers, charismatic leader, outcome-oriented, Col. Potter in <i>MASH</i> , Capt. Kirk in <i>Star Trek</i>	rational, informed, low-key, uninspiring, process-oriented, Mr. Spock in <i>Star Trek</i>
reality statements	"Reality is what you/they say it is, I guess . . ."	"Reality is what I say it is!"	"Reality is what I can test to nine nines."
reasoning disorder	missing step	incorrect step	extra step
relationships	many warm long- and short-term, some superficial	few, often stormy, not very close, one or two very close	few long-term, very stable, terminate suddenly if trust is violated
strengths	linking, person orientation	outcome orientation, task involvement, determination	flexibility, process orientation
thinking disorder	over-generalizing	over-generalizing	over-detailing
time distortion	sequence	duration	closure
weaknesses	dependency, lack of investment in closure, lack of control, passivity	over-control of other people, hostility, isolation, arbitrariness, extremism, lack of investment in how things happen	procrastination, lack of investment in closure, isolation, over-control of self, over-concentration on detail
values	intimacy/feeling	control/achievement/doing	trust/understanding/thinking

though the mix may vary greatly among individuals who prefer different approaches.

Perhaps it is easiest to show the interdependence of the approaches through these three values. A Relationship-oriented person is most likely to trust and cooperate with a person to whom he/she feels close. ("Of course he's a good lawyer; I've known him all my life!") A Power-oriented person will learn to trust another person, or be close to him/her, by cooperating with or attempting to control him or her. ("He's the best doctor I've ever had; he doesn't take any nonsense from anyone—even me!") An Information-oriented person will not be intimate with, and will limit cooperation with, a person until he or she has come to trust that person. ("He's a good friend; I've never known him to go back on his word.")

Each approach assumes particular importance in connection with various tasks, and at various developmental levels. A child who is testing limits is likely to do so most effectively from a Power approach; a child who is developing social skills is likely to use Relationship orientation; a child who wishes to understand how the world works and how things fit together in it is likely to be coming from an Information stance.

When a particular developmental level is focused on a task which calls for the skills of one approach more than the others, the child is generally most effective using the skills of that approach. But again, at each stage, the primary way of relating to the world will affect the way in which a particular child accomplishes the developmental task. So, for instance, the end of the so-called Terrible Twos (the anal resolution) can come as a battle over who will tie the two-year-old's shoes, or where he will move his bowels and when; over whether the child must share and "be nice"; or over a disputed piece of information, like what Daddy said or who put the Teddy bear into the dryer. In each instance, the caretaking person (usually the mother) insists effectively that the child accommodate to reality as understood by consensus in that family or society, and the child discovers that he/she can think and/or disagree and still be taken care of.

A healthy, intact family can probably provide some experience of, or at least support for the development of, all three approaches. A child in whose family a particular approach is absent, forbidden, or grossly distorted may find additional resources external to the family, and still grow to adult life with a full repertoire of behaviors suitable to the culture and time in history in which he or she lives. One of the arguments for the extended family is the increase in experiential resources for the children involved. Radical deficits in skills or in valuing of one or more approaches appear to issue in behaviors that are culturally unacceptable to a degree sufficient to impair a person's function.

Many people appear to function well from two approaches, alternately or together, at a comparable level of skill, and significantly less skillfully from the third. A person who uses Relationship and Power skills, but lacks Information skills and priorities, may display considerable energy in the pursuit of his/her

goals, while testing reality poorly. A person who combines Relationship and Information skills may be very pleasant and hard-working, with large gaps in leadership skills and the ability to bring a task to a successful conclusion. Such a person may also not be effectively assertive, even when it is to his/her interest to do so. A person who combines Power and Information, but lacks Relationship skills and priorities, may be seen as effective, cold, and forbidding. He/she is likely to test external reality—the material world—quite well, and to lose sight of human values, being awkward, reserved, impatient, or careless in personal relationships.

Where a person is far more skilled in two approaches than in the third, even though he or she may be comparably skilled in both, the person's primary approach still makes a difference. The nonprimary approach is still colored by the primary. So, for example, the pairing of Power and Relationship approaches in a primary Relationship-approach person is observably different from the same pairing in a primary Power-approach person.

Looking at these combinations in vocational, that is, "preferred context," terms, one might find the Relationship-Power person functioning well as an evangelist, politician, entertainer, or salesperson; the Relationship-Information person as a minister, guidance counselor, social worker, or family-practice physician; and the Power-Information person as a successful engineer, surgeon, or entrepreneur.

Very few people function consistently in only one approach. A single-approach person would appear strange and limited in his or her behavior. Most people seem to use two of the three approaches more frequently and with greater skill than the third. It is possible to get along quite well this way. However, in terms of the PDM, a positively healthy person has comparable skills in all three approaches, and affirms the values of each to some extent. This permits the person to develop the kind of balance that comes from pleasure at one's own effectiveness, willingness to learn, and satisfying personal relationships.

In general, a person operating from a two-approach combination makes use of the skills of two approaches in the service of the values of the primary approach. Following are brief descriptions of the two-approach combinations

*Relationship-Power* (RP) persons use the skills of both approaches to support the Relationship values. They are very gregarious, and usually have a strong network of friends. They combine concern for all of the individuals involved in a situation with a drive for success and closure. They are very effective persuaders, politicians, entertainers, and advocates of a particular point of view. Lacking the Information values, they may leave out important steps in planning or thinking.

*Relationship-Information* (RI) persons use the skills of both approaches to support the Relationship values. They are very effective teachers and trainers, good team members, loyal and trustworthy, highly-principled, perceptive, sometimes quite sensitive, and not very competitive. They can be excellent mediators

and negotiators. They respond well to praise and support, and not to negative criticism. Lacking the Power values, they may experience difficulties with closure.

*Power-Relationship* (PR) persons use the skills of both approaches to support the Power values. They are often charismatic, sometimes almost overpowering. They may support a program or a point of view for the sake of winning, rather than for any intrinsic benefits; if they do, they will do it very well, and are likely to win. They do well in jobs that require both high energy and some understanding of others. They tend to use their understanding of people in ways that may seem careless or exploitive to other people. They are high achievers, and need to have opportunities for achievement; otherwise, they can become a focus of discontent. Lacking the Information values, they may be willing to be deceptive, and may not always be as thorough as they intend to be.

*Power-Information* (PI) persons use the skills of both approaches to support the values and goals of Power. These people are excellent politicians and leaders, but poor followers unless they see some chance of advancement. They are the prime upholders of hierarchical systems. Many are workaholics. They are superb strategists and fine senior military officers. They are often insensitive to human values and needs. They are very thorough, and rarely make careless mistakes. They are impatient with anything they regard as incompetence. They do not value anything which they do not understand.

*Information-Relationship* (IR) persons use the skills of both approaches in support of the values and goals of Information. They are generally noncompetitive, friendly but not gregarious, extremely flexible except on issues of trust, cooperative, hard-working, and loyal. They do well in staff, but not in line, positions. They are very effective working independently on a project of their own, but need external support or pressure to meet deadlines and get closure. They tend to develop Power skills late in life, if ever, and do not really understand the Power values.

Information-Power persons use the skills of both approaches in support of the values and goals of Information. They are moderately competitive and closure oriented, very precise, somewhat rigid, very private, not very playful. They make excellent CPAs, actuaries, editors, script persons, auditors, administrative assistants, trouble-shooters, and inspectors—jobs that require attention to detail and prompt performance. They tend to have very few friends and to avoid intimacy. Lacking the Relationship skills and values, they are often unwilling to tolerate much personal contact, with the possible exception of their families.

Various approaches and combinations of approaches are valued within cultures and subcultures, often in association with conventions about masculinity and femininity. (There is so large a body of literature on this issue that it is not necessary to discuss it here.) The differences in values that operate in a culture

generally exercise a molding effect on the persons living in that culture. Such molding effects are seen, however, as potentially limiting, since the presence of each of the approaches enhances the others and increases positive behavioral options.

### *Developmental Levels*

The second dimension of the PDM describes the skills, social practices, and characteristics of healthy development in sequential form. Eleven developmental levels (0–10, where 0 indicates the absence of even a minimal set of resources and achievements, e.g., an absence of voluntary movement, and 10 indicates the presence of extraordinary resources and accomplishments) cover physical, social, and intellectual competencies which in general increase from birth to maturity. Specific criteria for identifying functioning at each level in each approach have been developed. Relevant distinctions are made both for those who are unusually able and those whose function is in some way impaired (see Table 3).

A person is said to have “completed” a given developmental level when he or she can do all those things which are required for meeting the standards defining that developmental level. In general, a person will not be considered to have completed a given developmental level until he or she has mastered the requisite skills in all three approaches at that level. To do so requires the incorporation of these skills into a self-regulating form of functioning (see discussion of Mastery below). In the developmental dimension, comparisons are made on the basis of need for external or community support and the degree of independent responsibility, as well as on the basis of appropriate activities and settings for the individual, and cultural norms. Values reflected in the developmental section are: competence, independence, willingness and ability to contribute to the common good, responsibility for own actions and decisions, problem-solving, moral and ethical development, creativity, and the formation of durable and satisfying nonexploitive relationships with other persons. In general, each of these values is affirmed to a greater degree at each higher level.

A rough summary of levels 0–10 is provided in Table 3. Specifics for a wide variety of cultures and subcultures can be subsumed under the several headings. In general, an adult who exemplified positive health would function at at least level 4, and probably 5, in all three systems. Both 0–3 and 8–10 are rare in the general adult population, with the most extreme occurring least frequently.

Considered as personal characteristics (Ossorio, 1976), the developmental levels correspond to ability or achievement descriptions. Ossorio (Note 2) identifies two general types of developmental models: Models of the first type are formally *ipsative*. They attempt to describe what a child is doing without reference to external criteria. In general, these tend to be related to intrapsychic theories. Models of the second type are formally *norm-based*. These take adult (or some other) function as normative, and describe the child’s behavior as

Table 3  
Summary of Developmental Levels

- 
10. Genuinely new ideas, behaviors, creations, inventions, or understandings which are fundamental contributions to the culture and have revolutionary implications for human living.
  9. Genuinely new ideas, behaviors, creations, inventions, or understandings which have significant implications for how people live their lives.
  8. New uses of old or existing materials, ideas, behaviors, or understandings; significant influence on society and on other people; if complete, altruistic.
  7. Well-integrated, responsible, constructive, autonomous behaviors; ethical but not necessarily altruistic; not innovative; high achievement in chosen field of endeavor; high satisfaction and positive self-image.
  6. Well-integrated, responsible, constructive, autonomous behaviors; stands out in ordinary population; moderate satisfaction and positive self-image; well regarded by others in subculture.
  5. Well adapted to culture, within general mid-range of chosen subculture, experiences satisfaction in life, generally constructive. Developmentally, this level is appropriate for healthy 17- or 18-year-olds.
  4. In process of adaptation to culture, or adapted with mild to moderate discomfort; has made or is changing limiting choices; experiences limited satisfaction, has developing or not entirely positive self-image; if adult, requires support additional to that normally available in adult society. This level is appropriate for healthy 13- to 16-year-olds.
  3. In process of adaptation to culture, or adapted with moderate to severe discomfort; requires considerable external support and some external controls; requires supervision; has developing or negative self-image; if adult, has made severely limiting choices, has barely adequate reality-testing. This level is appropriate for healthy 8- to 12-year-olds.
  2. As a child, functions well and comfortably within a limited and supportive environment. As adult, functions within society with great difficulty; often institutionalized; distorted perception of reality, high stress; requires consistent supervision and instruction, experiences major discomfort when support is withdrawn. This level is appropriate for healthy 4- to 7-year-olds.
  1. Requires constant support and supervision; reality-testing impaired by limited experience or understanding; requires primarily external controls. As adult, usually institutionalized; may be chronic psychotic or severely impaired in some way. As child, healthy for age 0-3.
  0. Nonfunctional or not yet functional. In children, this designation would be an indication of anomaly beyond a few hours after birth; in adults, acute psychotic, comatose, or massively impaired.
- 

compared with the norm. In general, these tend to be related to behavioral theories.

The developmental dimension of the PDM represents a norm-based developmental-stage theory. That is, it is anchored on the adult, and the stages represent the ways in, and degrees to which the child is like the adult. The adult in question is the normative adult, not the statistically average or usual one.

Levels 0-5 hinge on the extent to which the child can participate in the social practices of his or her community effectively on his/her own. The child's achievements are compared with those of a fully functional adult. Levels 6 to 8 deal with the degree to which the skills, knowledge, and so forth, required for normative social participation are personally integrated and therefore authen-

tically exercised. It is this level of personal integration and authenticity that lays the basis for the creativity and innovation of levels 9 and 10. Here it is especially significant that the normative adult is used as the criterion, since levels 9 and 10 consist of being socially creative in the sense of going beyond the social practices already participated in, or at least creating significant new versions of some practices. Thus, in this model, to be ideally socialized is to be capable of constructive social innovation, not merely to be "adjusted" to a society as it exists. Because degree of socialization goes beyond mere adaptation to society, it allows for a greater or lesser fit to the individual as well.

### *Mastery*

In order to provide ways to distinguish differences in function at a particular level of a particular approach, the Mastery dimension makes use of the Descriptive Psychology schema of Actor-Observer-Critic (AOC). Ossorio (1970/1981) speaks of AOC functions, a model in which observation is a special (in some respects more sophisticated) case of action, and criticism a special (in some respects more sophisticated) case of observation.

In general, a person functions in each of these three ways at all times. However, the sequence of action-observation-appraisal-action, and so on, with respect to a particular content, provides a functional negative feedback loop which in turn is paradigmatic for human self-regulation. Mastery of a given set of activities, social practices, or interpersonal ways of relating is attained not merely when these can be accomplished more or less at will, but rather when they are incorporated into the person's capability for self-regulation.

One might say, as a rough division, that the Actor acts in the world, assimilating it to his/her own projects; the Observer/Describer notes and experiences the episode; and the Critic provides evaluation in accordance with personal/social standards or viewpoints. The Actor says or does something; the Observer-Describer notes and remembers it, and may also elaborate it or comment about it nonjudgmentally; the Critic evaluates it, judges it, appreciates it, or suggests changes in it, assigns significance to it, and fits it into other aspects of the Actor's life and function.

In general, what falls under the category of the Actor is answers to the questions "Why?" and "What?" Reference to the Observer answers the questions "What?" and "How?" The Critic deals with the general questions "Where does it fit for me?" "What is its value and significance?" "Is it good or bad, how much, and in what way?" and "If bad, what can be done about it?" The Critic also answers the more specific questions "Why?" "What for?" "What does it mean?" and "What is it *really*?"

At the point at which a person has mastered the content of a particular approach and level, in the sense that he has a genuinely functional (AOC) mastery



of it, he or she has added a distinctive set of standards, appreciations, distinctions, and skilled behavioral options to his/her repertoire, and has correspondingly enlarged the world in which he/she lives.

It is possible to begin to deal with the skills of the next developmental level before one has achieved AOC mastery of the skills of the current level. Observation suggests that, where this is the case, the individual may experience difficulty or discomfort in dealing with the new material; that is because some significant percentage of the skilled behaviors for human beings are sequential in nature and depend upon prior learnings for their attainment.

Unlike the developmental levels, Actor, Observer, and Critic are not personal characteristic norms; rather, they correspond to achievement or ability descriptions. In Descriptive Psychology, AOC refers to three basic forms of functioning which enter into the process of human self-regulation, and are therefore essential for human rationality. Each of these is an achievement in itself; to function jointly is also an achievement. They are always the same achievements, irrespective of age level or content (Ossorio, Note 2).

The development of the capability for functioning as Actor, Observer, and Critic at all, and the question of differential preferences with respect to these, are areas for theory and research, but are not central to the PDM. Presumably the acquisition of these abilities is a special case of the acquisition of abilities generally.

In this model, the AOC dimension deals with the person's ability to function as Actor, Observer, and Critic with respect to the behaviors, participations, choices, and interactions corresponding to a given developmental level. With respect to the latter, normative functioning requires that the person be able to behave and participate in a humanly self-regulating way.

The AOC dimension provides an analytic breakdown of the elements of self-regulating behavior. Therefore it provides a representation of the degree to which, and the ways in which, the individual can participate in given behaviors, practices, and interactions in a fully normative way, or, conversely, the degree to which the behaviors, and so on, are fully mastered or assimilated into the person's repertoire. Mastery at a given developmental level is particularly important because it puts the person in a position to begin participation at higher levels.

In Ossorio's Developmental Schema (1977; 1970/1981), the basic unit of representation is given by the formula:

$$\text{Capacity} + \text{History} \rightarrow \text{Personal Characteristic}$$

That is, a person acquires a given personal characteristic by virtue of having a prior Capacity and an appropriate intervening History. This formula is then elaborated in that the prior Capacity is accounted for by the individual's Personal Characteristics at the prior time; correspondingly, the acquisition of the new Personal Characteristic is in principle the acquisition of some new Capacity, and so on.

The correspondence of Personal Characteristics and Capacities provides a way of understanding the transition from one developmental level to another without making an *a priori* commitment to a single substantive principle, for example, a self-actualizing motive, which *moves* a person through a series of developmental stages. Conversely, it does not leave the appearance that the whole matter is merely an historical accident (e.g., a matter of which behaviors were reinforced) or a biological epiphenomenon.

There are various ways in which a person's existing personal characteristics can make a difference in his or her capacity to change and acquire new characteristics. Among these ways are the following:

1. Prior learning may provide some components (skills, attitudes, knowledge, etc.) of later, more complex forms of behavior. In this case, successful enactment of the latter is facilitated, but successful enactment of the latter may also be the vehicle for acquiring new skills, attitudes, and knowledge. (Another status principle [Ossorio, Note 1] is, "A person acquires concepts and skills by practice and experience in one or more of the social practices which call for the use of that concept or skill.")

2. Prior learning may provide conceptual or procedural patterns which may be transferred to new activities or situations more or less intact, and thereby facilitate new learning. Actor-Observer-Critic functioning provides one of the most general and fundamental cases here. (We are reminded that AOC functioning is a personal resource which enables a person to acquire normative ways of behaving, relating, and understanding. But it is not merely that. In addition, AOC functioning is itself one of the primary normative requirements.) Similarly, procedures such as problem-solving strategies, interpersonal styles, and grammatical forms and representational schemas (such as process schemas, cause-effect schemas, and calculational schemas) may all have facilitating effects.

3. Prior learning may sensitize the person to questions, problems, complexities, dimensions, values, and so forth, which need to be taken into account in moving on to the situations, relationships, and practices at a new developmental stage. What is then carried over is an appropriate existential scope rather than specific resources.

4. Of course, negative effects are correspondingly possible. For example, a person may fail to acquire personal characteristics, such as those indicated above, which are usually acquired and are usually facilitative with respect to some target personal characteristic, for example, ability to speak the native language. Then we can say that the person's development has hindered him or her, or reduced his or her capacity, with regard to the target characteristic. A second possibility is that the person acquires particular personal characteristics which specifically reduce the capacity to acquire a target characteristic. The

acquisition of an incompatible trait (if the target is a trait) or attitude (if the target is an attitude) is the most obvious example here. More speculatively, the acquisition of one skill, like signing Ameslan, might interfere with a person's acquisition of a second skill, speaking English. A third possibility is that the person acquires characteristics which are not a direct hindrance in acquiring a target characteristic but do have consequences that in turn reduce the capacity to acquire the target characteristic. Reduction of capacity corresponds to a restriction in the range of intervening histories which will result in the acquisition of the target characteristics. Thus, although generalized tendencies to self-actualize or to elaborate one's system or to master the environment, and so on, over the life span become intelligible both normatively and as statistical and empirical generalizations, there need not be any corresponding independent, transcendent principle referring to a hypothetical something which brings about these developmental regularities and desiderata.

Actor, Observer, and Critic have a certain stage-like character, in that it appears to be typical for mastery to proceed in that order at a given developmental level. However, there is no conceptual requirement for a standard sequence, and it may be that there is less regularity in the sequence than there appears to be (Holt, 1979). There is also no requirement that all three components (AOC) be mastered at a given developmental level before moving on to the next level, although there appear to be observable consequences of deficits in any of the components at earlier levels.

## CHARACTER OF THE PDM IN RELATION TO OTHER SYSTEMS

The PDM can be characterized in the following ways

### *Developmental*

The PDM is a developmental model explicitly anchored in adult norms, rather than an attempt to characterize infants and children in terms of the intrapsychic processes which result in their overt behavior. In this respect it differs from such theories as those of Freud, Piaget, Erikson, Loewinger, and others. By virtue of this feature, the developmental levels can readily be empirically coordinated with age levels. This correspondence in turn facilitates the characterization of individuals as more or less psychologically healthy, or more or less significantly restricted in their capability for social participation.

### *Independent Typology and Stages*

Personality typology and developmental stages are independent. In this respect, the PDM differs from the personality typologies associated with well-known developmental theories. Generally speaking, when a personality typology

and a set of developmental stages are found together in a given theory, it is fairly evident that one of the two sets (types or stages) "drives" the other. For example, where the outcome types are of interest, as in Erikson, the corresponding stages can be guaranteed by the simple expedient of defining "developmental tasks." Conversely, where the stages are of primary interest, as in Kohlberg, the corresponding types can be generated simply by defining them in terms of the behaviors or achievements associated with the stages (Ossorio, Note 2).

Conceptually speaking, there is no reason to require, and little reason to expect, that the typologies which are illuminating for describing and comparing adults are simple mirror images of the change processes or classes of intermediate accomplishments which provide illuminating markers with respect to the historical transition from birth to adulthood. That would be comparable to the notion that one had to classify the interesting places one might be visiting in terms of whether one arrived there by land, sea, or air, or whether one traveled by direct connection or with intermediate stops.

Thus, in the PDM, there is independent justification for the Relationship, Power, and Information typology and the levels of function.

The Relationship-Power-Information taxonomy is empirically based on observation, interaction, and intervention with both children and adults. These distinctions facilitate understanding and effective action.

A related set of distinctions associated with the FIRO-B (Schutz, 1957/1967) compares needs for affection, control, and inclusion. These are in some ways comparable to the Relationship, Power, and Information triad, though they can be subsumed under Relationship and Power. The FIRO-B categories have a significant amount of research and organizational application to testify to their utility (Buros, 1978).

With respect to the developmental levels, the FIRO-B categories embody a set of constraints or principles which it would be difficult to argue are merely empirical. Although there are limits to the comparability of different theories formulated in terms of different concepts, the following principles appear to provide a good fit to the sequencing found in Loevinger, Erikson, and others.

1. Infants begin with minimal abilities and cognitive resources, and cannot in general survive alone.
2. Participation in the social practices of the community is achieved piecemeal over time and provides a standard for normal development.
3. Adequate socialization requires personalization (identification, integration, and internalization) and not merely compliance or adjustment with respect to the values, standards, skills, social practices, and institutions of the community.
4. Personal expression of an unsocialized sort is not a social value, hence the

mastery of social practices has a certain kind of priority over internalization, identification, and so forth.

5. The ideal of socialization is the capability for constructive innovation, and not merely the achievement of a *modus vivendi* with the environment.

These principles are exemplified in the sequencing of the Levels of Function described above.

One of the features of the stage-typology types of classification is that, at least at the adult level, anything short of the last stage, whatever it might be, is almost of necessity pejorative. Correspondingly, the single nonpejorative stage-type provides no differentiation among "healthy" adults. In contrast, the Relationship, Power, and Information classification is inherently nonpejorative and does provide differentiation at any age level, yet it can be used in conjunction with diagnostic Level of Function descriptions.

### *Explicit Characterization of "Completion"*

The PDM provides an explicit characterization of what constitutes complete acquisition or mastery of a level's material. In stage theories in which the completion of one stage is the normal precondition for going on, unanswered questions arise in regard to what constitutes completion. Informally, there is a good deal of agreement that completion amounts to functioning that is normative in some sense, that mastery may be more or less complete, and that complete mastery is generally acquired over time. There is, however, little or no satisfactory explication of what constitutes completion or why this is critical with respect to the next stage.

In the PDM, the use of Actor-Observer-Critic, functioning as a paradigm of human self-regulation, provides an illuminating conceptual criterion for complete mastery. It is both heuristic and suggestive in regard to why completion might be critical for the next stage. At a minimum, it introduces a qualitative distinction: achieving the incorporation of a particular content into a self-regulating mode of function. This appears to be more relevant than a simple quantitative notion of how much or how well one has learned. Self-regulation is more relevant because it does codify a crucial normative aspect of human behavior.

### *Three Dimensions*

The PDM is a three-dimensional model which codifies several essential aspects of behavior. The obviousness of this feature should not obscure its importance. Traditional typologies are one-dimensional models, in that they provide explicitly a single set of coordinated categories. As previously noted, the set of categories generally corresponds to developmental stages. Although the implications of the categories and their differences are usually elaborated at some length,

these elaborations are themselves unsystematic; they contrast with a systematic typology and they exhibit the disadvantages of unsystematic, as opposed to systematic, formulation (Ossorio, Note 3).

In contrast, the PDM carries the systematization to three dimensions. Although the three are conceptually independent, they do not represent an arbitrary collocation. Instead, they provide for characterizations which are much more readily related to the Descriptive Psychology formulations of behavior than any of the well-known theory-based typologies:

1. The Mastery dimension is explicitly formulated in the Descriptive Actor-Observer-Critic terms.
2. The normative, participative aspects of the Level of Function dimension correspond to the Descriptive Psychology formulation of human behavior as social participation.
3. Formally, the levels of function correspond to abilities and more generally, powers of the individual. Both abilities and powers are basic categories of personal characteristics in Descriptive Psychology. Thus, the Level of Function dimension incorporates the Descriptive Psychology feature of explicitly considering behavior both as an expression of personal characteristics and as a participation in social forms.
4. The Relationship, Power, and Information dimension introduces explicit motivational and value concepts, and in this way provides for the assessment or description of these central behavioral and personal concepts (the Want parameter of behavior; the Value parameter of persons).
5. Collectively, the three dimensions of the PDM provide access to the cognitive, motivational, competence, and achievement parameters of behavior, and to the personal, rational, social, and normative aspects of human behavior as such.

### *Summary*

On the whole, therefore, the PDM provides a structure of intermediate complexity which makes possible the efficient assessment and representation of the central aspects of persons and their behavior as formulated in Descriptive Psychology. In the Relationship, Power, and Information typology and the Levels of Function dimension, the PDM does show various kinds and degrees of similarity to the features of developmentally based and other typologies reported by psychologists. However, it does not duplicate these either in its fine detail, in the functional integration of the three conceptual dimensions of the model, or in its relation to the systematic formulations of Descriptive Psychology.

## NOTATION AND PRINCIPLES FOR USING THE PDM

### *Location and Description*

In using the model, the first task is to locate a person's behavior within the PDM structure, identifying a developmental level and a degree of completeness for each of the three approaches. Technically, this is accomplished by means of an "index" which specifies approach, developmental level, and degree of mastery. A person who is functioning at the Critic stage of level 4 in Relationship, for instance, would have a Relationship index of R4C. A great deal of information about a person's skills, behavior, interests, and probable options can be contained in a full 9-part designation of his or her behaviors according to the PDM. For this task, it is valuable to have a fair longitudinal sample of behavior, in preference to brief single occasions, since the accuracy of assessing the central tendency increases with the amount of observation available.

### *Communication*

Knowing a person's approach, approximate developmental level, and degree of mastery makes it possible to speak or write to that person in language that is likely to be understood and to receive a positive response. For instance, a Power-approach person is usually task-oriented, and would generally prefer not to exchange social pleasantries before dealing with business issues. Conversely, it is often easier to do business with a Relationship-oriented person if one first "catches up" socially, and then states the business in a relaxed and personal manner. To foster growth in less-preferred approaches, it is usually more effective to state the material in both the familiar approach and the new approach. The language and allied practices of each approach have particular value in certain circumstances; a healthy adult can find use for communication in the style of all three approaches in the course of daily living.

### *Matches and Mismatches*

In addition to its use as a framework for describing a person's behavior, the PDM appears to have applications to groups, systems, organizations, and jobs. It can be used not only to describe the qualities present in a person or situation, but also to design those qualities that would be desirable for a person or situation. If a person wishes to achieve a set of stated goals, it is possible to examine the goals in the light of the PDM classification to which they correspond, and see whether and what changes in the person's behavior might be desirable for the achievement of those goals. Where two or more persons are involved in a relationship or situation, a comparison of their respective indices can suggest directions for growth and change and the increase of behavioral options. Often the indices can help the people involved to avoid the most unpromising options and select

options that are likely to be successful. (An unpromising option would call for a person to function in ways in which he or she is not prepared to function.)

### *Informal Task Analysis and Selection*

A full index consists of an index for each of the three approaches. If tasks are to be done or positions filled, a full index is needed. In this use of the PDM, a full index is constructed, reflecting the skilled behaviors required for the task or position. Selection is made by finding the available person who most closely fits that index. For instance, an R5O P5C I5A would probably be a better elementary school principal than an R2C P6C I4O, while the second person might be a better coach than the first.

## USES OF THE PDM

At the beginning of this paper, some common problems and difficulties in social practices, particularly in various professional fields, were mentioned in support of the position that a model different from those now in common use—perhaps even a different *kind* of model—could be of service in such situations. The Positive-health Developmental Model has been used, in its present form or in earlier forms, in the following settings among others: a women's crisis center, a commune, three youth facilities, a state prison training group, a county mental health center, a school district (with senior staff), three hospitals, two psychiatric facilities, various training settings, and the private practice of psychotherapy (Vanderburgh, Note 4). Let us now look at some of the advantages of the PDM in general settings.

### *Communication*

As a communication tool, the PDM can be used: (1) to speak or teach directly to a person's location on the model, for maximum precision of expression; (2) to say what is to be said from more than one approach or level, to give greater depth and clarity, to facilitate translation, and to increase the skills of the hearer; and (3) to model and teach different, perhaps more effective, ways of negotiating and solving problems.

### *Education*

As an aid to education, the PDM can help to make behavioral goals appropriate, specific, and explicit. If, for instance, a child has Power skills far greater than his/her skills in Relationship and Information, specific goals in those two systems can be negotiated with the child (and perhaps his/her family). Tasks and assignments can be designed in such a way as to foster the desired skills, and the new skills can be described to the child in the terms already most familiar to him



or her. ("Pat, I see that you enjoy being captain of the team. If you want to do that job well, you will have to know the rules very well, and you will need to get along well with the other children.") As a child grows older, and begins to express vocational preferences, the PDM can help the child and his or her advisers to prepare him/her for the chosen fields, both personally and educationally. An Information-approach child who decides that he or she wants to be an Army general will need to acquire some fairly sophisticated Power skills to succeed in that ambition.

### *Societal Goals and the Individual*

Even more important is the making explicit of the underlying model for the educational system, whether it be public or private, elementary, secondary, or advanced. In this area, the model has two uses. First, it can be used to evaluate an existing system, describing the range of skills and resources commonly provided as prerequisites for graduation. Second, it can be used to describe the skills and resources valued in a society, and suggest some modifications in an existing system that would render that system more likely to meet the needs of that society.

Some of the questions that arise in such uses are: What kind of person is the system designed to produce? How knowledgeable? How independent? How curious? How compliant? How individual? How creative? How cooperative? Is the kind of person who is likely to be produced by a particular educational system going to be the kind of citizen that country/state/city really needs? Will he or she find employment? How great a span of individual differences is tolerated within a particular society? Does that society's educational process reflect its values? Should those values be changed? How can a satisfactory number of healthy behavioral options be provided for each person within the system, while still meeting the needs of society?

It is possible that having the whole model available as a reminder of the wide range of options for human behavior could encourage educators, social scientists, and politicians to consider the questions raised above—and their implications—more seriously and more actively.

In addition to the applications of specific constellations of characteristics according to the model, as described above, there is a set of uses for the PDM that includes the full range of behaviors and personal characteristics contained in the model. In general, the open-ended, creative tasks (that is, those for which no specific guidelines are incorporated in the task definition) require this increased flexibility. A person may need, or be able to use, *any* resource in order to accomplish these tasks; therefore, it is desirable that *all* resources be available, so far as that is possible. For instance, the designing of a workable student-run court system in a school requires AOC mastery at a high level of competence in

all three approaches; the actual tasks of running the system, once it has been designed, can be specified and far more limited. Or, it is possible to *train* a person to fill a job that requires a particular set of skills, but the *education* of a person, the longitudinal development of a person, requires access to the whole model.

### *The Family*

Parents who have a clear idea of the general range of social practices and personal characteristics commonly available in a particular culture can participate intelligently in their own preparation, and that of their children, for healthy, creative, and constructive life within that culture (and also, perhaps, transformation of that culture). When problems arise, the PDM and its distinctions can help to clarify both the problem and the principal behavioral options open to all who are involved.

Families using the PDM can identify healthy resources that need to be imported from outside the structure. A family in which Relationship skills are not highly valued, with a child whose primary system is Relationship, can look for opportunities for the child to develop his or her Relationship skills, and settings in which those skills are highly valued. Organizations like church groups, Scouts, and service clubs have been very useful in that kind of situation.

The basic assumption here is that a healthy adult will have appropriate skills in all three approaches, at comparable levels, and will know when and how to use them. Because of that assumption, a description of how that operates is not merely a description, because if the description shows areas which are underdeveloped, those areas stand out as places where additional development is desirable. Families also have opportunities, using the PDM, to increase parenting skills, to develop a wider spectrum of skills and appropriate social practices within the family structure, and to understand and value each other's special talents and resources.

### *Psychotherapy*

In psychotherapy, the distinctions made in the PDM are useful in identifying difficulties in a positive, noncensorious way, and assessing improvement during the process. It is possible, using the PDM, to build a cooperative alliance between therapist and client which does not include inappropriate dependencies or an assumption of unequal value of the two allies. The PDM gives descriptions of various positions which can facilitate communication between clients and therapists whose primary approach and values are quite different.

It is also helpful in the selection of a therapist or acceptance of a particular client to have a clear idea of each person's behavioral resources. In general, Power-oriented clients seem to become extremely impatient working with non-

Power therapists; the therapist's values and skills may appear irrelevant, and his or her timing is likely to be very different from the client's. Although this may be productive in the end, the early stages can be difficult.

Relationship-oriented clients often adopt the values and social practices of a Power-oriented therapist, perhaps forming a dependent relationship with the therapist that does not facilitate autonomous behaviors. Information-oriented clients may not feel safe with a Power-oriented therapist, unless the process by which growth is to take place is valued by the therapist and made clear and explicit. Some of the most effective Power-oriented therapists make the therapeutic process look almost like magic, and that in turn fosters anxiety or dependency in some clients, while serving as real freedom for others.

It appears that it would be desirable for a therapist to have AOC mastery of all three approaches at a high developmental level; in practice, this may not always be the case.

## CHARACTERISTICS OF THE MODEL IN USE

Four characteristics of the PDM make it broadly useful. It is: (1) nonpejorative and supportive of positive health; (2) teachable; (3) flexible, adaptable to individual needs and styles; and (4) usable at a variety of degrees of precision and sophistication. This combination of characteristics provides for an increase of behavioral options in every use made of the PDM so far.

### *Nonpejorative*

First, the model, when used for the purpose of description, is nonpejorative; that is to say, no position or set of descriptions is intrinsically insulting or degrading. A particular location on the PDM implies certain behavioral constellations and some probable options; similarly, it renders some other options highly unlikely. Use of the model also provides a framework within which to define, describe, and pursue the acquisition of a desired set of skills or range of behavior. (When it is used in this way, the PDM functions as a formally ipsative model, the first type described on page 274.) For example, a person whose primary approach is Relationship and whose second approach is Power might well need to acquire some information-handling and process skills if he or she desired to become a senior library researcher or information broker. A military academy might benefit by providing careful instruction and practice in all three approaches, if the desired end product were responsible, appropriately autonomous, and compassionate officers like Colonel Potter on *MASH*. The expectation that healthy change is possible—and desirable—is built into the PDM.

When an adult is functioning at a less than normative level, the PDM can be used for diagnosis and prescription; here the PDM is functioning as a developmental model of the norm-based variety (see page 281). Used to provide a

taxonomy for psychopathology, the PDM has the advantage of suggesting avenues for remediation.

### *Teachable*

Second, the PDM is teachable. Children as young as five have learned to observe the approaches at work in themselves and others; the other two dimensions of the model have been taught to a few teenagers, but are most serviceable to adults. It takes about twenty-four hours of instruction and practice for a willing adult to acquire a workable acquaintance with the PDM (Compare this, for example, with the length of time needed to understand the rules of professional football.) And, because it is so teachable, the PDM is not likely to become the property of an elite. In situations where the PDM has been taught to senior staff, the staff members themselves begin to share it with others, and the use of the model spreads.

Since the PDM is basically an umbrella model, a person's present skills can be used in conjunction with it. It is not necessary to abandon one's own intelligence or experience to use the PDM; rather, they are enhanced by increased awareness of the range of options available in a particular set of circumstances.

*Training persons to use the model.* In its present form and in earlier forms, the PDM has been taught to several different kinds of groups: educators, clinicians, nurses, social workers, workshop participants, private-practice clients (both individuals and families), and managers of various sorts and levels. The model is taught similarly to all of these, although the teaching examples used may vary with the interests of the group engaged in learning the PDM.

To date, apart from presentations at conferences and workshops, the PDM has been taught in four-, eight-, twelve-, sixteen-, and twenty-four-hour format. Less than twelve hours seems to leave all but the most highly motivated persons with labels whose content is more complex than it appears at first to be. With the PDM, as with many other theories (Transactional Analysis, for instance), there seems to be an initial learning stage of fascination with the utility of the taxonomy. To fail to go beyond this stage is to use the content of the PDM (or some other theory) in the structure of another, not necessarily applicable, theory.

The sixteen-hour format most often consists of three four-hour sessions a week apart, a gap of two or three weeks, and a fourth four-hour session to refine skills, answer questions, and correct misconceptions. For instance, many people initially regard their own chosen approach as more or less fully described—or more or less desirable—than the others. The span of time covered by this format seems to provide a settling-in period, during which people's view of the desirability of or emphasis on the three approaches comes into closer balance.

The twenty-four-hour format, which not surprisingly provides the highest posttraining skill level, begins with an eight-hour session, followed by three

four-hour sessions a week apart, and a follow-up session two or three weeks later. Individuals who have made use of the information presented in this format quickly acquire considerable fluency in the use of the model, and find it useful in the modification of current social practices and the development of new social practices.

These latter two formats seem to facilitate a change in frame of reference for the person learning the PDM. Those who use the material soon find themselves aware of—and devising ways to use—new options or options previously overlooked for healthy behavior, both personally and professionally. (We are not here concerned with purely personal benefits, although they appear to be substantial for some individuals; that kind of assessment must wait for a proper evaluative procedure.)

The change in frame of reference mentioned above seems to include the following elements: (a) positive expectations of self, others, and situations; (b) a sharp reduction in the use of praise-blame, approval-disapproval dimensions for assessment; (c) increased respect for self and others; and (d) increased flexibility of thought and action.

These changes are shown in interactions on the job; in less need for direct and directive supervision; in increased competence in problem-solving with respect to both persons and objects; and in increased satisfaction with the job, or effective action to change the work situation. To date, evaluation of the PDM and its teaching has consisted of participant reports. Although these are highly positive, it is clear that it would be valuable to have a more objective assessment of these outcomes.

Because the model is relatively new, I have done almost all of the teaching of it. Its other functions (diagnosis and prescription for both individuals and systems, education and parenting, communication, and others) have all been performed successfully by persons I have trained in the use of the PDM, often in ways consistent with the model which would not have occurred to me to try, and in settings where I might have questioned its applicability.

### *Flexible*

Third, then, by clarifying likely and unlikely options, the PDM provides great flexibility for all concerned. It is difficult to maintain a helpless position when information is available about several kinds of options. Moreover, several people looking at the same situation are likely to see different healthy options, all of which may be directly derived from the PDM. Three administrators, for example, confronted with the same problem might design three radically different solutions to the problem. all workable, all consistent with the model. So, the more informed users of the PDM present in a given system, the greater the increase in behavioral options.

## Versatile

Fourth, and perhaps especially valuable, the model is usable at a variety of levels of precision and sophistication. A person who uses the PDM can be still learning from it after several years, yet a five-year-old can learn to ask Uncle Ted for information, Uncle Paul for companionship, and Uncle Bill for powerful intervention with his parents. At its most effective, the PDM provides a compact way of expressing a large body of information which is useful in problem-solving, in parenting and education, in management, and in personal change, both formal (as in psychotherapy) and informal. Because of the variety of skill levels at which the PDM can be used, it is not easily used coercively or manipulatively. In order to use it for more than extremely primitive labeling, a person needs to acquire some fluency in all three basic approaches. The closer a person comes to real—and comparable—understanding of all three approaches, the more likely it is that he or she will begin to be concerned with the improvement of the quality of life for himself or herself and others.

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