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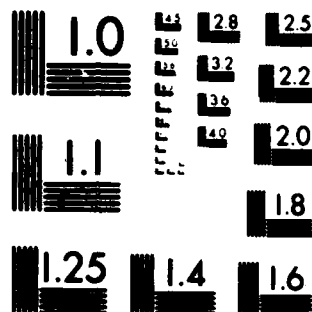
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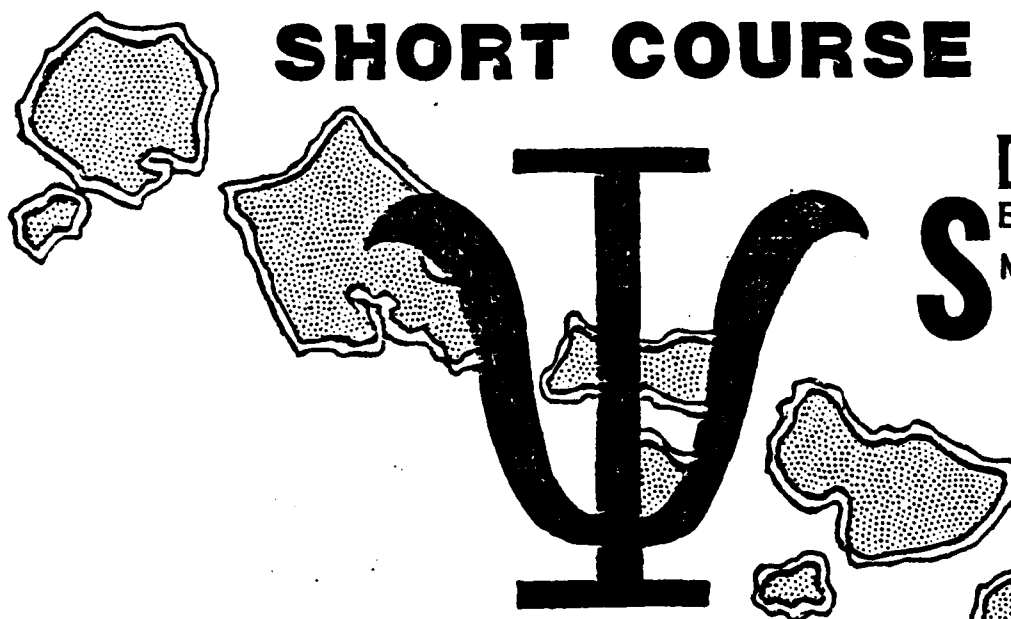
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CLINICAL PSYCHOLOGY SHORT COURSE



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Tripler Army Medical Center

Honolulu, Hawaii

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1986 AMEDD Clinical Psychology Short Course
Cross Cultural Psychology

3-7 November 1986

SPONSORED BY THE OFFICE OF THE SURGEON GENERAL
UNITED STATES ARMY

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COURSE PROGRAM

Monday
3 November 1986

0700-0800	Registration
0800-0815	Opening Remarks Colonel Fishburne, OTSG, Psychology Consultant LTC Lenz, Chief, Psychology Service, TAMC
0815-0830	Welcome MG John E. Major Commander, Tripler Army Medical Center
0830-0900	A Model of Cross Cultural Communication Mr. James Broz Defense Language Institute
0930-0945	Break
0945-1115	Applications of the Cross Cultural Communication Model Mr. James Broz
1115-1200	MSC Career Activities Overview MAJ Paul Benson MSC Career Activities Office
1200-1330	Lunch
1330-1630 (Break 1430-1445)	Cross Cultural Psychopathology: Issues, Facts, and New Directions Anthony J. Marsella, Ph.D. Vice-Chancellor for Academic Affairs University of Hawaii

Tuesday
4 November 1986

0800-0930	Applications of Cross Cultural Communication Mr. James Broz
0930-0945	Break
0945-1200	The Mifidian Connection A Simulation Mr. James Broz
1200-1330	Lunch
1330-1400	Transcultural Marriages in Service Personnel: The Korean Spouse Captain Dale Levandowski, Ph.D.

1400-1430	An Assessment of the Needs of Foreign-Born Wives in the 25th Infantry Division Captain Dwayne Marrott, Ph.D.
1430-1445	Break
1445-1515	Survey of the Status of Asian-Pacific Military Spouses Mia Luluquisen Project Director National Network of Asian and Pacific Women
151-1600	Cultural Insights Major David Bevet, Ph.D.
1600-1630	Panel Discussion The Foreign-Born Military Spouse Moderators: Raymond A. Folen, Ph.D. Michael Kellar, M.A.
Wednesday <u>5 November 1986</u>	
0800-0900	Family Violence: Cross Cultural Issues Dick Dubanoski, Ph.D. Craig Twentyman, Ph.D.
0900-1000	Utilization of Cognitive-Behavioral Treatment Programs with Families: Implications for Cross Cultural Psychology Craig Twentyman, Ph.D.
1000-1015	Break
1015-1045	Cross Cultural Issues in Spouse Abuse: A Proposed Strategy for Intervention Captain Katherine Sharpe Jones, Ph.D.
1045-1115	CMHS Treatment Data: The Army as a Unique Subculture Captain Daniel Hendricks, Ph.D.
1115-1145	HO'OPONOPONO Captain Scott Fairchild, M.A.
1145-1200	Discussion
1200-1330	Lunch
1330-1630	Update on HSC and OTSG Clinical Psychology Consultation Activities Colonel Francis Fishburne, Ph.D. LTC David Gillooly, Ph.D.

Thursday
6 November 1986

0800-0900	Outpatient Workload Sample of AMEDD Settings Providing Psychological Service: An Epidemiologic and Management Tool A. David Mangelsdorff, Ph.D. MPH LTC David Gillooly, Ph.D.
0900-0930	Racial Differences and the Military Offender: A Comparison of MMPI Profiles Types Captain Mark L. Paris, Ph.D.
0930-0945	Break
0945-1030	Issues and Recent Research in Cross Cultural Psychological Assessment Major Robert Roland, Ph.D.
1030-1200	Black-White Therapist Issues Colonel James Collins, M.D.
1200-1330	Lunch
1330-1630	The Forensic Distortion Analysis Harold V. Hall, Ph.D.

Friday
7 November 1986

0800-0900	Neuropsychological Aspects of Cerebral Oxygenation Doug McNinch, Ph.D.
0900-0930	Evidence of Deviant Affective Processing in the Clinically Depressed Humor and Eros Captain Gregory Hollis, Ph.D.
0930-0945	Break
0945-1030	Ethical Dilemmas Faced by Army Psychologists Major Robert Rankin, Ph.D.
1030-1100	Discussion/Closing Remarks LTC Lenz, Ph.D. LTC Gillooly, Ph.D.

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MODEL OF CROSS CULTURAL COMMUNICATION

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Defense Language Institute
Monterey, California

This article presents a model of cross cultural communication. The purpose of the model is to help people succeed in their contacts with other people who come from unique cultural and ethnic heritages, including encounters in educational, corporate, and health care organizations. Traditional models of communication are reviewed and serve as a basis for adding social and psychological variables which influence communicative interactions. The process of communication is explained through an analysis of selected ethnocentric and egocentric elements (unique to each culture, ethnic group, and organization) which shape individual perceptions, language choices, and the results of human contact.

People are all scientists in a sense that they actively place their own interpretations upon, or erect their own theories of, the world... (C.T. Patrick Diamond on G.A. Kelly's theory of personal constructs)

When people engage in a conversation they bring to their encounter a vast treasure trove of experiences. Some of their history and traditions are apparent, easily observed, and responded to appropriately. We recognize the validity of the statement that our cultural heritage makes each of us unique and different from other people who come from another cultural orientation. We see this even within a single linguistic and geographic region. We notice clear distinctions in North America, for example, between users of the same language who grew up in the New England states and users of English who call the Southeastern states home. The dialects pinpoint where people grew up. Less apparent, but of significance, is the notion that our own specific cultural experiences condition us to look at life, to behave in certain ways, and to conduct our lives in accordance with the norms of our roots. Sometimes, we learn to use norms of language and behavior from a different part of our culture, or, indeed, from a totally different culture. For some of us this is easy to do. But, for some others the change from one set of norms and standards of human language and behavior becomes stressful, unreachable, or even repugnant.

In many instances we retain our own special values and beliefs at the same time we are interacting with another person who has a different set of values and beliefs. We think that if we use the language of our host speaker we will be able to conclude an encounter successfully. Yet, even when we understand the language and we can speak it very well, we may not really understand the people who engage us in conversation. We may know what someone is saying, but we do not understand them. Consider, for example, a discussion on American football. Speakers will participate to the extent of their unique experiences with the topic. Successful outcomes turn, in part, on the feelings each speaker has to the content of the conversation, to the relationships between

the speakers, and to the expectations each speaker has to the topic. If the speakers come from similar value orientations and experiences concerning football, the conversation will probably turn out well. If one of the speakers knows nothing about football, the conversation will become inconclusive. It is not that the speakers do not understand the English language (they speak it well), but rather that one of the speakers does not understand the norms of behavior, the values, beliefs, and attitudes--the cultural heritage--of the other speaker. These elements lie behind the spoken language. When we say that a person understands our language, we really mean to say that someone else understands us. They speak our language means in fact that there is an understanding of the person speaking. To paraphrase a wise American Indian saying, "We have walked in another person's cultural heritage and experiences for at least a mile." In this example notice that the speakers are both using the language of their roots--they speak their native language. In this context we can examine the elements within the communicative process during human encounters to find out why some encounters succeed, others fail, or still more have inconclusive results. This is a complex undertaking and is the subject of many carefully planned research studies. When our speakers encounter each other in a cross cultural environment, the complexity of our investigations increases substantially. But, there are basic principles and elements which can be used in both kinds of encounters with significant and insightful results.

This paper presents a communication model. The purpose of the model is to explain a theory of communicating across and within cultures by people who are living in multicultural environments. This will include people who interact across two or more cultures or within one large, complex culture which has many distinctive variations of culture. The model can be helpful to teachers who have multicultural classes, to designers of educational programs where students (at any level, preschool through university) are from different heritages, and to people in the medical and psychological helping professions who come into contact with patients and clients from different cultural orientations.

In order to focus attention on the process of communication it is helpful to clarify the terms culture and communication. Today, culture is used to refer to a person who is well educated, a person who enjoys the classics, and who speaks a foreign language or two. This is a cultured person. People who examine the language and behavior of people in different societies use the term culture in other ways. For them culture can be:

- . the values, attitudes, behavior, and expectations of a group of people who speak a common language.
- . the many ways people have of looking at themselves.
- . the sum total of a people's beliefs, attitudes, values, customs, history, and habitual ways of living in their society.

In each of these definitions there is the potential for adding a sociology (patterns of human grouping) and a psychology (the cognitive and affective patterns of human personality) for wider and more penetrating analyses of human behavior as that behavior is manifested in different environments. Both are important to any theory of communication as applied to a specific group of people. Such an inclusion allows us to build upon the investigations and conclusions of other researchers so that we benefit from more knowledge about human behavior in one culture and human behavior in cross cultural settings. In this sense our definition is not finite, nor is it conclusive, but rather serves as a springboard which allows us to reach higher and more complete understanding of a complex topic. Neat definitions lead to neat, rigid classifications which are Aristotelian in the sense that once something is defined as being this, it automatically, can never become that. Our definition of culture recognizes the this and the that about a group of people who live in an environment which has established values and customs as well as norms for communicating and behaving. But, any definition of culture should be so constructed so as to leave a door or two open for the addition of new knowledge gained by our research and more mature observations of the human condition.

Equally abstract, but nevertheless important for our understanding of cross cultural communication, is the term communication. The model of communication concerns human communication, or to put it another way, human interaction by means of a language system. Human communication uses sounds and gestures to transmit messages back and forth. Communication is not limited to sounds and gestures. Words printed on paper, pictures of physical events, Morse code, math symbols, Braille are adjunct languages which can transfer messages efficiently and with successful results. They may be less flexible than spoken language and kinesic behavior (communication by gestures, facial movements, and body stance), but each comes within the definition of communication. It is important to our model of communication to examine the term communication, and we shall do this by looking at the surrounding elements that go into an act of communicating between two or more people who come from different cultures.

The most widely illustrated and typical communication model begins with four key elements required to be present before a communicative act is completed. First, there has to be a sender of a message who intends to communicate. Second, there must be a message transmitted in a language comprehensible to the person who is receiving the message. Third, a receiver needs to be present in order to respond. Lastly, a response, appropriate to the intention of the sender, must be present. Figure 1 shows the elements required in an act of communication.

ARISTOTELIAN COMMUNICATION MODEL

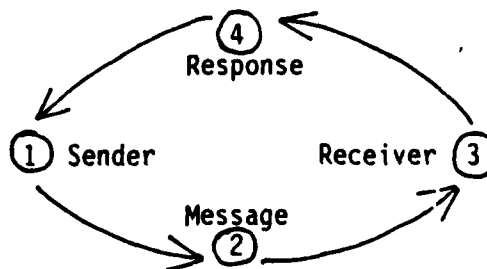


Figure 1

With this model any failure or breakdown in communication can be investigated by an examination of each of the four elements. To find out why a breakdown happened we can ask such questions as these:

- . Did the speaker, A, intend to send a message?
- . Did A use a language comprehensible to receiver B?
- . Did B receive the message?
- . Did B understand the message?
- . Did B respond in an appropriate manner in context of the message and context?

This model serves a good purpose in helping students and others to become more effective speakers and writers. It is used in most introductory courses on writing and public speaking. It builds upon the Aristotelian model for literary excellence in human communication. Yet, the model does little to explain the system in which language is used. When we consider the notion that language operates within a system, it becomes necessary for us to examine the concept of language and system. It took about twenty-two centuries (from the days of Aristotle to the nineteenth century) before change occurred in how language is studied in relation to the system in which it operates.

Beginning with Ferdinand de Saussure (1857-1914) and his published lectures entitled, Course in General Linguistics (1915), an important contribution was made to the study of language and human communication. Saussure introduced the idea that the study of one language (alone and by itself) without reference to other language or languages was, indeed, a worthy occupation for a language scientist.

Saussure built upon the Aristotelian model by including a study of the system (the territory) where the language exists. His ideas were to language and communication study as illuminatory as the first X-Ray was to medical science. He did not discard the four elements of the Aristotelian model, but what he did do was establish a wider field of vision for the examination of language in context of a system. The four elements became the subjects for intense and deep analysis in context of a totality in the environment where the language is used. Figure 2 shows the Saussure model.

SAUSSURE'S COMMUNICATION MODEL	
COMMUNICATIVE ACT	
<u>Parole</u> (words)	<u>Langue</u> (code/rules)
. speech forms	. sounds of language
. printed words	. vocabulary
. Kinesic forms	. grammar
. Braille	. spoken & printed styles
. Morse code	. social conventions
. ? (add more)	. dialects/variations
	. ? (add more)

Figure 2

Returning to the example of American football, we can now explain Saussure's concept of language and communication. In a top rated game both teams engage in running, throwing, blocking, tackling, dodging, and catching, to name a few of the many discrete activities occurring during a game of football. We can say that the activities of all of the players represent the "parole" part of the game. The rules and the code of conduct (the do's and don'ts of the game) come under the "langue" part of the game. Without a system of rules or a code the game would be reduced to chaos. Notice in our football analogy the players really do not "think" about the rules, plans, and strategies of the game as they are executing their individual and group roles. They play the game. What they do is automatic. However, before this level of automaticity is reached the players have spent thousands of hours and many years learning the skills required to play their positions and to engage in a group coordinated effort on offense and defense. During the process of learning to play (or in our case in learning the language of sounds, grammar, vocabulary, style, and social conventions) beginning players also learn the system within which the game is played. They learn rules, penalties, time outs, the code of conduct, and the values, attitudes, and beliefs of the "ideal" football player and the "ideal" football team.

This approach to the study of human communication involved language considerations far beyond the language itself. The study of language extended to its social environment. Discrete details of language (sounds, grammar, style, and conventions) needed places and rationales inside a total wholeness. In one sense the approach is a Gestalt, meaning that a piece of language is relevant only because that piece fits into a total system. A language detail is meaningless unless we can understand it in context of, and in furtherance of, our understanding of the whole. You know this approach as a Gestalt Psychology.

The existing tools of the language scientist's trade (for example, study of single sounds, a point of grammar, or a vocabulary item solely in one language or across two or more languages) did little to explain social patterns of behavior or states of mind, perceptions of the external world, value structures, attitudes, and beliefs - and even taboos - so that the language scientist could begin to describe (let alone understand) the system (the langue part we mentioned before) within which the language operates. To this end the students of Saussure (and later of Roman Jakobson and his Prague School of Linguistics) looked to other disciplines for help in describing language structure and language system. It was fortuitous, indeed, that in the 19th century the beginning of a modern science of psychology and sociology became known to small groups of European linguists who, through their research and writings, became the precursors of present-day psycholinguistics and the sociology of language, sociolinguistics.

The traditional elements of communication are integrated into a larger communicative arena where each part in the process of communication fits into a larger whole. Each part influences interactions between people to a degree. A need exists to clarify the process of communication, and if we define language and its system as the process of communication, the study of the elements in language and system can help people to succeed in communicating with people who speak the same language (who come from similar cultural environments) and, as well, to build rapport and successful communicative outcomes with people who come from different cultural orientations. The conclusion is that the study of communication from a cross cultural viewpoint

can help us to organize and interact with people with improved solidarity and effectiveness. Every encounter is unique and cross cultural. The validity of the proposition can be seen by the fact that no two people bring to their interactions or encounters identical kinds of experiences, attitudes, perceptions, values, and beliefs. For the study of human encounters to be useful today, past models of communication need to be expanded to include more data on man and his cultural and psychological orientations as these factors influence and shape his language forms and language systems. And, indeed, shape his behavior, perceptions of the world around him, and the quality and extent of his interactions with people from his own culture and with those outside of it. Figure 3, below, presents a 1986 Communication Model.

1986 COMMUNICATION MODEL

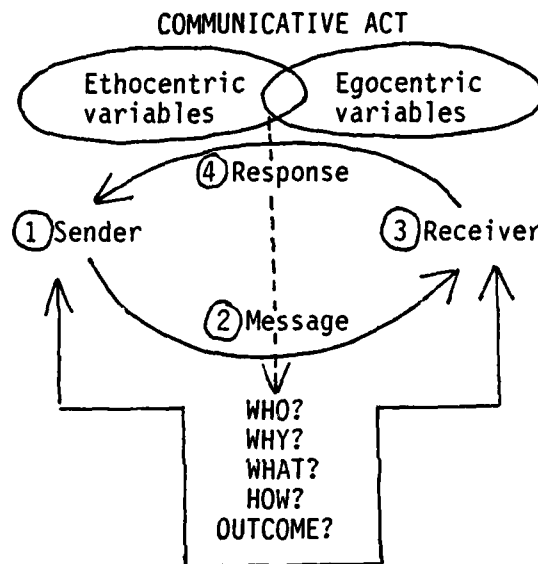


Figure 3

The purpose of the 1986 Communication Model is to explain the nature of human communication in relation to the process of communication and the elements and variables that are included in a human encounter. There are several assumptions that need to be pointed out before the model can be considered a useful means for improving contacts between people and groups. The order of the listing, below, is not important, but each assumption is important.

1986 MODEL: ASSUMPTIONS

1. Individual human life forms, regardless of situation and station, are unique and complex.
2. Interactions between two or more people are unique and complex in language and behavior.
3. A person's cultural heritage influences his/her understanding and perception of the external world.

4. A person's language and the use and style of language actually used are shaped by the speaker's culture.

5. Culture shapes behavior, the ways people interact, and the relationships they establish (or avoid) with other people.

6. People tend to trust each other.

7. People see and hear what they want to see and hear.

8. People inside one culture believe that how they talk and act (and what they believe in) are rational and correct, but people from outside their culture may conclude that such language use, behavior, and values are irrational, strange, quaint, or even unusual. Note: The observation works both ways.

9. At first encounters people see differences before they see similarities.

10. 100% effective human communication is possible, though sometimes it falters or fails.

COMMUNICATION MODEL

Rationale. A need exists to clarify the concept of communication. The Aristotelian Model of sender, receiver, correct style, and logical development of human ideas, followed by an appropriate response does not take into consideration the complexities of the cultural environment or environments in which communication occurs nor the complex experiences, perceptions, and attitudes of the human agencies involved. Each culture has its own, unique ways of viewing the world, using language to express human needs, requirements, desires, cooperation, and in handling day-to-day routines. The act of silence in one culture, for example, may be important (critical) to one's expression of endearment to another person. But, in a different culture, silence may be viewed as an act of suspicion, distrust, or misunderstanding. A cross cultural perspective on communication (or interactions) helps us to make sense from complex communicative encounters.

The communication model has seven elements. Five of the elements come from rhetorical perspectives. These include the typical variables of:

Who?	Sender and receiver
Why?	Purpose, reason, or intention for the communication
What?	Information (content/substance) in the communication
How?	Means used to communicate (oral, phone, writing, gesture)
Outcome(s)	Response to communication

The other two variables are from research findings related to cross cultural communication and intercultural interaction. They are: Ethnocentric and Egocentric variables.

Ethnocentric variables are those conditions in a person's own cultural heritage, tradition, and experience which exert influence on a person's character, language, behavior, and attitudes so as to cause an individual to conform to group norms and be recognized as a member of a specific culture. Egocentric variables refer to a person's individual and unique ways of using language, relating to society, and conforming to group norms. These give us our unique personality characteristics for speaking, behaving, and interacting with other people in our culture and with people from different cultures.

Each of the traditional five, rhetorical variables (the Who? Why? What? How? and Outcome) and the ethnocentric/egocentric variables will be examined from a cross cultural perspective. The focus of the analysis centers on human encounters and interactions. Generic or universal characteristics that influence human interactions such as language, age, values, and attitudes, are selected as identifiers of critical features in a cross cultural, communicative setting. The lists which follow are by no means finite. The careful researcher will add more categories to each of the seven variables, depending on the special interests of the researcher. For example, a political scientist will be interested in values in a society concerning rules of law, traditions favoring law making, and leadership roles, selection, and change. A psychologist may be concerned with examining conditions of political change processes to find out the degree of individual stress and anxiety which changes in political leadership bring about. The question mark at the end of the lists signify that more features can be added.

Ethnographics is a term used to describe the customs, beliefs, and attitudes of a people to life in general. It deals with their thinking about family, social values, and institutions, as well as their views and opinions on such topics as are listed here. The beliefs and attitudes that people have inside a specific culture influence their ways of thinking, how they act and behave, how they see the world (and themselves in it), and their reactions or passivity in response to life's push and pull in one or more cultural environments.

ETHNOCENTRIC INFLUENCE ON HUMAN INTERACTIONS

- | | |
|-----------------------------|--|
| 1. Language | 40. Status |
| 2. Cognition | 41. Religion |
| 3. Values | 42. Beliefs |
| 4. Taboos | 43. Conventions |
| 5. Habits | 44. Perceptions |
| 6. Age | 45. Sex |
| 7. Time | 46. Traditions |
| 8. Individualism | 47. Equality |
| 9. Self vs. Group | 48. Competition |
| 10. Pragmatism | 49. Mouse Trap Change |
| 11. Cause & Effect | 50. Fatalism |
| 12. Materialism | 51. Spiritualism |
| 13. Decision making | 52. Power |
| 14. Problem solving | 53. Mobility (social) |
| 15. Efficiency | 54. Control of Nature & Man |
| 16. Informality | 55. Ritual |
| 17. Directness | 56. Openness |
| 18. Secretiveness | 57. Practicality |
| 19. Self-help (My way!) | 58. Health & Illness |
| 20. Youth & Old Age | 59. Beauty |
| 21. Kinship | 60. Ancestor role |
| 22. Death | 61. Longevity |
| 23. Scientific Validation | 62. Rationality |
| 24. Dignity | 63. Selfworth |
| 25. Opportunity | 64. Success |
| 26. Failure | 65. Sacrifice |
| 27. Respect | 66. Obedience |
| 28. Life After Death | 67. Privacy |
| 29. Duty to Self | 68. Duty to Society |
| 30. Duty to Family | 69. Duty to One's Group |
| 31. Human Nature is Good | 70. Human Nature is Bad |
| 32. Past Orientation | 71. Work Ethic |
| 33. Present Orientation | 72. Crime & Violence |
| 34. Future Orientation | 73. Marriage and Divorce |
| 35. Means Justify Ends | 74. God Controls All |
| 36. Ends Justify Means | 75. Man Controls All |
| 37. Material Goals in Life | 76. Handicaps (physical/mental) |
| 38. Spiritual Goals in Life | 77. Occupations (blue collar/
professional) |
| 39. Taboos | 78. ? |

EGOCENTRIC INFLUENCE ON HUMAN INTERACTIONS

1. Language (idiolect vs. dialect)
2. Paralinguistic language features
 - . Group discussions (polychronics)
 - . Space & distance (proxemics)
 - . Smells (olfactics)
 - . Time (chronemics)
 - . Eye contact (oculesics)
 - . Touching (haptics)
 - . Gestures, stances, facial movements (kinesics)
3. Memory
4. Perception (images)
5. Cognition
6. Attention (active vs. passive)
7. Sentimentality (objects of)
8. Emotion (show vs. no show)
9. Imagination
10. Affection (show vs. no show)
11. Sensations (pain, pleasure, touch)
12. Silence (positive vs. negative)
13. Hearing (tuning in and out)
14. Curiosity (a plus or minus)
15. Common sense
16. Habits (personal, work, group)
17. The Self (personality)
18. Relationships (personal, work, family, starting, ending)
19. Feelings (subjective value vs. objective value)
20. Sexuality
21. Temperament (sociable, loner, active, etc.)
22. Friendships (family, clan, started, ended)
23. Preferences (visible vs. hidden)
24. Sympathy (show vs. no show)
25. Fear (show vs. no show)
26. Patience (manifestation and importance)
27. Comfort
28. Understanding
29. Hospitality
30. Evasion
31. ?

RHETORICAL INFLUENCE ON HUMAN INTERACTIONS

WHO SENDS AND RECEIVES?

1. Friend
2. Stranger
3. Boss
4. Subordinate
5. Relative (older, younger, male, female)
6. Enemy
7. Male or female
8. Older person vs. younger person
9. Father or Mother
10. Health care person
11. Government official
12. Police
13. Family member
14. A group
15. Co-worker
16. ?

WHY IS THE COMMUNICATION SENT? (Purpose? Reason? Intention?)

1. To inform
2. To persuade
3. To humor
4. To please
5. To put at ease
6. To acquire information
7. To understand by empathic behavior
8. To solve a problem
9. To establish a relationship
10. To establish rapport
11. To teach/instruct
12. To trick
13. To punish
14. To express hope, surprise, worry, or fear
15. To express compassion, concern, friendliness
16. To express intellectual attitudes
17. To express and inquire about emotional attitudes
18. To engage in social activities
19. To establish a professional relationship
20. To express or determine moral attitudes, examples included: apologies, forgiveness, approval/disapproval, indignation, reproach, indifference, regret, relief, modesty, embarrassment
21. ?

WHAT IS THE MESSAGE? (The content or substance of the communication)

1. Facts vs. feelings
2. Opinions
3. Humor
4. Gossip
5. Rumor
6. Small talk
7. Regulations/laws/policy
8. Clarification of message
9. Explanation
10. Greeting and taking leave of person/situation
11. Warning
12. Argument
13. Emotion
14. Comparing things
15. Identifying
16. Resisting
17. Avoiding language & behavior
18. ?

HOW IS THE INTERACTION ACCOMPLISHED?

1. Face-to-face
2. Verbal and nonverbal (para linguistic)
3. Formal vs. informal
4. Electronic
5. Spontaneous vs. calculated and carefully planned
6. Short vs. long
7. Public vs. private
8. Directly vs. indirectly (intermediary)
9. Single sender/receiver vs. group sender/receiver
10. Casual
11. Telephone
12. Interpreter
13. Radio
14. TV
15. Movie
16. News media (social, political, religious)
17. Mural, painting, collage, sculpture
18. Poster, billboard, graffiti
19. ?

OUTCOMES OF INTERACTION (result, response)?

1. Change vs. no change
2. Action vs. inaction
3. Positive vs. negative feedback
4. Neutral
5. Solidarity vs. disharmony
6. Reflection
7. Clarification/redefinition
8. Interest
9. Acceptance
10. Agreement

OUTCOMES OF INTERACTION (result, response)? (Continued)

11. Silence
12. Paralinguistic (eye, gesture, stance, face)
13. Verbal and nonverbal
14. Written
15. Rejection
16. Synergy ($A + B = C$)
17. ?

CONCLUSION

We have shown that a human interaction is complex. Every encounter is cross cultural in the sense that each of the parties to an encounter brings to that encounter a range of cultural and personal points of view. The Aristotelian model for human communication accounts for the style and rhetoric of language for the purpose of clarity, debate, and beauty. When we add to the Aristotelian model the cultural and personal experiences of people who interact with one another, we begin to understand how to use language and behavior for positive, successful outcomes. We learn by growing up in our own culture how the "system" works so that most of the time we can interact with others successfully. We learn the rules and the codes of language and behavioral conduct in many different kinds of situations, circumstances, and relationships. Such relationships can be one-to-one or in groups. The circumstances may be planned, regular encounters, or they may be unplanned, fortuitous, and unexpected. We learn to deal with the changing territories in which our encounters occur. The specific situation we are involved in may be for the purpose of planning a project, preparing for a future event, understanding a problem, or presenting opinions or facts. In each of these instances we learn the ways that will help us conclude our encounter comfortably, as much as possible.

When we leave our pleasant group surroundings and well understood norms of language and behavior and travel outward to another place (to a foreign culture), we take the risks of all sojourners, namely, that we must learn new rules and codes of language and behavior in order to succeed in our encounters. In short, we need to learn a new system for human interaction and how it works.

An examination of the communication model (with its seven elements) provides a basis for understanding how a cross cultural interaction will work out. The elements which make up the model are signposts that should lead us to deeper understanding of the comparisons and contrasts between a communication system in one culture as distinct from a communication system in another culture.

The time spent on understanding how communication works in a cross cultural setting will help us achieve more comfortable and successful outcomes.

BIBLIOGRAPHY

Note to Reader. There are two parts to the bibliography. Part I lists primary references to books on the nature of intercultural interaction, cross cultural communication, and to research studies. Part II provides a short, selected list of books on counseling across cultures. Each part has books which contain substantial references to the field of intercultural communication and counseling.

An international organization exists for the purpose of serving scholars and practitioners who are working in the intercultural and multicultural fields. SIETAR, the International Society for Intercultural Education, Training, and Research (SIETAR International) has a diverse, interdisciplinary membership from universities, government, business, health and medicine, and foundations. SIETAR publishes a journal, a newsletter, and a wide set of books and publications on culture, education, communication, and research. Annual congresses are held in North America, Europe, and Asia.

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Information on current research, education, and training in the intercultural field is available in four, regular journals:

International and Intercultural Communication Annual, Speech Communication Association and published by, Intercultural Network, Inc., 906 N. Spring Avenue, LaGrange Park, Ill. 60525

International Journal of Intercultural Relations, from SIETAR International

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PART I - General References

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"On Hedging in Physician-Physician Discourse" by Ellen F. Prince, Joel Frader, and Charles Bosk.

Marshall H. Segall, Cross Cultural Psychology: Human Behavior in Global Perspective, Monterey, California, Brooks-Cole, 1979.

An analysis and rationale for the interplay and influences of culture and ethnic heritage on the concept and methodology of psychotherapy.

H.C. Triandis, W. W. Lambert, (eds.), Handbook of Cross Cultural Psychology, Volume I, Boston, Mass., Allyn and Bacon, 1980.

Solid collection of articles concerning the development of the concepts and methodologies of therapy in a cross cultural context written by leading researchers and practitioners.

WORKSHOP ON CROSS CULTURAL PSYCHOPATHOLOGY AND PSYCHOTHERAPY

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What sets worlds in motion is the interplay of differences, their attractions and repulsions. Life is plurality, death is uniformity. By suppressing differences and peculiarities, by eliminating different civilizations and cultures, progress weakens life and favors death. The idea of a single civilization for every one, implicit in the cult of progress and technique, impoverishes and mutilates us. Every view of the world that becomes extinct, every culture that disappears, diminishes a possibility (Octavio Paz, The Labyrinth of Solitude, 1976).

I. BACKGROUND AND FOUNDATIONS

1. Introduction and Overview

A. Goal: To inform participants of recent theoretical and empirical developments in the field of cross cultural psychopathology and psychotherapy.

B. Some Questions:

1. Is there a universal concept of normal and abnormal behavior?
2. Are there differences in the rates of mental disorders across cultures?
3. Are there differences in the manifestations and experiences of mental disorders across cultures?
4. How does culture influence psychopathology and psychotherapy?

C. Overview of Workshop

2. Specialty Journals:

- A. Transcultural Psychiatric Research and Review
- B. Culture, Medicine, and Psychiatry
- C. Journal of Cross Cultural Psychology
- D. Social Science and Medicine
- E. International Journal of Social Psychiatry
- F. American Journal of Psychiatry

3. Recent General Books

- A. Higginbotham, H. (1984) Third World Challenge to Psychiatry. Honolulu: University Press of Hawaii.
- B. Kleinman, A., & Good, B. (Eds.) (1985) Culture and Depression. Berkeley: University of California Press.
- C. Kleinman, A. (1980) Patients and Healers in the Context of Culture. Berkeley: University of California Press.

- D. Marsella, A., & White, G. (Eds.) (1984) Cultural Conceptions of Mental Health and Therapy. Boston: D. Reidel Publishing.
- E. Marsella, A., & Pedersen, P. (1982) Cross Cultural Counseling and Psychotherapy. Maxwell Park, N.Y.: Pergamon Press.
- F. Reynolds, D. (1981) The New Psychotherapies. Honolulu: University Press of Hawaii.
- G. Simons, R., & Hughes, C. (Eds.) (1986) The Culture Bound Syndromes. Boston: D. Reidel Publishing.
- H. Triandis, H., Draguns, J. (Eds.) (1981) Handbook of Cross Cultural Psychology: Volume 6: Psychopathology. Boston: Allyn & Bacon.

4. The Concept of Culture

- A. Definition: Culture is shared learned behavior which is transmitted from one generation to another to facilitate individual and cultural growth, adjustment, and adaptation.
- B. External representations: Artifacts, institutions, roles
- C. Internal representations; Values, attitudes, beliefs, cognitive styles, meanings, consciousness, epistemologies.

5. Disciplinary Names

- A. Vergleichende Psychiatrie (Kraepelin, 1904)
- B. Primitive Psychiatry (Devereaux, 1940)
- C. Comparative Psychopathology (Kaelbling, 1961)
- D. Transcultural Psychiatry (Wittkower & Rin, 1965)
- E. Cross Cultural Psychiatry (Murphy & Leighton, 1965)
- F. Cultural Psychiatry (Kennedy, 1973)
- F. The New Transcultural Psychiatry (Kleinman, 1977)

6. Historical Perspectives

A. Pre-1900

- 1. Jean Jacques Rousseau: "Mankind is by nature good, it is society which makes him bad."
- 2. John Jarvis; "Insanity is then a part of the price we pay for civilization. The causes of one increase with the developments and results of the other."

B. 1900-1950

- 1. Kraepelin (1904)
- 2. Culture-Bound Syndromes (Exotic syndromes, culture-specific disorders)
- 3. Western disorders in non-Western countries
- 4. Sigmund Freud: Civilization and Its Discontents (1922)
- 5. Psychiatric epidemiology

C. 1950-1970

1. The epidemiology of mental disorders (Eaton & Weil, 1955)
2. Role of culture in mental disorders (Nova Scotia Studies and Midtown Manhattan Studies)
3. Emergence of non-western psychiatrists trained in West
4. New journals and books

D. 1970 and Beyond

1. World Health Organizations studies
2. Ethnopharmacology
3. Increased sophistication in research methods
4. Increased interest in non-Western therapies and services

6. Some Conceptual Foundations

- A. Master Model of Behavior
- B. Hierarchical Levels
- C. Conceptual Models for Clinical Research
- D. Multiple Causality
- E. Ranges of Variation

II. CROSS CULTURAL PSYCHOPATHOLOGY

1. Normality and Abnormality

- A. Early views in anthropology
- B. Empirical Approaches
 1. Katz, et al.: Professional versus Family Members
 2. Marsella, et al.: Frequency, intensity, duration baselines
 3. Marsella, et al.: Cube studies (cause, treatment, disorder)

C. Anthropological observations: Healers

2. Epidemiology

- A. Use of indigenous categories of mental disorder
- B. Development of baselines for normal and abnormal behavior
- C. Use of factor analysis to examine symptom clusters
- D. Use of similar research methods to identify cases
- E. Use of Western categories of mental disorder

3. Phenomenology

- A. Manifestation
- B. Onset
- C. Course
- D. Outcome
- E. Correlates
- F. Classification and Diagnosis

4. Measurement and Assessment

- A. Back translation
- B. Conceptual equivalence
- C. Norm variation
- D. Measurement equivalence

III. CROSS CULTURAL PSYCHOTHERAPY AND COUNSELING

1. The Therapeutic Equation

$$\text{Outcome} = \text{Disorder} \times \text{Patient Variables} \times \text{Therapist Variables} \times \text{Time} \times \text{Cost} \times \text{Therapy}$$

2. Some Issues

A. Healing versus Treatment

- 1. Illness versus Disease
- 2. Mind-Body Distinctions

- a. Level: Body, Mind, Spirit
- b. Dimensions: Roles, Facilities, Knowledge

3. Non-Western Healing Systems

- A. Ayurveda (India)
- B. Unani (Arab)
- C. Chinese Medicine

- 1. Acupuncture
- 2. Moxibustion
- 3. Herbal medicine
- 4. Massage and exercise

D. Hawaiian Medicine

4. Non-Western Psychotherapies

A. Types

- 1. Physiological (Rest, massage, exercise, diet)
- 2. Psychological (Meditation, imagery)
- 3. Social (group pressure, social reintegration)
- 4. Supernatural (Exorcism, prayer, possession)

B. Some Examples

- 1. Ho'oponopono (Native Hawaiian)
- 2. Naikan (Japanese)
- 3. Morita Therapy (Japanese)
- 4. Meditation

C. Therapeutic principles

1. Persuasion
2. Hope
3. Catharsis
4. Information
5. Reduction of uncertainty
6. Forgiveness and acceptance
7. Mobilization of Support
8. Stimulus reduction
9. Attribution of causality
10. Explanation
11. Behavioral activation

TRANSCULTURAL MARRIAGES IN SERVICE PERSONNEL

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Transcultural marriage between foreign nationals and American service personnel has been a growing trend due to United States overseas military operations. This paper will focus on the Korean wife-American husband transcultural marriage as it represents one of the most active patterns of transcultural unions. Specifically, the paper will address historical, cultural, personality, and situational factors which contribute and/or detract from marital/cultural adjustment. Finally, specific recommendations to assist in marital and cultural adjustment on a marital and organizational level are offered.

INTRODUCTION

Since the inception of United States overseas military installations there has been the parallel process of military transcultural marriages (MTM). It has been estimated that over the past third of a century worldwide U.S. military operations have produced over one-half million transcultural unions between foreign nationals and American service personnel (Lee, 1980). The Korean-American transcultural marriage appears to be the most active pattern of MTM's. The number of Korean-American marriages has steadily increased to over 60,000 marriages with an annual rate of approximately 3,000+ marriages. The high rate of Korean-American transcultural marriages has resulted in correspondingly high incidence of problems specific to the MTM. A primary purpose of this paper is to present to the reader the problems in adjustment which Korean wives/American husbands (KW-AH) MTM's encounter. While it has been questioned by some as to whether American servicemen should in fact marry foreign nationals, this paper shall assume that this is not a primary issue, as soldiers have married and will continue to marry transculturally as long as U.S. military operations continue in overseas installations. Rather, this paper's focus and aim will be to elaborate and elucidate the unique nature and problems of KW/AH MTM's with an eye toward assisting with their acculturation and mental health needs. Specifically, the paper shall focus on historical, cultural, personal (personality), and situational factors which contribute to MTM's success/failure. Additionally, specific problem areas of the MTM will be addressed. Finally, specific recommendations for the mental health professional will be offered.

Brief Overview of Korean History

Korean society was reportedly founded in 2333 B.C. by Tangon, a divine Sage King. The legend surrounding Tangon, his marriage to a bear magically transformed into a woman, and establishment of an agricultural civilization, reflects the Korean ideal of harmony between heaven, earth, and mankind. This foundational value of complementarity and harmony of various forces and corresponding mental (as opposed to physical) fulfillment can be seen as being in opposition to the Western ethics of man's dominion and harnessing nature and the Western value of mental mastery. While the well springs of Korean culture

have stressed harmony and fulfillment, Korean history has a long tale of war, violence, and sociopolitical upheaval. Indeed, such may in fact only augment the underlying value/longing in many Koreans for harmony and peacefulness.

In the late 1800's and early 1900's, Western expansionists shattered the relative calm of Korea, then known as the Hermit Kingdom, due to Korea's self-imposed isolationism during the Yi dynasty. In 1910 the Japanese annexation of Korea led to 36 years of cultural imperialism and exploitation. While economic interdependence has brought the two nations closer, negative memories of Japanese rule still exist in the minds of some Koreans. World War II and the Korean Conflict of 1950-53 resulted in incredible losses of life and tremendous destruction of property. The Korean War resulted in 800,000 casualties and three billion dollars of property damage. The general populace was in essence uprooted and a good portion of the Korean nationals became refugees within their own land. Few families were without loss of a family member. High among the casualties were young male adults involved in wartime action.

As can be seen, Korea's strategic location in East Asia has often resulted in its being a battleground and a crossroad between powerful international politics and foreign military invasions. The long recent history of wars and invasions has left a mentality of hardship that is deeply impressed upon the minds of the Koreans, especially the women and lower classes. The concept of han, a psychology of unresolved anxiety and grief has become an important cultural ethos. Indeed, the long sought for peace continues to remain beyond the Koreans' reach as many kinship groups and families remain divided by the unresolved political splitting of the nation. It is also a harsh reality in many a South Korean mind that the capital, Seoul, is but a ten-minute air strike distance away from hostile forces.

The long history of war and political upheaval, particularly the Korean Conflict of 1950-1953, resulted in a very unfavorable sex ratio for Korean females, as well as shifting onto them the burden of family financial support. However, the burden of financial support was shifted to these women at a time when traditional resources and means of livelihood were unavailable due to the results of prolonged war and destruction; i.e., farming and family businesses. The introduction of the U.S. military forces in Korea offered to many females an "only alternative" for employment. Such employment, including on and off post jobs, introduced novel and powerful factors/dynamics into the very traditional host country facilitating interpersonal relationships which would never have been culturally thought possible in pre-WWII and Korean Conflict society.

Korean Cultural Society

The historical antecedents of Korean society provide a partial background for understanding the nature of what the Korean mate brings to a MTM. Another important factor in understanding KW/AH MTM's is the basic underpinnings of Korean and American culture. This section will present many various aspects of Korean culture and then will compare and contrast these aspects of Korean culture with traditional American culture.

Culture has been viewed as the beliefs, customs, and behaviors of a people that are socially acquired and transmitted through symbols and widely shared meanings. It is the manner in which people of a given society relate and adapt to social and physical environment. Furthermore, culture is a group of

organized learned responses. Culture is not inherent or a part of one's biological make-up. Rather, as indicated, it is learned through interactions with others in society. Culture is passed from generation to generation through various conscious and unconscious means, including language and art. Lastly, "culture" performs a number of vital functions for each society. Those functions include: making complex areas of life predictable; providing socially acceptable patterns of meeting biological, psychological, and social needs; defining what is good, right, natural, and real; stratifying people; distributing activities and goods, and organizing institutions; insuring group survival and self-perpetuation; providing life's communication; explaining life's mysteries; ordering relationships between people and ordering the uses and relationships of time and space.

Korean culture has been greatly influenced by various spiritual concepts, practices, and traditions. As opposed to many western nations, Korean religiosity is very syncretistic, that is, diverse religious systems influence and absorb elements of each other. Probably the greatest influence upon Korean spiritual practice is the traditional three "Tao" (Way) including Buddhism, Confucianism, and Taoism. While periods of inter-religious friction and hostility have occurred, the Korean ideal is that the three Tao are mutually compatible and complementary. Thus, a Korean may profess Buddhism while practicing Confucian rituals and Taoist-inspired magic. Underlying all Korean forms of the three Tao is the prominent indigenous Shamanistic tradition which is especially popular among the folk population. As opposed to an institutional organization, Shamanism is more of a religious life style which emphasizes the necessity of harmonious and personal relationships among all beings, ancestor spirits, and other spiritual powers. Buddhism has been an influential component of culture through its emphasis on meditation, ritual practice, transcendental aspects of spirituality, and non-dualistic nature. Confucianism has long been an important factor in Korean culture. The ideal of the "golden mean" as well as that of compassionate mutual responsibility in the context of hierarchical social relations are Confucian Achieving Harmony between the two poles (Yang, light, creature, masculine: and um, dark, receptive, feminine) is the prime Confucian ideal.

The next portion of this section on culture is a listing of terms that are associated with Korean intra- and interpersonal relations, borrowed from the Triton Study (Bradshaw, 1983).

KOREAN CONCEPTS OF HUMAN RELATIONS

Intrapersonal Relations

1. Maum. The word maum can be translated as mind, heart or spirit. While Americans may conceive of the mind primarily in terms of thinking, Koreans conceive of mind primarily in terms of feeling, or even more deeply, in terms of the most central vital force in a person. Human impulse arises in the "heart" and is later processed by cognition in the "head". Therefore, the condition of the maum is united in Korean psychology. A "weak maum" can result in psychopathology and even spirit-possession in the Shamanistic view.

2. Kibun. This is the predominant feeling or mood of a person. Protecting the comfort of Kibun is a high priority in self-concept and human relations. In order to avoid "losing face", a Korean may avoid direct

confrontation of problems. Also, if someone damages another's kibun, a great sense of offense and insult may result in retribution or cutting-off the relationship.

3. Ch'e myon. Good kibun is maintained partly by carefully keeping up appearance (ch'e myon), favorable honor and reputation; Ch'e myon is the "face mask" which covers potentially embarrassing, threatening or impolite feelings and thoughts. For the sake of ch'e myon, seldom will a Korean directly say "no" to a request. Rather, he may provide a convenient excuse not to comply. This attitude results in self-protection by repression of unpleasant effects. In order to ratify other's expectations, the outer self is beautiful, sometimes to the neglect of the inner self. Yet elegant refinement characterizes polite Koreans. Americans who ignore the requirements of ch'e myon may be perceived as uncultured people, while Americans may perceive Koreans to be deceptive and formalistic. This mutual misperception need be prevented, especially in transcultural marriage.

4. P'alcha. Koreans may tend to view their lives in terms of unavailable destiny and fate (P'alcha). Particularly personal misfortunes and oppression may be visited less strenuously than Americans might expect because of the assumption that one must endure one's fate. This sense of destiny can also be a great source of strength and fortitude in dealing with challenges and difficult circumstances. Unfortunately, P'alcha is sometimes used as an excuse or scapegoat for failure, thereby, fostering a sense of hopeless frustration.

5. Ch'e nyom. Fatalism is connected with ch'e nyom (resignation) as a coping strategy. A Korean may feel that a problem is inevitable so "just forget about it." Such stoic resignation can be an effective psychological defense against adversity, but it can also foil useful preventive or problem solving efforts.

6. Han. As mentioned earlier, Korean history has inculcated an ethos of unresolvable anxiety and suffering (han). Hence, intrapersonal concepts are often involved with suffering and adversity and the self-protective measures required to face them. Koreans utter the phrase "aigo chukketta" ("I am nearly dying") in response to crisis and difficulty. This lament can be an effective ventilation for grief and pain and is an essential part of the mourning process.

Interpersonal Relations

1. Inyon. The concepts of fate and karma manifest strongly in interpersonal relations through the notion of inyon, meaning fated affinity or connection between people. Inyon is like an invisible thread connecting people who are unaware of it until it is activated by encounter. People who "click well together", to use an American idiom, share inyon. Inyon is a noncausal but meaningful connecting principle. It can be a powerful source of feelings of significance and providentially helping to bond marital and other relations.

2. Kamun. This literally means "home-gate". It refers to the importance of family background in determining an individual's life course. Descendants of yangban (traditional upper class) may feel entitled to automatic respect and success and to some extent may be given it. Kamun contributes to a healthy

cultivation of family pride and interest in "roots." It can also have the harmful effect of condescension among successful families and hereditary outcaste status for unsuccessful families.

3. Put'ak. Put'ak means request or solicitation. It can connote that a favorable response to the request is considered to be obligatory. Thus, making requests and giving gifts can become either a source of generous mutual support or constantly escalating indebtedness. The art of politely extricating oneself from unwanted put'ak is important for both Koreans and Americans dealing with Koreans to understand. One must not damage the kibun of one who makes such a request.

4. Nunchi. This means "eye-measure" or countenance. Nunchi refers to the social skill of reading another person's face in order to discern the time message in communications. Communication theory generally recognizes that when verbal and nonverbal messages seem to contradict each other, the nonverbal message should be given priority in understanding the hidden or unconscious intent. Koreans have developed the skill of reading nonverbal cues to a fine art. A person who lacks nunchi skill is considered poorly cultured: hence Americans may be perceived as socially obtuse since they tend to rely on verbal content. A Korean may say one thing but indicate nonverbally the exact opposite, expecting the message-receiver to understand through nunchi. Americans must be aware of the total verbal and nonverbal content of communication with Koreans in order to avoid misunderstanding. What an American thinks is a Korean lie may really be his own misperception.

5. Ut-Saram. Ut-Saram means "one's superiors". It refers to the all-pervasive system of seniority in Korean society. A cultivated person must know how to treat elders and status-superiors with proper respect. Seniority indicators are even built directly into Korean grammatical verb-endings and vocabulary. Traditionally, aristocrats and scholars were the highest class (vangban), followed by professionals (chungmin), and military personnel and commoners (sangmin). This distinction still influences Korean attitudes. The intrinsic superiority of elders and males is also often taken for granted. This hierarchial orientation can produce an orderly system of mutual responsibility and caretaking (as advocated in Confucianism) or it can degenerate into power-competition and strife.

6. Injong. Korean ideals of proper human relations are epitomized in the concept of injong meaning humaneness, compassionate nature, gentleness and affection. This deep kindred-feeling links all people without bias or egotism. Ideally, the parent naturally responds with compassion to the needs of the child. Likewise, rulers must be benevolent toward subjects and friends must be able to sense and respond to each other's innermost needs. Injong is capable of responding even to unspoken needs. Therefore, in the case of Korean-American military transcultural marriages, when a wife feels neglected, the American husband may be held responsible even though the wife did not express her need. American spouses of Koreans must be able to manifest injong to both obvious and subtle needs.

7. Uiri. This means faithfulness, fidelity, and righteousness in human relations. Uiri bonds people beyond the family into a social network of enduring friendship and mutual commitment.

8. Isim Chonsim. Isim-Chonsim means "my heart-your heart". It can be translated as telepathy but it emphasizes a deep empathic rapport between people which has a strong emotional aspect. This quality of connection is especially important in marital relationships -- the ability to share thoughts and feelings without speaking them and to respond to anticipated needs. Couples who experience communicational problems and contradictory expectations may need to deepen Isim Chonsim.

As may be apparent from the above, the background that the Korean spouse brings to the transcultural marriage is quite different than that of her American husband. What follows is a compilation of cultural differences identified by Korean wives in the Triton Study (Bradshaw et al., 1983.)

CULTURAL DIFFERENCES

Observed by Korean Wives in Their Experiences of Transcultural Marriages with American Servicemen

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
1. EMOTIONALITY (Affect)		
a. Temperament	"Hot" temper	"Short" temper ("yells a lot!")
b. Expression of Affection	Reserved and concealed to privacy	Open display in public
	Lack of outward expression	More spontaneous and outward expression of emotion
	Cognitive internalization of emotions	Physical manifestation of emotions (e.g., kissing, hugging. etc.)
2. THOUGHTS (Cognition)		
a. Situational Assessment	Nunghi ("Measuring the Eyes") i.e., heavy reliance on nonverbal cues	Absence of Nunchi: heavy reliance on verbal expression
	Catches the expectations of other person in social contexts	Behavior preceeded by explicit verbalization or gesture of intention
b. Time Concept	Leisurely	Punctual
	Future orientation	Present orientation
3. COMMUNICATION		
a. Dialogue	Closed, indirect Less obvious and slow	Open, direct More obvious and quick

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
b. Gesture/Body Movement	Covert expression	Overt expression
c. Kinship Naming	Frequent use of indirect references and formal titles (i.e., "son's mother, esteemed teacher")	Common use of first names
d. Language	10 vowels, 14 consonants	6 vowels, 20 consonants (e.g., he, she, it)
	Pronouns not gender specific	Frequent singular possessives expressed e.g., my, mine)
	Social hierarchy encoded in grammar	Relatively egalitarian social and linguistic style
4. FAMILY LIVING		
a. Treatment of Elderly	Respect, deference	Tendency to praise youth, devalue old age; little deference to elderly
	Multigenerational ties mutual support valued; caring for elderly within family	Independent and individualistic lifestyle for elderly valued; caring for elderly often by social institutions outside family
b. Living Arrangement	Extended family households; patrilocality and close proximity of relatives valued	Nuclear family primary; diverse family patterns emerging (e.g., divorced, reconstituted); separate dwellings for adult members preferred
c. Childrearing and Discipline	Permissiveness Parent-centeredness	Restrictiveness Child-centeredness
	Demands for obedience and respect	Demands for self-controlled behavior and friendliness

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
d. Parent Child Relationship	Prolonged dependency	Hastened and prolonged independency
e. Possession of Household items	Communal possession (ours)	Individual possession (mine)
f. View of male as perceived by Korean wives	Males assert superiority: Arrogant "outdated" moral chauvinism	Male chauvinism less overt; more sexual egalitarianism
g. View of Female as perceived by Korean wives	Obligation bound "Self-sacrifice for benefit of Kin" orientation	Greater independent freedom
h. Roles of Husband and Wife	Rigidly defined; husband breadwinner; head of household; wife homemaker, childrearer	More flexible and overlapping; variability in role complementarity
i. Marital Power/Status	Gender and seniority based (male and elder superior)	Relatively equality based
	Patterns of dominance/submission, in/out-dicotomous position	Household variations; patterns of complimentarity
	Vertical relationships	Horizontal relationship
g. SOCIAL INTERACTIONS		
a. Sharing	More intimate and indepth warm and passionate informal	Superficiality cold and dried formal
b. Companionship	Extreme Gender conscientiousness; sexual segregation in gatherings	Male/female combination in group behavior
c. Visitation	Without pre-engagement or announcement Informal Unpredictable	With pre-arranged appointment More formal Predictable
d. Greetings	Bowing; respectful handshaking	Casual handshaking

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
e. Farewell	Escorting guests to process	At door step Less complicated Brief
f. Table manners	"Eat a lot!" Making sounds while eating acceptable expression of enjoyment Blowing hot drink or soup as cooling device	"Help yourself!" Impolite to make noise while eating or drinking hot liquids or soup
6. MORAL STANDARDS		
a. Sexual behavior	More rigidly defined and regulated	More open and less inhibited
b. Family obligation	Filial piety	Individual responsibility
7. FOOD		
	Spicy and pungent	Cheesey and greasy
	Rice primary dish	Meat primary dish

PERSONALITY FACTORS

Another important component of the KW-AH MTM is the personality characteristics of the individuals involved. Chaplains, military and civilian mental health professionals appear to repeatedly identify the American serviceman as presenting with underdeveloped social skills and exhibiting a low sense of self-esteem. They further note that these servicemen have a difficult time dealing with their own feelings and the feelings of others and have had few or no previously successful relationships with women. These men appear to be threatened by women who are more independent and thus may be prone to gravitate towards relationships with Korean women, as Korean women are, as culture dictates, more dependent in their relationships with men. American servicemen report that in their relationship with a Korean female their feelings, comfort, and welfare were given precedence. Thus, for the first time many felt acceptance by solicitous, unquestioning women who respected them. Many American servicemen also report an Asian female stereotype which is that they made good wives. The definition of "good" may include everything from being obedient, to taking care of the husband, to not talking back (Kitano, 1982). Kim, 1979, in describing spouses, states that they tended to be passive-aggressive, and controlled their husbands by catering to their dependency needs. Thus, from a personality perspective the KW-OH MTM may at times reflect one of several of Mittleman's five types of complementary relationships, especially, (a) a helpless and dependent person married to an endlessly supportive mate, (b) a person who vacillates between self-assertion and dependency married to one who vacillates between unsatisfied need for

affection and living support and help, and to a lesser extent (c) a dominant and aggressive person married to a submissive and masochistic person.

Situational factors

The aforementioned historical, cultural, and personality factors may be conceptualized as predisposing or antecedent components. These elements may all come together in the situational context of current Korean environment. For many American servicemen of MTM's, Korea was their first permanent assignment with the military or their first time away from home. Many were lonely and were seeking companionship in an alien, culturally isolated environment. Counseling experience has also shown (Ratliff, 1978) that the majority of such males are in fact dependent personalities and enlisted men between the ages of nineteen and twenty-three.

The end of the Korean conflict had many different meanings for Koreans politically, socially, and economically, the most important impact being on women who were often forced into the role of financial responsibility for either themselves and/or their families. Thus, as a result of the war, there was a weakening and questioning of traditional authority figures and existing cultural mores. The American way of life reflected by the media and by occupational troops appears an attractive alternative to the Korean female.

The majority of the KW-AH MTM's thus begin with the men paying the women for companionship, although other settings might include clerical or sales/service workers at military bases. Generally, the young man may not have come to Korea looking for a wife, but after living with a woman for several months, feels an obligation/desire to marry her. However, the man who marries for companionship in Korea sometimes finds he does not have so great a need in the U.S. and the woman who marries for financial reasons finds that her husband, who appeared rich in Korea, is considerably less wealthy in the U.S. Of course, between these extreme ranges of reasons for marrying, there are also a host of cultural and personality factors which may also contribute to marital problems in the KW-AH MTM.

ADJUSTMENT OF THE MTM COUPLE

While living in Korea, neither wife nor husband has significant adjustments to make after their legal marriage. Both remain in familiar environments and continue to utilize familiar habits, customs, language, foods, etc., although now both may spend more time with each other. Military benefits may, in fact, create an illusion of affluence, as the cost of living is considerably less in Korea. However, once the couple leaves Korea and returns to the United States, significant difficulties may arise in the MTM. For the wife, primary difficulties encountered involve adjusting to a new culture. For the husband, roles seemingly reverse in the MTM. The Korean wife becomes greatly dependent on the husband for her survival/existence. If the MTM couple survives this initial stage of cultural adjustment, a second hurdle involves the couple adjusting to the Korean wife's greater independence which is culturally encouraged and allowed and her decreased dependency on and subservience to her husband.

For the Korean wife, the initial entry into the U.S. may set into motion the syndrome known as culture shock. Culture shock involves the loss of the old familiar culture and the lack of understanding of the new culture; leaving

loved ones and acquaintances; and feeling frightened, incompetent, and uncertain. To understand this phenomenon, one may recollect a first visit alone to a foreign country or one's first year away to school. A loss of familiar surroundings and cues typically results in tension, nervousness, somatic difficulties, liability, and fatigue. Culture shock is an acute reaction to one's initial exposure to a new environment. For most people, the passage of time and interaction with the new culture reduces the acute symptoms and allows for a return to normal functioning. Following the acute phase of culture shock, the Korean wife may face a number of crises in her acculturation to America. Her military husband's frequent absenteeism related to field duty, TDY, etc., may leave the Korean wife quite fearful regarding her ability to cope in the event of an emergency/crisis situation, or even a more typical function such as buying groceries. This is particularly true if the Korean wife has few coping resources/supportive network and limited English fluency.

Many Korean wives also feel degraded due to the humiliation resulting from their communicating in broken English and their inability to understand social codes/cues. They may additionally receive insulting remarks which further brands them as a "minority" and creates social alienation from potential support networks.

Isolation is frequently identified as a major difficulty. This again may be due to the Korean wife's limited ability to communicate. Thus, contact with others outside the home can be very limited. This may serve to instill/reinforce certain fears regarding the surrounding environment and may also augment feelings of homesickness and anxiety.

Many Korean wives also are the target of prejudice against transcultural marriages. The Korean wife's reaction to rude behavior and prejudicial comments is often limited to tolerance of "putting up with them".

For many Korean wives, the American husband may be a major stumbling block or obstacle to her acculturating to America. Often the American husband resists the Korean wife's move toward acculturation and independence as they view her increasing competence and skills as a threat to his relationship with her. Thus, the husband's management of his own dependence issues very greatly assists or detracts from the Korean wife's acculturation process.

Disillusionment with America is also a common phenomenon for many Korean wives. Many wives have high expectations regarding standards of living, in essence, many go from being rich while in Korea and married to a U.S. servicemember to being poor in the U.S. Some Korean wives report that their husband painted a picture of America as Paradise which contributes to considerable distrust and insecurity regarding the relationship.

Immaturity and naivete, both on the part of the Korean wife and American husband, also negatively impact the acculturation process. Many American husbands simply fail to appreciate the position of their Korean wife upon her arrival in the U.S. Few are prepared for the total dependence her limited ability (English language and acculturation) entails. Ironically, the husband most likely admired his wife's independence in her native land when he was culturally disadvantaged, but he fails to recognize the reverse process occurring. Additionally, many Korean wives may underestimate and be unrealistic in regard to their ability to overcome the language barrier and adapt to a significant different culture.

As aforementioned, the acculturation process entails significant pressures on the American husband as well. The husband's role is significantly altered. He is now, for a time, his Korean wife's sole means of existence. The wife's dependence may be overwhelming for some husbands. She may come to be viewed as a burden and resentment may be fostered as the initial roles and expectations shift. For the acculturation process to be successful, the husband must deal with and support his wife's limitations.

A further issue, however, for the American husband arises when the Korean wife does begin to assimilate/acculturate and begins to desire greater independence. The American husband may be threatened by his Korean wife's demands for more social contact, financial needs/demands, etc. If the MTM is to be successful, the American husband will need to accept his wife's emerging independence and encourage it as he concurrently deals with his own fears/anxieties. If he is unable to accept her independence and quell his threatened feelings, he may attempt to undermine her independence in subtle or, in some cases, in an active/aggressive manner.

Financial issues may also weigh heavily on the American serviceman. He may find it difficult to explain to his Korean wife why he is no longer able to afford his wife's demands/expectations as he could while in Korea. This may serve to further threaten the American husband's self-esteem as provider. The husband may respond in a negative fashion by discouraging or limiting social contact with others or even resorting to physical violence.

Cultural adjustment, as well as adjustment within the MTM, is reflective of and contingent on each spouse's personality characteristics and various socioeconomic characteristics. With respect to personality characteristics, successful marital adjustment, as well as acculturation for each spouse, involves progress on separation-individuation issues. The further each spouse has progressed with respect to forming an independent identity, the more likely he/she is to be successful at negotiating various cultural and marital tasks. Personality features associated with identity formation and successful acculturation may include: a perceived sense of personal identity; a sense of personal values and ethics; ability and willingness to experiment with new ideas and methods of interaction with minimal defensiveness and perceived personal threat to self-esteem; perceived satisfaction with various aspects of life prior to marriage/move and a sense of personal direction. Martin (1976) has proposed an assessment of various capacities of the individual as an index of potential for marital adjustment. These capacities include; capacity for independence/ability to stand alone; capacity for supportiveness to mate; capacity to accept support from mate; capacity for lust/intercourse; capacity for sensuousness/physical intimacy; and capacity for love/emotional intimacy.

In addition to the personality factors which play a major role in the adjustment of the MTM, several crucial "socioeconomic" factors are vital in terms of both cultural and marital adjustment. Perhaps the most vital socioeconomic factor is the language facility of the Korean spouse. Poor language facility limits both the acculturation process as well as limiting potential supportive interactions. On a personal level, decreased language ability may contribute to a feeling of lowered self-worth and withdrawal from others to avoid embarrassment/humiliation.

A second vital factor is the Korean wife's educational/vocational background and skills. If a Korean spouse has limited educational background/

literacy in their native language, she will be severely hampered in her efforts to learn a new language. Secondly, vocational placement in the U.S. is highly correlated with education and experience. Limited education and/or experience may severely limit the Korean spouse's opportunity for gainful employment and concurrent acculturation.

Younger MTM couples appear to have less difficulty in adjusting both to marital and cultural issues. This may be due to a lessened investment in native cultural ways and an openness to change/adaptation. Trebilcock (1974) has suggested that there may be three patterns of intermarriage: (1) the husband-dominated marriage, (2) the detached marriage where conflicts and hostility are contained by maintaining distance from each other, and (3) "third culture potential marriage," where a reciprocal exchange of individual values and expectations transcending cultural boundaries occur. It is this third pattern of melding the diverse cultural backgrounds that appears less problematic in the younger MTM couple.

Finally, flexibility in terms of sex role identification/expectations becomes a vital marital/cultural adjustment factor.

RECOMMENDATIONS

Cultural adaptation and marital adjustment are not static events but a dynamic ongoing process that begins well before the actual marriage. Thus, two forms of mental health intervention may be conceptualized: (1) preventative programs aimed at decreasing potential problems by enabling or equipping the MTM and (2) assisting in normal developmental crises in the process of acculturation and/or marital adjustment.

Preventative measures may be encouraged formally or informally by the mental health professional by encouraging the MTM couple to enroll in English as a Second Language classes prior to marriage and move to the U.S. Additionally, the mental health professional may formally/informally urge classes in Korean for the servicemember husband.

Korean wives may profit significantly from classes in American customs and societal patterns, addressing issues ranging from nature and means of grocery store shopping to expectations/reality regarding living in the U.S.

Additionally, many Korean wives would profit greatly from an orientation to the U.S. military system, addressing issues such as TDY, field duty, a serviceman's daily hours, and routine, as well as military health care and benefits/procedures.

A pre-marital workshop in both marital and transcultural issues may be extremely profitable for the MTM couple in enabling/equipping them to deal with normal developmental marital issues as well as negotiating differences engendered by their diverse cultural backgrounds. Although resistance would most likely be great to such a mandatory pre-marital program, aggressive networking of command and mental health staff combined with a supportive program format might be well received and quite profitable. Such a pre-marital program should address American and Korean kinship patterns and family customs, encourage acceptance and supportiveness of differences, and provide descriptive examples (in vivo if possible) of successful MTM's. Role playing and experimental exercises may be utilized to provide mastery of real-life problems which may be encountered.

Several authors have identified the need for a manual listing available stateside Korean-American community resources, such as churches, social services, and ethnic organizations. Such a resource book may also include information regarding legal rights/responsibilities, a consumer practice guide, and common areas of family stress. The manual should have a multi-lingual format.

Additionally, it has been suggested that a nationwide hotline be developed to provide crisis intervention, referral, and follow-up services, in Korean, to widely scattered and isolated Korean wives.

Finally, it has been suggested that crucial support must be given by mental health professionals and the military community to the National Committee Concerned with Asian Wives of U.S. Servicemen.

Post marriage/move bilingual and bicultural trainings are a continuing necessity. Networking of supportive resources will be a primary function of the mental health care deliverer. Of primary concern for the clinician will be networking with the community (military or civilian) to establish bilingual resources to assist in counseling with the MTM couple.

Korean wives appear to consistently affirm the need/desire for additional programs in English and cultural adaptation and awareness. However, it is often the American husband who stands in the way of the Korean wife's utilization of such as well as his own utilization of marital awareness and Korean language classes. It has been often recommended that bilingual/bicultural training classes be made mandatory, but this has traditionally raised significant resistance from the soldier. Consequently, any form of training classes must recognize and target the American servicemember husband as the key factor in the successful utilization of such a program. Several useful areas the mental health professional may wish to utilize in targetting the potential MTM-AH are as follows. The mental health professional may wish to coordinate with command to obtain time for orientation of new troops of training services available and/or provide periodic brief awareness raising talks regarding same. Additionally, the mental health professional may wish to approach command with an offer to help command in his/her charge to counsel troops prior to marriage. This may be facilitated by a commander's referral or direction to the premarital group. A further means of involvement may be via the mental health provider sponsoring a short session on marriage applications and procedures/paperwork. Once establishing helpful contact and rapport with the MTM couple, especially with the AH, the mental provider may encourage further pre-marital training programs. Finally, the mental health provider may provide continuity of care by informing the MTM couple of services available at their stateside installation and additionally informing mental health providers of stateside installations of MTM couple with needs.

SUMMARY

U.S. military overseas operations have resulted in an emerging phenomenon known as the MTM. The KW-AH has emerged as one of the most prominent of the MTM with significant acculturation and marital adjustment problems. This paper has attempted to review the historical, cultural, personality, and situational factors surrounding the couple's decision to marry. This paper delineated the unique nature and problems facing the MTM couple in their efforts toward acculturation and marital adjustment. Recommendations are made for the mental

health provider. The goals of this paper were to raise the reader's awareness of and consciousness of our personal values regarding MTM's, to increase the reader's knowledge and awareness of cultural issues and problems facing the MTM, and to challenge and equip the mental health provider to utilize various recommendations in facilitating conventional and non-conventional intervention strategies with the MTM.

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AN ASSESSMENT OF THE NEEDS OF FOREIGN-BORN WIVES IN THE 25TH DIVISION

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An assessment of the needs of foreign-born wives in the 25th Infantry Division was undertaken to ascertain the needs of this target group and to determine the extent which these needs are being met. A survey containing 27 primary and 8 subordinate questions was written. Questions were written to obtain both basic information and opinion. Five overall areas were focused upon: 1) awareness of present programs available in our military community, 2) language barrier issues, 3) involvement with military unit affairs, 4) perceived and desired social support, and 5) a general catchall section. Nine items consisting of identification information were initially presented following an introduction wherein a brief explanation and focus of the survey was offered. A privacy act statement was contained within the introduction.

The survey was primarily telephonically administered by volunteer wives from Army Community Services at Schofield Barracks and Aliamanu Military Reservation. Three volunteers were not affiliated with ACS. All calls were initially made using English. Recognizing the potential of a language barrier, questions were written in a clear simple style. If telephonic interaction between caller and respondent became strained due to the language problem a referral and subsequent contact by a same language speaking caller was made. Ten of these referrals were made. All callers received orientation in training sessions prior to calling. The names of foreign-born wives were submitted by various units throughout the Division. The rate of completion was relatively high: 134 names received, 80 telephonic surveys completed. Only 10 foreign-born wives refused to participate. Approximately, 14 husbands failed to provide home numbers when asked by the volunteer wives. Thirty names were listed with wrong numbers or the callers were not successful in initially locating anyone at home or through call back efforts. It is possible that a certain percentage of this latter group was engaged in a passive refusal to participate. Twenty surveys were completed by hand by foreign-born wives attending ASYMCA classes. Total number of surveys completed was 100.

Survey respondents had husbands with varying ranks. E6 and below were most strongly represented. However, all enlisted ranks and company grade officer ranks were represented in at least a minimal manner. Characteristics of the sample population are presented in the following table. (See next page)

RESULTS

A combination of closed and open-ended questions was presented to obtain basic information, negative and affirmative responses, and individual opinions. Results are revealed in two segments. 1) Results for Yes/No response questions are tallied by ethnic category calculated as percentages indicating the affirmative response and enclosed in the following table. These results are then briefly reviewed in a written interpretive manner. 2) Sample responses to open-ended questions are then provided.

This section presents a brief interpretive analysis of the tabular data. The purpose is not to review in length ramifications and implications of the data but rather to provide a brief interpretation of the percentage data. The focus is upon ethnic group trends. It should be recognized that groups with a small "n" are at risk for disproportionate representation based upon the opinion of two or more of the group. Nevertheless, their results are presented equal with the other groups. Side-by-side review of the table with this section may be helpful to the reader.

Tabular results indicate basic lack of awareness of military services. Overall deficits across ethnic categories is suggested with notable difficulties emerging for Korean, Polynesian, and Oriental groups. Ideally, this information should be learned as a family becomes oriented to their new home and periodically presented for review through various ways and means. It is of interest to note the German Group is highest in overall awareness of services.

Percentage results pertaining to language related issues reveal only minor difficulty in knowing someone else who speaks one's native tongue. Significance is attached to the fact that only 19% of the Korean respondents felt they had a working capability with the English language. A sense of dependence, isolation, and alienation is thus suggested for this group. A similar problem is not apparent for the other cultural groups. The two remaining questions in the language issues category are a variation on the theme of basic awareness yet were placed in this category due to their focus upon language issues. Awareness of services in this area is lacking across ethnic groups. Again, lack of knowledge of resources is revealed.

Approximately, 50% of the respondents received phone calls from unit wives in the last 6 months. This is viewed as quite positive. Unit related initial welcoming occurred at a rate best described as uniformly low. Most ladies felt they had someone to turn to for help when their husbands were deployed. The Spanish and Polynesian groups were lowest, approximately 45%, in stating their awareness/confidence of anyone in their husband's unit who could be called for assistance during separations. The Polynesian, Korean, and Spanish groups revealed relatively low support, respectively 40%, 38%, and 54%, for unit related social functions. Most ethnic groups identified fairly good information flow from units.

The Oriental group is significantly low in ability to identify a friend in the neighborhood. Korean, Spanish, and German percentages are in the mid-range while other groups are high on this variable. Significant support is found for both informal gatherings with other foreign-born wives and "same country" get togethers. Although most respondents denied a preference to socialize with own country wives many did state this as desired. An extremely low number of wives reported involvement with either the NCO or Officers Wives Clubs. This suggests a felt alienation from the more Americanized organizations. Most groups, fall into the mid-range with regard to church activity--a measure which may reflect in part degree of isolation. The Spanish group was highest on this factor. Few respondents identified "other" extracurricular involvements. Off-post group involvement was relatively low for all ethnic groups. Korean and European groups obtained the highest of percentages, respectively 50% and 60%.

Desire for on-post church services provided in native language is highest for the Spanish and Filipino groups. Spanish speaking Pentecostal, Catholic and Protestant church services are presently offered at Schofield Barracks. A Samoan church service is also offered. The Korean and German groups obtained the lowest percentages in endorsement of the question "Do you have friends like you used to have in your native land?" No single group obtained a significantly high percentage on this question. The last question pertaining to social support was "Do you feel accepted by American wives?" Several ethnic groups obtained a high percentage of positive responses. The lowest groups were Korean and Polynesian. The question of access to a car was included to obtain a measure of independence. Most groups obtained a high percentage on this issue. The Korean and Filipino groups were lowest with 42% and 66% respectively.

Open-Ended Question Results

Expectedly, responses to the open-ended questions varied significantly. Patterns based upon ethnic categorization were not apparent. Sample responses, important inasmuch as they convey actual thoughts and feelings of individual respondents, are presented according to the question number of the survey. Classes in addition to citizenship, drivers education, and English which were suggested (Question #2) ranged from cooking, art, sewing, cake decorating, computer usage, music, and literature and cultural differences. Most wives had no comment for this question. When queried why they chose to attend unit activities (Question #12) responses were "to make friends", "to support my husband", and "to get to know others". Most frequently stated reasons why they failed to support such functions were, "I am uncomfortable" or "I am never invited". Others stated, "My husband does not want me to go" and "I have had bad experiences in the past". The latter two elicited considerable emotion. Regarding means whereby they have learned of various meetings (Question #17) several reported reading flyers, welcome packets, and telephone directories. Information was primarily transferred by word of mouth. The most frequent response to Question #20, Why they did not have friends here as they did in their native land was, "We are not here long enough to make friends." Other responses were, "You can't trust people here", "I am left out", and "There are too many language and cultural differences."

Question #21, "Do you feel accepted by American wives?" Provided a yes/no response as well as comments such as "Yes, I feel accepted but I have no friendships", "people stick by their colors", "Americans are too arrogant to associate with foreign wives", "I feel like an outcast", "Some ladies are very prejudice against Samoans and I feel very accepted by American wives, I am one now." Question #22, "What is the best thing about being an American citizen and an Army wife?" provided positive responses such as: "privileges", "husband's job", "security", "freedom", "travel", "proud of husband serving", and "I really like being an American." Question #23, "What is the worst thing about living in America and being an Army wife?", resulted in a high number of complaints focusing upon the frequent number of moves required of Army families. Additional comments were "We are ignored", "People don't treat us as equals", "Husband is gone too much", "Prejudice", "People don't care about each other", "Husband is frustrated in the Army", and "There needs to be more communication between units and wives". Question #24, "What could the Army do for you to make life better for you and your family?", produced a varied assortment of responses. They included, "better pay", "Reduce waiting lines

for medical care", "Show more kindness, concern, unity", "Have someone meet us at the plane when we arrive", "Need a sponsor to assist us when first moving in", and "Provide more ethnic foods at the Commissary, especially German foods", Question #26, "Are there things that foreign-born wives need which I have not asked you about?" elicited responses such as "More information on what is available", "We need someone to help us learn and know about things", "We need a firm welcome not just a packet of papers", "We need better transportation around here", "We need a support network made of our own nationality", "We'd like to see a German club formed", "I'd like to have classes offered at night" and "We need more Hispanic clubs so we ladies can get together to plan for more activities like Christmas and Hispanic Week".

DISCUSSION

The survey reveals positive and negative results regarding the degree to which foreign born- wives needs are presently being met. Survey results support the following broad generalizations: 1) Koreans as a group appear to be more at risk than other surveyed ethnic groups. Although needs are dynamic and subject to many variables this data reveals a fairly consistent picture of "greater felt need" amongst this cultural group. 2) A need exists for all foreign-born wives to have a greater awareness of resources available to them. The services may never be utilized however, a bicultural family in an increasing state of crisis should have knowledge of some options. 3) Welcoming/ orientation is an area where improvements could be made for all ethnic groups. These efforts are particularly beneficial inasmuch as they are proactive in nature and thus set the stage for more positive experiences. 4) A need for increased social support is revealed. Concurrently, significant support for the development of cultural specific support groups which would serve multiple purposes is evidenced by survey data. This support emanates from the various cultural groups. During the course of this project many foreign-born wives, both callers and respondents, volunteered to do whatever they could in any future efforts.

Several forums have to some degree addressed various needs of foreign-born wives, i.e., ASYMCA, Army Community Service, Chains of Concern, Lightning Living Council, Ad Hoc Committee, G-1 programs, unit efforts, Chaplain efforts, etc. These same forums are the most appropriate candidates for new actions. Major new resources need not be created but rather a more focused utilization of existing resources. The establishment of a support network which allows foreign-born wives to play a primary role in meeting their own groups needs should be a major objective. Developing an ethnic volunteer corps of cultural brokers and identifying leadership people within that group is critical to the emergence of a successful support network. A significant effort must be made to orient the servicemember and to assist him in his own efforts to incorporate his family into the American culture. Failing this, all other approaches may be fruitless.

Active military support of this "volunteer corps" may take many forms such as: access to appropriate buildings for various functions, access to copying machines, transportation assistance, supporting the addition of child care services for meetings, integration into Chain of Concern programs to include workshops, obtaining names of foreign-born spouses during inprocessing, a requirement of units to keep a running list of foreign-born wives (a declared practice yet done with apparent varying commitment), consideration of locating cultural sponsors for newly arriving families with known foreign-born spouses,

use of audio-taped materials to present information in native language, assisting cultural brokers in the preparation of information sheets in various languages, involvement of PAO in the distribution of flyers, articles and announcements, utilization of the educational approach to assist bicultural families via Family Life Center classes, ASYMCA classes, etc., and a focused consideration of the ways and means whereby crisis intervention assistance could be provided to bicultural families. The above is best viewed as an idea list. It is not exhaustive nor is each necessary.

Various organizations, service agencies, and community groups may benefit by a request/requirement to focus upon this issue and submit an action plan which is within the capabilities of each organization. Creative approaches and options should be explored. Links must be created with the various agencies involved and working relationships established with culture specific wives groups. This linkage could be accomplished through liaison officers/individuals and the development of written service agreements.

The last question of the survey offered an opportunity for the respondents to identify a desire for followup contact from ACS or ASYMCA. Surprisingly, almost 50% of the ladies responded affirmatively to this question. This high response rate has effectively transformed this needs assessment into an outreach effort. Although most of the ladies were interested in information, approximately 6 appeared to be in a state of isolation and distress. One lady stated to her caller, "You are the only one who has ever contacted me in any way". Another stated, "These telephone calls are a good idea, I have friends who speak no English and their husbands beat them, they need help." Other valuable side benefits are: 1) many women expressed sincere appreciation that their opinions were desired, 2) the effort has heightened awareness of this issue for those directly and indirectly involved. For the above stated reasons and to obtain more current information an annual survey should be considered.

APPENDIX

Foreign-Born Wives Needs Assessment

Introduction

Good morning/afternoon Mrs. _____. This is _____. I am working as a volunteer with the Army Community Services here at Schofield Barracks. I am one of several ladies calling to get information to learn more about the needs of foreign-born wives. We received your name from your husband's unit. I have a group of questions written to help the Division learn more about the needs of foreign-born wives. Your answers are completely voluntary. The information you provide will be used to design programs to assist foreign-born wives. It may be furnished to social agencies to assist in providing this assistance. However, please understand that you may choose not to answer any questions at all. We would greatly appreciate your help in this effort. It will take about 30 minutes of your time on the phone. If this is not the best time, right now, I could call back at _____ or _____.

Identifying Information

First, we have some questions dealing with background information. This helps us get a more complete picture of those who are helping us with this survey.

Where were you born? _____

How long have you been married? _____

Are you an American citizen? _____ Yes _____ No

How long have you lived in the USA? _____

Are your children here with you now _____ Yes _____ No

How many children do you have? _____

What grade in school did you finish? _____

Where do you live? _____

_____ On-post family quarters

_____ A house you own

_____ A house you rent

How long have you been here at Schofield Barracks/Hawaii? _____

SURVEY QUESTIONS

This next section has about 27 questions concerning different areas. We are interested in getting information and in hearing your opinion. There are no right or wrong answers. We ask that you give frank honest answers. Your name and answers will not be given to others unless you want help in some way. If so, please let me know. If you have any questions about the questions I will be asking, or if you are unsure as to how to answer, please don't hesitate to let me know. If you wish, we could have someone call you who can speak your native language.

Awareness of Present Programs

1. Do you know that Wheeler Armed Services YMCA offers citizenship classes, drivers education and English as a second language? _____ Yes _____ No
2. Are there other classes which you would like to have?
3. Do you know where to get help for:
financial problems _____ Yes _____ No
marital counseling _____ Yes _____ No
personal problems _____ Yes _____ No
where to get child care _____ Yes _____ No
legal problems _____ Yes _____ No

Language

4. How many people at Schofield Barracks do you know who speak your native language? _____
5. Can you get things done using English? _____ Yes _____ No
6. Do you know that there are counselors who can talk with you in your own language? _____ Yes _____ No
7. Did you know that the Army Community Services (ACS) can help you with language translation? _____ Yes _____ No

Unit Affairs

8. Have you had a phone call from other wives in your husband's unit in the last 6 months? _____ Yes _____ No. How many? _____
9. When you first got here were you welcomed by anyone in the 'unit family'? _____ Yes _____ No
10. When your husband goes to the field, who do you have to help you if you need help? _____

11. Do you know anyone in your husband's unit who you could call for help when he is gone? _____
12. Do you ever attend unit activities like coffees or unit parties? Why? _____ Why not? _____
13. Are you told about unit duties/activities? _____

Social Support

14. Do you have a friend in the neighborhood that you can talk to about any problems you have? _____
15. Would you like to get together informally with other foreign-born wives? _____
16. Would you prefer to associate with wives from your own country? _____
17. Do you go to any meetings like
- NCO wives club? (if applicable) Yes _____ No _____
- Officers Wives club? (if applicable) Yes _____ No _____
- Church? Yes _____ No _____
- Other - specify _____
- How did you learn about these groups? _____
18. Do you go to off-post groups, e.g., churches, clubs, etc.? How often? _____ weekly _____ monthly _____ quarterly _____ yearly _____
19. If it could be arranged, would you want to go to on-post church services provided in your native language? _____
20. Do you have friends like you used to have in your native lands? _____ Yes _____ No. If not, what is the difference? _____
21. Do you feel accepted here by American wives? _____

General

22. What is the best thing about being an American citizen (if applicable) and an Army wife? _____
23. What is the worst thing about living in America and being an Army wife? _____
24. What could the Army do for you to make life better for you and your family? _____
25. Do you have a car you can drive? Yes _____ No _____

26. Are there things that foreign wives need which I have not asked you about? _____
27. Would you like to be contacted by the Army Community Services or the Armed Services YMCA? Yes _____ No _____

SURVEY QUESTION RESULTS PRESENTED BY ETHNIC CATEGORY N=100

Question Number and Key Words	Korean n=26 Yes	Spanish n=35 Yes	German n=14 Yes	Filipino n=9 Yes	Polynesian n=5 Yes	Oriental n=6 Yes	European n=5 Yes
14. Neighborhood Friend	62*	57	64	88	80	33	80
15. Informal Get Togethers	62	86	79	88	100	67	60
16. Associate with Own Nationalities Wives	46	40	43	33	20	50	20
17. NCO Wives Club	(8)	(4)	(0)	(2)	(1)	(2)	(0)
Officers Wives Club	(1)	(0)	(0)	(0)	(0)	(0)	(1)
Church	54	74	36	55	60	0	40
Miscellaneous / Other	12	31	7	11	0	0	0
18. Off-Post Groups	50	43	36	33	20	0	60
19. On-Post Church in Native Tongue	31	74	36	77	40	33	0
20. Friends Like in Old Country	46	60	43	66	60	67	60
21. Accepted by USA Wives	62	74	79	88	60	83	100
25. Can You Drive	42	74	79	66	100	100	60

*All numbers represent percentages except actual numbers enclosed by parenthesis.

IDENTIFICATION INFORMATION N=100							
	Korean n=26	Spanish n=35	German n=14	Filipino n=9	Polynesian n=5	Oriental n=6	European n=5
Average Years of Marriage	7.3	7.2	6.8	4.3	5.4	14	3.5
American Citizen	32%	60%	8%	56%	100%	67%	0%
Average Years lived in USA	5.4	8.4	10.7	7.4	11.4	19.2	2.9
Average Number of Children	1.6	2.0	1.6	1.2	2.0	2.0	1.0
Average Completed School Grade	10.4	11.9	11.4	12.4	12.4	11.6	12.2
Where Living: On Post	73%	86%	79%	78%	80%	66%	60%
House Owned	12%	6%	0	0	0	17%	0
House Rented	15%	8%	21%	22%	20%	17%	40%
Years at Schofield Barracks / Hawaii	1.6	1.6	1.1	2.6	3.6	1.8	1.5

The Spanish category includes respondents from various Spanish speaking countries with Puerto Rico most strongly represented. Other countries represented are Mexico, Panama, Guyana, Guatemala and Columbia.

The Polynesian category includes foreign-born wives from Guam and Samoa.

The Oriental category includes respondents from Japan and Vietnam.

The European category includes respondents from England, Belgium, Yugoslavia and Ireland.

CULTURAL INSIGHTS FOR PATIENTS AND THERAPISTS

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INTRODUCTION

Since World War II nearly a quarter of a million Asian and Pacific island women have married American servicemen. While stationed in Korea (1983), I was told that there are nearly 2,000 to 4,000 marriages each year between Korean women and American military men. Some people suggest that the divorce rate between Americans and Koreans is higher than that in the USA (i.e., 80%). Divorce and severe marital conflict does seem to have significant negative impact on the individuals and families involved. For some military men their marital problems will also negatively affect their ability to perform well on their jobs. Therefore, the military mission(s) could be jeopardized and man-hours may be lost.

The cultural and language differences between these marital partners from different countries seem to be major obstacles to attaining meaningful, successful and perhaps, lasting relationships.

There appears to be some lack of knowledge or even familiarization with the Korean culture on behalf of some (most?) of the American spouses and some American mental health professionals. There is a lack of knowledge of American culture on behalf of some (most?) Korean wives.

An observation, thus far, has been that the biggest problem arises from the American spouse not knowing the Korean culture (i.e., what to expect from his spouse and not knowing what she expects from him). It appears that the Korean wife expects the American spouse to follow her culture and meet her expectations in relation to her culture/family tradition. There is some thought that in America interracial marriage the opposite may be expected (i.e., the husband may expect his wife to follow his culture/sub-culture and meet his expectations in relation to his culture/family tradition). There does seem to be a need for the Korean wife to know American culture and make the necessary adjustments, but she may not want to be "forced" to adapt or change her ways too quickly. She may want to adjust at her own pace.

The American mental health clinician, with knowledge of particular aspects of the Korean culture, could assist the Korean wife and American husband to identify, clarify and explain the basis (cultural) for their behavior toward each other, assist the couple in understanding each other more and increase the quality and quantity of communication between them.

Rationale:

The major reason for this presentation is to plant seeds of interest in relation to transcultural relationships (pre-marital and marital) in the areas of research, evaluation, and treatment.

Goal(s):

My future goal is to develop questionnaires and interview transcultural couples who have successful and unsuccessful marriages. The questionnaire will be based upon my clinical observations. Another goal is to develop methods of intervention which may increase the probability of more successful marriages.

CULTURAL INSIGHTS: FOR PATIENTS AND THERAPISTS
(Clinical Observations and Thoughts)

My clinical observations and thoughts regarding Korean culture, traditions, customs, and problem areas noted in transcultural relationships and marriages.

Note: Some of the clinical observations may be similar to those found in American patient populations (i.e., all observations are not necessarily unique to Koreans).

I. Personal Space: Korean people seem to require little "personal space". They are (seem to be) physically close, i.e., men and women are seen holding hands as they walk down the street (same sex); they're seen hugging and dancing together (same sex) and these gestures are socially acceptable.

II. Direct Communication: Korean people appear to be more "direct" with their questions and they may expect direct answers. This observation seems to be in conflict with the traditional notion of Asians using indirect communications. Perhaps, age, types of questions or areas discussed, and social status of whom one is talking to are factors which affect whether the communication will be direct or indirect.

III. The Prince: A son, especially a first son, is known as the "Prince". He is very important to his mother because he will later be responsible for her well being until she dies. If he marries, his wife will be at the service of his mother.

IV. Average Age For Marriage: The average range age for marriage for females appears to be 23-27 years old and for males is 25-32 years old.

V. A Late Introduction To Dating: Freedom to date seems to coincide with graduating from high school. Korean women who are living with their family (nuclear/extended) seem to be allowed to date in their early 20's (Korean age). This is quite late compared to when American teenagers are allowed to start dating.

VI. High Schools: Apparently, the high schools are separated by sex; males in one school and females in another school. This separation could be a delaying factor with the dating.

VII. Three Years Military Service: A delaying factor for marriages may be the three years of military service that each healthy Korean male must serve. They appear to receive much less than a month of leave each year and are quite isolated from friends and neighbors. They may occasionally have visitors in their training/duty areas. The salary each month is less than four American dollars. This is the amount they personally receive as a military member with the Korean service or as a KATUSA soldier (part of the American/Korean

military program.) Thus, it is questionable as to whether they have the time or money to afford a wife or family in that three year period.

VIII: Why Marry Americans? (Part I) And Stereotyping of the Korean Male:
Some reasons why Korean women marry American military men. Note: I did see a few American females married to Korean men but I have no information regarding those relationships.

a. Hopefully, love is one of the major reasons, but some people believe that there are more material or practical reasons.

b. Some Korean women don't want to marry Korean men because:

1. Some women saw their mothers oppressed by their fathers.
2. Some women saw disloyalty on behalf of their fathers.
3. Some women saw their mothers never win an argument.
4. Some women saw their mothers physically abused by their fathers.
5. Some women think that Korean males are too rigid, too demanding (i.e., males are "kings/emperors").
6. Some women think that Korean males (as spouses) are not kind or warm.
7. Some women think that Korean males may not show (express) their real feelings.
8. Some women think that Korean males may be sexists (male chauvanists) and may limit their personal freedom and career options.

Note: As you may agree, in the USA, a woman who sees her mother oppressed, abused, never winning and sees her father as disloyal, chavaunistic and limiting, may not want to marry a man just like her father. So, this may be a "universal" issue, rather than just being unique to Koreans. Of course, this view of Korean men is general in nature; there is room for inaccuracy.

Note: The general assumption that some Korean females make is that American males are "different" from the Korean males (i.e., more kind, more open with expressions of feelings, less limiting, less oppressive or not oppressive. I cannot say that they think American men may not be disloyal. Many of them may want their spouses to be loyal; they don't seem to believe in "sharing" their spouses or male friends with other women. Many think that all men have the capacity or natural ability to be "butterflies", i.e., going from flower (female) to flower (female) with surface relationships.

Note: In Seoul, the ratio among Koreans between females and males is said to be 7 to 1; thus, a shortage of Korean males.

IX. Korean Parental Approval: Many Korean parents still desire their daughters to marry Korean males (i.e., mono-race tradition). But in the highly populated areas (i.e., SEOUL) many Americans are "available" so that Korean women can try to compare American men to Korean men. Korean women also work on posts/bases and are exposed to Americans. If they think American men have more positive characteristics than the Korean men, perhaps then they will more strongly consider having an American husband. Note: I did observe a few Korean women married to American (civilian) males. Note: Many Korean women choose to date/marry American males at the risk of being rejected by the families.

X. Why Marry Americans II: The following are other reasons why some Korean women may desire to marry Americans:

a. Financial security.

b. Helping the family to get to the USA (reestablish family in USA). A goal is to have more opportunities for growth (financial, careers, and social status).

c. See notes from conferences in Korea (Appendix A) for more information regarding why Koreans marry Americans, i.e., "initial hidden agendas" (Section E).

XI. Contract Marriages: This is another type of marriage which is illegal. It appears that the primary goal is to get to the USA (eventually to be joined by family members). The female pays the male service member to marry her, get her to the USA, get her a green card, and then divorce follows.

It is important to note that the administrative process of getting married to Koreans has been made more difficult (complicated) and takes more time due to the need to screen out the potential "contract marriage". Generally the married couple-to-be must furnish letters written to each other for an extended period of time along with pictures together over time which helps to establish the fact that they have had a meaningful and legitimate relationship.

XII: Hypersensitivity To Abuse: The women who have actually witnessed their mothers being emotionally and physically abused, seem to have a "hypersensitivity" to being yelled at or cursed at. They may strongly react to even an approximation of aggressive behavior from a male. This may mean that their spouse or male friend will have to self-monitor and use self-control to not use aggression. Pleasant assertiveness for both spouses is recommended.

XIII. "Sometimes I Want To Be A Man! (Role Reversal?)": Some women seem to do a role reversal in their marriage and rather than be the passive, oppressed mother figure that they observed, they become like the father (i.e., aggressive and abusive (yelling)). This appears to be a "one-way street" which does not allow the American spouse to reciprocate in kind. She desires the liberty to "act out" and be aggressive as her father was. Being like a man means to have "power". Some women saw their fathers being "always correct" about everything. Their mothers were "always wrong". These women desire to have their husbands and others trust their judgement. If they find that their spouses don't trust them, they may say "I am nothing, I don't know anything!"

XIV. Pride And Loss Of Face: A great deal of pride seems to be found in most of the Koreans that I have met. No one wanted to be perceived as a "low class bum", "a fool", "silly", or incompetent. No one wanted "to lose face". Pride was personal and "national". Many cultural, traditional factors and activities were tied into this pride. For most Americans who ventured out in the Korean community (i.e., off post), they found that it was quite easy to "hurt feelings", "insult", or have a prideful Korean to lose face, i.e., motioning to a taxi with the "wrong" hand gesture which is usually given to children or dogs; i.e., not bowing, especially to an older person; i.e., pressuring a tailor to have your clothes completed quickly even after he said it would be difficult to do and finding out later that the clothes are not ready to pick up on the day you requested; i.e., walking with Korean woman and looking at other women; i.e., dancing with more than one Korean woman at a

disco club, even if you didn't know her prior to coming to the club. Please note that this pride or fear of being perceived as low class or ignorant is a great obstacle for Korean wives as they are encouraged to try new tasks in the USA or on military posts in Korea, (i.e., trying to speak English; i.e., trying to utilize the bank, PX, commissary or hospital). An unfortunate additional observation was that a fair number of Americans did seem to treat the Koreans off and on post as if they were not intelligent. They would condescend, become easily frustrated and even angered as the Korean tried to speak English and use post facilities. Sometimes, even the KATUSA soldiers, who most times was a college student or college graduate, was looked down upon and treated as if he were "dumb". This was done by some American soldiers who had never attended a day of college. Somehow knowing how to speak English fluently was correlated with high intelligence.

XV: Refusal To Accept The Role of Ajuma, As Their Mothers Played It: Some of the young women who had just been called Agashi (i.e., young lady, young woman) seemed to have some difficulty accepting their new role as Ajuma (wife). The "new role" seemed to bring with it a great deal of "sacrifice" and perhaps "suffering". The same suffering and sacrifices that they had observed their mothers making was now their responsibility and obligation to experience. The Korean community would now expect her to change (i.e., grooming, dress, actions). For those who had been in homes where their mothers had been oppressed and abused, this was a great adjustment for them to expect that they would become as their mother had been; oppressed and abused. Some still wanted to be the "young woman" (Agashi). Childbirth for most of these women seemed to make the acceptance of the Ajuma role more easy. In the USA her role could become more confused because of her introduction to feminists' and female liberationists' views. Who will be her model, since she may reject her mother as her model?

XVI. The Negative Script: Some (many?) Korean wives or even young women in the Seoul area seemed to have an idea or script in mind as to exactly how a man will behave. It appears that this script (story) was based upon their observations of father in the home, observations of other men, eventually dating (direct experiences), many conversations with their Chin Hahn Chingooos (best girlfriends), just from listening to other girls, women, rumors, news, and movies. Most of the time the "script" would have a negative, hurtful ending (i.e., severe physical, emotional abuse, separation, divorce or even being killed by the husband or male friend). Most of the women would expect that most men naturally were "butterflies". A joke that was popular among some American military men was that as soon as you land in Osan AFB, Korea (i.e., first arrival point) you and all your male counterparts receive your "unofficial butterfly wings". When the relationships/marriages become problematic, some Korean women would voluntarily or involuntarily rely upon their negative script to let them foretell the future of their relationship. In fact, some women were observed "repeating" the same negative statements that were a part of their script even when small problems came up in their marriage (i.e., fear of problems worsening). Self-devaluation seemed to be also a part of their negative thinking (i.e., I am nothing). Some women may unfortunately, live out the negative script without even knowing it even exists. Some husbands become aware of this "script" and do all they can do to convince the wife that the script does not have to fit in their relationship/marriage. Consistency and a strong desire to be a "good, honest and loyal" man seems to convince the female that she can begin to discard her script. Before she is convinced, she may say "You will never change, because you are a man!", "All men are abusive, insensitive, and they are butterflies".

XVII. The Hahn: Dr. Sang Chang Peck, M.D., Ph.D. describes the Hahn as self-devaluation, depression, frustration, disappointment, and a strong wish or a caring for something. One civilian Korean social worker introduced me to the term "Hahn". She explained that the origin of this term seemed to be equated to the "original sin", i.e., Eve being responsible for Adam and her getting into deep trouble by encouraging him to eat the apple. The present day concept is that women suppress themselves and are somewhat doomed to failure, they should feel guilty, depressed, unworthy, and devalued. This concept, plus the somewhat "chauvanistic" culture in Korea where females are subordinate to men, makes their status in life below that of a man. It's almost like a "given" that women will have a life of suffering. This reminds me of a term I've heard in the Southern USA, "I'll just suffer it to be so!" This means to me, that one would just accept the suffering as if it's your fate and you will have a better existence only in heaven.

I have had a male Korean say he also had a Hahn, so perhaps it's not just an experience that women must endure. Apparently, not all Koreans are familiar with this term "Hahn", but they do seem to be familiar with the concept of "suffering".

There are ways to increase the severity of your "Hahn". One way for females, in years long ago, was to not have a son ("prince"). In some families not having a son as the first born child could increase your Hahn or in some families if you didn't have a son by your third child, you increased your Hahn and may also lose your position as wife to your husband (i.e., exile). You could be replaced by another female. Apparently, any negative situation could be used to increase your Hahn and place you into a deeper depression. The Hahn may also make one highly sensitive to rejection, "bad treatment"; being treated as a low-class person.

XVIII. "I Am Nothing And I Have No Future (Sex Role Issues)!": This is a statement used when some Korean women are depressed, feeling overwhelmed, feeling doomed (Hahn), feeling insecure about identity issues, i.e., Ajuma (wife) or mother, feeling unworthy, used, and devalued. I have heard this primarily from females. If they have not been allowed to take control of the internal (home) issues, (i.e., buying items, foods, furniture, draperies, and child rearing), they could feel as if they are nothing and they have no future! Suicidal ideation gestures could come with this type of thinking. If they are not a wife and mother according to their culture and family tradition, they are "nothing".

XIX. Fear Of Divorce: For a Korean woman in Korea the idea of divorce may not be well understood or accepted. Divorce does not have a long standing history in Korea. Some Korean women have heard from the friends who live in the mainland USA that Americans do divorce and that the rate of divorce is much higher than in Korea. After hearing this, some Korean wives of American military men are afraid to leave Korea with their American spouse because of the fear of being divorced if they come to America. They encourage their spouses to extend as long as possible in Korea. They may also fear having to adjust to the "new culture" in the USA. Some others feel that their "minority" (i.e., Black, Hispanic, etc.) husband, themselves, and their children may be racially discriminated against in the USA. This issue is apparently not as much of a problem in Korea.

XX. Yobo - Korean vs. American Definition: The term "Yobo" to Koreans is a special, honoring, and endearing term only used between husband and wife. It is a warm, loving term used with much respect. Unfortunately, many of the Americans stationed in Korea use this term when they talk about an American man who is living with or has a relationship with a "contract wife". In other words, a woman who the soldier is paying (money) directly or indirectly (through a third person) to live with him for the time of his tour in Korea. She basically "takes care of him", i.e., buys food, cleans house, and sleeps with him. She, if her heart can stand it, changes mates after the other one is reassigned out of Korea. Some of these relationships may become actual marriages.

XXI: Identity Crisis And Metamorphosis: How do we define what or who we are? What are our criteria for being a husband, wife, father, mother or just a first class citizen? The Korean women and men seem to have more clearly defined sex roles in their culture. They may be exceptions to the rule but it appears as if most females are in charge of the "internal" (home) affairs and the fathers are in charge of the "external" affairs which have impact on the family.

Being in charge of the internal affairs in Korea basically means having "all the money" in hand on payday and deciding how and where to spend it in relation to the home. The Korean wife is the investor and bill payer. She will help the family to survive and achieve success financially. Korean women seem to have an especially keen sense for financial matters. Some Korean male college students indicated that they intended and expected their Korean wives to take over these financial tasks. They were comfortable with these issues and looked forward to controlling the external affairs for the family.

This issue or need for internal (home) control presents a significant problem to some American males. The first problem is that they may not know that this is a "cultural expectation". They may see their Korean fiancée as a beautiful, easy going (conforming), and perhaps somewhat passive person who will meet their expectations and willingly care for them forever. They may not be aware of the "metamorphosis" that will occur after they are married. She is expecting to take over the home and he may be expecting to stay in charge of the internal (home and monies) and external affairs. A classic case would be an American male who observed his father being in control of "everything" especially the money or he may be divorced and have deep angry feelings about being "ripped off" financially by his ex-wife. His trust level in having any female handle/spend his money is very low. So, for this type of American male the metamorphosis could be a tragic surprise and a problem that perhaps may not be resolved, unless she and he work through issues of power, control, identity issues, trust, and cultural expectations. A marital therapist could try to assist them by starting with reestablishing their criteria for trusting each other.

XXII. "You Are Not My Husband In My Heart and This Is Not My Home!": Some Korean wives may feel that they are initially only married "by the law". They are legally married but, because of cultural differences, they are concerned about, American divorce rates, negative scripts about men in particular, lack of knowledge of what "sure love" really is in a marriage, etc., and are not ready to accept this spouse completely in their heart. Some say that they cannot "trust" him yet. They love him, to some degree, but they are not sure if he will actually be good, honest, and loyal to them. They say that he must "show

them his love in various ways. It's almost as if the marriage is in a "trial stage". In fact, it may appear to be somewhat one-sided, i.e., he is proving himself to be due to her view that her mother did abide by the rules but her father did not. Perhaps her negative script is the issue here. She wants to believe that her spouse will be different than her script (i.e., the marriage where the female is oppressed, abused, and the spouse is a butterfly), but she's not sure.

The statement "this is not my home (my sweet home)" seems to indicate that she has not had an opportunity to take charge of the home (i.e., purchase furnishings, choose colors, choose the apartment or house itself). This issue of the wife's need/expectation to be purchasing for the home is not well known by some American husbands. Some husbands go out and buy items for the home in the hope of pleasantly surprising or impressing their Korean wife with their ability to shop well. When they present these new home items to their Asian mates, they may see an initial smile followed by a degree of sadness and maybe anger or they may find their mate going away to be "by herself". This reaction could be due to her not having the opportunity to purchase and select these items herself. She also knows, if it is a surprise that perhaps "family money" which she is in charge of has been spent without her knowledge. If it's an extreme case, she could state that she knows nothing, she is "nothing" and why doesn't he run everything.

It appears that after the wife trusts the husband more and she has control of the internal (home) affairs, she may then accept him as her husband "by the heart" and accept the house/apartment as her "sweet home".

XXIII. Actions Speak Louder Than Words: Reluctance or passivity in relation to expressing thoughts and feelings is a cultural issue in Korea. This could be a serious problem in a transcultural marriage, especially if the American male also is reluctant about labeling and expressing his feelings and thoughts.

It appears that even though the Korean females may not initially verbalize her feelings and thoughts, she may change her behavior, for example, the couple is walking together holding hands on the street and the male more than glances at a woman walking by. The wife's first reaction may be to say nothing but she doesn't like what her mate just did so she takes her hand away and ceases to talk with her mate. This may continue until the end of their walk. She may continue to distance herself and have a somewhat flat affect. If the spouse is aware of this change in her behavior, he could begin to think of the cause. Sometimes, he may not know the exact stimulus. Asking the wife to reveal why she changed her behavior may be problematic; timing seems to be important. If he becomes angered by her change in behavior and expresses anger to her while she is still angry from what he has done, she may not respond with an answer to his question. She may expect him to already know what has stimulated her anger. She may also be dwelling on her negative script of how disloyal men can be. She may think that he is disrespectful and insensitive to her as a woman. She may think again that she is "nothing" and that's why he treated her that way. If the spouse does not respond with anger to her change in behavior and remains patient and pleasant she may, that day or soon after, share with him her concerns about what she thought he did. If he "pushes or forces" her to tell him, he may never know what the initial problem was. Some Korean wives seem conditioned to observe the eyes, facial features, and body language and then they interpret what they see. The American spouse may not be ready for this type of observation of himself.

XXIV. Negative Interpretations And The Negative Script: Behaviors of others are sometimes not easily understood. One might suggest that we could ask a person why they behaved a certain way, but apparently some people don't ask; they interpret that behavior. The interpretation many times seems to be negative, it "hurts" the interpreter, the person being interpreted and perhaps, their relationship.

It is suggested that because of the negative script and the Hahn that some Korean women may then interpret their mates' behaviors in a negative way. This negative thinking does have a negative effect on the marital relationship. The negative interpreters do seem to believe their interpretations (i.e., negative scripts).

XXV. What Will They Think Of Me (Pride, Hahn, and Loss of Face)?: It appears that some (many) tend to be very concerned with the approval of others. Their concern for how others see them is so significant that this concern may override their decisions to do things they want/need to do themselves. This plus shyness, concern to not lose face, the Hahn, and negative script may cause the Korean wife to isolate herself and withdraw from "risky" situations, i.e., speaking English in public places and going to parties with mostly foreigners). Their view of how others see them may tend to be negative.

XXVI. Korean Princess (Yobo) Or An Albatross (Racial Identify and Social Class Issues): Will the proved American husband still perceive his Korean wife as an "Asian Princess" after they depart Korea and land in the United States? It is possible that due to a number of "unforeseen experiences" the American husband could begin to perceive his wife as an "albatross"; a magnet that attracts unaccepting looks from a society that may perceive her as a "second class minority" person. What would happen, i.e., husband's perception of wife, if the husband was Caucasian or a minority person from the USA? Could a person's experiences as a member of a "minority" group in the USA help them to prepare for assisting their proud first class Korean wife as she adjusts to becoming a minority person?

In relation to children, i.e., "Hon hyulah (Amer-Asians)", won't they be members, in the USA, of a minority group? Could an American husband have some difficulty, especially if he is of the majority group, identifying with a wife and child/children who are perceived as a minority? Is it true that a minority male will have a minority child no matter who he marries? What will the child look like (i.e., pheontype)? Can the father accept the "differences"? Is the American father still proud of his Korean wife and Amer-Asian child, i.e., his Princess and Prince, no matter how the American society or his American family react to his family? Could he allow the American society to make him feel "ashamed" of his family and feel "burdened" by them?

XXVII. The Bonding (Asian Mother And Child): "This is my baby!" Does this statement indicate dual ownership between mother and father? Some Korean mothers may feel this way and still accept the father in his role as parent. The idea of her having control of "internal" (home) affairs apparently includes the children. She may see herself as the "authority expert" in the home on child management. Some mothers may bond so thoroughly that the relationship between her and the child is more close than between her and her spouse. She may "sacrifice" whatever is necessary to protect and rear her child. One Asian wife was prepared to divorce her husband (note: her marriage was "good") for the sake of her male teenager who promised her he would be the kind of young

man she wanted if they could just leave his father. A recommendation from the therapist was to choose other options for dealing with the father/son relationship and she accepted. Another Asian wife witnessed her son being "thrown into a chair" and threatened by his father after he had rebelled against his father. She appeared to be "more deeply wounded" than the teenager. She had been contemplating divorce and this incident was the "straw that broke the camel's back". She initiated the divorce process and she said she "feared" that her husband would actually hurt her child.

XXVIII. "You Cannot Watch Another Woman (Survival vs. Jealousy)": Some (many) Korean women, especially in the Seoul area, do not want their male friend or husband to look at another woman. Is this just because they are very jealous by nature or is this restriction related to survival issues? In Seoul a ratio of 7 to 1 (female to male) has been said to exist. This ratio is among Koreans. If this is really so, then there are a large number of young unmarried "good" women who wish to some day marry a "good" man. Some say this "shortage" of men is due to past war deaths. Is this "restriction" a way of holding on to your "good" man and not have him stolen away or attracted to another beautiful woman? My observations indicate that the answer may be yes. The restrictions also include not helping other women (i.e., "You are too kind to other women!") and not dancing or talking with other women. If you are dancing, your attention is expected to be on your partner. They say that American men naturally like to "stand on the corner and watch the girls go by". Compliance to this expectation of the Korean girlfriend or wife could be seen as a sign of loyalty/love. Also to help their relationship with their "good" man survive, they may request that they limit where they go for recreational activities (i.e., disco clubs). The intent is to decrease the probability of exposure to other "available" women. They may suggest to stay home more and go to family recreation areas. They generally don't seem to encourage their spouses to have a "night out with the boys". Actually in Korea, because men can dance together (2 to 5 at a time) a Korean wife could believe that her spouse is telling the truth about going out dancing with male friends and not have involvement with other women. The same could be true of the wife, going out with her female friends.

XXIX. "This Is My Problem And It Is None Of Your Business!": This statement could be made by a Korean wife to her husband. She may think this way but not actually tell this to a therapist (i.e., authority figure). Depending on what degree the Korean wife sees the therapist as an authority figure and/or "outsider", she may choose not to share her personal problems with the therapist. Apparently, as in the USA, some Koreans by family tradition, do not tell family problems to "strangers".

On the personal/individual level there seems to be something else that may or may not be a tradition. Some Korean females believe that they have their own unique problems that they must either resolve by themselves or suffer with (i.e., the Hahn). The spouse may not be allowed to "bother" them (i.e., try to help) when they are "down" and feeling overwhelmed or confused with their problems. One patient stated, when asked about whether her family helped her with her problems, that she always went off by herself and suffered with her own physical and/or emotional pain. A part of this issue may be related to their not wanting to be a burden to the family. They must add to the family, not subtract from it. The good of the family (parents) is most important.

It seems that after the American spouse continues to show genuine interest and concern about his wife's problems and is also patient while she establishes "trust" in him, she may eventually allow him to "help" her. Please keep in mind that his woman may have never seen her father "help" her mother in this way. So, she is perhaps changing her negative script about what men may or may not do as she learns to trust her American spouse more.

XXX. "No, I Will Not Sign!": This is a statement made by a very well educated Korean woman who was asked by her husband to sign, an important settlement document after months of resolving severe problematic relationship issues and agreeing on a specified amount of support monies. The amount was agreed upon and the only formality left was to sign the papers.

Her response to this request was filled with anger, distrust and frustration. The American spouse was surprised at her reaction because he thought everything was resolved. I asked her if she knew why she was so angry and reluctant to sign. She said that she really didn't know why but she wasn't going to sign. She then asked why did she have to sign? After an explanation of the formalities of signing, I then asked her if she was aware of anything in her Korean culture/tradition that might be related to her resistance to sign. She, at first, didn't remember anything. Then I said to her, isn't there something about some Koreans not wanting to sign agreements or contracts? She finally, with apparent insight said, Yes! Some Koreans do not want to sign documents because their "word" should be sufficient to finalize the agreement; there should not be a need for signing. One's pride can be hurt or they could lose face if they're forced to sign. After she realized the cultural base which seemed to make her respond negatively, she calmed down and agreed to sign the papers.

Note: This case is one in which the therapist can utilize knowledge of the patient's cultural background to help the patient gain insight into their behaviors.

XXXI. "Who Can Be My Friend?": Friendships seem to be extremely important to Korean women. As Korean wives come to the USA and leave their families (nuclear/extended) and also leave their friends (Chingu) and best friends (Chin Hahn Chingu) they may try to find new support systems as they adjust to this new culture. They will, hopefully, have neighbors (Americans, Koreans and other Asians), religious groups, military unit wives, and classmates to choose from. What criteria will they use to select these female friends? One of the primary criteria that I have observed is age. It appears as if some Korean women want to be "comfortable" and relaxed with a Chin Hahn Chingu (close friend). This comfort will allow her to talk somewhat freely, invite her to their home and visit in a relaxed state. The reason why age is a factor is that "high respect" and formality come with age; the greater the age difference, the more formality and discomfort.

Sometimes it may be difficult for a Korean wife to find a peer (i.e., within 2 to 5 years age difference) who also has similar interest and is basically similar to her.

Education and social status levels may also be a factor but it may depend upon how a person relates to others, i.e., being "humble", even if one has a high station or educational level. It is easier to be comfortable around a person who is "humble" and doesn't condescend to others with less education

and social status. Some American husbands try to choose friends for their Korean wives and many times it doesn't work out. The wife may not desire to meet them because she didn't choose them.

XXXII. "I Can Be Angry But Maybe You Cannot!": This issue seems to be related to what might be called a "female characteristic". Some of the Korean wives think that a woman has the right to become angry (hysterical) but the man does not. This may be similar to the "role reversal" (paragraph 12). When the woman is angry she is not supposed to be held responsible for what she says, but he is to be held responsible for what he says since he's not "hysterical". Some women state to their spouse "You make me crazy: when their spouses bother them, especially when they (the women) are angry about something. Apparently, some women want the time to vent and get rid of their anger without having their mates also become angry. The wives sometimes generalize and perhaps exaggerate issues and don't want to be challenged on accuracy, i.e., "You're always late coming home" or "You never show me your love".

XXXIII. "If You Love Me, You Must Show Me Your Love!": This statement may not really be verbalized (i.e., prove your love to me) but the concept seems to exist. Some Korean women as they screen who they want to perhaps marry, try to see if the man meets certain criteria. Of course, this is not unique to Korean women. I have found that some women in the USA also screen men for similar reasons. The screening process may differ in type, intensity, frequency, and duration.

Some men who are married may think they are still being screened or "tested" and they may be right! Some Korean women tend to test their men frequently with intensity and over a long period of time (i.e., during marriage). In the ghetto we used to say that the females were "playing games" with your mind, i.e., they would try to screen out which male could be trusted, to be honest, reliable, good, warm, sincere, loyal, and respectful of her and her family, etc. Perhaps mating is a "survival" issue in the crowded ghetto because it doesn't seem that all American women outside the inner-city ghettos play these games as extensively.

Some Korean wives with the Hahn and negative scripts feel the need to screen extensively too, especially because they may view all men to be butterflies. If they marry they want it to be permanent. Many of the men that I have talked to and observed are not really aware that they are being "tested". The tests seem to resemble "traps" in which the bait is laid out. If you take the bait you fail. If you resist the bait you pass. Some men get angry when they realize they were being tested. They don't seem to know why their girlfriend, fiancer or wife needs to test them.

In addition to the areas to screen that were mentioned earlier, the Korean wife who has had an aggressive, abusive father may also want to test her husband-to-be for his potential to be aggressive and abusive with her. She would definitely want to know how "kind" and "loving" he could be. His ability to be kind and loving may need to be tested under normal (peaceful) and stressful conditions in order for her to really "know the truth" about her man.

Some examples of "test" situations could be the following: 1. she may request that the man do a small or several small (reasonable) tasks. Then she may want to see how he reacts to her request (in general), i.e., facial

expression, eyes, and body language. Then she will see if he forgets her requests. 2. She may observe his behavior (i.e., eye contact) around other women to see if he maintains his respect for her by not looking at other women. This could take place in a crowded shopping area, a disco or a restaurant. 3. She could observe him when he is angry because of any reason, but especially if he is angry with her. She can see just how his anger will be expressed. Will he curse, yell, or become physically abusive with her?

XXXIV. "What Is Love And Initially Should It Be Hot Or Not?": Some Korean women may say "I don't know what love (between husband and wife) is!" This statement could be based upon their observations of parents over the years. The actual expression of love could have been masked by arguments affected by good and warm feelings toward their mates but still may not be sure when to call it love or when to express that love.

You may hear Korean women and men say that love, initially, should not be so passionate and "hot". If the love is this way it will "burn-out" quickly and leave the couple with nothing. They suggest that the love should start off slowly (perhaps very slowly), then grow stronger and deeper and increase in intensity and last forever. This may be why some American spouses complain that their wives don't say "I love you" as much as they would like them to.

XXXV. The Restrictive and Perhaps Fearful American Husband: I have seen, to some degree, that some American husbands restrict their wives, especially when they're in the USA. An extreme example would be the husband who does not permit his wife to go to school to learn English, to learn to drive or to learn anything that will make her desire to step out of the house and not be totally dependent on him. One husband actually took his wife's I.D. cards (green and medical) to the field with him so that she would not go out on post to use the post facilities. Perhaps he fears he will "lose her" if she learns skills that will make her feel even slightly independent. Some make spouses say that they want to keep their foreign wives as "innocent and naive" as they were in their native country. They may even try to stop them from making friends with American women/Americanized "foreign" women because these women may be "bad" influences on their wife's thinking (i.e., strive for independence and mobility). They (the husbands) may try to meet her every need (i.e., native foods, furniture and other home needs) and he may think he's making her feel as comfortable as she did back in her home in her country. But, there is one major ingredient missing and that is "freedom". Depending on the age of the wife and her family rules, if she was residing with her parents, she may have been, at least, free to go shopping, visit girlfriends, go to places for recreation to meet her friends, go to school, etc. These freedoms may not exist with the "restrictive" American husband. Rather than her living in a nice home (as he perceives it), she may perceive that she's living in a "prison".

XXXVI. Beyond Flexibility: Who has to try harder to make adjustments when the transcultural couple is beginning to live in the USA? My observations indicate that the American male may need to try to be much more flexible than his Asian (Korean) bride as they adjust to the American culture. There may be many reasons for this observation. One is that the proud Korean female may be having her own identity struggle as a first time minority person - a wife of a "foreigner" in a foreign world and she may need to stay close to her own cultural needs. She may not be so eager to try new ways of functioning. She may want to isolate herself and her family for awhile until she feels more safe. She may definitely want to proceed with her adjustments at her own

pace. She may not want to be "forced" to do anything. If the couple is recently married she must establish herself as the "head of internal affairs" (at home). She may also need to accept her husband in her heart (be reassured that he can be honest, kind and trusted, etc.). She may expect her husband to "follow her" in regards to household matters (i.e., food, diet, buying furniture, curtains, etc.). Even establishing friends may be something she wants to really think through, especially if someone is planning to visit her home. She may perceive herself to be very busy trying to establish her roots. Some Korean women may also "try out" their American spouses with some sex-role reversal (i.e., acting aggressive like their fathers as they ask for freedom to go here and there). This could be called "flexing their muscles" - something they could never do in Korea in their families, especially with their fathers.

The successful marriages that I have seen involved husbands who learned to be assertive (tactful), patient and learn to trust their wives as they went through this initial adjustment period (approximately 6 months to 3 years). The supportive husband who also knew a "fair amount" about his foreign wife's cultural expectations and who wanted her to excel in learning English, driving, and to complete high school, college, etc., seemed to be more satisfied with their relationship. Also the "loyal" husband found his wife to be loyal, sincere, loving, dedicated to family, etc. Those situations in which the American husband has been disloyal and the wife became aware of it, have had tremendous problems in maintaining the relationship. Some Asian wives that I have seen may expect that their husband might get sexually involved with other women when they are away from home (i.e., TDY) and seem to accept this possibility to some degree. The Korean wives, in particular, that have been observed thus far, do not accept this kind of behavior.

XXXVII. Comparatively Brief Premarital Dating Periods: The dating process seems to proceed rather quickly in Korea, if certain factors are set in place. The first factor, the tour length (12 months) or remaining tour length after someone meets a "potential" mate is important. Some "good" Korean women will not entertain the possibility of a meaningful/lasting relationship unless there is time to get to know the male (i.e., at least several months). There may be exceptions, of course. I am aware of some men meeting their present wives while on a short temporary tour. They met, become attracted, started and continued to write, made one or two more short visits and then they made a mutual agreement to marry. Some (many?) Korean women tend to ask "direct questions" regarding your "availability" and they expect honesty, in order to avoid "heart break". Once they accept your answers regarding your marital status and they find you attractive and kind, the screening may begin. There are certain family formalities that must be satisfied if they are living in a nuclear/extended family. Many questions may have to be asked and answered. The American's "sincerity" and honesty is a major factor. The administrative process for marriage is not brief and many screens are made to preclude "illegitimate" (contract) marriages. This comparatively brief pre-marital screen may be related to a comparatively high divorce rate. The level of English the fiancée has acquired is, of course, a critical factor in relation to "getting to know each other" as well as possible. The American fiancée's ability to obtain first hand knowledge of Korea's culture, traditions, and language while he's in Korea seems to enhance the relationship.

It appears that many American military men don't really realize to what extent their fiancée's culture and traditions are different from theirs. In

some instances, if the fiancée speaks English very well, some men really forget there is a cultural difference. They do tend to get surprised after marriage when they find that she does and says certain things (in English) that they don't understand (i.e., different ways of thinking, cultural differences).

XXXVIII. "Even If You're Not With Me, I May Know Where You Have Been, Who You Were With and What You Did!": This may sound like a strong statement by anyone. Actually, I have found, in any cases, that no Korean woman has really made this statement to their close male friend, fiancé or spouse, but they have provided this information to them. The ability to gather this information may be attributed to a rather sophisticated communication network that seems to exist in Korea and perhaps where ever Koreans live in communities. The willingness for one or more Korean women to provide this type of information to another Korean "sister" is impressive. I am not sure about all the reasons why this system exists and works but it seems to be quite accurate.

One soldier related to me that while on TDY in an area two hours (travel time) away from his Korean spouse, he did go to a disco. His wife, whom he did not tell, gave him specific information about his activities. The dialog between them was basically as follows: He said he had worked very hard, even on weekends on his TDY trip. She asked if they had worked every evening and he said yes. She remained quiet and then said, "Weren't you in front of Club #9 at 9:00 p.m. with a short haired Korean woman who wore a blue dress?" He had to say yes with amazement.

This communication system seems to help keep some husbands honest.

XXXIX. Stereotyping Transcultural And Interracial Marriages (Be Aware Of Racism, Ignorance, Or Pessimism): Basically, I have found that even though we as clinicians are well trained and see ourselves as ethical practitioners, we still may be influenced by our exposure to racism, sexism, and ethnocentrism.

Because of this possible negative influence, I would recommend that we all be aware of the type of thoughts we have that may not "be professional" in nature as we work with the couples who are "different". Can racist, sexist, or stereotyped ethnocentric thoughts about these patients negatively affect our couples/families? What are our beliefs about patients like these?

XXXX. Gaining Rapport With And Interviewing the Korean Wife: Is gaining rapport difficult to attain with Korean women? How much can you expect them to share about themselves? Are there certain questions which may make them uncomfortable?

Gaining rapport for me has been successful in most cases. Being sincere, honest, warm (smile on face, shaking husband's and her hand respectfully) and showing care have been very helpful. Koreans seem to respond to human warmth and they seem to require very little personal space. Respect is essential (with no condescension) due to what seems to be a high sensitivity to being treated inappropriately. Loss of face due to inappropriate treatment may not be verbalized (i.e., doctor is an authority figure and will be respected) but they may not return for another session. Being humble, even if you are an authority figure, is highly valued in Korea. Being patient, to listen to the English words is also important. Allow the patient to feel relaxed as they communicate with us. Learning to greet and say goodbye in their native language seems to also help. Learning to bow, while in country (Korea), or

with older Korean patients may assist with the issue of respect, i.e., mutual bowing.

Korean women may not be used to confiding in "strangers" or psychologists due to their family tradition, their religion (i.e., no need for psychologists), or just a lack of precedence for speaking with a mental health professional. If she shares "too much" too soon (i.e., first several visits) of her private business, she may regret it, feel as if she has lost face and may not return.

The questions asked by an American clinician may be sensitive to a Korean wife and may be related to stereotypes about Koreans, or general notions related to psychopathology about persons who marry outside their own racial or cultural groups. Some examples of sensitive questions/stereotypes are as follows: 1) all Korean wives of American servicemen are ex-bar girls and prostitutes, 2) all Korean wives use the American soldiers just to get a ticket to the USA and 3) all Korean women who marry are not just non-traditional but are also extremely deviant. Questions which emphasize these areas may not get a positive response, especially if these are not true for the Korean wife.

XXXXI. Having An Alliance With The Patient Of The Same Race/Cultural Groups Or Being A Couples' Advocate: Someone said that people are more comfortable with people who are similar to themselves. This similarity could be the same race, sex, religion, color, profession, etc. Similar phenotype seems to be one of the most significant similarities. Given this factor of similarities and comfort, is it possible for us as clinicians to feel more comfortable with the American transcultural marriage? Will this "comfort" be noticeable to the foreign-born wife? Is their discomfort with this culturally different spouse? Doesn't she (Asian wife) have the ability to observe eyes, facial expressions and body language and interpret what she sees? Are we really aware of what our feelings and our thoughts and nonverbal communications are?

What if we are not similar to either marital partner (i.e., different by race or subculture)? What if we feel uncomfortable with both of them because of these differences, not because of their personalities? What happens if we are their race/culture). How will our thoughts and feelings impact on our nonverbal and verbal communications with this couple?

A way of dealing with some of these potential problems is to consider just whether we want to be couples' advocates rather than allying ourselves with only one partner in the marriage. The racism, ethnocentrism, and stereotyping can be, of course, addressed in other ways, if we desire to work through them.

XXXXII. Abandonment Of Wives and Children in Korea: Unfortunately, a number of Korean wives and some children never get a chance to leave Korea with their husbands/fathers. The husbands actually PCS from Korea without obtaining the necessary papers that his wife needs in order to leave Korea. Some husbands eventually get "the papers" and send for or return to get their wives. Unfortunately, some spouses never return. Some, hopefully only a few, send divorce papers back to Korea and the wives have to have their ID cards taken away. Some wives did not know they were going to be divorced. Stories about situations like these definitely add to the negative scripts that some Korean wives/women have. Their faith/trust in men may further decrease and they can just see themselves having to have a life of suffering. It appears that after a Korean woman is married/divorced by an American she is not really available

to be married to a Korean man with good social status. Thus, there is apparent "risk" involved in developing relationships with American military men.

XXXXIII. "The Husband May Help His Korean Wife By Cleaning In the Home, But He Cannot Clean Too Well!": The American husband who may be kind enough to assist his Korean wife with cleaning tasks around the home may find that his efforts will be appreciated, but he must not clean too well; not as well or better than his wife. If he cleans too well then he is not behaving as a "real man"; real men cannot clean as well as a woman. There is also some room for competitiveness or jealousy on behalf of the wife since she is the head or is in charge of the home, her "sweet home".

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APPENDIX A

NOTES FROM THE CROSS CULTURAL CONFERENCES IN KOREA (1983)

Presenters:

1. Mrs. Choi, Family Life Center, Seoul, Korea
2. Dr. Lee, Seoul, Korea
3. Dr. Paek, Chairman, Korean Socio-Pathology Institute

A. Five Noted Stressors in Intercultural Marriages:

1. Language differences
2. Communication (Non-Verbal)
3. Stereotyping by society and perhaps of each other
4. Evaluation of our own value base (i.e., Ethnocentrism)
5. Anxiety dealing with adjustment (i.e., Impact)

B. Seven (7) Basic Skills for Counselors:

1. Communication of respect
2. Show of positive regard
3. Be non-judgemental
4. Personalize knowledge of that culture
5. Display empathy
6. Be "role flexible"
7. Share natural curiosity to learn and tolerate ambiguity

C. Sources of Marital Tension:

1. Language barriers
2. Communication (feeling) closed vs. open
3. Personality differences (regardless of being culturally different)
4. Grief reactions, re: loss of family and friends for wife, rejection due to racial difference by society
5. Reversal of roles, i.e., dependency and who is teaching whom to adjust to whose society
6. Wife's and/or husband's difficulty in having her establish her role as being in charge of the home, i.e., recipient of all the monies, the primary decision maker on what will be purchased for the home, etc.
7. Religion - to attend or not to attend church, temple, etc.; whose religion to follow as a family
8. Dietary issues - vegetables, rice and fish, chicken and occasional red meat: spicy food vs. red meat as a primary food - two menus for each meal or one primarily - Asian meal or major adaptation of wife to cook primarily American meals
9. Child rearing
 - a. Note: obedience in the Korean home is a must, especially in relation to the father
 - b. Permissiveness vs. restrictions
 - c. Formal vs. informal (first names vs. mother/father, big brother, big sister, sir, mam)
10. Intimacy - (its expression) Note: love is not expressed publicly, mutual/reciprocal
11. Friendship - who will come to visit the home in USA/Korea

D. Indicators of a Successful Marriage:

1. Well integrated
2. Working toward mutual goals
3. Well adjusted mutual goals
4. Complimentary relationships

E. Initial Hidden Agendas, re: marriage:

1. Solution to personal problems
2. Rebound from a "failed relationship"
3. Material gain (i.e., lower middle class)
4. They love each other
5. Availability and vulnerability - ready for romance (life cycle)
6. Mid-life crisis - searching for something/someone different
7. A need to be "different"
8. Practical reasons ("nurturing")
9. Attraction to a different culture
10. Superiority - marries a lower class from a different culture

F. Dangers in the Marital Relationship:

1. Repeated quarrels
2. Repeated break-ups
3. Strong need to change partner
4. Depression
5. Regression, rejection, loneliness (spends most of her time with friends and family)
6. Differences in expectations
7. Misperception of American husband and his resistance to accept his Korean wife's culturally different needs, i.e., foods, friendships, formalities, etc.
8. Korean inclusion of extended family members
9. Alliance (close) between mother and children
10. Finances - i.e., trust and power issues, Note: Korean wife is in charge of internal (home) affairs and spouse (male) is in charge of external affairs.
11. Different value systems
12. Acceptance of spouse's in-laws; note: 75% of American families accept Korean wives - Note: Wife is intermediary with husband's family
13. Physical/Emotional Abuse - Note: "Physical abuse is more acceptable in Korea"

G. Family System/Issues:

1. After marriage the daughter is not to return to her home. She must stay with her husband's family.
2. Father can rule with all the power he wants with the affairs "external to the home".
3. There is a great dependency on the father, i.e., subsistence.
4. Self-denial is encouraged for the good of the family.
5. The Korean woman's attributes:
 - a. Control of the interior (i.e., home)
 - b. Dependency on husband, oldest son (the "prince") - parents-in-law (note: she has to please her mother-in-law).

- c. She gives emotional support to the family.
- d. She is a "non-person" until she has a son. (Note: history, i.e., no son by third child and she has to be replaced).

H. Personality Structure and Dynamics: Korean/American Comparisons

1. Doing what is personally satisfying
2. Doing what is socially acceptable
 - a. Americans may tend to do what is more personally satisfying
 - b. Koreans may tend to do what is more socially acceptable
3. Korean women
 - a. Culture appears to be pro-male and "against" women, which seems to lead to the women having feelings of anger, fear, grief and anxiety (i.e., the Hahn). Their coping mechanism may be to "adjust" and play culturally defined games.
 - b. Marriage outside of this culture (i.e., to an American) could be an escape. If the marriage doesn't work, she may desire to escape again. A Korean wife who sees the international marriage as an escape would expect American wife who sees the international marriage to the American male. The American male (military) may expect "conformity" from his wife. The Korean wife may expect to be able to "act out".
4. The Korean woman who marries an American male is probably not a "traditional" Korean (i.e., Mono race). She may come from a traditionally "good" family.

APPENDIX B

PSYCHIATRIC TREATMENT IN KOREAN CULTURE

Sang Chang Paek, M.D., Ph.D.
Chairman, Korea Socio-Pathology Institute

Good evening, ladies and gentlemen, and thank you for coming tonight. It is indeed an honor and a pleasure to address members of the RAS and I hope that what I have to say tonight will be interesting, informative, and helpful to you in your understanding of Korea and Koreans.

Traditionality and Characteristics of Korean Mentality

Even if you have been here for a relatively short time, I'm sure that you've arrived at the conclusion that there is considerable difference between Korean mentality and Western mentality. I'd like to share with you tonight some important points about Korean mentality that I have discovered during some 20 years of careful observation and psychoanalytical study of Korean patients suffering from various forms of neurosis.

The most important factor that I have found operating in Korean mentality is what I call "the psychology of Hahn". I have found this to be universal among Koreans and its importance to Koreans can be equated to the importance of the concept of original sin in Western mental development. "Hahn" is difficult to pinpoint exactly in Western terminology, but for our purposes this evening, let me define it roughly as a combination of such things as frustration, chagrin, disappointment and a strong wish or craving for something. This particularly Korean feeling of "Hahn", this whole psychology of "Hahn" appears to be rooted in the tradition of the suppression of the "self".

In line with what most scholars of history and of the history of thought agree, the Korean people have striven for thousands of years to live in harmony with heaven, God, and nature. In order to achieve this harmonious relationship with God, heaven, the emperor as the son of heaven and nature, Koreans have had to suppress their inner desires and personal freedom. On the contrary, Westerners have successively fought for their freedom, for their individuality, and for the removal of any possible restraints for thousands of years. So we have the contrast of the suppression of the self versus the active expression of the self between Korean mentality and Western mentality.

A second major characteristic of Korean mentality is what I have termed the "all-inclusive self" or "Pokwaljuk Ja-a" in Korean. This, I think, you'll find interesting and I'm sure that upon close observation, you'll find plenty of examples in Korean behavior to support this.

While the Western concept of self is well-defined, distinct, and highly individual "the "Me-myself-and I" as you might say - the Korean concept of self is not sharply demarcated and the ego boundaries are loose enough to include not only one's self, but also one's family members, ancestors, hometown peer groups and even nature. I think it is fair to say that the traditional Korean concept of self can be called, in effect, a small cosmos in itself.

The third major characteristic of Korean mentality that I have found predominating is what I call a multi-phasic religious/philosophical element. The depth psychology of Koreans is a rather amazing combination of Confucianism, Shamanism, Buddhism and Christianity. This particular phenomena I think is attributable to the gradual acceptance and preservation of all religious-philosophical elements which have come to Korea over thousands of years.

The fourth major characteristic of traditional Korean mentality is the spirit of "Hyo" (obedience), or filial piety. Instead of claiming and struggling for oneself, Koreans have traditionally thought, acted, and behaved for the sake of their parents and ancestors. As a natural result, Koreans are traditionally obedient to parents, teachers, seniors and authority figures of all kinds. The thought process is a vertical one in contrast to horizontal thought which is more characteristic of the West.

So there you have four major elements of Korean traditional mentality: "Hahn", the "all inclusive self", a multi-phasic religious-philosophical element and filial piety.

Modernization and Identity Crisis

Now let me talk a bit about modernization and the effect it is having on this traditional mentality.

After liberation from the Japanese in 1945 and even more so since the modernization movement began in the early '60's, we can observe very rapid changes in Korean attitudes and behaviors. A more reserved and inhibited attitude has in many cases given way to more active, self-proclaiming and profit-seeking behavior. Consequently, the psychology of Hahn, which is the result of a lengthy period of self-suppression, has become pathologized. Previously, Hahn was something that was just allowed to pass away by itself. But contemporary Koreans are tending to take this Hahn and activate it into some form of achievement. Parents are now taking their Hahn of poverty and oppression and passing it on to their children to become super-achievers. Younger Koreans are beginning to manifest what I call a "big man complex", a very pervasive Korean phenomenon and one on which I expounded upon at the 6th World Congress of Psychiatry in Hawaii in 1977. An excellent yet tragic example of this "big man complex" as a result of overcoming the Hahn of poverty can be seen in the story of Kim Duk Ku, the Korean boxer who died in Las Vegas last week. Because of his poor background, he was known in Korea as the "hungry boxer" and in his room hung a piece of his own calligraphy which read "Poverty is My Teacher". In order to overcome this Hahn, he had hoped to become a world champion.

Upon contact with the horizontal thinking of Western Democracy, many educated Koreans have adopted such value systems as individual freedom, human rights, self-discovery, free enterprise, self-actualization, and the quest for materialism or great material success. The problem has been, however, that modernization in Korea has been much too rapid. Also, an interesting point is that the American political scientist, Gabriel Almond, insists that over the last 300 to 500 years, Western modernization has been carried out by the masses - as he terms it, "modernization from below". In contrast we might say that the process in Korea has been "modernization from above".

Korea has, of course, made startling progress in industrialization in the rise of per capita income, in the GNP, in the amount of exports and in the supply of such conveniences as color TV, refrigerators and so on. The rapidity of this progress, however, has produced numerous unfavorable side effects. For example, solely with the purpose of becoming a "big man", many Korean businessmen make plans that are too big and this results in big debts. Also many people involved in various walks of life subconsciously think of themselves as omnipotent and this too is an over-expression of the quest to release the personal and family Hahn. As a result of this, unless adequate measures are taken in treating what I might call the national personality, uncontrollable conflicts between management and labor, between the rich and the poor, between religious denominations, between close-knit classmates and between husband and wife, could easily arise. All of this indicates that Koreans as individuals and Korea as a nation are all going through a tremendous identity crisis. According to Erik Erikson, who developed the concept of identity crisis, enormous risk comes during puberty and early adolescence stages of human psychological development.

General Features of Neurosis in Korea

Let's talk more about the individual in this complex contemporary situation. Again, despite the successful aspects of modernization, many individuals are going through an identity crisis syndrome. People are locked in a struggle between the traditional vertical way of thinking and the Western horizontal way of thinking and many people cannot decide which way is best for them.

Although the complete picture and the degree of neurosis in Korea are a reflection of such variables as educational background, parental attitude, pattern of personality, religious beliefs and social status, etc., most symptoms do in fact tend to indicate severe identity crisis.

Among major symptoms that I have observed rather consistently are:

1) a fear of separation. Traditionally Koreans have been brought up in a large, extended, but nevertheless close family situation. The mother-child relationship has been so close that it was, until modernization, not uncommon to find children who had been breast fed until the age of 10 or even 15. Korean's most popular song, "Arirang", is another major indicator of the Korean fear of separation from loved ones. Now we have a gradual transformation into a nuclear family system with looser family ties and modern Koreans, particularly unemployed middle-aged men and housewives are feeling increasingly alienated and lonesome. They cannot bear the thought of being alone and common complaints are sleeplessness, increased fantasy, and delusions of infidelity by marriage partner. Children are also victimized by this increasingly nuclear family system and often fall into helpless states when deprived of the traditionally generous amounts of parental and family love. Increasingly, reports are made of groups of friends, that is children, who wander away from home and eventually get lost.

2) a second symptom, if I may call it that, is tertiary self-observation. This means that one obsessively thinks of himself through the eyes of others. Some people feel that they are the objects of some sort of investigation and this often leads to delusions of persecution. Through modernization and the changing states of morality and ethical norms, many

people are unable to think, act or behave according to their own will or by their own decisions. They always first think of what others would think, decide or how they would react to any one particular situation. I recently had a patient with these symptoms, a 45 year old office worker. With this tertiary self-observation syndrome, he couldn't decide anything on his own. During therapy he would ask me advice on even the pettiest of daily affairs and even went so far as to ask how often he should have sexual relations with his wife. Also tied in with this tertiary observation syndrome are numerous physical complaints by patients - discomforts ranging from neuralgia in the back to the sensation of a foreign matter in the brain, to even an itching sensation of the liver. These symptoms are rapidly increasing among identity crisis and the lack of a definite personal morality, people obsessively sensing others' criticism, reproof, and retaliatory ideas on their own physical plane.

3) and a third common occurrence is resistance to and aggression towards others. During the last 20 years of modernization, the traditional characteristics of endless endurance, repression of instinctual drives and the repression of the self have been rapidly transformed and this transformation is continuing. For the sake of victory in intense competition, material success, overcoming the psychology of Hahn and becoming a "big man", many of the younger generation are discarding the traditional "all-inclusive self". In this process, they are easily angered or excited and often show non-traditional resistance and aggression. This tendency might be classified as character disorder or personality disturbance; but it is my observation and judgement that such syndromes are specific symptoms complexes directly related to identity crisis in the society in general.

The Psychiatrist's Role in Korea

A psychiatrist is, of course, a medical doctor and must fulfill his role as a therapist with the final aim being the complete cure of the patient. So one role that the psychiatrist plays is that of doctor. But as you can imagine, the doctor's method of approach can vary considerably according to the nature of the mental problems, their mode of existence and symptom formation.

Freud and his disciples had the tendency of delving into the unconscious and focused on emotional catharsis through patient verbalization and dream interpretations. During the period from about 1910 to 1930 emphasis shifted to a focus of ego psychology, defense mechanisms, and resistance on the part of the patient. Then in the late 1930's and 1940's psychoanalysts focused their attention on cultural conflict, parental roles, juvenile delinquency, and personality development in children. And then since the 1960's, questions concerning social influences and relations between man and society and the problem of ethics were seriously raised by such scholars as Erich Fromm, Reinhold Niebuhr, Marcuse, Daniel Bell, Paul Tillich, and others.

It is my opinion and it has been my experience that the Korean psychiatrist has to expand his role beyond that of Western psychiatric traditions, not as a projection of the psychiatrist's needs but as an expression of the needs of Korean patients. A Western patient can tackle his inner problems with the doctor in a very positive and dynamic manner. Western mentality is well-accustomed to logical thinking and rational analysis. But in the case of Korean patients, as we have seen, the mental structure is exceedingly complex. When compared with

Western patients, however, Korean patients have comparatively less training in logical thinking. On the other hand, Koreans show excellent ability in grasping the totality of things through intuitiveness. Nowadays, with continued modernization and the increasing conflict between traditionalism and modern value systems, the problem of treatment becomes more complicated. Many patients, particularly younger ones, are increasingly lost and confused and have difficulty making any kind of decisions. In this light, the psychiatrist has to assume the role of teacher, a teacher of life.

It is widely known that neurosis has a tendency to recur easily. To prevent this reoccurrence, I have found that it is extremely helpful to have patients make deep insights not only into their symptoms, but also in to such problems as life and death, materialism and spiritualism, the real value of one's life and even into the relationship between the patient and the cosmos. These problems must be worked through for therapy to be effective and in that sense, the psychiatrist takes on the role of philosopher in addition to doctor and teacher.

Conclusion

We have briefly examined the main characteristics of Korean mentality, the problem of moderization and identity crisis, general features of neurosis in Korean patients and the role of the psychiatrist in Korean society.

Vienna in 1885 and Seoul in 1982 are very different times and very different places and I'd like to re-examine the meaning of the encounter of mental science or psychoanalysis-oriented psychiatry. Science is, of course, based on fact and through the comparison of facts about the East and West, I think there is a bountiful harvest to be reaped for all of mankind.

I plan to present a paper next year at the World Congress of Psychiatry which is being held, appropriately enough, in Vienna.

APPENDIX C
CULTURAL DIFFERENCES
TRITON STUDY 1983

Observed by Korean Wives in Their Experiences of Transcultural Marriages
with American Servicemen

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
1. EMOTIONALITY (Affect)		
a. Temperament	"Hot" temper	"Short" temper ("yells a lot")
b. Expression of Affection	Reserved and concealed to privacy	Open display in public
	Lack of outward expression	More spontaneous and outward expression of emotion
	Cognitive internalization of emotions	Physical manifestation of emotions (e.g., kissing, hugging, etc.)
2. THOUGHTS (Cognition)		
a. Situational Assessment	Nunghi ("Measuring the Eyes") i.e., heavy reliance on nonverbal cues	Absence of Nunchi: heavy reliance on verbal expression
	Catches the expectations of other person in social contexts	Behavior preceded by explicit verbalization or gesture of intention
b. Time Concept	Leisurely	Punctual
	Future orientation	Present orientation
3. COMMUNICATION		
a. Dialogue	Closed, indirect Less obvious and slow	Open, direct More obvious and quick
b. Gesture/Body Movement	Covert expression	Overt expression
c. Kinship Naming	Frequent use of indirect references and formal titles (i.e., "son's mother, esteemed teacher")	Common use of first names

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
d. Language	10 vowels, 14 consonants	6 vowels, 20 consonants (e.g., he, she, it)
	Pronouns not gender specific	Frequent singular possessives expressed e.g., my, mine)
	Social hierarchy encoded in grammar	Relatively egalitarian social and linguistic style
4. FAMILY LIVING		
a. Treatment of Elderly	Respect, deference	Tendency to praise youth, devalue old age; little deference to elderly
	Multigenerational ties mutual support valued; caring for elderly within family	Independent and individualistic lifestyle for elderly valued; caring for elderly often by social institutions outside family
b. Living Arrangement	Extended family households; patrilocality and close proximity of relatives valued	Nuclear family primary; diverse family patterns emerging (e.g., divorced, reconstituted); separate dwellings for adult members preferred
c. Childrearing and Discipline	Permissiveness; Parent-centeredness; Demands for obedience and respect	Restrictiveness; Child-centeredness; Demands for self-controlled behavior and friendliness
d. Parent Child Relationship	Prolonged dependency	Hastened and prolonged independency
e. Possession of Household items	Communal possession (ours)	Individual possession (mine)
f. View of male as perceived by Korean wives	Males assert superiority: Arrogant "outdated" moral chauvinism	Male chauvinism less overt; more sexual egalitarianism

<u>Areas of Observation</u>	<u>Korean patterns</u>	<u>American Patterns</u>
g. View of Female as perceived by Korean wives	Obligation bound "Self-sacrifice for benefit of Kin" orientation	Greater independent freedom
h. Roles of Husband and Wife	Rigidly defined; husband breadwinner; head of household; wife homemaker, childrearer	More flexible and overlapping; variability in role complementarity
i. Marital Power/Status	Gender and seniority based (male and elder superior)	Relatively equality based
	Patterns of dominance/submission, in/out-dichotomous position	Household variations; patterns of complementarity
	Vertical relationships	Horizontal relationship
5. SOCIAL INTERACTIONS		
a. Sharing	More intimate and indepth warm and passionate informal	Superficiality cold and dried formal
b. Companionship	Extreme Gender conscientiousness; sexual segregation in gatherings	Male/female combination in group behavior
c. Visitation	Without pre-engagement or announcement Informal Unpredictable	With pre-arranged appointment More formal Predictable
d. Greetings	Bowing; respectful handshaking	Casual handshaking
e. Farewell	Escorting guests to process	At door step Less complicated Brief
f. Table manners	"Eat a lot!" Making sounds while eating acceptable expression of enjoyment	"Help yourself!" Impolite to make noise while eating or drinking hot liquids or soup

Areas of ObservationKorean patternsAmerican Patterns

Blowing hot drink or soup
as cooling device

6. MORAL STANDARDS

a. Sexual behavior

More rigidly defined and
regulated

More open and less
inhibited

b. Family obligation

Filial piety

Individual respon-
sibility

7. FOOD

Spicy and pungent
Rice primary dish

Cheesey and greasy
Meat primary dish

CROSS CULTURAL ISSUES IN SPOUSE ABUSE:
A PROPOSED STRATEGY FOR INTERVENTION

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INTRODUCTION

Numerous researchers have cited ineffectiveness of traditional mental health care with members of ethnic minority groups (Acosta, Yamamoto, Evans, Wilcox, 1982; Sue, 1977). Among the criticisms of traditional mental health establishments and practitioners is a failure to recognize and integrate into the treatment, the social, and cultural context in which the disturbance occurs.

In regards to intervention in marital violence, it is proposed that consideration be given to cultural factors. Therapists are encouraged to identify those behaviors and attitudes which are fostered by the culture of the batterer and the victim. Such behaviors and attitudes may, or may not be evident in other couples. However, characteristics which are culturally defined are believed to be more resistant to change as promoted by current treatment approaches. For example, Asian and Pacific Islanders are said to be influenced by the Confucian doctrine, "While there are no stirrings of pleasure, anger, sorrow, and joy, the mind may be said to be in the state of tranquility." (Legge, 1973) Thus, the affect of individuals of Asian origin may be interpreted as flat, or inappropriate when, in reality, such affect may be a reflection of the cultural norm. The male batterer of Asian origin may, therefore, not exhibit the "appropriate" affective response when confronted with his violent actions.

The current paper outlines a treatment strategy for male batterers and their abused spouses which takes account of cultural influences. Without such an understanding, the cycle of violence may never be broken.

Cultural norms, social organization, and marital violence

It has been said that physical violence between spouses is socially patterned (Hotaling & Straus, 1980). That is, violent acts between spouses are believed to be, in most instances, the result of socially learned behavior rather than of mental illness. Thus, any attempt to understand marital violence should take into account the social structure in which such learning occurs.

Hotaling and Straus (1980) have identified two processes of social patterning: culture and social organization. The aspect of culture most directly related to the discussion of marital violence is that of social norms. A social norm determines the appropriate manner in which individuals interact with each other. In order to be considered cultural norms, these norms must be accepted and shared by the society or sector of society in which the behavior takes place. In addition, such norms are the rules of behavior that are learned from others. According to Hotaling and Straus, cultural norms serve to regulate virtually all aspects of family life, e.g., how marriages are arranged, how childrearing occurs, and the roles of husbands and wives.

Cultural norms are not the sole determinants of a family's life. If such were the case, all families within a given society would behave in the same fashion. Hotaling and Straus (1980) cite social organization as the factor which completes the definition. Social organization refers to the "pattern of relationships among individuals and among groups - how the parts are related to each other and to the whole." (p.6) Whether or not an aspect of social organization is prescribed by the culture, it has consequences which are distinct from the cultural influences. For example, cultural rules may specify that a couple has two children. Thus, a couple with no children, or one with six children is subject to cultural pressure for conformity.

It is the thesis of Hotaling and Straus that both cultural norms and social organization contribute to marital violence. The cultural norms and values permitting husband-wife violence are, typically, not readily acknowledged. However, the battering of women has been legitimized throughout the course of Western history (Okun, 1986). As far back as the founding of Rome (753 B.C.), the laws of chastisement gave husbands the right to physically discipline their wives for various, often unspecified, offenses. The "rule of thumb" of English common law exemplifies the laws of chastisement. It states that a man could beat his wife with a rod or switch, as long as its circumference was no greater than the girth of the base of the man's right thumb.

Christian's has also been said to promote wife battering. According to the fifteenth century Rules of Marriage by Friar Cherubino of Siena:

When you see your wife commit an offense, don't rush at her with insults and violent blows...Scold her sharply, bully, and terrify her. And if this still doesn't work...take up a stick and beat her soundly, for it is better to punish the body and correct the soul...Readily beat her, not in rage but out of charity...for her soul, so that the beating will redound to your merit and her good. (As quoted in Okun, 1986, p.3)

Little movement to reform the treatment of wives occurred prior to the late nineteenth century. The bulk of concern in regards to the abuse of women arose in the 1970's. The first shelter in the United States for battered women opened a mere twelve years ago. This historical review clearly illustrates the broad sanctioning, tolerance, and acceptance of marital violence in our society. Thus, cultural norms have helped set the stage for husband-wife violence, specifically, the battering of women.

As stated previously, social organizational factors, as well as, cultural norms contribute to marital violence. One such organizational factor is the male dominant power structure of our society (Straus, 1980). Straus identified several aspects of the male dominated society which he believed contribute to marital violence. Among these aspects are the male's compulsion to defend male authority; economic constraints on, and discrimination against women; and, the preeminence of the wife role for women. One might argue that women have been sufficiently liberated to the degree of no longer being bound by the constraints of male dominance. However, a multitude of women within our society are so bound. They fill shelters, hospital emergency rooms, and the waiting rooms of therapeutic and counseling services.

The above discussion helps illustrate how cultural norms and social organization aid in setting the stage for learning the behaviors associated

with marital violence. With only a few exceptions, the cultural norms and social organizational factors which contribute to marital violence are characteristic across cultures. Thus, the battering of women occurs in many American households, regardless of the ethnic origins and cultural heritage of the participants.

Cultural considerations for mental health care

Given the social foundation of marital violence, appropriate and effective intervention can prove challenging for the therapist. Intervention across cultures can be even more challenging. While norms sanctioning male dominance and, legitimizing the exertion of physical control over women are in existence across many cultures, other norms differ. These norms can affect the efficacy of intervention approaches. As with other mental health needs, therapists often lack the knowledge necessary to effectively intervene in marital violence involving members of various ethnic groups.

According to Sue (1977), most theories of counseling stress characteristics of the white, middle-class, American. He grouped these characteristics to three categories: culture-bound values, class-bound values, and language factors. Culture bound traits are said to dictate an individual orientation in which verbal, emotional, and behavioral expressiveness are emphasized, as well as, openness, intimacy, obtaining insight, and spontaneity. In addition, distinctions between mental and physical well-being are clear, and a verbal linear/analytic (cause-effect) stance is taken. Class bound traits emphasize a linear concept of time, punctuality, and the seeking of long range goals and solutions. The use of standard English is a characteristic usually taken for granted by counselors and therapists.

Sue (1977) stated that many Third World individuals believe in the restraint of strong feelings, do not place great value on insight, and do not clearly distinguish between physical and mental health. In addition, Third World clients may be found to seek immediate solutions, and often are not fluent in English.

A lack of understanding of the rules and norms of a client's culture, undoubtedly, can negatively impact on therapeutic process and outcome. Patient-therapist rapport may not be established, leading to premature termination of treatment. The therapist may misinterpret certain culturally defined emotional reactions as inappropriate. Most importantly, the client is likely to leave treatment without adequate symptom alleviation and problem solving skills. In instances of marital violence, therapeutic failure due to a lack of consideration of cultural differences can result in continued abuse with death as a possible consequence.

Proposed intervention strategy

A psychoeducational approach is proposed as a means of overcoming the cultural barriers to successful intervention in marital violence. The primary aim of such an approach is to orient the clients (batterers and victims) to the intervention process. Once clients are educated as to their role and the role of the therapist in treatment, more successful steps toward behavioral changes may be made. Prior to the initiation of treatment of culturally different individuals the therapist must do the following:

1. Be aware of his or her own prejudices, and the potential for prejudice among others who interact with the clients.
2. Be aware of his or her lack of knowledge about the culture in question.

Once the care provider has gotten in touch with the above aspects of the relationship, assessment and treatment may proceed.

While there are various ways in which to initiate intervention into situations of marital violence, there are three basic functions which must be carried out: the assessment of lethality of the situation; the assessment of the batterer's motivation to change; and, the determination of appropriate treatment modalities. In working with the culturally different, this list should include an assessment of the cultural norms and social organization of the couple. In making such an assessment the therapist must be careful not to make assumptions about values, lifestyles, and more importantly, not to make judgements. Because of the closed systems of most non-White, Third World families, the derivation of necessary information as to relationships among family members may not be readily had. Thus, the interview should include a combination of open-ended and closed questions. The use of closed questions can be frustrating for the therapist who is used to spontaneous clients who initiate responses. However, the culturally different may be more reticent, requiring the use of more direct, closed questions.

Once the assessment phase has concluded, the culturally different client should be afforded the opportunity to learn what is expected of him in treatment. Both batterers and victims should be instructed in the use of feeling words. Therapists and clients need to have the same understanding of such words in order for effective communication, interaction, and empathy, as well as, trust to develop. Self-disclosure also needs to be emphasized for the culturally different. In order to facilitate such disclosure, the therapist may choose to self disclose him or herself. In group settings other group members may serve as role models.

The education of the client should also consist of information as to the therapist's role. In regards to marital violence, that role should ideally be that of facilitator of changing the violent behavior pattern. Explicit statements as to the lack of acceptability of violence as a means of expressing anger and for conflict resolution must be included.

Once the batterer and victim have been oriented to the intervention process, treatment may be initiated. Various treatment approaches are currently being utilized with varying degrees of success. While no particular approach is to be discussed or advocated in the present paper, group treatment is currently being made use of at the author's duty site, with individual and couple sessions occurring concurrently. It is believed that an orientation to the intervention process for culturally different, as well as, for culturally deprived persons would facilitate the treatment process in that expectations would be clearly defined, regardless of the treatment modality.

CONCLUSION

Cultural norms and social organizational factors have been discussed as they contribute to marital violence. Such norms and factors form the basis for

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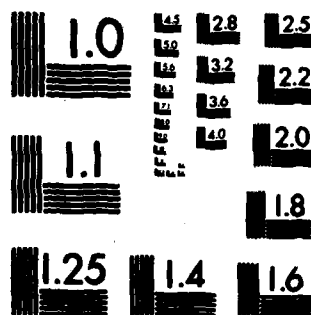
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the social learning of the behaviors associated with violence between husbands and wives. The cultural roots of domestic violence are deeply entrenched in Western society; and, are presumed to be no less deeply entrenched in other societies. Thus, such violence is likely to be evident in many American households, regardless of the ethnic origins of the family.

While the nature of marital violence does not appear to be distinguished according to ethnic groups, the treatment for batterers and victims can be affected by cultural factors. A psychoeducational approach to intervention can be utilized as a means of overcoming cultural barriers and, facilitating the termination of violent behaviors. Such an approach focuses on the education of the client to both, client and therapist roles during the treatment process. Therapists are encouraged to become more aware of their own cultural biases and to develop their awareness of the nature of the cultures of the clients.

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COMMUNITY MENTAL HEALTH SYSTEM
TREATMENT DATA: THE ARMY AS A
UNIQUE SUBCULTURE

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The Army can be considered a unique subculture. This subculture is not only an occupation but also a way of life. Persons joining this subculture take on a new identity, usually move to a different dwelling and find that their lives have radically changed. When one enters this subculture, various difficulties can be expected to develop. One of the roles of the Community Mental Health Service (CMHS) is to assess the morale and mental health of the soldiers who constitute this subculture in order to provide commanders with relevant information. The Fort Gordon CMHS has begun to systematically review treatment records in order to answer questions and present data to various levels of command. As this data is gathered, it is expected that various trends will be found. Sex, race, religion, region of the country, rural/urban upbringing, only child/siblings, age, unit, years in the military and training status are variables of interest. This preliminary report will present some data from the 1 October 1984 to the 30 September 1985 time period after presenting a view of assimilation into the Army culture.

In 1973, the Army could be described as a unique male preserve with white officers and single enlisted men. According to 1985 data, the Army had changed radically: from 12.4% black soldiers in 1973 to 19% in 1985, and from 2.5% black officers to 6.4%. In 1985, more than 55% of enlisted soldiers were married and more than 10% of the Army was female. The Army continues to change, to reflect changes in our American culture. While these changes are worthy of study, this paper will focus on the unique subculture of the Army and the processes one goes through in joining this organization as observed at the main training facility for Signal soldiers. Finally, some data will be presented concerning the population seen by one particular CMHS.

When a person enters the Army, they enter a unique subculture with: a language marked by acronyms, distinct clothing or costumes, a huge hierarchical bureaucratic structure, its own judicial system, many customs and traditions, etc. Persons entering this subculture undergo a purging of their civilian identity. Their civilian clothing is taken away and their hair and appearance must meet Army standards and regulations. To some extent they become a number, or series of numbers, which is their identity within a huge organization. This transition to a new identity can be quite traumatic. On a life change rating scale, new soldiers, significant others, and impartial observers indicate that soldiers' lives have radically changed. (Holmes, 1970; Hendricks) Those undergoing this transition can be expected to display heightened psychological and physical difficulties due to the actual and perceived changes in their lives.

There are various phases a person goes through in becoming a soldier. In Basic Training (BT), soldiers are constantly monitored, indoctrinated into the Army philosophy, physically and emotionally tested, taught basic soldiering skills, isolated from previous sources of social support, and kept in a rigid, structured, program. For many soldiers, the structure and regimentation is

quite a shock. Those soldiers, who joined the Army because they could not cope with the rules established by their parents or school, find even more rules and structure. For some soldiers, this structured training allows them to have one of the few success experiences of their life. For other soldiers, only a promise of a discharge at the beginning of the next phase - Advanced Individual Training (AIT) allows them to withstand the rigors and experiences of BT.

Training and Doctrine Command has instituted standards for the number of recruits who should successfully complete BT. Drill instructors, who are responsible for training during BT, are very sensitive to the percentage of soldiers completing BT which are needed to maintain their career. Thus it appears that "problem" soldiers are sent on to AIT units. There does not appear to be effective feedback loops to give negative reinforcement to those who send soldiers to AIT who have never passed the basic Physical Training Requirements (and probably will never be able to pass), who have personality or serious psychological problems, who have admitted fraudulent enlistments, who have been "promised" a discharge, or who are completely disillusioned with military life.

Although more soldiers are "making it through" BT, it appears that there has been little data on the costs of this policy. What percentage of the marginal performers in BT make it through AIT and are able to complete their service obligation as a productive soldier? Matarazzo (1978) reviewing numerous studies concluded that up to a certain point, the higher the initial training centers rate of diagnosing unsuitability and discharge of these persons, the lower the subsequent attrition rate under later military conditions (Matarazzo, 1978). For example, while Naval archival data indicate a normal attrition rate of 1.6%, persons identified as being suspected of having psychiatric symptoms and placed into three categories based on brief psychiatric interviews obtained the following discharge rates during the year following their identification. Those with mild problems received 6.5% neuropsychiatric discharges, those with moderate problems 20.2% neuropsychiatric discharges and those with severe problems received 89.7% neuropsychiatric discharges (Wittson, 1951). All the discharges were made independently of the previous psychiatric screening. Another study indicates that not only neuropsychiatric discharges, but discharges for medical, bad conduct and other reasons need to be considered. Hunt et al. (1957) found that not only was there approximately three times the neuropsychiatric discharge rate for persons with moderate psychological problems, but also their rate for medical discharges was approximately one and one-half times those of the control group and their rate of discharge for bad conduct was approximately three times that of the control group. No longitudinal data could be found on marginal performance in BT and later marginal performance as a soldier. It is not clear how many soldiers are not capable of performing their jobs, but are tolerated because of the administrative effort required to discharge them. Likewise, there was no evidence found specifying what conditions allowed soldiers to adapt or cope and become proficient soldiers.

In the next phase of training, AIT, soldiers learn a military specialty and are gradually given more decisions to make and more "free" time. Depending on the unit, much of the free time may be spent cleaning the barracks, maintaining their clothing, or participating in unit activities. Some soldiers long for the "simple" life of basic training where they did not have to think, decide or plan; and where there was not enough free time to get into trouble. Other soldiers cannot wait to regain the chance for greater control of their lives. Until a few years ago, there was an emphasis on the specialty training or

learning required during the AIT period. Recently, AIT has become more of a continuation of BT. Soldiers, when they arrive for AIT are not allowed civilian clothing, no passes or leaves, no automobiles and are required to live in the barracks until they demonstrate their soldiering abilities. In October 1986, drill instructors, who had only been used in BT units began to replace platoon sergeants in AIT units. It appears that the soldiering part of basic training may be perceived as more important than the specialty learning. This appears to be discrepant with the images of military advertisements.

AIT students frequently are shocked at what they will be doing while in the Army. Soldiers are faced with the realization that the Army is not the exciting dangerous adventure that they fantasied, that the highly skilled technical training is not available, or whatever they expected exists only in their own minds. Many soldiers feel that Army recruiters purposely have misled them. Rather than looking at their own desires and impulsivity that prevented them from asking more questions or obtaining more information, they blame the Army system. It appears that there is no effective feedback system to give negative reinforcement to those recruiters who have used questionable practices to enlist people.

Finally, the soldier becomes part of the "real" Army. Again expectation and reality are often quite discrepant. The magic solution to all their problems - joining the Army - is yet another disappointment. Some soldiers find themselves working very long hours, isolated in a remote region or just as lonely as they were as civilians despite the presence of their peers. For some soldiers, the Army provides a niche which they could not find in the larger civilian culture.

Now that I have described some of the stressors of assimilation into the Army subculture, it seems appropriate to look at our social scientist role in investigating these phenomena. The roles of the Community Mental Health Services (CMHS) include assessing the morale and mental health of soldiers and providing commanders with relevant information. The Fort Gordon CMHS has begun to systematically review treatment records in order to discern trends, to answer questions, and to present data to various levels of command. With a computer system, once data have been gathered and entered, it is relatively easy to sort new data and examine variables of interest. Variables can include demographic, cultural, military, or psychological data. For example, each entry could include information on sex, race, religion, region of the country considered the home area, rural/urban/suburban/military installation upbringing, only child/siblings, age, unit, years in the military, trainee/permanent part referral source, diagnosis, number of treatment sessions, treatment effective disposition, etc. Until the Fort Gordon CMHS obtains the combined health care system, we have been forced to use temporary computer systems and hand tabulation. Following are examples of the kinds of data available:

Mean Treatment Visits

	Oct 84 - Mar 85	Apr 85 - Sept 85
Permanent Party	7	3
Trainees	4	3

Treatment by Status

	Oct 84 - Mar 85	Apr 85 - Sept 85
Permanent Party	35%	21%
Trainees	65%	79%

Information on Trainees & Cadre
During Two Six Month Periods

<u>Trainee</u>		<u>Cadre</u>	
Oct 84 - Apr 85		Oct 84 - Apr 85	
Referral Source*			
EAMC	11 18	20 20	
TMC	8 10	4 6	
CMD	35 35	15 34	
Self	41 30	45 27	
Other	5 6	14 12	
Reason			
Trtmt	74 76	73 63	
Retention	26 21	8 20	
Selection	3 2	16 0	
Assessment	10 13	11 17	
Suicide			
No evidence	81 82	80 82	
Ideation	10 16	10 17	
Plan	6 1	5 1	
Attempted	3 5	4 0	
Died	0 0	0 0	
Outcome			
Better	58	37	
Same	39	63	
Worse	3	0	

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HO'OPONOPONO: HAWAIIAN FAMILY THERAPY

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There has long been an interest in the process of Ho'oponopono, or what has come to be known as the Hawaiian method of family therapy. The original translation is derived from ho'o, to make, cause; pono; correct, right; ponopono, cared for, attended to. Hawaii's family therapy is composed of many parts; prayer, discussion, arbitration, contrition, restitution, forgiveness, and catharsis. Extensive layers of interpersonal entanglements are examined through a process called mahiki. The sum total of this reflective and provocative process Ho'oponopono, a useful, effective method to remedy and even prevent family discord. Ho'oponopono may well be one of the soundest methods to restore and maintain sound family relationships that any society has ever devised.

WHAT IS HO'OPONOPONO?

In the o'hana, or family of old, whenever there was trouble, whether it was trouble between family members or trouble caused by some outside force, the Ho'oponopono was conducted. The process serves to set things right with each other and with the almighty. Each family member searches their heart and soul for hard feelings against one another and then before higher authority forgives and is forgiven, thrashing out every grudge and resentment. Ho'oponopono, then is getting the family together to identify problems which exist in their interpersonal relationships. It may be conducted to find out if someone is sick or to identify the source or cause of a particular family quarrel.

WHO PARTICIPATES?

In general, the term o'hana applies to the extended family which includes relatives through blood. The Ho'oponopono is conducted with all of the nuclear or immediate family members. It also includes people who are accepted into the family situation through affection. The o'hana includes the hanai, the child who is taken into the family to be reared as one's own and the Tuhi, the children who are accepted into the family for temporary care until their family is capable of once again caring for them. The o'hana also includes the family of the amakua, or spirits. Often, when a loved one dies, they are cherished so much by those who remain alive that they take on the status of the amakua. On occasion even a non-relative living with the family could take part in the process if they were involved in the pilikia (trouble). Although the entire extended family could participate, it is impractical since too many people present result in a loss of the person-to-person interchange. Only the title in the broadest sense implies a large gathering. Thus, Ho'oponopono was not a community therapy.

WHAT ARE THE CONDITIONS?

Ho'oponopono is usually conducted by the senior member of the family and, in the days of old, this was usually a male. However, in the case of kauu, when the wars were on going, and the men were not around, one of the senior women would conduct Ho'oponopono to return harmony to the family. If all of the members of the family were too closely involved in the incident, it was acceptable for the family to go to an external source for help, usually to the helping and healing kahuna, or "family doctor" of Hawaiian medicine. One of the first things asked by the kahuna, would be if Ho'oponopono had been conducted. According to the kahuna, if an individual was very emotionally upset, they were not in a state in which they could be physically treated; no matter what kind of medicines were prescribed. The medicine of the kahuna has the potential to be much more effective once the mind is cleared of stresses and interpersonal entanglements. The kahuna would frequently ask that individuals be returned to the family and that Ho'oponopono be conducted before treatment was begun.

The professional of today is not really a kahuna in the Hawaiian sense; the kahuna of old were specially trained with a special emphasis in religion. They strictly adhered to the following conditions under which Ho'oponopono was conducted:

- There must be an attitude of sincerity. The process is serious business.
- There must be complete honesty. The complete story must be shared in a way so as not to antagonize other participating members (with ha'ah, or humility).
- All participants must function on the same level; honest, open, genuine, and earnest in their participation and intent to attain problem resolution.
- In the days of old, the Ho'oponopono was conducted in the common language of Hawaiian. Today the Ho'oponopono is conducted in any language which can be understood by the participants for without clear communication, true Ho'oponopono can not exist. Even the keikis or children were expected to understand the general tone of the proceedings. From participating in the process, the children learn that even adults make mistakes. Even more critical, they learn the means by which to correct the mistakes and restore unity and happiness to the family. The young child experiences a feeling of transition from a very tense environment to one in which they feel the love and unifying power of the family. Not only does Ho'oponopono take place during a time of trouble, but it can also occur on a planned basis in order to preclude minor troubles from becoming major problems. The Ho'oponopono may be conducted once every two to three months or whenever an intense conflict arises. When Hawaiian families of old got together to conduct Ho'oponopono, they stayed together until the process was complete. The process could take as long as three hours or more. When it became impossible to complete the process in a single session, it was acceptable to excuse certain members. The ideal composition, however, includes only family members and it includes all family members.

WHAT IS THE PROCESS?

The first step in the process is the pule wehe, or opening prayer. Hawaiians of old were very religious and utilized prayer in many of their daily activities, just as this very building and many other buildings on this island were blessed by prayer before it was built and dedicated. An opening prayer to the gods is included in the process of Ho'oponopono. This communication with a higher power is prevalent throughout Hawaiian culture. Even many trees, plants, and inanimate objects have Hawaiian names with special spiritual significance. The higher power is not called upon to provide a solution to the problem, but to provide a unifying presence and to facilitate understanding and cooperation (Zambucka, 1978). From the opening prayer, Ho'oponopono begins to place the responsibility for the therapeutic work on the participants. "You have the problem, you have the power to do something about it. I can help you, but if you are not going to do it yourself, all of my help is in vain." The prayer petitions the higher power to "be present, give us understanding, open our hearts. Let us be able to talk this out in order that we can solve the problem." As the pule wehe is delivered an important ingredient is the kukulu kumuhana; that is, the statement of the problem. The kukulu kumuhana addresses why the members are present and where the trouble is localized.

The period of time in which the discussion takes place is called the mahiki. During this time the participants learn who said what, how it was said, who reacted to what was said, when it happened, and under what conditions it happened. In the mahiki, there are also special conditions which exist.

Most family problems are not characterized by only one distinct problem. With so many potential individual interactions present, the presentation of the problem is clouded by individual perceptions. If there are attempts to address all of the perceived problems at a given time, it is difficult to be successful at resolving any one them. In Ho'oponopono, it is very important for every participant to have an opportunity to speak and clarify their position individually and without interruption. Sometimes just through the clarification of all perceptions, the misunderstanding is cleared. At other times as the discussion proceeds, emotions run rampant and friction is present. When confrontation occurs, Ho'oponopono can not continue. At this time, the leader of the session, the kahuna must declare a ho'omalua, a time of peace; a time of quiet; a period in which the participants reflect on how they have personally contributed to the overall problem. On some occasions, the members of the family, upon assembling, are covertly accusative and are not ready for resolution, at which time it becomes very difficult to get to the the unfolding of the root of the problem. There are frequently many layers to unfold and the unfolding process involves identifying the origins of the "one on one" conflicts as well as focusing on the polarizations and factions. The polarizations, along with the negative interactions and consequences are termed hihia (Laing, 1980).

The Hawaiians use the analogy of a fish net which has many knots to describe hihia. These very knots parallel the entanglements which create the problems in the family. As the knots are untangled the fishnet becomes one functional line of net; like a functional family. In the case of the fishnet, the knots must be removed in sequence, one at a time. Similarly, in the family, the relationship problems must be addressed one at a time. And as the

entanglements, the hihia, are sequentially untangled through the process of Ho'oponopono the final knot or the hala is identified. The hala, or root of the problem may be recent or longstanding.

Once the hala is identified, and once understanding or recognition of the pain and suffering is made, the participants have no option but to ask for forgiveness (mihi) and make restitution. The mihi must be done in the open, among family members in a sincere, honest, and genuine ('oia'i) manner to be effective. The process of mihi involves both parties. The ancient Hawaiians believed that it "took one individual to commit a wrong and another to hang onto it." The mihi is a very humbling experience because of the emotional potency involved in the attachment to one's perceptions.

Mihi is only one part of the forgiveness portion of Ho 'oponopono. The second part of the process is for the participants to kala, to release or let go. Kala is a mutual process wherein the wrongdoer and the wronged are released from one another. They are both unbound of the wrong. The third part of the forgiveness process is to oki, which means to cut or to sever completely, to sever to such an extent that there is never a need to bring it up again. If the process of mihi, kala, and oki are truly complete there should never be a reason to resurface the issue. When the individuals hala, one with the other, they have not only hurt each other, they have also caused a transgression with the higher power in which they believe. As a final step in the forgiveness process, there is the pule, a closing prayer to the gods and sometimes the pani, an offering of food to the gods to thank the higher powers for their guidance.

WHAT MAKES IT WORK?

To bring about a true "righting of the wrongs," certain attitudes were required. Some attitudes concern the very decision to hold Ho'oponopono. For this decision rests on the basic belief that problems could definitely be resolved if they were approached properly. Confession of error must be full and honest. Nothing can be withheld. Prayers, contrition and the forgiving and freeing of the kala must come from the heart. Without these, Ho'oponopono is merely form without substance.

Obviously, a successful Ho'oponopono was not merely emotional catharsis. Hawaiians seemed to know that neither crying nor shouting solves a problem, but it is the sensitive management of emotions which provide one the greatest therapeutic strengths to the process of Ho'oponopono (Satir, 1967).

In Ho'oponopono one talked freely about feelings, particularly anger and resentment. The Hawaiians knew that suppression and repression of hostility was destructive to the self and others.

But "talking things out" is not enough. Something constructive must be done about the grudge or origins of the quarrel. The Ho'oponopono provision that participants talk about the anger to the leader, rather than hurling maledictions at each other was indeed a wise one (Pukui, 1972).

HOW IS IT USED TODAY?

Unfortunately, very few Hawaiians practice this supreme effort at self-help. When Christianity arrived in the islands, more than a century ago, Ho'oponopono prayer rituals were termed pagan. Many Hawaiians came to believe that their time honored method of family therapy was a "heathen thing."

Those who have rediscovered its usefulness have once again began to practice Ho'oponopono utilizing some or all of its important parts. Hawaii's family therapy is the total of many parts: prayer, discussion, arbitration, contrition, restitution, forgiveness, and catharsis. It is the sum of these many beneficial parts that makes Ho'oponopono a useful and effective method to remedy and even prevent family discord.

Ho'oponopono may very well be one of the soundest methods that any society has developed to restore and maintain positive family relationships.

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OUTPATIENT WORKLOAD SAMPLE OF AMEDD SETTINGS
PROVIDING PSYCHOLOGICAL SERVICES:
AN EPIDEMIOLOGIC AND MANAGEMENT TOOL

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The United States Army Health Care Studies and Clinical Investigation Activity has been conducting a study to capture outpatient workload. The Ambulatory Care Data Base study collects diagnostic and resource use data in six Army outpatient settings. Specific optical mark reader forms were developed to capture outpatient behavioral science encounters in Psychology, Psychiatry, and Social Work clinics. The forms include lists of common procedures and diagnoses that the clinical consultants felt were most frequently accomplished. The workload captured from all clinics (to include Psychology, Community Mental Health, Psychiatry, and Child Guidance clinics) across the six facilities has averaged about 160,000 patient visits per month from December 1985 to the present. The test is being conducted to develop data capture instruments which reflect the workload accomplished in outpatient settings.

The Psychology and the Psychiatry forms are based on DSM-III and ICD-9-CM codes. The forms allow entering one diagnosis or reason for visit from Axis 1 and up to five secondary diagnoses or reasons for visit from Axis 2, or make rule out diagnoses for initial visits. From the menu of general evaluations, services, and procedures, the health care practitioner can mark as many codes as appropriate. Unlisted diagnoses can be entered. Whether an illness or injury is job related can be described. The Psychology form allows for psychometric assessments. Two providers can be recorded for a visit; the time spent, and the reasons for the encounter can be determined as well.

There are many potential uses for the ambulatory care data; these include: epidemiological research and program management. Patient data can indicate the characteristics of the patients that present for treatment. The patient characteristics include: gender, ethnic/racial background, age, and category of beneficiary. Clinic referral sources can be determined; or whether patients have appointments or are walk-ins. The time spent with a patient, by whom, for what reason(s) and to accomplish what procedures or treatments can be assessed. The most commonly used diagnoses and procedures can be documented and used to plan for staffing and personnel management. Supervision and consultation requirements can be examined. Program managers will be able to project the effects of new program initiatives on staff time and resources.

Data from the psychology service and the community mental health service of the six test sites will be examined for epidemiological trends and program

management considerations. The six test sites are: Brooke Army Medical Center, Fort Bragg, Fort Campbell, Fort Jackson, Fort Polk, and Redstone Arsenal. Since this is an ongoing test, only trends will be reported. The optical mark reader forms will be revised when the system is expanded.

EPIDEMIOLOGICAL TRENDS

Overview

Epidemiological trends will include both the individual clinics and the aggregate of all clinics at the medical treatment facilities for: patients encountered, gender, ethnic/race, age, category of patients, and referral sources. The numbers reported are from those who registered and filled out encounter forms during January through June 1986. The time and reasons providers meet with patients will be discussed. The most frequently used procedures, treatments, assessments, and diagnoses will be described as well.

Patients Encountered

The number of patients encountered at all of the clinics at the six sites was 985,905, with a range from 10,663 to 48,210 patients in a month. The number of patients at psychology totaled 4,443; the number of patients at mental health/community mental health service was 4,985.

Gender

The distribution of patients who registered and presented at psychology was: 54% males and 46% females. The distribution of patients who registered and presented at mental health/community mental health service was: 60% males and 40% females.

Ethnic/Race

The ethnic/racial background of patients who registered and presented at psychology was: 9% Black, not hispanic, 9% Black hispanic, 71% white, not hispanic, 7% white hispanic. For mental health/ community mental health service, the ethnic background of the patients was: 8% Black, not hispanic, 8% Black hispanic, 75% white, not hispanic, 3% white hispanic.

Age

The most frequent age range for the patients presenting at psychology was from 19 to 24, with a "modal" age of 20 years. The most frequent age range for patients at mental health/community mental health service was from 18 to 27, with a modal age of 19 years.

Category of Patients

The categories of patients most frequently seen in psychology were: Army active duty (51%). Army active duty dependents (19%), Army dependents of retired/deceased (13%), and Army retired (8%). The categories of patients most frequently seen in mental health/community mental health service were: Army active duty (69%), Army active duty dependents (15%), and Army dependents of retired/deceased (6%).

Referral Source

For referrals to psychology, the major sources were: 22% self referrals, 6% unit, 31% inpatient clinic, 28% ambulatory clinic. For referral to mental health/community mental health service, the major sources were: 42% self referrals, 19% unit, 19% inpatient clinic, 16% ambulatory clinic.

Visit Reason

The reasons for visit to psychology were: 22% health maintenance, 23% acute problem, 49% chronic problem, 3% trauma/injury followup, 3% surgical followup. The reasons for visit to mental health/community mental health service were: 31% health maintenance, 39% acute problem, 28% chronic problem, and 3% surgical followup.

Appointment Status

The appointment status of patients at the psychology service was: 74% scheduled, 25% unscheduled, 1% emergency. The appointment status of patients at mental health/community mental health service was: 81% scheduled, 14% unscheduled, 5% emergency.

Disposition

The disposition of patients from psychology was: 30% discharged from clinic, 12% return as needed, 56% return appointment, 1% admitted. The disposition of patients from the mental health/community mental health service was: 21% discharged from clinic, 10% return as needed, 65% return appointment, 3% admitted.

Supplemental Disposition

The supplemental disposition of patients from the psychology service included: 23% referred to other clinic, 6% referred to civilian provider, 60% letters/forms, 4% other CHAMPUS. The supplemental disposition of patients from the mental health/community mental health service was: 6% referred to other clinic, 1% referred to VA, 6% referred to civilian provider, 78% letters/forms.

Place of Visit

The place of visit for the psychology service included: 93% in clinic or office, 5% ward, and 2% telephone. The place of visit for the mental health/community mental health service was: 98% in clinic or office, 1% ward, and 1% telephone.

SPECIAL PROGRAMS AND PSYCHOMETRIC ASSESSMENTS

Special Programs

Special program assessments conducted by psychology were: 9 Family Advocacy Program, 2 Exceptional Family Member Program, and 2 PRP. Special assessment programs conducted by mental health/community mental health service included: 92 Family Advocacy Program and 25 ADAPCP assessments.

Psychometric Assessments

Psychometric assessments conducted by psychology included: 371 complete and 484 partial personality assessments, 214 complete and 90 partial intellectual assessments, 83 complete and 113 partial neuropsychological assessments, 32 complete and 114 partial other assessments. Assessments conducted by mental health/community mental health service were: 27 complete and 52 partial personality assessments, 47 complete and 5 partial intellectual, 10 complete and 10 partial neuropsychological assessments, 10 complete and 12 partial other assessments.

PROVIDERS AND TIMES

Providers

The patient workload in psychology was divided such that psychologists (41%) and specialists/technicians (41%) served as primary providers equally as often. The patient workload in mental health/community mental health service broken down for primary providers follows: specialist/technicians (51%), social workers (21%), and psychologists (13%). Secondary providers giving support for psychology occurred in only 14% of the encounters. The reasons for secondary providers were: teaching/supervision (52%) and procedure/treatment (34%). Secondary providers supporting mental health/community mental health services occurred in 6% of the encounters. The reasons for support included: teaching/supervision (40%) and procedure/treatment (38%). There was generally no secondary provider in either psychology or in mental health/community mental health services.

In psychology, when there was a second provider, the secondary providers were distributed as: psychologists (55%) and specialist/ technicians (32%). In mental health/community mental health service, secondary providers were: specialist/technicians (47%), social workers (23%), and psychologists (20%).

Provider Times

For the primary provider, the calculated average amount of time spent in a patient encounter in psychology was 33 minutes with a range up to the 270 minutes category. The most frequently occurring categories (and percent of time occurring) were: 60 minutes (33%) and 30 minutes (9%). For the primary provider, the calculated average amount of time spent in a patient encounter at mental health/community mental health service was 47 minutes. The most frequently occurring categories (and percent of time occurring) were: 60 minutes (42.8%) and 45 minutes (14%).

For the secondary provider providing support to psychology, the modal time category was 0 minutes (85%). When secondary providers were used, peaks occurred at 10 minutes (3%), 15 minutes (3%), and 30 minutes (2%). For the secondary providers providing support to mental health/community mental health services, the modal time category was 0 minutes (94%).

PROCEDURES AND DIAGNOSES

Procedures

The most frequently rendered procedures by psychology services are:

- therapy, individual, psychology
- interview, psychology
- testing, administration
- testing, scoring
- evaluation, mental status
- testing, interpretation
- history
- evaluation, functional symptoms
- assessment, behavioral
- advice/health instruction
- treatment recommendation/outcome
- therapy, group, psychology
- diagnostic formulation
- biofeedback
- treatment planning

The most frequently used procedures by mental health/community mental health service include:

- therapy, individual, psychology
- interview, psychology
- evaluation, mental status
- evaluation, routine, psychiatric
- advice/health instruction
- therapy, individual, psychiatric
- history
- therapy, couple/family, psychology
- evaluation, report composite
- consultation limited
- testing, administration
- telephone consult (documented)
- testing, scoring

Diagnoses

The most frequently used diagnoses (combining both primary and secondary) reported of psychology include:

- no diagnosis/condition on axis I/II
- diagnosis/condition defer axis I/II
- personality disorder, atypical mixed/other
- personality disorder, histrionic
- personality disorder, borderline
- personality disorder, dependent
- personality disorder, antisocial obsessive compulsive disorder
- personality disorder, compulsive
- personality disorder, avoidant
- personality disorder, passive-aggressive personality disorder, schizoid

The most frequently used diagnoses (combining both primary and secondary) reported by mental health/community mental health service were:

- no diagnosis/condition on axis I/II
- diagnosis/condition defer axis I/II
- marital problem
- parent-child problem
- personality disorder, borderline
- multi-problem situation
- phase life/circumstances problem
- occupational problem
- personality disorder, atypical mixed/other
- personality disorder, avoidant
- personality disorder, dependent
- other specific family circumstances
- personality disorder, histrionic
- personality disorder, antisocial

MANAGEMENT CONSIDERATIONS

The traditional method, of tallying "Clinic visit" frequencies and of reporting these for justification of manpower requirements, is recognized as inadequate to account for the actual work being accomplished. For resource utilization review and program evaluation purposes, the historical "nose count" methods have fostered over the years an emphasis on what has been termed "Task-centered" and "Custodial" management styles that are concerned mainly about issues of production and the safeguarding of acquired assets. While these techniques were the "state of the art" in health review systems two decades ago, methodological advancements are now on the scene to accommodate current "People-centered" and "Participative management" trends inherent in this quality of care assurance era.

In the past, chiefs of outpatient services have had to rely solely on methods which involved rather narrow-focused and simplistic "work unit" tabulations both to monitor effectiveness of mission and function attainment and to justify personnel strength. Unless "in-house" studies were done locally to explore the nature of work-site patient characteristics and procedural

activities, these chiefs had little opportunity to attend to the management issues inherent in the provisions of clinical services. Rarely has there been an occasion for managers to employ a standardized method of study to identify client population or referral source needs and to scrutinize direct care procedure requirements. Managers have generally lacked sufficient data to formulate or substantiate responsive clinic operations, staff dispersal, and technical training programs, policies, and direction.

As can be gleaned from the sample trend data reported here, the Ambulatory Care Data Base study provides clinical directors and service chiefs a management tool with broad-scoped potential. The acquired data base allows for a multitude of item combinations and permutation analyses to retrospectively describe and account for both particular section and provider patient care activities.

Finally, we have had little or no way to systematically estimate the operational impact of prospective programs. Every service chief is familiar with those circumstances wherein additional program tasks are projected to be assigned to a section and available resources are already committed, "stretched to the maximum). Changes in program priorities create fluctuation demands within services and personnel. The information available from the Ambulatory Care Data Base can also be used for more factually projecting resource needs to accommodate program creations and tasking.

As a brief example, data is retrievable on the average times for specific procedure, service and evaluation; for appointment type; for primary and secondary provider involvement; for global and earmarked referral source activities; for special program collaboration; and for specific patient diagnostic conditions. This and other types of available information can easily be used to summarily compute impact predictions of various new or altered programs upon a clinic. If the plan under consideration was to commence direct-care, clinical psychological consultative and treatment support to a particular surgical service, the manager would be able to enter the data base for Clinical Psychology Service and extract past data referencing referrals from surgical services. The manager could ostensibly further specify his focus to include discrete or clustered physical disease diagnoses involving surgery and/or mental disorder diagnoses of these surgical patients.

As an alternate approach, the manager could define from the provided procedure menu those activities involved in customary and usual care for a specific patient condition. (Literature describing an existing surgical support program by psychology could be reviewed for determining that which is "customary and usual.") The data base then allows for tabulation of inclusive time and provider resources for the proposed program.

IMPROVING THE RELATIONSHIP BETWEEN THE WHITE PSYCHOTHERAPIST AND THE BLACK PATIENT

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Although remarkable gains have been made in race relations over the past 3 decades since the U.S. Supreme Court declared that segregation in the public schools was unconstitutional, the psychiatric treatment of Black patients has remained problematic, and Blacks continue to be more frequently diagnosed as having mental illness than Whites. The national shortage of psychiatrists, in general, has resulted in most Black patients receiving their treatment from White (non-psychiatric) therapists in public and community mental health facilities. These therapists need to be reminded of the influence of racial prejudice on the diagnostic and psychotherapeutic process. Some of the historical factors which have contributed to racism and its role in counseling and psychiatry are outlined, and a theoretical model of the stereotypic Black-White relationship is described. Techniques of facilitating the therapeutic alliance between the Black patient and White therapist are discussed with the hope of assisting White therapists in improving their therapeutic skills with Black patients.

Comparative Psychiatric Epidemiology

Blacks have been diagnosed as having more mental illness than Whites in most of the studies conducted in the United States for the last one hundred years (Pasamanick, 1963). Although sampling biases and racist political motivations have been alleged, the data still shows that Blacks are more frequently diagnosed as suffering from psychiatric disorders than Whites.

In 1975, Rosenstein and Millazzo-Sayre (1975) found that non-Whites had an admission rate of 2,152 per 100,000 population, 1.3 times the White rate of 1,621 per 100,000 population. Ten years later Robins, Helzer, and Weissman (1984) found that with few exceptions using DSM III criteria, non-Whites were more frequently diagnosed as having mental disorders than Whites. These studies were conducted in New Haven, Connecticut, Baltimore, Maryland, and St. Louis, Missouri, and statistically significant differences were found between Whites and non-Whites in the diagnoses of simple phobias, manic episodes, agoraphobias, and cognitive impairment. This predominance of Black psychiatric diagnosis is accompanied by a severe shortage of minority psychiatrists.

In 1985, the American Psychiatric Association reported a membership of approximately 30,000. Their records indicated that only 484 active members were Black and they estimated a further 306 Black non-members including those still in training.

The 1980 census reported that there were approximately 13 million Black Americans in the United States that year. The declining number of Black psychiatrists means that White psychiatrists and psychotherapists will provide most of the treatment for Black Americans well into the 21st century. The authors believe that it is essential for White therapists to become familiar with Black patients and their cultural similarities as well as differences if Blacks are to receive adequate psychiatric care.

BACKGROUND

A detailed analysis of the physician-patient relationship has received considerable attention in modern psychiatry, with the development of the concept of the therapeutic alliance. Simply stated, the therapeutic alliance is a relationship between the psychiatrist and the patient which has as its' goal enhancing constructive changes in the patient's behavioral, emotional, and cognitive patterns of functioning. Many therapists feel that a positive therapeutic alliance is essential for a good therapeutic outcome.

Rush (1985) describes three principal factors which affect the therapeutic alliance in brief supportive psychotherapy: (1) the patient, (2) the therapist, and (3) the psychiatric illness or disorder.

The Patient

Both the psychiatrist (therapist) and patient must actually participate in a "working relationship" if the therapeutic goal is to be achieved. This principal is derived from Sigmund Freud and remains viable today. When Freud began to develop his techniques of psychoanalysis in the late 19th century, he was firm in his belief that the patient must become an active collaborator in his psychotherapy. In 1910, Freud delivered his fifth lecture on psychonalysis entitled "Transference and Resistance" (Strachey). He stated at that time that:

....the patient directs towards the physician a degree of affectionate feeling which is based on no real relation between them, and which can only be traced back to old wishful fantasies of the patient which have become unconscious. Resistance to recovery is compounded to several motives, the flight from unsatisfactory reality into illness takes place along the path of involution, of regression, of a return to earlier phases of sexual life.

The therapist then must help the patient overcome these resistances to recovery. The patient may not start therapy or may prematurely stop it if these resistances are not alleviated. According to this concept patients may have both positive and negative feelings towards the therapist, which are not based on the actual relationship between them. Patients will also have feelings and attitudes towards the therapist based on their undistorted interactions and perceptions.

Pinderhughes (1973) reports "that Blacks tend to present certain resistances to therapy with greater frequency than other racial, or ethnic groups."

- 1) denial of problems or a vague commitment by which they relate to therapy as something done to them rather than with them.

- 2) transient paranoid feelings of precaution.
- 3) repeated signs of distrust.
- 4) silence or blocking.
- 5) claims of being passive victims of circumstances that interfere with therapy.
- 6) actions which precipitate crises in their lives.
- 7) lateness.
- 8) nonpayment of bills.
- 9) missed appointments.
- 10) quitting therapy.

Pinderhughes observed that Blacks feel a price must be paid for any assertive action with Whites and reflect a sense of victimization, pessimism, distrust, and fear which make denial of problems or passive surrender to them seem safer than an assertive attempt at problem solving. He feels that most Black patients will perceive and anticipate racial prejudice and discrimination by the White therapist.

The Therapist

The basic concepts of positive and negative transference are understood well by most trained psychotherapists, but many therapists minimize the effects of positive and negative feelings between patient and therapist based on their conscious and undistorted interactions and perceptions. These feelings are often referred to as the "real relationship" and research (Jones, 1974) has indicated that racial and ethnic differences are factors which may influence this "real relationship". Racial, ethnic, and religious differences between patient and therapist are often felt to be inadequately discussed and placed in proper perspective before therapy is attempted. Traditional psychotherapeutic techniques such as not giving the patient direct answers to his questions and withholding as much information as possible about the therapist may initially not be beneficial to Black patients because most of them have been conditioned all of their lives to distrust Whites. These indirect techniques are anxiety provoking in most patients, but Blacks may interpret them as racist, arrogant, and contemptuous. Special efforts should be made by the therapist to establish a positive relationship with the Black patient in an attempt to overcome this mistrust.

Several studies (Gross, 1969; Adebimpe, 1981) have reported that although Blacks are diagnosed as suffering from mental disorders more frequently than Whites, Blacks do not receive outpatient psychotherapy as frequently as White patients do. This observation is reported even when the availability of a therapist and financial constraints are not a problem for the Black patient. (Sue, 1977) demonstrated that over 50 percent of one thousand Black clients sampled did not return after the first interview. Jones (1984) reports that the first eight psychotherapy sessions are critical in the development of the

therapeutic alliance. If the Black patient continues beyond eight sessions the probability of continuing therapy is high.

Some reports (Jones, 1982), (Carter, 1972) have concluded that Blacks are appropriate patients for dynamically oriented individual psychotherapy if the White therapist is sensitive to the racial, social, and cultural factors which contribute to the personality development of Blacks, and if the Black patient can develop a sense of trust and mutual respect with the White therapist.

When the White therapist lacks sufficient understanding of the Black patient, prejudicial attitudes towards Black patients are felt to significantly contribute to inappropriate psychiatric inpatient hospital admissions for Blacks (Gross, 1969; Collins, 1980) referring Black patients for individual outpatient psychotherapy less frequently than Whites, (Collins, 1974) the excessive use of neuroleptics, (Overall, 1974) and abandoning Black patients.

The Illness

Negative feelings may also be directed towards the therapist, which are symptomatic of the patient's illness. Many patients with schizophrenia, affective disorders, borderline disorders, and certain personality disorders may initially have negative and even hostile feelings towards the therapist which make a working relationship and therapeutic alliance impossible. Various psychotropic agents have been successfully used to facilitate the therapeutic alliance in many of these patients and may be essential before psychotherapy begins. Black patients tend to receive more pharmacotherapy and less psychotherapy than Whites, however, and many clinicians believe that this finding may result from the White therapists' fear of violence by the Black patient.

The following two cases illustrate the racial issue presented by two Black patients to a White psychiatrist who is a member of the the Howard University faculty:

Case I:

The patient is a 43 year old Black attorney who is separated, and the mother of two children. She presented for psychiatric consultation following an outburst of violent behavior at her job with paranoid ideations about her co-workers. After a few sessions the therapist reported this dialogue with her:

Race is irrelevant in the doctor-patient relationship if the doctor is like you, is not prejudiced, has no assumptions about the nature of a person of another race; accepts people as they are; is flexible enough to learn other languages; is unthreatened by a person of another gender or another race. From our first meeting, it is clear to me you impose no group stereotype of how mid-forties, Black females should think. I was alternately verbally aggressive, humorous, and demanding, and you made it clear you both saw me and heard me. You did not raise an eyebrow at my love of classical music or having lived outside the United States. This acceptance of me as a person allowed me to accept you as a person, including your being a White male. You have offered no views which would

'type' me as a Black, mid-forties female. I could talk about the future or my past without reference to race, or without you saying', and how does it feel as a Black woman?' We discussed race the same as we discussed the nature of my work. You have no difficulty with my lower working class past or my striving to be upper middle class in taste (and hopefully, income). I tell you about the deprivations of my family working in the factory and its transition through the trade unions to the middle class. I slid between these groups in my attitudes and behavior, and you understood. I speak standard English and 'Patois' and you understand me. I curse a lot (the influence of a Korean War veteran who attended college with me). You don't bat an eye when I say 'nigger' or 'mother f-----'. We concentrate on what is being said, not the language it's said in. Never have you asked me to translate. We teach each other, you show me the ways I am a bigot, I try to teach you the ways in which race is insignificant except when White women take away a Black man and the ways that class identity is more important. It helps that you are a White man. You represent the unobtainable yet the societal goal: an educated, handsome, successful White male. If I can gain your acceptance, then I can be accepted by this culture.

CASE II:

This is a 33 year old, single, Black male, corrections officer who was referred for paranoid ideations, insomnia, poor self image, and thoughts of violence. He was clinically depressed and dysfunctional at work.

During the initial interview he displayed a knife to the psychiatrist and asked him if he was not afraid to be alone in his office. He did not attempt to harm the therapist, but at a later session he wrote him a letter describing the incident. The letter is reproduced with spelling and grammatical errors uncorrected, but his name is a pseudonym.

The first time I met Dr Sorel, I was Thinking here another White mother f----- trying to make a dollar of some poor Black man by tell him how my Reality has nothing to do with the real world and that For some thirty-two years I had been living The life of a cave man.

I wanted to Kill Him because he was going to make a non person by Taking away the things I believed in, stood for, and most of all Try and sum up MY Big Life Hate, Confusion, Compassion, depression, love, Rejections, violence, Etc, Etc,. All this in 30 minutes how in the f--- could any/one Human being Do This To Another.The Thought of going back in Time and Remembering and upheaving all that senseless worthless bullshit, made Me hot all over. Dr Sorel seemed small and helpless in his office; that was it seemed very big at the time I notice also that it was far away from every thing else like another Planet almost Dream like. As I set there thinking how I would get Rid of this little man with all the Question; that in Time would

provoke This Thing in me, The Man Man; The Angel of Death. I wanted to push him out the window but I could not get up from the sofa it was like my ass had This big weight Tied To it and if I did The distance between us seemed forever He in one world I in Another. For me to make and Take such a move the Mad Man need to be fuel just a little more. I Thought just a few more Question should do it mother f-----, and your dead. The Heat That once cover my body and control my Mind began To cool That I did not like at all, because This was The day my day to Kill To answer the call To close The book To End the legacy and why not I was the last one, and my father had been calling me for a long time and he was not going to let me be different I had To do something To feel the Heat again So I pulled out the knife hoping this would make Dr Sorel lose control and I would have him were I want him Dead like me. But when I pulled The Knife he disappear He Reduce His Self to nothing it was like I was in the Room by my self except for his voice That was calm and warm. The Heat I once felt turn to Ice. I believe that Dr Sorel helped me that day not Letting' me intimidate Him He simple turned all I was feeling in to some kind of picture and made me look at My self. I clearly Remember him say 'Now Chancy look at your Man you Don't want to hurt Me.' 'Now slow down be cool Man get your self together.' And then He smiled and so how touch something in me that wanted To Live. From that day to This one Dr Sorel has been a Real Friend. I feel that He knows my pain and share in it.

In both of these cases the patients expressed their fear and suspicion of the therapist because he was White. They attempted to overcome their fear by categorizing the therapist as a different type of White man, one who could accept them as a "friend." This acceptance as an equal seems particularly essential for Black patients before they can accept the White therapist, and establish a therapeutic alliance. The White therapist often mistakes this conditioned fear as paranoia, but we believe that it is culturally adaptive and not pathological.

Historical and Cultural Factors Which Have Contributed to the Black/White Relationship

Racism is defined (Webster, 1972) as "a doctrine or teaching without scientific support that claims to find racial differences in character, intelligence, etc.; that asserts the superiority of one race over another or others, and that seeks to maintain the supposed purity of a race or the races."

Racism has been the most significant issue between Blacks and Whites since the first slaves were brought to the colony of Virginia in 1619.

Borus (1972) reported that when Blacks and Whites were asked to relate their first hand experience with racism in their work environment Blacks generally reported first hand experience with White racism. Whites generally reported no direct observations of racial discrimination against Blacks. When the Whites were asked to complete the survey as if they were Black however, their responses were almost identical with Blacks, affirming the Blacks' perspective of racism.

In spite of the Supreme Court decision ruling racial segregation in the public schools unconstitutional in 1954, and the civil rights legislation over the past 30 years, racism is still learned and practiced by Blacks and Whites growing up in the United States.

Social scientists and historians have both independently concluded that the racial barrier between Whites and Blacks is significantly influenced by centuries of behavioral conditioning. Although the integration movement of the 1960's and 1970's produced more access for Blacks to recreational facilities, schools, jobs, and housing, many Blacks and Whites remain anxious, suspicious, and fearful of each other.

Pinderhughes (1973) operationally defined racism as:

A type of paranoia in which dominant Whites and oppressed Blacks both act as if they believed in White superiority and Black inferiority in a folie a deux. Both Whites and Blacks have been persuaded to retain their pro-White, anti-Black feelings and mutual fear by the direct and processed violence encountered by any who oppose this paranoia.

Pinderhughes (1973) further states that:

In order to rear children to fit into slavery and the system of segregation, Black mothers had to exercise all the omnipotence of the ruling Whites to program and accommodate their children to the system. Their children accommodated in large numbers by showing indirect rather than direct aggression, by responding rather than initiating, by reading the thoughts of other persons while hiding their own, and by engaging in accommodating-subordinating ritualized behavior designed to attract as little attention as possible.

In 1903 W.E.B. DuBois (1961) described the marginal state in which the Black man finds himself:

....as a sort of seventh son, born with a veil, and gifted with second-sight in this American world, - a world which yields him no true self-consciousness, but only lets him see himself through the revelation of the other world. It is a peculiar sensation, this double-consciousness, this sense of always looking at one's self through the eyes of others, of measuring one's soul by the tape of a world that looks on in amused contempt and pity. One never feels his twoness, -an American; a Negro; two souls; two thoughts; two unreconciled strivings; two warring ideals in one dark body; whose dogged strength alone keeps it from being torn asunder.

In 1945, Richard Wright (1945) described the "double-bind" in which Blacks constantly find themselves entrapped. This incident from his early life gives an example of a situation which places him with contradictory demands by Whites so that any action taken will have severe negative consequences for him. Two Whites, named Pease and Reynolds, have trapped him behind a bench and the latter has already said, "If I was a nigger I'd kill myself."

Pease says, Richard, Reynolds here tells me that you called me Pease. I stiffened. A void opened up in me. I knew that this was the showdown. He meant that I had failed to call him Mr. Pease. I looked at Reynolds, he was gripping a steel bar in his hand. I opened my mouth to protest, to assure Pease that I had never called him simply Pease, and that I had never had any intention of doing so, when Reynolds grabbed me by the collar, ramming my head against the wall. Now be careful Nigger, snarled Reynolds, baring his teeth, I heard you call him Pease. And if you didn't you're calling me a liar see? He waved the steel bar threateningly. If I had said: No, sir, Mr. Pease, I never called you Pease, I would by inference have been calling Reynolds a liar; and if I had said: Yes sir, Mr. Pease, I called you Pease, I would have been pleading guilty to the worst insult that a Negro can offer to a southern White man.

These citations describe the barrier that is especially difficult for White therapists and Black patients to cross. The mutually reinforcing patterns of White domination and Black subordination, distorted perceptions, denial, suspiciousness, and the double bind often seem overwhelming to both Blacks and Whites who seek to develop a significant interpersonal relationship or a therapeutic alliance.

Brent believes all these behaviors are imbedded in a shared multicultural history lasting over 350 years which has made the stereotypic racial behavior of White dominance and Black subordination habitual and automatic by most persons on both sides of the color line. Brent calls this pattern of behavior 'the game'. He theorizes that it was developed during slavery in the south by Whites and Blacks who feared and at times hated each other, but appreciated their mutual interdependence for survival. Each acted as if there was an insurmountable barrier between them when in fact many were related by blood due to interbreeding. They perceived a categorical distinction between each other based on racial differences which justified White dominance.

This dominance could only be enforced with White civil and military power, but this power was never absolute and required the collusion of slaves. Blacks engaged in constant resistance, and in many southern communities they often out-numbered the Whites. The perception of absolute White power was maintained by mutual deception and complicity. Both groups acted as if both would be destroyed if this power relationship were reversed or if they treated each other as peers. This deception was transparent and analogous to the NECKER cube (see Figure 1). Each culture was impossible to visualize simultaneously with the other but both could view the other's culture if they temporarily suppressed their own perspective. This periodic glimpse of each other's world seemed to permit occasional peer relationships and an exchange of positive feelings between them.

Brent believes that this game of Black subordination and inferiority is still played by many Afro-American descendants of these slaves when they interact with Whites. An example of "Brent's Game" is eloquently described in Alex Haley's Roots, in the dialogue between "Master Lee" and Chicken George sharing a long wagon ride on the way to a cock fight (Haley, 1976):

"What you thinkin' about so hard boy?"

After more than an hour sharing the wagon's seat and watching the warm February morning's fleecy clouds, the dusty road stretching ahead, or the monotonously flexing muscles of the mules' rumps, Massa Lee's sudden question startled Chicken George.

"Nothin'," he replied. "Wasn't thinkin' about nothin', Massa."

"Somethin' I ain't never understood about you niggers!"
There was an edge in Massa Lee's voice.

"Man try to talk to y'all decent, you right away start acting stupid. Makes me madder'n hell, especially a nigger like you that talks his head off if he wants to. Don't you reckon White people would respect you more if you acted like you had some sense?"

Chicken George's lulled mind had sprung to keen alertness. "Dey might, den again some might not, Massa," he said carefully. "It all depen'."

"There you go with that round-the-mulberry-bush talk..
"Depend on what?"

Still parrying until he got a better idea of what the Massa was up to, Chicken George offered yet another meringue of words. "Well, Suh, I means like it depen' on what White folks you talkin' to, Massa, leas' ways dat's what I gits de impression..

Massa Lee spat disustedly over the side of the wagon. "Feed and clothe a nigger, put a roof over his head, give him everything else he needs in the world, and that nigger'll never give you one straight answer!

Chicken George risked a guess that the massa had simply decided upon impulse to open some sort of conversation with him, hoping to enliven what had become a boring and seeming endless wagon ride.

In order to stop irritating Massa Lee, he tested the water by saying, "You wants de straight up-an' down truth, Massa, I b'lieves mos' niggers figger dey's bein' smart to act maybe dumber'n dey really is, 'cause mos' niggers, is scairt o' White folks."

"Scared!", exclaimed Massa Lee. "Niggers slick as eels, that's what! I guess it's scared niggers plottin' uprisings to kill us every time we turn around! Poisonin' White people's food, even killin' babies! Anything you can name against White people, niggers doin' it all the time and when White people act to protect themselves, niggers hollerin' they so scared!"

Chicken George thought it would be wise to stop fiddling with the massa's hair-trigger temper. "Don't b'lieve none on yo' place ever do nothin' like dat, Massa", he said quietly.

"You niggers know I'd kill you if you did." (Haley 1979, pp 418-25)

Before the ride was over Chicken George was able to convince Master Lee to permit him to marry, and later Master Lee tossed in a wedding gift of a bottle of whiskey and a new hat. The game of ignorance, subordination and complicity played by George was successful in helping him achieve his goal of marriage, and continued survival in the barbed and hostile environment of slavery.

The White therapist is often confronted with the dilemma of White dominance and Black subordination when dealing with Black patients. The inability of peer relationship formation may contribute to the difficulty for Whites and Blacks to develop a therapeutic alliance.

In 1914, Dr. Mary O'Malley of St. Elizabeth's Hospital in Washington, D.C., published an article entitled, Psychosis in the Colored Race: A study in Comparative Psychiatry, in which she states:

There is little known of the psychology of these people. The colored are secretive by nature as well as by cultivation ...it requires a great amount of painstaking effort and hours of toil to obtain any conception of the mechanisms of the Negro mind (Thomas, 1972).

We believe that the White therapist of today must exert the effort and toil described by Dr. O'Malley to overcome the Black patient's conditioned mistrust of them.

Erik Erickson (1963) and other psychotherapists hypothesized that the basis for trust in others begins to emerge from early relationships in infancy. If these relationships are generally positive and continuously reinforced during childhood and adolescence, the adult will usually achieve the ability to establish and maintain appropriate interpersonal relationships.

Both Pinderhughes and Brent observed that most poor Black children have had little direct contact with Whites during their early developmental years, and that their familiarity with Whites and the mainstream White culture is extremely limited. If they receive the traditional harsh, negative indoctrination describing the deceit and treachery of the White world, it may be impossible for them to establish basic trust with Whites unless they "transform" them into "exceptional" and unprejudiced members of the White culture. This transformation may involve either perceiving Whites as colorless, or more often acting towards them as if they were Black. If the White reciprocates and acts "Black" or at least does not bring attention to racial differences, this make believe behavior between them may permit a limited although superficial relationship. Whenever the issue of color can no longer be suppressed however, the fears and anxieties of both parties return and the relationship may disintegrate. Empirical evidence suggest that Whites behave in a similar fashion when accepting Blacks into their culture and this process works reasonably well as long as the Black person behaves, speaks, and thinks, as if he were White.

This suppression of racial differences and make believe behavior consumes considerable emotional energy and detracts from the therapy.

Therapeutic Techniques

We submit that Black mistrust of Whites in the therapeutic relationship may be overcome in many patients if the White therapist develops the following techniques:

- 1) Facilitate the therapeutic alliance early in therapy by establishing a positive relationship with the patient. It is essential that the patient be treated with respect and not as a subordinate.
- 2) Avoid techniques which reinforce the dominant-subordinate stereotype White-Black relationship.
- 3) The therapist should not attempt to impose his cultural values on the patient and should use every opportunity to learn the patient's cultural norms and values.
- 4) Work on one's fears and negative feelings towards Blacks by Black-White experiential training groups, and clinical supervision with a supervisor experienced in this area.
- 5) Make every effort to learn first hand about the Black community you are serving. Black staff members may assist in this process if the therapist can convince them of his sincerity.

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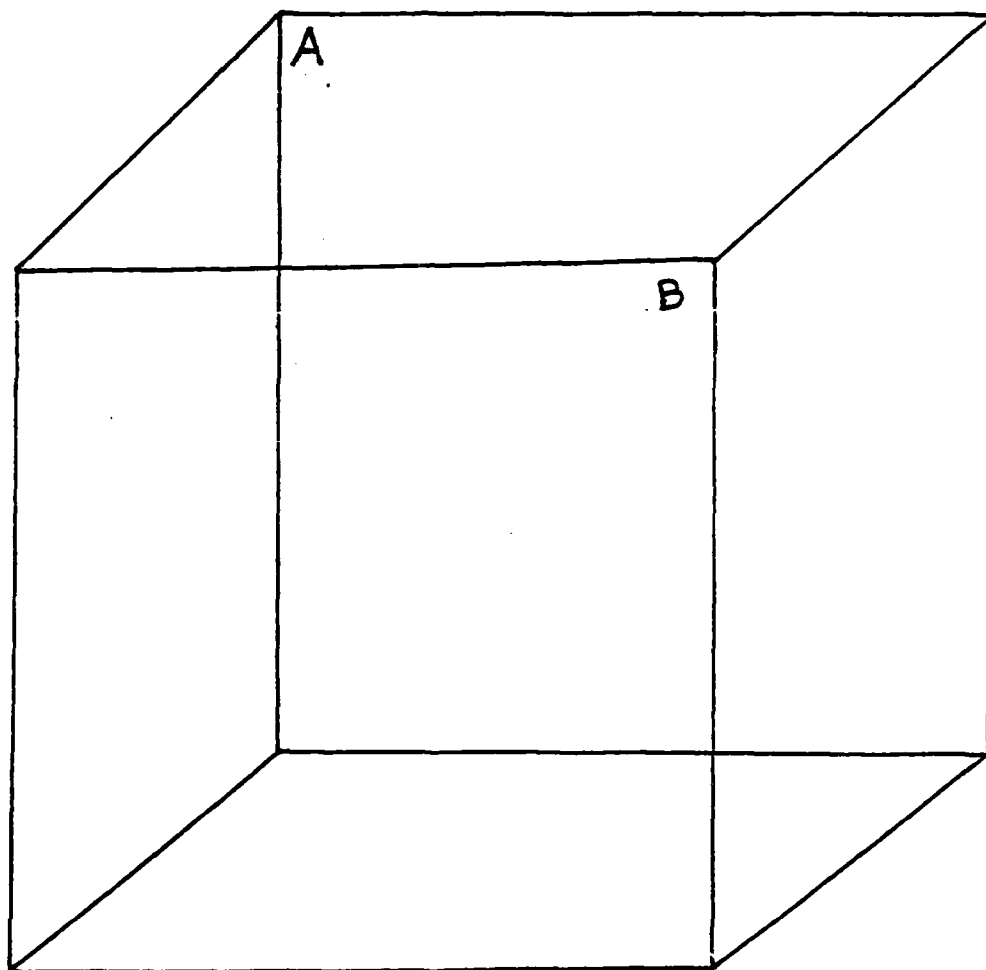


FIGURE ONE

RACIAL DIFFERENCES AND THE MILITARY OFFENDER:
A COMPARISON OF MMPI PROFILE TYPES

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Amid increasing concern in both the military and civilian sectors over apparently rising crime rates, especially in the areas of family violence and child sexual abuse, more and more attention is now being paid not only to the victims, but to the offenders as well. Etiological issues with respect to demographic variables, such as race, and personality/psychopathological variables, such as those measured by the Minnesota Multiphasic Personality Inventory (MMPI), are increasingly being studied in an attempt to better understand causal relationships and to predict future criminal behavior. To this end, MMPI's obtained from approximately 800 inmates at the United States Disciplinary Barracks (USDB) were sorted by both race (White, Black, Hispanic, and others) and by the so-called "Megargee classification" (Megargee and Bonn, 1979), an inmate profile classification system. The data, taken as a whole, seem to substantiate significant relationships among specific types of offenders and both racial and personality variables. Child sex offenders, for example, are four times more likely to be White than Black, and three times more likely to be Hispanic. Additionally, a surprisingly large percentage of "benign" MMPI profiles are responsible for correspondingly large numbers of offenses. Potential ways of integrating racial, cultural, and personality variables in the attempt to understand the offender will be discussed.

The consistently high crime rate in the United States, and especially the seemingly increasing levels of sex crimes, both adult and child sex offenses, have resulted in intensified study of the offender. Using personality assessment and classification as a starting point, researchers have begun to attempt to establish correlational, if not causal relationships among various offenses and certain personality characteristics or levels of psychopathology. Studies utilizing the Minnesota Multiphasic Personality Inventory (MMPI) have been inconsistent, finding either minimal relationships (Atwood and Howell, 1971; McCreary, 1975) or statistically significant, as well as heuristically meaningful ones (Paris, 1986). Attempting to further clarify relationships among offenses and various MMPI profile types in a military offender population, the Divisions of Psychology and Research at the Directorate of Mental Health, United States Disciplinary Barracks (USDB) studied some 800 MMPI profiles obtained from newly arriving inmates. Data have suggested (Paris and Brown, 1985) that the modal inmate profile, far from being "psychopathological" in the classical sense, is far more likely to be a flat, rather benign one. This, in the face of counterarguments by those such as Groth (1979) that the rapist, for example, is "...a person who has serious psychological difficulties which handicap him in his relationships to other people..." (pg. 6).

There appear to be substantially fewer data, especially in the military correctional setting which juxtapose both race and personality type. To the extent that culture may be seen to be a significant contributor to the behavior of the offender, it was felt that a close examination of racial differences as well as personality differences in the most recently arrived sample of the USDB inmate population was warranted.

METHOD

Subjects:

The MMPI archival file was composed of the last 799 inmates to arrive at the USDB. Inmates were either former enlisted members with minimum sentences of 2 years and 1 day or former/current officers with any length of sentence.

Procedure:

All of the inmates were group-administered the MMPI on the second Monday after their arrival. All 566 items were administered. They were informed that testing, as part of their treatment plan, was required, but that they would receive test feedback and that results would be seen and used only by Mental Health personnel, usually only the USDB psychologist and their own counselor.

The MMPI's were computer scored, employing the inmate classification system of Megargee and Bohn (1979), which categorizes individual MMPI profiles according to criterion rules empirically established in an extensive longitudinal research program at the Federal Correctional Institution, Tallahassee, Florida (Megargee, 1974). Megargee and Bohn (1979) have established significant relationships among their 10 MMPI profile type classifications and various measures of adjustment, personality, and recidivism.

RESULTS

Of the 799 MMPI protocols computer-scored and subjected to classification, 59 (7.4%) did not satisfy the criteria for assignment to any of the ten profile types. Thirteen (1.6%) had F scales with T greater than 99, and were thus presumed to be invalid. One hundred eighty (22.5%) were assigned to more than one profile type, creating a "tie." Ordinarily, in the clinical setting, ties are further analyzed and eventually broken by the psychologist; however, for the purposes of this study and in order to remove further ambiguity, tied, invalid, and unassigned profiles were dropped from the statistical analysis (however, these cases were included in statistical breakdowns of race and offense). It might be noted that a total of 729 (91%) of the protocols were eventually classified, consistent with Megargee and Bohn (1979).

A descriptive statistical analysis was initially performed on race and offense data, which are displayed in Table 1.

Inspection of Table 1 reveals a relative disparity in the distribution among racial groups of child sex offenders. This disparity was found to be statistically significant for the comparison of Whites versus Blacks, $\chi^2=34.9987$, as well as for that of Blacks versus Hispanics, $\chi^2=4.90436$, $p=.016$. Among rapists, Blacks significantly outnumbered Whites, $\chi^2=8.32142$, $p=.001$. Among perpetrators of other violent crimes, which include homicide, assault and robbery, the proportion of Blacks again surpassed the proportion of

Whites, $\chi^2=9.71447$, $p=0$. Drug and other offenses yielded no significant differences.

Further analyses were performed on the breakdowns of inmate profile-type classifications, by offense (see Table 2). Inspection of Table 2 suggests a preponderance of inmates classified as Item or Able, the two modal profiles. Analysis revealed that rapists classified group Item significantly outnumbered those classified Able, the next most frequent group, $\chi^2=8.89386$, $p=.001$. Child sex offenders in group Item significantly outnumbered those in group Able, $\chi^2=27.1607$, $p=0$, as well as those in group How, the second most frequent group, $\chi^2=8.60504$, $p=.001$. The proportion of drug offenders classified group Item was significantly greater than that of group Able, $\chi^2=8.70032$, $p=.001$.

An analysis was also undertaken in order to discover whether certain races were more likely to be classified in certain profile-type classifications. Comparisons of White Ables versus Black and Hispanic Ables, as well as similar comparisons involving group Item and the three most pathological groups, (Charlie, Foxtrot, and How) yielded no significant differences. In addition, a comparison by race was made of the number of invalid protocols because of too high an F scale (a norm of elevated F's is often cited in the literature relevant to Black populations). Again, no significant racial differences in this inmate population were noted.

DISCUSSION

The results of this study strongly suggest significant relationships between race and offense, as well as between offense and MMPI profile-type. Perhaps one of the most surprising findings is the relative preponderance of Whites who are incarcerated for child sex offenses as opposed to Hispanics and especially Blacks. We have no data to support the notion that Blacks are less likely than other groups to report child sex offenses, although such an explanation can clearly not be ruled out. In any case, the implication might be that cultural or subcultural strictures impact on Blacks, such that either sexual assault of children is intolerable (or more so than other offenses), and/or that commission of such an offense would be too great a source of embarrassment to the offender's family, as well as to the victim. Ironically, we might infer that other violent offenses are not subject to these subcultural structures, since Blacks are significantly more likely than Whites, in our sample, to commit the crimes of rape, homicide, assault, and robbery. Not surprisingly, the offense of drug possession/distribution knows no racial boundary within our sample of inmates.

With respect to MMPI profile-type classifications, it may come as a surprise that the venerable "4-9" (group Able) is not the modal profile type in our offender population; rather, it is group Item, the least pathological, most benign profile that is the one most represented in our inmate sample. This finding is consistent with earlier data (Paris and Brown, 1985) indicating that the USDB population has twice the percentage of inmates classified group Item as does the original Megargee data source, the Florida Correctional Institute at Tallahassee. No doubt, this can at least partially be explained by the relative lack of recidivism within the USDB.

The analysis indicated that rapists, child sex offenders, and drug offenders were more likely to be classified as Items than Ables, and child sex offenders classified as Item also differed significantly from the next most frequent, as well as most pathological group, group How. In attempting to understand the

implications of these data, one must take note of the variability within profile-types; that is, even Items' profiles often reflected some measure of pathology. However, across subjects within each type, the relative lack of measured pathology is consistent.

Underwager, et al. (1986) have described the "mixed bag" of findings and conclusions with respect to empirically validated, offense related personality profiles. For example, child sex offenders have been variously described as "4-8," "4-9," "4-3," etc. However, so have many non-offenders, so that causal variables and their impact have remained unclear. The present results go even further in "deglamorizing" the concept of the classic "child sex offender profile" or the classic "rapist profile."

To the extent that personality is seen as a product of both nature and nurture, it would seem that our understanding of the offender cannot come about without a healthy respect for the culture in which his personality was formed. At the same time, Megargee and Bohn (1979) have attempted to describe the offender not only through the MMPI, but also by utilizing demographic variables, as well as non-psychopathology-based assessment instruments (the CPI, for example) in order to more clearly and appropriately describe trait clusters of various offender types. Increasingly, others (Tirrell, et al., 1983; Brown and Jungck, 1985) have followed suit. Hopefully, this movement away from a "medical model" approach to personality assessment and conceptualization will allow for further clarification of the complex interactions between exogenous cultural pressures and endogenous character traits (themselves, perhaps the result of acculturation). Perhaps it is this clarification that will ultimately enhance our understanding of, prediction of, and control over the offender's behavior.

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Table 1

Frequency (and Percentage) of Sampled Inmates in Various Racial Groups by Offense

<u>OFFENSE</u>	<u>RACE</u>				<u>TOTAL</u>
	<u>WHITE</u>	<u>BLACK</u>	<u>HISPANIC</u>	<u>OTHER</u>	
Rape	46(11.6) (38.7)	61(19.4) (51.3)	7(11.5) (5.9)	5(19.2) (4.2)	119(14.9)
Child Sex Offender (Intra/Extrafamilial)	83(20.9) (74.1)	17(5.4) (15.2)	8(13.1) (7.1)	4(15.4) (3.6)	112(14)
Other Violent Offenses (Homicide, Assault, Robbery)	55(13.9) (38.2)	72(22.9) (50)	12(19.6) (8.3)	5(19.2) (3.5)	144(18)
Drugs (Possession and/or Distribution)	128(32.2) (51.2)	91(28.9) (36.4)	24(39.3) (9.6)	7(26.9) (2.8)	250(31.3)
Other Offenses	85(21.4) (48.9)	74(23.4) (42.5)	10(16.5) (5.7)	5(19.3) (2.9)	174(21.8)
TOTAL	397(49.69)	315(39.42)	61(7.63)	26(3.25)	799(100)

Table 2

Frequency (and Percentage) of Sampled Inmates in Selected MMPI Classification by Offense

<u>Offense</u>	<u>Megargee MMPI Classification</u>						<u>Totals</u>
	<u>Item</u>	<u>Able</u>	<u>Foxtrot</u>	<u>Charlie</u>	<u>How</u>	<u>Others</u>	
Rape	30(14.6) (34.1)	13(14.6) (14.8)	6(31.6) (6.8)	10(24.4) (11.4)	7(15.6) (8)	22(15) (25)	88
Child Sex Offense (Intra or Extra- familial)	29(14.1) (40.3)	3(3.4) (4.2)	2(10.5) (2.8)	3(7.3) (4.2)	13(28.9) (18.1)	22(15) (31)	72
Drugs (Possession and/or Distribution)	69(33.5) (38.5)	44(49.4) (24.6)	3(15.8) (1.7)	15(36.6) (8.4)	7(15.6) (4)	41(27.9) (23)	179
Other Violent Offenses(Homicide, Assault, Robbery)	27(13.1) (29.3)	14(15.7) (15.2)	2(10.5) (2.2)	10(24.4) (10.9)	11(24.4) (12)	28(19) (30.4)	92
Other Offenses	51(24.8) (44)	15(16.9) (12.9)	6(31.6) (5.2)	3(7.3) (2.6)	7(15.6) (6)	34(23.1) (29.3)	116
TOTALS	206(37.66)	89(16.27)	19(3.47)	41(7.5)	45(8.23)	147(26.87)	547

ISSUES AND RECENT RESEARCH IN CROSS CULTURAL PSYCHOLOGICAL ASSESSMENTS

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Mental health professionals are faced increasingly with the treatment and assessment of people from a wide variety of ethnic and cultural backgrounds. This trend is especially evident within the subculture of the military. Clinical psychologists are frequently called upon to render evaluations on these individuals and in some cases on multicultural families. Assessment and diagnosis are undoubtedly affected by demographic considerations.

This paper reviews recent literature in the area of cross cultural assessment and research. Specific issues examined include variables that effect assessment and diagnosis, the testing environment, and suggested modifications. The recent application of a computerized adjective checklist in assessing personality styles cross culturally is discussed in terms of its practical application and future utility. An annotated bibliography is included which lists assessment techniques and efforts in standardization across cultures as well as suggested texts and readings.

INTRODUCTION

Controversy surrounding the testing and evaluation of individuals from diverse ethnic and cultural backgrounds is a long-standing arena for debate in the field of psychology. Most psychologists and other mental health professionals would agree with the basic structural explanation regarding individual development outlined by Berry (1972) and espoused by others (see Figure 1). This basic agreement quickly fades when strong positions are taken by various camps regarding the feasibility of using various assessment techniques in cross cultural settings. Lively debate continues to rage in the current literature (see annotated bibliography).

Model of Adaptive Development (Berry, 1972; p 84)

...the model considers individual behavior (including cognition) as a function of ecological demands, mediated to a large extent by aspects of culture which are themselves adapted to the ecology:

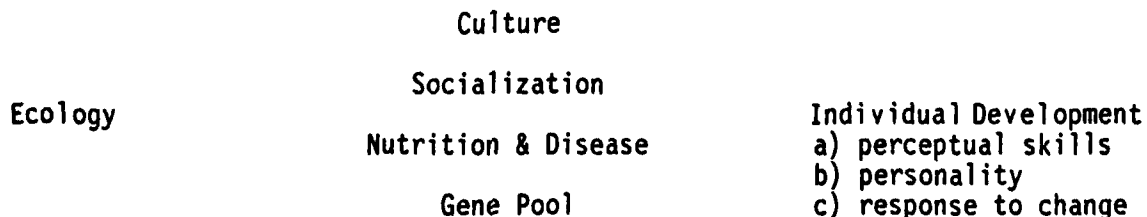


Figure 1

Issues central to this controversy include the overall approach to testing adopted by the client and examiner as well as the determination of the extent of the effect of "Emic" (intracultural perspectives) and "Etic" (universal concepts) on results and eventual diagnosis. These are components that are so basic to the assessment process that we often become complacent to their impact (Mercer, 1973; Cummins, 1986). In an effort to "do the best with what is available" the result can sometimes be antithetical to the intended purpose. What may seem to be small variations in methodology or population can skew results and lead to unintended conclusions (Westermeyer, 1985).

Variables Effecting Assessment Results and Diagnosis

Differential results on standard assessment tools and the disparity in the incidence of diagnoses across cultures have led many to question conclusions based on methods that are not completely standardized for specific cultures and demographics: Cautionary notes abound in the literature regarding these problems (Fletcher, 1975). These caveats run the gamut from our seeming inability to escape "culture-bound concepts" in certain tests to the "socially-valued skills" that some protocols elicit (Irvine, 1970; Westermeyer, 1985). Conversely, some authors despair that instruments may become so culture-free that they will obscure the real and very significant differences that exist between populations (Berrien, 1968; Butcher, 1983).

The body of information and knowledge related to the specific variables that impact upon psychological evaluation and diagnosis is expanding. This is indeed heartening news in the face of what clinicians can expect from the continued cultural drift in modern society. It is becoming possible to draw better informed, if not completely reliable, conclusions about the meaning of the performance of certain cultural groups and the influence of their unique world views.

Our increased knowledge regarding such basic differences in cognition as pictorial perceptions (Miller, 1973) must be contrasted with information on cognitive concepts that remain consistent across populations. This combination of divergent bits of data is essential in order to clarify an often confusing evaluation result or diagnosis (Goldschmidt, 1973). As an example, when psychobiological research delineates culture-specific neonatal behaviors it is also important to keep in mind the literature which demonstrates that increased age may exert a greater effect on personality traits than ethnicity (Coll, 1981; Johnson, 1985).

Most clinicians would agree with the assumption that cognition is influenced, to a greater or lesser extent, by such factors as gender, cohort, and ethnic group (Defries, 1978). They must also be willing to modify this assumption in the face of evidence suggesting that the stated ethnicity of a client is not always a good measure of cultural influence on testing results (Gonzales & Roll, 1985). In fact, minorities that are successful at adapting to majority cultural characteristics can consistently demonstrate skills rated above the mean of the performance of the dominant culture (Mercer, 1973).

The positive additive effect of efficient acculturation is an area seldom addressed specifically in the literature but one that cannot be ignored by those interested in a comprehensive evaluation or accurate diagnosis. Likewise, the inability of an individual to adapt either intra- or interculturally may be a

very accurate and early marker for future problems, especially in minority children exposed to mainstream environments (Hertzog, 1971).

The research in the field of cross cultural assessment is replete with certain surprising and counter-intuitive variable effects. In addition, support for the consistency of the effect of certain variables exists across groups. The greatest equalizers across most demographic lines appear to be education and age for both measured personality characteristics and performance. (Kagan, 1979; Vassiliou, 1967; Moerdyk, 1979). The astute tester might begin to question any evaluation results that do not more closely approximate the mean performance of the group used to standardize the instrument as both age and education of subjects increase.

In the area of diagnosis derived from cross cultural assessments and evaluations, the practitioner runs afoul as a result of misleading information derived from testing as well as their own mind-set regarding the universal applicability of diagnostic labeling. Although it is possible to cite research supporting Etic symptoms in certain categories, the most disturbing evidence indicates that our current system of labeling pathology can be very arbitrary with respect to actual behavior. This capriciousness was aptly demonstrated by Rueda and Mercer (1985) in their observation that Learning Disabled and Language Impaired diagnoses were more dependent upon whether a psychologist or speech specialist evaluated the child than actual behavior observed by the practitioner.

As diagnosticians we are, to a great extent, culture-bound to our orientations and professional opinions. Conclusions are frequently drawn in cases where the data does not support them and our reluctance to admit this problem is especially true when evaluating minorities (Cummins, 1984). The reliability of our diagnostic impressions cannot be separated from the information we have regarding the clients environment. This information and culture specific experience has been shown to greatly affect the accuracy of cross cultural diagnoses (Westermeyer, 1981).

PROCEDURAL CONSIDERATIONS AND MODIFICATIONS

Libov (1970) noted that the usual assessment situation (I.Q. or reading) had evolved into an interaction that elicits not only deliberate but often defensive behavior on the part of the person being tested. This is frequently compounded in personality measurement by a test structure that implies that the cause of any problem resides within the subject (Cummins, 1986) in the interest of expediency, clinicians can disregard these factors and conduct evaluations that are discriminatory rather than discriminant even when using instruments that are designed to control for bias. To avoid such difficulties, a good point of departure for any assessment can be the query: What is the meaning of a standard test to this individual? Ethnicity can and does affect this consideration (Johnson, 1985).

Understanding the degree that measurement equivalence is dependent upon cultural interpretation of phenomena is paramount to all other procedural considerations (Leung, 1986). Gaining this understanding often means that the tester must engage in a "dynamic" assessment even at the risk of some negative affects on standardization. Dynamic in this sense implies that one must become attuned to meaning and the process of the evaluation in addition to the results; in effect, becoming an extension of the instrument in order to cross cultural boundaries and resistance (Feuerstein, 1972).

This effort is in large part directed at the objective of gaining the best possible performance on the test that the subject can produce. In this way, a far better inference about areas of competence and strength can be made (Cole & Brunner, 1971). It serves little purpose, especially in cross cultural assessment, to look for or expect minimal performance.

Simple ideas and suggestions that can assist in this process include the suggestion by Kagan (1969) that one delay the start of any assessment procedure until sufficient rapport has been established. This can be extended into the actual test by ensuring that all instructions and stimulus materials are as unambiguous as possible (Miller, 1973). Even if these procedures are not specified in the standard instructions, the positive effects of including them in cross cultural assessment far outweigh the disadvantages. Awareness of some of the cultural effects on coping and adaptation can be a direct result of this rapport and dynamic interaction. Adjustments in the interpretation of "Etic" based tests can thus be made with some degree of confidence based on "Emic" exposure (Everett, 1983; Hoffman, 1985).

In the development of new or the modification of existing tests, the following points and references may provide helpful guidelines:

1. In any cross cultural assessment or research use multistrategy approaches at differing levels of abstraction. (Hui & Triandis, pg. 85; Jaccard, 1986)
2. Order and frequency of test items and instruments within test batteries should remain as consistent as possible to increase sampling of actual subject differences. (Berrien, 1968)
3. Use three or more groups in cross cultural personality comparisons. (Butcher, 1983; Bertelsen, 1982)
4. Whenever possible, assess or collect norms on within and between group differences and attempt to control for these sources of variation. (Gonzalez & Roll 1985; Werner, 1979).
5. Interval measures allow the assessment of more subtle sample differences than other measures. (Miller, 1973).

CONTINUED EVALUATION OF THE MIND PROBER

The importance of understanding the personality style of a subject and the interaction of that style with the environment cannot be overstated. This understanding can often mean the difference between collection of valuable information and invalid or purposefully deceptive data. It is for this reason that personality assessments have been used to assist operatives in the assimilation of military and human intelligence. These tests have unfortunately suffered from a number of shortcomings (Kowal, 1986).

Recent efforts to overcome problems in this special application of personality assessment related to subject cooperation and cross cultural information to users in a concise and timely manner under the limitations of a field environment has also been successfully demonstrated in a recent military exercise (Roland, 1986).

Initial evaluations of the Mind Prober (Johnson, et al., 1984) conducted by Eyde & Kowal (1985) indicated that self-assessments using this computerized device predicted behavior "on a better than chance basis" (p. 325). This small scale study led to the use of the instrument in a cross cultural investigation using a group of foreign military students (from some 15 countries).

The second study was designed so that each foreign student was evaluated by their American counterpart following a brief period of social interaction. The 66 item forced-choice adjective checklist was completed on each subject and a narrative description of the foreign student was produced (see specimen sample). These narratives were not reviewed by the American sponsors until a six month period of time had elapsed during which they had frequent if not daily contact with the subject. When asked to respond to the question of whether the statements provided in the narrative were "more true than false" about the target subject, an average of 73% of the statements were judged to be more true by the raters (Kowal, 1986).

With these modest indications of applicability and cross cultural validity, The Mind prober was recommended for a trial in a field environment. Military interrogators were briefed on the use of the test and the proposed exercise while having an opportunity to complete a self-evaluation with the instrument. More than 20 individuals were involved in the collection of information on a cross cultural sample of subjects that spoke only Middle-European and Russian languages throughout the exercise period.

There were few if any practical or logistical problems in the integration of this data source into the standard data collection procedures of the operatives. Many evaluations were completed and reports produced in short periods of time and most users found the narratives provided accurate information. Every user described the program as providing some accurate information consistently. The future utility of this test specifically, and brief computerized assessments in general, will be largely dependent upon the willingness of future research to adopt well designed and culturally adjusted protocols (Roland, 1986).

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a. Leiter International Performance Scale: This scale was developed through several years of use with Hawaiian ethnic groups, African and other national groups. Non-reliance on either verbal instructions or responses. Useful in assessing deaf and language disabled. Mental age scores and ratio IQs for ages 2 to 18 with current adaptations in other age ranges.

b. IPAT Culture Fair Intelligence Test: Paper and pencil test for ages 4 to adult developed by Cattell. Ratio and deviation IQs. Highly speeded with extensive instructions. Used in Europe, Africa, Asia, Australia, and America. Lower S-E Black children tend to score no higher on this than on the Stanford-Binet.

c. Progressive Matrices: Measures Spearman's "g" by completion of missing sections in 60 matrices. Discrimination, analogies, permutations and other logical relationships are assessed. Ages 8 to 85 with many cultural adaptations.

d. System of Multicultural Pluralistic Assessment: (SOMPA) see Mercer, 1977. For children 5-11 an attempt to derive an Estimated Learning Potential by combining a wide variety of information. Health history, perceptual check, Adaptive Behavior Inventory, socio-cultural background evaluation, parental interview, and WISC-R or WPPSI combine in the ELP based on children with similar backgrounds. A huge step in the right direction.

*Association for Advanced Training in The Behavioral Sciences, 1984.

SPECIMEN SAMPLE: ADJECTIVE CHECKLIST

ISN/NAME: MR. A.D. AGE: 35 SEX: MALE

Please put appropriate response next to each word.

A - Agree
D - Disagree

..D...Talkative	..D...Meticulous	..D...Consoling
..A...Egotistic	..D...Suspicious	..A...Hospitable
..A...Empathetic	..D...Fun-Loving	..D...Goal-Oriented
..A...Apprehensive	..D...Help-Seeking	..D...Seeks Attention
..A...Unconventional	..D...Charitable	..D...Obedient
..A...Kind	..D...Neighborly	..A...Responsible
..D...Rigid	..A...Achieving	..A...Wary
..A...Impatient	..D...Approval-Seeking	..A...Playful
..D...Sympathetic	..D...Self-Blaming	..D...Trusting
..A...Reserved	..D...Precise	..D...Protective
..D...Adventuresome	..A...Guarded	..A...Loyal
..D...Uncaring	..D...Carefree	..D...Striving
..A...Quiet	..D...Dependent	..D...Seeks Recognition
..A...Sarcastic	..A...Comforting	..A...Yielding
..D...Concerned	..D...Affiliative	..D...Tidy
..A...Distant	..A...Ambitious	..D...Secretive
..D...Competitive	..A...Status-Conscious	..A...Pleasure Seeking
..D...Apologetic	..A...Humble	..D...Insecure
..A...Outgoing	..D...Accurate	..D...Nurturing
..D...Independent	..D...Defensive	..A...Individualistic
..D...Sensitive	..D...Joking	..D...Accomplishing
..A...Meek	..A...Defenseless	..D...Social-Striving

SPECIMEN SAMPLE: NARRATIVE

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THE MIND PROBER

Mr. A. O. approaches life in a serious and cautious fashion. He may not make commitments easily, but you can count on him to fulfill any he does make. He avoids crowds and superficial socializing, preferring quiet, orderly activities.

RELATIONSHIPS

MR. A. O. PREFERS TO BE A LONER

Mr. A. O. can be a difficult person to get to know. He has a streak of autonomy. He probably doesn't mind being alone. He does not get close to very many people. The one or two that he does take into his confidence are usually lifetime friends. With all others, he maintains a discreet personal distance. He can be a difficult person to get to know.

ATTITUDES TOWARDS WORK

MR. A. O. WANTS SECURITY AND DIRECTION

For Mr. A. O., a regular work routine is an important ingredient for job satisfaction. Expect him to come and go from his job at the same time every day. He does not like to take on challenging tasks, but is probably satisfied maintaining the status quo. It is likely that his superiors think of him as a quiet worker who can take a task and work on it alone.

*
* COPING WITH STRESS *
*

MR. A. O. FIGHTS STRESS BY CLAMMING UP

Mr. A. O. is likely to organize his life around avoiding stress. He may resist disruptions of his routine, stubbornly trying to maintain the status quo. Under pressure, he tends to withdraw from others. His speech may become abbreviated.

If you confront him, he is likely to deny that he is feeling stressed. On the surface, he may seem unmoved by pressure, but underneath he is persistently trying to cope.

*
* PERSONAL INTERESTS *
*

MR. A. O. MAY PURSUE HIS INTERESTS SINGLE-MINDEDLY

Mr. A. O. may remind you of the absent-minded professor. He has the capacity to become absorbed in a subject or project to the exclusion of all else. He will be thorough and dedicated to understanding all the nuances of a subject. He can devote exclusive attention to his interests, blocking out distracting thoughts and conflicting agendas. You are likely to be impressed with his stick-to-it attitude.

*
* ATTITUDES TOWARDS SEX *
*

MR. A. O. DISLIKES ROCKING THE BOAT WHEN IT COMES TO SEX

You may wonder if the topic of sex ever crosses Mr. A. O.'s mind. Because he rarely discusses his intimate feelings, it may seem that having sex makes little or no difference to him. The truth of the matter is that he finds intense closeness uncomfortable. He prefers to maintain some distance even from those with whom he is sexually involved. Don't expect him to tell you what he likes or dislikes. He is more likely to ignore problems that might come up than try to work them out.

*
* WHAT MAKES MR. A. O. TICK *
*

Mr. A. O. gets along fine without many friends. He is a thinker, not a doer, who approaches life in a serious, deliberate manner. Because he is comfortable living without much interpersonal stimulation, he is able to bury himself in a task or to daydream for hours on end.

Mr. A. O. is the kind of person who becomes upset when he finds himself in a conflict with another person. Should he become embroiled in an argument, you can expect him to give in. Anger bothers him so much that he would rather yield humbly to an adversary than stand up and argue his point, even if he knows he is right.

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THE FORENSIC DISTORTION ANALYSIS:
PROPOSED DECISION TREE AND REPORT FORMAT

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The forensic distortion analysis is a first-generation set of procedures relevant to the evaluation, analysis, and reporting of deliberate, and nondeliberate misrepresentation by the client as it relates to specific event behavior within the contexts of criminal, personal injury, and workers' compensation cases. Contributions to the conceptualization of the forensic distortion analysis are discussed and include legal, theory/statutes, nondeliberate stress factors, developmental studies of memory recall, use of psychological validity scales, nonverbal 'leakage' behaviors, and semantic behaviors by which to determine believability. A decision tree in regard to client response styles for the time of the evaluation and the time of the alleged crime, injury or other relevant event, is presented with implications for the evaluation, analysis, and reporting of client believability.

- I. Legal guidelines to determine distortion
 - a. Factors of credibility in a courtroom setting.
 - b. Perceived problems with common standards of believability.
 - c. Different perceptions between courtroom and expert witness in assessing distortion.
 - d. Non-diliberate Distortion
 - (1) Focusing in on deliberate and non-deliberate distortion.
 - (2) How built-in misconceptions contribute to distortions.
 - (3) Non-distortion factors which affect testimony.
 - (4) Non-deliberate distortion errors in children's testimony.
 - (5) Summation of non-deliberate distortion for forensic professionals.
 - e. Maladaptive conditions and misrepresentation
 - (1) Maladaptive behavior and history.
 - (2) Types of syndromes and their effects on factitious disorders
 - (a) Munchhausen's Syndrome.
 - (b) Ganzer's Syndrome.

(c) DSM III Syndrome.

(3) Psychoseomatic and substance abuse/dependent disorders.

(4) Rosenhan's 1973 study results on false positive errors on psychotic persons admitted to treatment facilities.

(5) Heaton, Smith, Lehman and Voigt's (1978) malingering study results.

(6) Considerations for forensic professionals in the evaluation of misrepresentation cases.

II. Faked maladaptive conditions: Clinical and Psychometric Methods

a. Faking and non-faking examinees recollection of events associated with violence.

b. Determine whether examinee has amplified past violent events.

c. Suspect motives and maladaptive behavior.

d. Attempts to provide guidelines for protection of misrepresented behavior.

e. Resnick study and fakers hallucination perceptions

(1) Resnick's Clinical Signs of Simulated Psychosis.

(2) Resnick's Post-Traumatic Stress Disorder findings.

III. Body Leakage: Nonverbal Signs of distortion

a. Freud's view of nonverbal signs of distortion.

b. Knapp's view of body 'leakage'.

c. Nonverbal signs of deception.

d. Examination of court transcripts to detect distortion.

IV. ANALYTICAL METHODS.

a. Statement Reality Analysis

(1) Udo Undeutch's analysis of witness's, victims, and perpetrators accounts of the crime.

(2) The importance of delivery based upon witnesses' background.

(3) Establishing crime into its real life situation for the victim.

b. Roger's Response Styles

(1) Roger's five methods of detecting misrepresentation of maladaptive conditions.

- (a) Empirical response style.
- (b) Malingering response style.
- (c) Defensive response style.
- (d) Irrelevant response style.
- (e) Unspecified deception response style.

c. Hall's Taxonomy

- (1) Theory based upon two-time conditions.

- (a) Some examinees present evaluation with a goal to obtain desired responses.

- (b) Response styles may be differently employed for presented data relevant for the time of the crime compared to the time of the evaluation.

- (c) Hall's four response styles

- 1. faking good.
 - 2. faking bad.
 - 3. no perceived distortion.
 - 4. invalidating results.

d. Psychometric Testing

- (1) Parallel Forms.
- (2) Regression Equations.
- (3) Failures on Illusorily Difficult Items.
- (4) Easy versus Difficult versions of a similar test.
- (5) Intrasubtest Scatter.
- (6) Learning Curves.
- (7) Validity Scale Analysis.
- (8) Test-Item Analysis.
- (9) Test Profiles and Behavior.

V. Assessment Considerations: Decision Tree and Proposed Format

a. Evaluation Process

- (1) Clinical preparation for evaluation;

- (a) Gathering relevant data.
- (b) Establish ground truth.
- (c) Evaluate all parties involved in the case.
- (2) Conducting the Evaluation;
 - (a) Clinician guidelines while conducting interview.
 - (b) Professional assessment of the assessee.
- (3) Post-Evaluation Procedures and Presentation of the Findings.
 - (a) Forensic Distortion Decision Tree Model.
 - 1. Facts and distortions are considered.
 - 2. Data is relevant and pertinent to the crime.
 - 3. General state of assessee at the time of evaluation
 - 4. Insure a solid data base to form valid conclusions.
 - 5. Evaluate distortion level objectively.
 - 6. Evaluate the level and magnitude of the distortion.
 - 7. Offer time-limited conclusions.
 - 8. Initiate feedback to evaluate future decisions.

b. Phenomenological and Assessment Considerations

- (1) Establishment of a distortion baseline should take into account all considerations.
- (2) Accuracy of Forensic Distortion is based upon limited methods and techniques.
- (3) Future of Forensic Distortion.

PLEASANTNESS OF NONASSOCIATIVE STIMULI AS A FUNCTION OF EXPOSURE
FREQUENCY: EVIDENCE OF DEVIANT AFFECTIVE PROCESSING IN THE
CLINICALLY DEPRESSED

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Based on the supposition that depression represents an affective disorder, hypotheses were derived regarding the affective responses of clinically depressed, nondepressed psychiatric control patients, and normals to nonassociative stimuli, which were presented either 0, 1, 2, 5, 10, or 25 times prior to rating. As expected, the traditional exposure-leads-to-liking relationship was obtained for the nondepressed psychiatric control patients and normal nondepressives, whereas the reverse trend was observed for clinically depressed patients. The results are interpreted in light of recent arguments that there are separate cognitive and affective processing mechanisms and that perhaps the importance of the latter has been underestimated in psychological theories of depression.

Depression is classified as an affective disorder and is distinguished from conceptual or thought disorders, such as schizophrenia. This classification derives from observations that the depressed individual exhibits a dysphoric state, loss of appetite, insomnia, and feelings of worthlessness due to a "... completely unrealistic negative evaluation of one's worth" (American Psychiatric Association, 1980), while the contrasting delusions and hallucinations that are characteristic of conceptual disorders are not exhibited reliably by the depressed individual. There has been an emphasis in general psychology on cognitive, in contrast to affective, mechanisms for processing information, and several current models of depression share this emphasis (e.g., Abramson, Seligman, & Teasdale, 1978; Barthe & Hammen, 1981; Beck, 1967; Derry & Kuiper, 1981). The distinction between affective and conceptual disorders compelled by the clinical observations, however, may have predated the recent interest in psychology in the existence and partially independent status of an affective and a cognitive processing mechanism (Zajonc, 1980). The thesis of the present paper is that some contemporary conceptions of depression may highlight potent, maladaptive cognitive operations but underemphasize the maladaptive functioning of a primal affective processing mechanism. The purpose of this paper is to demonstrate, using the mere exposure paradigm (Zajonc, 1968), that deviant affective processing occurs in clinically depressed patients, in contrast to normal individuals and psychiatric control patients.

In the mere exposure paradigm, nonassociative stimuli are presented in a heterogeneous sequence to individuals. Some are presented infrequently, whereas others are presented many times during this sequence. Afterwards, subjects express how pleasant they consider each stimuli to be. In Zajonc's (1968) original statement on the effects of repeated exposure, evidence was provided for relationships between the frequency of interpersonal contact and attraction, the familiarity of aesthetic stimuli (e.g., musical selections),

and liking. Since then, the euphoric effects of mere exposure have been observed using children as well as adults (Heingartner & Hall, 1974), in field (Zajonc & Rajecki, 1969) as well as laboratory (Matlin, 1970) settings, employing between-subjects (Moreland & Zajonc, 1976) as well as within-subjects (Crandall, 1972) designs, employing pictorial magazine advertisements (McCullough & Ostrom, 1974) as well as nonsense syllables (Harrison & Hines, 1970) as stimuli, and using stimuli initially evaluated positively or negatively (Hamm, Baum, & Nikels, 1975; Zajonc, Markus, & Wilson, 1974).

Limitations to the exposure-liking relationship have also been identified. When associative, in contrast to nonassociative, stimuli are employed, the subtle affective processes evoked by exposure frequency appear to be overwhelmed by the conceptual processes elicited by the repetition of associative stimuli (Cacioppo & Petty, 1979; Grush, 1976; see review by Grush, 1979).¹ Moreover, when nonassociative stimuli are presented in homogeneous sequences, liking typically bears an inverted-U relationship to exposure frequency (Harrison & Crandall, 1972). Finally, when measurement is administered immediately after the presentations of the stimuli, exposure effects may be weakened or obviated (Johnson & Watkins, 1971; Stang, 1974; Stang & O'Connell, 1974).

No single formulation accounts for the results of these studies. However, Zajonc (1980) has argued that the euphoric effects of exposure frequency using nonassociative stimuli are attributable to the natural operation of an affective processing mechanism, which he argues is more primitive than and primary to the cognitive processing mechanism:

the form of experience that we came to call feeling accompanies all cognitions, that it arises early in the process of registration and retrieval, albeit weakly and vaguely, and that it derives from a parallel, separate, and partly independent system in the organism (Zajonc, 1980, p. 155).

He suggests that in the initial stages of information processing, the stream of cognitions are influenced by inputs from the affective processing mechanism. Although the influence of cognitions on emotion is not denied, Zajonc argues against the emphasis that has been placed heretofore on cognitions as the primary determinants of feelings. Demonstrations using healthy individuals that the mere repetition of nonassociative stimuli elevates preferences for these stimuli even when individuals cannot identify having been exposed to these stimuli (Kunst-Wilson & Zajonc, 1980; Moreland & Zajonc, 1977) support Zajonc's contention that the euphoric effects of exposure frequency derive from an early, affective mode of processing. Moreover, the attrition of the various cognitive interpretations of the mere exposure effect using nonassociative stimuli leaves relatively unchallenged Zajonc's (1980) suggestion that it reflects the natural operation of an elementary affective processing mechanism (cf. Birnbaum & Mellers, 1979).

The parallels between the clinical observations of affective and conceptual disorders and the experimental evidence for partially independent affective and conceptual processing mechanisms led us to perform this exploratory study. The procedure using Chinese ideographs employed by Zajonc (1968) was replicated using healthy undergraduates, clinically depressed individuals, and chronic schizophrenics hospitalized in the same institution. Working under the dual assumptions that, as the current evidence suggests, the

mere exposure to nonassociative stimuli achieves its affective ends through the operation of an affective processing mechanism and that depression, in contrast to schizophrenia, is an affective disorder, we hypothesized that the normally obtained euphoric effects of mere exposure would be attenuated or reversed among the clinically depressed. The normal population, of course, was expected to yield the typical exposure frequency-liking relationship, and the schizophrenic population was expected to yield an intermediate effect based on our expectations that chronic schizophrenics would respond in a highly variable (i.e., unreliable) fashion.²

METHOD

Subjects and Design

Subjects were drawn from three distinct populations. Those serving as Normal Nondepressives were selected from introductory psychology classes at the University of Iowa. Ages of the Normals ranged from 18 to 25 and, although both males and females were selected, no sex differences were obtained. Hence, this attribute is not discussed further. Subjects serving in the clinical groups (Depressives and Schizophrenics) were selected from the hospitalized male patients at the Veterans Administration Medical Center in Knoxville, Iowa. The patients ranged in age from 25 to 50 and had a minimum of a high school education or its equivalent. Each subject serving in the Clinical Depressive group had previously been diagnosed as a Major Depressive, Recurrent or Dysthymic Disorder. Each subject assigned to the Schizophrenic condition carried the diagnosis of Schizophrenia, Paranoid Type. Diagnoses were based on the criteria outlined in DSM III (American Psychiatric Association, 1980) at the time of admission by the attending psychiatrist and validated by the second author within a week prior to their participation in the present study. The limited availability of subjects meeting the selection criteria resulted in *n*'s of 30 Normals, 25 Depressives, and 30 Schizophrenics. This classification of subjects constituted the between-subjects factor, and the exposure frequency (0, 1, 2, 5, 10, & 25) of the nonassociative stimuli served as a within-subjects factor.

Materials

The experimental materials were derived from Hull (1920) and Zajonc (1968) and consisted of 12 Chinese ideographs reproduced singly on 3" x 5" (7.62cm x 12.70cm) index cards. Random procedures were utilized to select two ideographs for each exposure level in the experiment, determine the order of the 86 resulting cards prior to testing the subjects, and configure the sequence of ideographs in the dependent variable booklet. The only constraint on randomization in the ordering of the 86 cards was that the same ideograph was not allowed to appear twice in succession. Hence, subjects were exposed to a heterogeneous sequence of meaningless experimental stimuli.

The Need for Cognition Scale (Cacioppo & Petty, 1982) was also administered to subjects as the buffer task separating their exposure to the 86 cards of ideographs and the administration of the dependent variable booklet. Finally, the dependent variable booklet consisted of a picture of each of the 12 ideographs followed by a 7-point unnumbered scale anchored by the labels "Very Unpleasant" and "Very Pleasant".

Procedure

Subjects were tested individually while seated across from the experimenter at a table in a small room. Subjects were told that if they chose to participate in the study they would see a series of cards followed by several rating scales. Subjects were asked simply to examine each card as it was presented. When subjects expressed an understanding of the procedure and a willingness to participate, the experimenter presented each of the ideographs for approximately 4 seconds. No subject indicated a dissatisfaction with or disinterest in this method of presenting the ideographs, and all appeared to attend to the ideographs as they were presented. It took approximately six minutes to expose subjects to the entire set of ideographs.

Afterwards, the subjects were given five minutes to answer items in the Need for Cognition Scale. Subjects were told that they need not complete the scale in the allotted time. Subjects who did finish the scale in the five minute interval were debriefed and dismissed after completing the dependent variable booklet; the remaining subjects were asked to finish the need for cognition scale following their completing the dependent variable booklet, but prior to debriefing and dismissal. Hence, all subjects spent the five minutes immediately following exposure to the ideographs answering irrelevant questions about their tendency to engage in and enjoy thinking and answered questions about the pleasantness of the ideographs following this interlude.

RESULTS

The average rating of the ideographs at each level of exposure frequency served as the dependent measure in a 3 x 6 mixed-model analysis of variance. As might be expected, Type of Subject was found to influence the overall pleasantness ratings assigned to the ideographs, $F(2, 82) = 14.30, p < .05$. Normals evaluated the ideographs more positively ($M = 3.14; p < .05$), and the latter groups did not differ in their overall evaluation of the ideographs.³

Test of Hypothesis

As noted previously, reliable finding in the social psychological literature has been the positive relationship between exposure frequency and liking for nonassociative stimuli. This "mere exposure" effect was obtained in the present study, as a highly significant main effect for Exposure Frequency was revealed in the ANOVA, $F(5, 410) = 10.26, p < .05$, but importantly the Type of Subject x Exposure Frequency interaction was also found, $F(10, 410) = 6.01, p < .05$. The cell names are depicted graphically in Figure 1. Trend tests within populations revealed that mere exposure led to: (a) a significant increase in liking in the case of normal subjects, thereby replicating previous research; (b) a significant decrease in liking for the ideographs in the case of the depressed subjects, suggesting an underlying deficit in the affective processing mechanism; and (c) a significantly positive effect on liking in the case of the nondepressed psychiatric control patients (schizophrenics), suggesting that the reversal of the mere exposure effect in depressives covaries with chronic depression rather than psychotropic drug intake or hospitalization per se.⁴ Within-cell correlations corroborated these analyses, revealing that pleasantness ratings were positively correlated with exposure frequency in normals ($r = .42, p < .01$) and schizophrenics ($r = .27, p < .01$) but negatively correlated with exposure frequency in depressives ($r = -.23, p < .01$). Thus, although causal assertions are not

warranted by these data, these results mark not only a replication of past research using normally functioning subjects and extension to a nondepressed psychiatric control population, but also the first demonstration that the exposure-leads-to-liking effect is actually reversed in clinically depressed subjects. These results do not speak to the prevalence of this exposure-leads-to-disliking effects across subtypes of depression across time.

DISCUSSION

The purpose of the present investigation was to assess the affective responses to repeated presentations of nonassociative stimuli in clinically depressed individuals. Based on the notion that clinical depression is accompanied by a rudimentary affective processing deficit, it was hypothesized that depressed individuals, in contrast to nondepressive psychiatric control patients and normal subjects, would exhibit increasing disaffection with stimuli as exposure frequency increased. Although there was substantial variability in affective responses within these groups, the hypothesis was confirmed. Normal subjects produced the oft observed exposure-liking relationship; schizophrenic subjects likewise exhibited a general increase in their liking of the nonassociative stimuli as exposure increased; and in contrast depressive subjects responded more negatively to these stimuli as exposure frequency increased. This research, therefore, raises the possibility that although depressives' thoughts and beliefs portend the severity of depressive episodes, and indeed, contribute to a polarization of dysphoric states, the susceptibility to developing or accessing depressive thoughts, beliefs, and schemata may derive in part from the subtle but accruing influences of a rudimentary affective processing mechanism.

It should be emphasized that this viewpoint is not incompatible with theories and data highlighting the powerful role cognitive processes play in depression (cf. Bower, 1981). Depressed individuals report more frequent thoughts with unpleasant content (Beck, 1967), recall more depressed-content than nondepressed-content adjectives that served as target words in a self-reference task (Derry & Kuiper, 1981), and ascribe their failures more and successes less to ability (Barthe & Hammen, 1981; Rizley, 1978) than nondepressed individuals. Although these data illustrate the potency of cognitive (e.g., attributional) processes, they do not constitute a cogent argument for the primacy of these processes in depression. For instance, Lloyd and Lishman (1975) studied the latencies for retrieval of pleasant and unpleasant life experiences in a sample of depressed patients and found that the ratio of the latency for remembering unpleasant experiences to the latency for remembering pleasant experiences was inversely related to the severity of the patient's depression, as measured by the Beck Depression Inventory (Beck, 1967). Lloyd and Lishman's (1975) observations appear to be reliable, since the manipulation of mood (Isen, Shaker, Clark, & Karp, 1978; Teasdale & Fogarty, 1978) or the priming of self-deprecation (Riskind, Rholes, & Eggers, 1982), has consistent and predictable effects on the accessibility of memories. Whether these findings result from a negative schema through which all events are processed or to the tenor of the affective responses associated with oneself and emanating from a rudimentary and partially independent affective processing mechanism is uncertain at present.

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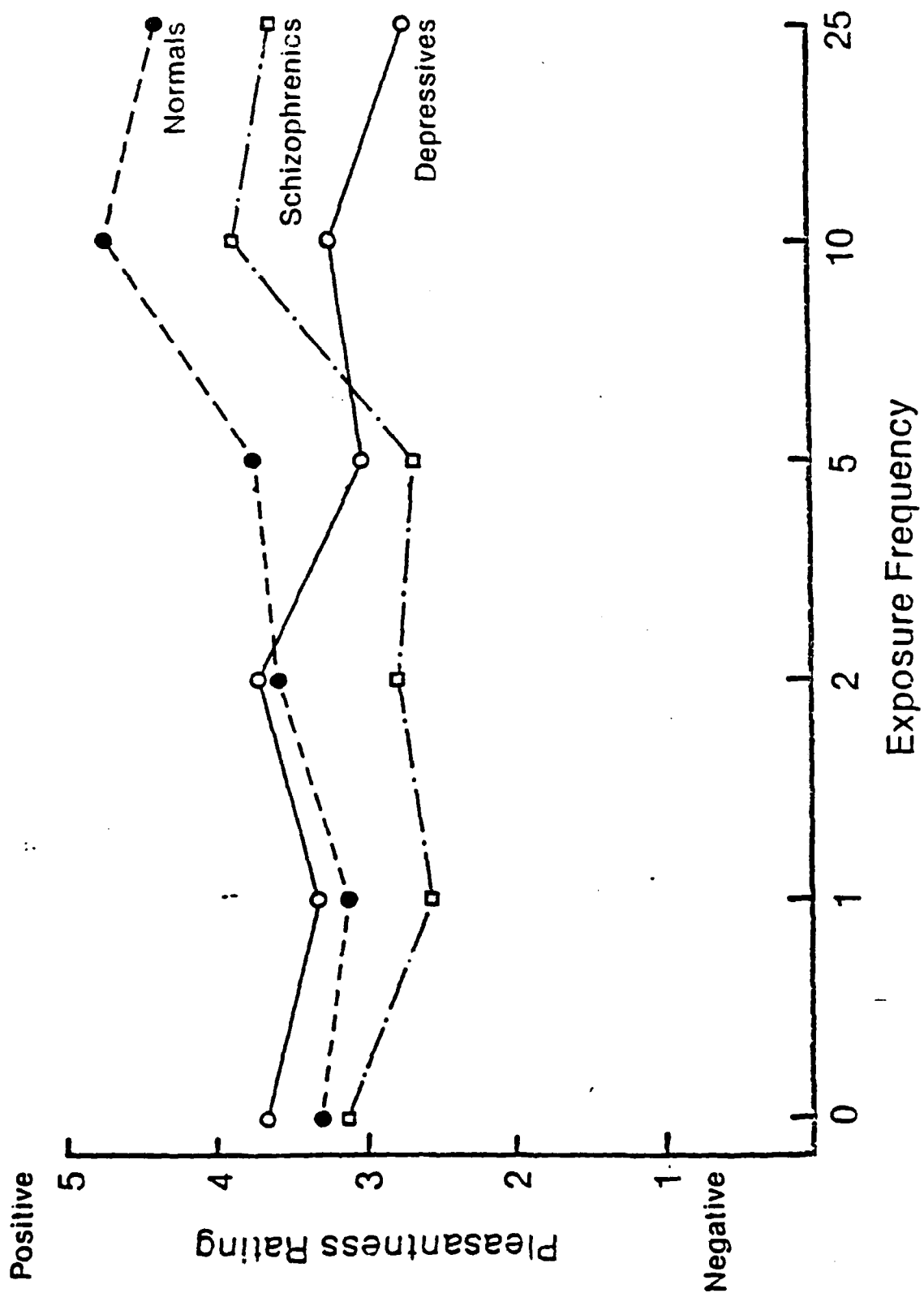
FOOTNOTES

(1) Presumably, the relatively variant pattern of results obtained when associative stimuli are employed is due to the more complex, and in this case, more powerful operations invoked by the cognitive processing mechanism (Cacioppo & Petty, 1980; Grush, 1976; Harrison, 1977: cf. Petty, Ostrom, & Brock, 1981).

(2) To our knowledge, no individual difference has ever been identified that eliminates or reverses the mere exposure effect. It is noteworthy in this regard that the prior research employed normal, rather than abnormal, populations of subjects.

(3) The Newman-Keuls test for unequal-n was performed (See Winer, 1971, pp. 215-218).

(4) When the psychotropic and dysphoric effects of the medication psychiatric subjects were taking were analyzed, it was found that schizophrenic patients were ingesting more powerful and psychologically disruptive drugs than depressed patients. Hence, it is unlikely that the present results are attributable to the medication taken by the clinically depressed subjects in this study.



ETHICAL DILEMMAS FACED BY ARMY PSYCHOLOGISTS

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AMEDD regulations dictate one set of behaviors while the Ethical Principles of Psychologists (APA) may dictate another. Two cases are presented to illustrate this. Case 1 involved an active duty Army lawyer with stress related to work and personal problems who expressed suicidal ideation to a supervisor. The supervisor formally requested a psychological evaluation. Prior to beginning the evaluation, the psychologist discussed limits of confidentiality with the patient. A complaint was filed with the APA Ethics Committee for breach of confidentiality because of a report provided to the patient's supervisor. Case 2 involved a patient who reported being sexually assaulted by a dentist in the MEDCEN. Suicidal ideation became a serious risk. The patient arrived at a therapy session in a stuporous condition which appeared to be the result of an overdose from a prescribed drug. The patient's condition was reported to the Quality Assurance Committee. Within 24 hours the CG initiated a 15-6 investigation and the psychology clinical case file was confiscated. Command's reaction was that the psychology practitioner failed to report a known crime. The patient's reaction was that confidentiality had been breached.

Case 1

The patient is a 32 year old White male, ADA, 04, attorney (JAG) referred on an "emergency" basis by his supervisor to the Psychology Service. A written "request for psychiatric evaluation" accompanied the service member. The supervisor expressed concern for suicidal behavior, citing that the SM was under great pressure as the defending attorney in a high visibility court martial. The patient had expressed depression and despondency earlier in the day to another officer, stating that he "may not be around on Monday morning."

When the interview began, it was noted that the patient had his arm in a cast and sling (he had broken his arm in an airborne jump). Consequently, he had not filled out any initial paperwork, including signing the Privacy Act. During this initial interview, the patient stated that he did not complete any paperwork because he was concerned about implications that a psychological evaluation might have for his military career. He did not want a file kept on the psychological care he received.

The psychologist explained that there was no confidentiality within the military setting, and that it would be necessary to maintain a clinical case file. The patient was informed that only pertinent information would be maintained in this file. After ruling out serious suicidal ideation, the patient was given the option of seeing a civilian psychologist as an alternative offering greater confidentiality. The patient declined and entered into a therapeutic relationship with the military psychologist. He was seen eight times during the next two weeks for short-term/crisis intervention therapy, at

which time the psychologist transferred to a new duty assignment. The case was discussed with the psychologist's supervisor to ensure understanding of the essential issues should additional treatment be required by another military health care provider.

In response to the supervisor's written request, a psychological report was sent through Patient Administration Division. The supervisor specifically wanted to know: Should the attorney continue to represent his client in this case because (1) the pressure of the case may cause him to commit suicide, and (2) he may inadequately represent his client who was charged with a felony and facing a potentially long sentence. The psychologist discussed these issues with his patient and it was mutually agreed that other legal duties would be in the patient's best interest. A report recommending less stressful legal duties was discussed with the patient prior to releasing it to the supervisor. The patient concurred with the contents of the report.

Approximately six months later the patient filed an ethics complaint with the American Psychological Association, stating that the psychologist had violated confidentiality because, "without my knowledge or without seeking my expressed consent (the psychologist) divulged information about myself to "my supervisor."

Additionally, the patient claimed, "the psychologist kept records of our sessions and left them behind when he left for his new duty assignment."

The patient claimed that he had never entered into a therapeutic relationship where limits of confidentiality were discussed. He stated to APA that he did not know that a psychological report recommending another type of legal duty would be sent to his supervisor. He felt that the report that had been rendered to his supervisor discussed "personal and sensitive issues," and that the contents of this psychological report, in effect, "put a gun to my head, and forced me to resign my commission."

The patient stated that he, as a lawyer, would never breach confidentiality of an attorney/client relationship, and that the psychologist acted contrary to accepted ethical standards of practice of a "professional psychologist in the civilian world."

Several guidelines of the APA and Army regulations are relevant to this case.

1. "Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person (client) where appropriate, psychologists inform their clients of the legal limits of confidentiality." (Principle 5, Confidentiality, APA, 1981, 635-636. This should be done in writing (see attached Limits of Confidentiality).

2. "Psychologists fully inform consumers as to the purpose and the nature of an evaluative treatment, educational, or training procedure, ... "When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of their relationships to all parties concerned." (Principle 6, Welfare of the Consumer, APA, 1981, 636). This should also be done in writing.

3. "Providers of clinical psychological services safeguard the interests of the users with regard to personal, legal, and civil rights." (Guideline 2.2.2, APA, 1981a, 646).

4. "Providers of clinical psychological services maintain a system to protect confidentiality of their records The clinical psychologist does not release confidential information, except with the written consent of the user directly involved or his or her legal representative. ...Users are informed in advance of any limits in the setting for maintenance of confidentiality of psychological information. For instance, clinical psychologists in hospital, clinic, or agency settings inform their patients that psychological information in patient's clinical records may be available without the patient's written consent or to other members of the professional staff associated with the patient's treatment or rehabilitation." (Guideline 2.3.5, APA, 1981a, 647-648).

5. "When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with association standards and guidelines, psychologists make known their commitment to association standards and guidelines and, whenever possible, work toward a resolution of the conflict." (Principle 3, Moral and legal standards, APA, 1981, 634).

6. AR 635-40 (Para 4-5 to 4-7) provide authority for commanders to refer for psychological evaluations. The signature of active duty members for release of information is not required. The primary authority for this AR is 5USC 552a (b) (1). AR 340-21 (Para 3-2a) implemented this law for the Army. (see enclosure for additional information on ARs).

7. Substantial guidance in the form of Army regulations provides authority to conduct psychological evaluations and release information to commanders without the written consent of the active duty patient. This conflicts with Standards of the APA. Medical records maintained by medical treatment facilities are considered legal documents. Because the patient had not provided documentation authorizing the release of psychological information to his supervisor, the APA Ethics Committee "mildly reprimanded" the psychologist. In their opinion the psychologist should have obtained a signed statement from the patient prior to releasing the information to the supervisor. The APA refused to discuss this case with the OTSG Psychology Consultant. Members of the Ethics Committee stated that ARs, AMEDD policies, and standards as established by the Psychology Consultant were not relevant. Uniformed psychologists are responsible to adhere to APA policies and work to resolve any differences that may exist between them and ARs.

Case II

The patient is a 24 year old Black female, wife of an active duty Army sergeant who had been followed in therapy (both individual and group) by MEDCEN psychologists for several years. She had made relatively good progress during therapy. The quality of her work, marriage, and interpersonal relationships had all improved. The patient reported to the clinic in an agitated state and stated that she had been sexually assaulted by a dentist during a treatment procedure. She expressed feelings of anger and confusion, an inability to relax or sleep, and abuse of drugs (Librium and alcohol) as a means of dealing with the emotional distress. She was tearful and avoided all eye contact,

exhibited hyperalertness, startle responses to every day office noises, and suicidal ideation. Psychological crisis intervention was conducted.

The patient arrived at a follow-up appointment with droopy eyes, slurred speech, and a wavering gait. She expressed severe self-deprecatory thoughts. Suicidal ideations were prominent. In the therapist's opinion, the patient had become a danger to herself because of her suicidal ideation and excessive ingestion of alcohol and Librium.

The case was presented to the departmental Quality Assurance Committee as an issue of "adverse reaction to psychotropic drugs - overmedication." The patient had received an excess of 250 tablets of Librium from the alleged dentist assailant in a span of less than three weeks. No mention was made of the sexual assault as the patient did not want to press charges or have this information revealed. Upon learning of this QA issue the Commander initiated a 15-6 investigation to determine why so much Librium had been prescribed. The appointed investigative officer confiscated the patient's entire psychological record without consulting the psychologist health care provider. The investigating officer interviewed the patient who was quite distressed. She readily revealed all that had happened sexually with the dentist.

Concern was expressed by the patient that confidentiality had been breached and that her personal history had become part of an investigative record. She retained a lawyer to review the illegality of these actions and the alleged assault. Additionally, she suggested the possibility of filing an ethical complaint with the APA.

Several principles/policies of the APA are relevant with regard to this case. The patient presented the alleged sexual abuse scenario and asked that the psychologist maintain confidentiality. "Every effort is made (by psychologists) to avoid undue invasion of privacy." (Principle 5, Confidentiality). "Providers of clinical psychological services ... are continually sensitive to the issue of confidentiality of information, ... " (Guideline 2.2.2, APA, 1981a, 646). To reveal the alleged sexual abuse to command without the expressed written consent of the patient would violate these principles. A conflict exists since military officers are educated to, at all times, "keep the chain of command informed." The psychologist cannot reveal such information without the written consent of the patient. (APA, 1981a).

When the patient became a danger to herself, the psychologist providing clinical services had an ethical and legal responsibility to protect her welfare. (principle 6, Welfare of the Consumer, APA, 1981, 636). This responsibility required that the psychologist breach confidentiality by informing the departmental Quality Assurance Committee of a risk management problem (adverse reaction to psychotropic drugs - overmedication). By so doing the psychologist became vulnerable to an ethics charge for breach of confidentiality.

Informal discussions regarding ethical/legal issues frequently result in officer psychologists expressing the belief that the way to resolve conflicts between the APA and military regulations is to not belong to APA. APA ethics and policy statements apply only to members of the APA. The soon-to-be enacted requirement that all uniformed psychologists maintain an active state license requires re-thinking of this issue. All fifty States have adopted the APA Ethical Principles of Psychologists. Failure to adhere to these principles by

a state-licensed psychologist, even if the psychologist is not a member of the APA, can result in a restriction and/or loss of license. Loss of license and/or sanction for professional misconduct could serve as grounds for decredentialing and reclassification to another job specialty. Depending on the severity of the issue, it could also serve as the basis for a loss of commission. Uniformed psychologists will be well served to carefully assess the Speciality Guidelines for the Delivery of Services (APA, 1981a) and the Ethical Principles of Psychologists (APA, 1981). They are encouraged to constructively resolve differences between these documents and service regulations.

REFERENCES

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ENCLOSURE 1

LIMITS ON CONFIDENTIALITY OF PSYCHOLOGICAL INFORMATION

It is important for you to know the limits of confidentiality of psychological information. Army (Navy, Air Force) medical records are the property of the Government, thus the same controls that apply to other Government documents apply to them. Information disclosed by you (patients) to Army (Navy, Air Force) Medical Department health personnel is not privileged communication. A written summary of each visit with a psychology health care provider will be maintained in an in/outpatient medical record and a Psychology Service clinical case file. Access to this information is allowed when required by law, regulation, or judicial proceedings; when needed for hospital accreditation; or when authorized by you.

Examples of the limits on confidentiality follow:

1. All clinical case files are routinely reviewed to ensure quality of care.
2. All psychology intern cases/clinical case notes/records are reviewed by MEDCEN staff after each patient visit.
3. If you have been referred by another health care provider, a report summarizing the results of your consultation with a Psychology health care provider will be sent to the referral source.
4. If you tell a Psychology health care provider of a situation which involves violation of Army (Navy, Air Force) regulations or the law, the provider may be required to divulge that information to the chain of command or other authorities.
5. If a provider of psychological services believes you intend to harm yourself or someone else, it may be the duty of the provider to disclose that information.
6. In situations of suspected child abuse, it is the duty of the provider to notify medical, legal, or other authorities.
7. If you are involved in any legal action/proceedings your records may be subject to subpoena.
8. Other members of the MEDCEN/hospital professional staff associated with your health care may have access to psychological information on record without your written consent.
9. If you are on active duty, your commander/chain of command could have access to certain information authorized by regulation, e.g., a command directed referral, a line of duty investigation, or participation in the nuclear safety program. Release of such information is required by regulation.
10. Qualified persons may have access to your record for clinical investigation (research) purposes.

If you have questions about the limits of confidentiality you may ask us or inquire at the Patient Administration Division (PAD of the MEDCEN).

STATEMENT OF UNDERSTANDING

I have read the above and understand that psychological information about me will be safeguarded within the limitations of confidentiality mentioned above and the Privacy Act (DD Form 2005).

Patient Signature

Date

ENCLOSURE 2: RELEVANT REGULATIONS

1. 5 USC 552a(b)(1) Conditions of Disclosure states "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains, unless disclosure of the record would be - (1) to those officers and employees of the agency which maintains the record who have a need for the record in the performance of their duties."
2. DD Form 2005 (Privacy Act Statement) implements 5 USC 552a (The Privacy Act).
3. AR 40-42 "defines Department of Army policies and procedures of private medical information within the Department of Army ..." Para 2b states "private information disclosed as a result of an evaluation/treatment relationship is considered to be confidential and should not be divulged except when required by other AMEDD health personnel for patient care or by responsible officials on a need-to-know basis. Medical confidentiality is not a basis for refusing to divulge such information when there is an official need-to-know or release is required by law or regulation." Para 4a states "in those circumstances when, for the good of the individual and/or the Army community, medical information is required by personnel with an official need-to-know, it will be provided."
4. AR 40-66 Para 2-2c states that "information disclosed by patients to AMEDD health personnel is not privileged."
5. Enclosure 1 to Appendix D (Privacy Act Statement, Health Care Records) to HSC Supplement 1 to AR 340-21 addresses authority for collection of information including social security number and states, "in the case of active duty military personnel, disclosure of requested information is mandatory. In the case of all other personnel/beneficiaries, disclosure of requested information is voluntary."

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