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ENVIRONMENTAL ENGAGEMENT AND DISENGAGEMENT IN MEN WITH GASTROINTESTINAL AND DERMATOLOGICAL DISORDERS

by
Deborah Fay Greenwald

A dissertation submitted in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Psychology)
in The University of Michigan
1977

Doctoral Committee:

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CHAPTER I

REVIEW OF MAJOR ISSUES IN PSYCHOPHYSIOLOGICAL AND PSYCHOSOMATIC RESEARCH

This dissertation will present a study of psychosomatic disease, involving a comparison of two groups of patients, those with disease symptoms of the gastrointestinal tract and those with dermatological symptoms. The hypothesis tested was that there is an association between the type of symptom experienced and the way in which the person experiences himself, the world, and the relationship between the two. Before presenting the specifics of the present study, it will be useful to survey briefly the larger area of research, of which psychosomatic studies are a part, that explores associations between psychological and physiological processes, especially those relating emotion to physiological processes. This will place the present work and the attitudes implicit in it within the general framework of theory and research in psychophysiology.

First, we will look at three of the major issues considered in psychophysiological research: 1) is there a causal connection between psychological states and physiological processes and if so, what is the direction of causality; 2) to what extent, if any, are there specific associations between particular emotional states and somatic processes; and 3) are mind and body not separate but really two aspects of the same phenomenon.

With respect to the first issue, James (1884) came down on the side of physiological causality, assigning primary importance to peripheral vascular responses in determining the psychological

experience of emotion. James held that we do not experience the psychological components of emotion until after visceral arousal takes place: "Bodily changes follow directly the PERCEPTION of the exciting fact, and our feeling of the same changes as they occur IS the emotion" (capitals his). In other words, James states that it is not the cognitive awareness of an event that immediately gives rise to an emotion, but rather that it gives rise to a particular physiological arousal, which we experience as an emotion: "...we feel sorry because we cry, angry because we strike, afraid because we tremble, and not that we cry, strike or tremble, because we are sorry angry or fearful." According to James, then, emotions are the result of physiological responses, and the specific emotion experienced depends upon the specific physiological state. As an example, James recalls that when he was a boy, he had been stirring some horse's blood in a bucket (the horse was being bled) "with no feeling save that of childish curiousity" when he fainted. It is to the fainting and the accompanying physical reactions that he attributed feelings later evoked by the sight of blood. According to James's theory, every emotion has, and is caused by, a specific set of visceral responses. James presentation of this hypothesis is such as to make it sound quite improbable, and indeed his position became the target of numerous rebuttals. However, his argument is a variant (if a rather simplistic variant) of the notion that our emotional experiences are developed out of (partially) instinctive physical responses - for example, maternal love developing as a result of inborn biological processes.

Cannon (1915) disagreed with James. He claimed that we do not

"'feel sorry because we cry' as James contended, but we cry because when we are sorry or overjoyed or violently angry...there are nervous discharges..." According to Cannon, it is the psychological arousal which determines the physiological, not the reverse. In addition, Cannon held that specific physiological states are not associated with specific emotions. Instead, he maintained that despite the subjective experience of differences in various emotional states, there is a marked similarity in bodily arousal, so that one cannot link the experienced sense of difference to variations in physiological processes. The differences, then, are from other sources. (Incidentally, he also located the emotional-physiological arousal in the thalamus, rather than in the viscera, as James had.) Selye (1950) made a similar point, in noting that, whatever the original source of threat, there is a generalized physical responses to stress: "Our body can meet the most diverse aggressions with the same adaptive-defensive mechanism."

Stanley Schacter's research (1962) offers some evidence relevant to both of these issues. In an experiment with undergraduates, subjects were injected with either adrenaline or saline solution. Among the adrenaline subjects, one group received correct information about the physical effects of the drug, another group was given false information, and a third group, no information. Each of these, and the saline subjects, were then asked to wait in a room where a confederate of the experimenter simulated either euphoria or anger. The extent to which the subject reported experiencing the simulated emotion and the extent to which he went along with the confederate's

behavior was noted. Schacter found that in the condition of false information and, to a lesser extent, with no information, the subject was more likely to participate in the euphoric or angry behavior and to report himself as euphoric or angry, than was true when he had received correct information about the effect of the injection. These results suggest that it is possible for the same physiological arousal to be interpreted in different 'emotional' terms, and that social cues can be used to differentiate emotional experience. Thus, when the experimenter had not given the subject an acceptable explanation for his bodily arousal, the subject was more prone to explain the arousal in line with situational cues. This is consistent with a hypothesis of non-specific association between physiological and psychological state. The data on the saline group is less clear but it tentatively supports the hypothesis that emotional excitation is to some extent dependent on physiological arousal. Schacter concluded from these findings that "an emotional state may be considered a function of a state of physiological arousal and of cognition appropriate to this state of arousal." This offers some support for the notion espoused by James, that the psychological experience of emotion is dependent upon physiological arousal. For James, however, the physiological arousal <u>is</u> the emotion, while for Schacter, cognitive elements are necessary for the experience of emotion. Thus, the correctly informed subjects, having an adequate explanation for their arousal, did not participate strongly in the confederate's 'emotion.'

Schacter's results suggest, as do Cannon's, that there is no one-to-one correlation between experienced emotion and type of

physiological arousal, but rather that a general arousal level is necessary for emotion, the particular content of which is determined by other conditions. According to Schacter, the individual makes a judgement from the current situation and from past experience in labeling his feelings. The same arousal state may be experienced as anger, fear, or joy, depending upon this cognitive factor, and is not an experienced emotion without it.

In an early physiological-arousal experiment, Cantril (1932) had subjects injected with adrenalin and found that a large percentage of them did not report any emotional experience. A relatively small percentage did report an 'as if' experience; that is, they felt 'as if' they were happy or afraid. Here, too, the physiological arousal was not sufficient to produce an emotion, but it may have predisposed subjects towards a certain kind of emotional experience, depending on their past experience and perhaps other factors (e.g., mood level).

Many researchers, who do not deal explicitly with the question of direction of causality, do explore the issue of the connection between specific emotions and specific physiological processes and suggest conclusions rather different from Cannon's assertion of nonspecific linkage. For example, Ax (1953), J. Schacter (1957) and Lacey (1953), among others, have done studies that demonstrate specific differences in physiological responses to different emotional stimuli.

Ax's conclusions can be stated generally as the notion that stimuli (events) that trigger different emotions or feeling states will

also trigger physiological reactions specific to each emotional state, and that different emotional states trigger different specific physiological reactions. Ax referred to this as "stimulus response specificity" - i.e., the relationship between the psychological stimulus and the physiological response is a specific one. Ax put his subjects in situations that were designed to arouse different feelings - anger and fear - and then measured various physiological responses, including blood pressure, heart rate, and GSR. Ax found that in most of his subjects, the anger situation elicited physiological responses like those usually seen in response to an injection of adrenaline and noradrenaline together, while the fear situation produced responses more like the reaction to adrenaline alone. That is, while adrenaline-like reactions were present in both situations, the anger condition also produced a noradrenaline-like reaction as well. J. Schacter replicated these findings and in addition, found a noradrenaline-like response to pain. These studies are contrary to Cannon's assertion that flight and fight reactions are, physiologically, the same. They suggest, rather, that though different emotions may have physiological components in common (as found by both Cannon and Ax), they may also differ systematically, with each emotion having an associated distinctive pattern of physiological reactions.

Lacey (1953), looking at cognitive processes and their associated physiological responses, found that there were differences in the change of heart rate depending on whether a task demanded either focusing attention on the environment, e.g., a visual task (heart rate deceleration) or ignoring environmental stimulation, e.g., solving mental arithmetic problems (heart rate acceleration).

The above research, then, offers evidence suggesting that there

are tendencies to have particular bodily responses in conjunction with particular emotional states. On the other hand, another type of research has demonstrated significant individual differences in physiological response under the same conditions and reliable stable individual physiological patterns across different conditions. Malmo and Shagass (1949, 1950) conducted a study of the latter type with psychiatric patients who at one time or another had presented somatic complaints. These patients were subjected to an experimental stress situation, and their physiological responses, particularly in the response-system related to their somatic complaints, were compared. The study included two groups of somatic-complaint subjects, one with cardiovascular complaints and the other with complaints of the head and neck area, and a control group of psychiatric patients without somatic complaints. The findings were that cardiovascular complainers had reliably greater values for mean heart rate, respiratory variability and mean heart rate variability than the other groups, while the head/neck complainers showed greater muscle potential scores. This was true despite the fact that the actual symptoms were not necessarily experienced at the time of testing. Malmo, et al felt that their findings suggested a general principle, which they called 'symptom specificity,' according to which: "In psychiatric patients presenting a somatic complaint, the particular physiological mechanism of that complaint is specifically susceptible to activation during stressful experience."

Lacey (1953) extended the Malmo, et al study, using a normal population, in order to see if the symptom specificity hypothesis was true of non-patients as well. He used four stress situations and

measured GSR and a number of heart rate indices. He was looking to see not only which of the variables measured was highest for which subjects, but also what the overall pattern of response was for each. His findings support his hypothesis of 'relative response specificity' which states: "For a given set of autonomic functions, individuals tend to respond with a characteristic pattern of autonomic activation in which maximal activation (relative to the rest of the group) occurs in the same physiological function whatever the stress. Further, there is a strong tendency for the entire pattern of autonomic activation to be reproduced from stress to stress." In addition to noting the tendency to a particular pattern of response, whatever the stress, Lacey also found individual differences in the degree to which these patterns were consistent. Thus, some subjects had relatively fixed patterning, and some varied haphazardly in their pattern of autonomic arousal.

These findings of individual differences in response style to the same stress and of individual consistency shown across different stresses appears to be in contradiction to Ax's findings and his principle of stimulus-response specificity. In fact, however, the principle of relative response specificity and that of stimulus-response specificity each account for part of the total variance. Ax found that individual differences (though he did not focus on these) accounted for more of the variability in his study than did stimulus response specificity. If the conclusions of these two studies are considered together, it would be possible to conclude that: 1) in situations that evoke specific emotional reactions, there is a general tendency for all people to give similar physiological reactions, but

2) there are also considerable individual consistencies in tendencies to physiological response, which would make someone's response a function of his particular response tendencies as well as of the general response evoked by that stimulus.

How might individual differences in physiological response tendency relate to emotional experience? One possibility is that they are related to characteristic individual differences in perception or affective response; that is, even though all subjects were responding to the same objective stress - say, a frightening situation - and were likely to have subjective experiences that were to some extent shared, they also had their own particular ways of perceiving the situation and of responding to it. For example, a stimulus which may be frightening for some, for others may in addition or instead induce feelings of humiliation, anger, indignation, etc. Funkenstein's (1955, 1958) research offers some evidence in favor of this (interaction) hypothesis. He studied anger responses to stress situations and found that the noradrenaline-like reaction was primarily found in people who directed their anger outward, while the adrenaline-like response (which Ax found more predominant in the fear situation) was more common in those who directed their anger inward. In connection with this, he cites Goodall's findings of the relative proportion of adrenaline and noradrenaline in various animals. The adrenaline in rabbits varies from 94% to 100%; in a lion, it is 40%, which is certainly consistent, given the relative nature of rabbits and lions, with Funkenstein's findings on humans.

Citing his own findings, Lacey himself rejects the idea that a particular set of physiological responses is associated with a

discrete emotion. He claims: "It was impossible to assume that the subjects responded to the cold water stress with as many diverse emotional constellations as the varying pattern of response would suggest." Further, he mentions the similarity of physiological response given by the same subject to highly different stresses, concluding that: "The emergence of (an individual's physiological) response specificity under these conditions indicates the striking influence that factors other than the nature of the immediate affective response to stress may have."

However, Lacey's evidence is not at all persuasive. On the contrary, it is quite likely that there are as many variations in affective response as there are people experiencing the response, though there may not be labels for the subtle differences. In addition, any one person's emotion is not static but constantly changing. If, indeed, the pattern of physiological response varies with every slight difference in feeling, and with every change in any of the components of feeling, then a great deal of variation would be expected in physiological measures as well as in the emotional reactions to the stresses Lacey used.

This issue appears, in a different form, in much psychosomatic research, in that there is often an attempt to find a particular stress, or type of background, common to people with a specific disease, as though this commonality and the presumed shared experience to which it gives rise, would explain why the particular group of people had the same disease. Though it seems plausible to assume the presence of some sort of stress associated with the disease, it seems unnecessary to look for a similar stress across people, since

in any case there would be a great deal of individual variability in how people would experience the same trauma, depending on their individual affective and cognitive response patterns. On the other hand, it is also quite possible for similar emotional experiences to be engendered by different stressful events. The birth of a sibling and the death of a mother may produce very similar effects on different children.

To summarize, two main points have been raised so far. The first has to do with the direction of causality in the connection between physiological and psychological states. One hypothesis (James's) is that the experience of emotion is the result of a specific physiological state of arousal. Another is that the perception of a situation, as joyous, infuriating, dangerous, etc., leads to an emotion, which is composed of a psychological experience and associated physiological changes. In many ways these two views are close; both assume that in emotion, there are physiological and psychological components, but whereas James believes that perception leads directly to physiological arousal without any intermediate cognitive judgement about the situation (as dangerous and so on), the other view holds that it is precisely such a judgement which leads to both the psychological and physiological responses. It is this latter point of view which is implicit in most psychosomatic research, as will be discussed shortly.

The second major issue that has been considered here has to do with the degree of specificity in the association between psychological and physiological variables. Cannon says that there is little or none, while Ax's and Lacey's research point to some degree of

specificity. Schacter's findings apparently support a non-specificity hypothesis but cannot be considered conclusive on this point. While it is true that the adrenaline injections led to a general emotionality predisposition, which took its character from the social situation, it is also true that an adrenaline increase could be only one, and perhaps in itself nonspecific, component of specific physiological reactions that require the presence of other physiological mechanisms to complete the physiological make-up of a specific emotion.

Most of the research described so far deals with a normal population. The same major issues, however, are equally relevant to psychosomatic research, where the patients can be considered a special subgroup of the entire population, differing from normals in that they have a tendency to prolonged and/or unusually strong physiological responses in a particular system. With regard to the question on the direction of causality between psyche and soma, there is a general assumption, either explicit or implicit in most of the current psychosomatic literature (though not necessarily in the medical literature) that psychological factors are either associated with, or give rise to, physiological changes, and not the other way around. That is, any psychological disturbance in psychosomatic patients is generally assumed to be the product of psychological factors - i.e., early history, conflict, stress, etc. - rather than, say, of any physiological factors, such as hormone imbalance. (Only when the psychological components associated with a disease are assumed to be secondary effects of having the disease, are the physiological factors assumed to be causually important (Wood and Battey, 1957). This issue will be discussed later in this chapter.) The basic physiological disturbance

is widely assumed either to be caused by, or potentiated by, psychological stress, and the question revolves around whether the psychological stress itself leads to the physiological condition, or whether the psychosomatic disease results only when psychological stress is associated with a prior "organ weakness" - that is, for example, a genetic predisposition to susceptibility in a particular physiological system. While neither the research to be described here, nor the research in the field in general, gives any definitive evidence regarding this question, it will be useful to keep alternative conceptualizations in mind when evaluating the research literature to be presented. Physiological factors might be important causal agents in and of themselves, or there may be an interactive relationship between the physiological and the psychological. That is, when there is a great deal of emotional stress, a slight physiological predisposition is sufficient to produce a psychosomatic disease, and vice versa. Another alternative is that the psychological and physiological predispositional factors are both manifestations of an underlying process, so that it is not a matter of either a strong psychological or strong physiological predisposition, but rather that the two covary in producing psychosomatic disease. On the question of specificity, there is some disagreement in the literature as to whether a particular psychosomatic disease is caused by a particular attitude, a personality style, etc., or whether it is associated with non-specific psychological tension, as will be seen in the following discussion.

Let us now turn to some of the major psychosomatic theories. As mentioned above, most of these are psychogenic models; they either state or imply that psychological factors lead to, or significantly

facilitate, the development of psychosomatic symptoms. However, the theories differ with regard to the nature of this connection.

Dunbar (1943, 1954), a pioneer in the field of psychosomatics, argued for considering almost any somatic disorder, from fracture to heart disease, as psychosomatic. In particular, however, she focused on chronic diseases, such as asthma, the etiologies of which are not fully known, as opposed to, say, measles or tuberculosis. Her theory, based on a broad sample and on a prodigious review of the literature, was that particular personality profiles are associated with particular psychosomatic diseases. Her emphasis was on the person as a whole, and her personality profiles contain a mixture of information pertinent to family history, psychological traits, and dynamic formulations. Her profiles are meant to be descriptions that fit most, or a good many, of a group of patients - a composite picture, and it is not to be expected that every one of the specifications in any given profile will fit any given patient. This makes her hypotheses regarding particular diseases difficult to test. Perhaps a more significant criticism is one that Saslow, et al (1950) mention: her theoretical model does not account for patients who have more than one psychosomatic disease, either simultaneously or at different times, a situation which occurs quite commonly.

For the most part, Dunbar did not deal with how the personality syndrome is causually related to a disease. However, she did explain the general nature of the connection as resulting from the inadequate discharge of an emotion with its physiological accompaniments. She held that this inadequate discharge is unlikely to occur when the emotion is an appropriate response to an objective difficulty.

Although few other researchers give such broad and varied personality descriptions, in some ways Dunbar's work can be seeen as a prototype for many later studies, in which a trait or set of traits, or a pattern of scores on psychological tests, are correlated with the presence or absence of a particular disease (i.e., Moos & Solomon, 1965; Schachter, J., 1957; Stokes, Kulchar & Pillsbury, 1935).

Another major theorist, Franz Alexander (1934, 1939, 1948, 1950) based his ideas primarily on relatively few, intensively studied patients, seen in analytic treatment. He saw psychosomatic disease as a manifestation of a 'core conflict' between two opposing wishes, only one of which was acted upon and the other expressed in a regressed form, via the body. This formulaton represented an important departure from looking at personality profiles, since the nuclear conflict Alexander described could possibly exist within a variety of personality types, and since the disease was seen not simply as the result of a particularly strong and unrelieved feeling, such as anxiety or anger, but rather of "the presence of a dynamic configuration" of these feelings.

Alexander was often quite specific in describing how a particular conflict resulted in a particular disease. A good example of this is his formulation of the dynamics of gastric ulcers. Alexander hypothesized that the predominant conflict in these patients was an unconscious and unacceptable craving for love and help, which he described as a passive longing or a need to be taken care of, and, simultaneously, a need to prove their independence and ability to take care of themselves. Alexander further held that, for people with gastric ulcers, the need for supplies is experienced as a

narcissistic injury, since it makes them feel dependent and inferior. Because of this, these patients overcompensate with a show of activity and an acceptance of leadership and responsibility, while their own needs are usually unconscious and are not expressed, and are then discharged regressively, through the body. "The infantile wish to receive ...is most ideally gratified in...the suckling infant. These emotoional qualities of receptivity, the wish to be loved and taken care of, become closely associated in an early period of life with the physiological function of nutrition," (1948) so that when the need to receive love and supplies is aroused in later life, and then repressed, it stimulates gastric hypersecretion and hypermotility, which, in turn, may lead to ulcer formation.

According to Alexander, then, there is a specific association between emotion and a physiological response, and the direction of causality is from psyche to soma. Alexander assumes that in many cases, at least, there is also a physiologic predisposing factor. Thus, he notes that not every individual with the conflict described above develops an ulcer. Those that do, he suggests, have both the conflict and the somatic predisposition.

Alexander's work had an enormous influence upon other research in the field, including the present study. Numerous attempts to verify personality-type hypotheses had found that though a number of patients generally fit the profile or particular description given, there were many others who did not. Alexander's hypothesis allowed for such differences, but at the same time posited a basic similarity that cut across personality types. In addition, with his explanations of how

an emotion led to a somatic disturbance, Alexander provided a clear link between mind and body, and his explanations - as in the case of ulcer formation - tended to be intuitively satisfying.

However, there are some difficulties in Alexander's theory and, both because of his general influence in the field and because his work has considerable relevance to the present study, it is worth considering these difficulties in detail. First, it is necessary to point out what appears to be an inconsistency in Alexander's views. On the one hand, he states that every emotion has an associated physiological response, and that this response is not the symbolic expression of the emotion but the natural concomitant of it. On the other hand, he also says that psychosomatic disease is the result of an unconscious emotion which is blocked from conscious expression and, consequently, is then discharged in regressive ways, through the body. It is contradictory to refer to the bodily response as both an expected concomitant of, and also a regressive alternative to, an expressed emotion, because if the first is true, then the physiological response would always be associated with the psychological, and the second could not be true. It would be possible, of course, to resolve this contradiction by arguing that normally, a conscious emotion gains expression and is resolved, so that the associated bodily processes are transient and do not lead to disease. This is how Dunbar sees the issue, and at times Alexander also states the argument in this way. At other times, however, he argues that it is only when an emotion is unconscious and expressed in an infantile mode that there is a bodily response associated with it. For example, in describing ulcer formation, he says, "The wish to be

taken care of may be repressed and transformed into the wish to be nursed.... The stomach symptoms are the physiological corollaries of the passive state of expectation of receiving food," (1948). What this implies is that there is a different process going on for ulcer-prone individuals as opposed to non-ulcer-prone individuals, and that the wish to be taken care of could, in normals, be experienced without any stomach reaction. This contradicts Alexander's earlier statement regarding the usual association between psychological and physiological states.

It is possible that Alexander would say that, though consciously experienced emotions do not have regressive somatic processes associated with them, they do have other concommitant physiological responses. However, nowhere does he mention that type of differentiation. Rather, most of what he says indicates that he sees psychosomatic reactions not merely as exaggerations of physiological responses that always accompany particular feelings, but instead as a result of substitutions for those feelings. Occasionally this way of thinking leads him to absurd lengths. For example, he explains that soldiers under attack may lose bowel control because it is "a symbolic infantile expression of aggression" (1948) and also that this evacuation is a regression to an earlier mode of getting a positive response from mother relied on during battle when the soldier longs for security. It would be more parsimonious to suggest that there is some basic physiological process associating extreme fear with evacuation, which would explain this phenomenon not only in humans, but also in the other species in which it occurs.

There is some evidence which strongly suggests that emotions associated with psychosomatic disease do not necessarily have to be unconscious. For example, essential hypertension is often considered, by Alexander (1939) among others, to reflect hostile, aggressive impulses. Yet in a study of hypertensives, Geist (1966) found that 60% said they get angry easily, and 25% said they expressed their anger. Kapp, Rosenbaum and Romano (1947) in their study on ulcer patients, found that in some cases the wish for caring was not satisfied because of external factors, but the motive had full access to consciousness and to behavior, albeit not always successfully.

A suggestive source of evidence of this subject is a study by Graham, Kabler and Graham (1962). Using two groups of normal subjects, Graham, et.al.hypnotically induced in each group either an attitude that was previously found to be associated with urticaria (that is, an attitude common to people who develop urticaria) or one associated with hypertension. Changes in skin temperature (urticaria involves a rise in skin temperature) and in blood pressure were measured. Graham, et al found that when subjects had been given the attitude for urticaria, there were signficant elevations in skin temperature, and, for the hypertensive attitude suggestion, there were significant increases in diastolic blood pressure. When the hypnotic conditions were reversed for each of the two groups, the physiological responses were also reversed.

This research provides evidence for the hypothesis that the physiological responses associated with psychosomatic disease are not peculiar to the disease process per se but can also occur in normals in conjunction with associated attitudes. It also suggests that

physiological states associated with psychosomatic disease are not necessarily the result of unconscious emotions discharged through regressive pathways. Rather, in disease, there are chronic and/or exaggerated somatic responses which seem associated with specific and sometimes conscious attitudes that can also be found in normals. Graham (1962) asked persons with psychosomatic disease what precipitated their last attack and, from their accounts, extracted attitudes he felt were related to different diseases. Then he presented these attitudes to a new sample of psychosomatic patients and asked them which attitudes were most characteristic of them (1958). In this study of attitude-recognition in psychosomatic disease, Graham concluded that whether or not the patient was conscious of the attitude associated with his disease was significantly related to the extent to which he relied on denial as a defense. More intelligent patients chose the attitude associated with their disease significantly more often than chance, and the less intelligent patients rejected the disease-associated attitude more often than chance.

It is important to point out that while Alexander's tendency is to consider psychosomatic responses as unconscious regressions, some of his statements are entirely in agreement with Graham's findings, but he is not consistent on this point. This issue becomes important because it results in his focusing only on unconscious aspects of a patient's personality in accounting for the disease. As Dunbar points out, Alexander emphasizes almost exclusively repressed libidinal needs split off from other personality variables, such as defensive or coping styles.

This last point of view has particular relevance for the present

study, which focuses on stylistic tendencies in the handling of central wishes (i.e., the use of coping strategies) whose associated physiological processes are assumed to engender or exacerbate psychosomatic disease. Whether the central wish is conscious or unconscious is not seen as the important variable. Rather, it is the extent to which the person's characteristic coping style, his way of dealing with wishes and environmental press, is mobilized in an intensely heightened way. With exaggerated adherence to the coping style go associated bodily processes that contribute to the psychosomatic disease.

Both Dunbar's and Alexander's theoretical models emphasize primarily the psychological characteristics of the individual. Another group of researchers, while not necessarily disagreeing with the basic tenets of these models, focus instead on the difficulties that psychosomatic patients have encountered in life situations leading to the disease. Thus, for example, Kasl and Cobb (1970) using job loss as a stress, found that in their sample, men who had suffered unemployment had higher blood pressure levels than a control group. Those whose blood pressure remained high had had more severe unemployment. This suggests that bodily problems such as hypertension might well be reactions to life stress.

Other studies indicating that psychosomatic diseases result from stress include several which retrospectively examine psychosomatic patients' experiences during the onset of their diseases (Luborsky, Dochert, and Penick, 1973; Millet, Lief and Mittelman, 1953). Schmale (1958) using a sample of 42 medical patients (not all of whom had diseases typically classified as psychosomatic), found that in nearly

all of the patients there was evidence to suggest that prior to disease onset they had either experienced or felt threatened by the possibility of losing an important relationship and felt an accompanying sense of hopelessness or helplessness. Castelnuovo-Tedesco (1962) noted that during WWII there was an increase in the number of perforated ulcers reported in several countries where the war was mostly fought (e.g., England and France). H. Wolff (1962) describes the general effects of stress, whatever the source, physical or mental, and the strain put on the body's ability to adapt. He discusses the effects of the general social context and how that can facilitate the maintenance of 'protective patterns' or coping styles. Luborsky (1973) reviewed 57 studies and found that all agreed that there was some psychological stress evident before the symptoms appeared or became worse.

In effect, such studies, while not necessarily denying the importance of individual differences in determining the form of illness, focus instead on the general level of life stress. This approach obviates the need to assume personality disturbance (i.e., neurotic conflict) in individuals with psychosomatic disease, but rather sees such intrapsychic difficulties as one possible source of stress, which could be due to external factors, internal factors, or to an interaction of these.

Despite their various differences, the theories discussed above have in common their focus on psychological factors important in disease formation. As mentioned above, most of those who subscribe to these theories also assume that there is a somatic factor which predisposes to psychosomatic disease, and that this factor interacts in some unspecified or unknown way with psychological factors. There

is some evidence that in humans genetic factors play a part in the somatic vulnerability (Mirsky, 1958; Wood and Battey, 1957; Sines and McDonald, 1968) although this is also disputed (Cobb, 1965). Heritability is more clearly evidenced in animals (Ader, Beels and Tatum, 1960; Sines and McDonald, 1968).

A third way of looking at the connection between physical predisposition and the associated psychological characteristics is that the two aspects are invariably linked (physiological process goes with an emotional state and vice versa), so that when there is a tendency to a particular physiology, there is also a predisposition to experience the world in particular ways. For example, an individual's hormone balance may predispose to the experience of fear rather than anger. In terms of psychosomatic disease, someone who has an inborn tendency to, say, asthma, may also have a corresponding inborn predisposition to certain personality variables, which will affect how he experiences and responds to the environment, even though this innate factor will have very low predictability to specific later behavior because of the innumerable other factors involved. According to this view, if such an individual were to experience stress, he is more likely than the average person to have both asthma and to experience a particular sort of emotional response. Naturally, such a hypothesis is extremely difficult to test and it is likely that any inherited predisposition plays a very small part compared to environmental factors in explaining individual variablity.

However, this hypothesis may have important implications for treatment. If patients with psychosomatic disease can be taught to control the bodily processes that lead to, or are associated with, the disease

(as through biofeedback), this training could have an effect similar to the way that a tranquilizer can reduce psychological tension by acting chemically on the body. This hypothesis is, in a sense, implicit in desensitization techniques, which hold that muscular relaxation is incompatible with feelings of anxiety.

There is some experimental evidence for this notion that physiological states predispose people to associated emotional states. This includes Schacter's (1962) and Cantril's (1932) experiments with adrenaline injections described earlier, and several studies on hypertension, which provide other suggestive evidence. Saslow (1950) compared hypertensives to psychiatric patients and people with non-psychosomatic diseases. The hypertensive group was itself divided up into those with essential hypertension, which is assumed to be associated with psychological factors, and those with hypertension assumed to be non-psychogenic (e.g., the result of endocrine disturbances in pregnancy). While the hypertensive group as a whole differed on a number of variables from the other disease groups and, to a lesser extent, from the psychiatric group, there was no significant difference between those with essential hypertension and those with the other types of hypertension. Ostfeld (1958) and Reiser, et al. (1954) also found no difference between essential hypertensives and renal hypertensives, whose diseases resulted from kidney damage. A comment by Wood and Battey (1957) speaks to the same issue: "It is said that the hypertensive patient...(has) a distinct personality...of obsessive-compulsive behavior and restrained hostility. Relevant to this point is the observation that infusions of angiotensin (which

induces hypertension) seem to induce this kind of personality in otherwise normal persons...This is merely to indicate another facet of the disease and to raise the question of which is cause and which is effect."

There is one further point of view that remains to be discussed, that the psychological components associated with psychosomatic disease arise as a secondary effect of the symptoms. For example, Whybrow, Kane and Lipton (1968) comment that in debilitating diseases, such as regional ileitis, the illness itself may produce the demanding, dependent personality associated with the disease. Others (e.g., Wittkower and Russell, 1953; Zaidens, 1954) suggest that the disfigurement of skin disease can precipitate psychological difficulties. Zaidens, however, points out that in the eleven patients she studied, the actual disfigurement from the skin disease was quite minor, and though it precipitated acute anxiety, the patients in whom this occurred were latent schizophrenics, while others with extensive disfigurement from skin disease were able to ignore the embarrassment created.

It is undoubtedly true that such diseases do produce secondary effects, and that there is likely to be a systematic difference in the type of effect produced by a painful and possibly life-threatening gastrointestinal disorder and that produced by an unattractive but not medically critical skin disease. However, there is evidence which suggests that some psychosocial variables predict to, and antedate, actual physical symptoms, and that there are psychological differences, apart from the effects of the symptoms themselves, that show up between those with and those without particular symptoms. Wolff (1962) conducted a longitudinal study in which subjects were followed both before and after disease onset. He selected for his research 24 women, some of

whom had had a good deal of respiratory illness and whose nasal mucous membrane showed increased sensitivity during stress. These women also felt they had difficult and unsatisfactory life situations. When an Asian flu epidemic hit the building in which these women worked, serologic studies showed that most of the women were infected with the virus, yet it was the women who had an unsatisfactory life experience who developed active symptoms of the disease.

In another predictive study, Weiner, Thaler, Reiser and Mirsky (1957) administered a battery of psychological tests to 120 army inductees, who had been selected on the basis of their having either a high or a low serum pepsinogen level (a high level is associated with the development of ulcers). Of these, and without knowledge of the pepsinogen levels, the investigators chose ten men who they felt were most likely to develop an ulcer, on the basis of 'intense needs to maintain relationships with others' as well as other psychological material suggesting that these men were hypersecretors. (The criteria will be discussed further in the next chapter, in the section on ulcers.) Three of these ten were discovered to have a healed ulcer, one an active ulcer and three developed ulcers during the time period of the study.

Schmale and Iker (1966) examined forty women with cervical cytologies suspicious for cancer and found that they could predict at a better than chance level, on the basis of expressed feelings of hopelessness and helplessness and of high Depression scores on the MMPI, which of the women would be discovered to have cancer.

Levy (1952) compared fifty patients with psychosomatic skin disease to fifty controls with industrially caused skin lesions

(burns, chemical irritations, etc.) on a number of Rorschach measures. (While there may be psychosomatic elements in the industrial group, in the sense that the skin problems could reflect accident-proneness, these symptoms are externally caused and are not the result of an internal physiological process.) She found significant differences on three of the four measures between the two groups. Cleveland and Fisher (1956) compared twenty-five neurodermatoses patients with twenty-two of Levy's industrial skin lesion protocols and found that the former group gave more masochistic and self-depreciatory responses, more responses indicative of negativism and passive-aggressive behavior, and more hard-exterior responses, representative, the investigators felt, of an 'armor-plate' facade.

A study by Kidd and Watt (1967) presents evidence which appears contradictory to the above. They compared 161 men and women with organic and non-organic (i.e., presumably psychosomatic) skin disease on the basis of whether the skin lesions were visible or non-visible. This study found that for women, those with visible skin lesions were more neurotic than those with non-visible skin lesions. For men, those with non-organic skin disease also tended to be more neurotic when the skin lesions were visible, but for the organic group (which comprised two-thirds of the male sample) the reverse was true: visibility of skin lesion was negatively correlated with neuroticism. There are two major difficulties in their study, however, which makes an interpretation of their results ambiguous. One difficulty is that the authors did not control for the extent of the skin disease, and it may well be that those with visible skin lesions had a more severe form of the diseases than those without visible

lesions. Another difficulty is that the group which Kidd and Watt describe as 'organic,' presumably excluding it from the psychosomatic category, includes many diseases which other researchers (including this one) see as psychosomatic. If their data were recalculated for the group as a whole, visibility would not be positively associated with neuroticism for the male sample.

In sum, the foregoing studies for the most part suggest that the psychological correlates of psychosomatic disease are not due to secondary effects of the symptoms and were often present before disease onset. The data on skin disease are somewhat contradictory, as there is suggestive evidence that visibility of skin lesion may have negative effects on the personality, at least in women.

The assumptions of this writer regarding the issues raised here are that the physiological processes responsible for psychosomatic symptoms are automatic accompaniments of the associated attitudes and emotions, in the same way that a state of physiological arousal accompanies feelings of fear. Part of the physiological changes accompanying the perception of a threatening situation appear to be instantaneous and primary--e.g., an increase in adrenaline--and may be that which provides the basis for the <u>feeling</u> of fear as opposed to the <u>perception</u> of danger, while other changes--e.g., increased sweat secretion--appear to be secondary, follow after some time lag and probably do not affect the experience of the emotion. Nonetheless, the increased sweat secretion is assumed to be an unlearned accompaniment of the fear reaction. It is assumed further that differences in physiological processes are associated with differences in the experience of, and response to, the threat. The psychological differences may themselves

be learned or they may be developed at least partly on the basis of physiological predispositions - for example, a tendency to hypersecrete adrenaline may result in a tendency to heightened fearfulness. That is, the direction of causation can be from psyche to soma, or the reverse, but the two are always connected.

While there are important symbolic intrapsychic and interpersonal meanings of the physiological reactions and symptoms, it is assumed that these meanings (and effects) are not etiologically relevant. That is, someone may interpret his heart disease as a fit punishment for his assertiveness, yet this interpretation, and the underlying guilt, presumably have had no effect on the development of the pathological condition (although there is evidence that attitudes about this illness, including secondary gains from it, can affect the incidence of complications and mortality - see Kennedy and Bakst, 1966).

On the other hand, the locus of the symptom and the process of its development <u>are</u> assumed to be meaningfully related to the associated psychological attitudes, not symbolically but in a concrete way. That is, there are concrete bodily processes which parallel the experienced affect. For example, if a man repeatedly experiences an urge to "chew up the opposition," his headaches and gum problems can be understood to result from muscle tension and tooth pressure (rather than to symbolize an urge). Many such associations are not at all obvious and demand not only a highly detailed knowledge of physiology but also a very specific understanding of the emotional aspects involved. For example, it can be hypothesized that allergies are associated with an experience

of the environment as harboring harmful agents against which the person must defend himself. The particular mode and locus of the allergy are presumed to be related to the precise form and manner in which the dangers are perceived and reacted to, though not symbolically.

One possible pathway for the development of psychosomatic disease is that an emotion or attitude is experienced for an extended period of time or in an intense way, so that the associated physiological processes are also called into play intensely or chronically, leading to the appearance of the physical symptom. There may also be instances in which the trigger is the physiological process, which produces the corresponding psychological attitude. This pathway is consistent with the findings of Saslow (1950), Ostfeld (1958), and Reiser et al (1954) on hypertension.

These were the assumptions within the framework of which this study was undertaken and completed, though the study was not intended to provide evidence one way or the other regarding these issues.

CHAPTER II

STATEMENT OF HYPOTHESIS AND REVIEW OF THE LITERATURE

In this chapter the assumptions and hypotheses underlying the present study will be presented, together with the basis for formulating the major hypothesis and a review of the relevant psychosomatic literature.

The broad interest underlying this study is the exploration and demonstration of an association between psychological and physiological variables. In particular, the associations between two types of psychosomatic diseases and the psychological orientations that appear to characterize each type of disease have been explored. Individuals with psychosomatic disease were chosen for study because these people have demonstrated, by the fact of having a disease, a tendency to respond strongly with the one particular physiologic system associated with their somatic symptoms (Reiser, Ferris, and Levine, 1954). The two disease types studied were disturbances of the gastroinestinal tract and dermatological symptoms, because evidence converges from several sources suggesting different, and to some extent, contrasting psychological responses associated with each type of symptom.

The first source of evidence is Sybille Escalona's (1968) work on individual differences in infants. She used data from observations made on two groups of infants during the first eights months of life. One group was described as active and the other as inactive. (Activity level was defined as 'the amount and vigor of body motion, typically shown by a given infant in a wide variety of situations.' Italics

hers.) Escalona's findings were that active infants had a tendency to gastric distress, although food was typically accepted with eagerness. These babies had a low tolerance for frustration and restraint and showed a relatively undifferentiated social responsiveness. That is, they showed the same reactions during spontaneous activity and when they merely saw another person (minimum social stimulation), as when they were highly stimulated, whether interpersonally or with objects. Their behavior was more frequently focussed on the environment than the inactive babies, and they tended toward more immediate reactivity. In addition, they experienced more frequent peaks of excitation and affect expression.

Inactive infants, on the other hand, showed a tendency to develop skin rashes. They tended not to respond to minimal social stimulation, but to show increasing responsiveness to moderate and strong stimulation. They gave more responses of a predominantly visual nature (e.g., gazing) and to their own body. Unlike active infants, who would often get overexcited under strong stimulation, inactive infants tended to perform best under such conditions. When they were upset, they were capable of self-soothing to a greater extent than active infants, and they showed less acute distress and protest. Only inactive infants showed diminished social responsiveness while they were playing with inanimate objects, as well as occasional marked delays between perception and response. In general, Escalona found inactive infants less dependent on the social environment to maintain relative equilibrium and to overcome upset and distress, though they were somewhat more dependent on it for stimulation.

These two groups of infants are of interest here because of

their different tendencies toward gastric and dermatological symptoms. More detail on their behavior will help clarify the differences between them. Upon termination of feeding, both types of infants gave definite signals that they were done, but in quite different ways. The active babies "turned their heads away, spat out the nipple, arched their backs and vocalized irritably." An inactive infant "clamped down her lips so tightly that the mother could not insert the nipple." Another "simply failed to suck, allowing the nipple to move about in his mouth incidental to vocalizing." Thus, in the one group there is an excited and expressive protest, and in the other, a withdrawal of interest or a quiet refusal. In general, the active group may be characterized as tending toward an immediate and excitable responsiveness (even overexcitable), with a low frustration tolerance and a focus on the environment. The inactive group tended to focus more on their own bodies, relative to the active infants, to show a less immediate and intense response, and were less excitable. When upset, inactive infants were able, to a greater extent than active infants, to calm themselves.

After seven months Escalona found that the consistencies in activity level no longer held up, although the other differences between members of these two groups of infants continued to manifest themselves. Hence, in young infants, gastrointestinal problems were associated with rapid and excitable responsiveness, while skin rashes occurred in relatively calmer, less excitable babies.

A second source of information on associations between psychological and physiological responses comes from studies on people with gastric fistulas, which allow direct observations of stomach activity,

and from other studies of normals which correlate emotional experience with measurements of stomach secretions. Engel, Reichsman, and Segal (1956) did a study on a little girl with a gastric fistula and found a decrease in gastric secretions during 'withdrawal and low activity.' When the child was actively relating to the examiner, with pleasure or with anger, acid secretion increased. Secretion was highest during rage, when she appeared to the researchers as most actively relating to the environment and seemed to have the least control over her emotions. A reunion with a favored examiner also led to a high increase. The authors suggest that for her, "the processes in which relationships with objects are established include a general intaking assimilative organization in which the stomach participates." Wolf and Wolff (1943) found that for their gastric fistula patient, a man, stomach activity increased with feelings of anger, difficult mental work, anxiety, and especially, threat of loss of support. During fear, withdrawal, depression-with-sadness and self-reproach, there was a decrease in activity.

Kehoe and Ironside (1964) measured hydrochloric acid secretions in seven normals, while simultaneously assessing the affect expressed. They found positive associations between high acid levels and feelings of anger, anxiety and contentment (and no differences in secretory rates among these three affects) and lower rates of secretion associated with feelings of depression.

It seems generally consistent with these findings to say that stomach activity tends to increase when the individual is emotionally interacting with his environment, whether positively or negatively,

and to decrease with reduced interaction (in withdrawal and depression). Wolf and Wolff's finding that fear is also associated with decreasing stomach activity may not seem consistent with this at first. However, fear is usually accompanied by a wish to avoid a threat perceived in the environment by reducing involvement with it. Anxiety, on the other hand, usually indicates that the individual is likely to be 'hovering' so to speak, both wishing to flee and also involved in what is happening. Mahl's work on dogs (1949) and on humans (1950) suggests that there is, indeed, a difference in the physiological responses to acute fear and to chronic fear, or anxiety. His study of hydrochloric acid secretion in eight subjects during an interview found a positive correlation between high anxiety and elevated secretions. Mittelman and Wolff (1942) made a similar differentiation between fear and anxiety, defining fear to refer to feelings of terror and helplessness and defining anxiety to refer to "a reaction to danger in which defeat threatens but in which resistance survives."

A third source of evidence which suggested important psychological differences between patients with gastrointestinal and dermatological disorders comes from Graham et al's work (1962). Graham interviewed thirty-six psychosomatic patients with eighteen different diseases about the events which precipitated the last attack of their symptoms. From these interviews he culled brief statements of the attitudes which he felt characterized the reaction of each disease group to the precipitating event. He then gave these attitudes and the patients' protocols (from which references to their diseases had been edited) to his raters. They were able to assign the patients

to the appropriate attitudes at a rate well above chance. Among the diseases for which he suggested typical attitude statements were several gastrointestinal and dermatological disorders. The following are the attitude statements for each disorder within these two general categories of disease:

Gastrointestinal disorders:

ulcer: feels deprived of what is due him and wants to get even

colitis: feels he is being injured or degraded and wishes he could get rid of the responsible agent

regional enteritis: feels he has received something harmful and wants to get rid of it

Dermatological disorders:

acne: feels he is being picked on or at and wants to be let alone

eczema: feels he is being frustrated and can do nothing about it except take it out on himself

urticaria: feels he is taking a beating and is helpless to do anything about it

psoriasis: feels there is a constant gnawing at him and that he has to put up with it

If these statements are examined in terms of the responses to the stress, it can be noted that the gastrointestinal groups express an urge to do something about what is bothering them, whereas the dermatological groups express resignment, helplessness or self-punitive responses. Further, the latter perceive the environment as a source of discomfort to them. Of the gastrointestinal group, those with ulcers perceive the environment as possessing supplies which they want but don't have. The other two groups wish to return to the environment (and extrude from themselves) the discomfort which they

feel.

Graham's work, then, provides more evidence of a general tendency for high gastrointestinal activity to be associated with a strong interactional tendency with the environment, and skin disturbances to be associated with a low interactional tendency. The reaction of the dermatological groups described by Graham has some characteristics, for example, that are congruent with Escalona's descriptions of inactive infants (who tended to have skin rashes) and suggests that skin problems and certain personality predispositions or tendencies are associated in both infants and adults. It is not being suggested here that such infants grow up to be, say, psoriatic adults, but only that the association of physiological and psychological/behavioral responses have some similarity in adult and infant. That is, the inactive infant's tendency not to complain, to direct relatively more attention toward his own body, and his reduced tendency to react motorically to environmental stimuli are suggestively similar to the adult with urticaria who feels helpless. The dermatitis patient's tendency to accept what is happening to him, however unhappily, is more like the infant who simply ignores the nipple in his mouth than like the one who energetically -though perhaps quite needlessly - spits and fusses.

Clearly, one cannot easily extrapolate from infant to adult behavior; there is no simple parallel from the infant with nipple to any adult situation. However, based on the data reviewed above, and, to some extent, on other psychosomatic literature, and on observations made during a pilot study of subjects with gastrointestinal and dermatological disorders, the following hypothesis was formulated:

> differences exist between gastrointestinal and dermatological patients along a dimension of "environmental engagement/disengagement" with tendencies to affectively-toned interaction (or the wish to interact) with the environment and to express or experience urges and affects associated with gastrointestinal disorders, and associated with dermatological disorders a wish or tendency to reduce affectively-toned interactions with the environment and to control and suppress affects and urges.

That is, for the gastrointestinal patient, there is a high rate of affective interchange between self and environment, and for the dermatological patient, the rate is low. The dimension was divided into four interrelated components that were seen as major aspects of environmental engagement/disengagement: a) perception of the environment; b) motivational style: c) characteristic response to the environment; and d) interpersonal relationships. These components are described in the paragraphs below. (These descriptions are the final versions, also used as coding guidelines. See Methods for how these were evolved.)

Environmental Engagement:

a) The environment has a powerful pull for these people; objects, events and people around them have an immediate and compelling affective impact, whether positive or negative. They find the world alluring and want things from it: objects, feedback, friendship - and have little tolerance for delay and frustration in satisfying their needs. When the environment provides unpleasant stimulation, they have difficulty ignoring it. The world continues to be important to them, and they cannot forget about unattained possessions, lost opportunities and unrequited loves.

b) Their behavior is motivated by their own urges - pleasure in their activity or experiences, or in the goal of the activity. They tend to be relatively spontaneous and enthusiastic, may be easily excited or impulsive, tending to do what they feel like, perhaps even

against their better judgement. If, on the other hand, they are accommodating and eager to please, it is because they wish to gain something - e.g., someone's love, more money - and not for the sake of a principle.

c) They feel an urge to act upon the world, to demand from it, to do things to change it. If they are unassertive people, then they wish the world were rearranged (as opposed to wishing they weren't bothered anymore) or attempt to manipulate the environment. Those who are more assertive ask questions, take action, and may enjoy confrontation. There is often a greedy quality to their behavior, an inability to let go or accept a negative outcome gracefully. They may be insistently, vengefully or even explosively angry, or continue to beseech,wheedle, manipulate or scheme for what they want. Again, unassertive individuals will not express these feelings in their behavior but will experience them in wish and fantasy.

d) In relationships, engaged individuals tend to seek, or long for, contact of an intense interpersonal nature. In those with good relationships, this tendency may take the form of a strong sense of sharing, empathy, and a feeling of mutuality and interdependence. Those with a reduced capacity for relationships nonetheless may have short-lived, highly involved, emotionally charged interactions with others. Their need for relationships often have an urgent, not-to-be-ignored quality. If they are loners, they are not comfortably so, and wish for a close alliance with someone. Engaged individuals may have some difficulty separating from others, and may even feel tied or hemmed in, either by their own needs or by others' needs for them, so that they have to struggle to free themselves.

Environmental Disengagement:

a) For disengaged individuals, the impact of the environment is delayed, distanced, or attenuated. They can relatively easily ignore the world, or be aware of what is happening around them without experiencing strong emotions about it. They tend to remain calm and not let things bother them, or try not to. They may be more reflective, turned inward, or interested in abstractions, or they may show evidence of apathy or boredom. They may see the world as offering them mostly pain or disappointment, so that its impact is to be avoided, not heightened.

b) They tend to organize their behavior according to a set of rules, whether internal (self-discipline, perfectionism) or external (authority, religion). They prefer guidelines and structure, and like their lives to be well-regulated and predictable. Disengaged people are reliable, organized and well-modulated, sometimes to the point of being constricted, overly conventional, or moralistic. They like to be in control of their own impulses and behavior, and resent interference from others with their self-regulation.

c) These people feel less urge to act upon the world, to get from it or to do to it, and tend to accept things as they are, even if negative. They may feel that protest is foolish, undignified or a sign of weakness. Or, they may simply feel mistreated and helpless, brooding but with little wish (or inclination) to take any action. Rather than attempting to change the undesirable aspects of the world, they are more likely to withdraw, possibly to change their own behavior, and either emphasize their distance from what is bothering them, or to

belittle the magnitude of the problem. Their aim is more to minimize the negative than to maximize the positive. Thus, if they do act, it is more likely to be to fend off harm, ensure self-determination, or neighten a sense of self-discipline, rather than to obtain anything from outside the self.

d) Such individuals are autonomous and self-sufficient around others, not as inordinately tied to others or as needy for response as engaged people. Whether or not they have close relationships, they tend to have a sense of separation and distance from others. Sometimes, they feel a wall existing between themselves and others, whether they erect it themselves or feel that others avoid or don't respond to them. They may find that their relationships are superficial rather than close, and may prefer them to remain that way. There is a relative absence of a sense of mutuality or intimacy; rather, they emphasize the contractual aspects of friendship, the feeling of being able to depend on someone for reciprocal support: you scratch my back, I'll scratch yours. They tend to be cautious with others, not readily revealing their feelings, and require more from another person before establishing intimacy. They may keep their distance while relating either by being provocative, or by hostile teasing.

They may worry about being influenced by others. For example, authority-bound individuals, who believe fully in following the rules or the dictates of their superiors, may react negatively to any change in, or infringement of, the rules. For these individuals, the experience seems to be that it is the structure itself that guides them, rather than a more affect-laden personal

influence, which they reject.

There is a provocative parallel between the physiological symptoms and the psychological orientation hypothesized here, of an association between dermatological disorders and disengagement, and gastrointestinal disorders and engagement. Dermatitis patients have their symptoms at their outer surfaces, as though it were there that they perceived the noxious stimulation to be - outside themselves and infringing on them, but prevented from access to their innermost self. The gastrointestinal group has symptoms in a part of the body that, while actually located inside them is in fact anatomically an external area, and is that inner part where most transactions with the outside world, intake and output, occur. This is suggestive of the feelings of mutual interdependence and interchange with the world hypothesized for gastrointestinal patients. While these parallels, in themselves, are not a basis for the hypothesis, they are suggestive of possible psychological-physiological linkages.

Since both groups studied have psychosomatic disease, there may well be similarities between them that differentiate them both from the non-psychosomatic population. For example, the present study makes no hypothesis about whether people with psychosomatic disease represent extremes - as compared to the normal population - of engaged or disengaged styles, or whether they simply represent examples of failures or malfunctioning in these styles. Thus, there may be disease-free individuals who are high on engagement, but presumably their wishes to interact with the environment are

satisfactorily met. Therefore, though their style may be recognizably engaged, the affects, and concomitant physiological processes, may not be aroused as intensely and as chronically as those of engaged people who develop psychosomatic symptoms. The latter group might not have had their needs met, so that their coping style is activated at a high level of intensity and for long periods of time. The difference, then, between people with psychosomatic disease and those without may not be in the qualities of the style per se but in the intensity and extent to which it is activated. In turn, the extent of activation may in part depend upon whether the use of the style is conflict-free and/or upon the success with which it meets the individual's needs. For example, if gastrointestinal patients are more likely to feel an urge to take measures when they find themselves in an unpleasant situation, it may be that they also feel conflicted about such actions and inhibit these impulses - say, because they are afraid of negative consequences - or they may make attempts that lead nowhere. Similarly, dermatitis patients may find that a policy of "ignore it, it'll blow over" may not be sufficient to protect them from noxious environmental press or to quiet their feelings of anger.

Another issue is that though the dimension of environmental engagement-disengagement has been presented as though it represented a character style, it can also refer to a transitory style. For example, someone may be highly disengaged with respect to a particular need, conflict, or situation whereas at other times he may not be markedly so.

In addition, the same individual may at different times be either engaged or disengaged; he might alternate between the two, reflecting differing ways of coping, perhaps because of unintegrated aspects of his personality, or perhaps as ways of dealing with different needs and situations.

One pilot subject, referred to the study because of neurodermatitis, presented an example of this mixed pattern. He said he had been having difficulties adjusting to the intense demands of his professional school and had finally decided to say "the hell with it. I'll go along with it but it's not going to beat me. I'll let it bend me so far, but when it starts to get the best of me, I'll walk away from it." These attitudes seemed to reflect a disengaged stance. However, this subject said he had consciously decided to adopt this attitude in contrast to a previous one of wanting to tell his professors off, when he was worrying a great deal. While he had felt the wish to get angry at his professors, he had suffered from diarrhea and stomach pains, symptoms which he associated with that attitude and which he felt ceased when he modified his style. This change in symptoms with a change in attitude is consistent with the hypothesis presented here. Now, he said, along with a recurrence of his skin symptoms, "Things don't bother me the way they used to. I've learned how to level things out."

It is important to emphasize that engagement and disengagement are seen as styles that cut across a variety of other personality styles, and no particular affect or behavior is in itself necessarily

engaged or disengaged. Rather, the issue of engagement-disengagement is related to the way in which the person experiences an affect and the meaning for him of a specific behavior. For example, classic depression - low activity, withdrawal, pessimism, the wish to give up - would be predicted, according to the hypothesis presented here, to be less common in those with gastrointestinal symptoms. However, it is likely that the gastrointestinal-engaged individual also feels depressed but that his depression differs from classic depression. It might include more feelings of wish for revenge, longing, frustration and demandingness. Similarly, striking someone might be motivated by frustration at not getting enough attention and a wish for it (engaged) or it may be motivated by a wish to fend off intrusion (disengaged).

The concept of engagement-disengagement as defined here was developed specifically out of the research reported here and out of pilot data obtained from people with psychosomatic disease. Two other researchers in the field have used or discussed measures or concepts that bear on the one presented here. Greene, Conron, Schalch and Schreiner (1970) carried out a study of twenty-two patients who were undergoing a difficult medical procedure. The patients' affect, behavior and particular blood hormone secretion levels were measured and, after the procedure, they were interviewed about their experience. The affective dimensions used were: anxious, depressed, hostile, and calm, and the behavioral measures were the degree of activity - arousal vs. withdrawal - and engagement, which was measured by the "extent of initiation and perpetuation of talk" with staff. None of the patients was seen as hostile, only two were

calm and the others were divided more or less equally between three groups, described as "anxious engaged," "anxious-not engaged," and "depressed." The first group showed anxiety during the medical procedure and tended to handle it by maintaining contact with the staff working on them. They admitted to being frightened, and some said they wanted to flee the situation (fleeing, as opposed to simply withdrawing, would also be considered environmentally engaged in the current study because it suggests that the affective response to the stimulus is so strong that the individual is unable to ignore it and needs to put physical distance between himself and it). This anxious engaged group appears to fit into the high engagement style described here. Greene et al's second group, anxious-not engaged, also seemed tense and frightened but did not keep up contact with the staff during the procedure. From the description provided, it is not possible to assess whether this group would be considered engaged or disengaged in the present study, since for that purpose it would be necessary to know not only the behavior but also the feelings and attitudes underlying it. The third group, the depressed patients, were not attentive to the medical procedure and reported that during it they "had tried to think of something else" to keep their minds off the procedure. This group appears to be disengaged, not only from the label "depressed" which in Greene et al's study was used to refer to slowed-down depression, but also from the fact that they were attempting to reduce the affective impact of the environment, and at the same time, presumably, to reduce their own level of affective excitation. Greene et al also found that for each of the groups there were signficant differences in the levels of the various blood hormones

measured. Although these last findings are not relevant in a direct way to the current study, they do provide evidence that there are physiological differences associated with the presence of engaged and disengaged coping styles.

Singer (1974) delineates a concept which she calls "engagement-involvement," which she feels has been central in much psychophysiological research but has often been overlooked and not accounted for. She defines it as an individual's "level of engagement to nonengagement with his fellow man, his surroundings, and his inner self," and includes in it "attention, alerting, arousal, affect and activation." She feels further that it "suggests a person is locking into, actually investing in a transaction." In some ways, Singer's concept is similar to Cannon's idea that the body responds in the same way to any sort of arousal situation, since she attributes major importance "to the component of investment, engaging, locking into" rather than to the content of the affect or the stimulus situation which elicits it."

Singer's engagement-involvement, though it may in many ways be like the notion of environmental engagement presented here, is not fully parallel to it. In particular, the direction of energy investment is relevant to environmental engagement but not to Singer's concept. Thus an environmentally disengaged person could be engaged-involved in building up his fences (so to speak) as an environmentally disengaged individual is in building bridges. Someone who was very interested in fulfilling a standard or in mastering a skill would be, most likely, considered disengaged according to the measure presented in the current study, yet he could show a high level of Singer's engagement-involvement.

Singer refers to a study by Weiner, Singer and Reiser (1962), who found that cardiovascular responses were related to the subject-examiner interaction. Singer reports, "Failure to perceive or engage in the task correlated with an absence of brisk physiological responses" and if the task "leads to 'anxiety' or more specific emotional involvement with the examiner, further, more specific physiological changes occur." These findings suggest that there are physiological changes which correspond to increases in the environmental engagement dimension of interest here.

Literature on Gastrointestinal and Dermatological Disorders:

The following is a review of the psychosomatic literature dealing with the two types of disease with which this study concerns itself. While not all the studies may be directly relevant to the present research, they are presented here to make the reader familiar with the research in this area, so that he will be better able to assess where and how this study fits in.

It is often difficult to assess and to compare the various types of studies on psychosomatic disease and the resultant findings. A number of studies are based on the impressions of the author after treating people with a particular psychosomatic disease, whether in psychoanalysis (e.g., Alexander) or medically (Stokes, Obermayer, etc.). Many of these studies provide rich and differentiated descriptions of the personality traits to be found characterizing different disease groups. However, frequently such impressions are influenced by earlier work, so that the descriptions are not always independently arrived at. Thus, if one study finds a high level of

repressed anger in a particular group of patients, other writers may be more likely to look for, and find, repressed anger in their subjects. Often, the traits described are, like a tendency to anger, both ubiquitous and capable of being expressed in many different ways, and therefore it is the extent and quality of the trait that is significant. Unless the studies include descriptions of more than one group, so that a comparison can be made, the results may be hard to interpret. Even then, the terms are not usually precisely defined, and may be used with quite different meanings in different studies, or even within the same study.

In addition, for the purposes of the current study it is important often to know not only the subject's behavior but also the motivation for, and the experience of, that behavior. For example, if someone is described as "compliant" it makes a difference in terms of judging whether he is engaged or disengaged to know where he is compliant in order to win someone's affection or because he feels, in general, that he should always be polite.

This is not to say that such studies are without value, but rather that the meaning of the findings is not always clear. On the other hand, it is often the case that when studies define their variables more precisely - say neuroticism score on a particular scale - their results are too specific to be of much use for the current study. Graham's work on attitudes associated with various psychosomatic disease, described earlier, is a notable exception to these objections. Graham used his impressions to differentiate the disease groups he studied, thus finding with measurable differences that had the virtue of being outstanding characteristics of the

patients rather than merely easy-to-measure. And he also tested his impressions, using as raters both the patients themselves and also colleagues who made blind judgements of the protocols.

Gastrointestinal Disorders: Ulcers:

Perhaps the best known work on the psychological aspects of ulcer patients is that of Alexander (1939, 1948) reported earlier. His hypothesis is that an ulcer results from a conflict between unconscious longing to be cared for and loved, and the rejection of such a passive, dependent position. One of the difficulties with a good deal of his research, since most of it is based on analytic material, is that it is possible to find evidence of strong dependency wishes in anyone, and judgements about the relative importance of these issues for a particular individual are clearly quite subjective. However, a number of studies have found variants on the wish to be taken care of or the wish passively to receive supplies as important in ulcer patients. For example, Kapp, Rosenbaum, and Romano (1947) found that their group of twenty subjects with peptic ulcers could be divided into three sub-groups, one of which apparently fit the syndrome described by Alexander. These were men who were outwardly independent, hard-driving and successful as an overcompensation for deeply repressed, intense receptive desires. The other two groups were much more accepting of their dependency needs. One consisted of men who were fairly successful but outwardly meek, shy and often effeminate. Their dependency longings were at least partially ego-syntonic, for they tended to satisfy them by an overtly dependent relationship on a mother or mother substitute, while at the same time maintaining some degree of independence. The third and largest

group used socially unacceptable, as well as acceptable, attempts at gratifying dependency wishes - for example, alchoholism and delinquency - and were often parasitic on parents, wives or society. The authors conclude that their study confirms Alexander's hypothesis but point out that the "conflict" may arise between the individual's wish for passivity and the environment's lack of disposition to supply these needs, as well as within the individual. In other words, frustration of dependency cravings appeared to be essential, whatever the source of the frustration. Alexander later modified his hypothesis to conclude, "It would appear that the crucial factor in the pathogenesis of an ulcer is the frustration of the dependent, help-seeking, and love-demanding desires."

Weiner, Thaler, Reiser and Mirsky (1957) measured serum pepsinogen of 2073 army inductees and selected 63 men with pepsinogen values in the upper 15% and 57 men with values in the lower 9%, who were then given a number of psychological tests. On the basis of the psychological data alone, the authors were able to select 71% of the hypersecretors of pepsinogen (which is associated with ulcer development). The hypothesis for the study, based to a large extent on Alexander's work, was that the hypersecretor would be similar to the individual with an ulcer. Thus, the authors selected men showing "intense infantile oral dependent wishes, marked immaturity, tendencies to please and placate, and difficulties revolving particularly about the management of oral impulses and hostility." Out of ten men selected as most likely to develop an ulcer, on the basis of "intense needs to maintain relationships with others," as well as psychological evidence that suggested that they were hypersecretors,

seven already had an ulcer or developed one during the time of the study. Of the other three, two were in the hypersecretor category.

Rubin and Bowman (1942) compared 100 ulcer patients and normals on EEG and responses on personality data. They found that 71% of ulcer patients, as compared to 20% of normals, had high alpha rhythms, which the authors report is found to be associated with passive, receptive, dependent attitudes toward others, when these attitudes are freely accepted and not internally thwarted. In describing the relationship with their wives, as many ulcer patients as normals appeared to be aggressive and outgoing, but a significantly greater number appeared passive when they were with their wives and friends. Gildea (1949) found that ulcer patients had strong dependent needs and might be either passively or aggressively dependent.

Thaler, Weiner, and Reiser (1957) compared patients with peptic ulcers, hypertension and other disorders (cardiovascular disease, surgery patients) in terms of their interactions with their physicians. They found that ulcer patients differed from hypertensives in that the former tended to seek closeness in their interaction with the doctor, while the hypertensives tended to do the reverse. However, the ulcer patients were not significantly different than the two other disease groups on this measure.

Another major finding regarding ulcer patients is that the ulcer is related to anger, particularly anger about unmet dependency needs. Castelnuovo-Tedesco (1962) studied twenty patients with perforated ulcers, using a clinical analysis of daily interviews with these patients. His impression was that, in addition to a number

of other factors such as diet, there were emotional factors relevant to the perforation. Though he feels that Alexander's formulation is to a large extent valid, Castelnuovo-Tedesco emphasized not the lack of passive need-gratification, but rather "the feelings of impotent rage which the patient apparently develops in situations where he senses that he is helpless and about to be defeated." Further, he states that the perforation seems to be the result of the combination of not being able to cope with a stressful situation and of not being able to react to difficulties by becoming depressed. Rather than acknowledging feelings of depression, the patient with a perforated ulcer "protects himself by various means, principally by denial and also by a flight into activity..."

Rosenbaum (1954) also emphasizes the possibility of an aggressive component in ulcer formation. He finds that wishes to grab and devour are important and that the frustration of these wishes may lead to aggressive behavior rather than to passivity. Weisman (1956) presented findings on psychotherapy patients with ulcers. He found that symptoms occurred most often "when the threat of depletion exceeded the promise of replenishment and the resulting angry protest was restrained." The patients studied were afraid of becoming helpless and submissive through a narcissistic injury, of making depleting demands, and of consequent loss of support. Cleveland and Fisher (1960), comparing 33 men with ulcers and 26 men with rheumatoid arthritis, found that ulcer patients tended to have "a great many external oral fantasies, implying a deep feeling of dissatisfaction and deprivation." Graham's et al's (1962) work on specificity, referred to earlier, finds an essentially similar

attitude associated with ulcers: "feels deprived and wants to get even."

Hypotheses that associate ulcer formation with wishes to get from the environment and with anger (and not with depression) are both supported by the studies on the emotional correlates of increased gastric secretion (Engel, 1956; Wolf and Wolff, 1943), as well as by studies by Kehoe and Ironside (1964) and Coddington (1968). Szasz, Levin, Kirsner, and Palmer (1947) also found anger related to the onset of peptic ulcer and suggest a somewhat dubious mechanism for this association, which appeared to fit the case they presented, namely: an association of infantile anger leading to crying which in turn led to being fed, which led to an association in the adult between feelings of anger and stomach preparation for food.

Despite the differences in emphases in the research on ulcers, there is a considerable degree of agreement on the major psychological aspects of patients with ulcers. The two major hypotheses, one relating ulcer to dependency and the other to anger, can easily be reconciled with each other, as Weisman has done. In other words, ulcer patients have been found to be people with strong needs to get (or be given to), who tend to become angry (but not usually depressed) when these needs are not met, but who do not necessarily openly express their anger. While a number of studies - such as Rubin and Bowman's and Kapp et al's - find that a large proportion of ulcer patients tend not to express anger or be aggressive, this may well be because of a need to placate and avoid loss of support (Weiner et al, 1962), or it may be that anger expression is restrained for other reasons (Castelnuovo-Tedesco, Weisman). There are, however, some

contradictory data. For example, Mahl's work (1949; 1950; 1953) indicates that gastric secretions appear to be negatively related to feelings of hostility, show a mixed relation to dependency, and are most related to anxiety. He concluded from research on two patients during psychoanalytic hours (1953), from an experimental study of eight men (1950), and from work on ulcer formation in dogs (1949) that chronic fear is significantly associated with ulcer formation. Mahl's findings are supported by those of Heller, et al. (1953), who compared gastric secretion during an anxiety-inducing diagnostic procedure for ten men, five with gastrointestinal symptoms and five without symptoms.

By and large, most of the findings (i.e., that people with ulcers have strong needs to be taken care of, wishes to 'grab and devour,' feelings of impotent rage, wishes to protest angrily, etc.) are also consistent with the hypothesis advanced here, that people with ulcers will be high on engagement, i.e., with a tendency, or a wish, to heighten affective interaction with the environment. Thaler et al's findings that ulcer patients tend to seek closeness in their interactions with their physician is especially supportive of the current hypothesis.

One aspect of the findings that is not consistent with the hypothesis presented here is that ulcer formation is associated with passive, receptive wishes, whereas the current study predicts that those with ulcers will show heightened wishes to take. However, even those who most emphasize the passivity of the ulcer patient's unconscious wishes, i.e., Alexander, also refer to them as being demanding and orally aggressive. In fact, Alexander does not always clearly

differentiate between passive and aggressive forms of orality. For example he says, "It would appear that the crucial factor in the pathogenesis of ulcer is the frustration of the dependent, help-seeking and love-demanding desires" (1939). The word 'demanding' suggests an aggressive style of 'going after' love, rather than that of waiting to be loved. As proof of his position regarding unconscious wishes in ulcer formation, Alexander cites examples of patients who recover from their ulcer when they are given to. He interprets this to mean that because the unconscious passive wish is satisfied, it is no longer expressed somatically and regressively. These examples can also be interpreted somewhat differently, without the necessity of resorting to the explanation of an unconscious passive wish. It could be that the root of the disease is less the patient's wish to be given to and more his attempt to grab, which may well be conscious. Being intensely primed to grab ("orally") with concommitant physiological processes related to chewing and digesting, make the ulcer worse. When he is given to, the characteristic way of coping (by grabbing what he wishes to get) is relaxed, and the associated physiological processes abate, thereby producing relief from the ulcer.

There has been less research on ulcerative colitis and, especially, on regional enteritis (also called ileitis or Crohn's disease). Since both regional enteritis and ulcerative colitis are associated, at least part of the time, with hypermotility of the ilium or colon, Grace's (1951) research on hypo and hyper function of the colon has some relevance. In this study, four subjects with fistulas were examined. It was found that hyporesponsivity of the colon occurred in

situations which evoked feelings of fear, rejection, futility, dejection, dissatisfaction, boredom, tension and mild depression in their subjects. Hyperdynamic reactions were given to emotional stimuli which evoked a reaction of anger, resentment, guilt, humiliation, anxiety, and conflict. Loosely, the emotions associated with hypodynamic function can be characterized as tending toward depression (futility, depression, dejection) and rejection of the environment (fear, rejection, boredom), although it is not clear whether tension and dissatisfaction fit into these two categories. Associated with hyperdynamic function are feelings tending more toward anger, which would suggest a wish to interact with the environment, and with anxiety and conflict, which suggest an ambivalent attitude toward interaction, but not withdrawal.

Graham's study on attitudes (1962) found that the attitudes associated with ulcerative colitis and regional enteritis were quite similar (i.e., "feels injured or degraded" versus "feeling has received something harmful.")

Whybrow, Kane, and Lipton (1968) studied the records of 39 patients with regional enteritis, of whom 22 had fairly good records regarding their psychological adjustment. Fifteen of the group were found to be depressed, although their report does not specify how depression was defined, and seven more were found to be anxious. Depressive symptomatology was found more often when patients were hospitalized for more severe illness and for longer periods of time, and also among those who had received steroid treatment. The most commonly found description was "regressive, demanding behavior towards nursing staff" while "some persons demonstrated a more passive, overt dependence with occasional outbursts of anger." In

summary, Whybrow says 40% of the patients in this study show "predominantly passive-dependent adaptation" but adds that this may be in part a result of having a severe illness. This study demonstrates a difficulty similar to the one commented on in Alexander's description of ulcer patients, namely, that "passivity" and demanding behavior appear to be, to some extent, equated. Thus some patients are "demanding" and some are "passive with occasional anger" but in general they are summed up as "passive-dependent" where in fact, from what is presented, they sound more aggressively demanding. Naturally, these results are somewhat difficult to interpret, and the second-hand manner in which they were collected, while eliminating experimenter bias to some extent, introduces other confusion. Assuming that most of these patients are demanding, the data fits in with the present hypothesis, though the findings of 15 depressed patients does not, unless they were depressed and demanding.

Grace, (1953) in a report on four patients with regional enteritis, found these patients characterized by "an attitude of impatience and trying to get things finished with" and said that the diarrhea associated with the disease may have indicated a "desire to get rid of something" which is a predominant trait for those with regional enteritis. These findings are consistent with both the hypothesis proposed here and also with Graham's specific attitude.

Bockus (1945), too, in a paper that is largely on medical aspects of regional enteritis, comments, "I have encountered very few calm, phlegmatic persons with this disease. Many of them were emotionally sensitive and rather excitable people" with anxiety and emotional

immaturity as their most prominent personality traits.

Stewart (1949) found "overt fear and repressed rage...present as part of a dependency pattern of adaptation" which is reminiscent of the findings on ulcer patients. Crocket (1952), however, finds that dependency is not "unduly prominent" in these patients.

Despite the variability in the findings and the difficulty making comparisons from study to study, it would appear that most of the findings, with the exception of that of a number of depressed patients with severe enteritis, do support, or at least are consistent with, the hypothesis presented here.

One of the characteristics commonly noted to be associated with ulcerative colitis is a high degree of personality disturbance and a greater frequency of psychotic episodes than found in the normal population (Engel, 1955; Mushat, 1954). Not surprisingly, then, these patients are also found to have a low level of object relations, including in particular a great deal of difficulty in establishing a solid independent existence so that they tend to remain in a symbiotic relationship with a key figure, usually the mother, but sometimes the spouse (Lindemann, 1950; McmMahon, Schmitt, Patterson and Rothman, 1973; Mushatt, 1954; Engel, 1955). Mushatt presents a case of a boy with ulcerative colitis who, after his father's death, had fantasies of being "king of the cannibals," said that he felt sometimes about his father "he is me and I am him" and at other times said, "I am part of my mother and she is part of me" or to his therapist, "I feel that you and me are one now." McMahon et al refer to "an unusual degree of empathy between patients with ulcerative colitis and a key figure," and say that these patients "appear to give up or

attentuate the struggle for identity as a psychologically separate, autonomous individual." Kahana(1962), reporting results from psychotherapy with an ulcerative colitis patient, found an intensification of symptoms asscciated with "an effort to incorporate orally a constant and consistently gratifying maternal image." These findings are consistent with the present hypothesis, as they suggest a wish for intense and highly interdependent relationships.

McMahon et al, in their comparison of 23 patient-sib pairs, found ulcerative colitis patients more dependent, conscientious, ingratiating and conforming to the expectation of others. Their research was clearly heavily influenced by Engel's, and they quote from his report of ulcerative colitis patients as having an obsessive-compulsive character structure, featuring passivity, compliance, overconscientiousness, inability to be appropriately angry, with ambitious standards and a tendency to be perfectionistic. It is not easy to interpret these comments or to judge how they relate to the hypothesis presented here. On the surface, most of these characteristics seem more consistent with a disengaged personality style than with an engaged one. However, McMahon et al give an example of perfectionistic behavior on the part of one of the patients they studied, namely, that he was "unable to accept situations as they are and always wanting to change them and make them better." Thus "perfectionism" as it is used by these researchers does not suggest an interest in standards for their own sake (which would be disengaged) but rather includes the wish to change the environment, which is "engaged." Also, the characteristic of "passivity" if it is combined with longing and with wishes to get something from or do something to the environment would be quite

different from a resigned, let-things-fall-where-they-may passivity.

The same sorts of difficulties are also present in any attempt to interpret Engel's (1955) report. He studied 39 patients with ulcerative colitis and examined the records of many more (over 700 patients) of which he found only 42 whose records were sufficiently complete so that he could interpret them. He found 26 out of 27 patients with obsessive-compulsive characters; most were "ingratiating, placating, submissive, attempted to make an acceptable appearance, were very sensitive, and avoided direct demands." His findings on relationships are mentioned above. Another of Engel's findings, regarding the emotional state which preceeded attacks, derived from 16 patients, is that the patients had feelings of despair, hopelessness, being overwhelmed, having too much to cope with, feeling helpless, etc. Lindemann's (1950) and Groen's (1947) findings tend to support this as well, though Grace's (1953, above) work appears to be in contradiction. Engel's report is apparently inconsistent with the current hypothesis, since such feelings as he reports seem more likely to be found among disengaged people. Again, however, he does not quote the context in which these feelings occur. Thus it is possible that the patients were feeling despair while nonetheless continuing to long for whatever it was that they wanted. In another place, Engel (1956) defines helplessness as a "state in which there is a loss of an object, a needed person, a goal, etc. and in which the patient has the feeling that he cannot function unless he re-establishes the contact with the lost object." When someone is feeling hopeless, he "not only feels that the object is lost and that it is impossible to get it back" but "may even feel that it is too late." By these definitions, helplessness could well be associated with engagement, and

Engel does not make it clear to what extent the patients he described felt hopeless or helpless. Some light on this issue is shed by contrasting the patients' experiences during headaches, which Engel found as a common alternative symptom in patients with ulcerative colitis. He reports that they contrasted the "active character of their thinking and behavior before the headaches to the passive, helpless attitudes before the colitis attacks." This suggests a more resigned attitude associated with colitis, but also the possibility that the "active" or more engaged style is latent in these patients during the times of their colitis attack.

In general, however, it appears that the findings on people with ulcers and with regional enteritis are mostly in support of the hypothesis advanced here, while those on ulcerative colitis patients, especially Engel's work, appears at least somewhat contradictory.

Dermatological Disorders: Eczema:

Edgell (1953) studied 90 patients with eczema, of which 74 showed suggestive evidence that psychological factors contributed to their symptoms. Based on outstanding personality characteristics, the patients were divided into four groups, the two largest of which are described below. The largest group, referred to as the "undisguised eczema" group, is described as follows:

> Quite obviously childlike and immature...they like to be liked and they cultivated good will assiduously. They were reluctant to expose their own feelings lest these prove offensive, stick to a well-accustomed pattern of life, speak only when spoken to.

The next largest group was the "resentful" eczema patients, who were:

> Palpably hostile, suspicious and uncooperative...resented their childhood dependence on their parents...might superficially appear calm, poised and friendly. Their underlying tension and repressed anger might be betrayed only in the rigidity of their muscular armor. The calm face was really only a frozen mask...The speech might be hesitant...with the fear of letting go.

Hall-Smith and Norton (1952) examined 150 patients with dermatological disorders, including 29 with eczema. They felt that in about half of these cases there were no psychological factors associated with the symptom. Of the remaining group, eleven were described as over-conscientious and anxious. Miller (1942) found that his patients with urticaria"tended to withdraw from a frustrated life to a masochistic absorption in themselves." They were impotent, passive men, dependent on their fathers, sadistic (in fantasy primarily) toward women, and very guilty about their hostility, which was turned inward. Graham et al's work (1962), mentioned earlier, found the attitude: "feels he is frustrated and can do nothing about it except take it out on himself" associated with eczema patients. Sainsbury (1960) compared 1352 outpatients, including those with various skin disorders, "normal" outpatients and neurotic patients on a scale of extraversion. Those with eczema did not differ significantly from normals on this scale.

Allergic reaction:

Freeman, Singer, Affelder and Feingold (1967) studied 132 women with asthma, rhinitis, and hay fever (these symptoms are not included in the current study but the physiological processes underlying them are similar to those of allergic skin reactions). They found that women with allergic reactions, who showed minimal evidence of hypersensitivity on skin tests, described themselves as depressed, withdrawn, uneasy and incompetent. Wittkower and Russell (1953) describe the allergic personality as showing "markedly passive and overdependent trends."

Urticaria:

Stokes, Kulchar and Pillsbury (1935) studied 100 patients with

urticaria and found them to have a:

> driving, high tension, competitive personality, keyed to a high pitch and perpetually intent on their destination, achieved at no matter what the expense in their personality.

They also found that 55 of their patients had constipation as an associated symptom (which is associated with hypodynamic colon function) whereas other gastrointestinal symptoms are notably absent.

Saul and Bernstein (1941), describing a psychotherapy patient with urticaria, reported that one attack began "when her cravings for love, intensified by her overexertions, were on the verge of total frustration through separation." They found weeping regularly terminated the symptoms. They described this patient as dealing with her anger by retreating to a passive, masochistic attitude.

Wittkower and Russell (1953) reported on 35 patients with urticaria. They found these patients about equally divided between those who were submissive and those who were resentful. The first group adopted an ingratiating, pleading or an overaccomodating attitude toward the environment. They were conscientious in their work but without originality and initiative and were similarly passive and dependent in their interpersonal relationships, unable to speak up for themselves, and insecure. The "resentful" group were demanding, at times vindictive, chronically dissatisfied. The authors felt they could be described by the terms "bully, domineering, self-righteous, quarrelsome, quick-tempered, impulsive and explosive." It was felt that their aggressive behavior had, to some extent,an unconscious masochistic aim; that is, of eliciting a negative response from others.

Graham and Wolff (1951) studied 30 patients with urticaria. They found that the attacks were precipitated by situations in which

intense resentment was aroused, where the patient felt he was "unjustly taking a beating." The resentment did not lead to the wish to take aggressive action, however, and in fact the patients did not even seem to feel hostility but rather had a passive attitude toward punishment from superiors.

Sainsbury (1960), in the study described above, found that urticaria patients were significantly lower on extraversion than the normal group. It should be noted that urticaria, though it can recur, usually only lasts a brief time - a few hours, or at most, days - so that disfigurement cannot account for the low score on extraversion.

Most of the descriptions and findings of patients with these various allergic skin reactions tend to be consistent with the disengaged personality style, as predicted. As a group, they seem withdrawn, passive, masochistic, afraid of being offensive, and unacceptant of their anger. The wish to please others is also mentioned but usually in conjunction with the fear of doing something wrong, which is different than a wish to please and get something from someone (which would be engaged). These patients seem more concerned with avoiding harm. The urticaria patients that Wittkower and Russell describe as "resentful" however, do not appear to be disengaged. While it is possible that their tendency to be demanding and vindictive is not in order to gain something but rather, as the authors suggest, to alienate others, it is difficult to reconcile characteristics such as "impulsive" and "explosive" with the disengaged style.

Seborrheic Dermatitis:

Wittkower and Russell (1953) interviewed 100 troops with seborrhea. They found that these men were shy or solitary, afraid of being

conspicuous or laughed at, needed to be on good terms with everybody and were afraid of authority. They lacked assertiveness, were stubborn, rigid, with high moral views, and had difficulties in heterosexual relationships. They tended to be hard workers, perfectionistic, and afraid of punishment. They were afraid of something going wrong, though they often looked calm. Sainsbury (1960) found patients with seborrhea significantly lower on the extraversion scale than normals. Hall-Smith and Norton (1952) studied thirteen patients with seborrhea and found ten of them anxious and obsessional.

Acne:

Wittkower (1951) studied 64 patients (all over age 18) with acne. Of these, he classified 26 as "rigid personalities." They had a high sense of moral obligation - a feeling of obligation toward their parents compelled some to cut off all other social contacts - and they avoided "relaxation" as frivolous. They tended to be obedient, inoffensive, having had their aggressiveness, they reported, "knocked out" of them when they were young. They were particularly rigid with regard to sexual activities. Another group of 14 patients, Wittkower describes as "rebels and dreamers" who tended to need to assert their freedom from rules and parental authority in particular. While this attitude on the surface might suggest a less restricted personality, the descriptions of these patients makes it seem more likely that they were involved in the same conflicts as the "rigid" group but were simply voicing their dissatisfaction while in fact they continued to feel bound by the same rigid moral code. Of the remaining 24 patients, half seemed unusually immature, "inoffensive, timid, sometimes pitiable," dependent upon their parents, and the

other half had "gross psychological disorders" or were "unclassifiable." Inhibition of sexuality was common to most of the patients with acne, whatever classification they were in.

Both Lucas (1961), who studied 44 students, 19 with acne and 15 without, and Sainsbury found no difference on the extraversion scale between normals and those with acne.

Robin and Kepecs (1953) studied sebum secretion in 155 subjects during interviews and found a marked increase in the rate of secretion associated with fear and weeping. They do not mention whether they studied other variables, aside from fear and weeping, as well. Lorenz, Graham and Wolf (1953) studied sebum secretions in 30 subjects with acne. They found a characteristic emotional pattern of "episodes of intense 'anger' promptly followed by more prolonged periods of 'remorse' (guilt and depression) which occurred most commonly when the patients found themselves in conflict with some figure of authority. "In these circumstances, they believed their highly valued, but unrealistic, sense of independence and individuality was being threatened or abused... Whether expressed or not, aggressive and hostile feelings were viewed as 'bad.'" During their brief angry phase, these patients "threatened or wished to take aggressive action if they were not left in peace, while in the latter (phase) they felt it was futile even to consider taking action themselves." Both of these studies have been criticized (Obermayer, 1955) because of the technical difficulties involved in measuring sebum secretions.

Nonetheless, the findings on acne patients are highly supportive of the hypothesis presented here. For example, the moralistic attitude, the concern with authority and rules, and the wish to be independent

all appear to be environmentally disengaged.

Psoriasis:

Wittkower and Russell (1953) examined 86 patients with psoriasis. They found these patients had a tendency to be compulsive, with an urge to overwork. Although the authors speak of an early urge to please a parent, in adulthood these patients were like "hunted animals whose pursuer is close behind them" which makes it appear that their overwork is motivated by fear of stopping rather than by an urge to get something. Many of these patients are further described as unaggressive, conciliatory and very much afraid of their own aggressive wishes. A few were rebellious against authority, but it is not clear whether they wanted freedom for self-expression or freedom to be their own authority. The latter would be consistent with a disengaged style.

Graham et al's (1962) finding was that psoriasis was associated with an attitude of "a constant gnawing at me and feel I have to put up with it."

General:

Van de Erve and Becker (1935) studied 80 patients with neurodermatoses and found them on the whole "a little timid, very suggestible, touchy, changeable and quick." They tended to "worry and brooding rather than transient emotional storms."

Fisher and Cleveland (1968) found that people with skin disease tended to score higher on their barrier scale, which they interpret to mean that people with such symptoms have a heightened sense of boundaries. Regarding their findings, the authors quote W. Reich's statement that armored borders are associated with inhibition and self-control.

In general, despite some inconsistencies, the findings on dermatological disorders tend to be highly congruent with the hypothesis advanced here that these symptoms are associated with a personality style of environmental disengagement.

CHAPTER III

METHODS

Criteria for Subject Selection

The criteria for inclusion in the study were that subjects be males between the ages of 18 to 50, inclusive, who had experienced either (but not both) gastrointestinal or dermatological symptoms to an extent severe enough to require medical attention. The age limits were set to exclude boys, at one end, and at the other,men who might be likely to have other, unknown diseases related to the effects of the aging process. The symptoms had to be recognized by previous research as being influenced heavily in onset and/or exacerbation by psychological factors. Gastrointestinal diseases included were: ulcers, colitis in its various forms and ileitis, but not cancer of the gastrointestinal tract. The dermatological diseases to be included were not set as definitely in advance as were the gastrointestinal diseases, since there is a greater variety of skin symptoms and it was not known what chance would provide in the way of subjects. It was assumed that acne, seborrhea, psoriasis, eczema, and allergic skin reactions would be included, but not skin cancer.

The sample was to consist of 40 subjects, which was seen as sufficient to allow meaningful statistical analysis as well as small enough to permit a relatively intensive interview. The sample was to be evenly split between the two general disease types, and each group of twenty was in turn to be divided into roughly equal proportions of inpatients and outpatients, with no more than 13 subjects in any one subgroup.

Selection Procedures

Outpatients were obtained through advertisements in local newspapers and bulletin boards (5 dermatological subjects and 10 gastrointestinal),

through the University of Michigan Student Health Service Dermatology Clinic (three subjects) and through the University of Michigan Hospital Outpatient Gastrointestinal Clinic (one subject). Outpatient subjects were paid $2.00/hour, as an inducement to volunteer for the research. A considerable proportion of these subjects were hesitant to accept payment (although all eventually did so), saying that they had wanted to help, had enjoyed the interview, didn't need money, etc.

Hospitalized patients were obtained from the University of Michigan Hospital and from the Ann Arbor Veterans Administration Hospital by asking ward staff for appropriate cases. There were three inpatient refusals, all by gastrointestinal patients; two of these men were in obvious pain because of their disease, and this was the reason they gave for their refusals. The third gave a curt and definite "no" on first being approached. Inpatients were not offered payment, as it was not seen as necessary to enlist their participation.

Eleven potential subjects were excluded, two because they were older than the upper age limit, six because they experienced alternately gastrointestinal and dermatological symptoms, and three because of the presence of another, more serious illness (two had cancer and the third was grossly obese).

Demographic Information

In the gastrointestinal group, 9 men were inpatients and 11 outpatients; 12 dermatological patients were hospitalized, while 8 were outpatients. The gastrointestinal group included 10 patients with ulcers, five with ulcerative colitis, 2 each with ileitis and spastic colon, and one with non-ulcerative colitis. The dermatological group included 8 with psoriasis, 7 with acne, two with allergic reactions

and one each with eczema, neurodermatitis and seborrhea.

The mean age of the gastrointestinal patients was 32.2 years, and the age range was from 21 to 47 years; for the dermatology patients, the mean age was 27.8 years, with a range from 18 to 46 years. The difference in mean age between the two groups was not significant (t=1.54, p=N.S.).

The chronicity of the disease symptoms varied from a recent first attack to a disease that had persisted from the subject's preadolescent years. For the gastrointestinal group, the mean duration of symptoms was 7.3 years, with a range from six months to 20 years; for the dermatology group, the mean duration was 9.8 years, with a range from six months to 30 years. The difference in mean duration of symptoms was not significant (t=1.07, p=N.S.). These group characteristics are presented below in Table 1.

	Gastrointestinal	Dermatological
inpatient subjects	9 Ss	12 Ss
outpatient subjects	11 Ss	8 Ss
mean age (years)	32.2	27.8
age range (years)	21 - 47	18 - 46
mean chronicity (years)	7.3	9.8
chronicity range (years)	.5 - 20	.5 - 30

Table 1. Characteristics of patient groups.

The breakdown by specific disease category in terms of inpatient-outpatient status, age, and chronicity of symptoms is given in Table 2 (next page).

Gastrointestinal Diseases:

	Ulcers			Ulcerative Colitis		Ileitis and Non-ulcerative Colitis		
	Inpts.	Outpts.	Both	Inpts.	Outpts.	Inpts.	Outpts.	Both
Subjects	7	3	10	0	5	2	3	5
Mean age (years)	36	30.8	34.4		28.4	34.5	26.3	29.6
Chronicity of symptoms (years)	8.4	6.2	7.7		9.4	6.5	3	4.4

Dermatological Diseases:

	Psoriasis		Acne			Eczema, Seborrhea, Allergic Reaction and Neurodermatitis		
	Inpts.	Outpts.	Inpts.	Outpts.	Both	Inpts.	Outpts.	Both
Subjects	8	0	1	6	7	3	2	5
Mean age (years)	35.5		19	21.3	21	28.7	20.5	25
Chronicity of symptoms (years)	15.1		.5	7.6	6.6	6.7	4	5.6

Table 2. Inpatient-outpatient status, age, and chronicity of symptoms by specific disease category.

The distribution of the two general disease groups on religion is shown below in Table 3.

	Dermatological	Gastrointestinal
Catholic	8	5
Jewish	1	2
Protestant	10	13
Moslem	1	0

Table 3. Distribution of disease groups on religion.

Socioeconomic status was determined on the basis of current occupation, or that held immediately preceding disease onset in cases of disease-related unemployment. For students, status was determined in terms of occupation aspired to, if the student in fact seemed to be preparing for that role, i.e., a would-be engineer majoring in engineering. The distribution for the two groups is given in Table 4.

	Dermatological	Gastrointestinal
skilled & unskilled labor	5	8
engineering & business-sales	6	5
professional & pre-professional	9	7

Table 4. Distribution of disease groups on socioeconomic status.

Most of the subjects were experiencing symptoms at the time of the interview; although several of the outpatient gastrointestinal subjects were symptom-free at the time, they reported attacks as recent or recurrent. It is important to note that being symptom-free for gastrointestinal subjects meant the absence of noticeable symptoms, though they may have had symptoms which they did not perceive. For example, one inpatient subject did not notice any discomfort until his ulcer perforated. For the dermatological group, even slight symptoms were clearly visible to them and were remarked upon.

Gastrointestinal inpatients tended to remain in hospital only a short period of time, usually during a medical crisis. They were often physically uncomfortable and spent a good part of their day undergoing diagnostic tests. The testing sessions thus often had to be fitted in between medical procedures or interrupted because the subject was experiencing discomfort. Despite this, subjects were generally eager to complete the interview. The dermatitis inpatients, on the other hand, were frequently hospitalized for two weeks or more. They were not usually in pain, were generally in good physical health (apart from the skin symptom) and were often eager for distraction, which the testing session represented.

Data Collection

The data collection sessions were usually two to three hours long and consisted of the collection of background information and of the administration of five instruments, in the following order: ten story stems (constructed for use in this study), the Early Memory Test, six TAT cards (2, 4, 3, 10, 13, 17), a personality inventory (constructed for use in this study), and an inverview which was seen as the major instrument for testing the hypothesis (see appendices A-E).

Outpatients were, for the most part, seen for only one session. Inpatients were usually seen in two or more sessions, depending on the number of interruptions for medical procedures, meals, visits, etc. Inpatient sessions were recorded in their entirety and then typed verbatim from the recordings. Thus, responses to the TAT and Early Memories, etc., would be typed, while the interview was always recorded. The investigator conducted all testing sessions. Data

were collected between August 1974 and May 1975.

Instruments (Appendices B-E)

The interview (see appendix B) took an average of 45 minutes to administer and consisted of a number of questions about the subject's work (or school) experiences, interpersonal relationships, including what he most enjoyed in these areas and how difficulties were experienced and handled. The purpose of the interview was to explore central issues for each subject, especially stressful events, and the way in which the subject perceived, experienced and reacted to them. The interview was seen as central to the testing of the hypothesis because its open-ended questions, touching on major areas of experience, allowed each subject to discuss, in an individualized fashion, topics that were important to him, while the investigator's probing could pursue significant aspects of this experience. The interview was intended primarily as a way of eliciting experiential self-report; it was not expected to be necessarily an accurate reflection of the subject's behavior, nor a means for assessing dynamics or unconscious motivation. The questions were semi-structured; that is, the same questions were given in the same order to all subjects (except that either their work or their school experience was inquired about, as relevant for each subject), but the extent of the probing depended on the clarity of the material discussed and on the amount of detail. Probing consisted of requests for examples and further clarification and were especially important in exploring how a subject experienced a particular event, since the same event often had entirely different meanings for different subjects.

For some subjects the interview was an easy and apparently pleasant task, and they readily expanded on their thoughts, motives, wishes, etc., supplying illustrative anecdotes freely. Other subjects had considerable difficulty differentiating and describing their feelings, or perhaps were hesitant to do so to a stranger. Their answers, despite probing, were brief, often vague or overly general, and they produced few examples and details.

The story stems (see appendix C) were designed to be a set of stress-producing situations to which subjects were asked to say how they would react if they were in that situation. The stems were intended to elicit reactions to a variety of stresses, especially to those which might be expected, on the basis of previous research on psychosomatic disease, to be relevant to the disease groups studied.

The Early Memory Test (see appendix D) and the TAT were included primarily for exploratory purposes. Although it was assumed that the hypothesized differences between the two groups would show up on these tests, it was expected that the differences would be much less pronounced than on the interview since, clearly, neither the EMT nor the TAT were meant for the particular purpose of eliciting and exploring concerns that would reflect the hypothesized differences on environmental engagement and disengagement. These tests were used in this study mainly to provide a basis for a dynamic understanding of the personality styles described, a sense of how and why these styles might have been developed, what purpose they served for the individual, and to generate hypotheses for future research.

The personality inventory (see appendix E) used is a set of 16

paired statements, for each of which the subjects were asked to choose the one most true of themselves. Of the 16, there were 6 pairs for which a specific difference between the two disease groups was expected, five more for which there was a tentative expectation of differences, and five which were exploratory and for which there were no specific expectations (see appendix F).

Coding

The hypothesis tested was that gastrointestinal subjects would appear environmentally engaged and dermatological subjects disengaged. For this purpose, four sections of the protocol were used: the interview, Early Memory Test, TAT, and story stems. The sections were given independently to the two coders (except in the case of the story stems, which were coded by only one coder, because of time limitations), each to be coded in its entirety. The subject identification number was changed for each section so that coders could not associate new material with that which they had already coded from the same subject.

All material to be coded was edited, so that references to the symptoms and diseases under study were deleted. Thus, the answers to interview question #7 were omitted, as well as occasional references throughout the protocols.

Coding Instructions

The descriptions of the two personality styles presented in Chapter II were the ones used for coding purposes. They were illustrated with a number of examples, either invented for this purpose or drawn from pilot subject protocols (see appendix G). These final descriptions were evolved during data collection and

were based on briefer definitions of engagement and disengagement (see appendix H) written after the pilot data was collected. The earlier versions were altered and expanded partly to make the descriptions more differentiated and internally coherent and partly to incorporate issues raised by the previous literature on psychosomatic disease (e.g., dependency) and by the data collected from the study's subjects. The major changes were the additions of subdimensions 2 and 4, as separate but related major aspects of the styles; these elements had been only touched on in the earlier descriptions. Subdimension 2, dealing with motivational style, was added because it was felt that it highlighted an important experiential distinction between the two groups (a sort of internal modus vivendi) not captured clearly by subdimensions 1 and 3. Originally, it was planned to have a separate coding system for interpersonal relationships (subdimension 4) to focus on dependency issues, but it was eventually clear that the distinctions expected in the interpersonal area could be subsumed by extensions of subdimensions 1 and 3.

Thus the hypothesis-testing of differences between the two groups of subjects is to some degree a replication of the findings from the pilot data and, to the extent that the coding descriptions were influenced by subject protocols, the coding can be seen as a replication by the coders of the investigator's impressions.

In addition, there were also descriptions of two "modal" types each for the two dimensions (see appendix I), which were meant to provide illustrations of different ways in which the two personality types could be expressed. In other words, the modal types were not meant to be exhaustive but merely illustrative. Their purpose was to

help the coder break any internal set that there was one particular style of engaged or disengaged and to emphasize that these dimensions could cut across a variety of other aspects of personality style. In fact, there did appear to be a difficulty, noted early in the coder training process and, more generally, in discussing the dimensions with colleagues, that others tended to form initially too narrow an impression of what was meant by engaged or disengaged, an impression that, while overlapping with the intended meaning of the dimensions, did not include all aspects.

Interview

The general descriptions of the dimensions were divided, for the interview, into subdimensions, five for environmental engagement, and six for disengagement. Each subdimension focussed on what appeared to the investigator to be differentiable aspects of engagement and disengagement: subdimensions 1A and 1B dealing with perceptions of the environment, including the affective components of these perceptions; 2 with motivational style; 3A and 3B (for disengagement) with characteristic response style to the environment; and 4 with interpersonal relationships. Below, the subdimensions are presented briefly, contrasting the two personality styles (see appendix G for the complete descriptions).

	Engaged		Disengaged
1A	Environment positively compelling, exciting. Quick, heightened emotional impact.	1A	Unexcited by environment, impact delayed or attenuated, attempt to cool emotions.
1B	Negative stimulation: annoyed at frustration when it goes counter to own urge.	1B	Negative stimulation: annoyed when environment impinges on self; resents interference.

	Engaged		Disengaged
2	Motivated by own urges; spontaneous, impulsive.	2	Motivated by rules, internal or external. Seeks structure.
3A	Takes (or wishes to take) action to change the environment. Confronts others, tries to get what wants.	3A	Accepts things as they are, feels protest is useless, undignified, etc.
3B	Not applicable.	3B	When does protest, purpose is to fend off negative impact from the environment, rid self of irritant.
4	Feeling of mutuality, interconnection and involvement with others.	4	Feeling of separation, distance from others.

Subdimension 3A for engaged was also scored for the degree of activity or passivity. A subject who appeared typically to take action to change the environment would be coded "active;" if he generally did so, but not always, he would be coded "mostly active." If he thought about what he would like to do, get or say, but rarely did anything, he would be coded "passive," or if he occasionally took action, "mostly passive." Activity and passivity were coded in order to be able to assess approximately what proportions of the engaged subjects tended, according to self-report, to act upon their urges and what proportion to forbear action. This issue is potentially important in understanding the etiology of the symptoms and in pointing to a path for psychotherapeutic treatment. In addition, it would provide some grounds for comparison with the psychosomatic studies which found ulcer patients high on passivity.

Each coder was asked to make a number of ratings. The major one was an overall rating on the interview material for each subject, according to whether he appeared engaged or disengaged. The direction (engaged or disengaged) of the overall ratings formed

the basis for the main test of the hypothesis. A Strength of Rating score, which reflected the degree to which the subject demonstrated this particular style, was also made: 3(strongly), 2 (moderately) or 1 (mildly) engaged or disengaged. On this overall rating no zero scores were possible. Subjects were rated either engaged or disengaged, not "neither."

Similar ratings were made for each of the subdimensions; that is, the coder decided whether the subject appeared engaged or disengaged on each subdimension and assigned a Strength of Rating score which, on the subdimensions, could include "0." That is, a subject might be rated as appearing to be neither engaged nor disengaged on a particular subdimension. For subdimension 3B, a subject who appeared engaged always received a rating of zero, since there was no engaged counterpart to disengaged 3B.

Naturally, each subject could be rated engaged on some subdimensions and disengaged on others. The overall rating was not meant to be a mere summation or reflection of the subdimension ratings but rather intended to be an overall judgement of the subject's dominant style. Theoretically, a subject could be rated disengaged on all but one subdimension and given an overall engaged rating if the coder felt that the engaged aspect of his personality was most outstanding. However, since the subdimensions were expected to reflect different but often overlapping aspects of one overall style, it was most likely that ratings for the subdimensions would be in the same direction (engaged or disengaged) as the overall rating. It was hoped that the subdimensions would prove useful for determining whether all aspects of engagement and disengagement were equally

important in the overall style or whether some were more basic to it than others. This would presumably be assessed by the correlation between the overall judgement and the ratings on each subdimension.

Early Memory Test and the TAT

The coding of engagement and disengagement for these tests was based on the same descriptions that were provided for the interview (see appendix G). However, since it was felt that there were differences in the way the personality styles would be expressed on the different instruments, the four main subdimensions (1A and 1B, and 3A and 3B were combined) were redefined for these tests in ways parallel to their definitions for the interview. Examples were given, invented or drawn from pilot protocols (appendices J and K). The coding guidelines for these tests were meant to supplement the interview coding guidelines already familiar to, and well used by, the coders,and were not meant to stand independently.

For these tests the coders made only one rating, based on all six Early Memories or TAT stories, as to whether the subject seemed engaged or disengaged, rather than an overall rating plus individual ratings on the subdimensions. The coding guidelines were nonetheless divided into four subdimensions to help the coders organize their perceptions about the subjects. In practice, the coders had reported that in the interview coding, they had relied on the subdimensions to provide a more specific sense of what the different aspects of engagement and disengagement were. In addition, the coders gave a confidence level rating for each judgement (similar to the Strength of Rating score for the interview coding), level 1 indicating a low degree of confidence, 2 moderate confidence and

3 high confidence in the rating.

Story Stems

Because of limitations on the amount of time coder B had available, it was not possible to have all instruments coded by both coders. Since the Early Memories Test and the TAT are widely used, the results of the coding of these instruments would be more likely to be of value for comparison with the results of other studies. For this reason, these tests, along with the interviews, were rated by both coders, while the story stems were coded only by coder A. For this purpose he used the same coding guidelines as for the interview but made only a single rating of engagement or disengagement, based on all 10 story stems. Again, a confidence rating of 1-3 was also made.

Procedures

Coding was preceded by several training sessions, utilizing pilot subject protocols as well as material unrelated to the study. It was not possible to train the coders to a specific criteria of interrater reliability for a number of reasons. There were only seven pilot interviews available, including two subjects who had both sets of symptoms and showed aspects of both engaged and disengaged styles. While these subjects provided difficult-to-code responses which helped clarify the coding categories in training session discussions, at the same time they were not strictly appropriate. In addition, coding of pilot subjects was confounded since quotations from them were used to illustrate the coding categories. Also, it was difficult to find sufficient information in other protocols (other than those from pilot subjects) in order to make a judgement of engagement or disengagement. The concept of engagement/

disengagement is a fairly complicated one, and it was not fully clear by the end of the pre-coding training period to what extent there was a consensus between the two coders, and between the two coders and the investigator, about the interpretation of engagement and disengagement. For this reason, it was decided to use the first 10 subjects for training purposes as well. The interview sessions with the first three subjects were first coded independently and the ratings recorded. The coders then discussed their codings with each other and, following that, were given feedback by the investigator about whether their ratings matched the predicted categories. This procedure was repeated for the next three and then the next four codings. It is not clear to what extent this additional training was necessary, as there was intercoder agreement on all of the first three, two of the next three, and three of the next four (eight out of the ten) protocols, with one coder rating all ten subjects as predicted, and the other rating eight out of ten as predicted (the interrater reliability and the percentage of predicted ratings were higher for these ten subjects than for the whole group of forty). The next 30 subjects were coded without feedback or discussion.

All forty subjects were given to the coders in random order with instructions to code in that order. Coders were aware that there were twenty subjects in each general disease category, and therefore it was stipulated that they maintain the subject order without referring back to previous coding or attempting to equalize the number in each group.

CHAPTER IV

RESULTS: STATISTICAL ANALYSES

Interview: Overall Engaged-Disengaged Classifications

The major test of the hypothesis, i.e., the results for the overall engaged-disengaged interview classifications by each coder (A and B, henceforth[1]) and the actual subject disease categories are presented below in Table 5. (See appendix L for summary of the major findings.)

TABLE 5*

Interview Overall Engaged-Disengaged Classifications and Subject Disease Categories

Coder A

	Gastrointestinal	Dermatological	Totals
Engaged	18	4	22
Disengaged	2	16	18
Totals	20	20	40

$\chi^2 = 17.07$, d.f.=1, $p < .001$

Coder B

	Gastrointestinal	Dermatological	Totals
Engaged	14	3	17
Disengaged	6	17	23
Totals	20	20	40

$\chi^2 = 10.23$, d.f.=1, $p < .005$

* The χ^2's were computed using the Yates' correction for continuity.

The engaged-disengaged classifications by each coder were related significantly to the disease groups, as predicted by the hypothesis.

[1] My thanks to David Harder and James Whiteside.

Coder A assigned 18 of the gastrointestinal subjects and sixteen of the dermatological subjects, or a total of 34 out of 40 subjects to the categories predicted by the study's hypothesis. Coder B assigned 14 gastrointestinal subjects and 17 dermatological subjects, or a total of 31 subjects, to the predicted categories. Thus, both coders rated the subjects as predicted at levels well above chance, with p-values of less than .001 and .005 respectively.

Table 6, below, presents the results for each coder in terms of Strength of Rating assigned to each subject, reflecting how strongly the subject appeared engaged or disengaged, and the number of overall judgements that were and were not consistent with the study's hypothesis at each Strength of Rating level. The p-values in Table 6 are derived from the binomial distribution.

TABLE 6

Interview Strength of Rating for the Coder Classifications and the Number of Classifications that Were and Were Not Consistent with the Hypothesis

Coder A

Strength of Rating	As Predicted	Not As Predicted	P-Values
3	16	0	<.0001
2	12	1	<.002
1	6	5	N.S.

Coder B

Strength of Rating	As Predicted	Not As Predicted	P-Values
3	10	1	<.006
2	17	5	<.01
1	4	3	N.S.

Combined A and B

Strength of Rating			
3	26	1	<.0001
2	29	6	<.0001
1	10	8	N.S.

Engaged and disengaged classifications that were high (3) on Strength of Rating were highly consistent with the study's hypothesis, with only one error out of 27 such judgements between the two coders. That is, when the coders felt that a subject was strongly engaged or disengaged, their judgements were almost invariably in accordance with the hypothesis. When the coders felt that a subject was moderately (2) engaged or disengaged, their judgements were less strongly in accordance with the hypothesis but nonetheless highly significantly so. In contrast, when the coders assigned a low (1) Strength of Rating to their classifications, the rate of accordance was at a level that would be predicted by chance.

Interrater Reliability for Interview Classifications

The two coders did not evenly divide the subjects into engaged and disengaged groups. Coder A rated 22 subjects engaged and 18 disengaged, while coder B rated 17 engaged and 23 disengaged. This opposite bias tended to reduce the interrater reliability, which was 77.5% agreements on the overall classifications of engaged and disengaged. Table 7 below presents coder agreements and disagreements on the two dimensions.

TABLE 7

Interview Intercoder Agreement for Engaged and Disengaged Classifications

		Coder B		
		Engaged	Disengaged	Total
Coder A	Engaged	15	7	22
	Disengaged	2	16	18
	Total	17	23	40

When either of the coders assigned a high (3) Strength of Rating, the percentage agreement on engaged-disengaged classification was 96%. That is, if one coder felt that a subject was strongly engaged or disengaged, the other coder was extremely likely to agree with his overall classification (if not with the Strength of Rating). This indicates that both coders were responding to the same cues. For moderate (2) Strength of Rating scores agreement was 69%, and for low (1) Strength of Rating, 67%. This suggests that when there is strong evidence for engagement or disengagement, the dimensions are easily identifiable and readily agreed upon. It is only when the interview material provided less clear information about the subject's style with respect to these dimensions that the coders were less likely to agree. These data are presented below in Table 8.

TABLE 8*

Interview Strength of Rating, Assigned by Either or Both Coders, and the Number of Engaged-Disengaged Classifications on which Coders Agree

Strength of Rating	Agreed	(%)	Disagreed	(%)
3	26	(96)	1	(4)
2	24	(69)	11	(31)
1	12	(67)	6	(33)

*These data involve double counting and therefore are purely descriptive.

The data for coder agreement on specific Strength of Rating levels is presented in Table 9 below. Considering ratings of highly engaged to disengaged as a six-point continuum, coder reliability using a Pearson r is .70. Though not high, this reliability is marginally acceptable.

TABLE 9

Intercoder Agreement on the Strength of Ratings for Engagement and Disengagement

			Coder B							
		Strength of Rating	Engaged 3	2	1	Disengaged 1	2	3	Totals
Coder A	Engaged	3	5	4	1				10
		2	1	1		1	2	1	6
		1		2	1	1	2		6
	Disengaged	1				1	4		5
		2		1	1	1	3	1	7
		3					3	3	6
	Total		6	8	3	4	14	5	40

Subdimension Ratings

The subdimensions were intended to reflect conceptually differentiable aspects of engagement and disengagement. Thus, the extent to which each subdimension correlated with the overall ratings could provide information about the importance of each particular aspect to the overall style, as perceived by each coder. Table 10 below presents the product-moment correlations of each subdimension with the overall ratings, ordered from highest to lowest. A "0" rating indicated that the coder felt the subject was neither engaged nor disengaged on that subdimension. For purposes of calculation, the ratings were considered to lie along a seven-point continuum from most engaged (+3) through 0 (neither engaged nor disengaged) to most disengaged (-3). For subdimension 3B, since no engaged rating was possible, "0" ratings were made equal to .5, as they may have reflected perceived engaged status. The overall ratings were -1 to -3 and +1 to +3, with no 0 ratings. Briefly, the subdimensions are: 1A Perception of the Environment; 1B Frustration/Interference; 2 Motivational Style; 3A Reaction to Environment; 3B Reaction to Interference; 4 Relationship with Others.

TABLE 10

Product-Moment Correlations of the Six Subdimension Ratings with the Overall Interview Ratings for Each Coder

Coder A		Coder B	
Subdimension	Product-Moment Correlation	Subdimension	Product-Moment Correlation
3A	.94	3A	.94
4	.91	4	.93
1A	.90	1A	.92
1B	.87	1B	.92
2	.86	2	.87
3B	.86	3B	.83

The differences in the product-moment correlations between the subdimensions is quite small, indicating that they do not vary greatly, if at all, in their importance to the overall engaged-disengaged classifications assigned by the coders. However, since the rank orders for the two coders are identical, the differences in rank, though small, may reflect actual differences (rather than chance ones) in the way the subdimensions relate to the overall classifications. To some extent, the order is what might be expected, since subdimensions 1A, 3A and 4 were seen as major aspects of engagement and disengagement, while 1B and 3B were seen as less central and were used to make still finer distinctions in already existing subdimensions. Subdimension 2, while it is an important aspect of engagement-disengagement, deals with motivation, which frequently had to be inferred from the material, as the subjects were not always consciously aware (and hence, less clearly expressive) of this aspect of their style. In addition, the interview was formulated with subdimensions 1A, 3A and 4 in mind, so that the coders were likely to have more information on which to make judgements on

these subdimensions.

Interrater Reliability for Subdimensions

The percentage of agreement for the two coders on the subdimensions was calculated in terms of three possible ratings: engaged, disengaged, and neither ("0"). The coders were considered to have agreed if both rated the subject engaged, disengaged, or neither and to have disagreed if this was not the case, except for subdimension 3B, where an agreement meant that both coders had rated the subject either disengaged or "0" as there was no engaged coding for this subdimension. The percentage agreements are given in Table 11 below.

TABLE 11

The Percent Agreement between the Two Coders for the Six Subdimensions

Subdimension	% Agreement	Number of Agreements
1A	75	30
4	72.5	29
3A	72.5	29
2	70	28
3B	67.5	27
1B	60	24
all	70	167

The range of raw numbers of agreement was not large, from 24 cases of agreement for subdimension 1B to 30 agreements for 1A. As would be expected from the discussion above, subdimensions 1B and 3B were the least well agreed upon, while the best agreement levels were on the subdimensions dealing with the perception of, and reaction to, the environment and with the quality of interpersonal relationships. Thus, those categories that were most highly correlated with the overall classifications (see Table 10) were also the ones with the highest interrater reliability.

Inconsistencies between Overall and Subdimension Ratings

One of the issues raised by the high product-moment correlations between the subdimension ratings and the overall classifications (see Table 10) is whether these correlations are due mainly to a halo effect or whether, in addition, they in fact reflect that the subdimensions are integral aspects of engagement-disengagement. A suggestive answer to this question can be supplied by examining the pattern of inconsistencies between the overall and subdimension ratings and the subjects who received these inconsistent ratings. In particular, are subjects whose classifications were as predicted by the study's hypothesis less likely to receive inconsistent ratings than were those whose classifications were not as predicted? For example, would a dermatological subject who was given an overall disengaged classification (i.e., as predicted) be less likely to receive inconsistent (i.e., engaged) subdimension ratings than would a gastrointestinal subject given an overall disengaged classification (i.e., not as predicted)? According to the hypothesis of the study, it would be expected that when such an "error" was made, that the "incorrectly" classified gastrointestinal subject would nonetheless demonstrate some engaged characteristics and would therefore be more likely to receive inconsistent (i.e., engaged) ratings on the subdimensions. This was indeed the case. Although there were very few inconsistencies for either group, suggesting that the halo effect was strong, nonetheless for both coders the subjects whose overall classifications were contrary to the study's hypothesis were much more likely to receive inconsistent subdimension ratings, i.e., ratings in the direction predicted by the hypothesis. The data are presented in Table 12 below.

TABLE 12

Codings for Subjects Whose Overall Classifications Were and Were Not As Predicted by the Study's Hypothesis by the Number of Subdimension Ratings that Were Consistent and Inconsistent with this Classification

Coder A

	Consistent (%)	Inconsistent (%)	Totals
As Predicted	137 (95)	7 (5)	144
Not As Predicted	19 (66)	10 (34)	29
Totals	156 (90)	17 (10)	173

Coder B

	Consistent (%)	Inconsistent (%)	Totals
As Predicted	171 (98)	3 (2)	174
Not As Predicted	45 (85)	8 (15)	53
Totals	216 (95)	11 (5)	227

These results may be interpreted as indicating that the subdimensions do reflect integral aspects of the overall classifications, since even when the overall rating is not as predicted, the coders felt that some of the subject's style did fit the prediction, and this feeling was strong enough to overcome the usual halo effect.

Active-Passive

Of the fifteen subjects who were consensually classified as engaged by both coders, only eight were agreed on for the active-passive ratings, indicating that this dimension was not reliably coded.

Early Memory Test

The results for the engaged-disengaged classifications on the Early Memory Test (EMT) and the subject disease categories are presented in Table 13 below.

TABLE 13*

EMT Engaged-Disengaged Classifications and Subject Disease Categories

Coder A

	Gastrointestinal	Dermatological	Totals
Engaged	15	6	21
Disengaged	5	14	19
Totals	20	20	40

χ^2=6.42, d.f.=1, p<.025

Coder B

	Gastrointestinal	Dermatological	Totals
Engaged	13	7	20
Disengaged	7	13	20
Totals	20	20	40

χ^2=2.5, d.f.=1, p<.25 N.S.

*The χ^2's were computed using the Yates' correction for continuity.

The engaged-disengaged classifications for coder A were significantly related to the disease category predicted by the hypothesis, while those for coder B were not. Even for coder A, the level of significance was well below that attained for the interview classifications. This result was not unexpected, since the EMT was seen as providing less information than the interview directly useful to

assessing engagement-disengagement.

Table 14 below presents the data on the confidence levels (1-3) for the EMT assigned by the coders and the number of their classifications that were and were not consistent with the study's hypothesis.

TABLE 14

EMT Confidence Levels for the Coder Classifications and the Number of Classifications that Were and Were Not Consistent with the Hypothesis

Coder A

Confidence Level	As Predicted	Not As Predicted	P-Values
3	14	1	<.001
2	7	5	N.S.
1	8	5	N.S.

Coder B

Confidence Level	As Predicted	Not As Predicted	P-Values
3	3	2	N.S.
2	15	7	= .067, N.S.
1	8	5	N.S.

The data indicate that when coder A was highly confident (level 3) of a subject's engagement or disengagement on the EMT, his classifications were highly consistent with the study's hypothesis. This was not true for coder B. It is clear that the significant results for coder A in Table 13 are accounted for by the classifications he made at confidence level 3.

Interrater reliability on the EMT engagement-disengagement classification was 72.5%. However, when the data is considered by confidence levels (as with the Strength of Rating for the interview) it emerges that there was high agreement (90%) on engaged-disengaged classifications when the level of confidence was high (see Table 15).

TABLE 15*

Confidence Levels for EMT Classifications Assigned by Either or Both Coders and the Number of Engaged-Disengaged Classifications on which Coders Agreed

Confidence Level	Agreed	(%)	Disagreed	(%)
3	18	(90)	2	(10)
2	25	(74)	9	(26)
1	14	(54)	12	(46)

*These data involve double counting and therefore are purely descriptive.

This suggests that both coders were responding to the same cues in the memories reported and that when a subject seemed, to either coder, clearly to fit the engaged or disengaged category, the other coder was highly likely to make the same jugement.

TAT

The results for the engaged-disengaged classifications on the TAT and the subject disease categories are presented in Table 16 below.

TABLE 16 *

TAT Engaged-Disengaged Classification and Subject Disease Category

Coder A

	Gastrointestinal	Dermatological	Totals
Engaged	12	7	19
Disengaged	8	13	21
Totals	20	20	40

χ^2=1.6, d.f.=1, N.S.

Coder B

	Gastrointestinal	Dermatological	Totals
Engaged	10	9	19
Disengaged	10	11	21
Totals	20	20	40

χ^2=0, d.f.=1, N.S.

*The χ^2's were computed using the Yates' correction for continuity.

Neither coder assigned the subjects as predicted at a level above chance. However, once again, classifications about which coder A was highly confident were significantly consistent with the study's hypothesis. This was not true for coder B. These data are presented below in Table 17.

TABLE 17

TAT Confidence Levels for the Coder Classifications and the Number of Classifications that Were and Were Not Consistent with the Hypothesis

Coder A

Confidence Level	As Predicted	Not As Predicted	P-Values
3	14	1	<.001
2	7	5	N.S.
1	4	9	N.S.

Coder B

Confidence Level	As Predicted	Not As Predicted	P-Values
3	4	6	N.S.
2	8	5	N.S.
1	9	8	N.S.

Interrater reliability on the TAT engaged-disengaged classification was 70%. The data for interrater agreement at the three

confidence levels are given in Table 18 below.

TABLE 18*

TAT Confidence Levels, Assigned by Either or Both Coders, and the Number of Engaged-Disengaged Classifications on which Coders Agreed

Confidence Level	Agreed	(%)	(Disagreed)	(%)
3	18	(72)	7	(28)
2	18	(72)	7	(28)
1	20	(67)	10	(33)

*These data involve double counting and are therefore purely descriptive.

The TAT appeared to provide less information relevant to engagement-disengagement than did the interview or the EMT, so that even at classifications made with a "3" level of confidence, interrater reliability was not high.

Story Stems

The results for the engaged-disengaged classifications on the Story Stems and the subject disease categories are presented in Table 19 below. Because of limitations on coder time available, only coder A rated the Story Stems.

TABLE 19*

Story Stem Engaged-Disengaged Classifications for Coder A and Subject Disease Categories

	Gastrointestinal	Dermatological	Totals
Engaged	14	6	20
Disengaged	6	14	20
Totals	20	20	40

$\chi^2=4.9$, d.f.=1, $p<.05$

* The χ^2 was computed using the Yates' correction for continuity.

The engaged-disengaged classifications were related to the disease

categories as predicted by the hypothesis at a marginal level of significance.

Table 20 below presents the data on the confidence levels for the Story Stems.

TABLE 20

Story Stem Confidence Levels for Coder A Classification and the Number of Classifications that Were and Were Not Consistent with the Hypothesis

Confidence Level	As Predicted	Not As Predicted	P-Values
3	7	3	N.S.
2	12	4	<.05
1	8	6	N.S.

Only for the moderate level of confidence ratings were the classifications consistent with the hypothesis at a significant level.

Personality Inventory

There were no significant differences in direction of results for any of the pairs of statements on the Personality Inventory, though the results for the six pairs for which there were strong expectations were in the expected direction (see Appendix F).

Even during the pilot testing, considerable doubt was raised as to the usefulness of this instrument, since because of differences in the way particular responses were understood, the meaning of a choice of one or the other of a pair was not clear. Many subjects expressed dissatisfaction with this instrument, reporting that they felt both choices on an item were equally true (or, occasionally, that neither was true).

Conclusions

The results for the interview data, the major test of the hypothesis,

provide strong support for the notion that an environmentally engaged style is associated with gastrointestinal disease and that a disengaged style is associated with dermatological disease. This support is found both in terms of the overall classifications made by each coder and, more particularly, in terms of the results for subjects given high Strength of Rating scores. The interrater agreement for this particular group was high (96%), and they were classified engaged-disengaged as predicted at levels well beyond chance ($p<.0001$ and $p<.006$).

On the EMT, the TAT and the Story Stems, expected to provide less crucial tests of the hypothesis, the results are less clear. Coder B did not significantly classify the subjects in accordance with the hypothesis for either of the two instruments he coded. Coder A, who had a longer and more extensive training on the differences between engagement and disengagement, did classify the subjects in accordance with the hypothesis at levels above chance on the EMT and Story Stems, but on the TAT a significant level was reached only for ratings made at a high level of confidence. Further, on the two tests, the TAT and the EMT, where both coders classified the subjects, the interrater agreement was not high, except for confidence level 3 on the EMT. Because the significant Story Stem results for coder A were only at the moderate (2) level of confidence and because there was no reliability check for this instrument, it is difficult to interpret the Story Stem results. Thus the data from these three tests do not provide clearcut evidence about the hypothesis, though they do offer some tentative support.

CHAPTER V

RESULTS II

This section will consist of a presentation of examples from the protocols to illustrate the different styles: i.e., how the subjects demonstrated their engagement or disengagement and also the diversity with which they express these styles,since each subject was engaged or disengaged in his individual way. It is important to remember that the coders' judgements were made on whether or not such statements as will be included here appeared to characterize the subject's experience and behavior in general, and whether or not other parts of the protocol contradicted or shed a different light on the material. Thus a subject might describe an experience which he might go on to say is a typical one for him, or an unusual one. Or he may report some behavior which, at first glance, would suggest he belonged to one category, yet the inner experience of the behavior clearly belies this. The excerpts will be relatively brief and would not in themselves be sufficient evidence for assessing style, which can only be judged in context. These examples were selected because the investigator felt they best represented what was intended by the dimensions engaged and disengaged. The purpose of including them here is to let the subjects speak for themselves so that the reader can get a sense of the flavor of the subjects' words.

The examples were chosen from both subjects and pilot subjects; their status will be indicated by the letters "S" or "P" in front of the subject identification number.

Perhaps the simplest method of presenting the different styles is to use the subdimensions (see appendix G) for the basic structure,

illustrating first the subjects' manner of perceiving the environment, then motivational styles, response styles, and finally, the way subjects relate to others. The subdimension descriptions will be recapitulated before the examples are given.

1A PERCEPTION OF THE ENVIRONMENT: Engaged Style

> Environment is positively compelling, stimulating, exciting. World has a relatively quick or heightened emotional impact. May perceive world as witholding something he wants - i.e., world as full of attractive objects of which he is deprived. Especially in negative situations, is unable to ignore the negative - is upset, angry, unhappy.

1B ANNOYANCE AT FRUSTRATION: Engaged Style

> Annoyance at frustration (conventions, rules, controls, discipline, etc.) not per se, but because it goes counter to his own urge or creativity; not the wish for autonomy in itself.

The following quotes from subjects with gastrointestinal diseases attest to the high stimulus value that the world has for them, so that they find the world affectively compelling and feel its pull in an immediate and powerful way.

> S#38 It's like everything was very very intense. Very intense. That sort of manifested itself in walking around - the colors were very intense...and the feelings were very strong.

> S#31 For the first year we were out there, there was this to see and that to see...We did everything - the beaches, the mountains, the museums. We were going 24 hours a day. If it was 3 o'clock in the morning, we'd get up and go someplace.

> S#7 I wanted a supercar, with four speeds and everything... We were at an auction and a new car came through, it was quite a bit of money. It was a hot car, four speed. "Gee, I want it," (imitates self gesticulating energetically to father)...Then he started bidding on it and he got it... and that was a pretty happy moment...just the excitement of having a neat car.

For this articulate subject, the choice of words used to describe his feelings suggest he experiences the world fortissimo:

> S#20 "very vividly" "overwhelming disappointment" "shocked and hurt and angry" "worried and frightened" "excitement and having fun" "incredulous" "source of endless fascination"

And from the same subject:

> One of the reasons that I like it better is that there's something about the situation - it's much more immediate, it's much more direct.

Another subject, a former high school principal, captures the lively, invested enthusiasm (and its obverse) of engagement in discussing his work and his charges:

> S#13 I guess the adults I deal with are more tired, discouraged. The young people are idealistic, ready to try anything, looking for a cause. Even though they're fighting me, I wasn't bothered by it because they were alive and had some ideas. The saddest thing I saw happen, when all this Vietnam protesting stopped, a wave of apathy in kids that age.

Another subject went to some lengths to seek excitement:

> S#28 (best part about work) The challenge in washing windows, because it's a dangerous job. It's a job you can be plummeted any minute, and it's fun. Because there's always some - you can die any minute...That part stimulates me, it keeps you on your toes, it's fun. (what about it do you like) I like danger, I don't like dull, boring work.

Compare this to how a dermatological subject, an electrical engineer, talks about his work:

> S#6 You have to be very careful working on live electricity, it could kill you. I've seen some people hurt very bad. So I tend to all the time be careful working.

For him, danger was not a source of pleasurable excitement (even though he chose a job that had its dangerous aspects) but rather it was a reason, or perhaps a rationale, for especially cautious behavior.

The engaged person finds himself unable to ignore minor aspects

of the immediate environment and feels a constant call-to-action which prevents him from relaxing, even at times when he would prefer not to feel such an urge to respond.

> S#21 At times I try to slow down and I just can't do it. I gotta do something all of the time...I'm thinking, this has gotta get done, no one's going to do it, so I gotta do it. Or I'm thinking, this has gotta get done tomorrow, so and so's gotta do this, I gotta reroute him so he gets over here to do it.

> S#13 I could walk into that building and find a dirty spot on the floor, or the grass not mowed or something like that, a waste of emotional energy...It got so my family wouldn't go to any school affairs with me because I was always getting upset about the light fixtures having too many flies or the chairs not being set up right.

In contrast to the disengaged tendency to minimize environmental impact, part of the engaged style involves a looking-forward to an experience, which heightens it.

> S#39 (Happiest Early Memory) Going to a drive-in movie with my parents. I just remember packing all kinds of food and things to lunch...(stood out) I guess the anticipation, the planning for it as much as anything. I remember more of that than the actual experience itself... excitement, anticipation, getting things together, thinking of the fun we'd be having.

> S#20 (Happiest Early Memory) One Christmas morning, waking up before my mother and father, going in and waking them up and getting them out of bed to open the presents. They grumbled a lot about being awakened but I knew that that was part of Christmas morning ritual, and I knew that they were as eager as I was when they saw my excitement...I remember the night before, sitting in front of the fire, just before I was going to bed and trying to fight off the drowsiness, because I wanted to stay awake and see Santa Claus come.

> S#17 It felt very special because it wasn't often at this period of my life that I was able to stay up at night and actually be there when he got home to give me things...It was really wonderful. (stands out) I guess the waiting, because I did more waiting. The actual time of him giving it to me wasn't that much, but I was waiting and the expectancy of getting something good.

Engaged subjects tended to experience themselves as excitable, nervous people, often spontaneously associating this nervousness to exacerbations of their symptoms.

> S#18 I've really come to conclude that I am a very highstrung person and that I'm nervous in a lot of situations...There are times when I get built up in a situation that after the situation had occurred, I was just physically and mentally drained.

> S#35 And the inspection really got to me, they just - I couldn't stay cool, I would go overboard...I really couldn't control myself...Same when I started talking to you, I would just get all nervous and I couldn't say nothing, I would start sweating.

> S#16 I decided New York was just an intolerable life style. I was generally hyper...can feel the adrenalin flowing, you're reacting much sharper, more quickly.

> S#14 I'm under tension all the time I'm travelling because I'm very into what I'm doing, and if a car comes flying out of the sidewalk, I just (starts up out of chair, looking around rapidly, to demonstrate his reaction)...I'm not relaxed when I'm driving.

This tendency to feel the world strongly was often especially marked when the subjects talked about negative experiences and their inability to ignore what was unpleasant or painful, even when they felt it would be in their interests to do so.

> S#35 They put him out there and what's the first thing they do, is they start fighting. Fighting. And I just can't get along with fighting, it just tears me up inside. And it, it just got to me, it made me mad. So what am I going to do, I quit the job. It just got to me <u>too</u> much, I quit the job...I'd quit because I couldn't stand to be around that.

> S#20 ...involved in my dissertation, one way or the other, it's like kind of having a very bad sore on your arm, it hurts so much that you haven't time to think about anything else.

> S#36 If I would have accepted the two major surgeries (on his back) I wouldn't be here, because I could cope with just laying around, keeping my mind clear, putting my wife and kids in the outer environment...just keep

> isolated from it. And this is what recovery training. But I couldn't do it. How can I watch my wife move furniture, or how can I watch her shovel snow, and enjoy it. It just nauseates me, it makes me sick to my stomach. (feel) Anger, because I can't do it, I know I can't do it, but I won't accept it. This is one of the problems, just with myself, but it shouldn't be that way, I should just lay back and accept it for what it's worth. But I can't.

Perhaps one of the most outstanding aspects of engaged perception is that the environment is seen as having the capacity to supply them with what they want. Engaged people often feel that they haven't been able to get their fair share and they may feel deprived and envious, full of longing or striving.

> S#3 Another time my dad was going deep-sea fishing... and a friend of his came over and they wound up going and I wound up staying home, and I really felt bad about that because I was looking forward to it...I felt like I was being left out.

> S#35 Your dad, he had all this money, you didn't have maybe a dime, or a nickel, to go someplace. But you got to talking to other people, all the kids, "Well, my dad he gives me a dollar." Say! Well! That stuff, it really bugged you. You wanted to go out - you wanted to go out, you didn't really know what you wanted to do but you wanted to go out and run around.

> S#24 Could be she didn't get her - what she felt she felt she ought to have, her allotment...And she's using a feminine wile. (thinking and feeling) I would say, she's saying, "Well, this is a last resort, if I can get down and bawl, I can break down their resistance and win out."

And from an Early Memory from the same subject:

> I too must learn how to make change so that I don't get cheated by some of the other people.

> S#14 This is a child that flopped down here crying because something didn't go her way...just thinking, why didn't I get my way, why didn't I get what I wanted.

> S#38 It really makes me angry. I say it makes me angry, but I get along with him personally quite well, but it makes me very angry that he does that...It bothers me because I feel I'm being denied something that I deserve.

P#2 According to the real estate rules and regulations, I get the first month's rent. And the first month's rent was $1300. And the person that was supposed to pay me said, "Well, this is not the way it is, you'll get $130." Which is 10% of the first month's rent. Well, what am I going to do about it? Well, I complained to my bosses about it... so they gave me their $130 to please me. So that I got $260. But actually I should have got $1300.

S#17 (Unhappiest Early Memory) My family couldn't afford too many toys and I always felt pretty deprived, and I always felt like everybody had all kinds of things and I didn't have anything. And I had this cannon and I just loved it and the teacher took it away...(feel) really sad, I just felt this sense of loss. And I felt I guess deprived, like now I didn't even have the cannon, I didn't have anything. And I felt that the teacher was very unfair.

Engaged 1B: This subdimension was added primarily for its usefulness in describing an aspect of disengaged style, and it will be more helpful to present examples of engaged 1B later, as a contrast to the disengaged.

To summarize, then, engaged people perceive the world in an intense and immediate fashion, want to get something from it, and are often unable to ignore its pull.

1A PERCEPTION OF THE ENVIRONMENT: Disengaged Style

The environment is not especially compelling; evidence of apathy or boredom, unexcited by the world (as opposed to ideas or abstractions); impact of the environment is delayed, distanced or attenuated; especially, there is a denial of reactivity or an attempt to reduce emotional reaction and calm down; finds it relatively easy to ignore the world when unpleasant; turns self off. Or may deny that anything is wrong. Cynicism, amusement to reduce impact.

1B ANNOYANCE AT INTERFERENCE: Disengaged Style

Most responsive to negative stimulation when the world impinges: feels picked on, irritated, hassled, interfered with, interrupted (as opposed to not getting what wants); world is perceived as an irritant or as harmful, to be avoided. Resentment of outside interference, not because it prevents him from doing what he wants but because it's an external force, i.e., resents it in principle.

Disengaged subjects stressed their ability to maintain emotional impermeability and equilibrium:

> S#29 I'm trying to think of a situation where I get tense - I can't think of any...a big test coming up. I usually just look at it as a - being tense sort of thing is a waste of time. So I try to figure out how I can work so I don't really get nervous.
>
> S#1 If that's the way they feel, let 'em holler... there's lots of other girls...not really bother me... wouldn't care...if they didn't believe me, they didn't believe me.
>
> S#30 Worst experiences? I don't really - as I said, I'm sort of neutral. If I don't get along with a person I'm neutral to, I don't go - I don't step in front of them and I don't go out of my way to avoid them. And I don't really recall worst experiences with people. If they happen, they happen. I don't put them in my memory to dwell upon them.
>
> S#19 Like it happens to everyone, so it's nothing unusual. I don't get worried if I can't find a job in this city, or in this country, there might be in some place. I don't take it very frightening or anything, it's a part of life. (how react) Like if you're on the highway and a tire goes flat, some people get upset. In that case, I don't. You'll probably get a ride of course, and it doesn't bother. I try to get help but I don't panic. After my father's death, I'm - I didn't quit, but I'm not that emotional about things. I just take it as a fact of life, that's the way it is. Some people start crying. I don't. I try to take it realistically, try to accept it.
>
> S#23 If he had an opinion and we got into an argument, I'd try to stay cool and stay logical and argue with him.

For some, calmness is maintained by avoiding situations which are not easily predicted or controlled and therefore might call forth an emotional reaction.

> S#11 I like more or less a routine life, not things unexpected.
>
> S#4 At night, it's pretty much routine, do your work and no one's there to ask you if it's right or if it's wrong... You just do it and go home and then the day shift worries about it.

These examples are in contrast to engaged subjects, for when they describe avoiding an upsetting situation, their emphasis is on how very upset they get, not, as with disengaged, on how calm they remain.

Some disengaged subjects reported specific means for putting themselves in an unruffled frame of mind.

> S#23 I was a little upset with my grades...but at the same time I was forcing myself to relax...I might go see a movie, or I might just lie in bed and wait til all my muscles relax and pop off to sleep. And when I wake up, I'm more relaxed. Or one way, I get in the water and play water polo...I guess in order to get it, it's a matter of thinking about relaxing and, after a while, I'm relaxed.

> P#3 I've learned to take an exam very calmly. I've studied and I know the material as well as I can. Maybe an hour or two before the exam, I'll put away the material, and I may be a little nervous. And maybe an hour before the exam, I'll put away the material and I have a novel I read before the exam (laugh). I sit down and I take my mind off the exam. So I've never had a chance to get really nervous before an exam.

Associated with emotional invulnerability is often a sense of apathy.

> S#8 I just started getting bored...not enough classes, not enough advanced classes...I thought about going to private school, to get calculus, but it was just too much trouble.

> S#1 ...trying to pass the time away, gets kinda boring just sitting there. (Because this was the first subject, the tape was checked. On hearing himself answer the question "what do you like best about work" the subject commented:) Doesn't sound like I enjoy it, I sound half dead - probably am.

> S#30 (Happiest Early Memory) Well, if you're asking me for a happy memory, as I look back on it, it was all sort of blah.

The following comment suggests that, for this subject at least, the apathy is not simply an artifact of the more humdrum lives led by disengaged subjects but is an inner experience staunchly defended against pressures from the world to invest feelings in it. If

disengaged subjects are duller people than engaged ones, they are intentionally and laboriously so.

> S#27 There was nothing interesting about that interview. It was just a piece of dirty work you had to do and he was trying to get me all interested and really excited about it and there was nothing to be excited about. I was annoyed with him for trying to make me feel excited about it. I was trying to show him that I wasn't interested, that this was a job I had to do. And that I wasn't going to go to thinking about it unless I knew a damn good reason for thinking about it.

This is not to say that disengaged people are interested in nothing. Rather, they tend to choose a focus that is relatively affectively isolated and/or abstract.

> S#9 It's pleasant going to work...Haven't lost any interest. (what makes interesting) More knowledge I gain, the more intrigued I am to go on and learn more about it, always additional questions that arise.

> P#3 I enjoy my books very much, and I guess I just enjoy the learning, and this is my big chance to learn.

> S#29 (best about work) The fact that I can get into a subject and enjoy studying, it's no longer drudgery, once I get to the point where I would rather be in the library working on something, rather than spending my time otherwise, then it's no longer working, it's enjoyment.

For some, such an interest seems to provide a "safe" outlet for their enthusiasm, as the subject just quoted above points out:

> S#29 Once I started working, I started getting interested in what I was doing. You can't be apathetic about your work and interested at the same time.

And from another subject:

> S#30 The thing that I do like best is that when I walk down the street after I've spent 4 or 5 days trying to solve a problem, and all of a sudden I realize I see the answer to it. And no matter how small it may be, or how trivial a thing, you realize you have seen the answer and you know a little bit more than you knew the other day.

This subject, in fact, particularly emphasizes the freedom from

affective involvement in this example, as he continues:

> S#30 Well, it might be in my organic chemistry class, which I hate, because I hate chemistry. Nevertheless, to get up and be able to say, I understand how that reacts with that and what exactly happens - it can be very small, as a matter of fact, it's seldom very large, it's usually what someone else might consider a trivial thing. But to me it's important.

This interest in abstraction can also serve to minimize the pull from the environment.

> S#9 (enjoyment and relaxation) Write research papers (laugh). My relaxation is the same thing I do 24 hours a day. I don't relax...I just like to keep working... I can sit and type from four o'clock...if I'm working on some papers, and do this from six in the morning until two the following morning, never tire from it because I enjoy doing it.

Engaged people, of course, also find intellectual interests absorbing, but there is a different quality to their experience, which is invested with more intense feeling. Note the following phrases used by a gastrointestinal subject to describe his studies:

> S#16 "I found that exciting" "an exhilarating experience" "I was stimulated"

And another, saying what he likes best about his job:

> S#13 Seeing the teachers that I'm working with get excited about the ideas of the program, move into it voluntarily and see the program actually go from conception to actual implementation.

And:

> S#18 To me, that's what education is all about - stimulation.

Finally, the following engaged subject sees his education as a way to interact with the world around him, rather than to retreat from it.

> S#17 If you're college educated, there should be a million things you should be able to talk about, you should be able to talk with anybody about whatever they want to talk about and find it interesting.

One of the ways disengaged individuals may attempt to lessen the impact of the environment, and of the feelings it arouses, is by establishing a buffer between themselves and it, as suggested by the following Early Memories.

> S#23 ...distance. I can't associate emotions with it. Just an image of childhood, kind of like I see it through a telescope, a long ways away.

> P#4 What I really start remembering is suturing the tissue up. At that time I had some weird sensations, you have a proprioceptive - i.e., you can feel but you don't feel pain. You know that someone is initiating a touch or a force...so I could feel the sutures, but it didn't bother me...(feeling) Unusual. In a situation where you didn't have any feelings, like a dream. A very sterile environment, in other words, your senses were pretty well cut off, you were suspended, like in limbo, and you were like a passive observer.

> S#29 My mother was always getting scared, and I always thought it was silly. (feeling) Maybe it was because I was sort of young, it just seems like I was sort of detached from their world, I didn't really realize the danger, I could just step back and smile at everything.

> S#40 I remember once my brother fell off his bike and split his head open...I knew it was bad, though, by the way my mother reacted. But I wasn't upset. I guess I didn't know how to be upset. I didn't understand that was very bad.

Cheerfulness or an attitude of not taking things too seriously also serve as a type of buffer.

> S#34 Humor...if you do see something terrible, you try to see the lighter side, like a satire.

> S#10 Oh, it's great, because I'm a person that's happy-go-lucky, never hardly has a bad day...oh, I'm not serious over too much of anything.

> S#29 (after describing at length his disappointment at a friend's intense competitiveness at a game) But I'd prefer to just look for the good thing and try to forget about that. You know, it isn't very necessary to play Risk. (typical reaction) I like to think so, I can't see any use in looking for bad things.

The following subject's "happiest" Early Memory very tellingly reveals how positive feelings were used to defend against a potentially very

upsetting event.

> S#25 When I got an ice cream cone. I cut my finger in a lawnmower, and my aunt said, "I'll take you to the doctor and if you don't cry, I'll buy you an ice cream cone. Because they had to cut the rest of it off. It was just hanging by the skin. I said "OK" (laugh), so I got the ice cream cone. (what remember most clearly) the ice cream cone. That was hard times, and you didn't get much ice cream.

In the above examples, the subjects for the most part ward off unpleasant affect (and often, any affect at all) by the way in which they respond to their perceptions, best epitomized perhaps by the anesthetized subject being sutured. When negative feelings or events seem about to force a strong response, however, the warding-off may be accomplished at the perceptual level. Unpleasant perceptions are denied or attenuated, so that at a conscious level, the subjects are aware of less pain than would otherwise be the case.

> S#30 My first impression when I saw this was someone had died, but that's not my impression. It strikes me as getting up in the morning when I have to go to school. I don't see the arm across the forehead as despair or anything, but as waking up. Getting up to face another day and go and do it.

> S#23 At the beginning of the semester I blew a chance of getting a date, and I was a little tense afterward. I was a little tense beforehand which I always consider a little funny, because why should I be tense? The worst thing that can happen is that the girl can say no, the best thing is that she can say yes. But of course maybe the best thing is that she says no, because she's not my type of girl.

> S#10 (worst experiences) Boy, that's difficult, I don't know, I don't have an answer there. (urge) No, I can't think of too many on the negative side, because, hey, I dwell on the positive side rather than the negative, because hey, it never helps to make money...(urge) Hey, you're going deeper than what my thoughts will allow me to go, I can't come up with anything.

The disengaged perceptual style, then, involves a tendency to downplay the effect of the environment on the individual, particularly in terms of affect-arousal. The disengaged person is relatively umoved by the world around him and may ignore, minimize or distance that which might otherwise arouse strong feelings in him, particularly negative feelings.

Disengaged 1B: Annoyance at Interference

There is, however, one type of irritation that disengaged people do experience and express, namely, that due to the environment's impinging or intruding upon them in an unavoidable way.

> S#11 I like my privacy, I don't like my privacy interfered with too much.
>
> S#34 When I'm reading, I like to be alone, I don't like to be interrupted. Like when I speak, I like to get my thoughts across before someone interrupts me.
>
> S#12 Usually you'd get picked on in phys ed by these big guys that were in the football team. When you got picked on, you wouldn't really hide away, but you'd kind of shy away from them.

The sense of intrusion may come from feeling observed in a critical way.

> S#6 I don't like a man who comes and needles me about my work, or watches, watches all the time...If I make a mistake, I know he's going to jump on me. Cause I know I don't have to be watched. That's kind of irritating, I don't care for that...If I'm doing very delicate, intricate type of work that requires all of my concentration, a lot of times I tend to ignore the fact that he's there.
>
> S#11 I like my work - some days it seems to me a monotonous job to me, it's a repetitious job, more or less like working on an assembly line where you're doing the same thing over and over, but you have more freedom, you don't have a foreman or a supervisor following you or watching you all the time.

And from a Pakistani student:

> S#19 Foreigners over there (Iowa) are not too many, so it was a conscious type of thing, wherever you go, people see, "Oh, there goes a foreigner." That's one of the reasons I transferred here...That's one of the bad experiences, people

are conscious about you.

Noises and smells are found to be particularly annoying, since one cannot shut one's ears or nose.

> S#15 (worst experience) I don't really care what other people do as long as it doesn't affect me. But people are affecting me by the things they are doing...Like if (roommates) wanted to study, I take it into my providence not to make noise. But when they weren't studying, they didn't take into account what I felt.

> S#33 When I was there (hospital), you could have your own t.v. with you. But the hospital regulations were that you have to have an ear plug. And it can't be a - more than a 12" screen. Well, that's - that doesn't make any difference there. But you gotta have a ear plug...Two or three guys, one's got a radio blaring all the time, I won't take it.

> S#23 Well, my original roommates, they were smoking, they couldn't get it out of their heads that smoking was actually harming me in some ways and disrupting my concentration. I've never smoked, and I consider it a stupid stunt to smoke as a general rule, and it just annoys me to no end. That's one thing I can't stand, is cigarette smoking.

We can compare the attitude suggested by the comments above to that of engaged people. The latter also at times resent interference, but not because it invades their space but because of restrictions on their impulses and wishes.

> S#14 (worst experiences) Probably most schools, they tend to have this hang-up on discipline. Like I was teaching science and I wasn't allowed to have a lab as such, just a regular class period. So I tried having a lab period during class, and, you know, labs are noisy...And I was criticized by the principal for trying to do things that they're not ready to do, and the noise.

> S#22 I just didn't want any job in the shop. It's too confining, you're in there for ten hours, or eight hours, and like I say, if you're working on the line, you're doing one little - something you could train a monkey for,it's boring as hell.

> S#13 I was the school superintendent's son, and there were things I couldn't do and places I couldn't go because of that. And I couldn't go to the pool room, for example, I

> always had to present a good example as a youngster, I guess that bothered me...Though I should be able to do what everybody else did.

In contrast to the engaged person, then, who wants freedom to do as he wishes, the disengaged person wants rather to be free of outside intrusion.

2 MOTIVATIONAL STYLE: Disengaged Style

For subdimension 2, we will begin with the disengaged, for whom this is a more well defined and more prominent aspect of their character.

> Motivated by a set of shoulds and oughts as opposed to own feelings or impulses. Respect for authority or a set of principles, internal or external - i.e., self-discipline, perfectionism, religious laws (especially prohibitions or reaction-formated commands), rules and regulations, grades. Concern with control is not over the consequences of a specific action but is associated with a general tendency to quash impulses. May be polite, conventional, authoritarian, compulsive. Seeks guidelines and structure, likes things well-regulated and predictable. Constricted, often cliches (a cliche in order to avoid true feelings, not to exaggerate them). Emphasis on cautious, correct behavior, clear standards - may seek standards from others or wish to be own master, go off on own (or some of both) and want to be in control, responsible for self, dominant (perhaps to avoid being dominated). Need to prove self or principles. Moralistic, self-righteous, or a rule-abiding good boy.

Disengaged people have an ambivalent attitude toward authority. On the one hand, they accept its dictates with a feeling that those in charge know best and that controls, even punishment, are for their own good.

> S#2 That was the way I was brought up. My parents brought me up good. I got a lot of whippings, maybe I didn't deserve them, but they taught me about right and wrong.

> P#3 Looks like the son has gotten into some mischief and realizes that he's done something wrong and goes to his mother and apologizes and is relieved to get a hug and a kiss on the forehead. He's very afraid and comforted by his mother, and his mother is very proud that he was able to admit that he's done something wrong and loves to hold him in her arms. And the boy is very relieved of something that he felt he had done wrong, and the mother is very proud of her son.

> S#27 The group seemed friendlier, more relaxed, more open... have a certain amount of impulse control and acceptance of what authority tells them (Q) I felt that what I was saying was more accepted.
>
> S#12 They kind of got on my back then, made me sit down and study. (feeling) I really hated it because I didn't want to take and sit down and study, because everybody else was outside playing. But after that year I started to see why they wanted me to study 'cause school was starting to come easier for me, I seemed to enjoy it more.

On the other hand, they feel a need to be independent of authorities, not in order to express their impulses but to control them themselves.

> S#23 I guess also realizing that I'm an adult and I have a certain amount of responsibility. Until very recently my dad was unemployed... I considered myself on my own, so I had to take school more seriously. So I had to make sure that I did the job on my own, without involving - without bothering my parents...I'm taking pride in the things I do myself, I make decisions on my own...and I feel - a feeling of power, because I'm making the decisions that I have to make, and I don't have to depend on anyone else to such an extent.
>
> S#30 If I'm forced to work with a group of people, such as in a committee, I've no choice about it, I'd much prefer to be the chairman quote unquote than being someone else. (why) If I'm the chairman, I know what's happening, I know excactly where everything's at, or I try to.
>
> S#33 Nobody's around you to push for production, like you got to do so much an hour, gotta do this. You go to work, you know what you gotta do and you do it. Everybody feels the same way, and if they don't, they leave the job.
>
> S#19 It's like being independent. I still receive some funds from home, but making your own decisions, without anyone else's interference. I think it's necessary...Like when I came here, after my first semester, instead of paying my tuition, I bought a car. And then took a loan and paid the tuition. And it was not something that I would say wise (laugh) but this way I enjoyed it more. Not everything but the reason for buying a car was to look for a job, which has some reasoning. (what like about that) I feel responsible, whatever I do. If it's something wrong, then I would say I handled it wrong. If it's right, I enjoy it more.

Or, as this Early Memory suggests, there may be a delicate balance maintained between being under someone's authority and identifying with the

authority oneself.

> S#34 My friends...one was a petty tyrant and the other one was simple-minded. (feeling)...The tyrant was two years older than I and yet I didn't feel subordinate to him in any way, because I was as mature and as intelligent as he was for my age. And I sort of - I went along with what he did, as more of a - to see what would happen, not so much because he told me to do it. The simple-minded fellow, it was that I felt I had something over him, he was a year older than I was. I was allowed by my parents to do things, like riding my bike in the street, earlier than he was allowed to...And I was a buffer between the tyrant and the simple-minded fellow Q I kept them from each other's throats.

Disengaged people express a strong sense of the traditional values, of responsibility, obligation, wanting to do what is right and proper.

> S#6 (characteristics admire in others) Honesty - above all, above everything. Honesty is the whole crux of the matter. (anything else) How people go about and tackle a situation, how responsible they are - the idea that they know it has to be done and they go and do it.

> S#10 (influence) Probably the church, my belief in God, the religious aspect of it have probably played a bigger part in it than anything. (Q) Through dealing with basically the church people, I call it good Christian people, honest, upright, dedicated people to the church and to God - that's the kind of people that I basically like and want to be with. Q Because I can identify with 'em better because I don't feel like running around, carousing with other women.

> S#5 When I get done with something, I feel good if it runs right and everything. Q What makes it feel good? Knowing that I done it right. There are a lot of guys that don't take pride in their work.

> S#4 I feel like I'm very conscientious, I make sure that it's right and in on time.

> S#25 And he told me, Bob, when you do anything, do it right or don't do it at all. That's the way I was brought up, so everything I do, I try to do it right.

> S#11 Put in an honest day's work for an honest day's pay.

> S#23 I consider myself an uprighteous person...(influence) One is my Catholic education. It's a unique environment, it's more regimented, people are treated differently and I also

learned through Catholicism a different morality and standard than people acquire elsewhere. And so consequently it makes me more conservative than other people coming out of the public schools.

There is a special emphasis on keeping from doing anything wrong and on controlling potentially troublesome impulses.

S#2 And I have very strong beliefs in things like married women - marriage to me is very sacred.

S#24 Oh, when I'm working, them guys go over to the bar, and I'm out there working, and they go over to the bar. I just let them go ahead. (feel) I don't think it's right, I think they should - they're getting paid for doing the work, I think they should stay there and do it...I let them go ahead.

S#1 (influence) My mother and father. (specific) Never stole anything, never took any marijuana or dope or anything... They brought me up not to do this stuff.

S#29 I was in a tree one day singing some song about when you lose, you go down to hell, and I was singing that I was going down to hell, and he (brother) came by on a bicycle and said that if he ever heard me say that again, he would knock me all over the street (nervous smile). So then I didn't curse again for about seven years...It's wrong, just, okay, it's wrong.

S#12 I think about the biggest change I faced was whether to drink or smoke, but really, that wasn't too much of a problem. (How handle) Didn't do...I'd take and just tell 'em I didn't believe in drinking and stuff.

S#33 I guess I'm just ordinary - I'm not a bum, not a thief, not a liar, not a stoolpigeon, not a crook.

Disengaged people are highly aware of the virtues of control.

S#6 Taking control of a job and telling people how to do it...The personal satisfaction in the accomplishment of knowing I've got this controlled, I am controlling this one aspect, and when it's done, it'll be done right.

P#1 (Happiest Early Memory) I enjoyed playing with them, I handled them carefully, I still have them (laugh) in good condition. (What enjoy) I always felt I could control them, make them work, watch them go around - I never liked to crash them.

S#40 I'm rather neat, I like things to be put away. And if anybody messes up, I'm very picky, I always want things put away.

Of self-discipline:

S#23 (influence) My summer swim coach...He influenced my life a lot. He started me out when I was 12, and I was a fat little semi-overweight momma's boy almost...By about five years later, he actually had me swimming almost 400 lengths of the pool. And I also wound up so sick I could barely walk. But he was able to drive me that far. He showed me confidence, he showed me a type of leadership.

S#10 (admire) I like to see people that make their own way, even though the going gets tough, hey, they still stand up to the truth.

S#30 Right now my all-consuming goal, my all-consuming thing that I do in my spare time is karate. It's a physical discipline as well as a mental discipline...the attitude of nonviolence, learning a great degree of tolerance. ...You learn mental discipline, self-discipline, you learn to do things you didn't think you could do. And you push yourself and see what you can do.

And of hard work:

S#11 It's not too invigorating a job mentally - there's a feeling of competitiveness there, competitiveness I like. Some days I try to set a record, see how many pieces I can pick up. Every day I set a goal for myself. They expect 150 pieces an hour, so that's 8 hours, that's 1200 units. So I try, I sincerely try to pick up 1200 units. Some days you just can't...but there are some sections you could pull 300 in an hour, all by hand...When they give us stuff like that, first thing in the morning, you get a big order, in an hour, you just, oh, wow, you could set a record here today.

S#15 I think I'm hard-working. If there's something to be done, I've always been one not to have things pile up... If there's reading to be done for a particular course, then I'll do it, like I do all my reserve reading, like a good little student.

P#3 This is my big chance to learn, because once I pass here no one will be supporting me any longer, and I won't have a chance to be studying because I'll have to support myself and one or two other people. School has been very good for me. I barely squeaked in here, and I'm doing very well now, and it's been through hard work, so I've come

to believe that hard work can do things that just everyday intelligence - if you don't have everyday intelligence, then hard work can supply some of the intelligence that you lack.

Disengaged people express comfort when they have a fairly high degree of structure and clear direction.

S#40 (admire) Somebody who is very good with the way they have everything organized...He's a straight A student, he budgets his time very well, gets up at 7, goes to work here, he - he goes to meals - like when I have a test, I usually skip a meal somewhere, at the last minute. He never has to do that, he has everything done on time for this test and for that test...I try that and never get everything done. Like I'll put something off to do something else, if I feel unpressured about it. And then wish I hadn't.

P#3 I became familiar with the surroundings here so if I want to do something, I know who to ask, where to go and who to talk to, and I know now the field I want to go into, I know the courses I need, I know the requirements by talking to counsellors and other students. When I register for classes I know what I want, I know what courses I'm looking for, I know how to arrange my schedule, I know what kind of hours I want...Q I knew I had to go in a certain direction from course to course. I guess feeling that I had to fill requirements gave me a start. Those things had to be fulfilled for graduation. From there I found the field I wanted to go into...start to find a pattern you can fall into. Helps a lot in coping.

P#23 My general pattern has been more watchful, find out what the rules are. Now I've been more open, but I still feel that there are limits, and I watch for these guideposts. I feel more comfortable now about seeing the signals and saying, that's it, I just won't go any further with that person.

S#27 Well, I'm a little concerned about whether I'm accomplishing anything in a given hour or a different day. Q Well, in my internship I felt like I was in charge and just had to learn what was going on. I was more or less in control most of the time, even when I didn't know what was going on, I knew what I didn't know. Here, sometimes I don't even know what I don't know. Q I think it's the nature of the work, psychotherapy as opposed to interning. As an intern, I mastered certain things, or got down certain routines, like with a given type of patient, I know there are six things to check every day...And they're sort of fixed in my mind what I'm going to look at.

And they are uncomfortable without this structure.

> S#4 And that's kind of frustrating, because everybody is really busting it, and you're still not making the deadline. It's just bad scheduling.
>
> S#15 I start thinking about it, and the load becomes unbearable - not unbearable, but I feel overwhelmed, when I think about them one at a time - school or graduate schools (describes trying to decide what to do) and all the pressures...After high school, I didn't feel that way, because I knew where I was going to go...Now, I don't have any direction...About 10 forks in the road, don't know which way to go - go to work, go to graduate school, go out this way. Really difficult time.
>
> P#1 It's just - the whole program is very unstructured and disorganized as a program. And it's been very difficult for me to cope with that.

Disengaged people often sound moralistic, constricted, sometimes rigid or priggish.

> S#34 But I see people who are obvious social derelicts (pronounced with scathing contempt) who have excellent grade points and will most likely get in...(social derelicts?) Well, it's hard to describe them. People who don't get along with me - no, that's not true, people who don't get along with me are not necessarily social derelicts.
>
> S#23 (worst experiences) And generally, even though I get along with my new roommate a lot better than those two other guys I had, he still has this tendency to come in at two o'clock in the morning. And he'll study late at night,and he'll sleep in the middle of the day. I have to get used to he idea of letting him skip his classes. To me, I've always been good enough - I'm pretty much determined that I should make classes. But he's a bit looser about his ideas, he misses two or three classes a week. But generally I don't miss classes that often, I miss them when I'm really down, and it took me a bit to get used to, to get used to the way he was living.
>
> S#12 I had it in my mind that drinking was wrong, so I just never would associate with anybody that drank. And during high school I changed a couple of things. (for example) Like I knew some guys that drank a lot and still, some of them guys was my best friends.

In summary, disengaged people mistrust their own feelings and

urges and instead look for rules and principles for guiding their behavior. Even when these rules make things unpleasant for them, they feel that they will be the better for meeting the challenge, for sticking to the straight and narrow. Though there may be some sense that their life is harder, less enjoyable than that of others around them, with a fleeting longing for more freedom, they clamp down on these stirrings by reminding themselves of their moral superiority.

2 MOTIVATIONAL STYLE: Engaged Style

> Motivated by own urges, pleasure in the activity or in the experience, or in the goal of the activity. Enthusiastic, playful, goal-directed - not for the principle or rule but with pleasurable, excited or even determined anticipation. May be impulsive. Spontaneous. Motivated by wish to negate someone else's influence only if other goes counter to particular urge. Does what feels like but not out of compulsion. May have trouble following rules but does not want to substitue one set of rules for another. Rules are a means to an end, not an end for their own sake. When inhibited about an action, it's not so much a general sense that the behavior is wrong or improper but because of specific anticipated consequences. Generally, is aware and tolerant of impulses.

For engaged people, behavior is more spontaneous, emerging out of their own wishes rather than from standards.

> S#7 (after discussing the many projects he's left hanging) Just knowing that it's there and that it's gotta be done - someday (laugh). Just knowing that I've got this going, and this going, and this going over here - ah, gee, I think I'll go out and monkey around tonight (laugh)...Oh, gee, maybe Thursday I'll do that. Thursday comes and ah, I've got something else going (laugh).

The same attitude is apparent in the way another subject tried to induce his administrative subordinates to change - not through fiat, but:

> S#13 Well, I try to create a disequilibrium, create a situation where it's to their advantage to make the change I want them to make. We were one of the first schools to institute a program of flexible schedules - shook up the

whole school.

They may at times also be impulsive, flighty, and a bit wild.

> S#7 I'd say I just go out and do things. If I want to do something, I just go out and do it.
>
> S#18 I'm very spontaneous as far as ideas and action. I can think up something and do it, without guilt feelings for school work that I'm supposed to do, or obligations to other people, let's say my parents, or a limited budget... Personally, I think it's made life much more exciting, more enjoyable.
>
> S#28 Man, I used to be in trouble all the time - drinking, drugs, everything. Yeah, I used to be reckless and crazy, all the time just lookin to have a good time...I lived from day to day, I didn't plan for the future...I was all the time doing something crazy, reckless...I'd take a motorcycle and go 100 miles an hour off a bridge.

They chafe under the restriction of rules and conventional standards, insisting on freedom for self-expression.

> S#18 It's discouraging to find people who are trying to fight a grade system instead of trying to get an education... The whole transition from very radical student and now back to the very conformist type of student. And I would say that for me personally, that's a change for the worse, because that's cut down on the creativity and on the idea of expression. Because a lot of students I find are really afraid to express themselves. They want to choose from ABCD expression instead of having an open-ended expression.
>
> S#7 And the principal, he'd call me and go, "Well, you sure aren't anything like your brother," and give me that bit trying to compare me with my brother. Ah, I just didn't go that route. I flat out told him, "Hey, I'm not my brother, I'm me!"
>
> S#18 I couldn't tolerate high school. They would only teach you what they wanted you to learn, and I wasn't interested in what they wanted me to learn...They would give you these things to pick from, and you'd say, OK, I'll pick this and this and this, and they'd say, no, you have to take this and this and this.
>
> S#32 The editorial form has in it a certain amount of constraint of expression, sometimes day in and day out that kind of writing can get to be kind of boring. And you don't have a chance to get out and talk to people...to get out

> into the community to find out what's going on or to get a feel for what's happening. But on the whole, I'm relatively satisfied with the job, 'cause there is some room for venturing your own opinions, there is some room for a certain amount of creativity.

When engaged people express their enjoyment in thwarting authority, it is not so much to show their independence and ability to make their own decisions as to indulge in forbidden behavior.

> P#6 (Happiest Early Memory) ...I can remember dragging out this huge box of toys and dumping them out for the babysitter to see, and so proud and showing off my toys...(what pleasure in) I don't know, just being proud of toys and sharing. The part that stands out is, you know, let me show you what I have...speculating that it may have been put into a box for a reason to keep things from being scattered about and that I was smart enough - this is purely speculation - in front of the babysitter to get away with things that my parents wouldn't let me get away with normally. That may have been part of the pleasure, too. Here was a breach in the wall of discipline.

> S#38 I can remember him shitting in his pants and letting me look at it, and it was hilarious to both of us...It seemed like getting away with something, it was a symbol to us of - it was somehow naughty...doing something we weren't supposed to do.

Engaged people tend to operate their lives on the basis of what they want to do rather than on what they ought to do. They may be highly impulsive and changeable, without apparent capacity to subordinate momentary urges to long-term values. On the other hand, many engaged people are quite able to sustain long-term, highly demanding work, but they usually experience an identification with, and enjoyment of, the goal or the process itself. There is little of the grinding, compulsive quality more typical of disengaged people, and if a variety of needs are not met, either in his work or in other aspects of his life, the engaged person expresses dissatisfaction.

> S#39 (a Ph.D. student) I was just really disappointed in the people in the program with me. They seem like very

> dull people, very narrow. Their sole interest seems to be in the academic, and specifically in (subject of studies). They didn't seem to have any interests outside the field. I found that very distressing and disillusioning. I guess I like to think that there are a lot more things in life, maybe even more important in a lot of ways, than just the academic rigors. (specific) I can think of some departmental parties that we've had. I guess you could call them parties. All we've done is sit around and talk about requirements and how they've gone about meeting requirements. There's some gossip about profs and things like that, the human side, but just very much caught up in rules and regulations of what they were doing. What they were reading, journals and articles and just very, very restricted. I was really disappointed.

And from a medical student, who had graduated Harvard summa cum laude, attesting to his ability to work hard:

> S#17 (school) I'm pretty tired of it and feel that I work much too hard, that I'm asked to work 110 hours a week and to stay up all night consistently like every third night, not go to sleep. And I resent that, I think it's unnecesary... (stands out) not clear if it's personal suffering...I feel I'm able to cope with the demands. I feel I do a good job, but it's very draining - your patients die...just unfair, too much. (Q) Well, college was certainly much different than medical school...and it was too much work in college - whereas before I used to think that the amount of work was occasionally oppressive...but liked it, basically, had a lot of friends, felt good about them, felt good about being with them. Was consistently able to go out, things like that, run off, go out and have parties, dance all night... And I don't want to lose touch with that, and so I feel med school has deprived me of something...So I feel a lot less positive to school, even though the material - like, medicine is fascinating, sometimes I'm fascinated to the point of (laugh) distraction, because it's so fascinating, like nothing in the outside world can affect me when I'm so into my books. It's good - it's good, but not 100 hours a week.

For the purposes of comparing the disengaged and engaged motivational style, it will help to look at a couple of examples of behavior or characteristics that at first glance appear to be similar. Several subjects in both groups reported that they kept very busy. However, for the dermatological subjects, the busyness seemed to be a result of their believing that "idleness is the devil's workshop" and a feeling

that it was wrong not to be working.

> S#25 No use being angry, life's too short to be angry all the time, everybody should live the best they know how. (how do you keep from being angry) Keep busy all the time. (Q) Keep monkeying around the garage and the house.

> S#30 I'm sort of hypertense, I'm always running from one place to another, I like to have my day filled up. If I have to sit down for more than an hour or two when I don't have anything to do, I don't get a good feeling. (how feel) Guilty. (how come) I just feel guilt for sitting there. I usually have something I can do. If I have a test in two weeks, I'm sitting down for it two weeks ahead. I feel bad about not doing anything...I feel guilty about not doing something with my time.

For engaged people, the activity is stimulated (at least at the experiential level) out of a wish for something - seeing or thinking of something they want to do or get. Sometimes, as a result, their behavior seemed unfocussed.

> S#28 I have a 101 different things to do at home you know, like find something new every day to do. I bit off more than I can chew, trying to do too many things at once.

> S#7 I like to tinker, now, I got beaucoup projects going. (what like about it) I don't know, I just like to. I don't like to come home and just sit. I just like to tinker, playing around. I get projects going, I don't like to finish 'em (laugh)...I've been working on my bathroom vanity...and then I've been working on my car. And I've got an old pickup truck that I've been kind of tinkering with...Everything's half done and now it's bow season for deer hunting. I'll probably go do that and leave the other stuff hanging.

Another instance is the expression of religious feeling. Several dermatological and gastrointestinal subjects said religion was important for them. For dermatological subjects, religion was associated with prohibitions (see page 18, S#10 and S#23). This was not the case for gastrointestinal subjects, i.e.,

> S#24 We had such a case up north, just before I left. We had an old lady, she couldn't go with miniskirts. And I didn't preach against them - course, preaching against things isn't what the Bible's about - it's preaching for it.

> It's positive - well, it's negative too, but we preach more positive.
>
> S#37 I was brought up in a Christian home, and I took my religion seriously. It wasn't a church, it wasn't a building, it was a personal relationship between the person - Jesus Christ is your savior and that relationship there gave me love for everybody.
>
> S#31 ...In my own way, I'm a religious person, I don't go along with a lot of the rituals in the church and I believe very strongly that there's a God. And I think I could help a lot of people find themselves. Like I said, I don't think I could do it in the structure of the Catholic church, or in the structure of any particular organization, because I find something I don't particularly go along with.

Thus these superficial similarities between the two groups are associated with internal experiences that are sharply at variance. Disengaged people are oriented toward rules, controls, and structure, while engaged people are oriented towards urges and impulses.

3 REACTION TO THE ENVIRONMENT: Engaged Style

> Active form: Takes action to change the environment; refuses to accept negative situation as is; (pleasure in) confronting others or the environment. Tries to take revenge, make others do what he wants them to, or to get what he wants. Sense of his ability to have an effect on the environment, or at least is willing to try hard to change it as he desires.
>
> Passive form: Does nothing to change environment but expresses strong wish to do so or to have things changed: to get revenge, have issue turn out a certain way, get what wants, etc. Doesn't act because afraid of consequences. Broods about what he wants or wants to do. May avoid a situation because afraid of losing control or because it bothers him too much, feels too much pain, longing, anger - not just walk away, runs away because of great involvement.

Perhaps the basic distinguishing characteristic of the engaged response is a wish to <u>do</u> something, especially about an unsatisfactory situation. This may be simply a wish to express feelings.

> S#14 Well, then I get a long typewritten memo from him...My reaction was to tell him how I felt...In fact, I say too much now, I just say what's on my mind, even though in many cases

I think I probably shouldn't have said it.

P#5 So I don't like front-loading, so say I'll pick another job. So he says no, you can't have it...Well, this kind of gets to me. The only thing I can do is to raise hell. I can't do nothing about it.

S#22 I guess you think about it for a little longer than you should and things build up inside, you know, you think about it until you finally got to let it out somehwere, if it's something you don't really like, you know...(describes example) Well, I got pretty upset, upset a little more than I meant to. (Q) Well, sort of shouting I guess. It didn't lead to a fistfight or anything like this. Caused hard feelings.

Or to confront the issue:

S#24 She was very upset. I visited her, I suppose, 100 times...What I usually do is always confront the individual person, find out what the problem is.

S#18 Usually I try to do as much thinking about it as possible and then confront them, admitting there is a problem and it has to be solved, one way or the other, because I don't like letting things like that hang.

P#5 I'm really plain, if you start giving me some guff or something, then I'm gonna find out why - why did you do it, or what did I do, or what did you do. I mean, let's get to the bottom of it. I mean, we're grown people, man, we know how to talk to each other so let's find out why.

S#14 I can't understand why people can't talk about things directly, they just let it go and let it go. I tried to communicate with them that I was having some problem and we ought to do something about it. But they don't seem to have the positive side of it, to sit down and look at the problem and see what we can do about it.

S#31 And they tried to say that we had come up $3000 short in the budget, and they wanted to know why. And I blew my lid, and I went back in my files, and I got the board meeting that we had had, back in May of that year. And it was right in the minutes that I had said, look, we're going to be $3000 short at the end of the year if you guys don't get off your damn butts and do something. And you - so they had to let it go at that (laugh). They had to get off of that and they said, well, we just think it might be better for the whole - for you and for us (if he were to resign), and I said, well, no problem there, say what you mean, don't try to go off on circles and try to put it off on something I did wrong, because you know I haven't done anything wrong.

One of the most distinctive characteristics of gastrointestinal subjects is that they reported that they took, or tried to take, action that would resolve a situation that was not to their liking. From their descriptions, it is often apparent that they are proud of this behavior and took considerable pleasure in it.

> S#24 I tend to fight for mine...I tend to fight fire with fire. In (name of city) I was living in an apartment and a bunch of Southerners moved in. And they looked around and they had too many cars, and they started parking them in front of my house. I always talk to them first, and they told me they could park any way they wanted to. So I called up the police department and found out that they were right. So I just picked up the phone every time I saw them break the law, and every time I saw the car was more than 12 inches out from the curb, I'd call the law. They'd come out about 3 or 4 times, and the brother-in-law got a ticket for $20, and I went over and knocked on their door and said, in case you're wondering how come the cops are getting here, it's because I'm calling them. He said, that's pretty low, I said you bet it's low, but I want my parking space in front of my house, I don't want it way down the street. ...From then on I had no problems, in fact we were the best of friends, he offered me one of his trucks. But you gotta meet the issue head on.

> P#2 Well, we used to get in trouble with people that got drunk and disorderly. And with certain people it was a case of fighting them, regular battles. And there was nobody there to help me, and I would have to tackle people a quarter my age (laugh) to do this job and this got to be pretty rough. (how handle)...If I could, I would try to talk 'em out of it. If not, I tried to get 'em outside somehow - pull 'em or jerk 'em or get 'em outside somehow. One time I pushed a man down the stairs, I thought I killed him. That bothered me. Well, I was angry at the time...I handled the one man, the one I was after and got him in a position where I could really give him some problems.

> S#27 I'm willing to give my life for man, my life for another. I tend to meet things head on - depending on the situation. Like Vietnam when I received that medal, like the people - we had to get them out cause the Vietcong were coming. And there was only one way, a mine field. And I didn't sit and think, how are we going to do it - take the shortest route and go. So I just said a little prayer, "Lord if I blow it may I go to my glorious home above" and away I go. Made a path, got all the people out.

S#7 My dad, he had a brand new car, we were in the church parking lot out at the lake, and we were just leaving, we sat in the car and we were leaving and we stopped in traffic and this guy behind us had an old dumpy car, an old '58 Chevy or something, he banged in the back. This was a brand new car...So - so, I gets out and goes back there and the guy "Oh, I didn't no nothin'" - he wouldn't even get out of his car. So we wanted his driver's license and he didn't want to give us his driver's license. Well, what are you gonna do, grab the guy (makes grabbing motion) (laugh). And, uh, so tried to talk it out. "I didn't do anything." And this guy starts to take off, he was just going to take off. And I said, "Hey wait a minute, you know, I want to talk to you, you know." So I reached in and got the keys out of his car. "Hey, give me them blankety-blank keys." You know,I'm standing outside there with his keys (imitates dangling them provocatively) and I say, "Hey, I'll trade you for your license." And I was uh, ready to explode but I was trying to control myself, so I wouldn't haul off (laugh) and smack the guy...(typical reaction) (laugh), yuh, I think so...let it go (let it go?) the anger go, not keep it inside.

S#31 My dad was a full-blooded Indian, and when he started drinking, he'd throw things around the house and work my mother over...He came home one night...and he had her down on the floor, and he had a butcher knife and I remember I just ran across the room and threw my body against his and knocked him off the top of her. That's all I remember (feeling) I don't know whether it was fear or anger or what it was, all I knew was I wanted to stop him.

S#16 Two people who are good friends of mine that I felt did me an injustice, I sued. And I won that one, too. Ultimately they didn't pay, the decision was passed (laugh) but it was one of those unenforceable decisions. And I had to harrass them into complying with the decision. The amount of money involved was negligible, in fact, my parents agreed to give me the money to avoid the whole stigma of a court case. But that's really not the important thing, the important thing is, when people do things that are wrong, you don't let them get away with it...I think what you have to do is give the person every opportunity to rectify the situation without actually resorting to a contest. And if the situation can't be resolved, then you do anything you have to do, within certain acceptable limits...to rectify the situation.

Some subjects emphasized that their behavior was controlled. Note, though, that for them, control means channelling of impulses, not suppression.

S#32 I guess you make your feelings known somewhat subtly - maybe not so subtly, but without creating a high-noon situation. And I think it's times when it's best to just simply make it clear and understated but nonetheless unmistakable way how you feel about it as opposed to being demonstrative and emotional about it. (comfortable with that) Oh, not emotionally, no, because it calls for a certain amount of restraint. If I had my druthers, I wouldn't restrain myself in that fashion, I'd let it all hang out.

S#21 I might be pretty cool the first time it happens. Three or four times, I'm pretty upset about it. (what tend to do) I reprimand him personally, tell him we got to work on this, let's try and resolve it together...and I try to work around and not get too hot and heavy the first few times, unless I have to. As a rule, I don't have to. As a rule, once is sufficient either to resolve the problem or get the man back on an even keel again.

S#16 I'm not as conservative as they are but I think I'm still more establishment oriented - and I don't say that negatively, because I think nothing of arguing with the establishment, but instead of just screaming and yelling and not doing anything, which I think is a typical radical attitude, I work within the establishment for change.

At the same time, these people may indicate that their impulses are more violent than their (reported) behavior.

S#16 I don't like...I won't go out and kill a guy for that, I won't stalk him one night with a gun.

S#28 Somebody I work with will ask to borrow a tool...and it's three or four months before they give it back. And I'm asking them would you please bring back my wrench or whatever. Have to keep asking them, and it irritates me - 'cause I need it, sometimes I need it. (what tend to do) Well, if he doesn't bring it back, I'll forget about it and buy another one, just write it off as a loss, and he'll never again get anything from me except good morning, you know. (satisfied?) No. I feel I should be able to get what I have back. But hell, I'm not going to shoot somebody for an $8 wrench, it's not worth the trouble.

Others describe their behavior or intentions as, at times, frankly explosive.

S#7 But still, I'm pretty quick tempered. If something goes wrong, like that, I explode. (example) I got in a fight at work one time, a kid in production. I didn't like him, I

didn't really know him. He was about as cocky as I was except I was bigger. I was goofing off, and he didn't like it, and I shoved him, and he shoved me back. Next thing we know we're rolling around on the floor...(They are separated and then at it again)...I didn't monkey around, I just grabbed him. And I could see where I could have avoided it, I could have said, "Hey, hit the road..." I guess that's the way I am (laugh), something goes wrong - boom!

P#2 Well, sometimes I get pretty mad about it, sometimes in driving, somebody cuts me off, I go after them. And (sighs) I've done it - I haven't done it lately - try to run 'em into the ditch or something. Well, just the other day I had a little altercation with somebody right in front of my home. There were two guys in the car..and I noticed that they were following me. So I stopped and I quickly got out and I knew I had an axe in the back of the car, so I could tackle those guys, I wasn't going to tackle 'em with my bare fists. But before I could open the car deck, they took off, so that ended that.

S#31 I get violent when anybody mentions my family. Some guy, he'd been messing around with some dope, he didn't particularly like me, and he said he was going to run my wife off the road one night. And I just literally went bananas, I went home and I got a gun and went over to his house, and I yelled into the house, hey, you get your butt out here and talk, or I'll blow your door in. And he came running out of the house yelling, hey man, be cool, and I said, hey, plop your butt down right there and let's talk, because you said the wrong thing when you start messing with my family. You can try to run me off, that's ok, that's between you and me, but you bring my family in - - (typical reaction) yuh, if it's just directed at me personally, forget about it...I went for a job and went to a physician and the physician said, hey you're not even a whole man, we can hire whole people off the street, what would we want with you. And I just decked him, knocked him right on his can. I was in the city hall in Dearborn, and I got (laugh) locked up for a while. When somebody really (unclear on tape) I resort to the physical. I've had it backfire on me, too, I've been knocked out, too.

P#5 I had this situation happen. The guy was pushin me a little too much. And I was drivin a truck. And he drove around through the mines too. So I asked the guy to lay off, he didn't do it, so then I called him aside one day and I said, I'd appreciate it if you would lay off. I think it's gone too far, you either take me to the union, or I'm gonna tell you what I'm gonna do. He's drivin a small truck and I'm drivin an 80-ton truck, so I said one day I'll pass you in my truck, and a big lump will fall on your truck...You gotta protect what you got and don't let people push you.

On the other hand, there are many engaged people (those labelled passive or mostly passive) who, by their report, do not act in a determined, vigorous fashion. They describe inconsistent attempts to take action or, for various reasons, holding back from action. Internally, however, they are churning, usually highly aware of a strong urge to say or do something.

> S#26 I get upset more...My nerves have a tendency to flare up. I don't say nothing, I just feel it...If it's a family, I - discipline. My nerves get unstrung, and my wife has to do it. I can't - can't hold myself. (Q) I have a temper, say things, things I don't mean - do things that - I'm not supposed to (looks quite uncomfortable). Don't handle it the right way. (Q) Well, I don't use my head, I guess you could say. I try to - I believe in spankin 'em and my wife says it's better not to spank 'em...So let her do it...You start arguin with 'em and they argue back, and they argue just like brother and sister...Me and my oldest daughter does that. And I just - don't like to argue with her, makes things worse.
>
> S#38 ...to march boldly ahead and then start backing up. Very fast...My first response to things feels to be pretty bluff, sort of to be assertive "I can do" and then I suppose it is fairly common for me to back off. Like there's an urge with that lecturer at college to say, now look Al, your lectures are really shit.
>
> S#28 Ah, well, I certainly didn't let them kill me. Well, like when I got stabbed, there was nothing I could do. I got stabbed in the back, and all I could do was hit the guy in front of me and try to run, which I did. I knocked out three or four guys before I could get away...(typical reaction) I either get extremely hot or else just forget it happened, because if I <u>do</u> lose my temper, I know there's going to be disastrous results for somebody. (which more typical) I tend to blow 'em off because I do have a bad temper when it gets to that, so I try to avoid trouble - <u>now</u>. I didn't use to, I tried to run into it.
>
> S#39 So in the interview situation itself I felt very frustrated, didn't feel there was anything I could do. Outside of that, when I got home, I kind of let off steam, thinking of all the arguments I could have used in that situation, all the things I could have told 'em, you know, mouthing off. (typical) Yes, very much. When I'm in a stress situation like that, I tend to clam up...And once I'm away from the experience, even five minutes, just out of the building, I start

> thinking of all the things I should have done, could have done. It gnaws away at me, I became anxious about it and tend to bring the situation up several times.
>
> S#20 At that time I was perfectly content to sit by myself and be furious with him and not do anything about it. Since then similar situations have come up, and I've changed a lot in the ways I deal with things like that. Over the last couple of years, my tendencies are very different. Rather than sitting there stewing about it, I've - maybe I've gone too far in the other direction, I've made a couple of enemies I think elsewhere, where I was very outspoken about things that I didn't like at all, the way people were handling certain situations and I told them so. So I kind of tried to compensate for a tendency in myself to keep all that to myself and not ever confront anybody and not ever find out really what's going on but just sit and fret about it in silence.

In these cases it is clear that the subjects continue to brood about what they would like to say or do or how they wish things were. As a rule, they seem to inhibit their behavior for a specific reason, afraid that they would go too far or perhaps of repurcussions to themselves (though they rarely gave this as a reason),not, as was often true of disengaged people, because of a general principle that it is better not to act.

Often when subjects reported that they did not say or do what they wanted to, or when their behavior did not have the desired effect, they felt vengeful:

> S#14 I tend to make very - you could call it, a hurt feeling. I feel I've been stepped on. I make very irrational statements, I say very nasty things. (feeling) Sort of revenge-type feeling, though I don't really carry out revenge in the true sense of the word, but it's my way of getting back at them, sort of saying nasty things to them.
>
> S#17 I had a neighbor who lived upstairs from me who was especially sensitive to noise, and I was going to be a professional guitar player. And no matter how softly I played, she would bang on the floor. And if I turned my stereo to two out of ten, she would bang on the floor. It would drive me crazy. Finally I just broke at her - she pounded excessively one time and instead of reacting with turning down

the stereo and silently burning, I turned the stereo up to ten (laugh) and I probably should not have done that. But I had tried talking to her several times, but it was all my fault and - she wanted to study all the time, all day, she was just a real wonk (smile), so after only maybe half a try at talking to her, I just gave it to her with both barrels.

P#2 ...and I think maybe, someday, when I get the opportunity, maybe I could do something to get back at him one way or another. Because I think that, as they say here, I got screwed. But at my age, when you want to quit the job, what are you going to do about it. There's nothing much I can do. If I was a younger man, maybe what I'd do is go over there and punch this guy in the nose. But this guy could run circles around me. So what's the point of that... I think I'll get back at this fella through the real estate board.

S#35 I kept all my feelings bottled up inside me, like a cork. The cork was just ready to blow, building up, building up...Your emotions get in. (Q) Well, first thing I would do is I would sweat. And my anxiety would get all fired up. And I wouldn't say nothing to anybody. Somebody would say something to me, and I would walk away, and I would just get mad. (Q) Wow, I had some nasty thoughts a few times, but I really wouldn't do it...Different ways to get even, some way how to get 'em in trouble. You wouldn't tell the supervisor things that really happened, you'd make up things about 'em. That's where you're getting your way back. You'd be so mad, you'd have to think up some way to get back.

Engaged people present themselves as having, in line with their perceptual style, strong urges to interact with the environment. While some assert that they act upon these urges, and others that they hold back, common to all is an intense and/or frequent wish to say or do something, right wrongs, or get what they want.

REACTION TO THE ENVIRONMENT: Disengaged Style

3A Accepts things as they are, even if negative. May feel protest is useless or undignified. Expresses little urge to do anything about the situation; may wish it "would just go away" but does not direct attention to how he wants it to be different. May emphasize feeling helpless, the impotence of his position, brooding, but with little or no hint of wish for action. The brooding is in terms of what has been done to him. Or may avoid negative situation without any apparent backward thought. Object appears to be to minimize the

negative rather than maximize positive, as though there is nothing to be gained by going after something. Possibly passive-aggressive or very reasonable or resigned.

3B Reaction to Interference

If protests or has strong impulses to protest, or confront, the purpose is to fend off interference, harm, or meddling with his autonomy. In other words, the concern is with ridding self of a negative impact from the world or to ensure self-determination.

Most striking about the disengaged reaction is the expression of feelings of acceptance of, and resignation to, what happens to them. They may not be happy about it, but they appear to consider acceptance the only, or most reasonable, solution.

> S#11 I treated him as nice as I could, I'm not the kind of person who can say bluntly, go away, I'm going into the hospital and I want to be alone with my wife. (feel) Okay, I didn't have any remorse for him or resent him for it. I was just not prepared for that, having to deal with an inebriated person at that time of night. (typical) Instead of being blunt? Yuh. (comfortable) Just putting up with it? Yes, I'm most comfortable with that, I don't have the initiative to say good-by.
>
> S#29 (worst situation) I sort of miss my friends, my family, once in a while. Not as much as I thought I would, but sometimes. (how handle) Generally, just sit and think about them...instead of getting upset about it, because there's nothing to be done. (typical) Well, in one, I was up against something that seemed to be almost singling me out and putting me down. I tried arguing with it, reasoning with it and discovered that I couldn't fight city hall, so I tried working with it to whatever extent required. And the other one is just taking the situation that's there, there's no reasonable way to get around it, and trying to make the best of it.
>
> S#5 Sometimes I just go along with what somebody else wants to do and wait til later to do what I want to do. (feel) It doesn't really bother me. (Q) Just as long as everything works out so that everyone's happy, I don't see why anybody should do anything they don't want to.
>
> S#30 Or the university tells me I have to take x courses to get a degree in zoology. And though I may not see where those courses relate at all to what I have to do, the university tells me I have to them them. So, I go in and take the courses and do them to the best of my ability. I have to do it, I'm neutral to it, I may not want to do it, but I've been

told that to pass through this institution that I have to do it, so it becomes an accepted - it's something I'm not emotional about it, there's no way you can get around it.

S#19 Some people I know because of money or because of a small thing, they make it so big and what happens is that they don't talk (to each other). I usually avoid - I wouldn't say avoid, I don't consider it something important. Like for instance, if you borrow some money from someone and they ask for it and you're not able to pay it, some people, they get so angry. If it's the other way with me, I don't. I say it's all right.

S#34 That person is my roommate, and I have to live with him. Therefore, I said nothing to him. But to my other friends - I guess I expected more from them than from him, because I told them to just shrug it off, don't pay any attention to him, if he wants to be that way, he can be that way. He's a stubborn person, and I'm not going to try to teach him what his mother didn't...You'll have to put up with it, because I'm going to.

S#4 Some of the equipment doesn't work right all the time. (Q) You're trying to meet a deadline...You're working as hard as you can and your people are and you're not getting anywhere because of malfunctions in the equipment...(handle) Keep plugging away is all you can do, try to keep everybody happy, tell 'em it's a part of life...I feel like I'm very easy-going. I think I can accept a lot, put up with a lot.[1]

S#40 The woman seems just to put up with things as they are and take it as they go. She looks like she's the wife of the man, and she's content. Not so much content as willing to take things as they are and not willing to rock the boat, or move, or change things.

S#9 If I had it, I'd loan it to you, you know, if you had a half-way decent excuse. And nine chances out of ten, I wouldn't ask you for it, what the reason was, but I would never ask you for that money back again.

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[1] Compare to a gastrointestinal subject in a similar situation:

S#3 I was going to my supervisor and to his boss complaining about this, other people were putting in complaints, I had meetings once a week with my employees, I had them write - we had complaint forms for them to fill out, and we'd turn them in every night.

Disengaged subjects made it clear that it was their policy to avoid confrontation or argument.

> S#25 (describing handling excited, angry wife) "Well, you shouldn't do that, what's wrong with you, you shouldn't get so excited." I'm holding her back, holding her hands to keep her from scratching me. I might go outside, let her cool off. (typical) Yuh, I just stay away from 'em. (comfortable) Yuh, there's no use hanging around to make things worse.

> S#30 If it's a minor thing, you get over it. If it's not a minor thing, that's the end of it. I just recently broke up with someone...It dragged on for several months because I didn't want to come out and flatly say good-by, because I was sort of a coward. That was the worst thing...having to realize that I'd been a coward about it and sort of kept stringing it along, and I didn't really have the courage to say this is it. (typical) More or less, yes...Unfortuneately, I hate to face it, like most other things, and I do sort of let it slide. I'm trying to avoid the problem.

But whereas similarly behaving engaged persons might have Walter Mitty fantasies of revenge, there was no hint of that for the disengaged subjects, who seemed rather to wish the problem would go away.

Underlying their resignation, disengaged people may express feelings of helplessness, that they will not have any positive effect on the situation if they actively attempted to alter it.

> S#11 I felt I couldn't do nothing about it because my dad was a big man, and I was only seven years old, what could I do. I felt I wanted to give my dad a bust in the nose (to protect mother from father's beatings), I'd pray and ask the Lord to help him out so my dad wouldn't be like that - but my prayers weren't ever answered. (Compare to gastrointestinal subject #31 p. [illegible] in similar situation.)

> P#4 If in the school, some instructor comes over and starts giving me a lot of bull about wearing long hair, I just gotta take it in, not too much you can do.

> S#1 I didn't really care, what could I do about it.

> S#2 And the feeling was, there was nothing I could do about it. She was in line for promotions ahead of me, and that's all there was to it...It's just something that you have to live with.

> P#1 There was a little rebellion among the counselling staff. And it failed, as rebellions had failed before, because of the structure. And I think, had I known some of the things I know now about how people operate in planned change, I could have - I would have come quicker to the conclusion that I came to, that nothing could be done, and I might as well do what I could do in my own sphere.
>
> S#30 There's nothing you can do about it, there's no way you can get around it. And if a problem arises that you can't get around, then you just do whatever you have to, you have to accept it.

There is, at times, an indication that resignation does not come easily to these people. However, disengaged subjects present themselves as having, for the most part, successfully mastered their internal struggle, as though resignation were felt to be a sign of strong moral character.

> S#23 One of the toughest things I had to endure was I had to adjust to the environment. The environment obviously couldn't adjust to me. I was outnumbered, so I had to adjust to how other people lived their lifestyle.
>
> S#4 That's the way life is, things aren't always going to go your way, and you have to be man enough to accept them as they are and not go in a corner and put your head down and pout.
>
> S#34 I admire my father for his temperament. He takes a lot of crap and doesn't show it. I admire him for it.
>
> S#33 Things like - make anybody mad, you know, like the mosquitoes all day long - normal. (react) Well, if it's things like that, you can't do much about it. You just gotta go ahead and grit your teeth and bear it. You can't quit a job because of mosquitoes.

There may be a religious buttressing of this position:

> S#19 There is probably one other reason that's probably religious - the belief in God. Some people they - if they don't have money, or if everything is not working, they just become upset and do all sorts of things. I just say, it will be all right, that's the way life is.
>
> S#2 If I still have my symptoms, it means Christ wanted me to, there's nothing I can do medically.

And when disengaged subjects did express anger, they appeared to be ashamed of this lapse in control.

> S#29 (after describing best friend taking his girl out) When I found out (laugh), I was rather disturbed. (handle) Well, I probably would have hit him if I could have found him but he hid from me for three days and by that time, I cooled down enough to listen to him. I was pretty disappointed in myself, because I was pretty mad when I found out. I'm glad I didn't find him when I was mad, 'cause I don't usually lose my temper... (typical) I rarely lose my temper. More usually, I just go off and forget it, probably not talking to them for a long time, get them out of my life.

> S#23 But then of course his ignorance and his way of arguing with me also tended to make me shout on occasion, back and forth at one another. And generally I'd feel mad at myself about that because I feel if someone gets me shouting in an argument, they've won the argument. And you know, I'd feel uncomfortable and upset that I let myself lose control, generally over something that was nonexistent, that was very small and picayune and had no relations to our personal lives.

> S#34 I'm very polite. I tell them about the grade and that I think I deserve better...(satisfied) Well, I thought I handled myself well with the teacher. I suppose my actions after I received the grade were somewhat violent. Well, not violent but - how to put it - like, after I received the grade, I might have sworn, or thrown the paper down. Nothing over that, I calmed down.

There is some tendency to a passive-aggressive style as a preferred mode of anger expression.

> P#1 I don't remember any of the battles we had about eating. (go on) Mainly from what she told me, and I was always told that it would take me hours to eat a hamburger that big, and I was told that I was very polite but obviously hostile, "No thank you, Mommy." I never wanted to eat, that used to drive her buggy.

> S#23 I admire a person who sticks to his guns and is a little bit stubborn, because my dad's stubborn, and I'm a little bit stubborn. (Q) Because you have to be your own person, you have to be yourself. You can't please everyone so you might as well please yourself.

> S#33 Well, the first sergeant called me and told me to get every man in there, to battery headquarters, he had a lot of work to do, mowing grass, general stuff. I told him to send

> out a truck to pick us up, he said he didn't have one. I said how are we going to get there, he said walk. I said okay. Five of us had our cars parked there, but we wouldn't drive. So we took off walking. We got about four or five miles down the road - we were walking, it would have taken us about six hours to get there. We were just poking along, you know, we were going, he said walk and we were. Along come the battalion commander in the staff car. And I'd gone through school with him, '55 at Fort (name omitted). And he said, Sergeant (name omitted), what's going on here. So I told him...so he said, get in. So we all piled in the staff car with him and old (name omitted) really got a reaming out about that - the battery commander too. And we all laughed about it, about us guys walking in and we got there too late to do nothing anyway, just about. And he never bothered me again.

Rather than attempt to change their environment when a situation is not to their liking, disengaged people have several alternatives. They may adapt, as described by some subjects above, accomodating without really altering themselves permanently. Or they may react stubbornly, digging in their heels and refusing to be budged, without trying for any particular effect on the environment, except to be let alone: you go your way and I'll go mine. Or they may focus on changing their perceptions of the situation, or their behavior, so that there will be less conflict between themselves and the world.

> P#3 That's why I don't ask them most of the time. I'd much rather, if I can possibly change my method of working so that it won't conflict with theirs, that's what I'd much rather do. Before asking them to do me a favor, if it seems I can work things out without having to ask them to change their way of life...If I can work my hours out so that I am not there when their parties are going on and we're both happy. I'd rather see myself slighted a little bit, that's because I do it to myself, than to see other people, than asking other people to do something for me.

> S#6 If something happens that I don't like, if it something that's really bad, I would probably reason it out myself, what I don't like about it. It's hard to say, if somebody was doing something to me that I didn't like, I would probably mention it to him, or if I would consider the person, I would probably just ignore the person altogether.

> S#15 A lot of times you say, this is ridiculous, I'm going to go see the professor or teaching fellow. I've done that twice...I feel frustrated because there's really nothing you can do. (typical) No, I've done that a couple of times. I think my tendency is to get real mad and usually, usually it abates after a while. And I try to, in retrospect, in introspection, find out what I did wrong...I think the professors really feel that it's a one-way street...You shouldn't expect anything from them except listening to their lectures.
>
> S#12 Well, first you'd feel hurt and then you'd stop and realize what they're doing. And I always feel if they need to build him up that much, then just to let them put me down, because I knew it wasn't so, what they're saying.

Though disengaged people accomodate themselves to the environment, and not the other way around, for some, there is a strong resistance to what they experience as unwarranted external interference and pressure.

> S#29 The only other time I lost my temper is when I'm pushed to unreasonable lengths, just keep being pushed until I had to do something.
>
> S#2 I've always not been a loud person, not someone who rocks the boat. I'm not militant now, but I've been pushed around so much, just not going to let it happen again. A lot of people will push you as far as they can, as long as you let them.
>
> P#4 Socially, I would tell someone off, "Look, buster, get off of me, why bother me, what's your problem, why ride me, it doesn't bother me, why should it bother you."

The following subject, who was a goalie in hockey, a position particularly appropriate for a disengaged person, is describing the philosophy of karate:

> S#30 If someone swings at you, you step back. If someone swings at you, you step back. If someone swings at you again, you step back until you're in a corner. And if by that time you can't talk him out of it, then you hit him back.

Thus, while engaged people experience an urge to interact with their environment and to have an effect, or take what they want from

it, disengaged people respond by controlling such urges to keep themselves from acting or even from wishing to act. Instead, they attempt to diminish their affect response or to alter their perceptual or behavioral style so that they minimize the negative impact from the environment. Engaged people are generally positively impressed by assertive behavior and its effects, or take pleasure in their assertive fantasies, though they may fear the actual results of action, while disengaged people tend to regard the urge to take action almost as though it were a temper tantrum - a shameful loss of control or a useless expression of emotion. It is only when their boundaries are threatened,when the world impinges on them in a way they can't avoid, that they take action, and then frequently in a resistive, passive-aggressive fashion, designed to remove the source of threat or discomfort.

4 RELATIONSHIP WITH OTHERS: Engaged Style

Mutual interaction, feeling of interconnection and involvement with others; in healthy people, this takes the form of sharing and empathy, in those with less good object relations, may be series of short-lived but highly intense relationships. May be warmly outgoing, taking particular pleasure in interpersonal contact of an intense and intimate nature. Or, if lonely, emphasis is on longing for friends, what to do about it, even if too shy to carry out plans. Do not code for mere mention of close friendships unless more than the usual relationship, with some evidence of mutuality: i.e., do code husband who mentions wife a good deal or "me and my buddy" statements if sounds like a fairly constant and close pair. Do not code "I get along fine with everybody" or "I'm a polite and helpful fellow." Distinguish one who protests caring for others, but feels false: politician kissing babies. Friendship as rowing a boat together, both needed to make it move right.

May show ambivalence and difficulty in separating, may feel too tied to others, imprisoned by his needs for others (possibly externalized) or their needs for him. Has to fight to cut free from ties, can't just walk away. (Conflict appears to be about being overdependent.)

Interpersonal relationships are very important for engaged people, and though there is a variety in the type and quality of their relationships, these individuals share a need for intense, person-to-person contact. For some, this takes the form of close ties to family and friends.

> S#18 I'm very emotional as far as a lot of relationships. And a very committed type of person, I can't spend my emotions among several people...A lot of the females that go here are truly looking for an occupation and their occupation comes first. And I would say that the level I've always been at, it's always been my relationships that come first.

> S#36 We've had some really nice times up there, we've been together more so - when you get confined to one small room, two small bedrooms, I finished them off myself... And this was all pure enjoyment, because I was doing something that my whole family would enjoy. But we're together there more, either playing games, scrabble, or something.

> S#14 More recently, I feel like it's almost something I have to have, I have several people that I'm very close to, someone I can always go and bitch, just talk about anything, and you know that they're being honest with you and vice versa. It's just a very satisfying thing to have, some friends like that. You don't have to apologize to them for just being yourself.

> S#39 I guess really my best experiences have been with my wife. Just feeling really accepted, feeling that I was sharing something with someone else.

> S#20 (best experience) Without a doubt, being in love. Really feeling that, with a couple of girls in my life, has been the finest part of my...of any relationship, of all relationships with other people...I love a lot of people, feel love for them, but being in love...is probably when I've felt most alive.

> S#28 (relationships) They're either very tight or very loose. Not too much in between. I don't go out of my way to make friends because I don't have too much use for people (laugh). They seem to just cause more problems to me. People that I know really well, I'd do anything in the world for, and they would do the same for me...(best) My family, my wife. (what like) I enjoy my family, we used to all go on vacation together, we're still a close family. Like I go

> see my parents every couple of weeks, I call them every week. They live 50 miles away, but I have to go see 'em, I feel compelled to do it, we're still close. And they're a source of happiness to me, as well as my wife...Those people are close and special and it makes me happy just talking to them and being around them, being able to help 'em or do something for 'em. Just my wife and my family and my motorcycle - that's what's enjoyable to me.
>
> S#31 (worst experience) When my dad died - because from the time I was eighteen, we really got close, and I mean superclose. If I didn't call him every night at six, he'd think that something was wrong. And it was like - when I had a problem, there was one person I could talk to and that was my dad. When I used to get really bugged about something... I'd go to him, I'd go off to where he'd work, and I'd get on the heavy equipment with him and ride around with him for a little while and see what he thought of it.
>
> S#17 I used to think my overwhelming characteristic was being kind of friendly and warm...I care about my family a whole lot, kind of live a lot of my life with them in mind.

In addition, or instead, the emphasis may be more on intense relationships of a transient sort, which, despite the looseness of the ties and the brevity of the association, are apparently not experienced as distant or formal but as quite personal.

> S#37 My personal relationships. Working with the prisoners? Fine. Where does any police officer get letters from the men that did time under him and have a relationship that they call him up at home.
>
> S#13 Well, I missed the people, I missed talking to a lot of people during the day. At a school, a principal gets out, moves around, sees what's going on. At this job I have an office and I spend much more time in it than I would prefer to. I'd rather be out where the teachers and the kids are.
>
> S#24 I get along very well with people...I think preaching is probably the thing I like the very best of everything. Retailing, uh, selling, would be second, because I'm still dealing with people as individuals. But in preaching, I'm really dealing on a personal basis week after week. And that's what I really enjoy, people who like me and I like them. And we have a communication with one another. That's what I like about preaching and about selling.
>
> S#31 The part I enjoyed the most, even when I managed the Kinney shoe store...was just meeting people. I enjoy

> working with the public very much (as director of a drug rehabilitation center). And I still get some gratification out of that (installing heating systems) because we go to different homes, you know, and you meet nice people and you meet bad people, so I still get to meet people, maybe not so much on a personal relationship like I was before, but I find that very, very gratifying - talking with people.
>
> S#36 (relationships) Real good, real good. (stands out) Well, how can you answer that without bragging (smile)... Since I've been ill, everybody in the squadron, somewhere around 210 people or something like that, but every one of them wants to do something for me because I've done so much for them.

Even when the intensity is absent, engaged people exhibit a pleasure and openness in interpersonal contacts.

> S#16 We are all human beings, we are all part of society and not to be sociable to everybody is, to me, not acceptable... When I moved here, I was very much impressed that Michigan residents have a healthy respect for other people; they don't just tolerate other people, they seem to care.
>
> S#26 I can get along with most anybody. (stands out) Just show 'em like you like 'em and friendship. And maybe, uh, friendly love, if you put it that way.
>
> P#6 It seems to me I do have a very happy attitude toward it. Maybe that reflects the fact that we were going down to visit an uncle, he was a favorite uncle and about whom I'd heard nothing but good things. And it was a joyous occasion of reunion, people getting together.
>
> S#31 (best in relationships) Finding out their experiences that I haven't experienced and trying theirs, going along with them...I just like to meet people, find out what they like to do and try it myself. I think everybody's got something to offer, and I enjoy listening to people and their view points. I like to listen to people and the ideas bounce around.
>
> S#22 (like about work) Well, I like people. I like working on people, having discussions about different things...I think the time passes by pretty quick that way, and I enjoy talking to people.

They describe a sense of interrelatedness, of belonging, being part of a larger unit - a couple, an organization, society.

> S#18 It's like the whole idea is that everybody is an individual and yet you can't survive without the group. You have

> individual concerns, but through percentages, all your individual concerns can be incorporated into a certain sector of that society, so everybody can add to that part of society. And as they add to society, they add to themselves also.
>
> S#37 Sometimes with your staff the prisoners will try to con things against you through other prisoners, and you really have to have close-knit ties in the staff. And we do have that...we have to make sure that we're in constant communication.
>
> S#32 I think marriage leads to a certain amount of growth, sharing, togetherness, warmth, communication.
>
> S#13 Oh, we organized a Fourth of July parade, just a bunch of little kids on the block, I had a lot of fun doing that. (stands out) Oh, taking part in a community affair, again being important, being patriotic, like we did it together, we all did it together. (feeling) It was pleasant, it was a good memory. (and later) As a child, that I was part of the family - wanted, loved, felt secure.

Engaged people have a strong feeling of mutuality and sharing - of possessions and responsibility.

> S#37 I said they were more civilized than we are. They don't lock their doors at night, they depend on each other for survival, they help each other, they have no taxes and welfare and medical care, and their concern for each other... They were concerned for their fellow beings more than for me, myself and I. And they were willing to do almost anything they can, "ask not what your country can do for you, ask what you can do for your country." (of experiences in Peace Corps)

And from the same subject:

> Whatever it is, it's helping people, it's helping others. To me, this is what Christianity and life is all about, helping others..."No greater thing that a friend do than he give his life for another."
>
> S#18 I firmly believe in anarchism. It's like, of course, no government at all, but there is no need for it, because of the consciousness of the people. It's like a personal thing and yet a group thing...If you're really going to be a citizen, really going to be a responsible person in society, you have to be willing to take at least as much for the group situation as for the person...people aren't ready to step into a situation because they can use the terms: "it's none of my business" or "I don't want to

get involved."

S#35 (describing his having bought a tractor to be used by his family) My brother and I get along really great. Before, it wasn't that hot...I'd do anything for him now, I think, we're in partnership in the farming, and we just farm side by side...When you're doing something for people, like that, I'm just happy as a lark on a limb. When I'm not doing something like that for your nearest kin, you get down-graded really fast. Least ways, I do.

S#24 I've got 7 kids and my kids know that any money they make, I'll confiscate it if I have to. If it just becomes necessary. And my father's paycheck of social security, that too can be confiscated if it becomes necessary, because we work as a family unit rather than as individuals. What I make isn't mine, and what my wife makes isn't hers, what my kids make really isn't theirs.

S#36 Some kindness on each other's part or some consideration on each other's part. They don't have a 50-50 or a 70-30 or a 60-40 marriage. I'll use my marriage as an example. Either I'll do this or my wife, or I'll do it and she'll do it for me - same way. (Q) Well, like they say the woman does all the housework, and the man does all the yard-work. If she's not feeling up to it, then I'll do the house-work. And vice versa.

They empathize with others.

S#21 People are all different and they react different when you criticize them or when you talk to them. I'll try and put myself in their shoes, more or less. If I was in their shoes (employees), how would I feel being criticized.

S#32 I try to sometimes put myself in the other person's place when I'm dealing with them, which is not to say that I don't do what I think I ought to do, but I try to take some cognizance of how I think they'd feel about it.

S#20 I've felt a great deal of warmth in a kind of empathetic way with my patients...I've found myself in a kind of vicarious way enjoyment that (their progress), pleased along with them.(and referring to a patient who committed suicide several years after leaving treatment) I spent a lot of time imagining what this guy's life must have been like over that time. That was a painful but necessary part of working through that.

S#24 (effect of illness) It has a tremendous effect - for the good...I have empathy with the people. I feel what they feel. It used to be, I could call on a person and not understand exactly how they felt. I have gone through almost anything and everything that they have gone through, in other words,

> pretty much as Christ on the cross...so I can put myself in their place.

And they may feel they understand themselves better through interchange with others.

> S#37 And when I spoke about it, I spoke about the things that I knew. It was the greatest opportunity of knowing oneself through others.

> S#38 I almost see him as an alter ego of mine. So that when I talk to him, and he responds, that's part of the way I learn about myself, by getting it out and letting it come back.

They have a strong tendency to identify with others, almost, or at times, to the point of blurring the boundaries between them.

> S#16 Over a period of years that we've known each other... a lot of the characteristics I admire in him have probably rubbed off on me and likewise the characteristics that he admired in me rubbed off on him...And it's an extremely meaningful relationship.

> S#24 We used to work together on the farm, the egg business. I was a part of him, because he had a bad leg, and I was a part of him, you might say, because I had to do the jobs that he couldn't do.

And from the same subject:

> (TAT #10) This is a scene of love and compassion, you might say, of kind of oneness. Way I would look at it, two people sharing the same thoughts.

> S#18 (TAT #10) They both appear to be still in love. It also, they would probably be together until one of them died. And after the one died, I figure the other one would die shortly afterward. Because first of their age and their sense of companionship, they would probably be lost without each other. Seems to be they've built a great sense of security, compassion between themselves, really their whole lives probably depend on each other. It doesn't appear to be a situation where they existed with each other, but for each other - they wanted to be together, not felt they had to be.

> S#20 All my childhood I've indulged myself in fantasies of being someone else...I think novel reading was to identify very, very strongly with characters in the novel.

And from the same subject:

> What I did mostly was latch on to any fact or anything that my supervisors or teachers would say and identify with them in a way which would help me get through the first couple of years.

Engaged people find it very painful to be separated from love objects.

> S#26 I don't like to be away from the wife and kids. Makes me weak, I talk to them on the phone, I cry. It makes me weak, I don't know how you would explain it, whether it's emotional or not. (feel) Lonesome.

> S#18 (worst experience in relationships) The separation of me and my girl friends, and that is not an easy thing, since we'd seen so much of each other, just physical presence and that, it's almost like she died, really, because she just all of a sudden gets on this train, and I don't see her til Christmas time.

> P#7 (describing death of pet) I loved the dog, my father loved the dog. There was a feeling of being lost, 'cause I wanted the dog some more.

> S#20 Feeling that I could no longer be friends with this person, I had to cut him out of my life, I could not - it was such a, for me, an evil breach of personal morals and personal ethics, that I saw no alternative and I haven't seen him or talked to him since telling him. And that was very painful, doing that.

> S#17 She'd hurt me like the person who comes and steals your mother, or your father (laugh) so that you never see them again, only she'd stolen herself away, something I really cared about.

Or not to get the response or quality of response they feel important:

> S#36 (Happiest Early Memory) Helping my dad recuperate from his heart attack...I just didn't feel the relationship that there was between him and I, that I have with my girls... At times I kind of blame myself, and at times I kind of blame him for not being together more than what we did and knowing his thoughts. And I'm sure my daughters - I'm sure they know a lot of my thoughts.

> S#16 One girl came up with her car loaded up, and I volunteered to give her a hand...The next day I noticed that a purse was left outside her door, so I knocked and informed her of that. She thanked me but seemed somewhat cold...My wife and I ran into her the next day, and I had carried in a tennis rack for her among the other things, and I said,

> "What do you say we get together and play some tennis." She was very cold and sort of pushed off the idea. And I right now will have nothing to do with her. I will not say hello to her unless she says hello to me...She didn't do me any grave injustice, so therefore I'm not going to do any more than that.

And, as is more generally true of their behavior, as described in the previous section on "Reaction to the Environment," engaged people actively attempt to remedy the situation by demanding the response or the contact they want.

> S#38 I used to be all the time looking for some kind of major, important, overwhelming relationship. And I got very disappointed...I used to be just frantically searching for relationships all the time.

> S#17 And she broke up with me without telling me the reason. Very strange...And she refused to tell me why... (React) Well, I reacted with some real hate, that she had left. At first I went up to her room a lot, tried talking to her, tried understanding what she was into...I consistently tried - in fact, I maybe tried too long, you know, and maybe followed her around like a puppy dog, you know, for about a month, trying to get her to talk to me about it.

> P#6 I remember having older children running off over the hill to play in the weeds and trying to follow them...I tried to follow them until I couldn't see them anymore because of the high weeds and bushes, and it was only at this point that I turned around and came back.

> S#31 She was in high school, she had two years of high school left, I couldn't very well ask her to sit and wait for me. But I did. I did expect that. And it used to gnaw on me. And I remember I used to wish that I could find something wrong with me, something that I could get myself out of the service and back home where I could do something about it, if I was home. Boy, I would come home on leave and nobody'd go near her...I worked a couple of guys over while I'd be home, that I'd heard tried to date her...I got to the point where I felt I could have killed people. In fact, one of the guys I went into service with ...went home on leave, and I didn't have any leave time. So I found out when he's home, they date each other. And I - I went AWOL that night...and I went up there to the base to kill him...I got off the base and went to Jacksonville and a couple of guys from the base got me into a bar

and got me drunk and that was as far as I got.

Not surprisingly, with this powerful a need for others, engaged people may feel too tied, unable to free themselves from relationships. Depending on their capacity for self-awareness, they may acknowledge both sides of the ambivalence in such instances, or may externalize the pull to remain within the relationship.

> P#7 My grandmother chasin me out of the backyard because my mother said, "Go after him, he's runnin away." And my grandmother chased me down. (feel) It's the devil that gets in young kids and makes them do things they're not supposed to. Little kid trying to defy human beings. (feel) I'm gonna get away. (why) 'Cause my mother said, "Go get 'im" and I was gonna run away. (anything else) I remember a fence around the house.

> S#7 Right now my wife and I are having little hassles about me going away. Last weekend I went up north to build deer blinds. I'm married, I'm not supposed to go away on weekends (sarcastic tone). I leave on a Saturday, last Sunday I went about eleven in the morning and came back at night. But I'm married, I'm not supposed to do that, I'm supposed to be with my wife (laugh), that's about it... We just kind of talked it out, we got in a little argument, I told her to go move back home with her mother... She didn't like that too much, my saying she should stay at her mother's (laugh). It worked out all right.

> P#2 Well, the worst experiences I've ever had is getting entangled with another woman. This, if you keep on like this for two or three or four, five years, then this woman gets to be demanding...especially (sighs) if you're in the saloon business, and you have waitresses working with you, and barmaids, and you hire 'em and you look for the attractive ones and pretty soon you get chummy with them, and one thing leads to another and pretty soon you're going to bed with them, and pretty soon they're demanding this and you say, "Well, this has gone far enough, I'm quitting this thing now." Well, how are you going to quit this thing, this girl's working with you daily. Now what are you going to do? Fire her? She's not going to be fired. She's not gonna be fired. She says you can go to hell, I'm staying here.

> S#38 (Happiest Early Memory) The way the game was played - my brother and sister and I. My father would put us on a chair or couch and the game was that we would try to get away, to escape, and he would run after us and catch us and throw us back in whatever position we came from. And I remember

> it being a tremendously exciting game to play...The feeling was of just a tremendous amount of exhiliration when my father caught us. We never got very far, obviously, because we didn't want to get very far. It was an incredible exhiliration when my father caught us and picked us up and threw us back in.

These quotes from gastrointestinal subjects express the strong need they have for relationships with others that are intimate, intense and interdependent. They find it very difficult to lose, or be separated from those they care about, and may actively seek contact in an insistent, demanding fashion.

4 RELATIONSHIP WITH OTHERS: Disengaged Style

> Feeling of separation and distance from others; a wall, whether he erects it (consciously or unconsciously) or feels that others avoid or don't respond to him. Even if expresses the wish for more closeness, the emphasis is on feeling alone rather than on the longing for friends or seeking of friendships. Few or no references to intimate interpersonal contacts; possibly a preference for superficial relationships. Absence of a sense of mutuality or sharing. Those with good object relations may emphasize contractual aspects of friendship: you scratch my back, I'll scratch yours. Friendship as carrying a pole together: if you drop your half, at least I can carry on.
>
> May relate in a teasing or provocative manner which would tend to keep distance while relating (somewhat hostile teasing, not seductive). Little difficulty separating from others. Conflict appears to be that keeps distance from others but then feels lonely.

While engaged people range from friendly and outgoing to clinging and frantic dependency, disengaged people may be smoothly but independently related or withdrawn from contact with others. They place considerable emphasis on being free and self-determined, able to make their own decisions and choose courses of action without being hampered by friendships and loyalties. It's not that they do not miss contact but that they feel the urge less strongly. For engaged subjects, there is less capacity to choose; they may regret at leisure

but cannot so easily resist the need to be close. The disengaged do not usually have this difficulty.

> S#8 I guess I'm a loner, kind of introverted - taciturn, too.
>
> S#15 It's just hard to have an intense relationship at this point because there are so many other things...I guess the relationship is a load on me...It's just that it's there, and when I don't want to interact with her, I feel I have to - in order to keep the relationship going. And so I think, you know, a lot of times I just want to be on my own.
>
> S#9 If a person really gets to know me, you'd probably consider me withdrawn, which I think most people are if you specialize in one field...If I didn't have company, it wouldn't hurt my feelings.
>
> S#27 With most people I tend to be reserved and aloof, because I just feel I don't have too much in common with them.
>
> S#2 (TAT #4) She wants him back but he doesn't care one way or the other if he goes back to her or not. And he doesn't want to talk about it, maybe he doesn't love her anymore... looks like he wants to be free, free from her.

They highly value the freedom to be independent and may avoid contact because they do not want to be influenced by others.

> S#34 It gives me independence, being away from home. I enjoy it, I do not like to depend on my parents...(Q) I can fend for myself, given the right resources. (otherwise?) It's like a shackle, because you're being fed, you do what they say, whether it's right in your mind or not.
>
> S#12 (worst experience) The worst part is seeing how some of the kids change over the years...That was really disappointing to me. Because I couldn't see why they would go out and just because they wanted to be in certain circles, they would change their whole life styles...(what disappointing about that) I guess just because I think you don't have to change your life style just to get in with some other life style. Because if they can't accept you the way they are, it's no use trying to change to theirs.
>
> P#3 I also had a chance of living on my own and finding out how to handle myself without relying on my parents or brothers and sisters for support, which has been very rewarding.
>
> S#10 (discussing job change) There, you're doing it more as part of a team, versus a salesman, hey, you're pretty much calling the shots yourself, doing the job yourself.

S#30 I played hockey for a long time. (position) I was goal tender. I enjoyed it because it was me; if I made a mistake, I made a mistake. (Q) Well, you had to depend on the team, but it was a sort of stand-off position.

S#19 My friends ask me for advice before they do it. Not everything, but some things. I usually don't ask, I try to find it myself, because that's the way you learn...I always try to make my own decisions, if something happens wrong, I shouldn't blame someone else.

Disengaged people reported having a relatively easy time separating from others.

S#29 (describing break-up with girl-friend) So it just wasn't something that was that important, that I should spend my time worrying about it instead of going off and doing something else. I'll look at the alternatives, and if there's a better alternative, there's no use spending my energy being mad, and hanging around.

S#1 (describing response to friends who are urging him to join them in something which is contraindicated by his medical treatment) I didn't care...I didn't say nothing, just "go" ...let them live the way they want to live.

S#33 Well, if it was me with a nagging woman, I would just pack my bags and leave. (feeling) I probably wouldn't have too much feeling about her. Pack up and get.

They feel uncomfortable with too much intimacy and togetherness.

S#9 (worst experience) The things I like the least? (laugh) Family reunions (laugh). They're probably the most boring, drawn-out affairs around...It's enjoyable for a short-term but to draw this out for a day, then it gets boring as far as I am concerned...To hold it in a home, you're always over-crowded, there's always too many people. (respond) I normally go for a walk, read a book.

P#4 At first it was difficult but now it's no problem to be with people on a superficial level, because I can't cope for some reason with a lot of intimate relationships at one time. Living with somebody is a lot different than knowing somebody, and after a while, what is trivial gets to seem like a mountain.

S#4 (describes co-workers confiding in him) I don't like to get involved in that kind of thing. (because) I don't really feel like it's any of my business.

They prefer contact that is structured or bounded, involving parallel rather than mutual activity. Without the structure, the relationships

may falter or even turn to enmity.

> S#23 There's this one guy, I was in debate with him for two years straight, and I swam in the same lane with him at five o'clock in the morning for two years. If you don't get close to a guy doing that for two years, nothing ever will. Now he lives at Bursley, and I don't see him that often.
>
> S#40 Sometimes I wish I could just go out and present myself. Like when I was going through rush, I went through two houses, and when I was there I was very talkative. If I have to do something, go through rush, you've gotta go there and talk and make an impression. When I went there, I was very talkative and friendly and outgoing. But then, you're expected to be, that was the whole idea of it. In your dorm, I wouldn't make a point of knocking on doors and going around and saying hi.

And from the same subject:

> The three guys I roomed with last semester, two of them I associate with pretty close. Like one of them, I took a class with this semester on purpose - a fencing class.
>
> S#29 It reminds me of the sort of old movie, where there's a sheep farmer and the cowfarmer came along and cut his fences down and all his sheep got away. And he's mad at the cowfarmer. (end) ...They all get together in the end and put the fences back up, and everybody lives happily ever after.

Disengaged people express a sense that they can depend on friends for help, and similarly that they feel bound themselves to help others.

> S#34 The reasons they are my friends is because they're willing to do something for me, when I ask them to do it. And I in turn will respond to them.
>
> S#10 (on being offered a loan by a client) I get lots of compliments but I consider that a really sincere compliment, and if I needed $100 or even $500, she would give it to me - it wouldn't be a give-away situation, a temporary loan, charging interest.
>
> S#9 I try to get along with everybody, possibly I'm too good-natured...I had a neighbor, he was in his 80's, and his son lived next door. I kept his yard mowed, painted his house, and his son never did anything. But I feel that way, he's close enough to me, I feel obligated.
>
> S#30 My best relationships, my best experiences with them, are probably with my very best friends. They're my very best friends and I want to keep them as close friends, and

> the best experience is being there when they need help and knowing they'll be there when I need help...And to have seen another person and be able to have helped them and have them help you, be kind enough to help you, and know that they will always do that, is a very valuable thing to have.
>
> P#3 (TAT #2) ...As for her, she's not holding up her end of the bargain in the family, as though she should be working and trying to maintain the farm.
>
> S#11 I got behind on my bills...had to borrow money from my in-laws, makes me feel obligated.

This kind of relationship differs from that of the engaged in that it is determined by what is expected, not by an urge to give and get. There is less warmth and open-handed generosity but on the other hand, disengaged people are more likely to be consistent in their behavior, as it is less related to the ebb and flow of need and of good feeling for another.

Disengaged people have definite limits on their expectations of sharing.

> S#33 (One of the other patients asks this subject whether he would be willing to share my visits with him. The subject rather coldly answers no, but the other patient persists. Finally the subject responds:) What's yours is yours and what's mine is my own.
>
> P#3 I'd much rather, if I can handle it without having to infringe on their rights, and infringe on my rights a little bit, I'd rather have it that way.

They have a sense that people basically have quite separate points of view.

> S#12 (TAT #13) He goes his way and the lady goes her way, they decided they're two different people.
>
> S#9 It's almost impossible to know what somebody else is believing.

A sense of distance or separation from others was a very common experience for disengaged subjects, often reported as a complaint.

S#33 Oh, I'm a loner, I have very, very few close friends in this whole world...(change over time) No, I think I've always been a single man...even now, people back home that I grew up with, we talk, yuh, but it's not, not what I consider friendship.

P#3 The hall I live in, in the dorm, I hardly know anyone, though I've lived there for the past five months. I say hi, but I don't know if they know my name or not.

S#8 I guess I get along with my parents. There is a generation gap, just like everybody else has. (friends) I don't socialize after school...I'd rather see people in school and not after that much...I think I'd rather be alone most of the - sometimes I have to socialize a little bit. (Q) I just get bored sometimes.

S#9 ...But just to sit around at home, the two of ya, one is watching t.v., and the other is reading, disinterested.

P#1 And then, there's nothing that sort of creates the ed psych department...so I felt a sort of an alienation from everybody.

S#11 I was going by myself and didn't have another companion, another boy or girl to go with me - I was just all alone.

S#40 In the dorm there was three or four guys that used to get together. And they would always be together, and you could be with them but you were not with them. It could be those four,and you...And I never liked to join a group, and not hang around with everybody else, so I was kind of in and out of both. But I was never taken into complete confidence of either group. So if one group decided to do something, if I was there, I was included, but they'd never come looking for me. But if the group decided to do something and one of the other four wasn't there, they'd look for him. I felt kind of excluded, but part of - just a little bit outside. But then I didn't want to - I wanted to become part of every little group but I didn't want to become part of only one group, so I stayed outside...I've never had really tight friends.

S#30 (worst in relationship) Probably my overall social life. I'm a very withdrawn person as it is, and I find meeting people at the university not the easiest thing to do because you're in huge classes, and it's an impersonal kind of thing.

At times, in fact, the loneliness is acute or painful, but whereas engaged people focus on the yearning, on the relationship that might be,

the disengaged focus primarily on the sense of being cut off, as though the isolation or loss were a given.

> S#30 Having a relationship with someone and having it broken off and just feeling it's hopeless, it's the end of the world, go away and be a hermit for a while.
>
> S#5 (Early Memory) I was outside one time with my brother... It was cold outside...we couldn't get back inside the house for some reason...(stands out) just being outside (feel) felt like we were lonely
>
> S#15 I felt lonely, then, because there was nothing anyone else could do except me, I guess, it was my first time feeling lonely - a situation feeling lonely and fearful at the same time. I don't know if my loneliness stemmed from my fearfulness or the other way around...I remember feeling really sick and really fearful and then seeing my father and knowing that he couldn't help me really heightened the loneliness.
>
> S#8 (worst in relationships) Two of my best friends moved away and I thought they would write but they never did, and didn't even say where they were moving to, never called. They were my two friends I had all the way from first grade. (feel) I thought they should at least write.
>
> S#12 There was some kids that ran around together, and they just seemed, if you wasn't in this group, they just wouldn't want to talk to you or anything.
>
> P#1 We're sort of in an isolated state...I feel very isolated from most people, which probably adds to my discomfort.

It appears that disengaged people regard their discomfort at the lack, or ending, of a relationship in the same way that they regard other painful experiences: something about which little can, or ought, be done, so that their main aim is to reduce further negative stimulation. In fact, it may be that they see contact as a potential source of pain so that while separation from others may be a bitter pill to swallow, it is seen as possibly the lesser of two evils (see S#23, p.13). The difference in the way engaged and disengaged people experience separation from others can be further illustrated by the meaning of "ignore" for the two groups. For the disengaged, ignoring is a way

of lessening someone's impact upon themselves and in turn reducing their own affective reaction. A dermatological subject described his annoyance at being supervised and said he handled it in the following way:

> S#6 If I'm doing very delicate, intricate type of work that requires all of my concentration, a lot of times I tend to ignore the fact that he's there. Sometimes if he's there and he's talking to me...I would tend to be overcautious and somewhat nervous about making a mistake.

Compare the response of S#16, p51 and the following quote. For these gastrointestinal patients, ignoring is seen as an active withholding, a form of revenge or punishment.

> S#31 So I grabbed him by the shirt and said...Well, I was sorry afterward because he's really a dumb guy...It would probably have hurt him worse if I'd just ignored him and went on talking to the other guy.

The disengaged person, then, strives to keep a certain distance between himself and others, which, while it may at times make him feel lonely, also provides him with the protective buffer he feels necessary to maintain his independence and to reduce the negative impact he considers to be inherent in too-intimate contact.

One further consideration should be discussed here: since dermatological disorders are visible and often unattractive, it may be thought that some of the sense of distance from others that these patients experience is a result of their symptoms. That is, they may hesitate to approach others because of fear that they will be rejected or because they may have previously been rejected. In fact, several of the dermatological subjects mentioned such a concern, and it is likely that others were affected by it as well. However, there are reasons for rejecting the notion that this concern is simply a result of the

symptoms and/or primarily responsible for the difference between dermatological subjects and those with gastrointestinal disorders in their style of relating to others. One reason is that there was no clear relationship between the actual visibility of the symptom and the expression of the disengaged attitude toward others. Thus, disengaged attitudes were expressed by subjects with mild symptoms (i.e., skin lesions on backs of knuckles and hands), subjects whose symptoms had all but cleared up, subjects with symptoms of very recent origin, and those with severe and highly visible symptoms.

In addition, not all the subjects described difficulties with non-intimate contact, which is the area in which appearance would be most important. Some of the subjects, as described above, expressed a preference for superficial relationships.

> S#40 I didn't like the dorm too much. I thought everybody was too cliquish. They used to get into little groups, and they were very separate. It was very hard. I've never been one to go into a small group. I'm - I've always been one who's had many friends rather than - I've had one or two good friends all my life and hundreds of other friends.

> S#15 I'd rather be with a lot of people because...you can be alone in a group a lot...you can just sit there and be alone...but you can also interact with a lot more people than just one person...I can get a lot of different feedback, and I can give a lot more ideas. Gives you more of a scope, as far as, it's not just directed at one person, so that your ideas have more meaning when you dispense them. A group isn't as intense as a relationship with one person, I think that's maybe why.

Both these subjects appear to experience little difficulty in making numerous contacts. Despite this ease, however, and the almost-engaged appearance of their behavior, the internal experience of these subjects is quite different from that of engaged people. For the latter, contact is pleasurable in itself, while for disengaged people,

it is a means to an end.

S#15 In high school I was one of the quote unquote bigshots, president of the senior class, president of the student congress. When I came here - I really don't think this university is as impersonal as I thought freshman year - I made a concerted effort to get involved in doing that. I met a lot of people, made a lot of contacts, contacts that will help me in graduate school and go along with me, no matter where I go.

S#30 The only thing that I have observed in myself is that - particularly in relationship with females - I tend to - rather than build up to something, I'll get infatuated and I'll burn the relationship out very quickly. It'll be a constant thing for four or six weeks, and after that, that's the end of it. We've been together so much, we've just burned it out. (how happen) (pause) This is going to sound grossly chauvinistic (laugh). You'll have to excuse me, but it'll sound really sort of inhuman, too. But a lot of my life is, as I see it, I like things that challenge. And once you've reached the goal, it's no longer significant. There's no use collecting trophies because once you've reached it, there's nothing more to be had with it. And I tend to operate (stumbles on words, repeats this phrase a few times, pauses) I tend to view people that way sometimes, too. It's a challenge to get to know them and once you know them or once you get to know them, you've reached the goal and it's no longer fun and desirable to have the relationship. You get to know them, satisfy your infatuation and move on. That's the end of the challenge.

S#10 I like to get out and deal and talk with people, help people, cause I render a service, and in rendering a service, that's where you make your own money. (and later) The sincerity in helping people, I've been told, that's what people like about me. I think the basics of what I am now have always been there, although I have cultivated them, and they have grown, to helping people, in dealing with people. I took a couple of courses at Dale Carnegie, I think three courses, in relating to people, in positive mental atttidue. (how change things) Oh, to put me into the picture more, how I can identify with people, and in helping people, make a good living myself.

It is hoped that these statements provide further evidence for the existence of the constrasting styles of environmental engagement and disengagement and for the internal coherence of their various aspects. This chapter was intended to illustrate, through the words of the subjects, some of the characteristic ways these styles can be manifested.

CHAPTER VI

DISCUSSION

This chapter will focus briefly on a number of issues, primarily the psychodynamics associated with the two styles and the differences within each of the two groups of subjects. First, there are some points to be made about the nature of the terms "environmental engagement" and "environmental disengagement" and their definitions.

No one phrase can adequately capture what is intended by these terms, and "disengagement" has the connotation, unfortunate for its use in this context, of suggesting a lack of investment in anything (see, for example, Singer, 1974). The disengaged style described here, however, can and does include strong commitment and involvement.

Also, the term "environmental" might suggest that the essence of the differences between the two groups is in the relationship to the environment. It is important, therefore, to state that the relationship to affect and impulses - i.e., whether these are heightened or minimized - is equally an essential aspect of the difference, inseparable from the way the person is affected by, and responds to, the environment.

In fact, perhaps the differences between the two groups could be stated more economically in terms of the above aspects of engagement-disengagement. That is, engagement could be defined as involving a tendency to experience heightened, and disengagement a tendency toward minimized, affectively-toned responses to internal or external cues. Indeed, it might be questioned why the varied and complex descriptions

presented for engagement and disengagement are necessary if the briefer descriptions are sufficient to distinguish people with the two styles conceptually. However, it was not the intention of the study to describe only the basic difference between the two groups but rather to elaborate the differences in several important areas, so that what was described was not just the response tendency associated with symptom development but rather a personality style. This was true partly because it was more theoretically satisfying to the writer to develop a broader and more complete description. Thus the question guiding the study was "how can people with these symptoms best be described" and not "what is the psychological component associated with symptom formation." In addition, for clinical purposes, it seemed apparent that the more inclusive descriptions were needed. Without them it would often be quite difficult to "recognize" an engaged or disengaged style, because of the variety of ways in which the fundamental difference can be expressed. This was particularly true in this study, as the patients within each of the two subject groups had a number of different physical symptoms with, presumably, different associated psychological experiences. Because of these differences, the commonalities would be likely to be less obvious.

Dynamic Issues

The following impressions of dynamic issues associated with the different styles are derived primarily from the Early Memory Test and the TAT, in the context of the material gathered in the subjects' self-presentation in the Interview. No one dynamic configuration was found to be associated with a particular style, which may explain why a dynamically-oriented instrument such as the TAT was not very useful in distinguishing the subjects on engagement and disengagement.

Material suggesting the dynamics presented below might appear in one or more places in a protocol and did not necessarily appear in every protocol for a given disease group. However, these dynamics seemed best to fit all of the data, and a future study of these diseases might well begin with these dyanmics as hypotheses.

Gastrointestinal-Engaged

Many gastrointestinal subjects appeared to have both positive expectations of getting something from the environment, particularly from other people, and also a fear that this hoped-for course of events would go awry, and that they would be cheated (this finding is quite similar to Graham's finding - see page 36). Their Early Memories and TAT stories are replete with examples of someone's wanting something, asking for it, going after it: in many of these, the goal is attained, while in a number of other stories and memories, the subject is thwarted. Thus:

> S#3 Unhappiest? Towards the end of the summer,they were saving all their money, and they had quite a bit of money. And that made me feel bad, because I could have had all that money. And there were a few things that I wanted at that time...My Dad's always taught us to work for what you want and that's what I was doing, I was working for a glove and a couple of other things. And I wasn't able to get it because they had taken away my job.

In other words, there appears to be a combination of an expectation that their hopes would be fulfilled, along with a counter-expectation of disappointment and a feeling of outrage over the betrayal of these hopes. Gastrointestinal subjects seem to feel that they should by rights be getting what they want but that at the same time they need to beware of broken promises and of people cheating them. It can easily be understood how this particular combination of expectations could well be one factor that leads to a continued looking-twoard the environment for supplies and continued efforts to attain them, with the accompanying feeling that it is never safe to

relax. Rather, the hope of getting is associated with an undercurrent of worry. This dynamic can be summed up as follows: the world has objects that you desire and can attain, but you can be sure of getting them only by constant attention and watchfulness, because other people, or circumstances, may take away that which you want.

Among the subjects' statements there were many variations on this theme; for some subjects, the positive expectation appeared uppermost. For others, there was a Tantalus-like expectation of having what they wanted snatched away just as they were about to reach it.

A corollary of this perception of the world is that you can get what you want only be continual insistence and struggle. As one pilot subject put it: "You're talking about a cruel world, you gotta fight all the time for what you get."

An interesting additional point is that there were two types of actions that the subjects described taking to secure their desires. One was of the sort that is usually considered effective and assertive behavior: asking for something, stating opinions, lodging complaints. Another type of behavior was to make a scene or throw a tantrum - behavior that is usually considered regressed but that under some circumstances might be highly effective in getting results. However, what was striking particularly with this latter form of behavior was that occasionally, the subjects seemed less concerned about the result of the behavior than with the doing of it, as though they were saying that at least they registered their protest. It appeared that the fuss they made, or the action they took, made them feel powerful or potent, whether or

not it had the ostensibly desired effect. This may have been an outgrowth of the feeling that inactivity means being unable to ensure supplies for themselves. Or, as statements from a few of the subjects suggested, it may be that these people felt impotent when they were inactive.

We can compare these possible reasons for the need to be active in gastrointestinal subjects with Alexander's statement, presented in Chapter I, that ulcer patients had an unconscious and unacceptable craving for love and help (a "passive longing to be taken care of") and simultaneously, a need to prove their independence and ability to take care of themselves. While this study offers confirmation of Alexander's statement that ulcer patients feel a need to prove their independence (even among those who appear to be quite passive and dependent in terms of their external behavior), it does not confirm his sense that the reason for this is an unwillingness to accept their needs for others and for supplies. On the contrary, this study did not find that subjects were unwilling to accept their "longings" but rather were quite open about acknowledging them and were concerned about making sure they got what they wanted. Nor did their longing seem very "passive"(less so, for example, than the more depressed dermatological group), and it may be that, for Alexander, longing for supplies was in itself seen as passive. Thus, he presents the suckling infant (hardly a passive recipient in the feeding process) as the paradigm for the "wish to receive." Although these findings do not, of course, preclude the possibility that these men had unacceptable <u>unconscious</u> passive longings, it provides an alternative to Alexander's hypothesis, namely, that their style is not an

attempt to deny, but rather to fulfill, their needs for love and help.

Another common issue for gastrointestinal subjects was the ambivalence they experienced about their freedom to act and the probable consequences of their behavior. There were, on the one hand, a number of memories and stories where action frequently had positive results in averting misfortune; i.e., a small boy caught in an elevator called for help by reaching the alarm button with his toy. And there were also numerous memories and stories in which the anticipated negative consequences turned out to be much less serious than was at first supposed: the mother who was at first presumed dead by her young son as the result of his rambunctious behavior turns out to have merely fainted. (For a special case of this ambivalence about impulse expression, see the discussion on ulcerative colitis below.) The gastrointestinal subjects appear to have a feeling of control and of choice over whether or not they act - there was no sense of a looming external authority ready and able to prevent them - but at the same time, they anticipated that there might be some untoward results, so that the feeling of freedom was mixed with a sense of risk - mitigated by a feeling that disaster would probably not strike, but a sense of risk nonetheless.

Dermatological-Disengaged

Material from the dermatological subjects suggests that, in contrast to the gastrointestinal patients, they do not expect to receive much positive return from the environment, and they feel it would be useless to get their hopes up. For example, one subject gave as his happiest memory his learning that there is "No Santa Claus or tooth fairies...didn't depend upon a creature of the imagination to make me happy." What this subject is saying is that he

will experience less pain if he doesn't rely upon others, since they will not fulfill his expectations, that longing will only lead to disappointment. The emphasis on self-reliance and on distance from others, and the attenuated affective response found in disengaged subjects may stem in part from a wish to minimize the yearning that will result, they expect, in further pain.

Dermatological subjects also seemed to feel that the action they might take to better their situation - whether to get what they wanted or to avoid discomfort - would not be effective, and in addition, that any expression of their feelings would be likely to be punished by an external authority, leaving them worse off. For example:

> S#30 He finally came upstairs and let me know that there was no such thing as spiders in my bed and let me know that if I got up again it would be all over for me (laugh). Not literally, but that I would regret it. (what stands out) Learning not to wake up at night because of spiders.

The message here is that it is safer not to go for help; it is safer yet to eliminate even the need for help, so that the issue of asking for help becomes irrelevant.

This sense of ineffectiveness in dealing with the world, particularly with other people, and the fear of punishment, may explain why disengaged subjects attempt a stoical attitude toward what befalls them and why a passive-aggressive approach is more congenial than a directly active one. It may be that the need for a sense of effectance and of control is directed toward other areas, e.g., self-control and self-discipline and, for some subjects, a more abstract or indirect form of control over others (political power, ability to persuade others intellectually).

In particular, there may be a need to control the experience and expression of feelings and impulses in order to avoid the negative feelings associated with them. Thus, while an engaged subject may throw a temper tantrum for effect or because it makes him feel powerful, the disengaged person is likely to feel the opposite: his feelings will have no effect on others and serve only as a reminder of past impotence and humiliation. He is proud, then, of being able to control the show of emotion.

Another aspect of the disengaged attitude toward impulse and affect is the fear, unconscious for most subjects, of an affective explosion if they lifted their controls. One subject told a TAT story of someone taking LSD: "It looks like his mind is being blown...and his world is falling apart." This fear itself may be the result of tight control but in turn becomes a factor in inducing strict maintenance of restraint.

Nearly all the interactions described by both the gastrointestinal and dermatological subjects dealt either directly or indirectly with interpersonal difficulties or with issues that aroused an affective response from the subjects (perhaps since that was how the questions were phrased). Therefore, the differences noted between the two groups in terms of how they cope with problems related largely to how they deal with others or how they respond when their feelings are involved. There is not sufficient evidence to assess how the two groups would deal with difficulties with the inanimate environment - clearing a patch of land, say - or even dealing with people on an impersonal basis (e.g., games of chance or skill in which emotion could be suppressed). However, there is some suggestive

evidence that, at least for some disengaged subjects, there is active coping as long as impulses and emotions are not involved (or as long, perhaps, as these men are not aware of how their feelings are involved). For example, a subject who would not ask his roommates for a favor did, however, challenge a whole roomful of fellow debaters on an issue for which he experiences no strong feeling.

Subgroups

Within the dermatological and gastrointestinal groups, the larger subgroups could be contrasted in terms of the psychological issues that appeared specific to them. Thus the ten ulcer and five ulcerative colitis patients are compared, and the seven acne and eight psoriatic patients. No generalizations could be made on the remaining subjects since there were not sufficient numbers in any one symptom group. Each of the four groups discussed below constitutes a large part of the symptom group in which they were included. Therefore, the dynamics presented in the previous section reflect those of each of these subgroups as well.

Ulcer

Subjects with ulcers were particularly concerned with having their needs met, receiving their share, having things go the way they wanted. Often, this meant conflict with others, for example, when they wanted something that belonged to someone else, or when their way of doing something ran counter to another's. Yet it was also very important to ulcer patients to maintain interpersonal harmony and to have others approve of them and feel positively toward them. Thus, on the one hand these patients' needs often led them

to demand, insist or confront, while on the other hand they felt a strong urge to placate and promote agreement. The numerous denials by the following subject suggest how important it was to him that interpersonal differences be minimized.

> S#13 Looks like the daughter is going to become a school teacher while her parents are farmers. I don't see any conflict. (Q) She kinda feels like she ought to be staying on the farm, and looks like her mother kind of wishes it but isn't saying anything, the Dad's ignoring it. (end) All right, I don't see any problem. (happens) Well, she becomes a school teacher, I don't see any family conflict.

Whether or not this issue is directly related to their symptom formation,it was apparent from the interview material that this conflict was a source of considerable discomfort for ulcer patients.

Ulcerative Colitis

The ulcerative colitis patients expressed frustration and annoyance at being made to conform to regulations and standards that did not permit them free expression of their ideas and feelings.

> S#32 (unhappiest Early Memory) Having a very strict teacher who - very difficult to get along with, authoritarian... You're afraid to talk to your friends, you're afraid to do things that you might want to do, it causes you to repress behavior that you maybe didn't really want to repress.

For some, there was a counterphobic quality to this, so that a restriction was an irresistable dare to do what was prohibited.

At the same time, these men expressed concern over the control of their hostile impulses, whether because they felt that at times they did not appropriately control angry outbursts or because they did not feel free to express their anger directly or forcefully. This latter concern differed significantly from that of the dermatological subjects; ulcerative colitis patients did not feel it was wrong to be angry but rather feared negative outcomes from anger

expression - e.g., loss of their job, being physically injured, etc.

> S#7 He bad-mouthed me and I bad-mouthed him, and again I just exploded...I didn't monkey around, I just grabbed him. And I could see where I could have avoided it...by saying a few words to him instead of grabbing him, and I could have lost my job if it had been at another place. I guess that's the way I am, I guess (laugh). Something goes wrong, boom!

These men impressed the interviewer as in fact being capable of more violent anger, whether physical or verbal, than most other subjects. (One pilot subject, for example, despite reassurances, repeatedly threatened the interviewer with unspecified revenge were his name to appear in any publication associated with the interview material.) The major dynamic appeared to be, then, that they experienced a realistic sense that they needed to control their excessive anger (and perhaps other impulses as well) but that they also resented all restriction on themselves and had difficulty integrating the necessary controls with their sense of the importance of free-expression. The primitive and intense quality of this conflict is suggested by the fact that two of these subjects had Early Memories centering on a lapse of bowel or bladder control.

Psoriasis

The primary issue for these men appeared to be the need to keep distance from others. The protocols of many of these subjects showed a concern with separations. For example, the following two Early Memories were given by a subject whose parents were divorced when he was three:

> S#5 I was outside one time with my brother, that was when we were still living at home. It was cold outside. Q About that? We couldn't get back inside the house for some reason. Q Just bein' outside...felt like we were lonely.

and

> (memory of mother) I don't really remember my mother. I remember one time she come to see me at my grandma's house but they wouldn't let her in. Q I just wondered why. (feeling?) I don't know, I don't know how I felt then, kinda hard to say... She come to the door and my Dad told her just to leave.

The depressed, lonely, left-out-in-the-cold feeling of the first memory is even more characteristic of the second, where the absence of affect is clearly protective.

It may be that the reserve these men maintain with others is a way of guarding against the pain they see as inherent in relationships, especially the pain of loss. Most of these subjects appeared to invest little affect in their relationships and, with one or two exceptions, to have few or no close relationships. In the interview, they were generally polite but emotionally distant, and their interpersonal style seemed to have little connection with how they actually felt. There were some indications that, underneath their exterior, a number of men felt quite lonely, yet were not seeking contact; on the contrary, they made continued efforts to avoid it.

Acne

For these patients, the major issue appeared to be impulse control, as has been previously noted in the literature (Wittkower, 1951; Lorenz, Graham and Wolf, 1957). In the present study, acne subjects particularly emphasized the wish to control hostile impulses, although there were some indications of concern over sexual impulses as well. (It is likely, however, that these men, all of whom were young, were not as comfortable or open describing their sexual concerns with a woman interviewer as they were discussing control over the expression of anger.)

They also appeared to be rather resentful people, with numerous grudges. The fact that these feelings were rarely expressed did little, naturally, to dissipate their intensity. In the interviews, most seemed wary and guarded; while some were polite to the extreme, others were cynical and condescending. Though their conflict, like that of the ulcerative colitis patients, centered on restraints on impulse expression, the dynamic was quite different for acne subjects. For them, the impulse controls were overly rigid and circumscribing; anger was either completely suppressed or, if not, its expression was a cause for shame or guilt. The following TAT story illustrates the continual pressure of impulses that this man experiences as well as the equally strong pressure of stringent controls.

> S#1 Looks like he's in jail, solitary confinement. He feels he's never gonna get out of there...He killed somebody and he's kinda rioting in jail, hollerin at everybody...(end) He has to stay in jail, doesn't get parolled. Q Because he has to keep going into solitary confinement because he keeps causin trouble.

Some of these subjects did have a partial outlet for their impulses and feelings, for there were indications that a few of these men had rich and elaborated fantasies. However, parallel to their handling of affect in general, the fantasies were not experienced in an emotionally-toned way but rather perceived in a way that distanced the feelings - as potential material for a book or movie, as humorous, etc.

Therapy

One important potential value for this research is the use it might have in psychotherapeutic treatment of psychosomatic disorders. Particularly if the treatment goal is symptomatic relief, it seems very likely that a specific knowledge of the crucial issues

associated with the symptoms would be of help in focussing, so that points pertinent to these issues can be picked up on and seen in perspective as part of a pattern.

Frequently, the presence of psychosomatic disease is seen as evidence of "somaticizing" or "internalization" of feelings, generally interpreted as meaning that the patient fails to express himself or that he directs feelings against the self. This interpretation is oversimplified and not necessarily helpful to the patient; encouraging someone with ulcerative colitis to express his angry feelings might only enhance the tendency, found in this study to be common in these patients, to externalize the need for impulse control.

Group treatment may be indicated for gastrointestinal disorders, both because of the tendency to externalize, which would more easily be held in check by a group than by an individual therapist. and also because of the ease with which they form relationships and the intensity of their way of relating, so that the transference could be spread and diluted over the group members, allowing the therapist more leeway in interventions.

The situation is less clear for dermatological patients. It is likely that the presence of several people, not all of whom are necessarily supportive, would only increase the dermatological patients' fear of others and of exposing their feelings. In addition, a group might allow them to maintain distance from others and to keep contact on a superficial level. At the same time, closeness and openess with an individual therapist would probably go hand in hand with increased fears of being hurt and a heightened need to flee the treatment. On the whole, however, individual

therapy seems more strongly indicated for this group.

Future Research

There are two methodological improvements that could be made in future studies. One is that it would be preferable to have the interviews conducted by someone who was not familiar with the hypothesis but who was well aware of the nature of the stylistic differences to be explored. In this study, the interviews were done by the writer, who could have unconsciously influenced the direction of the interviews and thus the outcome of the study.

Also, this study included no normal control group. Therefore, except for the impressions of the writer and of the coders that the subjects generally seemed more "engaged" or "disengaged" than the average person, it is difficult to know whether the two groups included here are extremes on the dimensions or whether they merely seemed so because the study was focussed on differences along those lines. Ideally, future research on this issue would include controls without psychosomatic symptoms, or at least without gastrointestinal or dermatological symptoms. Similarly, it would be interesting to include women in future research to test for replication and/or differences.

Another question testable by further research has to do with culture-related differences in the incidence of these disorders. The writer was unable to find any relevant cross-cultural research but would predict that there would be cultural differences: cultures that promote stoical attitudes (such as the Indian, Chinese and certain Amerindian cultures) would show more skin disease, while cultures that emphasize emotional experiences, responsiveness

and interpersonal give-and-take (certain Mediterranean and Latin American cultures, perhaps) should have a higher proportion of gastrointestinal symptoms.

One final issue needs to be considered: are the styles, when present in heightened fashion, themselves related to the symptom or is it the presence of the style plus some additional factor? If the former were the case, then all highly engaged and disengaged people would be found to have psychosomatic symptoms. This hypothesis would be difficult to test, since it would involve interviewing a large number of people chosen at random in order to find sufficient numbers high on engagement and disengagement. It seems unlikely to this writer, however, that engagement or disengagement alone is sufficient for the development of the disease, but rather that a person must also be experiencing stress, perhaps of a certain type. The origin of the stress may be an internal conflict, possibly along the lines of those described for specific symptom groups above, or it may arise from the external environment, or from some combination of the two. Presumably, a symptom would occur when the style does not serve to cope satisfactorily with the stress. For some, this may occur because of a neurotic conflict which leads them to rework an issue continually, despite the fact that they deal successfully with each particular stressful situation. For others, the stress may not be one which their particular style is best equipped to handle; or they may not be effective 'users' of the style.

For further research into the associations of style, stress, and symptom an open exploratory approach seems most indicated. The

results of this study, providing evidence for the association of engagement and disengagement with gastrointestinal and dermatological disease, are promising enough to warrant further research in this area. In addition, apart from their association with the two psychosomatic disease groups, environmental engagement-disengagement may be a useful and meaningful way of conceptualizing and understanding personality differences.

APPENDIX A

BACKGROUND INFORMATION

Birthdate

Birthplace

Educational Level — Field of Education (where applicable)

Education or Occupational Aspiration

Occupation — How Long Employed

Marital Status — Children

Who Lives With

Parents (living) — Marital Status of Parents

Siblings — Position in Family

Religion — Religious?

Symptoms

Severity

Chronicity

Other Illnesses (specifically, whether have symptoms of type opposite)

Family History of Psychosomatic Illness

APPENDIX B

INTERVIEW

1. What is work (school) like for you right now?
   What stands out most?
   Have there been any changes in how you feel about work (school) now compared to how it was a few years ago?
   What are the best parts (incidents) of your work (school) experience?
   What about that do you like?

   What have been the worst parts of your work (school) experience?
   What has made that difficult for you?
   What do you tend to do in a situation like that?
   Is that what you're most comfortable doing?
   How does it usually work out?
   How would you like it to work out?
   What prevents things from being resolved as you'd like? (Inquire about both internal and external factors)

2. What about your relationships with other people, how is that for you right now?
   Same set of questions as above.

3. What characteristics do you most admire in others? Why do these seem admirable to you? Are there any particular people that you especially admire? What about them makes them admirable?

4. What kinds of things do you like to do for enjoyment or relaxation? What makes those activities enjoyable?

5. Give a brief description of the sort of person you are.

6. If you think over your life, what events, people or ideas do you find that have had an especially important influence on you?

7. What effect does having (symptoms) have on you?

8. Some people think that (type of psychosomatic disease) is related to stress that the person is experiencing. What do you think about this?
   (If agrees) Was there a particular stress for you when your (symptom) started (got worse)?

   (If disagrees, encourage to express views, find out why he feels that way.) What was going on in your life when your (symptoms) began?

Sample probes: Can you give me another example of that?
How did you feel about that?
Can you tell me why you felt that way?

APPENDIX C

STORY STEMS

(After stems 1-8 ask: how would you react? If not included in the subject's response, ask: how would you feel? Encourage to elaborate, particularly if reminds of actual situation.)

1. A man's boss has recently been critical of his work and particularly demanding.

2. A man has an important relationship with an older friend, on whom he relies for support and advice. The last few times he has called him, however, the older man has been grouchy and distant.

3. At a social gathering a man is engaged in conversation with a small group of people. One of these is an opinionated and provocative man who states his ideas without listening to what anyone else has to say.

4. A man expected to receive a promotion. Instead, the promotion went to someone else in the organization, someone who he felt was less qualified and desirable for the position.

5. A man has been using a certain gas station for a number of years, both for fueling and for minor repairs. On this occasion, a newly hired attendant refused to fill up his tank, saying that if he did, there wouldn't be enough for all the customers. Furthermore, he said that this would be the future policy of the station.

6. Over the past few months a man finds that his business has been doing poorly. He anticipates that unless conditions change drastically, he will soon be bankrupt.

7. While walking in a somewhat deserted area, a man is suddenly confronted by a robber who demands his money and his valuables.

8. A man is working on something in his house when he hears an unfamiliar commotion in the street.

9. A man moves to a new city. What's it like for him? (If not included, ask how he forms social ties.)

10. A man and his wife are having an argument. What's it about? What happens?

APPENDIX D

EARLY MEMORY TEST

1. Now think back as far as you can and try to recall your very earliest memory.

   What stands out about that memory?

   What is the feeling associated with the memory?

   Do you recall any other details about this memory?

   How old were you at this time?

2. What is your next earliest memory? (Same questions as above)
3. What is your happiest early memory? (Same questions as above)
4. What is your unhappiest early memory? (Same questions as above)
5. What is your earliest memory of your mother? (Same questions as above)
6. What is your earliest memory of your father? (Same questions as above)

APPENDIX E

PERSONALITY INVENTORY

CIRCLE THE ONE IN EACH PAIR THAT BEST APPLIES TO YOU

1. a) I feel I have to fight to get what I want in this world.
   b) I have to be careful and cautious in order to avoid trouble.

2. a) I wish I could just ignore my worries, but sometimes I can't relax.
   b) I wish I could insist more on getting my due, but instead I hold myself back.

3. a) In relationships I usually wait for others to take the initiative, I don't usually approach others first.
   b) Usually, with my friends, I'm the one who takes the initiative in the relationship.

4. a) Sometimes I keep myself from doing what I feel tempted to say or do.
   b) Sometimes I force myself to do something when I'd really rather do nothing or ignore the situation.

5. a) I tend to be very responsive to what's going on around me.
   b) More than most people, I am able to ignore external distractions and concentrate on my own thoughts.

6. a) I'm likely to take on more work than I can handle.
   b) I often feel that I'm given too much work to do.

7. a) I most prefer to have a chance to work things out on my own.
   b) I'm the kind of person who likes to get involved with groups or committees.

8. a) I am generally calm and self-contained.
   b) I am easily excited.

9. I prefer to work where I can:
   a) have some privacy.
   b) reach other people when I need to.

10. When things go badly:
    a) I like to take some action.
    b) I am likely to wait until things have calmed down.

11. When someone gets on my nerves:
    a) I feel it's best to ignore him.
    b) I feel like telling him off.

12. When I'm angry:
    a) I want to be left alone.
    b) I want to do something about it.

13. When I'm treated unfairly:
    a) I feel there's nothing much I can do.
    b) I feel like getting even.

14. When difficulties pile up:
    a) I may feel challenged and stimulated.
    b) I feel overwhelmed and it's hard to see my way out.

15. When there's something I want or need:

    a) I'm reluctant to ask anyone else for help.
    b) I expect others to be willing to lend a hand.

16. When something happens that's important to me:

    a) I usually have an immediate gut reaction.
    b) I might think about it a while before having any strong feelings about it.

APPENDIX F

EXPECTATIONS FOR DIRECTION OF RESULTS FOR PERSONALITY INVENTORY

Item Number	Direction of Expectation	Strength of Expectation
1	GI choose A more than Derm	tentative expectation
2	no expectation	
3	Derm choose A more than GI	tentative expectation
4	no expectation	
5	GI choose A more than Derm	tentative expectation
6	no expectation	
7	no expectation	
8	Derm choose A more than GI	strong expectation
9	no expectation	
10	GI choose A more than Derm	strong expectation
11	Derm choose A more than GI	strong expectation
12	Derm choose A more than GI	strong expectation
13	Derm choose A more than GI	strong expectation
14	GI choose A more than Derm	tentative expectation
15	Derm choose A more than GI	tentative expectation
16	GI choose A more than Derm	strong expectation

Expectations were in terms of which of the two patient groups choose statement A more or less frequently than the other group, not in terms of within group proportion of choices for one or the other of the two statements.

There were no significant differences in direction of results for any of the statements, though the results on all but statements #1 and #14 were in the expected direction.

APPENDIX G

CODING GUIDELINES FOR INTERVIEW

Environmental Engagement

1A Perception of the environment

Environment is positively compelling, stimulating, exciting. World has a relatively quick or heightened emotional impact. May perceive world as withholding something he wants - i.e., world as full of attractive objects of which he is deprived. Especially in negative situations, is unable to ignore the negative - is upset, angry, unhappy.

> People started saying they liked my work, and I've been invigorated, stimulated to work harder to get this good feedback.
>
> I still like dark chocolate because that's the kind my father had where he worked. They sold it there, and I used to smell it. It stunk, and I'd ask: "Can I have some, I want some" (imitates child's pleading tone), and my dad would give it to me. I wanted more, and he would draw the line.
>
> I remember older children running off over the hill to play and trying to follow them and being upset because I was left behind - would've like to have gone along.
>
> If you have 50¢ and you see something you want for 50¢, then you get it. Maybe you'll have to do without something, but if you give up that thing that you want, then you just won't have it.
>
> I was devastated when I found out I'd failed.
>
> I was angry, I wanted to go on the swing, and I was being excluded.
>
> I have a brother that stole my phonograph, my father said it was for me. That teed me off to the last resort. I don't know if I'll ever make it up. Bothers me so bad I wouldn't even let him in the house. I can't go and say, "I'm sorry you took my phonograph." He's supposed to do that.
>
> I felt very annoyed and was unable to settle down to work.
>
> I felt terrible and began to feel I would never make it. I slunk around the office, embarrassed.

1B Annoyance at frustration

Annoyance at frustration (conventions, rules, controls, discipline, etc.) not per se, but because it goes counter to his own urge or creativity; not the wish for autonomy in itself.

It's just that we have different ideas about how to do this, and I don't feel I can work with that group.

He tried to stop me from getting to her, and I just shoved him down, out of my way.

I can't stand it when people let petty regulations get in the way of the real issues, like my boss wouldn't let me take off that week even though we had no work to do.

2 Motivational style

Motivated by own urges, pleasure in the activity or in the experience, or in the goal of the activity. Enthusiastic, playful, goal - directed - not for the principle or rule but with pleasurable, excited or even determined anticipation. May be impulsive. Spontaneous. Motivated by wish to negate someone else's influence only if other goes counter to particular urge. Does what feels like but not out of compulsion. May have trouble following rules but does not want to substitute one set of rules for another. Rules are a means to an end,not an end for their own sake. When inhibited about an action, it's not so much a general sense that the behavior is wrong or improper but because of specific anticipated consequences. Generally, is aware and tolerant of impulses.

> I felt like doing that, I couldn't wait to see what it would look like when it was finished.
>
> There are so many things I enjoy doing, it's hard for me to choose between them.
>
> I spend a lot of time on my hobbies, even though sometimes I should be doing my work instead.
>
> I found it very exciting to have the chance to participate in so many different activities.
>
> I hate to play games with lots of rules, because you spend so much time trying to figure out how to go by the rules that you don't really get to enjoy yourself.
>
> What I hated about the army was all that discipline. They wouldn't let you do anything that you wanted to.

(In general, this issue tends to be more implicit than explicit for Engaged subjects)

3 Reaction to environment

Active form: Takes action to change the environment; refuses to accept negative situation as is; (pleasure in) confronting others or the environment. Tries to take revenge, make others do what he wants them to, or to get what he wants. Sense of his ability to have an effect on the environment, or at least is willing to try hard to change it as he desires. (Code active or mostly active)

> I can see making an ultimatum: either we figure this out or I should leave.
>
> I'd go to the manager and I'd say "Who is this guy to tell me?"
>
> Maybe I'd try to outdo the guy and show that the person who put him in that position made a mistake.
>
> I should have been more active, I would have had some bargaining power, I would have been invincible.
>
> I would be solicitous all along to try to get constant feedback.
>
> He would not so much be afraid as stimulated to action. If the man had a gun, he would comply. If not he might challenge him.
>
> You're talking about a cruel world, you gotta fight all the time for what you get.

Reaction to environment - passive form: Does nothing to change environment but expresses strong wish to do so or to have things changed: to get revenge, have issue turn out a certain way, get what wants, etc. Doesn't act because afraid of consequences. Broods about what he wants or wants to do. May avoid a situation because afraid of losing control or because it bothers him too much, feels too much pain, longing, anger - not just walk away, runs away because of great involvement. (Code passive or mostly passive)

> I probably wouldn't say anything to him, I'd like to avoid an argument, but it would still bother me a lot and I'd continue to think about it - if I had a chance, I might try to persuade him to change. It'd really burn me up.
>
> I think I should really have said that I feel very upset about this, because nobody seems to care that this has happened and maybe somebody should say, "I'm sorry." Perhaps I should have brought up the thing that I felt dissatisfied that I didn't feel I was looked upon as a member of the academic community.
>
> My mother could have eliminated a lot of my whuppins by just forgetting about it. Seemed like all my weekends when I should have been enjoying myself, used to be whuppins. I wanted some candy kisses, instead I was gloomy. My uncle used to whup my cousin, too, but then he would say, "I'm sorry I hurt you" and love him. But my father was different, he didn't sit on the floor and play blocks with me.
>
> In a situation like that, I'd just not say anything and walk away. I know if I stayed, I'd probably lose my temper. I know that wouldn't do any good because then she'd just quit, but it's hard to stop myself.

4 Relationship with others

Mutual interaction, feeling of interconnection and involvement with others; in healthy people, this takes the form of sharing and empathy, in those with less good object relations, may be series of short-lived but highly intense relationships. May be warmly outgoing, taking particular pleasure in interpersonal contact of an intense and intimate nature. Or, if lonely, emphasis is on longing for friends, what to do about it, even if too shy to carry out. Do not code for mere mention of close friendships unless more than the usual relationship, with some evidence of mutuality: i.e., do code husband who mentions wife a good deal or "me and my buddy" statements if sounds like a fairly constant and close pair. Do not code "I get along fine with everybody" when it appears to mean "I don't offend anybody" or "I'm a polite and helpful fellow." Distinguish one who protests caring for others, but feels false: politician kissing babies. Friendship as rowing a boat together, both needed to make it move right.

May show ambivalence and difficulty in separating, may feel too tied to others, imprisoned by his needs for others (possibly externalized) or their needs for him. Has to fight to cut free from ties, can't just walk away (Conflict appears to be about being overdependent.)

> He feels very rejected, almost desperate in a way, fearful that something might have come between them. He tries to find some way of reestablishing contact as soon as possible.
>
> I envision that the relationship was one of mutual trust, even though you characterize it differently. I can see it that way, but also being one of mutual relationship.
>
> He might look into the possibility of merging with a larger company.
>
> I remember being proud of my toys and sharing them.
>
> Certain clients that came in and asked for me and were disappointed when I wasn't there. I used to like to talk with people that came in. Not all of 'em, certain of 'em, they always had a joke of some kind. I tried to entertain them - not because I wanted their money, just to pass the time and be happy with 'em and make them happy and also add to my own ego a bit. (This is not a very intense relationship, however he emphasizes the sharing. If the ego-enhancing or the money were more emphasized, it would not be scored engaged.)
>
> I missed more intimate contact, the ability to explore things on a more personal basis.

4 (continued)

In the army I would get packages from home and divide them equally with my friends.

He feels it's an unpleasant situation and wishes that he'd never gotten into it. He wants to break it up, having tried in the past, but is quite certain that this time he's going to.

The man is escaping from prison; he feels happy, like it's a big joke. He's carefree and makes enough mistakes and the police eventually catch up with him. (This suggests ambivalence about getting away.)

He is sick of his intrusive neighbors and wishes they would mind their own business. He regrets thinking it would be a good idea to move to a small town to gain a sense of community he thought he was missing.

Pretty soon you get chummy with them and one thing leads to another and pretty soon you're going to bed with them and pretty soon they're demanding this, and you say, "Well, this has gone far enough, I'm quitting this thing now." Well, how are you going to quit this thing, this girl's working with you daily. What are you going to do? Fire her? She's not gonna be fired. She's <u>not</u> gonna be fired. She says, "You can go to hell, I'm staying here." You continue with this under those circumstances for a couple of years, and you've got yourself a case for the booby hatch.

Environmental Disengagement

1A Perception of the environment

The environment is not especially compelling; evidence of apathy or boredom, unexcited by the world (as opposed to ideas or abstractions); impact of the environment is delayed, distanced, or attenuated; especially, there is a denial of reactivity or an attempt to reduce emotional reaction and calm down; finds it relatively easy to ignore the world when unpleasant; turns self off. Or may deny that anything is wrong. Cynicism, amusement to reduce impact.

My wife gets all excited about the things the kids say and do. I think they're nice kids and all, but it's silly to make such a fuss about them.

Work is pretty boring. I just try to get through the day.

I think it's important to have some distance on things; view them with a tolerant smile.

Everything's just fine, I really can't think of anything that bothers me.

Even when something bad happens, I don't feel it right away. It takes a while for it to hit, and by that time things are usually looking better.

If that's how he's going to be, why, I might just as well forget about him.

It's not a problem that really bothers me, I've got a lot to keep me going, it's not really taking up my time. I'm devoting my time to school.

I keep a cool head when things are hot and heavy; I'm not the sort to get too angry.

I remember when they sutured the tissue. I could feel but I didn't have any pain, you know someone is initiating a touch or a force, you sense change of movements, but if you set it down, you don't know if it's there or not. So, I could feel the sutures, but it didn't bother me. In other words, your senses were pretty well cut off, you were suspended, like in limbo, a passive observer.

Even when something goes wrong, it doesn't really get to me too much. I just take it all in stride.

Seeing all these people playing a good deal of the time, it doesn't really bother me, I just wonder whether they'll get where they want to go as easily as I will.

1A (continued)

I've learned to take an exam very calmly. Maybe an hour or two before an exam, I'll put away the material, and I have a novel that I read before exams. I take my mind off the exam, so I've never had a chance to get really nervous. Before I did that, I was really shaky going in there, now I've learned to walk in there calm.

1B Annoyance at interference

Most responsive to negative stimulation when the world impinges: feels picked on, hassled, irritated, interfered with, interrupted (as opposed to not getting what wants); world is perceived as an irritant or as harmful, to be avoided. Resentment of outside interference, not because it prevents him from doing what he wants but because it's an external force, i.e., resents it in principle.

I can't stand being hassled.

It really annoys me when people keep bothering me when I'm in the middle of something.

People keep trying to tell me what to do, tell me how to run my life. I hate it.

It bothers me most when people pick on me or make fun of me.

2 Motivational style

Motivated by a set of shoulds and oughts as opposed to own feelings or impulses. Respect for authority or a set of principles, internal or external - i.e., self-discipline, perfectionism, religious laws (especially prohibitions or reaction-formated commands), rules and regulations, grades. Concern with control is not over the consequences of a specific action but is a general tendency to quash impulses. May be polite, conventional, authoritarian, compulsive. Seeks guidelines and structure, likes things well-regulated and predictable. Constricted, often cliched (a cliche in order to avoid true feelings, not an exaggeration of it). Emphasis on cautious, correct behavior, clear standards - may seek standards from others or wish to be own master, go off on own (or some of both) and want to be in control, responsible for self, dominant (perhaps to avoid being dominated). Need to prove self or principles. Moralistic, self-righteous, or a rule-abiding good boy.

> What I like best is the whole idea of disciplining energy into certain areas.
>
> After he's won the event, he's climbing back down, he's still feeling proud of his ability, and all the practice and training and work that's gone into winning the event.
>
> What's been best about my experience at school is that I'm finally getting closer to the goal I've had in mind since I was 12 years old, getting into med school. Especially when I started getting the high grades and understanding a lot of difficult material.
>
> It made me feel good. They asked me questions and I knew the answers. I knew the proper answers. However long it took to prepare for it, it was worthwhile.
>
> I began to find out what I needed and didn't need and picked out a schedule. I knew how to apply for housing, having gone through it once before. You become familiar with procedures, start to find a pattern you can fall into. Helps with coping.
>
> I keep <u>very</u> busy - I can't stand laziness.
>
> I like to know exactly where I'm going, I like to have a sense of how my life is going to be mapped out and exactly what is expected of me, and what the rules of the game are.
>
> I came to get an education and I didn't expect to be having a lot of fun or playing.
>
> Oh my God!(nervous laughter) This guy is about to sleep with his girlfriend. They're not married, and suddenly he feels that this whole thing is wrong, that he shouldn't be there and see what he is seeing.

2 (continued)

The boss may not always be right, but at least he can see the whole picture.

Lots of times you have a deadline for a project due and you know you're not going to have it done on time so you figure, why should I bust my back to get it done and do a sloppy job. Just get it done, because you're going to finish it anyway - so they take a grade down, at least I got the project done. I'm perfectionistic. If I do an art project, which I love to do as a hobby, it's very difficult to get it done the way I want.

I intend to be my own master. No one is going to get the best of me and tell me what to do. Every man has to make his own decisions.

I know they wanted me to do it their way, and I just kept on with what I was doing. I wouldn't be budged.

3A Reaction to the environment

Accepts things as they are, even if negative. May feel protest is useless or undignified. Expresses little urge to do anything about the situation; may wish it "would just go away" but does not direct attention to how he wants it to be different. May emphasize feeling helpless, the impotence of his position, brooding, but with little or no hint of wish for action. Brooding is in terms of what has been done to him. Or may avoid negative situation without any apparent backward thought. Object appears to be to minimize the negative rather than maximize positive, as though there is nothing to be gained by going after something. Possibly passive-aggressive, or very reasonable or resigned.

I wouldn't perceive hostility, I'd perceive there was a problem. If he had a problem, I'd like to help with it.

He smiles and gives the holdup man his possessions. "If these will make you happy, I wll give them to you." Nothing more, there's no fear.

If he's grouchy, I would not press the issue and see what I could work out on my own.

I would assume that the board had decided the promotion fairly. I would wait til the job was ready for me or I for it.

Someone is pushing him too hard. He may think of more efficient ways to do the job he's doing, to carry more work.

I really got a raw deal, no one else seems to get it as bad as me. (But doesn't discuss what would like instead.)

I guess there's no reason ever to get grouchy.

Looks like a man with his wife and a man has insulted him, and he wants to give him a few words of his own, but his wife prevents him. The man's very angry and the wife's trying to calm him down, afraid he may hurt someone or himself, if she lets him go. He calms down and forgets the argument, lets the anger pass.

It never does any good to protest - it only makes matters worse.

When she started acting that way, I figured I might as well leave (with no sense that he continued to worry about the situation).

I didn't like the new boss's style, so I began looking for another job and handed in notice.

3A (continued)

I'd much rather...if I can possibly change my method of working so that it won't conflict with theirs, that's what I'd much rather do. Before asking them to do me a favor, if it seems I can work things out without having to ask them to change. I'd rather see myself slighted a little bit, that's because I do it to myself, than to see other people, than asking other people to do something for me. I'd much rather, if I can handle it without having to infringe on their rights, and instead infringe on my rights a little bit, I'd rather.

3B Reaction to interference

If protests or has strong impulses to protest, or confront, the purpose is to fend off interference, harm or meddling with his autonomy. In other words, the concern is with ridding self of a negative impact from the world or to ensure self-determination.

> I turned on him and told him to get off my back, I didn't want him hanging around.
>
> If anyone troubles me about it, I'll tell 'em to mind their own business.
>
> I didn't say anything to him at the time, but I kept on doing things the way I'd been going.

4 Relationship with others

Feeling of separation and distance from others; a wall, whether he erects it (consciously or unconsciously) or feels that others avoid or don't respond to him. Even if expresses the wish for more closeness, the emphasis is on feeling alone rather than on the longing for friends or seeking of friendships. Few or no references to intimate interpersonal contacts; possibly a preference for superficial relationships. Absence of a sense of mutuality or sharing. Those with good object relations may emphasize contractual aspects of friendship: you scratch my back, I'll scratch yours. Friendship as carrying a pole together: if you drop your half, at least I can carry on.

May relate in teasing or provocative manner which would tend to keep distance while relating (somewhat hostile teasing, not seductive). Little difficulty separating from others. Conflict appears to be that keeps distance from others but then feels lonely.

> I guess the way I relate with people, I guess I turn people off so you can't really get a relationship going. But the thing is, this doesn't create any anxiety in me, it just creates some uncomfort...I mean, this is me, I'm comfortable with it, but it's not what I want.
>
> Sometimes I feel like I'm slighting my friends because I'll say I can't go tonight, I have to study. Trying to get through a course still has top priority now.
>
> If you're very opinionated, and there's a lot of people around you and you don't jibe with them, you can feel a wall or something building between you.
>
> I don't like discussing things with people too much, I think I learn most from doing things myself, my own way.
>
> I don't really feel that I can be myself around other people or that it's really safe to trust them with what I'm really thinking. (actually, this attitude is rarely expressed so clearly but often implicit in the superficiality or conventionality of the comments).
>
> I enjoyed the chance of living on my own and finding out how to handle myself.
>
> I don't like to feel that I owe anything to anybody, or that they owe anything to me. I like to keep accounts squared.
>
> A good friend is someone you can really rely on.

APPENDIX H

EARLY VERSION OF DESCRIPTION OF ENGAGEMENT AND DISENGAGEMENT

ENGAGEMENT:

The environment has a powerful pull for these people; objects, events and people around them have an immediate affective impact, whether positive or negative. They find the world alluring and want things from it: objects, feedback, friendship, concrete achievements, and have little tolerance for delay in satisfying their needs. When the environment provides unpleasant or unwelcome stimulation, they have difficulty ignoring it; the world continues to force itself upon them.

In terms of their response, they feel an urge to act upon the world, to demand from it, to do things to change it. If they are passive, they simply wish the world were rearranged (as opposed to wishing they weren't bothered anymore) or attempt to manipulate the environment. They ask questions, take action, may enjoy confrontation (if not anxious about the effects) and sharing with others. They emphasize what they want to get from the world and how they want it to be or what they want to do in it, if only in fantasy. They tend not to accept unpleasantness as it is, and may try to change the world or to struggle to free themselves from its effects.

All in all, the engaged individual experiences himself as more or less inseparable from his environment, without a firm barrier between the two but rather as two mutually interacting forces.

DISENGAGEMENT:

Disengaged people find the environment less immediately compelling. They tend to be turned inward, toward what is going on in themselves, relying on others less for support (though possibly liking it as well when others supply them). They may tend to be reflective, or interested in abstractions: self-discipline, perfection. While their attachment to important others may be as great as for the engaged group (and in some ways they may be more dependent upon them), disengaged people are reserved and require more from the other person before establishing an intimate relationship.

They can relatively easily ignore the world, or be aware of what is happening around them without experiencing strong emotions about it. They tend to keep their cool and not let things bother them - or try to do so. They may be concerned about being too self-absorbed or selfish.

They feel little urge to act upon the world, to get from it or do to it. Their focus is on accomplishing personal goals: self-discipline, mastery of a skill or subject matter, judging themselves by

their own criteria. Conversely, they may be preoccupied with the need to free themselves from discipline, schedules and restricting demands. They attempt to control their feelings, not to reveal them to others and to dampen the emotional tone of interactions. They tend to be less spontaneous and less open than engaged individuals.

In an unpleasant situation, they either try to resign themselves to it (rationalizing away their discomfort, for example) or focus on their discomfort, feeling stuck by fate, rather than on what they might do about it.

Their experience of the world is as though there were a buffer separating themselves from it; they tend to heighten that barrier to ward off what they don't like.

APPENDIX I

MODAL TYPES

ENGAGED:

1. This person is highly responsive to the world, finds lots of things to interest and excite him - both objects and people. Involved in projects out of pleasure and because attracted to them or because they lead to something he wants - not out of a sense of guilt, duty or self-discipline.

   Aggressively goes after what he wants, whether goods or friendship (even if not generally outgoing).

   When things don't go right, generally it is because he isn't getting what he wants from someone else, and he makes a response to change the situation. May lose temper if an uncontrolled person or work hard at getting what he wants (which is something rather than being left alone) or at removing the frustration or barrier that keeps him from something. Has a strong negative reaction - e.g., gets angry, feels cheated, emphasizing what he wants as well as the feeling that he has been wronged.

   If feels unable to get what he wants, leaves emphatically, angrily, communicating this perhaps as a reproach, but doesn't just fade away.

   In relationships, there is a sense of intensity. May emphasize the sharing, mutual influence, interdependence, wanting to do for others and get a response back. Pleasure in the interaction itself, aside from what comes with it. Tends to emphasize the very close relationships or interpersonal intimacy, or the wish for such.

2. The negative aspects of his world are more clear than the positive. In general, a less effective person who has some trouble getting his needs met.

   Much of the affect-laden responses he gives deal with his disappointments, things that get him angry and his tendency not to handle these situations adequately but to be left with nagging, difficult-to-ignore feelings of what he would liked to have done or to have happen. When he avoids situations that he finds unpleasant - and he often will try to escape from them quickly - it is because it bothers him so much, and he leaves tense and angry, brooding revenge, or with strong wishes for what he would like to have.

   May feel that others are in the way of his getting what he wants, either because they get it instead or because they prevent him from following his urges.

Likely to have few friends but to emphasize the closeness he enjoys with special people in a mutual way. Mentions the wish to be able to talk to people more, his longing for friends and enjoyment of sharing rather than his feeling of distance or isolation.

DISENGAGED:

1. Relatively unresponsive to the world; seems constricted, apathetic or withdrawn and depressed (not depressed-with-longing but more beaten-down, martyred). Tries to attenuate emotions, not simply in terms of outward reactivity but tends to deny that he has much feeling about an event one way or the other: "that bothers me, but not very much."

   Tends to be conventional, unspontaneous, rule-abiding, obedient to authority.

   Accepts negative situations as they are, feels that there is little he could do to change things and tends not to think about how he would like things to be. May avoid a negative situation without being preoccupied about it aftewards. His emphasis is on being mistreated, not on what he would like to change. May be passive-aggressive: "you can't make me do that" rather than "now you'll have to come round to what I wanted you to do in the first place."

   May be isolated from others or feel ignored, scapegoated or a loner. Is either relatively content with that situation or, if not, emphasizes the fact of distance or separation rather than the response he <u>does</u> want - i.e., "no one pays any attention to me" rather than "I wish someone would talk to me." There is little mention of close relationships, even if married, or little discussion of pleasure in the relationship.

2. More aggressive and perhaps with more positive reactions. What pleases him usually is an inwardly challenging problem (something worked out in his own head) or an accomplishment motivated by self-discipline.

   Perfectionistic, and active in mastering himself. He strongly identifies with authority, rules, even to the point of being moralistic, but does not easily tolerate being told what to do or being dominated. Rather he insists on his autonomy and resents infringement on his self-control.

   Tends to react strongly in a situation he finds unpleasant - one in which he is annoyed or interfered with - and will defend himself by warding off the environment: "leave me alone, get off my back."

APPENDIX J

CODING GUIDELINES FOR EARLY MEMORY TEST

The Early Memory Test can be treated to some extent as prototypic examples of how the subject perceives the world and himself in relationship to it. Attitudes which are fairly explicit in the Interview, in which the subject is more likely to present his beliefs and/or style directly, tend to be implicit in the Early Memories and need to be drawn from the memories given, as though from parables.

The guidelines here are not meant to stand alone but rather to supplement the interview coding guidelines.

For each set of six stories, give one overall coding of engaged or disengaged and a value of 1-3 on level of confidence for each coding.

ENGAGED

Subdimension 1: perception of the environment

Being affected by the world in a way that enhances the wish to interact with it. Feeling or tone of excitement, looking forward to something with eager anticipation, emphasis on how appealing the world is, how hopeful or promising of enjoyment. Longing or wanting something, not easily getting over disappointment, not being resigned.

Examples:

When my dog died, my dad buried it. I loved the dog, my father loved the dog - there was a feeling of being lost, 'cause I wanted the dog some more.

Probably they were trying to keep me from going on the swing, and I was angry, I wanted to go on the swing, so I was going to walk over and do it.

It was always lots of fun when the whole family went on trips. We would all get up very early in the morning. Those days always seemed special because we knew we were off. Everybody was in a good mood, and we'd have the car all set up so the kids could play in the back. My dad always drove and mother would point out things to interest us, and make up games for us to play. Everything would always be so vivid, like the colors were especially bright and even now I can remember lots of things from those trips.

Subdimension 2: motivational style

Oriented toward urges, impulses, pleasure in self-expression. Being curious, taking eager pleasure in activities that either have favorable consequences or where the threat of negative consequences is averted. Doing something independent, assertive or defiant without being punished.

Examples:

When the fuse blew, my mother told me to wait til daddy got home, but I went to the basement and fixed it. She was pretty mad at me for doing that, but she was pleased too, 'cause she didn't know I could do it myself.

Another thing I did wrong, I got hold of drills, I'd break 'em off and throw 'em in the corner. I wasn't doing anything constructive, just drilling in the floor. Maybe my father should have shown me how. (feel) Wrong for ruining his stock - but you know how kids are. When dad come home, he asked me where his drills were, I lied. Finally, I admitted it, he was layin' it on me. I figured out a way to stop him, I hollered "you're gonna kill me" and it worked.

Subdimension 3: reaction to the environment

Taking action to change the environment; memories in which the subject is successful in doing what he wants or in which he attempts to do or get what he wants. Memories which imply that the subject felt able to have an effect in a situation. Feeling unresigned in negative situations.

Examples:

My mother had promised me that I could have a party for my birthday and then we didn't have enough money, so I couldn't. I was very angry and hassled her for weeks about it.

I earned my own money and was delighted when I saved up enough for a bow and arrow set.

I remember once when I won a prize at a county fair. I was very pleased with myself.

Subdimension 4: relationship with others

Seeking relationships, enjoying mutuality or close contact. Emphasis on sense of unity, intermingling with others, sharing communally, special feeling of closeness.

Examples:

My recollection is that I wanted to participate with the other people and that I was being excluded and, again, that I wanted to be with them.

It was a very happy occasion. Maybe that reflects the fact that we were going down to visit an uncle, he was a favorite uncle and about whom I'd heard nothing but good things and it was a joyous occasion of reunion, people getting together.

DISENGAGED

Subdimension 1: perception of the environment

Distance from feelings, things seen from far away. Dull, lifeless, bored quality. Denial of problems. Watching without participating or interacting, or wanting to do so. Negative feelings of world hurting, impinging on the subject in a way which makes him wish to withdraw.

Examples:

I can hardly remember, it seems so long ago.

I guess it hurt a bit, but you get over things quickly at that age.

It was one of the holidays. I just remember her walking around. I can't say much more, just a lot of people around. (feeling) Rather passive, no expression, I just happened to remember that.

Subdimension 2: motivational style

Reflecting the orientation that impulses should be controlled and external standards met. Image of the world as a place where self-expression and deviation from expectations meet with punishment or pain. Feeling forced to do something; feeling of resignation. Restriction in activity because of fear.

Examples:

I remember wanting a glass of water and being rowdy and jumping up and down in bed. And I caught the corner with my head and ripped open my forehead.

I was playing, fooling around...and the teacher grabbed me by the back of the neck and made me sit under the piano.

I think I was running through the dresses, when we went shopping. She'd grab me and say, if you don't stop it, I'm gonna slap you in the mouth. And that was the final warning, 'cause she was mad. And then I'd continue, and she'd slap me in the mouth. And then, that'd be it. I'd cry a little bit, but I'd get over it pretty fast. And then I was quiet after that.

Subdimension 3: Reaction to the environment

Subject not taking action to change the environment, to get things from it . Memories in which subject feels it is useless or dangerous to take action. Feeling overwhelmed, hopeless, ineffectual.

Examples:

I got a brand new bicycle, but then they wouldn't let me play with it because they said it was too dangerous. And that was the end of that.

Subdimension 4: Relationship with others

Memories which suggest the subject feels resigned to, or acceptant of, feelings of being cut off from others. Feeling alone, abandoned, excluded, left out without expression of attempt to reach out to others. Stories in which the subject gives up on contacting others.

Examples:

I can remember when grandma died, it was a very sad time for everyone.

Dad would go off to work every day, and I would feel very lonely.

APPENDIX K

CODING GUIDELINES FOR THE TAT

In the TAT, the subject's inner conflicts are presented, and the stories' characters can be seen as playing out an intrapsychic dialogue. All the TAT characters are representations of the subject's feelings, and it is the overall "message" which should be coded, not the feelings or actions of the main character alone.

For specific instructions, refer to the coding guidelines for the Interview and the Early Memory Test.

For each set of six stories, give one overall coding of enaged or disengaged and a value of 1-3 on level of confidence for each coding.

		Coder A			Coder B		
		Gastroin.	Derm.	Totals	Gastroin.	Derm.	Totals
Interview	Engaged	18	4	22	14	3	17
	Disengaged	2	16	18	6	17	23
	Totals	20	20	40	20	20	40
		χ^2= 17.07, df= 1 , p<.001			χ^2=10.23, d.f.=1, p<.005		
EMT	Engaged	15	6	21	13	7	20
	Disengaged	5	14	19	7	13	20
	Totals	20	20	40	20	20	40
		χ^2=6.42, df=1, p< .025			χ^2=2.5, d.f.=1, p<.25 N.S.		
TAT	Engaged	12	7	19	10	9	19
	Disengaged	8	13	21	10	11	21
	Totals	20	20	40	20	20	40
		χ^2=1.6, df=1, N.S.			χ^2= 0, d.f.=1, N.S.		
Story Stems	Engaged	14	6	20			
	Disengaged	6	14	20			
	Totals	20	20	40			
		χ^2= 4.9, df= 1 p<.05					

Interrater reliability: Interview=77.5% EMT=72.5% TAT=70%

Interview	Coder A			Coder B		
Strength of Rating	As Predicted	Not as Predicted	P-values	As Predicted	Not as Predicted	P-values
3	16	0	<.0001	10	1	<.006
2	12	1	<.002	17	5	<.01
1	6	5	N.S.	4	3	N.S.

Level of Confidence	EMT	TAT	EMT	TAT	EMT	TAT	EMT	TAT	EMT	TAT	EMT	TAT
3	14	14	1	1	<.001	<.001	3	4	2	6	N.S.	N.S.
2	7	7	5	5	N.S.	N.S.	15	8	7	5	N.S.	N.S.
1	8	4	5	9	N.S.	N.S.	8	9	5	8	N.S.	N.S.

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