

GEMEINDE PSYCHOLOGIE

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# Gesellschaft

## IMPRESSUM

Der Gemeinpsychologische Rundbrief wird herausgegeben von der Gesellschaft für gemeinpsychologische Forschung und Praxis e.V. Er erscheint zweimal im Jahr.

Die Redaktion besteht derzeit aus Albert Lenz (Paderborn) und Bernd Röhrle (Marburg). Erscheinungsort ist Marburg.

Manuskripte, Diskussionsbeiträge, Leserbriefe können an einen der Herausgeber geschickt werden, möglichst als gedruckter Text plus Diskette in einem gängigen Format. Unverlangt eingeschickte Beiträge sind ausdrücklich erwünscht (Adressen am Ende des Heftes).

Wir wünschen uns aber in jedem Fall Originalarbeiten aus Forschung und Praxis, die durchaus auch einen vorläufigen Charakter haben können (Zusammenfassungen von Diplom- oder Magisterarbeiten oder Jahresberichten sind ebenfalls sehr willkommen). Darüber hinaus wollen wir immer über aktuelle Projekte, Termine etc. aus thematisch einschlägigen Bereichen informieren. Um insbesondere jenen entgegenzukommen, die nicht ohne weiteres Zugang zu den Artikeln von einschlägigen englischsprachigen Fachzeitschriften haben, fügen wir *Titel und Zusammenfassungen der Veröffentlichungen des letzten Jahrgangs* ein. Ansonsten sind auch Rezensionen zu wichtigen gemeinpsychologischen Büchern (Neuerscheinungen), Tagungsberichte, Nachrichten aus Vereinen, Gesellschaften, Universitäten, Leserbriefe, eine Pinnwand (Informationssuche und Angebote zu geplanten und laufenden Projekten, Stellenmarkt etc.) und das Führen eines Directory vorgesehen. Es ist denkbar, daß sich nach und nach auch Rubriken und Schwerpunkte ergeben, über die dann regelmäßig informiert werden soll (z.B. Netzwerkforschung; frauenspezifische Themen etc.).

Wir freuen uns auf die Rückmeldungen auf diesen Rundbrief und vor allem auch auf alle Beiträge und jede kleine Information, die wir im nächsten Rundbrief veröffentlichen können. Einsendeschluß für Originalarbeiten für den zweiten *Gemeinpsychologie-Rundbrief* in 2003 ist der 15. November 2003.

Die Form sollte sich an den Richtlinien der Deutschen Gesellschaft für Psychologie orientieren (sowohl in dreifacher schriftlicher Ausfertigung wie in einem üblichen Textformat auf einer Diskette eingereicht werden, z. B. WINWORD 6.0, WORD PERFECT, ASCII oder RTF; Grafiken, wenn möglich auch getrennt z. B. im bmp-Format. Siehe auch Hinweise für AutorInnen am Ende des Heftes). Über die Veröffentlichung entscheiden im Moment noch die Herausgeber. Ein Review-Verfahren ist geplant.

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# KULTUR UND GESELLSCHAFT IM FOKUS DER GESELLSCHAFT

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# EDITORIAL

Dies ist eine besondere Ausgabe des „Rundbrief Gemeindepsychologie“.

Diese Ausgabe wird vollständig vom Vorstand gestaltet, da sich einer der beiden Herausgeber Jarg Bergold zurückziehen möchte. Bernd Röhrle wird auch in Zukunft als Herausgeber aktiv sein. An dieser Stelle sei Jarg Bergold herzlich gedankt für seine so erfolgreiche Arbeit!

Der jetzige Vorstand hat die Verantwortung für diese vorliegende Ausgabe übernommen, um Bernd Röhrle zu entlasten. In Zukunft werden Albert Lenz und Bernd Röhrle den „Rundbrief Gemeindepsychologie“ herausgeben. Unterstützt werden sie dabei von Andrea Sacher, die fest im Herausgeberteam mitarbeiten wird. Wir bedanken uns auch bei ihnen für ihre Bereitschaft. In Zukunft soll es verstärkt Gastherausgeberschaften geben. Der Serviceteil wird hingegen von unterschiedlichen Personen aus dem jetzigen Vorstand übernommen. Jede Mitarbeit von anderen Mitgliedern wird enthusiastisch begrüßt. Dazu aber mehr auf der in Ravensburg-Weingarten stattfindenden Mitgliederversammlung.

Die zweite Besonderheit besteht darin, dass diesmal nicht ein Thema in den Mittelpunkt gestellt wird, sondern zwei aktive Mitglieder der GGFP, die in diesem Jahr [60 Jahre](#) jung geworden sind bzw. werden und die das Profil der Gemeindepsychologie in Deutschland und darüber hinaus wesentlich mitgeprägt haben: Heiner Keupp und Manfred Zaumseil. Wir baten die beiden, jeweils einen Artikel für diese Ausgabe beizusteuern. Es sind zwei Artikel, die deutlich machen, dass sich beide mit den Makrokontexten von Gesellschaft und Kultur auseinandersetzen neben vielen anderen Themen, die sie im Rahmen ihres langjährigen Engagements für die

Gemeindepsychologie profiliert haben. Ein Interview mit Heiner Keupp und Manfred Zaumseil, das mit der Veröffentlichung des Buches „Die gesellschaftliche Organisation psychischen Leidens“ vor 25 Jahren seinen Ausgangspunkt nimmt, ermöglicht einen Rückblick auf 25 Jahre Gemeindepsychologie in Deutschland.

Heiner Keupp wurde im Juni 1943 in Kulmbach (Oberfranken) geboren, hat Psychologie und Soziologie studiert und sich zwischen den beiden Disziplinen als Sozialpsychologe angesiedelt. Seit 1978 ist er Hochschullehrer für Sozial- und Gemeindepsychologie an der Universität München. Daneben hat er sich aktiv an der Arbeit reformorientierter Verbände beteiligt: An der Gesundheitspolitik der Deutschen Gesellschaft für Soziale Psychiatrie (als langjähriger Sprecher des Gesundheitspolitischen Ausschusses) und in der Deutschen Gesellschaft für Verhaltenstherapie seit ihrer Gründung. Bis 1999 war er Mitglied des Gründungsvorstandes der »Gesellschaft für gemeindepsychologische Forschung und Praxis«. Seine Arbeitsschwerpunkte waren zunächst die Strukturreform der psychosozialen Versorgung. Im Zentrum stand dabei die Formulierung einer alternativen Perspektive psychischen Leids, die psychosoziale Probleme als Verarbeitungsversuche belastender und widersprüchlicher Lebensbedingungen sichtbar macht. Er wirkte aktiv an der Schaffung institutioneller Alternativen zu den psychiatrischen Großkrankenhäusern mit. Er war Mitglied im Vorstand eines Trägervereins zum Aufbau Sozialpsychiatrischer Dienste in München. Vor allem die zunehmende Reformunfähigkeit der staatlichen Instanzen hat sein Interesse an Initiativgruppen aus dem Bereich der neuen sozialen Bewegungen wachsen lassen. Er wurde Mitglied des ersten Selbsthilfebeirats der Landeshauptstadt München. Seine fachliche Auf-

merksamkeit hat sich zunehmend auf das »Empowerment«-Konzept gerichtet. Dieses Konzept steht im Zentrum mehrerer Projekte zur Gesundheitsförderung von Jugendlichen, unter besonderer Berücksichtigung von sozial benachteiligten Jugendlichen und solchen aus Migrationsfamilien, die im Rahmen der Bundesförderung von Public Health-Forschung durchgeführt wurden.

Als Sozialpsychologe mit wachem Interesse an gesellschaftlichen Veränderungen hat er sich mit Fragen wie der subjektiven Verarbeitung atomarer Gefahren ebenso beschäftigt, wie mit der Stigmatisierung von Minderheiten, dem Umgang mit der NS-Vergangenheit und seit dem Ende der DDR mit den psychosozialen Folgen der deutschen Vereinigung, insbesondere mit dem wachsenden Rechtsradikalismus und der zunehmenden Gewaltbereitschaft. Im Zentrum seines theoretischen Interesses steht gegenwärtig die Frage, wie sich in den Umbruchsturbulenzen der »Risikogesellschaft« Identitäten ausbilden. Mit seinem Konzept der »Patchwork-Identität« versucht er neue Wege der Konzeptentwicklung zu gehen und im Rahmen eines Sonderforschungsbereiches wurde eine Längsschnittstudie dazu durchgeführt. Zuletzt hat sich Heiner Keupp um eine sozialpsychologische Aneignung des Kommunitarismus bemüht. In einem neuen Sonderforschungsbereich werden dessen Vermutungen empirisch überprüft. Für die Zukunftskommission von Bayern und Sachsen hat er ein Gutachten zum Potential freiwilligen sozialen Engagements erarbeitet. Er beteiligt sich an Initiativen zur Förderung bürgerschaftlichen Engagements. Von der Stadt München wurde er mit der Moderation eines Fachforums im Rahmen des kommunalen Umsetzungsprozesses der »Agenda 21« beauftragt.

In seinem hier veröffentlichten Artikel nähert sich Heiner Keupp dem Thema Krise aus sozialpsychologischer Sicht und setzt sich mit kulturellen Aspekten, hier als „Verlust einbettender Kulturen und der sozialen Ökonomie“, auseinander.

Er will damit Krisen von Heranwachsenden nicht nur als individuelle Krisen beschreiben, sondern stellt diese in ihren gesellschaftlichen Rahmen, der durch einen dramatischen Strukturwandel gekennzeichnet ist, auf den nicht nur Jugendliche desorientiert reagieren. Als Gemeindepsychologe bleibt er aber bei dieser Betrachtung nicht stehen, sondern fragt nach notwendigen Ressourcen und Kompetenzen, deren Vorhandensein den Heranwachsenden erst eine produktive Lebensgestaltung ermöglichen können.

Manfred Zaumseil wurde im Februar 1943 in Magdeburg geboren, wuchs aber in Lüdenscheid/Westfalen auf. Er studierte in Hamburg Medizin und promovierte über eine Methode zur Röntgenkontrastdarstellung der Nieren. Gleichzeitig emanzipierte er sich durch die Beschäftigung mit Medizinsoziologie von seiner Medizineridentität und begab sich in Psychotherapieausbildung. Er begann dann eine Facharztausbildung für Psychiatrie und baute mit KollegInnen eine Verhaltenstherapiestation in einer psychiatrischen Klinik auf, die damals nach dem Prinzip der therapeutischen Gemeinschaft arbeitete. Zur Zeit der Herausgabe des o.g. Buches vor 25 Jahren war er Dozent für Klinische Psychologie mit Schwerpunkt Verhaltenstherapie an der Universität Hamburg. Schon damals an stadtteilbezogener Projektarbeit interessiert, betätigte er sich beim Aufbau des „Lotsen“, einer psychosozialen Kontaktstelle. Er engagierte sich sowohl in der dgvt als auch in der DGSP für eine Gestaltung einer psychosozialen Versorgung, die an den Bedürfnissen der Betroffenen ansetzen sollte, einer Versorgung, die diese erreichen sollte, gekennzeichnet durch Niedrigschwelligkeit und präventive Orientierung. Er setzte sich für die Arbeit in multiprofessionellen Teams ein, warnte vor Tendenzen der Etablierung einzelkämpferischer professioneller Exklusivität und plädierte schon damals für eine weitgehende Partizipation der Betroffenen bei Behandlungen. 1979 erhielt er einen Ruf nach Berlin an das Psychologische

Institut, wo bereits Jarg Bergold und Eva Jaeggi lehrten. Er nahm diesen Ruf an, auch wenn er das Fach Diagnostik am Institut mitvertreten musste, was nur teilweise seinen Interessen entsprach. Hier war er an dem Aufbau eines projektorientierten Studiums im Bereich Klinischer Psychologie zusammen mit Jarg Bergold maßgeblich beteiligt. Die MitarbeiterInnen dieses Projektes setzten sich gemäß der Strategie der „Einnischung für den Aufbau der psychosozialen und psychiatrischen Versorgung im Stadtteil Wedding ein, einem Bezirk mit sozialen Brennpunkten und einem hohen Ausländeranteil. Sie mieteten dort eine noch heute bestehende Wohnung als Projektstandort an. Sein Engagement für eine Krisenversorgung in diesem Stadtteil mün-

## ORIGINALIA

### Heiner Keupp und Manfred Zaumseil im Gespräch

Anlässlich des 60. Geburtstags sowohl von Heiner Keupp als auch von Manfred Zaumseil sowie des „Jubiläums“ ihrer gemeinschaftlichen Herausgabe des Buches bei Suhrkamp „Die gesellschaftliche Organisation psychischen Leidens“ vor 25 Jahren hatte der Vorstand der GGFP die Idee, mit den beiden ein Interview über ihre berufliche Entwicklung und die der Gemeindepsychologie in den vergangenen zweieinhalb Jahrzehnten zu führen. Leider ist aber Heiner Keupp am Interviewtermin erkrankt, so dass wir uns kurzfristig zu einer anderen Lösung entschließen mussten. Heiner Keupp haben wir einige Fragen zuge-

schickt, zu denen er uns Antworten zurück geschickt hat, wobei durch enge Terminvorgaben nur auf drei der gestellten Fragen umfassend Antwort gegeben werden konnte.

Manfred Zaumseil dagegen haben wir – Ursula Düll (DU) und Ingeborg Schürmann (IS) – auf der Rückfahrt von der gemeindepsychologischen Tagung in Weingarten im Zug von Ulm nach Berlin befragt. Deshalb ist das Interview umfangreicher ausgefallen trotz einiger Kürzungen, die wir aufgrund von Platzmangel vornehmen mussten.

Wir danken beiden für ihre Bereitschaft, auf unsere Fragen Auskunft zu geben.

### Zu dem schriftlichen Interview mit Heiner Keupp

1. *Ist das Suhrkampbuch das Gründungsdokument der Gemeindepsychologie?*

Auch und gerade weil ich den einzigen Text in diesem Buch beigesteuert habe, der sich explizit auf die Gemeindepsychologie bezog, möchte ich die in der Frage anklingende Hypothese zurückweisen. Es gab immerhin bereits 1977 den Sammelband „Gemeindepsychologie“, den Gert Sommer und Heiko Ernst in der damals einflussreichen Reihe „Fortschritte der Klini-

schen Psychologie bei Urban & Schwarzenberg herausgegeben hatten. Er brachte einen wichtigen ersten Überblick über das damalige Spektrum der vor allem angloamerikanischen Gemeindepsychologie und sorgte sicherlich auch durch den Verlag und durch die renommierte Reihe dafür, dass im akademischen Feld eine gewisse Akzeptanz für gemeindepsychologische Themen entstand. Dieses Buch hatte den Anspruch, die Gemeindepsychologie als in den USA längst anerkannte Subdisziplin der Psychologie zu präsentieren.

Das Suhrkampfbuch hatte einen ganz anderen Anspruch. Man könnte es etwas paradox so formulieren: Junge PsychologInnen suchten die ungerichtete Expansionsbewegung, die damals die Klinische Psychologie zu einem akademischen und gesellschaftlichen Konjunkturritter machte, zu einer politisch-reflektierten Bewegung zu machen, die sich die Ziele der damaligen Emanzipationsbewegungen aneignen möge. Die Klinische Psychologie war auf dem Weg zu einem völlig unpolitischen Triumphzug („therapeutisch-technischen Triumphalismus habe ich das in meinem Beitrag damals genannt) und verstand sich als akademisches Zugpferd des Psychobooms. Für alle AutorInnen unseres Buches war das der eigentliche Skandal. Wir waren durch unterschiedliche Politisierungsprozesse der StudentInnen- und jungen Frauenbewegung geprägt. Wir hatten gelernt, unser Handeln und die Psychologie in einem gesamtgesellschaftlichen Zusammenhang zu sehen. Wir hatten vor allem auch große Zweifel, dass eine Kopie des ärztlichen Berufsmodells, zu einer grundlegenden Verbesserung der psychosozia



sundheitspolitisch immer wieder auch zu Bündnissen zusammenschlossen. Manfred und ich waren uns bei Veranstaltungen dieser Verbände mehrfach begegnet und waren uns irgendwann einig, dass wir uns in die Professionalisierungsentwicklung der Klinischen Psychologie mit einer alternativen Selbstverständnisplattform einmischen wollten. Wir hatten uns auch in der Überzeugung getroffen, dass das psychologische Handwerkzeug nicht ausreicht, um eine solche Plattform zu zimmern. Deshalb war von Anfang klar, dass wir auch Soziologen (z.B. Barbara Riedmüller, Stephan Wolff), Psychologen mit soziologischer Qualifikation (z.B. Ernst von Kardorff und Manfred Cramer) und auch einen Ökonomen (Hagen Kühn) einbeziehen wollten. Und wir luden KollegInnen aus dem Umfeld der DGSP, DGVT und der entstehenden Frauentherapiebewegung ein, an unserem Projekt mitzuwirken.

Wir hatten einen besonderen Anspruch an unser Buch und es hat den Ausschlag für den Suhrkamp-Verlag gegeben, dass er diesen Anspruch unterstützte: Wir wollten ein Buch zur Welt bringen, das sich aus einem gemeinsamen Diskussionsprozess entwickeln würde. Der Verlag hat es mitfinanziert, dass wir uns in München haben treffen können, um unsere Ideen vom Ganzen und von dem Zusammenhang der einzelnen Kapitel intensiv zu diskutieren. Darauf bin ich noch immer besonders stolz und traurig zugleich, dass es bei späteren Buchprojekten von der jeweiligen Verlagsseite keinerlei Unterstützung für eine solche AutorInnenvernetzung gab (allerdings ist es mit unserem „Werkstattbuch „Gemeindepsychologisches Handeln“ 1992 auch wieder möglich gewesen, aber getragen durch den inzwischen

Gemeindepsychologischen Gesprächskreis, dem Vorläufer der GGFP).

### *3. Wie ging es nach dem Buch weiter mit der Gemeindepsychologie?*

Die Entwicklung in den 80er Jahren hat nicht gerade zu einem stürmischen gemeindepsychologischen Aufschwung beigetragen. Allerdings sind der Zeit viele sozialpsychiatrische und gemeindepsychologischen Projektentwicklungen zu verzeichnen. Die Sozialpsychiatrischen Diensten wurden aufgebaut und fachlich begleitet. Die Bundesregierung hat ihr Modellprogramm zur Psychiatriereform aufgelegt, an dem sich einige von uns beteiligt haben. Frauentherapie- und Selbsthilfzentren sind entstanden. Die DGVT hat die gemeindepsychologische Ausrichtung in ihrer Satzung verankert. An den Universitäten konnten kaum Geländegewinne erzielt werden, dafür immer häufiger an den Fachhochschulen. Man traf sich im Rahmen von DGVT- und DGSP-Tagungen und es entstand bei jenen, die sich gemeindepsychologisch definierten das Bedürfnis zu einem intensiveren Austausch, in dem VT oder die speziellen Verbandskonflikte der DGSP keine Rolle spielen müssten. So wurde in den 80er Jahren in München der Gemeindepsychologische Gesprächskreis gegründet, ein kleiner, aber feiner Kreis, der lange unentschieden war, ob er sich formellen Vereinsstatus zulegen sollte. Er hat es dann doch getan (wie ein Paar, das nach 10 Jahren gemeinsamen Lebens dann doch noch offiziell heiratet, ohne dass sich dadurch sehr viel verändern würde).

Interview mit Manfred Zaumseil

*DU: Erinnerst du dich an die Zeit vor 25 Jahren? Was hat dich damals beschäftigt?*

MZ: Ich weiß, dass ich damals sehr engagiert war in dem Bereich der DGSP und dass es eine Verbindung zwischen der DGSP und der Gemeindepsychologie gab, die damals noch mit der dgvt identifiziert wurde. Es gab ja noch keine gemeindepsychologischen Organisationsformen wie heute in Deutschland. Ich kam von der Medizinsoziologie. Meine Emanzipation von meiner Medizinerbildung erfolgte über die Beschäftigung mit der Medizinsoziologie. Dabei spielte so eine Art frühe Veranstaltung zur Verbreitung der Ideen der Medizinsoziologie in Deutschland eine ganz große Rolle. Das war ein Tutorenseminar, das Klaus Dörner damals veranstaltet hatte. Dabei war z.B. auch Alf Trojan. Er hat sogar einmal in einem Überblick versucht, die Bedeutung dieses Tutorenseminars für die Entstehung der Medizinsoziologie in Deutschland zu rekonstruieren.

Innerhalb dieses Tutoriums wurde eine Lehrveranstaltung für Medizinstudenten abgehalten, zusammen mit Hannes Kebbel, Alf Trojan und anderen. Da ging es um die Arzt Patient – Beziehung, ein Thema, mit dem ich mich jetzt auch wieder beschäftige.

Die Idee bei dem Buchprojekt mit Heiner Keupp vor 25 Jahren war, so eine Art Psychologiesozologie zu schreiben. Ausgehend davon, dass es eine Medizinsoziologie gab, also eine

soziologische Reflexion des Medizinbetriebs, wollten wir auch eine soziologische Reflexion des Psychologiebetriebs im Bereich des Psychosozialen machen. Das war eigentlich die Buchidee, zu der wir uns dann zusammengefunden hatten. Die Buchidee kam nicht von der Gemeindepsychologie.

*UD: Wie kamt ihr dann auf Heiner?*

MZ: Ich muss gestehen, ich weiß es nicht mehr genau. Ich weiß nur noch, dass wir irgendwann in München in einer Kneipe saßen, Heiner und ich, und gesagt haben, wir müssten mal so was machen. Ich weiß aber nicht mehr, ob das eine dgvt-Veranstaltung war, auf der wir uns getroffen hatten. Auf jeden Fall war Heiner ja auch damals in der DGSP. Also wir hatten schon länger Berührungspunkte. Und dann kam es zu Überlegungen, wer kann denn zu den unterschiedlichen Themen was schreiben. Und insofern waren das schon die, die über den psychosozialen Betrieb soziologisch reflektierten. Es waren ja auch ganz klassische soziologische Themen drin, z.B. dass der Professionalisierung. Und es kamen dann auch Leute rein, die sich schon mit so einer soziologischen Perspektive beschäftigt hatten. Also es war sehr soziologisch inspiriert, auch von den Ideen, denk ich mal. Auch das, was ich damals geschrieben hatte, diese institutionelle Perspektive, war im Grunde auch eher ein medizinsoziologischer Blick auf den psychosozialen Betrieb.

*UD: Welche Rolle spielte dabei die Psychologie?*

MZ: Es war schon eine Betrachtung der psychosozialen Szene, insofern wurde schon Psychologie thematisiert. Aber mit einem soziologischen Blick, der so an der Medizinsoziologie geschult war, an der Kritik des Medizinbetriebs. Und auch Heiner vertrat ja zu der Zeit auch die soziologische Perspektive, wenn man z. B. seine

Beschäftigung mit der Labelling Perspektive nimmt.

Was bei mir sehr wichtig war, aber ich kann das auch nicht mehr genau lokalisieren, aber das war auch zu dieser Zeit, da gab es eine ganz wichtige Arbeitsgruppe, zu der auch der Bernd Röhrle gehörte, Thomas Bock, Steffen Fliegel und Heiner Keupp. Wir versuchten damals eine Brücke zwischen der dgvt, der GWG und der DGSP zu schaffen. Wir haben uns gefragt, wie bekommen wir da eine gemeinsame Perspektive hin. Und daraus ist die Kooperation zwischen den Verbänden entstanden. Dazu gehörte ja dann auch mein Engagement gegen die Niederlassung der Klinischen Psychologen. Das wurde ja damals heftig betrieben, und da habe ich mit Uschi Plog auch ein Gutachten geschrieben, über die Gründe, die gegen die Niederlassung von klinischen Psychologen nach dem Modell der Ärzteschaft sprechen. Damals hatten wir noch die Illusion oder die Hoffnung, dass man die Psychologen professionell institutionell einbinden könnte, statt eines Einzelkämpfer-Praxismodelles. Und das war auch gar nicht so chancenlos. Es gab damals eine gesundheitspolitische Strukturkommission beim DGB-Bundesvorstand. Das war auch eine wichtige Diskussions-Basis, z. B. „mit Rolf Rosenbrock und Hagen Kühn. Das war für mich so eine Art Fortbildungsveranstaltung in Sachen Gesundheits- und Sozialpolitik, die gewerkschaftliche Perspektive – in der Kommission ja auch sehr hochrangig durch die Bosse der Krankenkassen vertreten. Das heißt, wir entdeckten damals wie wichtig die Verbindung zur Gewerkschaft ist für unsere gesundheitspolitischen Vorstellungen, ich war ja damals schon ÖTV-Mitglied, und dass die gewerkschaftliche Organisation von vornherein eine Brücke schafft zwischen den Interessen der Beschäftigten und denen, die da zu versorgen waren.

Mein Anliegen war damals, die Professionalisierung der Psychologen nach dem Ärztemodell zu verhindern. Dann hatten wir uns nach Bündnispartnern umgesehen, und da zogen auch dgvt

und GWG und DGSP an einem Strang, mehr oder weniger. Und bei diesem Sich-Umsehen nach Bündnispartnern haben wir gesagt, da müssen wir mit der Gewerkschaft zusammen arbeiten, weil die Gewerkschaft praktisch eine ähnliche Position verfolgte. Die vertrat ja die angestellten Psychologen, nicht die privat Niedergelassenen. Und die waren durchaus engagiert in diese Richtung.

*UD: Kannst du noch mal einige Kritikpunkte nennen, was dagegen sprach?*

*MZ: Als Ideale hatten wir das berufsübergreifende Team, das lässt sich mit einer privaten Niederlassung gar nicht machen. Und dann hatten wir natürlich als Kritik diesen Verdienstmechanismus, das heißt, Summieren von Einzelleistungen, das, was ja heute interessanterweise auch immer mehr in die Kritik gerät. Wir sagten, wenn Psychologen in Institutionen arbeiten, sind sie anderen Dingen verpflichtet als möglichst viel Einzeltherapien zu addieren. Sie kommen dann nicht in diese Verdienstmühle rein. Also das Teamprinzip war ganz wichtig, und wir sahen auch keine Chance für eine Community-Orientierung, und das hat sich ja auch bewahrheitet in der Einzelniederlassung. Und das waren im Grunde gemeindepsychologische Argumente, die dagegensprachen. Und dann suchten wir uns also wie gesagt als Bündnispartner die ÖTV. Und die ÖTV hatte unterschiedliche Arbeitskreise, die sich zu gesundheitspolitischen Fragen äußerten, und außerdem ging es auch um die Reform des Medizinstudi*

chologen in multiprofessionell und ambulant arbeitende Institutionen einzubinden statt in die Niederlassung zu gehen. Und die anderen Gewerkschaftsorganisationen eigentlich auch. Und eine Zeit lang wurde das ernsthaft auch von gesundheitspolitisch sehr einflussreichen Leuten diskutiert, ob das nicht ein besseres Modell wäre. Und von daher war das für mich eine ganz wichtige Berührung mit der Politik.

In der Rekonstruktion ist es noch mal wichtig, denk ich, dass das, was wir heute nicht zustande kriegen, diese unterschiedlichen Gruppierungen zusammen zu organisieren, dass das damals sich sozusagen ergab aufgrund von ganz bestimmten politischen Handlungsdrücken.

*IS: Du sagst, es war eigentlich recht hoffnungsvoll, die Psychologen auf ein anderes Gleis zu kriegen, warum ist es nicht zustande gekommen?*

MZ: Schwer zu sagen. Also wir waren damals natürlich auch nur eine kleine Truppe, die diese gewerkschaftlich orientierte Richtung favorisierte. Und damals gab es ja schon den BDP, der natürlich genau in die entgegengesetzte Richtung steuerte, das heißt, in die private Niederlassung, Und es gab eine immer größer werdende Fraktion innerhalb der dgvt, die das auch wollte. Das Modell der Niederlassung und der Gleichstellung mit den niedergelassenen Ärzten war für die Psychologen eben unglaublich attraktiv, und ich war irgendwie so ein bunter Hund, und die sagten dann natürlich, „na ja, du bist ja eben kein Psychologe“. Ich sagte natürlich, „ja, darum bin ich ja gerade so dagegen, dass ihr denselben Fehler macht wie den, den die Ärzte mit der Niederlassung produziert haben“. Da war ich natürlich ein heftiger Gegner dieses Niederlassungssystems, und das schon sehr stark aus diesen gemeindepsychologischen Argumenten heraus.

*UD: Als ich in der Vorbereitung zu diesem Interview noch mal in das Suhrkamp-Buch reinschaute, auch deinen Artikel las, merkte ich, dass ich mir so schwer vorstellen konnte, wie*

*das damals eigentlich aussah mit der psychosozialen Landschaft 1978. Du sprachst ja davon, dass du es wichtig fändest, psychosoziale Beratungsstellen einzurichten. Gab's so was früher, Erziehungsberatungsstellen, kirchliche Lebensberatungsstellen?*

MZ: Ja, die gab's schon, aber die waren sehr, sehr konservativ. Ich versuche gerade zu rekonstruieren: Die Bundesregierung legte das kleine Modellprogramm auf, etwa 1977. Das kleine Modellprogramm war insofern für mich sehr wichtig, als ich mich da zusammen mit einer Gruppe engagiert habe, zusammen auch mit Thomas Bock. Wir hatten dann gesagt, „in dieser Psychiatrieenquete steht so was drin, dass es eine psychosoziale Kontaktstelle geben soll, wo man heute Kontakt- und Begegnungsstätte zusagt. „Das gibt es bisher nicht, und wir probieren einfach aus, wie man das macht. Und daraus ist der Lotse in Hamburg-Wilhelmsburg geworden. Das war so richtig eine Experimentierzeit. Das heißt, wir haben geguckt, was steht denn da jetzt alles drin, und damit fangen wir einfach mal an. Es gab kein Beispiel für dieses Konzept. Das war ein Praxisbein, das für mich auch ganz wichtig war, da hatte ich in Hamburg eine ganz wichtige Funktion, ich war sozusagen der Vermittler zwischen der Hamburger Gesellschaft für soziale Psychiatrie (HGSP), die sich immer mehr als Träger profilierte, beginnend mit dem Lotsen, und dem psychologischen Institut der Hamburger Uni. Das war auch der Grund, warum ich wahrscheinlich für den Job in Berlin (am Psychologischen Institut der FU) überhaupt attraktiv war, weil ich Projektarbeit ja mehr oder weniger neben der offiziellen Uni-Lehre versucht habe zu organisieren. Das heißt, über diese HGSP-Verbindung war ich ständig in irgendwelchen neuen Projekten drin, und ich hab dann immer die Psychologiestudenten da reingeschaufelt, und die fanden das natürlich ganz gut, endlich mal was Praktisches zu tun. Ich konnte natürlich dann auch ganz viel profitieren von der Diskussion innerhalb der HGSP, was ich dann wieder in die Uni reingebracht

hatte. Da haben wir richtig Community-Psychology aufgebaut, praktisch. Wir hätten das damals halt nicht Community-Psychology genannt, aber es war sozusagen das Engagement von Psychologen im psychosozialen Sektor, und das war was ziemlich Neues damals. Das hat sich ja nachher noch so ein bisschen fortgesetzt. Es war für mich dann später ganz wichtig, Erfahrungen mitzubringen, wie gründet man einen Verein, und wie schafft man eine Basis, die dann in ein Praxisprojekt mündet, und wie kommt man an Geld, und solche Dinge. Der Lotse war stark über Klaus Dörner vermittelt. Dann gab es noch das Gemeindepsychiatrische Zentrum in Eimsbüttel, da hab ich dann natürlich mit gewerkelt und dann wieder eine Menge Diplomarbeiten betreut und Studenten reingeschickt. Das war immer dieser Austausch, und parallel damit liefen immer diese gesundheitspolitischen Sachen, die ich damals sehr spannend fand.

*IS: Wie bist du damals eigentlich ans Psychologische Institut in Hamburg als Mediziner gekommen?*

MZ: Es war praktisch ein Zufall, das hatte ich dann auch in der HGSP gehört, da ist eine Stelle frei am Psychologischen Institut. Damit hab ich nichts anfangen können, und dann hat irgendjemand gesagt, ich weiß gar nicht mehr, wer es war, „bewerb dich doch darauf“. Ich sag, „wie so ich, ich bin doch kein Psychologe“. „Naja, du machst doch Verhaltenstherapie. Und dann hatte ich mich da beworben: und dann stellte sich heraus, dass sie sagten, das ist gut, wenn wir einen Mediziner kriegen, dann kann man nämlich die Ambulanz darüber (über die Approbation) absichern. Und ein Mediziner, der Verhaltenstherapie kann, das war die ideale Besetzung. Und so bin ich in die Psychologie gekommen.“

*UD: Unsere Idee war, zu überlegen, wo du wichtige Etappen siehst, wie die Gemeindepsychologie sich weiterentwickelt hat. Wenn du jetzt von da aus noch mal guckst?*

MZ: Schwierig, schwierig. Ich hab eigentlich nie so eine richtige gemeindepsychologische Identität gehabt, mehr eine Affinität. Und ich hab mich nie so richtig als Gemeindepsychologe gefühlt, weil ich ja schon gar kein Psychologe war. Von daher hatte ich meine Funktion auch in dieser Szene immer mehr so darin gesehen Verbindungen herzustellen, zum Beispiel zur DGSP. Ich hab das immer mehr von den Zielen her aufgezogen. Und ich sah dann mehr die Ähnlichkeit der Ziele. Ich war immer gegen Professionspolitik, das fand ich auch an der Sammlungsbewegung der Gemeindepsychologen nicht so gut, dass das nur Psychologen waren. Darum sah ich meine Operationsbasis mehr bei der DGSP, weil die DGSP multiprofessionell ist. Ich war zutiefst davon überzeugt, dass man multiprofessionell nur weiterkommt. Darum dachte ich immer, es ist schön und gut, wenn sich auch die Psychologen für diese Themen erwärmen, aber erstens war ich kein Psychologe, und zweitens hab ich gedacht, wenn ich mich schon irgendwo engagiere, dann irgendwo, wo es um multiprofessionelle Zusammenhänge geht. Da war die einzige Operationsbasis eigentlich die DGSP. Ich war ja auch ein dgvt-Mitglied, und bin da irgendwann bewusst ausgetreten, weil mir die Politik zu eng war. Von daher bin ich nie so richtig im Kern der Gemeindepsychologie, also auch von der Identität her gewesen.

Mir ist heute ganz wichtig diese Verbindung zu diesen anderen Szenen. Einmal diese Szene, die sich mit Kultur befasst, wobei mir das auch jetzt nicht wichtig ist, ob das Psychologen sind, das müssen jetzt nicht die Kulturpsychologen sein, sondern es können genauso gut ethnopsychiatrisch interessierte Leute sein. Mit denen mach ich ja jetzt zur Zeit auch ein Projekt. Mir geht es darum, den Kulturaspekt in die Gemeindepsychologie rein zu bringen, ebenso den Public Health Aspekt, den Community Health Psychology Aspekt. Ebenso auch Entwicklungspolitik. Da läge mir sehr viel dran, wenn man praktisch in der Community-Psychology mehr diesen

Aspekt sieht, dass Kultur ein ganz wichtiger Kontext ist. Ich interessiere mich sehr für dieses Kulturthema und das auch schon 79, da war ich das erste Mal in Indonesien. Und da spielte dieser Community-Aspekt auch schon eine große Rolle. Wo wir auch in einem Dorf gelebt haben, um einfach zu kucken, wie wird da mit Gesundheit und ähnlichen Dingen umgegangen. Dann hatten wir eine Gastdozentur an der Uni in Java. Es existiert in diesen Ländern eine Praxis, von der man, glaub ich, ziemlich viel profitieren kann. Obwohl die Entwicklungszusammenarbeit selber leider nicht besonders kultursensibel ist. Das ist dann häufig sehr pragmatisch. Aber ich denke, dass gerade in der Zusammenarbeit mit den GTZ-Leuten (Gesellschaft für Technische Zusammenarbeit), dieses Hineinbringen der Kulturperspektive in diese Community-Projekte wichtig ist. Die sind ja gezwungen, ganz stark diese lokalen Community-Strukturen auch zu berücksichtigen. Dass ist für mich ein sehr interessanter Austausch. Da kann man wirklich Studenten auch reinbringen, die dann in diese Projekte reingehen und spannende, interessante Erfahrungen machen. Es

haben. Da habe ich mich vorhin noch mit Christel (Achberger) darüber unterhalten, dass eigentlich ein zweiter Aufbruch ansteht. Und der Aufbruch kann nur von unten kommen. Darum ja auch mein Engagement für diese Psychose-seminare und für die Idee der Partizipation.

*IS: Wenn du sagst, zweiter Aufbruch, was meinst du damit?*

**MZ:** Na, damit meine ich, das ist vielleicht ein wichtiger Punkt, dass dieser erste Aufbruch, der in den 70er Jahren gelaufen ist, wo wir auch alle davon überzeugt waren, dass sich da unglaublich viele Dinge ändern werden und dass ein wundervolles psychosoziales Versorgungssystem aufgebaut wird, diesem Gefühl folgte ja dann eine ziemliche Ernüchterung, auch in den Vereinen.

*UD: Wann denn ungefähr? Hast du noch irgendwie ein Gefühl dafür, wann so diese Ernüchterung kam?*

**MZ:** Vielleicht erst in den 90er Jahren, späte 80er, und dann 90er Jahre, wo dann immer so Reflektionen über den Sinn und Unsinn dieser ganzen Vereine angestellt wurden. Und dasselbe lief in der DGSP. Es gab einen Mitgliederschwund, dies Gefühl, das hatte nicht mehr so richtig Drive.

*IS: Ja, vielleicht kann man auch sagen, ein Stück Arbeit war getan, die Institutionen waren da, Sozialpsychiatrie wurde nicht mehr in Frage gestellt.*

**MZ:** Und ich hatte das Gefühl, dass wir in der Zeit uns auch so ein bisschen zurückgezogen haben. Vielleicht Heiner weniger, der hat sich dann mit dem Bürgerschaftlichen Engagement auseinandergesetzt und ähnliche Dinge entdeckt. Wir gingen dann mehr in die Forschung. Dann kam natürlich so ein neuer Drive durch die Vereinigungsgeschichten und den Neuaufbau der psychosozialen Versorgungsinstitutionen im Osten. Und da sind ja auch viele reinmarschiert. Ich weiß noch, wir haben damals ja auch die Unterschiede untersucht, das war ja gerade die Zeit, als wir auch diese Studie ge-

macht haben über den Bezirk Wedding und Prenzlauer Berg. Eine wichtige Frage war dabei, welches sind die unterschiedlichen Selbstverständnisse eigentlich der Profis im Osten und Westen. Wo wir dann mit Erstaunen feststellten, dass mit demselben Drive, den wir so in den 70ern hatten, die jetzt also anfangen zu machen. Und wo man so ein bisschen daneben stand und dachte, „ach du lieber Himmel, jetzt machen die dieselben Fehler wie wir“. Also man war schon so etwas altväterlich. Da kriegte man das noch mal so vorgeführt und stand etwas distanziert dabei. Das war sozusagen der Aufbruch, im Osten. Der fiel bei uns schon voll in die Ernüchterung. Und dann, denke ich, gibt es eigentlich, ich würde mal sagen, schon Ansätze für einen neuen Aufbruch. Neue Impulse kamen von den Betroffenen, die nicht mehr in dieser total radikalen Frontstellung wie die Irrenoffensive verharren. Es gab dann diese Psychose-seminar-Bewegung. Das waren ja dann richtig bundesweite Treffen, einmal in Bonn, einmal in Schwerin. Das war so ein gewisser neuer Aufbruch. Also das Dialogische war ja dann plötzlich gefragt, das heißt, es war gefragt, die Betroffenen mehr in die Gestaltung der Einrichtung mit rein zu nehmen, und sich auch kritisieren zu lassen, und die Betroffenen nicht mehr wie in den alten Zeiten als Alibi-Teilnehmer in die Veranstaltungen zu nehmen, sondern sich der Kritik tatsächlich auszusetzen. Da sind wir praktisch beim aktuellen Thema. Das heißt, dass ich seitdem das Thema Partizipation für das zentrale Thema halte.

ich sehe Impulse in bezug auf das Thema Partizipation noch von der ganzen neuen Gesundheits- und Sozialpolitik. Ich will auch so ein bisschen von der Psychiatrieecke weg. Es gibt Impulse, die von der Bürgerbewegung kommen und vom bürgerschaftlichen Engagement, was Heiner von einer etwas anderen Ecke her aufgegriffen hat.

*UD: Ja, du meinst ja auf der Tagung, auch aus der somatischen Medizin zum Teil.*

MZ: Ja, genau. Einmal von dieser patientenorientierten Medizin, und da gibt's ja schon lange solche Entwicklungen, Balint-Gruppen und ähnliches, und was ich vorhin sagte auch, diese Bewegung, Communication and Health, wo Partizipation eine ganz große Rolle spielt, von bestimmten Entwicklungen in der Gesundheitspsychologie, also Community Health Psychology.,

IS: Wo siehst du denn in der Gesundheitspsychologie die Impulse?

MZ: Weniger jetzt in Deutschland, aber ich meine, die Gesundheitspsychologie, da geht es ja um Prävention und um den anderen Umgang mit chronischen Krankheiten. Und wenn du dir dann neuere Entwicklungen, meinetwegen jetzt auch sogar bei der Gesetzgebung ankuckst, so wie die Verbraucherberatungsstellen, die Förderung der Selbsthilfe, die jetzt sogar gesetzlich verankert ist, und dass sozusagen die Nutzermacht vergrößert wird.

IS: So dass du dich da auch mehr hineinbegeben willst, in diese Gesundheitsthemen?

MZ: Ja, da bin ich ja schon längst drin, und da sehe ich eher meine Rolle darin, bei diesen Querverbindungen die Brücke zur Psychologie dann wiederum zu unserem Verständnis von Gemeindepsychologie zu schlagen.

UD: Ich hab so den Eindruck, weil ich ja auch viel jünger bin und es nicht so mitbekommen hab, aber es hört sich für mich so an, als dass Anfang der achtziger Jahre es eigentlich wesentlicher war, sich vielleicht noch als Gemeindepsychologe auch zu definieren. Jetzt vielleicht nicht für dich, aber für die anderen, um auch noch mehr zu sagen, „ wir sind eben doch andere“ oder „ wir denken noch was anderes“. Und heute ist es eh' so verbreitet, diese Art von Denken, in ganz unterschiedlichen Bereichen, so dass ich auch das Gefühl hab, es ist nicht mehr so attraktiv oder wichtig, sich da auch hin zu identifizieren und jetzt auch zum Beispiel im Verein zu sein, oder auch nur einfach zu diesen Tagungen zu kommen.

MZ: Ich fand dieses Label „Gemeindepsychologie“, mit dem wir ja auch im Deutschen sowieso immer Probleme haben, dass die damit zusammenhängende Mobilisierung, die ja auch nie so völlig durchdringend war, dass die schon wichtig war, um für Psychologen eine andere Perspektive zu eröffnen, und Leuten, die aus dem Bereich Public Health kamen, brauchte man das nicht zu erklären, die waren da schon, oder die von der Stadtteilentwicklung kamen. Von daher denke ich, muss diese gemeindepsychologische Perspektive nach wie vor ein wichtiger Hebel bleiben, um auch Psychologen klarzumachen, es gibt diese Verbindung, und Psychologie gehört da mit rein.

IS: Du hast es vorhin formuliert, dass die Gemeindepsychologie oder der Verein für dich auch wichtig ist, um Ideen, die in anderen Feldern eine Rolle spielen, dann über diese Verbindung zu den Psychologen zu bringen. Aber gibt es auch etwas, was die Gemeindepsychologen wiederum selbst, oder was in unseren Reihen sich besonders entwickelt hat und raus getragen wurde? Oder sollte es in Zukunft etwas geben, wo man auch ein bisschen eine Vorreiterrolle einnehmen kann?

MZ: Also ich denke schon, dass es eine Menge Konzepte aus der Psychologie gibt, die natürlich auch besonders in der Gemeindepsychologie wiederum eine Rolle spielen. Das heißt, meinetwegen eine bestimmte Auffassung von Entwicklung, also menschliche Entwicklung im Kontext. Dass da die Psychologie in Form der Gemeindepsychologie einiges zu bieten hat. Also die Psychologen haben mit ihrem Fachverstand, und natürlich besonders dann, wenn sie sich intensiver mit Gemeindepsychologie auseinandergesetzt haben, schon allerlei Handwerkzeug, und auch theoretisches Werkzeug, von daher würde ich schon sagen, da sind Bestände von Wissen und Können, die Sinn machen. Nur ist halt ein bisschen wenig bisher.



*IS: Ja, man müsste dann vielleicht auch dieses Besondere noch mehr ausbauen, auch theoretisch.*

**MZ:** Ja, auch theoretisch, auch die Weiterentwicklung dieses Kontextbegriffes, wo mein Anliegen ja auch dieser Kulturaspekt ist. Der sich allerdings, da müsste man noch mal genauer hinkucken, ja auch in der Ethnologie nun wiederum auflöst. Man müsste mehr Konzepte des Lokalen aufgreifen und es gibt die möglichen Mischungsverhältnisse von Traditionellem, Modernem, was unvermittelt daneben steht, auch in den Entwicklungsländern, als so ein sehr komplexes Ensemble von Kontexten. Wenn man sich die türkische Gemeinde in Berlin ankuckt, das Nebeneinander von ganz unterschiedlichen Einflüssen, denen die unterliegen.

*UD: Also ich finde jetzt grad die Linie interessant, die du jetzt entwickelst, oder die mir jetzt erst klar wird, dass du eigentlich als Mediziner ja BEWUSST auch zu den Psychologen gegangen bist, um die zu beeinflussen, z.B. medizinsoziologisch, also die Psychologen ein Stück auch zu entwickeln, wenn ich das mal so sagen darf. Und das finde ich jetzt total spannend, weil eben da ja eigentlich drin steckt, dass die Psychologen das auch gebraucht haben, also anzufangen, so zu denken.*

**MZ:** Na ja, das war ja mehr so eine Mitentwicklung.

*IS: Ich würde ganz gern noch mal zur Forschung zurückkommen, die ja Anfang der 90er Jahre die Qualitative -Forschung eine ganz große Rolle bei uns gespielt hat, und jetzt natürlich auch noch spielt, und so die Erfahrung, die du damit gemacht hast.*

**MZ:** Na ja, das hängt einmal damit zusammen, dass ich von meiner Sozialisation her wenig zunächst mit der quantitativen Forschung im Sinn hatte, und da auch nur begrenzte Kompetenzen hatte.

*IS: Hast du nicht eine quantitative Doktorarbeit geschrieben?*

**MZ:** Ja ja, das hab ich. Aber quantitative Methoden, da hab ich nicht so viel Eros drauf verschwendet, weil ich mich auch immer fragte, diese berühmte Frage so what? Also häufig mit den Forschungsergebnissen nur bedingt was anfangen konnte in der Psychologie, und darum mich dann eben sehr interessiert den qualitativen Forschungsverfahren zugewandt habe. Vielleicht am Anfang auch mit etwas überzogenen Erwartungen, weil sie eben genau meinem Anliegen entgegenkam, kontextsensibel zu sein, und von daher sowohl in diese Community- als auch in die Kulturschiene lief. Das hat mir richtig Spaß gemacht, und inzwischen würde ich auch mehr eine Kombination von quantitativen und qualitativen Befragungen für angemessen in dem Bereich halten. Ich denke, dass wir vielleicht mit dem jetzigen methodischen Wissen die Daten, die wir damals in dieser Stadtteilstudie (Schizophrenie in der Moderne – Modernisierung der Schizophrenie) gesammelt haben, noch extensiver auswerten würden, aber trotzdem fand ich das so von der Theorie-Entwicklung her sehr spannend, und ich hatte ja damals gleichzeitig diese indonesische Perspektive, und diese Perspektive auf die beiden unterschiedlichen Berliner Stadtteile, wo dann auch wiederum die Kulturdifferenz zwischen Ost und West damals auch eine Rolle spielte.

Das war, finde ich nach wie vor, eine spannende Perspektive. Also, das würde ich auch nach wie vor sagen, dass der Umgang mit einer Erkrankung wie Schizophrenie doch, das ist mir in Indonesien klar geworden, sehr stark eine kulturell bedingte, kulturell getönte Veranstaltung ist. Das ist auch noch mal dieser medizinsoziologische Blick, dass man, wenn man sich die Institutionen ankuckt, wie die strukturiert sind, und was die mit den Betroffenen tun, und in was für unterschiedliche Kulturen es eingebettet ist, das war schon eine Thematik, die, wie ich fand, auch einiges zutage gefördert hat. Und von daher denke ich, nicht nur Psychiatrie, sondern die ganze psychosoziale Versorgung, und auch den alltäglichen Umgang mit psychisch Kranken

unter diesem kulturellen Aspekt zu sehen, ist, denk ich, nach wie vor ein fruchtbarer Ansatz, um zu reflektieren, was man da eigentlich tut.

*UD: Was denkst du, wenn du jetzt so von 25 Jahren zurückdenkst, über die ganze Entwicklung bis heute, was sich so wirklich, was man sagen kann, sich etabliert hat auch ein Stück?*

**MZ:** Eins hatte ich ja schon erwähnt, also praktisch diese stärkere Beachtung der Patientenrechte und der Notwendigkeit, die Nutzer zu beteiligen, das hat sich durchgesetzt. Wobei ich diese Markt-Gefahr sehe, also dass man das auf diese Konsumentenrolle festlegt, das finde ich eine Gefahr, die häufig nicht so recht reflektiert wird, was das Marktmodell eigentlich bedeutet. Aber da hat sich was getan, auch im Selbstverständnis der Professionellen. Na ja, und dann kann man natürlich sagen, das ist ja so ein bisschen umstritten gewesen, es gab ja damals diese These, Modernisierung statt Reform, wenn man sich die Psychiatrie ankuckt. Und da ist eine Menge dran, an der Modernisierungshypothese. Also dass praktisch die Anstalten sozusagen modernisiert wurden, und da auch der Umgang modernisiert wurde, aber vielleicht, Asmus Finzen hat ja dagegen die These vom Ende der Anstalt gestellt, und das klingt ja dann wesentlich revolutionärer, und entspricht ja auch den damaligen Forderungen, die wir damals bei der Bonner Demonstration mit der DGSP erhoben haben. Aber es ist eben nicht zum Ende der Anstalt gekommen, wir haben ein seit Jahren expandierenden Heimsektor und es ist zu einem ziemlichen Rollback, wenn man sich die Hochschulpsychiatrie ankuckt, der biologischen Psychiatrie, gekommen. Biologisch orientierte Psychiatrie ist Mainstream, nach wie vor geblieben, und die Sozialpsychiatrie hat sich an den Universitäten nicht etablieren können. Von daher ist das eigentlich eine ziemliche Niederlage auch, und das liegt natürlich auch an vielen Gründen, wie dieses Engagement der

eher sozialpsychiatrischen oder gemeindepsychiatrisch orientierten Vertreter gelaufen ist.

*UD: Aber wenn ich mir jetzt Berlin ankucke einfach mal aus meiner Perspektive, und mir die KaBoN (Karl-Bonhoeffer-Nervenklinik) heute ankucke, ich meine, das ist ja total verändert zu dem, was bestimmt 1975 der Fall war, oder? Also wenn man das vergleichen würde. Es gibt die komplementären Angebote alle, in allen Bezirken inzwischen, und dieses sozialpsychiatrische Denken darin auch.*

**MZ:** Ja ja, das hat sich durchgesetzt. Aber es klafft ziemlich auseinander, wenn du dir die Universitätspsychiatrie ankuckst, die ist sehr biologisch orientiert ist und das Interesse der Universitätspsychiatrie am komplementären Sektor ist fast Null. Das klafft ziemlich auseinander.

*UD: Mit der Realität, die es aktuell gibt?*

**MZ:** Ja, die interessantesten Forschungsthemen, wo du auch zur Zeit Geld kriegst, das ist Neuroscience. Ich meine, da kommen wir zu dem Punkt, den wir vorhin schon hatten, zurück, dass aus meiner Wahrnehmung die Gemeindepsychiatrie so ein bisschen in einer organisierten Fürsorglichkeit erstarrt ist. Und es ist praktisch nicht gelungen, da zu einem Austausch zu kommen, und auch in vielen Einrichtungen, die sich sehr gemeindepsychiatrisch, sozialpsychiatrisch, oder auch gemeindepsychologisch verstehen, wenn ich mir da die Praxis ankucke, dann ist das dieses fürsorgliche Verfügen. Und auch viel von Psychologen, da sind ja (zumindest in Berlin) sehr viel Psychologen eingewandert, und da treffen dann häufig solche Worte wie „ambulantes Ghetto“ oder ähnliches zu, also dass man praktisch da schon diese Stauung hat, und da fehlt dann dieser vorhin angesprochene neue Schub.

*IS: Ich hab das Gefühl, wir sind jetzt auch am Schluss angekommen. Wir danken dir ganz herzlich für dieses Gespräch.*

## Krisen des Aufwachsens als Verlust *einbettender Kulturen und der sozialen Ozone*

Heiner Keupp

Vortrag bei den 4. Münchner Kinderschutztagen  
„Kinder und Jugendliche in Krisensituationen“ am 14./15. März 2003

Mein Titel mag für manche etwas befremdlich klingen, denn was könnte denn mit den „einbettenden Kulturen“ oder der „sozialen Ozone“ gemeint sein? Ich will damit den Versuch ankündigen, Krisen von Heranwachsenden nicht nur als individuelle Probleme anzusprechen, sondern auch in dem gesellschaftlichen Rahmen ihrer Entstehung sichtbar und verstehbar zu machen. Die Krisen von Kindern und Jugendlichen verweisen auf einen dramatischen gesellschaftlichen Strukturwandel, auf den unsere gesamte Gesellschaft desorientiert reagiert. Für Heranwachsende gehen damit aber traditionelle soziale Einbettungen und Schutzfaktoren verloren und es bleibt zu fragen, welche Ressourcen und Kompetenzen notwendig wären für eine produktive und souveräne Lebensbewältigung.

Dem Begriff der Krise kann man immer weniger entgehen. In welchen Zusammenhängen taucht er vor allem auf? Wenn man sich in den aktuellen politischen und gesellschaftlichen Diskursen umhört, dann bekommt man unter dem Stichwort „Krise“ eine reiche Ernte. Sich

umhören heißt ja heute u.a., dass man seine Internet-Suchmaschinen anwirft.

Ich habe das, was mir die Suchmaschine Google angeboten hat, zweimal ausgewertet. Das erste Mal am 18.01.2003 und ein zweites Mal am 07.03.2003. Mit der Eingabe des Stichworts Krise wird man mit Informationen überhäuft. Das ist ja auch schon eine Krise. Jedenfalls bringt es „Krise“ zu deutlich mehr Items als „USA“, „Krieg“, „Arbeitslosigkeit“ oder „Familie“, nur „Deutschland“ liefert mehr. Interessant sind dann die Kombinationen. Da bringt es die Liaison von „Deutschland“ und „Krise“ auf den absoluten Spitzenwert. Das bestätigt die aktuelle Befindlichkeit in Deutschland, die gegenwärtig wohl doch mit dem Begriff Krisenbewusstsein treffend charakterisiert ist. Und der inhaltliche Spitzenwert ist „Arbeit“ und damit also die Krise der Arbeitsgesellschaft. In der Krise sind aber nicht nur Politik, Gesellschaft, Berlin, Kultur, Umwelt, auch die USA hat einen hohen krisenproduzierenden Wert, zu dem man dann noch die Kriegsgefahr hinzunehmen kann. Ansonsten können wir gesellschaftliche Teilbereiche wie Schule, Familie, Kinder, Jugend, Alter, Energie und Gesundheit als aktuell sehr krisenträchtig einordnen. Hohe Werte sind auch mit den Geschlechterrollen verbunden, wobei die Situation der Frau doppelt so häufig mit Krise in Verbindung gebracht wird wie die der Männer. Werte sind von Krisen erfasst, vor allem auch das, was man sich als Gemeinschaft vorstellt. Beruhigend scheint mir, dass die „geistig-moralische Krise“, die uns vor 20 Jahren eine „Wende“ beschert hat, ausgestanden

scheint. Erstaunlich finde ich, wie häufig die Krise der Psychologie thematisiert wird, jedenfalls deutlich häufiger, als psychische Krisen. Themen wie Terrorismus, Zuwanderung oder Flutkatastrophe hätte man weiter oben in der Rangliste erwartet. Beim Vergleich im Abstand von 1 ½ Monaten fällt auf, dass die

internetgespiegelte Krisenstimmung allmählich zurückgeht. Die Ausnahmen sind Krieg, Irak und Gesundheit. Neben den Krisendynamiken rund um die Irakkrise hat offensichtlich die Krise des Gesundheitswesens im öffentlichen Bewusstsein an Dramatik zugenommen. Und natürlich die Probleme unseres Welttorhüters!

Krise insgesamt	241000	182000
Krise und Deutschland	198000	137000
Krise der Arbeit	139000	88300
Krise und Politik	131000	117000
Krise und Berlin	105000	83900
Krise und Gesellschaft	101000	87000
Krise und Kultur	93400	91600
Krise und USA	89800	85000
Krise und Frauen	69400	58300
Krise und Schule	64800	52000
Krise und Angst	58900	34300
Umweltkrise	54800	34400
Krise und Sicherheit	51100	46600
Krise und Krieg	51500	↑ 63100
Krise und Kinder	50100	45800
Krise und Familie	46200	40900
Krise des Kapitals	40100	21600
Energiekrise	30300	19700
Globalisierung und Krise	29800	21600
Krise und Jugend	29200	28300
Krise und Alter	28900	28300
Krise und Männer	28000	25900
Krise der Gesundheit	27900	↑ 37100
Krise und Werte	24300	24100
Krise der Gemeinschaft	23000	23300
Krise und Kirche	22000	22000
Irakkrise	19900	↑ 37300
Krise und Wirtschaft	17900	10600
Ölkrise	15700	19100
Krise des Kapitalismus	13600	14000
Krise der Psychologie	13500	11800
BSE-Krise	12600	15400
Pflegekrise	10700	10800
Krise und Terrorismus	9080	9440
Zuwanderung	7930	8240
Zivilisation	7100	7150
Psychische Krisen	5970	5960
Paradigmakrisen	4970	3730
Krise und Flutkatastrophe	4270	1660
Midlife Crisis	577	280
Geistig-moralische Krise	210	209
Quarterlife Crisis	22	24
Oliver Kahn		963

Nicht angesprochen habe ich bisher das Thema Angst. Es hat ja durchaus einen Spitzenplatz und drückt ein verbreitetes Grundgefühl aus. Es gibt mir die Gelegenheit, auf einer eher sozialpsychologischen Ebene das Thema Krise zu behandeln. Dazu ist es erforderlich, das eigene Krisenverständnis zu explizieren und dann mit einer skizzenhaften Analyse gesellschaftlicher Entwicklungen zu verknüpfen.

Was ist Krise – sozialpsychologisch betrachtet

Margret Dross (2001, S. 10) hat eine gut nachvollziehbare Definition von Krise vorgelegt, an die ich mich zunächst einmal anschließen möchte. Sie sagt, dass von einer Krise dann zu sprechen ist, *wenn*

- ein Zustand psychischer Belastung eingetreten ist, der sich deutlich von der Normalbefindlichkeit einschließlich ihrer Schwankungen abhebt, als kaum mehr erträglich empfunden wird und zu einer emotionalen Destabilisierung führt,
- die widerfahrenen Ereignisse und Erlebnisse die bisherigen Lebensgewohnheiten und –umstände und die Ziele massiv infrage stellen oder unmöglich machen,
- die veränderte Situation nach Lösungen verlangt, die aber mit den bisher verfügbaren oder selbstverständlichen Möglichkeiten der Problemlösung oder Anpassung nicht bewältigt werden können.“

In dieser Begriffsbestimmung wird betont, dass eine Krise dadurch gekennzeichnet ist, dass Menschen aus der Normalität ihrer gewohnten und verlässlichen alltäglichen Selbstverständlichkeiten herausfallen. In diesen Selbstver-

ständlichkeiten bündelt sich unser jeweils erreichtes Balancierungsverhältnis von inneren Welten mit dem, was wir als Realität erleben. In unserer alltäglichen Identitätsarbeit arbeiten wir an dieser Integration oder Passung. Krisen können durch akute lebensverändernde Ereignisse ausgelöst werden, die für einzelne Personen oder Mikrosysteme die Alltagsnormalitäten gefährden können. Es gibt aber auch Krisen der Normalität selber, wenn sich die Grundlagen eines soziokulturellen Systems so verändern, dass bislang tragfähige Schnittmuster der Lebensgestaltung ihre Tauglichkeit verlieren. In einer solchen „Normalitätskrise“ befinden wir uns gegenwärtig und mit dem Blick auf Heranwachsende bedeutet diese Aussage, dass die Normalitätsannahmen, die in die Identitätsprojekte der Erwachsenengeneration eingegangen sind, von Kindern und Jugendlichen nicht selbstverständlich als Grundlage für ihre eigenen Entwicklungsaufgaben und deren Bewältigung übernommen werden können.

Wer sich heute in Deutschland mit der Lebenssituation und den Zukunftschancen von Heranwachsenden beschäftigt und wer danach fragt, mit welchen Entwicklungsaufgaben sie konfrontiert sind und über welche Ressourcen zu deren produktiver Bewältigung sie verfügen, der wird dem Stichwort PISA nicht entgegen können. Darauf bezieht sich auch meine Einstiegsthese:

*Die Panik, die durch PISA ausgelöst wurde, hat deren Kern verfehlt. Bei PISA geht es um Basiskompetenzen für Lebensbewältigung in einer widersprüchlichen Welt des digitalen Kapitalismus. Diese können nicht mehr aus dem Arsenal der Ersten Moderne geschöpft und nach dem Modell des „Nürn-*

*berger Trichters“ vermittelt werden. Vielmehr kommt es darauf an, Heranwachsende in ihren Ressourcen so zu stärken, dass sie ihre eigene Identitätspassung finden. Diese Empowermentperspektive ist unabdingbar an verbindliche und umfassende Partizipation gebunden, die von Erwachsenen nicht als Gnadenerweis aus der politischen Dominanzkultur eröffnet, aber auch wieder genommen werden kann, wenn es dieser politisch nicht mehr opportun erscheint. Das Potential für bürgerschaftliches Engagement Heranwachsender ist nachweislich gut, aber es darf nicht zu „BE light“ verharmlost werden, sondern setzt eine umfassende „Demokratisierung der Demokratie“ voraus.*

Wohin entwickelt sich unsere Gesellschaft?

Die großen Gesellschaftsdiagnostiker der Gegenwart sind sich in ihrem Urteil relativ einig: Die aktuellen gesellschaftlichen Umbrüche gehen ans „Eingemachte in der Ökonomie, in der Gesellschaft, in der Kultur, in den privaten Welten und auch an die Identität der Subjekte. In Frage stehen zentrale Grundprämissen der hinter uns liegenden gesellschaftlichen Epoche, die Burkart Lutz schon 1984 als den „kurzen Traum im m erw ährender Prosperität bezeichnet hatte. Diese Grundannahmen hatten sich zu Selbstverständlichkeiten in unseren Köpfen verdichtet.

Wenn wir sicher wüssten, was uns die künftigen gesellschaftlichen Entwicklungen in diesem globalisierten, digitalisierten Kapitalismus bringen werden, dann könnten wir entsprechende Lernprozesse im klassischen curricularen Sinne organisieren. Auch wenn wir diesen gesellschaftlichen „Heilsplan nicht kennen, können wir doch im Sinne der „Streitschrift Zukunftsfähigkeit des Bundesjugendkuratoriums vom 17.12.2001 davon ausgehen, „dass die Gesellschaft der Zukunft

*eine Wissensgesellschaft sein wird, in der Intelligenz, Neugier, lernen wollen und können, Problemlösen und Kreativität eine wichtige Rolle spielen;*

*eine Risikogesellschaft sein wird, in der die Biographie flexibel gehalten und Identität trotzdem gewahrt werden muss, in der der Umgang mit Ungewissheit ertragen*

*werden muss und in der Menschen ohne kollektive Selbstorganisation und individuelle Verantwortlichkeit scheitern können;*

*eine Arbeitsgesellschaft bleiben wird, der die Arbeit nicht ausgegangen ist, in der aber immer höhere Anforderungen an den Menschen gestellt werden, dabei zu sein;*

*eine demokratische Gesellschaft bleiben muss, in der die Menschen an politischen Diskursen teilnehmen und frei ihre Meinung vertreten können, öffentliche Belange zu ihren Angelegenheiten machen, der Versuchung von Fundamentalismen und Extremen widerstehen und bei allen Meinungsverschiedenheiten Mehrheitsentscheidungen respektieren;*

*als Zivilgesellschaft gestärkt werden soll, mit vielfältigen Formen der Partizipation, Solidarität, sozialen Netzen und Kooperation der Bürger, egal welchen Geschlechts, welcher Herkunft, welchen Berufs und welchen Alters;*

*eine Einwanderungsgesellschaft bleiben wird, in der Menschen verschiedener Herkunft, Religion, Kultur und Tradition integriert werden müssen, vorhandene Konflikte und Vorurteile überwunden und Formen des Miteinander-Lebens und –Arbeitens entwickelt werden müssen, die es allen erlauben, ihre jeweilige Kultur zu pflegen, aber auch sich wechselseitig zu bereichern“ (Bundesjugendkuratorium 2001, S. 17f.).*

Ich ergänze diese Liste noch durch zwei weitere Stichworte:

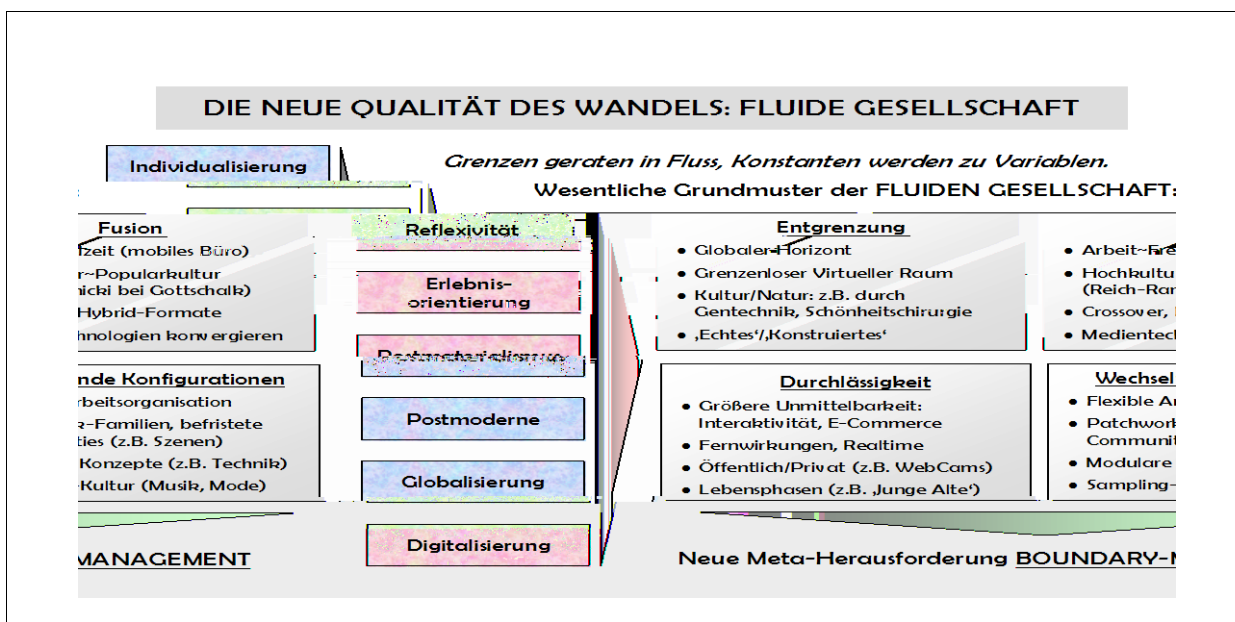
Die Gesellschaft, in der wir leben ist auch eine *Erlebnisgesellschaft*, in immer mehr Menschen ihre Selbstentfaltungswünsche im Hier und Heute verwirklichen wollen und auf der Suche nach Lebensfreude und Authentizität sind.

Die Gesellschaft, die sich immer mehr abzeichnet, wird auch eine globalisierte, kapitalistische *Netzwerkgesellschaft* sein, die sich als Verknüpfung von technologischen und ökonomischen Prozessen erweist.

Einer der interessanten Analytiker der Gegenwartsgesellschaft ist Manuel Castells, der in einer großangelegten Analyse die gesellschaftlichen Transformationen der Weltgesellschaft in den Blick genommen hat (Castells 1996; 1997; 1998). Er rückt die elektronischen Kommunikationsmöglichkeiten ins Zentrum seiner Globalisierungstheorie. Sie hätten zum Entstehen einer „network society“ (so der Titel des ersten Bandes der Castells’schen Trilogie)

geführt, die nicht nur weltweit gespannte Kapitalverflechtungen und Produktionsprozesse ermöglichen würde, sondern auch kulturelle codes und Werte globalisiert. Für Castells bedeutet „die Netzwerkgesellschaft einen qualitativen Wandel in der menschlichen Erfahrung (1996, S. 477): Die Konsequenzen der Netzwerkgesellschaft „breiten sich über den gesamten Bereich der menschlichen Aktivität aus, und transformieren die Art, wie wir produzieren, konsumieren, managen, organisieren, leben und sterben (Castells 1991, S. 138). Dieser mächtige neue Kapitalismus, der die Containergestalt des Nationalstaates demontiert hat, greift unmittelbar auch in die Lebensgestaltung der Subjekte ein. Auch die biographischen Ordnungsmuster erfahren eine reale Dekonstruktion und natürlich auch die familiären Muster.

An den aktuellen Gesellschaftsdiagnosen hätte Heraklit seine Freude, der ja alles im Fließen sah. Heute wird uns eine „fluide Gesellschaft“ oder die „liquid modernity“ (Bauman 2000) zur Kenntnis gebracht, in der alles Statische und Stabile zu verabschieden ist.

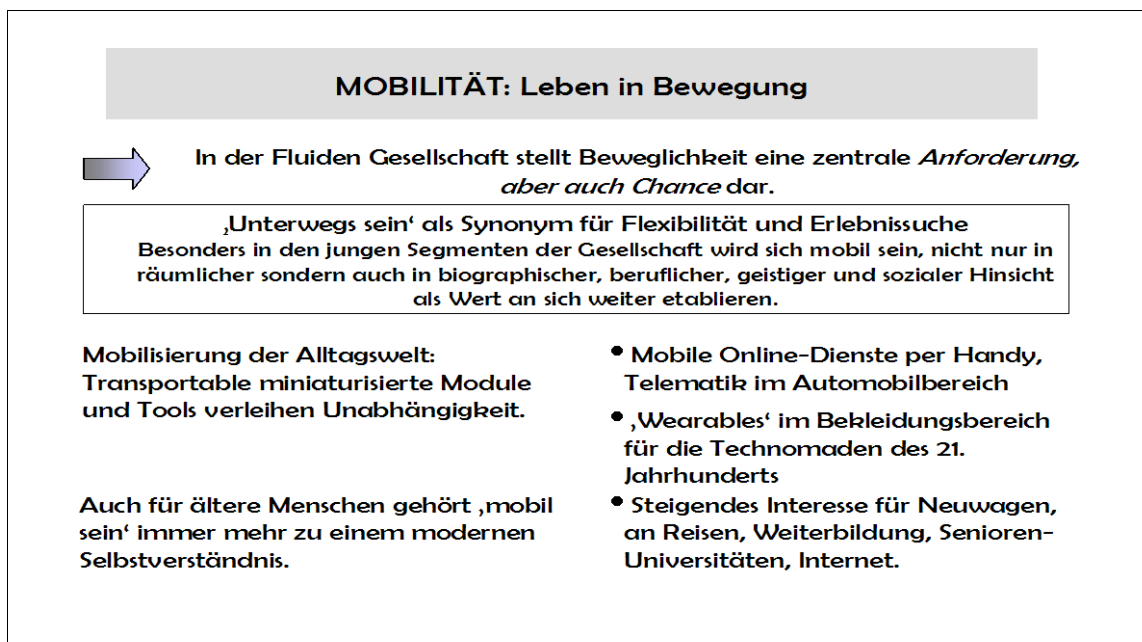


Quelle: Barz, H., Kampik, W., Singer, T. & Teuber, S. (2001). Neue Werte, neue Wünsche. Future Values. Düsseldorf/Berlin: Metropolitan.

Wenn wir uns der Frage zuwenden, welche gesellschaftlichen Entwicklungstendenzen die alltäglichen Lebensformen der Menschen heute prägen, dann knüpfe ich an den Gedanken des „disembedding“ oder der Enttraditionalisierung an. Dieser Prozess lässt sich einerseits als tiefgreifende Individualisierung und als explosive Pluralisierung andererseits beschreiben. Diese Trends hängen natürlich zusammen. In dem Maße, wie sich Menschen herauslösen aus vorgegebenen Schnittmustern der Lebensgestaltung und eher ein Stück eigenes Leben gestalten können, aber auch müssen, wächst die Zahl möglicher Lebensformen und damit die möglichen Vorstellungen von Normalität und Identität. Klar ist, dass die Grenzüberschreitungen nicht mehr das Devianzproblem darstellen, sondern sie beginnen zur Normalerfahrung unserer globalisierten Netzwerkgesellschaft zu werden. Andererseits sind die Freiheiten des einzelnen nicht grenzenlos. Er muß seine Grenzen selbst einziehen, er muß Grenzmanagement betreiben und dabei gibt es die neuen normativen Eckpunkte der

(Hyper-)Flexibilität, der Fitness und der Mobilität, die nicht straflos vernachlässigt werden dürfen.

Als ein weiteres Merkmal der „fluiden Gesellschaft“ wird die zunehmende Mobilität benannt, die sich u.a. in einem häufigeren Orts- und Wohnungswechsel ausdrückt. Die Bereitschaft zu diesen lokalen Veränderungen folgt vor allem aus der Logik der Arbeitsmärkte, die ein flexibles Reagieren auf veränderte Marktbedingungen erfordert und die immer weniger beständige Betriebszugehörigkeiten sichert. Der „flexible Mensch“ (wie ihn Sennett 1998 beschrieben hat) – so jedenfalls die überall verkündete Botschaft – muß sich von der Idee der lebenslangen Loyalität gegenüber einer Firma lösen, er muß sich in seinem Arbeitsmarktverhalten an die ökonomisch gegebenen Netzwerkstrukturen anpassen. Das ist die Botschaft der vom einzelnen geforderten geistigen, seelischen und körperlichen „Fitness: Sei bereit, dich auf alles einzulassen!“



Quelle: Barz, H., Kampik, W., Singer, T. & Teuber, S. (2001). Neue Werte, neue Wünsche. Future Values. Düsseldorf/Berlin: Metropolitan.



Individualisierung, Pluralisierung, Flexibilität und Mobilität gehören also immer mehr zu den Normalerfahrungen in unserer Gesellschaft. Sie beschreiben strukturelle gesellschaftliche Dynamiken, die die objektiven Lebensformen von Menschen heute prägen.

Wie gut sind Heranwachsende auf die Zukunft vorbereitet?

Die letzte ergiebige Fundgrube an Informationen zur Lebenssituation Heranwachsender in Deutschland hat die 13. Shell Jugendstudie geliefert. Dem besorgten kinder- und jugendschützerischen Blick haben sie weniger Bestätigung geliefert, als jener Sicht auf Jugend, die in dem Buchtitel „Kinder der Freiheit zum Ausdruck kommt. Von einigen Problemgruppen abgesehen, scheint hier in der Generation der 15- bis 24-Jährigen eine Generation heranzuwachsen, die in der Welt des „flexiblen Kapitalismus“ angekommen ist, ihn als Bedingung ihrer eigenen Lebensexistenz ansehen und sich in ihm mit einer realistischen Grundhaltung einrichten.

Es ist eine Generation, für die die „Bastelexistenz“ oder die „Patchworkidentität“ keine Schreckgespenster oder idealisierte Luftfiguren darstellen, sondern ihre Normalität. Dazu nur ein zusammenfassender Kommentar der 13. Shell Jugendstudie. Er unterstellt die Grunderfahrung von Heranwachsenden, dass ihre Verortung notwendigerweise vorläufig sei: „Jenseits des Kanons unteilbarer und für funktionierendes Zusammenleben auch unabdingba-

rer menschlicher Grundrechte und Grundpflichten gibt es nichts Statisches. (...) Wenn Autoritäten schwinden und biografisch auf vieles kein Verlass mehr ist, wird man sich zunehmend in Reaktion auf die aktuellen Gegebenheiten orientieren, situationsgemäß und reagibel den eigenen Wertecocktail zusammenbasteln, ebenso wie man sich in Eigenregie seine Biografie zusammenbastelt“ (2000, S. 155). „Festlegungen auf Zeit, das kompetente Managen der eigenen Biografie, das Aufspringen bei attraktiven biografischen Mitfahrgelegenheiten - dies rückt an die Stelle von Langstrecken-Zugfahrten auf fremdvorgegebenen Lebenslauf-Gleisen, weil die Reiseziele andere geworden sind, weil sie sich plötzlich unterwegs verändern können und weil sie mit anderen Mitteln erreicht werden müssen. Jugendliche wachsen hinein in eine Erwachsenenwelt, in der biografisch improvisiert werden muss (und kann) wie nie zuvor. Sie wachsen hinein in eine Lebensweise, in welcher der Umgang mit den eigenen Lebenszielen, Partnerschaftsmodellen und Wohnvorstellungen zunehmend flexibel gehandhabt werden kann und muss. Sie können sich Starrheit nicht leisten“ (ebd., S. 156).

Und dieses biografische Selbstmanagement hat einen qualitativ anderen Charakter als z.B. in der unmittelbaren Nachkriegssituation. Da hätte man - metaphorisch gesprochen - „handfeste Näharbeiten an den Mänteln“ geleistet und hat sich damit arrangiert, weil die Gewissheit da gewesen wäre, dass es aufwärts gehen werde. Heute hätte die „Flickarbeit“ eine „viel kompliziertere und abstraktere Form“ angenommen, es sei eben „Patchwork an der eigenen Identität und am eigenen Lebenslauf“ (S. 156). Diese Feststellungen werden nicht mit einem sorgenvollen Unterton vorgetragen. Es wird eher eine Diagnose transportiert, dass hier eine Generation die historische Bühne betritt, die den gesellschaftskritischen Bedenkenträgern zeigt, dass man sich in diesen neuen Flexibilität fordernden Lebensverhältnissen einge-

richtet hat und damit - überwiegend - souverän umzugehen weiß.

Also: Alle Jugendlichen sind „Kinder der Freiheit“, aber in diese Freiheiten gehen sie mit deutlich unterschiedlichen Ressourcen. Und Freiheiten ohne Ressourcen können Biografien zerstören. Und natürlich ist zu fragen, wie durch Schule und Jugendhilfe eine bessere und gerechtere Vermittlung jener psychosozialen Schlüsselqualifikationen erfolgen könnte, die den Heranwachsenden ein Gefühl geben, sie könnten ihre Zukunft bewältigen.

Vor einiger Zeit hat eine Serie von Selbstmorden Jugendlicher in Passau große Aufmerksamkeit auf sich gezogen. Das war eine schwere Herausforderung für das "postkartenschöne" Passau, das mit seinem Image 1 1/2 Millionen Touristen pro Jahr anzieht. Die Infrastrukturen für die Fremden, die kommen und wieder gehen und Geld in der Stadt lassen, ist vorbildlich, die für Jugendliche weniger, vor allem für jene nicht, die eine Passauer "Normalbiographie" nicht auf die Reihe bringen oder sich ihr verweigern. Wer sich nicht in Sport- und Trachtenvereinen oder in der kirchlichen Jugend integrieren kann und will, für den bleiben nur Parks, Passagen oder die Treppe der berühmten Nibelungenhalle. Damit sind wir also bei den "Straßenkindern von Passau", Punks, für die es in dieser Stadt schwer ist, erwachsen zu werden. Einer von diesen Jugendlichen stirbt im letzten Jahr an einer Überdosis Heroin. Bei seiner Beerdigung treffen sich die Passauer Straßenkinder. Sie werfen leere

Schnapsflaschen, Spritzen und Tablettenröhrchen ins offene Grab. Einer von ihnen, Daniel, genannt *Höllli*, kommt aufgewühlt nach Hause und sagt zu seiner Mutter<sup>\*)</sup>: *"Genau so will ich beerdigt werden."* Die Mutter entgegnet: *"Aber du stirbst doch nicht!"*. Höllli antwortet ganz ruhig: *"Doch ich werde bald sterben, ich werde keine 18. Das Leben ist zum Kotzen, schau dich doch um in der Welt."* Wenig später ist der 16-Jährige vom obersten Stockwerk der innerstädtischen Nibelungen-Einkaufspassage gesprungen. Seine 15-jährige Freundin ist wenig später von einem Auto überfahren worden. Alles spricht dafür, dass sie das wollte. Und das blieben nicht die einzigen Toten. Erwachsenwerden wollten und konnten sie nicht.

Ich komme auf Höllli am Ende noch einmal zurück. Er repräsentiert für mich die "verlorene Generation". Und dann gibt es die andere Perspektive auf Jugend: Helmut Fend charakterisiert diese neu entstehende Generationsgestalt unter anderem durch zunehmende "Freiheitsgrade des Handelns" und ebenso die "Erweiterung von Möglichkeitsräumen" (ebd.). *"Erweiterte Möglichkeiten bedeuten aber auch geringere Notwendigkeiten der Einordnung in gegebene Verhältnisse. (...) Damit werden aber Tugenden, mit (unveränderlichen) Umständen leben zu können, weniger funktional und weniger eintrainiert als Tugenden, sich klug entscheiden zu können und Beziehungsverhältnisse aktiv befriedigend zu gestalten"* (1988, 296).

Die Shell-Studie hat gezeigt, dass immerhin 35% der westdeutschen und 42% der ostdeutschen Jugendlichen eher düster in die erwartbare Zukunft blickt. Und bemerkenswert finde ich, dass sich nur 21% gut auf zukünftige Entwicklungen vorbereitet fühlen.

Die PISA-Studie hat die Heranwachsenden bestätigt und ich möchte das in einigen zu-

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<sup>\*)</sup> Quelle für die wörtlichen Äußerungen und für die ganze Geschichte ist eine SPIEGEL-Reportage von Jürgen Neffe im Heft 26/1995.

sammenhängenden Thesen aufzeigen und nachfolgend erläutern:

- (1) PISA hat gezeigt, dass Heranwachsende in Deutschland nicht besonders gut für die Anforderungen in einer Welt der Post-Postmoderne vorbereitet sind, in der sich die „Spaßgesellschaft“ zunehmend als zugespitzte „Risikogesellschaft“ erweist. Defizitär ist das, was PISA in erster Linie erfassen wollte: „Basiskompetenzen, die in modernen Gesellschaften für eine befriedigende Lebensführung in persönlicher und wirtschaftlicher Hinsicht sowie für eine aktive Teilnahme am gesellschaftlichen Leben notwendig sind“ (Deutsches PISA-Konsortium 2001, S. 29).
- (2) Die durch PISA ausgelöste Panik in Deutschland hat sich bislang allerdings fast ausschließlich auf die nachgewiesenen Defizite im Bereich kognitiver Leistungen bezogen und noch nicht zu der breiten und ganzheitlichen Bildungsoffensive geführt. Zukunftschancen für Heranwachsende werden nämlich nicht nur durch „formelle Bildungsangebote“ verteilt, sondern vor allem auch durch „informelle Bildung“, die sich im Alltag von Familien, Nachbarschaft, Kultur, Freizeit und Jugendarbeit vollzieht. Die Verbesserung von Zukunftschancen ist deshalb auch nicht von einer Bildungspolitik zu erwarten, die sich an der Devise „mehr vom gleichen“ ausrichtet: „In einer „verschulerten“ Gesellschaft soll noch ein „verschulter“ Kindergarten vorgeschaltet werden.
- (3) Daneben erfreut sich die „Mut zur Erziehungs-Philosophie“ einer besonderen Konjunktur. Sie kommt in der Gestalt apokalyptischer Reiter mit journalistischen Pfeilen im Köcher: „Der Erziehungsnotstand. Wie wir die Zukunft unserer Kinder retten“ (Petra Gerster & Christian Nünberger 2001) oder „Die Erziehungskatastrophe. Kinder brauchen starke Eltern“ (Susanne Gaschke 2001) sind aktuelle Bestseller, die ihre eigene Ratlosigkeit mit dem hilflosen Rückgriff auf Rezepte der Ersten Moderne kaschieren.
- (4) Viele offenkundigen Probleme der in Deutschland aufwachsenden Kinder hängen mit Sozialisationsbedingungen in Familien, Kindergärten oder Schulen zusammen, die an Stelle von zukunftsfähigen Schlüsselqualifikationen an Zielen festhalten, die heute passé sind. Die zentralen Probleme von Heranwachsenden sind mit ungleichen Zugängen zu basalen Ressourcen verknüpft: Zugang zu materiellem Kapital reproduziert sich in symbolischem, psychischem, kulturellem und sozialem Kapital.
- (5) Wir müssen uns von der Vorstellung der Ersten Moderne verabschieden, als könnten aus einem für alle verbindlichen Fahrplan biographische Langstrecken-Zugfahrten auf fremdvorgegebenen Lebenslauf-Gleisen abgelesen werden. Zukunftsfähige Schlüsselqualifikationen zur Lebensbewältigung im globalisierten digitalen Kapitalismus müssen Bildung als eigensinnigen Prozess begreifen, in dem die Selbstorganisationsfähigkeit des Subjektes optimal gefördert werden sollte, damit das Patchwork der eigenen Identität als selbstbestimmt-kreatives Projekt gelingen kann.
- (6) Die Anzahl der Kinder und Jugendliche, die einen Migrationshintergrund haben, steigt ständig. Viele von ihnen erweisen sich als Pioniere der Reflexiven Moderne: Sie erweisen sich als kreative Schöpfer von Lebenskonzepten, die die Ressourcen unterschiedlicher Kulturen integrieren. Sie bedürfen aber des gesicherten Vertrauens, dass sie zu dazu gehören und in ihren Identitätsprojekten anerkannt werden.
- (7) Damit Kinder und Jugendliche Selbstverantwortung für ihre eigene Biographie übernehmen können, bedarf es einer Politik des Empowerment, der allseitigen Förderung von Ressourcen der selbstbestimmten Lebensbewältigung.
- (8) *Empowerment* ist aufs engste mit uneingeschränkter *Partizipation* verbunden. Partizipative Angebote an Heranwachsende sind oft nicht mehr als inszenierte „*potemkinsche Dörfer*“. Gewährung von Mitbestimmung hat nicht selten den Charakter des obrigkeitstaatlichen Gnadenbeweises oder der „repressiven Toleranz“ und erweist sich als „scheindemokratische Beteiligung“.
- (9) Kinder und Jugendliche realisieren in ihrem *bürgerschaftlichen Engagement* selbstbestimmte individuelle Lebensführung und ihre Vorstellungen von sozialem Zusammenleben. Die

se Vorstellungen sind nicht immer zur bestehenden institutionellen und politischen Erwachsenenrealität konfliktfrei anschlussfähig. Wenn nur die Gestaltungswünsche akzeptiert werden, die bestehende Strukturen stabilisieren, dann ist hier allenfalls „BE light im Blickfeld und nicht das, was als „Demokratisierung der Demokratie (Anthony Giddens) bezeichnet wird. Lernen für die Zivilgesellschaft heißt lernen von Widerstreit, Konflikt, aber auch Konflikt- und Kompromissfähigkeit.

- (10) Gerade die Fragen nach der Zukunftsfähigkeit der „Einigen Welt im globalisierten Kapitalismus erfordern eine offene Auseinandersetzung mit den problematischen Seiten ökonomisch bestimmter und kulturell erfahrener „Dominanzkulturen. Die sich kritisch darauf beziehenden „Projektidentitäten“ gewinnen vor allem bei Heranwachsenden an Zustimmung und Unterstützung.

Ziehen wir eine Zwischenbilanz. Erwachsenwerden ist ein schwieriger werdendes Projekt. An welchen Modellen und Werten sollen sich Heranwachsende orientieren oder von welchen sich abgrenzen? Die Lebenswelten brechen um. Heranwachsen führt in eine Welt hinein, die zunehmend *unlesbar* geworden ist, für die unsere Erfahrungen und unsere Begriffe nicht ausreichen, um eine stimmige Interpretation oder eine verlässliche Prognose zu erreichen. Für diese Welt existiert kein Atlas, auf den Erwachsene zurückgreifen könnten, um Heranwachsenden ihren möglichen Ort und den Weg dorthin erklären zu können. Das Leben in der Wissens-, Risiko-, Zivil-, Einwanderungs-, Erlebnis- und Netzwerkgesellschaft verdichtet sich zu einer verallgemeinerbaren Grunderfahrung der Subjekte in den fortgeschrittenen Industrieländern: In einer "ontologischen Bodenlosigkeit", einer radikalen Enttraditionalisierung, dem Verlust von unstrittig akzeptierten Lebenskonzepten, übernehmbaren Identitätsmustern und normativen Koordinaten. Subjekte erleben sich als Darsteller auf einer gesellschaftlichen Bühne, ohne dass ihnen fertige Drehbücher geliefert würden. Genau in dieser

Grunderfahrung wird die Ambivalenz der aktuellen Lebensverhältnisse spürbar. Es klingt natürlich für Subjekte verheißungsvoll, wenn ihnen vermittelt wird, dass sie ihre Drehbücher selbst schreiben dürften, ein Stück eigenes Leben entwerfen, inszenieren und realisieren könnten. Die Voraussetzungen dafür, dass diese Chance auch realisiert werden können, sind allerdings bedeutend. Die erforderlichen materiellen, sozialen und psychischen Ressourcen sind oft nicht vorhanden und dann wird die gesellschaftliche Notwendigkeit und Norm der Selbstgestaltung zu einer schwer erträglichen Aufgabe, der man sich gerne entziehen möchte. Die Aufforderung, sich selbstbewusst zu inszenieren, hat ohne Zugang zu der erforderlichen Ressourcen, etwas zynisches.

Wie könnte man die Aufgabenstellung für unsere alltägliche Identitätsarbeit formulieren? Hier meine theseartige Antwort: Im Zentrum der Anforderungen für eine gelingende Lebensbewältigung stehen die Fähigkeiten zur Selbstorganisation, zur Verknüpfung von Ansprüchen auf ein gutes und authentisches Leben mit den gegebenen Ressourcen und letztlich die innere Selbstschöpfung von Lebenssinn. Das alles findet natürlich in einem mehr oder weniger förderlichen soziokulturellem Rahmen statt, der aber die individuelle Konstruktion dieser inneren Gestalt nie ganz abnehmen kann. Es gibt gesellschaftliche Phasen, in denen der individuellen Lebensführung die bis dato stabilen kulturellen Rahmungen abhanden kommen und sich keine neuen verlässlichen Bezugspunkte der individuellen Lebensbewältigung herausbilden. Das ist der Verlust „einbettender Kulturen und einer schützenden „Zwischenschicht. Gegenwärtig befinden wir uns in einer solchen Phase.

Meine These bezieht sich genau darauf:

*Identitätsarbeit hat als Bedingung und als Ziel die Schaffung von Lebenskohärenz. In früheren gesellschaftlichen Epochen war die Bereitschaft zur Übernahme vorgefertigter Identitätspakete das zentrale Kriterium für Lebensbewältigung. Heute kommt es auf die individuelle Passungs- und Identitätsarbeit an, also auf die Fähigkeit zur Selbstorganisation, zum "Selbsttätigwerden" oder zur „Selbsteinbettung“. Kinder und Jugendliche brauchen in ihrer Lebenswelt „Freiräume“, um sich selbst zu entwerfen und gestaltend auf ihren Alltag einwirken zu können. Das Gelingen dieser Identitätsarbeit bemisst sich für das Subjekt von Innen an dem Kriterium der Authentizität und von Außen am Kriterium der Anerkennung.*

Identitätsarbeit hat eine innere und äußere Dimension. Eher nach außen gerichtet ist die Dimension der *Passungsarbeit*. Unumgänglich ist hier die Aufrechterhaltung von *Handlungsfähigkeit* und von *Anerkennung* und *Integration*. Eher nach ‚innen‘, auf das Subjekt bezogen, ist *Synthesearbeit* zu leisten, hier geht es um die subjektive Verknüpfung der verschiedenen Bezüge, um die Konstruktion und Aufrechterhaltung von *Kohärenz* und *Selbstanerkennung*, um das Gefühl von *Authentizität* und *Sinnhaftigkeit*.

Leben mit "riskanten Chancen":

Welche Kompetenzen zur Lebensbewältigung brauchen Heranwachsende?

Im weiteren soll nun der Versuch unternommen werden, soziale und psychische Bedingungen zu formulieren, die mir für eine produktive Nutzung der riskanten Chancen der gegenwärtigen Lebenssituation wichtig erscheinen. Zugleich verstehe ich diese Bedingungen als Orientierungs- und Ansatzpunkte für psychosoziales Handeln. Bezugspunkt für die Frage nach den Kompetenzen zur Gewinnung von Lebenssouveränität bilden für mich die zentralen Grundbedürfnisse, die Heranwachsende wie alle Subjekte in dieser Gesellschaft haben.

#### *Bedingungen für ein Leben mit "riskanten Chancen"*

1. Basale ökologische Ressourcen bilden die Voraussetzung für eine souveräne Lebensbewältigung. Sie ermöglichen ein Gefühl des Vertrauens in die Kontinuität des Lebens: *Ein Urvertrauen zum Leben.*
2. Ein offenes Identitätsprojekt bedarf *materieller Ressourcen*: Die klassische soziale Frage steht immer noch auf der Tagesordnung
3. Als soziale Baumeister/Innen unserer eigenen Lebenswelten und Netze brauchen wir *soziale Ressourcen*
4. Die "demokratische Frage" stellt sich im Alltag: Benötigt werden *Fähigkeiten zum Aushandeln*, um die gemeinsame Lebensplattform immer wieder zu schaffen
5. Die objektive Vergrößerung der *individuellen Gestaltungskompetenz* erfordert eine erhöhte Fähigkeit zur "positiven Verunsicherung" und "Ambiguitätstoleranz"

(1) Für die Gewinnung von Lebenssouveränität ist ein Gefühl des Vertrauens in die Kontinuität des Lebens eine Voraussetzung, *ein Urvertrauen zum Leben* und seinen natürlichen Vor-

aussetzungen. Das Gegenbild dazu ist die Demoralisierung, der Verlust der Hoffnung, in der eigenen Lebenswelt etwas sinnvoll gestalten zu können. Die Welt wird als nicht mehr lenkbar

erlebt, als ein sich hochtourig bewegendes Rennauto, in dem die Insassen nicht wissen, ob es eine Lenkung besitzt und wie diese zu betätigen wäre. Die gewaltigen ökologischen Bedrohungen tragen sicherlich erheblich zu dem wachsenden Demoralisierungspegel bei, sie setzen fatale Bedingungen für "gelernte Hilf-" und "Hoffnungslosigkeit". Eine psychosoziale Perspektive, die für sich einen "ganzheitlichen" oder "lebensweltlichen Ansatz" in Anspruch nimmt, muss die basalen ökologischen Lebensbedingungen als zentralen Rahmen für die Entwicklung psychosozialer Ressourcen sehen lernen.

Werte, die aus dieser Perspektive folgen, lassen sich als "*ökologische Moral*" bezeichnen. Die Standortdebatte überlagert gegenwärtig in gefährlicher Weise das Bewusstsein für die ökologischen Gefahren und Notwendigkeiten. Die Umwelt müsste auch für den Standort Deutschland Opfer bringen, kann man im öffentlichen Diskurs vernehmen. Dagegen stehen Projekte wie Agenda 21 und die Formulierung "ökologischer Kinderrechte".

(2) Ein offenes Identitätsprojekt, in dem neue Lebensformen erprobt und eigener Lebenssinn entwickelt werden, bedarf *materieller Ressourcen*. Hier liegt das zentrale und höchst aktuelle sozial- und gesellschaftspolitische Problem. Eine Gesellschaft die sich ideologisch, politisch und ökonomisch fast ausschließlich auf die Regulationskraft des Marktes verlässt, vertieft die gesellschaftliche Spaltung und führt auch zu einer wachsenden Ungleichheit der Chancen an Lebensgestaltung. Hier holt uns immer wieder die klassische soziale Frage ein. Die Fähigkeit zu und die Erprobung von Projekten der Selbstorganisation sind ohne ausreichende materielle Absicherung nicht möglich. Ohne Teilhabe am gesellschaftlichen Lebensprozess in Form von sinnvoller Tätigkeit und angemessener Bezahlung wird Identitätsbildung zu einem zynischen

Schwebezustand, den auch ein "postmodernes Credo" nicht zu einem Reich der Freiheit aufwerten kann.

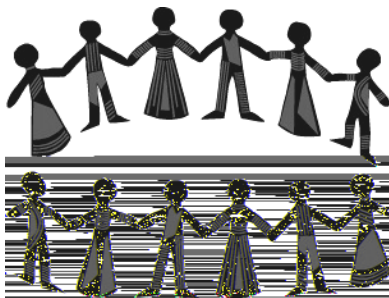
In dieser Woche sind die Ergebnisse einer von der Arbeiterwohlfahrt beim Frankfurter Institut für Sozialarbeit und Sozialpädagogik in Auftrag gegebenen Studie (<http://www.Arbeiterwohlfahrt.de/presse/pd-2000-10-25>) durch die Medien gegangen. Sie zeigt die Aktualität der materiellen Basissicherheit. 15% der Kinder in der BRD wachsen nach dieser Studie in Armut auf. Die unter 18-jährigen seien die größte von Armut betroffene Gruppe. Laut dieser Studie sind etwa 38% der armen Kinder in ihrem Spiel- und Sprachverhalten gestört, von Armut geprägte Kinder suchen seltener Kontakt zu anderen Kindern, nehmen eher passiv an Gruppenangeboten in Kindertagesstätten teil, an Klassenfahrten können sie aus materiellen Gründen häufig nicht teilnehmen, sie zeigen sich weniger wissbegierig und haben wegen häufiger Fehl- oder Mangelernährung mehr gesundheitliche Probleme und sind in ihrer körperlichen Entwicklung deutlich verzögert. Hier werden negative Zukunftschancen verteilt.

Die intensive Suche nach zukunftsfähigen Modellen "*materieller Grundsicherung*" sind von höchster Wertepriorität. Die Koppelung sozialstaatlicher Leistungen an die Erwerbsarbeit erfüllt dieses Kriterium immer weniger.

(3) Wenn wir die sozialen BaumeisterInnen unserer eigenen sozialen Lebenswelten und Netze sind, dann ist eine spezifische Beziehungs- und Verknüpfungsfähigkeit erforderlich, nennen wir sie *soziale Ressourcen*.

Der Bestand immer schon vorhandener sozialer Bezüge wird geringer und der Teil unseres sozialen Beziehungsnetzes, den wir uns selbst schaffen und den wir durch Eigenaktivität aufrechterhalten (müssen), wird größer. Nun zeigen die entsprechenden Studien, dass das moderne Subjekt keineswegs ein "Einsiedler-

krebs" geworden ist, sondern im Durchschnitt ein größeres Netz eigeninitiiert sozialer Beziehungen aufweist, als es seine Vorläufergenerationen hatten: Freundeskreise, Nachbarschaftsaktivitäten, Interessengemeinschaften, Vereine, Selbsthilfegruppen, Initiativen. Es zeigt sich nur zunehmend auch, dass sozioökonomisch unterprivilegierte und gesellschaftlich marginalisierte Gruppen offensichtlich besondere Defizite aufweisen bei dieser gesellschaftlich zunehmend geforderten eigeninitiierten Beziehungsarbeit. Die sozialen Netzwerke von ArbeiterInnen z.B. sind in den Nachkriegsjahrzehnten immer kleiner geworden. Von den engmaschigen und solidarischen Netzwerken der Arbeiterfamilien, wie sie noch in den 50er Jahren in einer Reihe klassischer Studien aufgezeigt wurden und in der Studentenbewegung teilweise romantisch überhöht wurden, ist nicht mehr viel übrig geblieben. Das "Eremitenklima" ist am ehesten hier zur Realität geworden. Unser "soziales Kapital", die sozialen Ressourcen, sind ganz offensichtlich wesentlich mitbestimmt von unserem Zugang zu "ökonomischem Kapital".



Als Konsequenz für die Formulierung zukunftsfähiger Werte folgt die hohe Priorität für die Förderung von "Kontexten sozialer Anerkennung". Für offene, experimentelle, auf Autonomie zielende Identitätswürfe ist die Frage nach sozialen Beziehungsnetzen von allergrößter Bedeutung, in denen Menschen dazu ermutigt werden. Da gerade Menschen aus sozial benachteiligten Schichten nicht nur besonders viele Belastungen zu verarbeiten

haben und die dafür erforderlichen Unterstützungsressourcen in ihren Lebenswelten eher unterentwickelt sind, halte ich die gezielte professionelle und sozialstaatliche Förderung der Netzwerkbildung bei diesen Bevölkerungsgruppen für besonders relevant.

(4) Nicht mehr die Bereitschaft zur Übernahme von fertigen Paketen des "richtigen Lebens", sondern die *Fähigkeit zum Aushandeln* ist notwendig: Wenn es in unserer Alltagswelt keine unverrückbaren allgemein akzeptierten Normen mehr gibt, außer einigen Grundwerten, wenn wir keinen Knigge mehr haben, der uns für alle wichtigen Lebenslagen das angemessene Verhalten vorgeben kann, dann müssen wir die Regeln, Normen, Ziele und Wege beständig neu aushandeln. Das kann nicht in Gestalt von Kommandosystemen erfolgen, sondern erfordert demokratische Willensbildung im Alltag, in den Familien, in der Schule, Universität, in der Arbeitswelt und in Initiativ- und Selbsthilfegruppen. Dazu gehört natürlich auch eine gehörige Portion von Konfliktfähigkeit. Die "demokratische Frage" ist durch die Etablierung des Parlamentarismus noch längst nicht abgehakt, sondern muss im Alltag verankert werden.

Wie die Analyse von Taylor gezeigt hat, lebt die demokratische Zivilgesellschaft von "Partizipationsrechten". Gegenwärtig gibt es eine widersprüchliche Entwicklung: Die Wünsche von immer mehr Menschen gehen in Richtung einer Mitbeteiligung bei Angelegenheiten, die sie selbst betreffen. Das ist ein hohes demokratisches Potential. In der Wirtschaft wird es teilweise als produktionsfördernder Faktor genutzt. Volks- und Bürgerbegehren gehen in die gleiche Richtung. In anderen gesellschaftlichen Bereichen setzt man eher auf napoleonische Lösungen: Die Stärkung der Führungsebene auf Kosten der Mitbestimmungschancen. Hier gilt es klar zugunsten von Partizipationsrechten zu votieren. Der 10. Kinder- und

Jugendbericht der kurz vor der Bundestagswahl 1998 veröffentlicht wurde und der vor allem wegen seiner Aussage, dass die Armut von Kindern und Jugendlichen wachsen würde, zu einer heftigen Distanzierung der damaligen Regierung führte. Dort werden Heranwachsende, Kinder und Jugendliche, als „Subjekte benannt und das heißt: „Nur weil Kinder Subjekte sind und sich in ihrem Subjekt-Sein entfalten, können Kinder zu aktiven Mitgliedern in Beziehungen und Gruppen, in Institutionen und der Gesellschaft werden (S. 288). An anderer Stelle wird festgestellt: „Dann, wenn Kinder sich als Subjekte selber mit dem auseinandersetzen können, was ihre Gesellschaft ihnen an Kultur vermachen will, sehen wir die Wahrscheinlichkeit als am höchsten an, daß die nachwachsende Generation aus einer Haltung innerer Autonomie kritisch-einfühlsam übernehmen und weiterführen wird, was die Erwachsenen ihr anbieten. (...) Auf diesem Grundgedanken beruht auch das Vorhaben, Kinder an der Gestaltung ihrer Lebensverhältnisse zu beteiligen, soweit immer es möglich erscheint (S. 18).

(5) Gesellschaftliche Freisetzungprozesse bedeuten einen objektiven *Zugewinn individueller Gestaltungskompetenz*, aber auch deren Notwendigkeit. Sie erfordern vom Subjekt vermehrt die eigenwillige Verknüpfung und Kombination multipler Realitäten. Hier eröffnet sich ein subjektiver und gesellschaftlicher Raum für die Entwicklung jenes "Möglichkeitssinns", den Robert Musil im "Mann ohne Eigenschaften" entworfen hat. Er ermöglicht

den Auszug aus dem "Gehäuse der Hörigkeit" (Max Weber) und führt uns an den Punkt, den Christa Wolf (1983) in ihrer Frankfurter Vorlesung zur Poetik so treffend formuliert hat: "Freude aus Verunsicherung ziehen". Aber sie verknüpft dieses positive Ziel gleich mit der skeptischen Frage: "wer hat uns das je beigebracht?" (1983). Als hätte sie hellseherisch die Situation in der DDR im Frühjahr 1990 beschrieben! Aber so verschieden sind vermutlich auch wir Bürger in der BRD nicht, als dass diese Frage nicht auch für uns gelten würde. Die *psychische Voraussetzung für eine positive Verunsicherung ist "Ambiguitätstoleranz"*. Sie meint die Fähigkeit, sich auf Menschen und Situationen offen einzulassen, sie zu erkunden, sie nicht nach einem "Alles-oder-nichts"-Prinzip als nur gut oder nur böse zu beurteilen. Es geht also um die Überwindung des "Eindeutigkeitszwanges" und die Ermöglichung von neugieriger Exploration von Realitätsschichten, die einer verkürzenden instrumentellen Logik unzugänglich sind.

Gesellschaftliche Messlatte für Lebensbewältigung: Die „verlorene Generation“

Ich hatte anfangs angekündigt, dass ich noch einmal auf Hölli zurückkommen würde. Er hat in erstaunlicher Weise seinen Möglichkeitssinn entwickelt, aber er hatte oder sah keine Chance, einen davon bestimmten Lebensentwurf offen und experimentell umzusetzen. In einem Brief Höllis an seinen Bruder, vier Monate vor seinem Tod, kommt das zum Ausdruck:

*"Irgendwann traf mich der Blitz, der schon viele getroffen. Aber ich machte mir keine ernsthaften Gedanken. Ich nahm alles sehr locker und ich ging durch die Welt und dachte und dachte. Aber aus meiner Gedankenlosigkeit wurden Träume und Schmetterlinge. Solche, die viel Verwirrung schaffen. Und dumm wie ich bin, ging ich durch die Welt und ich dachte und dachte. Träume, Schmetterlinge - alles wurde schlimmer! Aber meine Verspieltheit zog mich an sich. Und ohne eine Ahnung ging ich durch die Welt, und ich dachte und dachte. Bücher, Musik, gute Literatur - alles half nichts mehr. Es war, als würde mein Herz nicht mehr für mich schlagen. Plötzlich war es aus mit der Gedankenlosigkeit und*



*ich musste handeln. Zu spät: meine Chance war vertan. - So zog ich durch die Welt und ich dachte und dachte."*

Ich schließe an dieses Dokument ein provokante Frage an: Haben Hölli und seine Freunde möglicherweise schon mehr begriffen von dem, was unsere Gesellschaft generell lernen und entwickeln muss, wenn sie zukunftsfähig sein will? In den Zukunftslabors der Wirtschaft wird über Basiskompetenzen erfolgreicher Menschen im nächsten Jahrhundert oder -tausend nachgedacht. Einer der originellsten und einflussreichsten Managementwissenschaftler ist Peter Senge (1996). Für ihn müssen lernfähige Organisationen vor allem die Phantasie, Kreativität, persönliche Reflexionsfähigkeit im Sinne eines kontinuierlichen Hinterfragens und Überprüfens unserer inneren Bilder, Gemeinschaftsfähigkeit und vor allem die Fähigkeit zu gemeinsamen Visionen fördern. Eine auf individuelle Durchsetzungsfähigkeit und Konkurrenz setzende Gesellschaft hinterlässt genau in diesem Bereich verheerende Defizite. Vielleicht hätte Hölli bei Peter Senge einen Beratervertrag erhalten, in seiner museal versteinerten Stadt hatte er keine Chance!

## Zusammenfassung

1. In dem gegenwärtigen gesellschaftlichen Umbruch entstehen neue Chancen für eigenwillige Identitäts- und Normalitätswürfe. Aber auch die Notwendigkeit individueller Passungsarbeit von inneren und äußeren Realitäten.
2. Die Leitfäden für diese Passungsarbeit können nicht mehr problemlos aus dem Vorrat an „Normformtypisierungen der Einfachen Moderne bezogen werden, deshalb besteht berechtigte Skepsis gegenüber den Schnittmustern früherer Generationen. Erwachsene sollten auf die Fiktion verzichten, als hätten sie diese Schnittmuster. Wenn ihnen die Funktion von Vorbildern zukommen soll, dann in ihrer Bereitschaft, Ungewissheiten zu akzeptieren und das nicht-regressive Umgehen mit ihnen vorzuleben.
3. Der Zugang zu materiellem, kulturellen, sozialem und psychischem Kapital ist eine zentrale Voraussetzung für eine selbstbestimmte Identitätsarbeit.
4. Für die alltägliche Identitätsarbeit sind Kontexte der Anerkennung unabdingbar. Damit sind die Chancen der Zugehörigkeit zu einer tragenden Gemeinschaft, zu einem sozialen Netzwerk gemeint, das schützt und die Suchbewegungen und Versuche ermutigt, eigene Möglichkeiten zu entdecken und zu realisieren.
5. Gelingende Identitätsarbeit heißt, für sich selbst einen authentischen Lebenssinn zu finden, ein Gefühl der Kohärenz. Dieses kann man immer weniger einfach aus einem kulturellen Raum abrufen und übernehmen, sondern es muss in einem selbst-reflexiven Prozess gefunden und entwickelt werden.

6. Das Kohärenzgefühl braucht also einen kommunitären Rahmen, in dem Ermutigung, Realitätsprüfung, Anerkennung und Zugehörigkeit vermittelt werden. Also die Basis für das Ziel, "ohne Angst verschieden sein können".
7. Heranwachsende brauchen gesellschaftliche Gelegenheitsstrukturen, sich als „Subjekte ihres Handelns zu erleben und das bedeutet verbindliche Teilhabechancen, die durch eine Politik des Empowerment zu sichern sind.
8. Ich sehe zwei Varianten des Scheiterns in der Bewältigung der genannten Anforderungen: Den individuellen Verzicht, sich weiterhin um eine akzeptierte Passung von Innerem und Äußerem zu bemühen. Und die kollektive "Schiefheilung" (Freud), in der die Suche nach einem selbstreflexiven Lebenssinn zugunsten der Übernahme ideologischer Prothesen (z.B. Rassismus, esoterischer, religiöser oder politischer Fundamentalismus) aufgegeben wird.

## Literatur

- Antonovsky, A. (1997). Salutogenese. Zur Entmystifizierung der Gesundheit. Tübingen: dgvt-Verlag.
- Barz, H., Kampik, W., Singer, T. & Teuber, S. (2001). Neue Werte, neue Wünsche. Future Values. Düsseldorf/Berlin: Metropolitan.
- Bauman, Z. (1993). Wir sind wie Landstreicher. Die Moral im Zeitalter der Beliebigkeit. Süddeutsche Zeitung vom 16./17. November 1993.
- Beck, U. (1999). Schöne neue Arbeitswelt. Vision: Weltbürgergesellschaft. Frankfurt: Campus.
- Beck, U. (Hg.) (1997). Kinder der Freiheit. Frankfurt: Suhrkamp 1997.
- Berger, P.L. (1994). Sehnsucht nach Sinn. Glauben in einer Zeit der Leichtgläubigkeit. Frankfurt: Campus.
- Böhnisch, L. & Schefold, W. (1985). Lebensbewältigung. Soziale und pädagogische Verständigung an den Grenzen des Wohlfahrtsstaates. Weinheim: Juventa.
- Bruner, C.F., Winklhofer, U. & Zinser, C. (2001). Partizipation ein Kinderspiel? Beteiligungsmodelle in Kindertagesstätten, Schulen, Kommunen und Verbänden. München: dji.
- Bundesjugendkuratorium (2001). Streitschrift „Zukunftsfähigkeit sichern! – Für ein neues Verhältnis von Bildung und Jugendhilfe. Bonn.
- Bundesministerium für Familie, Senioren, Frauen und Jugend (1998). Zehnter Kinder- und Jugendbericht. Bericht über die Lebenssituation von Kindern und die Leistungen der Kinderhilfen in Deutschland. Bonn.
- Bundesministerium für Familie, Senioren, Frauen und Jugend (2002). Elfter Kinder- und Jugendbericht.
- Castells, M. (1991). Informatisierte Stadt und soziale Bewegungen. In: M. Wentz (Hrsg.): Die Zukunft des Städtischen. Frankfurt: Campus, S. 137 - 147.
- Castells, M. (1996). The rise of the network society. Vol. I von The information age: Economy, society and culture. Oxford: Blackwell (deutsch: (2001). Die Netzwerkgesellschaft. Opladen: Leske + Budrich.
- Deutsche Shell (Hrsg.) (2000). Jugend 2000. 13. Shell Jugendstudie. Opladen: Leske + Budrich.
- Deutsche Shell (Hrsg.) (2000). Jugend 2000. 13. Shell Jugendstudie. Opladen: Leske + Budrich.
- Deutsches PISA-Konsortium (Hrsg.) (2001). PISA 2000. Basiskompetenzen von Schülerinnen und Schülern im internationalen Vergleich. Opladen: Leske + Budrich.
- Gaschke, S. (2001). Die Erziehungskatastrophe. Kinder brauchen starke Eltern. Stuttgart/München: dva.
- Gelatt H.B. (1989). Positive uncertainty: A new decision-making framework for counseling. In

- Journal of Counseling Psychology, 36, S. 252 - 256.
- Gerster, P. & Nürnberger, C. (2001). Der Erziehungsnotstand. Wie wir die Zukunft unserer Kinder retten. Berlin: Rowohlt.
- Giddens, A. (1997). Jenseits von Links und Rechts. Frankfurt: Suhrkamp.
- Höfer, R. (2000). Jugend, Gesundheit und Identität. Studien zum Kohärenzgefühl. Leverkusen: Leske + Budrich.
- Hurrelmann, K. (1994). Prävention und Gesundheitsförderung im Kindes- und Jugendalter. Einleitungsvortrag für das 2. Gesundheitswissenschaftliche Kolloquium am 28./29. Januar 1994.
- Hurrelmann, K. (2002). Kindheit in der Leistungsgesellschaft. In: Deutsches Kinderhilfswerk e.V. (Hg.): Kinderreport Deutschland. München: kopaed, S. 43 – 62.
- Jugendwerk der Deutschen Shell (Hg.) (1997). Jugend '97. Zukunftsperspektiven - gesellschaftliches Engagement - Politische Orientierungen. Opladen: Leske + Budrich.
- Keupp, H. (1997). Ermutigung zum aufrechten Gang. Tübingen: DGVT.
- Keupp, H. (2000). Eine Gesellschaft der Ichlinge? Zum bürgerschaftlichen Engagement Heranwachsender. München: SOS Kinderdorf.
- Keupp, H., Ahbe, T., Gmür, W., Höfer, R., Kraus, W., Mitzscherlich, B. & Straus, F. (2000<sup>2</sup>). Identitätskonstruktionen. Das Patchwork der Identität in der Spätmoderne. Reinbek: Rowohlt.
- Keupp, H. & Höfer, R. (Eds.) (1997). Identitätsarbeit heute. Frankfurt: Suhrkamp.
- Musil, Robert (1967). Der Mann ohne Eigenschaften. Reinbek: Rowohlt.
- Rheingold, H. (1994). Virtuelle Gemeinschaft. Soziale Beziehungen im Zeitalter des Computers. Reading, Mass.: Addison-Wesley.
- Taylor, C. (1995). Das Unbehagen an der Moderne. Frankfurt: Suhrkamp.
- Wolf, C. (1983). Voraussetzungen einer Erzählung: Cassandra. Darmstadt: Luchterhand.



## " Dealing with Schizophrenia in Central Java "

Manfred Zaumseil / Hella Lessmann

### *Abstract*

This study presents an analysis of how mentally ill people, their relatives and neighbors deal with mental illness and how they describe and explain it within the specific cultural context of Central Java / Indonesia. The theoretical framework we have formulated is derived from 8 single case analyses based on 68 interviews and analysis of additional material. The combination of a special way of caring and authoritarian guidance found in the concept of "mengemong" does not imply any notion of changing mentally ill persons. Instead, the onus for change is on the members of the family and the neighbors. The Javanese emotion of "isin" (a specific form of shame) is connected to the fact of having a mentally ill family member. This is one of the reasons why there is a construction of multiple realities around mental illness and why the family and the mentally ill person experience a devaluation, which is not openly communicated. We found that the combination of these four overlapping concepts (multiple reality, no personal change, mengemong and covert devaluation) characterizes the unspoken rules of dealing with mental illness in Central Java. These rules are embedded in a culturally specific way of understanding and explaining mental illness and influenced by changing modern influences on Javanese society. The strengths and limitations of this particular cultural concept are discussed.

### 1. Introduction

Kraepelin tried to confirm the universality of his concept of dementia praecox in Java in 1904. (s. BENDICK, C., 1989) He claimed that the basic features and the frequency of dementia praecox are the same in Germany and in Java but he found different symptom patterns. He was the first who observed less severe forms of mental impairment in a not-Western country (Kraepelin, 1904 a, p. 435). Kraepelin hoped that the comparative study of psychopathology would reveal the specific psychological features of a population. So he conceptualized comparative psychiatry as an ancillary science of anthropological psychology<sup>1</sup>. (p. 437). The intercultural studies and especially the International Pilot Study of Schizophrenia (Sartorius, 1986, Sartorius, et al. 1987, Sartorius & Jablensky, 1992) showed apparent intercultural differences in the form, intensity and duration of schizophrenia with a better outcome in developing countries. (s.: Lin, K. M., Kleinman, 1988, Kleinman, 1988).

In particular, the finding that the prognosis for schizophrenia seems to be better in developing countries than in the developed ones has produced much speculation about social and cultural conditions which could contribute to the different course of schizophrenia.<sup>2</sup> We intended to learn more about the special way of understanding of and dealing with mental illness in a given cultural setting which may be in fact a contribution of anthropological psychology to a better understanding of the course of the illness.

<sup>1</sup> Original: "Hilfswissenschaft der Völkerpsychologie"

<sup>2</sup> s.: KLEINMAN A. R., 1988 ( P. 47ff ) , LEFLEY, H. P.1990, LIN, K. M. KLEINMAN A. R. (p. 563ff), 1988, KIRMAYER, L. J. (1989)

We tried to follow ROGLER, L. H. (1989) in his statement: *"There is a need for research that departs from the prevailing, almost routinized a priori commitment to standing measures of mental health. Such research, which is more basic and much less often conducted, begins with the assumption that our ignorance is problematical, and it seeks to uncover the indigenous configuration of mental health problems and symptoms in the cultural group."* (p. 298).

## II. Research Problem

It is our basic assumption that everyday understanding of and dealing with the mentally ill in a given cultural setting is an important contribution to the understanding of chronicity. In our view chronicity or acuteness is an interaction of the biological, social and psychological spheres. In interactions we cannot isolate the influence of one factor without destroying the understanding of the relationship. Chronicity is a phenomenon from which "the cultural" cannot be isolated as a factor in order to reveal the "real" biological core. Such a linear model in fact destroys our very understanding of the phenomenon.

According to Estroff (1994) , *chronicity is constructed by: the temporal persistence of self- and other- perceived dysfunction; continual contact with powerful others who diagnose and treat; gradual but forceful redefinition of identity by kin and close associates who observe, are affected by, or share debility; and accompanying loss of roles and identities that are other than illness-related.* (p. 259).

Our aim in this study was to uncover the structure and meaning of this interaction in a local culture and to get a better understanding of the web of cultural rules, which govern the understanding of mental illness and the practice of dealing with it. We wanted to know how people describe others perceived as being not normal or mad and what they think about the cau-

se of madness. We were interested in the way how relatives, neighbors, community officials, traditional healers, nurses, psychiatrists, deal with the mentally ill. On the other side we wanted to learn how mentally ill people see themselves and their situation.

## III. Some data about Population and mental Illness in Java

Java has been called 0 1 294.31 619.1 Tm0.99 T287.US

bed to every 23000 inhabitants. In Yogyakarta<sup>5</sup> there are more beds in mental hospitals (1 to every 10 000 inhabitants) compared with the Indonesian average.

The worldwide general prevalence of schizophrenia is between 2-10 / 1000 inhabitants. As far as we know in Indonesia there have been two epidemiological studies:

In a slum area in Jakarta SALAN, R. (1992) found 1.41 cases per 1000 inhabitants. (1.76 for males, 1.04 for females). The rate was much higher in a rural area of Central Sulawesi (former Celebes) with 4.6 cases per 1000 inhabitants. (TONG, D., MARYATI, 1989). There are no data on the long-term course of schizophrenia in Indonesia.

Only a minority of mentally ill people, then, is treated in mental hospitals. As there is no social insurance system (except for government employees) many families cannot afford the cost of treatment. Most of the people regarded as mad or not normal are brought to traditional healers (Dukun) and are left to the support and control provided by their families and neighborhoods. Others who have escaped or been excluded from the family context live as psychotic tramps on the streets. They can be recognized by their bizarre behavior and by their dirty and half-clothed appearance.

<sup>5</sup> Mental Hospitals in Yogyakarta- province: RS Lali Jiva Pakem 225 beds, Sardjito (University) 35 beds; Private Hospital: Puri Nirmala 50 beds. To compare: In Berlin-West we had 4310 beds in 1982 for 1,87 Mill. inhab. (i. e. 1 bed to every 434 inhabitants – meanwhile there are less beds)

#### IV. Case example

Miss Kidul is 23 years old. She comes from a little village in one of the poorest areas of the rural part of Yogya. It takes 2 - 3 hours to get to the city by bus. She has one younger brother and sister. All of the children have to go to the city to earn money. Originally, her parents owned one field and some cows. But her father had an accident. He fell from a truck and had to stay in the hospital for half a year. Since that time his leg has been so deformed that he cannot walk or work properly. The family had to sell their cows to pay the hospital fees.

Shortly after this misfortune Kidul got problems. She wanted to marry a man from the town but her parents were ashamed that their future son-in-law would see the poor condition of their house and refused their permission for the marriage. Kidul showed a confused and aggressive behavior towards neighbors and family. Her parents took her to several dukun (traditional healers) nearby who did not charge much because they knew about the family's economic situation. In a ceremony with one of the dukun all the clothes Kidul had brought from the town were thrown into a deep cave in the mountains to neutralize the bad influences. But Kidul did not recover.

A respected man in the village who was retired from the army advised Kidul's parents to take her to the mental hospital in Yogya. He and the chief of the village helped to arrange for free treatment. Despite this the family had to pay half the cost of treatment and in addition much money for travel expenses to visit Miss Kidul on a regular basis. The only possibility of getting the money was to sell the field they used for growing maize and maniok. Unfortunately Miss Kidul had a relapse one month after release from the hospital. Her parents and their neighbors report that she became crazed again when she heard that the land was sold for her health. She ran "amok" and attacked her moth-

er and particularly her uncle with a knife because she thought that he had pressed the family to sell the field. "We took action together", the neighbors explained later. *"We caught and held her; then we tried to make her aware ("sadar"). But after a while she relapsed again."* Everybody was afraid of her, so the family held a village meeting with the neighbors and the head of the village. He later explained: *"The decision of the family and the neighborhood was that she should be treated with "dibelok" (a traditional form of treatment, which involves tying the individual in wooden stocks) - I agreed. Actually we wanted to send her to the hospital again, but the family had no more money and the land was already sold."* Kidul remained in the wooden stocks in a cowshed behind her parent's house for 17 months. The neighbors describe how she cried and screamed at night. Her mother gave her something to eat and her brother cut her hair. The wooden stocks were changed once from "randu" to "yati" wood which is harder and is used for chronic cases.

When her brother's boss - a doctor - visited the village she was thin, dirty and her foot was deformed by the stocks. He decided to take her to the mental hospital in his car. Now she has already been in the hospital for 6 months where she does farm work as rehabilitation. We don't know who took charge of the costs, the doctor or the rudimentary town social welfare system.

In the view of the people in the village, the family and the neighbors cared for Kidul as much as they could. But following the exhaustion of their resources they did not know how to deal with her aggression in any other way than by tying her up. In their opinion "dibelok"<sup>6</sup> is preferable to becoming one of the "orang gila", the dirty and naked homeless crazy men for whom their families do not care.

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<sup>6</sup> "dibelok" or "dipasung" is officially forbidden by the government.

This case example gives an initial impression of how the shortage of resources is dealt with. This - for the area of Yogya rather extreme - case illustrates how help and control measures are combined and that severe control measures are applied when resources are lacking. Another interesting aspect of the case is the confrontation between traditional rural and modern influences coming from the town, one which leads to unsolvable problems.

## V. Methods

### 1. Research Conditions

The research was done at the Faculty of Psychology at Gadjadara University within one year. We learnt the national language (Bahasa Indonesia (BI)) which is spoken by many but not all people in the area of Yogyakarta: where content of expression is bounded by specific cultural definitions - as is especially the case in the area of interpersonal relations and emotions - the Javanese language is necessary. We built up a research group of advanced students and colleagues who spoke the local Javanese language. Here we tried to develop a common understanding of the basic research idea and the competence for carrying out interviews and observation.

It was rather difficult for us to impart the basic ideas and methods of the qualitative research approach to the participants of our group. They found it somewhat strange that emotions and

spontaneous expression might be important for research since these aspects of Javanese communication are usually hidden.

For example, we found that the taped interview with one interviewee contained sections, which were disjointed and difficult to understand. When asked why, the interviewers explained that they had switched off the tape when the interviewee showed strong emotional concern because they had wanted to get a good and well-organized interview.

Another problem was that we needed a good deal of time to create an atmosphere of free and spontaneous discussion in the research group so that we could profit from the ideas and cultural knowledge of our colleagues. Because of hierarchy and politeness in the beginning there was no basis for such teamwork. Later we profited very much by the discussion of all major interpretive ideas with our research group and senior colleagues from the faculty.

Often other people were present during the interview, making comments and influencing the presentation of the perspective of the interviewee. Despite the degree of politeness and the tendency to meet expectations, we were astonished at the openness of our informants regarding information, which seemed rather private to us. We were never refused an interview. Our concept of privacy and data protection was rather foreign to Javanese people.

We were also confronted with what we came to call the "Rashomon" problem: hearing quite different versions of the same story. We thus had to deal with the serious problem of the credibility of our informants. Our approach was to reconstruct the different perspectives of our informants in order to understand why each one had a particular version of events and to reveal the case structure by relating the different perspectives and versions to one another. Working in this way we found that the contradictions between the versions of the differ-

ent interviewees often provided the key-information for the interpretation of the case.

All the texts of the interviews conducted in Javanese were transcribed in three languages (Javanese, BI and English). We conducted the analysis on the basis of the BI and English texts and selectively discussed the Javanese meanings with the research group. We were aware of the problem of multiple translation and tried to compensate it by this exchange with Javanese speakers. In fact the discussion of the original Javanese meanings and the discussions of why a particular interviewee perspective was presented in the given social context were of paramount importance to our development of the interpretation.

Our interviewers were usually accepted by the interviewees due to the former's association with the hospital. This meant that while the interviewers had no difficulties being accepted by the families and the neighborhoods, they were regarded as "people from the hospital" with a higher status. Since Indonesian society is structured rather hierarchically there is some social distance between people from the university and ordinary people, e.g. from the village.

## 2. Data Sources

All in all, there were 68 interviews done on the theme of mental illness in Central Java.

47 interviews (with: family, community members, professionals from the health care system, mentally ill person him/herself) and additional material (e.g. hospital file) provided the database for 8 in-depth case studies.

21 other interviews were conducted in order to get general context information and to do the theoretical sampling (Psychiatrists, administration, traditional healers, lay persons).

The interviewers (8 advanced students of psychology, 2 anthropologists, and 1 social worker) were all members of our research group. They participated in the project over a



long period including the phase of data analysis. All of them spoke Javanese and Indonesian language.

The interviews were tape-recorded and were always conducted by two interviewers out of the research group. They wrote field notes about each interview setting. The interviews were conducted on a half-open basis, lasted between 30-120 minutes and were transcribed word for word. Half-open means that the interviewers followed an interview schedule but that they allowed and encouraged narrative contributions by the interviewees.

### 3. Data Analysis and theoretical sampling

We used an in-depth case study approach following the grounded-theory approach of Glaser & Strauss<sup>7</sup>.

Progressing case by case we developed both the emerging theory and a growing awareness of the structure of the whole research field. A concrete example of theoretical sampling can be seen in the aspect of our investigation dealing with the devaluation of the mentally ill. In the analysis of our first cases we developed the hypothesis that there is a powerful, shared cultural rule, which allows no blaming, or open devaluation of mentally ill people in Java. However, we then heard about cases of mentally ill individuals who were treated using the traditional method of tying them hand and foot to wooden stocks. Others were obviously excluded from their families and lived partly naked and dirty on the streets. This seemed to contradict our hypothesis. So we interviewed psychiatrists and experts from the local social administration to learn more about this phenomenon and - more importantly - to gain access to such cases (Case Kidul and Case Hilang) in order to actively challenge our hypothesis by means of new data.

In order to conduct theoretical sampling we had to depart from our initial access structure via the mental hospital. For example, we had to use private rather than professional contacts in order to gain access to cases from the upper class. Furthermore, it was only through interviews with "dukun" (traditional healers) that we were able to gain access to people who would get the diagnosis of schizophrenia if treated by psychiatrists.

### VI. Description of the sample

Our sample included 4 men and 4 women ranging in age from 23 to 46. All had been diagnosed as schizophrenic in the mental hospital except for Mr. Kuat who had been treated by a traditional Javanese healer and who had never had any contact with psychiatry. Two of the cases were married, one divorced and one widowed. Five cases came from the village and 3 from the town - one coming from upper class. The length of illness ranged from 6 months to 20 years<sup>8</sup> and the signs of illness were mostly rather severe. We chose one patient who had lived on the street for half a year, one case who had been treated exclusively by a Dukun, and one woman who had been "dipasung" (tied to wooden stocks) in a cowshed for one and a half years.

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<sup>7</sup> (see: GLASER, B., STRAUSS, A., 1967, STRAUSS, A. L., 1987, STRAUSS A., CORBIN J., 1990, LOFLAND, J. LOFLAND L. H., 1984)

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<sup>8</sup> Sometimes it was difficult to determine the length of the illness. For example, in the case of Kaca the length is 16 years if we take the onset of pregnancy psychosis as our starting point but only 4 years if we exclude these events.



## Description of the sample

sex	----- female -----						----- male -----	
	Kaca	Muda	Alone	Kidul	Pallem	Diam	Hilang	Kuat
age	41	23	41	23	46	23	30	36
Diagnosis	schizophren.	schizophren.	schizophren.	schizophren.	schizophren.	schizophren.	schizophren.	no psychiatry
children	1 (2 died)	1	-	-	4	-	-	2
school <sup>1</sup>	SHS	SHS	SHS	ES	JHS Lev. 2	SHS Lev. 2	ES Lev. 3	SHS
home	own house	parents	far relative	parents	moth in law	parents	parents	parents
rural/ town	town	village	town	village	village	town	village	village
job	housewife	housewife	no job	no job	no job	no job	no job	ojek driver <sup>2</sup>
income	persian	fan./husband	family	family	wife/family	parents	parents	parents/unc.
mental illn. in family	sister	mother	grandmother uncle	no information	father	mother	mother	grandmother uncle
health insur.	yes	no	yes	no	no	yes	no	no
religion	islam	islam	islam	islam	islam	islam	islam	islam
length of ill-ness (years)	16 or 4	half a year	1 or more	3	14 or 4	4	14	20
economic condition	sufficient	sufficient (sold fields)	suff./ care giver. rich	very poor sold fields	very poor sold fields	very poor	very poor sold fields	sufficient (?) sold fields
Signs	armk <sup>3</sup> , naked break glass	confused run away	paranoid	armk attack on people haluz.	armk shouting	artistic, no self care	incoherent talk, with-drawal	armk naked destroying things
Status of caregiver	small trader	retired clerk farmer	Professor/ nobility	farmer	tempe seller on market	low retired clerk	selling on market	village trader/farmer
Pregnancy psychosis	3 prepartal	self, postpartal and mother	grandmoth. postpartal	-	-	mother postpartal	mother postpartal	?
Special features	widow	short duration of illness	upper class	2 years in wooden blocks	middle age head of family	artistic retreat	psychotic "tramp"	case of trad. healer

<sup>1</sup>SHS = Senior High School, JHS = Junior High School, ES = Elementary School

<sup>2</sup>Ojek = Motorcycle- "taxi"

<sup>3</sup>armk: Indonesian expression for slight or severe degree of aggressiveness

## VII. Results

### 1. Everyday description and criteria for madness / mental illness

#### a) Self-description

Our interviewees did not offer much description of the experience of mental disturbance. On the contrary, they placed much emphasis on their having already recovered and on their normality. We will come back to this point in the discussion of dealing with mental illness

But our informants often used an interesting general indicator of distress. They pointed to their head and called themselves mumet (Jay.) or pusing (BI) The Javanese concept of mumet is something between experiencing a whirling sensation, feeling dizzy and having a headache. If interviewees felt able to control their feeling of mumet (e. g. by eating no lamb meat as in the case of Mrs. Kaca), they believed that they had recovered.

In this way the mentally ill themselves try to "normalize" their experience. "Mumet" or "pusing" is an unspecific term that is generally used as an expression for all forms of distress.

The only one who described his experience of "craziness" was Mr. Kuat. The story of the beginning of what he himself calls his illness sounds like a passage out of the popular Indian epos Mahabarata. (In fact Mr. Kuat was a lay player of this form of theater which is extremely popular in this region.)

K : *"I couldn't sleep. It was Monday wage night. The light (which had entered my body before) became an old man...then the old man told me.... My boy.... be patient. You will have a difficult life. At this moment I had a deep feeling of peace in my heart. Then the old man disappeared. After that came a giant (or something of huge size) who set upon me. It was like a war, but a war with something invisible. So it was then ... I got confused and I didn't know*

*what to do. ....Like an enemy came to me. A war, that's the term. But nobody knew the enemy except myself. Then I got angry and ran amok. I felt I wanted to attack that enemy."*

**He connects his story with the mystical world which is a vivid part of Javanese culture:**

19/31: *"...I had a relapse when I faced the supernatural, which does not exist in this world, but in another mystical world, and whether I felt happy or sad, whether I laughed or sang, was dependent on this mystical world....It looked as if I talked to myself but really I was invited to talk by an invisible creature or an evil spirit...."*

**Mr. Kuat also described experiences that still persist:** *"....Until now, it is like that. Still like that. But now I am strong, aren't I? I mean.... it is really something supernatural which enters my body. Now I am strong enough.... Even now when I feel sad, they come to me and entertain me (laughs)....the friends who are invisible...It is usual for me. It feels like somebody is giving me a massage. Once, when I was having this sensation of massage, I could only see hands. There was nothing else, only hands. That's usual....."*

Mr. Kuat was the only one who had no contact with the mental health care system. We can suppose that he had learned to talk about his past and present psychotic experience within the framework of the cultural knowledge of the traditional healer by whom he was treated for twenty years. He was thus supplied with concepts and a language to express his psychotic experiences in a way, which could be shared by the members of his culture. ROGLER and HOLLINGSHEAD (1985) have made similar observations in Puerto Rican families.

In describing his present state Mr. Kuat uses the popular Javanese concept of inner power. He has become strong (Indon.: *kuat*) and is consequently able to handle the supernatural power which enters his body, an experience which obviously occurs in the form of acous-

tic, tactile and visual hallucinations. In a similar way he gives a dramatic account of his past acute psychotic experiences and his running amok in the form of a description of a fight with a giant supernatural being.

*b) Description by "others" (all interviewed family members / neighbors)*

Description by „others“ was all statements in our interviews, which were made by people not diagnosed as mentally ill. The main indicator for identifying people who are not normal ("orang kurang waras") or mad people ("orang gila") in our sample was deviant social behavior.

Shouting on the street, breaking glass, destroying things, and attacking people with a knife are all described as "mengamuk" in 4 of our cases. Being aggressive seems to be a highly deviant form of behavior in Java. "Running amok" (indon.: "mengamuk") has a different meaning in the Indonesian and the English language. Not only severe forms of life-threatening behavior but also being slightly aggressive are called "mengamuk" in Indonesia. In our sample the word was applied in this way.

In two of our cases the exposure of nakedness was seen as sign of being gila, something, which is considered very provocative in Java.

In two of our cases our informants described a rather extreme form of social retreat entailing a lack of care for oneself, a lack of socially appropriate behavior and, something often mentioned a neglect of religious duties. In one case people also described incoherent talking or talking nonsense. Being confused, running away and talking strangely were the main signs in the acute case. Two women were said to have had an irrational belief in being loved.

It appears, then, that special forms of behavior which violate social rules and the failure to fulfill one's social role are the main everyday criteria of mental illness.

Aggressive behavior and exposure of nakedness tend to be quickly classified as deviant. This aspect can be directly related to the broader cultural context of Java where emotional control seems to be a high ideal. The exposure of nakedness and being dirty seem to play a special role in the attribution of deviance because both are considered extremely provocative and disgusting by Javanese people. Mr. Kuat, who refers to his formerly having exposed himself<sup>9</sup>, is extremely ashamed about this fact and the Javanese interviewers show a high degree of irritation with him. He claims to only know about the episode from the reports of others, was not conscious at the time and therefore cannot remember it. It is not uncommon for one of the numerous homeless psychotic tramps to cross a busy street dirty and naked. Everybody else on the street actively ignores him as if he does not exist and no action is taken. We got the impression that being naked and dirty has a communicative function and is important in constituting a special relationship between mad and normal people. However, we have no data on this topic.

Observations of inner experiences or psychological functioning are less commonly used as criteria for madness by family members or neighbors.

Being confused (bingung) was used in three cases. Mrs. Muda was additionally described as not being aware of what she was doing and her family also referred to her inability to remember things as a criterion for being "crazy".

We found a lack of concern with inner states similar to that observed by WESTERMEYER & WINTROB in Laos (1979). Relatives do not seem very interested in the observation or exploration of inner processes of the psychotic members of their families. For example despite the higher frequency of acoustic hallucinations

<sup>9</sup> His parents report that Kuat was standing naked on his motorbike while driving through the village.

in Indonesia compared with London (s. SALAN, 1992b) we never heard something about this phenomenon by relatives.

2. How do people explain the causes of mental illness and relapses?

Our interview partners used different causes to which they attributed mental illness. Most popular were different psychological causes followed by hereditary and magic explanations. We found no idea of a personal responsibility of the mentally ill himself. We are

aware of the fact that the following categories seem to be rather ethnocentric. We will show that the meaning of stress is different in Java. If we talk about magic or supernatural concepts we must keep in mind that these concepts reveal real (albeit largely invisible) social forces in many traditional cultures. Our Western view is different. In Java or Sri Lanka (s. Argenti-Pillen, 2000) what we call magic are very ordinary, everyday concepts, a commonsense way of talking about social relationships.

Causes of mental illness (Number of persons who used a concept in a given case)

case	Heredity/Constitution/	Stress disappointment	Stress aggression	Stress other	Supernatural
Kaca	2	1		2	1
Pakem	2			4	
Muda	1	1		2	
Diam		4	3	1	
Alone	3				
Kidul		1			4
Kuat	3	1			4
Hilang	2		2	1	1
sum	13	8	5	10	10

(These quantitative Data are just presented to get an idea of the picture)

*a. Stress*

As is the case in Western countries (s. WEBER, S., 1987), the term "stress" is very popular in modern Java (even in Javanese texts). However, the ideas associated with stress seem to be quite different to those in Western countries:

The belief in a special sensitivity to disappointment and aggression is very common:

For example, in the case of Mr. Diam all informants share the idea of a damaging effect of disappointment. We were rather surprised at the idea that not getting the right motorbike should lead to mental illness in a young man. But in fact this disappointment and the refusal of an adequate education are regarded as causes of mental illness in Diam. These new de-

mands of young men seem to exert a high pressure on the older generation if they exceed the economic resources of poor families. This leads to another event believed to be a cause of mental illness in the Case of Diam: Faced with the demands of the son there is an explosive mixture of shame, helplessness, and anger in the father which leads to scolding and even beating the son. The expression of aggressive feelings is normally suppressed in Java and this may be connected with the notion that they are harmful to others.

The relatives of Diam see frustration and scolding as directly are affecting body and soul. There is no conceptual separation between feelings (inner pressure, loss of the desire to live) and becoming physically weak or developing nervous problems.

We found these ideas present in other cases too: The father of Mr. Kuat is very eager to assure us that he did not disappoint his son. In the case of Mrs. Kaca, Mrs. Muda and Kidul the disappointment in love concerns is regarded as a cause of mental illness.

We find, then, a culturally specific concept of psychological vulnerability in our informants, which is connected with the term "stress". The ideas connected with stress had undergone a specific Javanese transformation in the way it was used by our informants to explain mental illness. In their usage, the concept of "stress" encompassed range of old Javanese ideas about the influences, which are harmful to the development of little children.

The Javanese way of raising children has been described by Hildred GEERTZ, (1961). According to her it is believed that emotional upset, disappointment, frustration and anger may cause a "startled state" (kaget) in children which, in turn, may cause illness. She makes the observation that the conception of mentally ill people is connected with that of the Javanese child: "The child before he is five or six is said to be "durung djawa", which literally means "not yet Javanese". The same phrase is applied to mentally unbalanced persons and to adults who are not properly respectful to their elders - for instance, a daughter-in-law who is rude to her parents-in-law. It implies a person who is not yet civilized, not yet able to control emotions in an adult manner, not yet able to speak with the respectful circumlocutions appropriate to different occasions. He is also said to be "durung ngerti", "does not yet understand", and therefore it is thought that there is no point in forcing him to be what he is not or punishing him for incomprehensible faults." (P.105)

There seems to be, then, a special Javanese way of conceptualizing psychological causes of mental illness as an experience of the damage, which should be prevented in child educa-

tion. Such a concept reflects the general attitude towards human relations. There is a constant feeling of concern (s. MULDER, N. 1990, MAGNIS-SUSENO, 1981) regarding possible threats to human relations. "Thinking too hard or too much" is another cause of mental illness used in connection to stress and basically has to do with worrying. (For example, experiencing responsibility as a burden). Our own impression was that the changes presently occurring in Javanese society increase this problem. Modernization is creating new needs and, at the same time, there is a growing gap between rich and poor people with the later experiencing "stress" and shame because they cannot meet the needs of their children.

#### *b. Hereditary*

The influential causal concept of heredity is included in the traditional Javanese rules of marriage. The criteria for choosing a partner are "Bibit, bebet, bobot" (heredity, worldly health and moral character<sup>10</sup>). These rules appear to be strictly applied especially to the upper class and to women.

For example Alone's grandmother was sent back to her family and replaced by a second wife after she had been diagnosed as having pregnancy psychosis. The old lady who cares for Alone predicts that she will not find a man because of bad "bibit". The whole branch of the family descending from the "mad" grandmother is regarded as highly strange.

The concept also appears in our other case studies and is often mixed with a weak constitution.

#### *c. Supernatural*

Supernatural causes of mental illness mentioned were the following: breaking traditional Javanese rules (e.g. marriage rules), neglecting

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<sup>10</sup>see: Horne, E. C.: Javanese-English dictionary. Yale Univ. Press, New Haven, 1974 "Bibit" refers to the biological worth and potential of a person and his family.

to care for the family kris (sword), being possessed by magical forces or influences.

There seems to be a rich diversity of ideas how mental illness can be seen as effect of supernatural influences, which still carry a great deal of importance in everyday life. Nearly everybody (including our colleagues at the university) believes in supernatural influences. As everybody wants to be modern and a good Muslim we mostly heard about these theories and practices only indirectly. Another reason for this was that our interviewees were associated with the university mental hospital. Our informants were consequently ashamed to talk about this subject because the interviewees had a medical and an academic background.

Apart from the upper class case, all families consulted a dukun (traditional healer) or a kyai (Islamic healer). In the case of Mr. Kuat we witnessed a fairly successful, long-term treatment conducted by a dukun.

The belief in supernatural causes seems to be influential but is in a defensive position in relation to modern ideas about causes. From the point of view of the person concerned, supernatural causes are external influences. There may be a disturbance in the cosmic order due to incorrect behavior but, in the cases we studied, this was never attributed to a deliberate act of the mentally ill person. In the case of Hilang the parents had violated the traditional marriage rules; in the family of Kaca

there was a neglect of the family sword; and in the cases of Kuat and Kidul the origin of the magical influence remained unclear. However, in all the cases the mentally ill person always appeared as a victim. The logic used here is thus similar to that found in the notion of heredity and to the way in which psychological causes are conceptualized. The traditional healers always claimed to treat (mengobati) "diseases". The logic employed here is quite similar to the medical one. To treat (mengobati) means using "obat". "Obat" is a means or substance with magical or medical power to heal. For this reason the parallel system of health care does not appear contradictory to everyday understanding. Following one informant (In the case of Kaca): you just test out what helps best and leave coexistent causes in your head.

#### *d. Personal responsibility or personal failure*

We found no idea of personal responsibility for mental illness e. g. that moral failure leads to schizophrenia. Mental illness and negative moral attitudes were described more as a combination than directly in terms of cause and effect. The informants described gambling, being spoiled or more subtle negative forms of behavior, which preceded or went together with mental illness, but left the possibility of a causal relationship open. Interestingly these forms of behavior were not seen as an object of change.

The inability to cope with life events, which is most often suspected to be the cause of mental illness in Germany (S. ANGERMEYER, M. C., 1992), plays a minor role in Java. The psychological cause is seen more in the misbehavior of others, which is seen as directly damaging the nervous system, and not in internal problems or conflicts or in incompetences.

### 3. Dealing with mental illness

So far we presented the way of perceiving and explaining mental illness.



The conceptions presented so far are integrated in an everyday practice of dealing with mental illness, which we want to introduce in the case of Mrs. Kaca:

Mrs. Kaca is a 41-year-old widow living with her 12-year-old son in a densely populated area of the city Yogya(karta). Like many Javanese towns Yogya has a village- ("Kampung-") like structure organized in neighborhoods which close bonds within and between families. The siblings of Mrs. Kaca with their spouses and children live in a complex of 5 small houses where they operate little shops, a food stall and sell bottled gasoline. Her father had a small batik stamp factory and her mother sold vegetables on the market. Mrs. Kaca was the seventh of nine children, four of which died. Bu Barut, her elder sister by 12 years, is now her "wali" (a form of guard).

Mrs. Kaca graduated from senior high school (SMA). All informants (except Mrs. Kaca) agree that she was spoiled by her mother who gave her a special princess-like position among the siblings. The informants suppose that the reason for this was a slight retardation in the development of the child and frequent bouts of illness. However, this situation changed when she was forced by her father to marry her cousin for economic reasons. The marriage was against the traditional Javanese rules due to the fact that Mrs. Kaca's husband was the son of her father's younger sister.

The young couple went to Jakarta where the husband got a job as a security guard at the army supply directorate. They lived in the house of the husband's brother (Pak Abri) who himself lived in Yogya. In Jakarta they began to have difficulties. According to Pak <sup>11</sup>Abri, Mrs. Kaca was too extravagant with money and consequently accumulated large debts. During the early period of each of her three pregnancies she was treated in a mental hospit-

al for pregnancy psychosis. The first and second child died very young; a son born in 1980 is still living. According to Bu Barut, Mrs. Kaca's elder sister, the husband started to drink and to gamble. He subsequently developed a serious heart disease. Pak Abri took care of him, paid the debts and took the family back to Yogya where the husband died 3 months later. By this time Mrs. Kaca's father had also died. Since then (1980) Mrs. Kaca has been living with her son in her own inherited house. As the widow of a Public servant she gets a pension of Rp. 50000 (\$25) per month. She claims she is also the owner of a boarding house for 4 students. Her elder sister keeps the profit from this house. The mother who cared so much for her died in 1984. Since 1988 Mrs. Kaca has undergone six treatments in two different mental hospitals. The hospital file records the following symptomatic behavior: She approached strange men, exposed herself naked in the food stall and in the family's boarding house. She was singing, dancing and laughing without reason and she was aggressive or "running amok" (mengamuk), breaking mirrors, smashing plates and glasses in the house and shouting insulting and vulgar words on the street. She felt threatened, imagining different people were going to shoot her. In the hospital (connected to the university) where her family took her in 1990 she was diagnosed as schizophrenic, residual type, and was treated with ECT and neuroleptic medication. Now (Feb. / March 1992) her behavior seems to have stabilized.

In her interview, Mrs. Kaca, who is back home from hospital for four months, tries to convince the interviewers that her condition is "already good", that she has "already recovered". She has taken no more medicine for three months and tries to prove that she can handle her life: she fulfils her religious duties, offers help to those in her family and neighborhood, she cares for her son and is independent in financial affairs. There seem to be no problems. She

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<sup>11</sup>"Pak" means father and is the equivalent of "Mr" in Indonesian language.

does not express any fears, hopes or other emotions.

The main symptom she connects with her illness is being "mumet" (Jav.) (Indon.: "pushing")<sup>12</sup>. This has nearly been cured now, she claims, because of ECT, because she is eating no goat meat and because she is taking a nap at noon.

The neighbor, Bu Hadi, states that the neighbors care for Mrs. Kaca in the way of "men-gemong", a practice similar to caring for children with special regard for the present emotional state. They do so because everybody knows that she is not normal. They do not give her full responsibility and ignore her deviant and strange behavior. For Mrs. Kaca's future she sees only a change if the "affairs of the heart" turn out positively. Otherwise she will have relapses and be able to work only on a limited basis.

Pak Abri, Mrs. Kaca's brother-in-law, is retired from the army and therefore has a respected local position. His wife is the cousin of Mrs. Kaca and the sister of her deceased husband. Pak Abri seems to be critical of Mrs. Kaca's behavior, especially of her wasting of money and her 'princess-like' behavior. But at the same time she is accepted the way she is and there is no demand to change and no blaming for any failure or for not fulfilling developmental tasks. Deviant behavior, in Pak Abri's view, is an object of practical help and strict control by others. He thinks that biology and predisposition to mental (nerve) illness ("sakit saraf") play a large part in Mrs. Kaca's problems. Approaching men is explained by a "second puberty". He rules out the possibility of Mrs. Kaca being possessed on the basis of the failure of different traditional healers (dukuns) who had been consulted. He thinks such

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<sup>12</sup>This is a general indicator of distress in Indonesia which was often used by our informants. They point to their head and call themselves mumet (Jav.) or pusing (BI). The Javanese concept of mumet is something between experiencing a whirling sensation, feeling dizzy or and having a headache.

"magic" models are applicable to other cases (e. g. his sister), but that this case is one of biological disturbance. For Pak Abri, helping and controlling a family member who is in trouble goes without saying. This obligation to help and control is strictly regulated by family bonds. He accuses the family of origin of not fulfilling this obligation properly. In his view, the most important criteria for Mrs. Kaca's recovery are the fulfillment of social obligations (caring for the son).

If we look at the material as a whole, we find striking contradictions in the different perspectives of our informants. For example, we hear that there was a mismatch (with her cousin) and that there was no mismatch, that the marriage was based on love (Bu Hadi, Bu Barut) and that it was not (Pak Abri), that Mrs. Kaca is happy and that she is not. There is a coexistence of the expectation of a good and a bad prognosis, of adopting and not adopting magical concepts and of having and not having consulted dukuns (traditional healers). Mrs. Kaca and partly Bu Barut give a picture of well being and normality while the other informants see her as dependent and severely reduced in her capabilities. There are reports of proper and no proper caring by the family of origin and of Mrs. Kaca owning and not owning a boarding house for students.

Our impression was that all those concerned "co-operated" in creating such multiple realities, which seemed to serve problem management. Nobody challenges the coexistence of these mostly contradictory realities - one version of which represents the more official and socially acceptable view. They simply coexist; nobody insists that one version is "really" true - even if they are present<sup>13</sup> when somebody states the contrary to what another interviewee has previously stated.

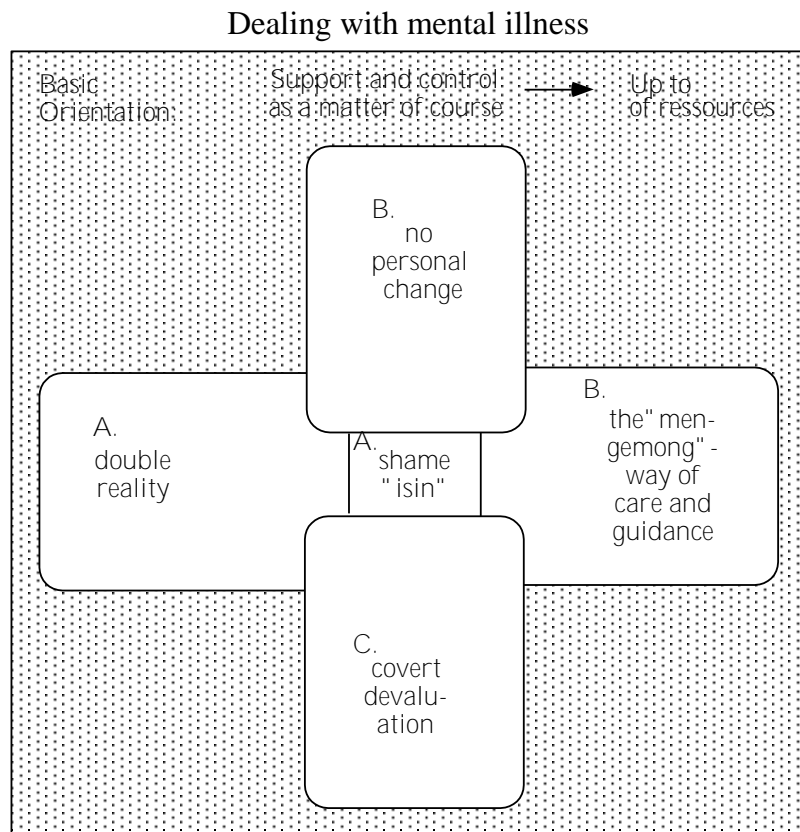
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<sup>13</sup>It is rarely possible to get an interview with only one person in Java - consequently one often gets changing constellations during one interview and different persons giving comments.

This may be related to the observation that we did not find any conflicts, which might have proved the moving force for demands for personal change. Nobody expected that Mrs. Kaca should change and nobody blamed her for not achieving or for being weak and dependent. The responsibilities of help and control did not at all entail the aim of changing inner states

and we were astonished to find that help was not suspended as a punishment for failure and negatively valued social behavior.

In the following diagram we see four overlapping concepts which form one strategy of dealing with mental illness on the background of a basic orientation:



As a background for the four overlapping concepts of dealing with mental illness a basic orientation towards taking on responsibility for help and control is represented in the diagram. In each case there was no question that this orientation was a matter of course. On the other hand, there were three cases in which we could study the limits of this orientation. The most extreme case was that of Kidul. In each of these cases the families had sold the land they lived from. In the case of Mr. Pakem, the chief of the neighborhood reports that they hold several neighborhood meetings because of the disturbing behavior of Mr. Pakem over the last years. The patience of the neighbors

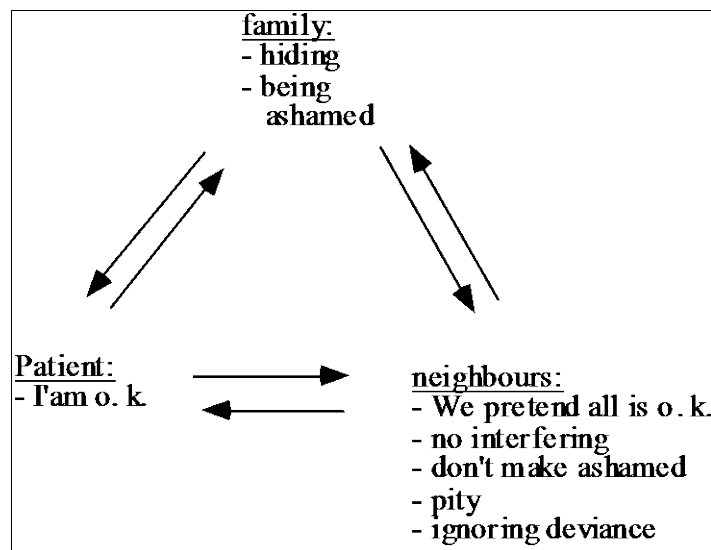
had come to an end and their willingness to provide support as well because Mr. Pakem is demanding cigarettes or money from everybody he meets on the street, he is forcing people with words, he disturbs celebrations by his unrespectful and impertinent behavior, his clothes don't look properly and he is taking away things from the small foodstalls. Perhaps here the limit of the "mengemong" caring attitude is reached and - if there are no more means to bring him to hospital - he is at the threshold of being excluded and becoming a psychotic tramp.

a. *Multiple Realities - Dealing with shame*

We have seen in the example of the Kaca case that constructing multiple realities seems to be a way of coping with mental illness.

Constructing multiple realities means acting as if everything is normal while knowing that the reality is different. Through this way of acting a certain form of reality is practically constituted which is more favorable for the patient or

his/her family. The aspects of reality regarded as negative are denied, hidden, or glossed over. People act towards the patient as if he/she is healthy and towards the family as if there is no disgrace in having this person as a family member. The mentally ill person acts as if he/she is normal or already recovered. These interactions are interrelated in the following way:



There is then, no blaming and no confrontation, only a harmonious reality. This form of reality seems to provide shelter and security. All participate in creating this multiple reality and all patients who are not completely confused try hard to convince everybody that they are healthy. Nobody contradicts these "as if" realities and we found a peaceful coexistence of different versions.

An important force in constituting multiple realities is the Javanese form of shame.

If we take the case example of Diam we see that the subject of shame in regard to the mentally ill son is a difficult one. The father does not talk about his own feeling of shame but about the avoidance of the feeling of shame in others. What makes the matter more complicated is that the Javanese concept of "Lingsem" and "Isin" is different from the Western concept of shame (See: KEELER, 1983,

GEERTZ, C. 1973, GEERTZ, H., 1961, KOENTJARANINGRAT, 1985). Pak Duriman provides the following account of taking his son home from the mental hospital: "Yesterday, when we went back from the north, I tried to find a way which avoided meeting many friends (relatives); we avoided meeting them till we arrived at home.....There were still some who did not know]" (4/9).

Another problem was represented by the mental hospital itself, which is a department of a big general hospital where some relatives of Pak Duriman are working:

"I have many relatives who work there as medical aides. I ensured that they did not know in order not to make them "lingsem" ..... I covered things up so that they didn't find out about my son. ... If I went to the hospital I always hid myself and entered from the south entrance.... The other people around here got accustomed

to it (while pointing to the surrounding area). It is important that they do not let other people know in order not to make the patient feel "isin" ..."

There seems to be a problem of protecting the relatives from feeling "lingsem" and his son from feeling "isin". Of course, he himself will probably also want to avoid these feelings himself. According to Koentjaraningrat (1985) "isin" "refers to a feeling in which an individual ego considers himself extremely inferior towards another person because he, Ego, thinks that the other person despises him very much and thinks that he (Ego) is a very inferior and worthless person. In terms of behavior and action Ego will constantly try to avoid the other person, and keep away from him." (P. 248). "Lingsem", the krami version<sup>14</sup> of isin is more similar to the English meaning of shame.

Diam's father expects that Diam will feel despised, inferior and worthless and avoid contact with others if they know about his mental illness. On the other hand, he expects that his relatives who work in the hospital will feel lingsem because it is obvious that they have a family member as a patient in the psychiatric department.

There is a complicated web of feeling "isin" and different precautions to prevent the feeling of isin in different people, a factor that contributes to the construction of multiple realities.

*b. "Mengemong" (Caring as for a child) instead of personal change*

The concept of "mengemong" is closely related to the absence of any idea of change in the individual concerned. In the case of 23 years old Mrs. Muda we could study the advice given to the family at the initial onset of mental illness:

All interviewees and even the Javanese interviewees agree to the necessity of a special way of caring which they call "mengemong". This message is most explicitly given by Pak Dirjo (the uncle of Mrs. Muda's husband) and eagerly accepted by the husband: "Yes, I often said such a child has to be handled with patience and treated in a gentle manner, not roughly" (6) .... "Yes, I often warned them - first her husband and then both her parents - that they must be careful. Her father is able to be patient, cares ('ngemong') for her, but her mother was rather.... Once, when Mrs. Muda had been healthy again for some time, her mother spoke rather roughly, which made her daughter feel unpleasant, as if under pressure. She must be taken care of in a way such that she is not spoken too roughly. I have already told her father."

Both Pak Dirjo and the husband hold the view that a further relapse depends on the behavior of the family members. The main principle is to avoid all emotional upset or disturbance in the "child"-patient; all family members should be patient and there should be no rough words, no disappointment and her husband should be attentive and caring, not asking too much of her in regard to housework. When her husband cannot take care of her the parents should do it. In fact, taken as a whole, the interviewees almost seem to be explaining the principles of relapse-prevention following the British Expressed Emotion<sup>15</sup> concept to the interviewees. The village nurse is convinced that the family must be calm and should not exert stress on Mrs. Muda: "The whole family should accept her in the heart, be peaceful and I think she soon will recover." (47). The neighbor advises Mrs. Muda: "Yes, you should take a rest first, make your mind calm, don't think about anything". The uncle stresses especially the neces-

<sup>14</sup>The Javanese language has different speech levels which depend on the status of the person being addressed. Krami is the highest speech level, which is used by Pak Durinam here.

<sup>15</sup>EE= "Expressed Emotion" A measure of emotional response of the family to the patient which seems to correlate with relapse risk (see: LEEF et. al. 1985, 1987, 1990)

sity of a change in the husband's behavior and gives strict advice: "If you love her more and more she will be much better and happier. If you used to go out to play volleyball in the afternoon, use this time now to stay at home and just be with her. Don't go anywhere!"

One does not find, then, the idea that mentally ill people should be changed or cured by influencing their personality or inner states. As mentally ill patients are not seen as having failed in developmental tasks the burden of change is placed on other people. There is no idea of individual psychotherapy but rather a static model of compensation. As mentally ill people are believed to be not complete others must therefore compensate for this incompleteness through „ngem ong“.

A popular Western idea of change and development is the concept of having to be confronted with reality and becoming an individual personality by passing through critical stages. In Java we find a different model of development<sup>16</sup> due to the fact that confrontation is avoided by creating multiple realities.

The main point in not expecting any change in the mentally ill person is that there is no idea of self-responsibility and no demand or expectation of self-directed control in relation to people regarded as not normal. Consequently we found no disparagement, no blame and no hostility directed towards the mentally ill.

The concept of "(me)ngemong" derives from regarding mental patients as similar to Javanese children before the age of 5 – 6 (s. Page 12). So a child as well as a mental patient cannot understand, is not civilized and has no shame and proper respect. As such a person cannot control emotions he should not be confronted with demands. In the West we tend to regard children as responsible for their actions very early on in life: we blame them for mis-

<sup>16</sup>We refer to the case of Kuat. There was an alternative model of change by the linear accumulation of inner power to balance the supernatural forces which enter the body.

behavior, confront them with demands and explore their motives. All this is not included in the Javanese way of dealing with little children of mental patients. They should be handled in a relaxed, supportive, gentle and unemotional way. Through this usually gentle form of caring guidance a direct confrontation or application of force is avoided as far as possible.

However, where deemed necessary in the case of mentally ill persons, force will be used. We had seen in the case of Kidul how the control of aggressive behavior could be very drastic. In the case of Kuat he was tied to a pillar in the yard of the house.

But it is important that the ultimate measures of physical control used as an answer to highly irritating acts of aggression be employed unemotionally without feelings of revenge or punishment in a situation deemed legitimate (i.e., in the case of Ms Kidul, the chief of the village had to give his approval).

It would seem that caring and guidance are regarded as closely connected and do not exclude the strong paternalistic-authoritarian orientation we find in Javanese society (s. KERSTAN, B. BERNINGHAUSEN J.1991). It seems that this paternalistic-authoritarian aspect of the culture is pronounced in both controlling and caring aspects of the *mengemong* concept. This seems to fit the strictly hierarchical organization of Indonesian society in regard to politics, administration and family.

### *c. Covert Devaluation*

Covert devaluation is a form of devaluation, which does not entail any blaming of the victim. In most of the cases there was a form of unspoken rule to act towards the mentally ill person as if everything was in order, as if he or she was normal or had already recovered. As a general rule, then, there is a tendency to hide the reduction of social status and objective social value of a person regarded as not normal. This devaluation is not seen as disparagement but as a reduction of the rights and

duties of the social role. Indeed, it can be argued that perhaps there is nothing behind this social role (e. g. the self-directing individual see: GEERTZ, C., 1974) which could be devalued in the "Western" way where the experience of devaluation seems to be connected to self esteem. We encountered some difficulties with this subject because we did not find an empirically based indigenous personality psychology in Java<sup>17</sup>. MULDER, N., 1990 has collected some data which point to a different concept of "inner self" ("kebatinan") in Java. It seems to be important that people do not confront the patient with their real opinion in regard to his or her inferiority. Based on the principle of multiple reality, people treat the patient in a "mengemong way" without talking about the reasons for doing this. Through "mengemong" any burden on the patient is avoided. On the other hand, this devaluates the patient indirectly by excluding him or her from any demanding activities.

Although covert - devaluation and the resulting stigma obviously do exist and exert considerable influence on the lives of mentally ill people and their families. What is more difficult to show in the empirical material is the absence of an openly disparaging aspect in the concept of "covert devaluation".

We developed the hypothesis that while devaluation clearly takes place, the fact that the mentally ill in Java are not openly confronted with this devaluation means that they do not develop the forms of self-devaluation found in the West. It would certainly be interesting to undertake more research on this topic. Perhaps the Western concept of self in which a self-directing and self-responsible ego is expected to develop creates a particular vulnerability to

being blamed and consequently leads to self-blaming.

To get more data about the concept of covert devaluation we looked in particular for a case of "dipasung" (being tied in wooden stocks) and chose the case of Miss Kidul because we had the impression that in this particular case there was a strong likelihood of rather open devaluation and a clear attribution of blame given that the individual concerned had been subjected to such humiliating conditions. Even if we concede that our informants from the village tried to defend and excuse themselves and give a rather favorable picture of the shocking reality, they nevertheless confirmed the social rules, which we had come across in the other cases. There was no blaming of the patient and no open devaluation. The responsibility for help and control was a matter of course and it seemed to us that, despite external appearances, even this situation confirmed the special concept of caring, which was called "mengemong".

The hiding of being submitted to an extreme and humiliating procedure could not function in this case and had to be legitimated: being subject to be tied in the stocks is a traditional and obvious consequence of being regarded as crazy. Kidul's mother described how her daughter argued with her while tied in the stocks: *"People think I am crazy. Well, I am just suffering from hypertension". "No, you must be crazy (Jav.: "edan" BI: "gila"). You chased your old uncle with a knife in your hand. And your uncle fell into a ditch. That means you are crazy". I told her.'* (10/14) Here the mother uses her daughter's running amok as a proof for madness and consequently as a reason or argument for keeping her in the stocks whereas the daughter calls herself "bludrek"<sup>18</sup> - suffering from hypertension - thus

<sup>17</sup>If we take the Philippines in the neighbourhood there may have been different historical conditions which led to a rich discussion about an indigenous personality psychology (see for example: CHURCH, A. T., 1987) but we think it is not useful to apply the Philippine constructs to Java.

<sup>18</sup>Having hypertension is another popular reason to explain the feeling of "pusing" which is reported as a symptom of mental illness.

normalizing her state and stating that she is not mad.

It was puzzling for us that, on the one hand, Kidul's parents tied up their daughter like an animal and, on the other hand - both before and after this incident - spent the last money they had in order to visit her regularly in the mental hospital. We learnt that extremely aggressive behavior is answered with very drastic physical measures if there is no possibility to delegate control to a mental hospital or other such place. This is consistent with the position of Pak Abri in the case of Kaca: *"...we are cruel; if there was such a person, we caught her, tied her up and took her to the hospital, which meant no more problems."* (5/26) Controlling of aggression is not seen as punishment; it is just a measure, which necessarily has to be taken without the goal of disparaging the person.

#### VIII. Conclusion

The aim of this study was to find out the specific pattern of perceiving, explaining, and dealing with mental illness in a local cultural context of Central Java. Our investigation took place in a society with strong traditional elements, which is being confronted with manifold modern influences and the expansion of Islam. All our cases showed signs of these forces of change.

Following a theory-discovering approach, we found a form of dealing with mental illness on a daily basis which is considerably different to

that which could be generalized as the "Western" way of dealing with it.

The behavior of a mentally ill person is in many respects the contrary of what is regarded as normal conduct in Java. In this sense, being aggressive, without shame, being dirty and not properly dressed, not observing social rules, or retreating from social contact - all these forms of behavior are considered highly irritating and deviant in Java.

A person who behaves in this way is called "incomplete", not yet or no longer a Javanese. There is no question that such a person becomes the object of care and control activities by the family and the community. Rising standards of treatment have meant that long or repeated hospitalization is now often regarded as necessary. This is expensive and may include high transportation costs to visit the patient. These expenses can easily exhaust the basic resources of the family and can lead to impoverishment. The extent of support and control measures mobilized in the family and the community is impressive. However, if local resources are exhausted and there is no possibility of hospital treatment, the mentally ill person may be imprisoned in the house of the family or excluded and end up living on the streets as a psychotic tramp.

Not being normal is explained by different coexisting concepts, the psychological one having become the most influential: the modern term "stress", however, denotes a specific traditional Javanese concept. The "stress" leading to mental illness is the same, which is believed to cause any illness in small children. (Frustration, aggression, emotional upset etc).

It follows that the concept of how to deal with small children seems to include the main ideas on how to deal with mentally ill people. We have discussed how the combination of caring and authoritarian guidance, which is combined in the concept of „*m engem ong*“, does not imply any idea of changing the mentally ill person.



Rather, the onus for change is placed on the behavior of those in the surrounding environment, a concept similar to the idea of relapse prevention found in the Expressed Emotion Concept (s. LEFF, J. & VAUGHN, C., 1985). Having a mentally ill member in the family is seen as a disgrace and a serious burden. The intense Javanese emotion of "isin" (specific form of shame) is connected to this fact and leads to a construction of multiple realities around this topic with the result that the family and the mentally ill person experience only a covert devaluation. We found that the combination of these four overlapping concepts characterizes the unspoken rules of dealing with mental illness in Central Java.

There is an impressive amount of help and control provided by the family and the community and we found social rules and common orientations, which can provide a favorable background for mental patients as long as they are tolerated in the family and community. The construction of multiple realities appeared to be a strategy of problem management, which could be less harmful to mentally ill persons and their families than being confronted with an "objective" reality. We found no blaming of the patient or understanding of his or her illness as a failure. As there is no concept of self-responsibility and self directed control for mental patients there is no expectation or demand of inner change. Devaluation in this context does not aim at the worth or esteem of an individual self. Devaluation is covert and seems to usually amount to no more than an indirectly arranged reduction in the mentally ill individual's rights and duties. When compared to the general Western understanding, we find in Java not only a different concept of identity but also a different form of "management of spoiled identity" (s. GOFFMANN, E. 1963). On the basis of the cases we studied, it would seem that the manner in which mentally ill persons in Central Java are dealt with has a rather low tendency to lead to self-devaluation

and self-blame as long as they live in the community. Another mechanism which is suspected to contribute to chronicity is the fusion of self and illness (s. ESTROFF, S. 1981, 1990, 1991). We found no such adoption of a "mentally ill" role in our cases. Obviously those who experienced mental illness felt a high degree of pressure to "normalize" and to present themselves as normal or already recovered. The position of the psychotic tramp is not considered a social role at all - it is rather regarded as a "non-existence" and, in this sense, is quite different from, for instance, the role of the street people in New York as described by LOVELL, A. M. (1992).

It is interesting to discuss the results of the schizophrenic syndrome profile found by SALAN (1992 a, b) on the background of our findings. According to the study of SALAN patients from Jakarta are more active, show more incoherent speech and self-neglect and much less depressive features than patients in London. In the interpretation of the data SALAN points to the difference that most of the patients from Jakarta did not get medical treatment. Nevertheless the cultural pattern of dealing with mental illness may have a relation to the formation of symptoms. In the pattern of dealing with mental illness we found no condition for the preoccupation with self-blaming, guilt, self-devaluation in Indonesian patients. This is consistent with the lack of depressive features they show in the symptom profile.

We hope we have been able to provide a more specific and clearer picture of how the mentally ill are dealt with in an everyday context in a local South East Asian Culture. We would suggest that further research concentrate on what we have called "covert devaluation". We think that a more detailed analysis of the different mechanisms of devaluation could lead to a better understanding of chronicity especially in Western countries.

The data were collected before the crisis of the Asian Economy. In the last decade we saw a dramatic increase of social and mental health problems in the developing countries (s. Kleinman et al, 1997, World Health Organization, 2001, Mezzich et al. 2001) The gap bet-

ween rich and poor people is increasing and especially in the growing megacities (like Jakarta) the social resources which we described in our study are lost. We will go back to the participants of our study in 2003 to analyse the changes.

## Literature

- ANGERMEYER, M. C.: Streß - ein moderner Mythos? Vorstellungen in der Bevölkerung zu Genese psychischer Erkrankungen. In: GÖTZE, P, MOHR, M. (Hrsg.) Psychiatrie und gesellschaftlicher Wandel. S. Roderer, Regensburg, 1992.
- ARGENTI-PILLEN A. The discourse on trauma in non-western cultural contexts: contribution of an ethnographic method. In Shalef, A Y, Yehuda, R. McFarlane, A. C. (Eds.) International handbook of human response to trauma. Kluwer, New York, 2000, pp87-102.
- BENDICK, C.: EMIL KRAEPELINS Forschungsreise nach Java im Jahre 1904.- Ein Beitrag zur Geschichte der Ethnopsychiatrie. Arbeiten des Forschungsinstituts für Geschichte der Medizin der Universität zu Köln, Bd. 49, 1989.
- BLEULER, M.: Die schizophrenen Geistesstörungen im Lichte langjähriger Kranken- und Familiengeschichten. Thieme, Stuttgart, 1972.
- CHURCH, A. T.: Personality Research in a Non-Western Culture: The Philippines. Psychological Bulletin, 102: 2, 272-292, 1987.
- CIOMPI, L. MÜLLER, C.: Lebensweg und Alter der Schizophrenen. Eine katamnestic Langzeitstudie bis ins Senium. Springer, Berlin, 1976.
- Estroff, S. E. (1994). Identity, disability and schizophrenia. The problem of chronicity. In S. Lindenbaum & M. Lock (Eds.), Know

- GARDJITO, S. O.: Upaya rehabilitasi sebagai upaya kesehatan yang terbaru. Contribution to: Kongress Nasional Ke-II Ikatan Dokter Ahli Jiva, Yogyakarta, 8.-11. July 1992.
- GEERTZ, C. Ethos, world view, and the analysis of sacred symbols. The Interpretation of Cultures. Basic Books, New York, 1973.
- GEERTZ, C. On the nature of anthropological understanding. American Scientist 63:47-53, 1974.
- GEERTZ, HILDRED: The Javanese Family. Free Press of Glencoe, New York, 1961.
- GLASER, B. G., STRAUSS, A. L.: The Discovery of Grounded Theory. Strategies for Qualitative Research. New York, 1967.
- GOFFMANN, E. Stigma, Notes on the Management of spoiled Identity. Prentice Hall, Inc. Englewood Cliffs, N. J., 1963.
- HARDING, C. M. u. a.: Aging an social functioning in once-chronic schizophrenic patients 22-62 years after first admission: The Vermont story. In: MILLER, N. E., COHEN, G. D. (Eds.): Schizophrenia, paranoia and schizophreniform disorders in later life. Guilford Press, New York, 1987, 74-82.
- HARDING, C. M., ZUBIN, J., STRAUSS, J. S. .Chronicity in schizophrenia: fact, partial fact, or artifact ? Hospital and Community Psychiatry, 38: 477-486, 1987.
- HUBER, G, GROSS, G., SCHÜTTLER, R.: Verlaufs- und sozialpsychiatrische Langzeituntersuchungen an den 1945-1959 in Bonn hospitalisierten schizophrenen Kranken. Springer, Heidelberg, 1979.
- KEELER, W. Shame and Stage fright in Java. Ethos 11:3, 152-165, 1983.
- KERSTAN, B. BERNINGHAUSEN J.: Emanzipation wohin? Frauen und Selbsthilfe in Java/Indonesien. Verlag für interkulturelle Kommunikation, Frankfurt, 1991.
- KIRMAYER, L. J.: Cultural variations in the response to psychiatric disorders and emotional distress. Social Science & Medicine 29: 327-339, 1989.
- KLEINMAN, A., COHEN, A. Psychiatrie in den Entwicklungsländern. Spektrum der Wissenschaft Aug. 1997, S. 80-84.
- KLEINMAN, A.: Rethinking Psychiatry - From Cultural Category to personal Experience. The Free Press, New York, 1988.
- KOENTJARANINGRAT. Javanese Culture. Oxford University Press, Singapore / Oxford 1985
- KRAEPELIN, E. Psychiatrisches aus Java. Centralblatt für Nervenheilkunde und Psychiatrie, 27 : 433- 437, 1904b.
- KRAEPELIN, E. Vergleichende Psychiatrie . Centralblatt für Nervenheilkunde und Psychiatrie, 27 : 468 - 469, 1904a.
- LEFF, J. ,SARTORIUS, N., JABLENSKY, A., ANKER, M., KORTEN, A., GULBINAT, W., ERNBERG, G.: The International Pilot Study of Schizophrenia: Five-Year Follow-up Findings. In: HÄFNER, H., GATTAZ, W. F. (EDS.): Search for the causes of Schizophrenia. Vol. II, Springer, Heidelberg, 1990.
- LEFF, J. et al. Influence on relatives' expressed emotion on the course of schizophrenia in Candigarh. Brit. J. of Psychiatry, 151: 166-173, 1987
- LEFF, J. et al.: Relatives Expressed emotion and the course of schizophrenia in Chandigart. (India) A two-years follow-up of a first contact sample. The British J. of Psychiatry, 156: 351-356, 1990.
- LEFF, J., VAUGHN, C.: Expressed Emotions in families. Guilford Press, New York, 1985.
- LEFLEY, H. P.: Culture and chronic Mental Illness. Hospital and Community Psychiatry, 41, 3, 1990, 277-286
- LIN, K. M., KLEINMAN A. R. Psychopathology and clinical course of Schizophrenia. - A cross-cultural Perspective. Schizophrenia Bulletin, 14, 4, 555-567, 1988.
- LOFLAND, J. LOFLAND L. H. : Analyzing social settings. Wadsworth Publ. Comp. Belmont Cal. 1984.
- LOVELL A. M.: Seizing the Moment: Power, Contingency, and Temporality in Street Life. In: RUTZ, H. (Ed.): The Politics of Time. American Anthrop. Assoz. Washington DC, 1992.
- MAGNIS-SUSENO, F. Javanische Weisheit und Ethik. Studien zu einer östlichen Moral. Oldenbourg, München, Wien, 1981.

- MAGNIS-SUSENO, F. Neue Schwingen für Garuda. Kindt Verlag, München, 1989.
- MEZZICH, JUAN E. ; FABREGA, HORACIO. Cultural psychiatry : international perspectives . W.B. Saunders, Philadelphia, 2001.
- MULDER, N.: Individuum und Gesellschaft in Java (Bielefelder Studien zur Entwicklungssoziologie), Breitenbach, Saarbrücken, 1990.
- ROGLER, L. H., HOLLINGSHEAD, A. B.: Trapped: Puerto Rican Families and Schizophrenia. Maplewood, NJ, Waterfront Press, 1985.
- ROGLER, L. H.: The meaning of Culturally Sensitive Research in Mental Health. Am. J. of Psychiatry, 146,3, 296 - 303, 1989.
- SALAN, R.: Perbedaan simptomatologi Skizofrenia pada pasien Indonesia dan Inggris. Paper presented at 2. National Kongress of psychiatrists in Yogyakarta, July, 1992 b.
- SALAN, R.: Epidemiology of schizophrenia in Indonesia (The Tambora I Study). Asean J. of Psychiatry, 2/1, 52-57, 1992a.
- SARTORIUS, N. et al.: Early manifestation and first-contact incidence of schizophrenia in different cultures. Psychological Medicine, 16, 1986, 909-928.
- SARTORIUS, N., JABLENSKY, A. et al. : Schizophrenia. Manifestations, incidence and course in different cultures. A WHO ten-country study. Psychol. Medicine, Monograph Suppl. 20, Cambridge Univ. Press, Cambridge, 1992
- SARTORIUS, N., JABLENSKY, A., ERNBERG, G., LEFF, J., KORTEN, A., GULBINAT, W., .: Course of Schizophrenia indifferent countries: Some results of a WHO International Comparative Five-Year Follow-up Study. In: HÄFNER, H., GATTAZ, W. F., JANZARIK, W. (EDS.): Search for the causes of Schizophrenia. 107 - 113, Springer, Heidelberg, 1987.
- STRAUSS A., CORBIN J. Basics of qualitative Research. Grounded Theory - Procedures and Techniques. Sage, Newbury Park, 1990.
- STRAUSS, A. L. Qualitative analysis for social scientists. Cambridge University Press, New York, 1987.
- TONG, D., MARYATI, T.: Prevalensi Gangguan Jiva di Sebua Dusun Tana Toraja. Jiwa - Indonesian Psychiatric Quarterly, 1989, 2: 43-54.
- WEBER, S. Das Stresskonzept in Wissenschaft und Laientheorie. S. Roder, Regensburg, 1987
- WESTERMEYER J, WINTROB, R.: Folk criteria for the Diagnosis of mental Illness in rural Laos. American J. of Psychiatry, 136, 1979, 755-761.
- WESTERMEYER J.: Folk concepts of mental disorder among the Lao: Continuities with similar concepts in other cultures and in psychiatry. Culture, Medicine and Psychiatry 3, 301-317, 1979.
- WORLD HEALTH ORGANIZATION Mental health - new understanding, new hope Genf (2001) WHO.

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## AUS DEN HOCHSCHULEN

Technische Universität Dresden, Institut für Sozialpädagogik, Sozialarbeit und Wohlfahrtswissenschaften

Prof. Dr. Frank Nestmann

Soziale Netzwerke und soziale Unterstützung von Kindern in Heimerziehung. Eine vergleichende empirische Untersuchung.

Bisherige empirische Untersuchungen zu sozialen Netzwerken und sozialer Unterstützung von Kindern haben sich jungen Menschen zugewandt, die bei ihren Eltern leben. Die Eltern, insbesondere die Mütter wurden dabei als ihre wichtigste und vielfältigste Unterstützungsquelle identifiziert. Wie sieht es aber bei Heranwachsenden aus, die nicht bei ihren Eltern leben können?

Das von der Deutschen Forschungsgemeinschaft finanzierte Projekt der TU Dresden nimmt erstmalig Kinder in solch einer Lebenssituation in den Blick. Im Mittelpunkt der Untersuchung stehen Sechs- bis Zwölfjährige, die im Rahmen von Jugendhilfemaßnahmen sogenannte Ersatzerziehung erhalten.

### Projektziel

Ziel des Projekts ist eine vergleichende Beschreibung der sozialen Netzwerke von Heim- und Pflegekindern und eine Darstellung der Ressourcen und Belastungen, die die Kinder darin erfahren.

### Projektdesign

In drei Gruppen von Sechs- bis Zwölfjährigen werden die persönlichen sozialen Netzwerke der Kinder in ihren wichtigsten Struktur- und Qualitätsdimensionen sowie in ihren Funktionen sozialer Unterstützung, sozialer Regulation/Kontrolle sowie sozialer Belastung/Konflikt vergleichend analysiert:

1. 40 Kinder, die seit mindestens einem Jahr im Rahmen einer Jugendhilfemaßnahme im *Heim* leben;
2. 20 Kinder, die seit mindestens einem Jahr Hilfe zur Erziehung in einer *Pflegefamilie* in Anspruch nehmen, und

3. 20 Kinder, die bei mindestens einem ihrer Eltern leben und keinerlei Form von Hilfe zur Erziehung erhalten.

Um einen Geschlechtervergleich zu ermöglichen, werden die Untersuchungsgruppen zu gleichen Teilen aus Mädchen und Jungen zusammengesetzt. Innerhalb der Gruppe der Heimkinder erfolgt außerdem ein Vergleich zwischen regional und überregional untergebrachten Kindern.

### Untersuchungsmethode

Im Gegensatz zur Mehrheit bisheriger Untersuchungen soll in dieser Studie die Perspektive der Kinder erfasst werden. Daher werden die Kinder selbst befragt. Sie sollen Auskunft darüber geben, welche Personen sie zu ihrem Netzwerk zählen, welche Unterstützungsressourcen sie in ihrem Netzwerk wahrnehmen und wie sie diese nutzen, welche Belastungen sie empfinden und welche Strategien des Umgangs damit sie entwickeln.

### Erhebungsinstrumente

Haupterhebungsinstrument sind teilstrukturierte Interviews, die durch eingeschlossene Visualisierungstechniken mit Hilfe von Moderationskarten und Spielfiguren eine kindgerechte Befragung ermöglichen.

In ergänzenden Einzelfallstudien kommen standardisierte Fallvignetten und Aktenanalysen zum Einsatz.

### Projekt-Laufzeit

Das Forschungsprojekt hat im August 2001 begonnen und soll im Herbst 2004 abgeschlossen werden.

**Projektleitung: Prof. Dr. Irmtraud Beerlage**

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Forschungsprojekt

Entwicklung von Standards und Empfehlungen für ein Netzwerk zur bundesweiten Strukturierung und Organisation psychosozialer Notfallversorgung im Auftrag des Bundesministeriums des Innern (Projekt-Nr. B1.11-101/02, Laufzeit 12/02-5/04)

Kurztitel

NETZWERK PSYCHOSOZIALE NOTFALLVERSORGUNG
---------------------------------------------

Laufzeit 12/02 – 5/04

Ausgangslage und Zielstellung

Psychologische Fragen der Betreuung von Notfallpatienten und Umgang mit Angehörigen im Zivil- und Katastrophenschutz sind nicht neu, finden aber in den letzten Jahren und mit jedem neuen Großschadens- bzw. Katastrophenfall immer stärkere Beachtung. Aber auch die Belastungen der Einsatzkräfte werden zunehmend thematisiert. Bundesweit werden in den in der Gefahrenabwehr arbeitenden Organisationen zunehmend entsprechende Konzepte erarbeitet, in der Ausbildung vermittelt und in der Praxis realisiert. Notfallseelsorge und Notfallpsychologie arbeiten ebenfalls an einer gründlichen Fundierung und Qualitätssteigerung ihrer Beiträge zur psychosozialen Notfallversorgung. Trotz oder vielleicht auch aufgrund der erhöhten Sensibilität und zunehmenden Aufgeschlossenheit gegenüber psychosozialen Themen und Fragestellungen im Zivil- und Katastrophenschutz und zahlreicher Initiativen weisen die Konzepte und Praxisangebote der psychosozialen Notfallversorgung allerdings auch eine starke Heterogenität auf unterschiedlichen Ebenen auf:

*Strukturelle Aspekte:*

Die regionale Verbreitung psychosozialer Notfallversorgung kann nicht als flächendeckend bezeichnet werden.

Die Vernetzung der Angebote und berufsgruppenspezifischen, trägerspezifischen und regionalen Initiativen steckt noch in den Anfängen.

Die psychosoziale Notfallversorgung für Einsatzkräfte wird vor allem im Zusammenhang mit Großschadenslagen/Dauereinsätzen/Katastrophenfällen diskutiert. Die sich langfristig auswirkende (evtl. unzureichende) Bewältigung beruflicher Anforderungen im Einsatzalltag findet dagegen weniger Beachtung.

*Qualität:*

Zur Zeit werden qualitativ sehr unterschiedliche Notfallversorgungskonzepte für Einsatzkräfte entwickelt und in Aus- und Fortbildung sowie Praxis umgesetzt.

Die psychosoziale Notfallversorgung für Notfallopfer, Angehörige und Augenzeugen scheint weiter entwickelt zu sein, als die Ausbildungs- und Praxismodule für die Einsatzkräfte. Eine Übertragbarkeit wird weitgehend unterstellt.

Klinisch-psychologische Fragen der Prävention Posttraumatischer Belastungsreaktionen/-störungen stehen im Vordergrund, der Aspekt des Erhalts der Einsatzfähigkeit unter arbeits- und organisationspsychologischen Gesichtspunkten (psychosoziale Einsatznachsorge als betriebliche Gesundheitsförderung) steht eher im Hintergrund, obwohl davon auszugehen ist, dass sich der Erhalt der psychosozialen Gesundheit der Einsatzkräfte auch mittelbar auf die Qualität der Interaktion der Einsatzkräfte mit den Opfern auswirken kann und so auch die

Qualität der (auch psychosozialen) Notfallversorgung der Opfer mitbestimmen kann.

Ziel des Projektes ist die Erarbeitung eines wissenschaftlich fundierten Fach- und Organisationskonzeptes zur strukturellen Einbindung der psychosozialen Notfallversorgung für Einsatzkräfte der Hilfsorganisationen, der freiwilligen und beruflichen Feuerwehren und des Technischen Hilfswerkes. Dabei sind sowohl regions- und trägerübergreifende fachliche Standards zu entwickeln wie Richtlinien zu Berücksichtigung regionaler und aufgabenbezogener Besonderheiten. Wesentliche Voraussetzung zur Erarbeitung ist eine differenzierte Bedarfsanalyse und Bestandsaufnahme vorhandener notfallseelsorgerlicher und notfallpsychologischer Konzepte und Handlungsansätze in Ausbildung und Praxis unterschiedlicher Regionen, Länder und in der Gefahrenabwehr arbeitenden Organisationen.

Anhand zweier ausgewählter Modellregionen (Sachsen-Anhalt, Berlin) sollen Bedarfe und verfügbare Angebote erhoben und umfassende Vernetzungen dokumentiert und angeregt werden. Die Ergebnisse aus den Modellregionen werden genutzt, um Empfehlungen und Standards für die Implementation eines bundesweiten Netzwerkes psychosozialer Notfallversorgung zu entwickeln.

Das Netzwerk-Projekt konzentriert sich auf strukturelle Aspekte der psychosozialen Notfallversorgung der Einsatzkräfte von Feuerwehr, Rettungsdiensten und THW.

Drei Aufgaben stehen im Vordergrund:

- a) Erhebung Angebote: Erheben von derzeitigen Angeboten zur psychosozialen Notfallversorgung für die Zielgruppen: Feuerwehr, Rettungsdienst und Technisches Hilfswerk (in den Regionen). Beschreiben von evtl. vorhandenen Angebotslücken sowie Empfehlungen für eine Weiterentwicklung.
- b) Dokumentation und/oder Initiierung von Vernetzung: Dokumentation bisheriger Vernetzungsformen und -Erfahrungen. Evtl. Initiierung von Vernetzung vorhandener Angebo-

te sowie für die Schließung von Angebotslücken durch Kooperation und/oder Koordination. Dokumentation von Vernetzungshindernissen und -ressourcen sowie gelingenden Prozessen der Vernetzung

- c) Entwicklung von Standards und Empfehlungen zur bundesweiten strukturellen Einbindung der psychosozialen Notfallversorgung in Einsatzstrukturen der zuständigen Behörden und Organisationen in Bund, Ländern und Gemeinden.

*Zentrale Merkmale des Netzwerk-Projektes sind:*

Länderbezug bei bundesweiter Vernetzung: Berücksichtigung länderspezifischer und regionaler Besonderheiten bei der Entwicklung von Standards.

Tätigkeitsbezug: Berücksichtigung von Aufgabenspezifika und Funktionen in den Hilfsorganisation und Behörden.

Netzwerkorientierung: Konzentration auf Schnittstellenproblematiken einerseits sowie Netzwerkressourcen andererseits mit dem Ziel der Etablierung eines alltagstauglichen, praxisorientierten und dynamischen.

Dienstleistungscharakter: Beitrag zum Aufbau einer dienstleistungsbezogenen Datenbank bezogen auf Verfügbarkeit, Art und Zielgruppen von psychosozialen Notfallhilfen (deNIS: Deutsches Notfallvorsorge-Informationssystem).

Interdisziplinarität: Verknüpfung der Handlungslogiken der beteiligten Einsatzkräfte des Zivil- und Katastrophenschutzes mit psychosozialen Handlungslogiken.

Methodenintegration: Verbindung klinisch-psychologischer und arbeitswissenschaftlicher Perspektiven zu einem allgemeinen Modell der Bewältigung arbeitsbezogener Belastungen von Einsatzkräften.

Prozessorientierung: Berücksichtigung der psychosozialen Bedarfe in der Ausbildung, der Einsatzbegleitung sowie der kurz- bzw. langfristigen Einsatznachsorge.

# TAGUNGSBERICHTE

Wege aus der Krise. Städtische Krisenversorgung. Modell der Zukunft.

Am 23./24. Januar 2003 in Berlin

**Ingeborg Schürmann**

Zum Abschluss der dreijährigen Begleitforschung des Berliner Krisendienstes führte der Berliner Krisendienst gemeinsam mit der Senatsverwaltung für Gesundheit, Soziales und Verbraucherschutz eine Tagung durch, zu der 350 Fachkräfte aus Berlin, dem Bundesgebiet und der EU kamen.

Der Berliner Krisendienst besteht in seiner jetzigen Form seit Oktober 1999, ist aus verschiedenen Vorläuferdiensten hervorgegangen, die sich in einer Gesellschaft bürgerlichen Rechts (GbR) mit fünf Mitgliedsorganisationen des Paritätischen sowie der Caritas, Lv. Berlin, zusammengeschlossen haben.

Der Dienst hat die Berliner Bevölkerung mit 3,39 Mio. Menschen in sechs Regionen aufgeteilt, die durch neun Standorte versorgt werden. Die Dienste sind telefonisch oder direkt jeden Tag von 16 bis 24



## TAGUNGSANKÜNDIGUNGEN

Ankündigungen von "Psychologie.de" - <http://www.psychologie.de/kalender/list.php3>

*10.06.2003 (09:00 Uhr).* 8. Suchttherapietage  
2002. **Hamburg, Deutschland.**

*16.06.2003 (09:00 Uhr).* 16. Heidelberger Kon-  
gress des Fachverbandes Sucht e.V. **Heidelberg,**  
**Deutschland.**

040/42803-4940,

<http://www.psychosozialemedizin2003.de>.

29.-30.09.2003. Die 7. Arbeitstagung der Fachgruppe Differentielle Psychologie, Persönlichkeitspsychologie und Psychologische Diagnostik in Halle.

08.-10.10.2003. VIIIth ENOP Conference on Organizational Psychology & Health Care. Vienna, Austria.

31.10.-01.11.2003. 2. DGVT-Praxistage für Kinder- und Jugendlichenpsychotherapie - Schwerpunkt Diagnostik. DGVT e.V., Neckarhalde 55, 72070 Tübingen, 07071/94 34 44, 07071/94 34 35.

25.-28.08.2004. 8th International Congress of Behavioral Medicine. **The Integration of Psychology and Medizin: Milestones and New Challenges.**

Mainz. Kontakt: Dr. Richard Peter, Department of Medical Sociology, University of Ulm, Am Hochstr. 8, 89081, Ulm Tel. 0731 50256-26, Fax: 0731 50256-32, [richard.peter@medizin.uni-ulm.de](mailto:richard.peter@medizin.uni-ulm.de).

26.-30.09.2004. 44. Kongress der Deutschen Gesellschaft für Psychologie. Göttingen, Deutsche Gesellschaft für Psychologie, Kongressorganisation: Prof. Dr. Thomas Rammsayer.

Ankündigungen der Society for Community Research and Action (SCRA)

Aus: <http://www.apa.org/divisions/div27/>

The Society for Community Research and Action, Division 27 of the American Psychological Association in collaboration with The Society for Applied

Anthropology and Psychologists for Social Responsibility

## 9th Biennial Conference of the Society for Community Research and Action

Incorporating Diversity: Moving From Values to Action, June 4 - 7, 2003

on the campus of *New Mexico Highlands University*, Las Vegas, New Mexico.

SCRA is devoted to advancing theory, research and social action. The work of its members promotes positive well-being, empowerment, and the prevention of problems in communities, groups and individuals. Four broad principles guide SCRA:

- 1) Community research and action is an active collaboration between researchers, practitioners and community members, and it uses multiple methodologies.
- 2) Human competencies and problems are best understood by viewing people within their social, cultural and historical context.

- 3) Change strategies are needed at both the individual and systems level for effective competence promotion and problem prevention.
- 4) Valid research and action require explicit attention to and respect for diversity based on gender, ethnic or racial group membership, sexual orientation, ability or disability, socioeconomic status, age, and other socially meaningful attributes. We welcome all who share these values.

3. Münchner Tagung für Familienpsychologie  
„Familie leben und gestalten“

17.-18. Juli 2003

Ludwig-Maximilians-Universität München  
Department Psychologie: Persönlichkeitspsychologie, Psychologische Diagnostik  
und Familienpsychologie

Die 3. Münchner Tagung für Familienpsychologie steht diesmal unter dem Motto „Familie leben und gestalten“. Diesem Motto entsprechend sollen aktuelle Arbeiten aus der Grundlagen- und anwendungsorientierten Forschung vorgestellt werden, die

1. inner- und ausserfamiliäre Bedingungen und Auswirkungen des Zusammenlebens in Partnerschaften und Familien in unterschiedlichen Lebensphasen bzw. -kontexten zum Gegenstand haben;
2. über familienpsychologisch fundierte Ansätze berichten, die Paaren und Familien Orientierung und Hilfe bei der Gestaltung ihrer Beziehungen und Lebensbedingungen ermöglichen.

Für den Fall, dass es sich um grundlagenwissenschaftliche Arbeiten handelt, sollten die jeweiligen Anwendungsimplikationen herausgearbeitet werden.

Wir laden Sie herzlich ein, Ihre Forschungsarbeiten im Rahmen dieses bewusst breit angelegten Mottos zu präsentieren. Im Gegensatz zu den beiden vorangegangenen Münchner Tagungen, bei denen neben eingeladenen Vorträgen lediglich Posterpräsentationen möglich waren, stehen diesmal drei Präsentationsmöglichkeiten zur Verfügung:

Einzelbeiträge (20 Minuten Vortrag, 10 Minuten Diskussion)

Arbeitsgruppen/Symposien (2 Stunden einschliesslich Diskussion)

Poster (im Rahmen einer zweistündigen Postersession)

Die Auswahl und thematische Zuordnung der Beiträge wird von einem Programmkomitee vorgenommen. Darüber hinaus wird es eine Reihe von eingeladenen Vorträgen geben. Für Freitag Abend, den 17. Juli 2003 ist ein geselliges Zusammensein mit musikalischen Einlagen vorgesehen.

Die Anmeldung von Beiträgen einschliesslich eines Abstracts mit nicht mehr als 200 Wörtern kann bis zum 15. April 2003 über E-mail: [3.mtftp@psy.uni-muenchen.de](mailto:3.mtftp@psy.uni-muenchen.de) erfolgen. Die Rückmeldung über die Annahme der Beiträge erfolgt bis zum 1. Mai 2003. Genauere Hinweise zur Gestaltung der Abstracts sowie weitere Informationen zur Tagung finden sich in Bälde auf folgender Internet-Seite: [www.mtftp.de](http://www.mtftp.de).

Mit den besten Grüssen aus München

Klaus A. Schneewind und Team

World Conference on ACT, RFT, and the  
New Behavioral Psychology

13.-17.08.2003, Linköping, Schweden

The Swedish Association for Behaviour Therapy is pleased to invite you to attend the World Conference on ACT, RFT and the New Behavioral Psychology August 13-17 in Linköping, Sweden. This world conference will draw together clinicians, researchers, scholars, philosophers, educators, and students to consider these issues, to present participants with new developments, to train attendees in

the underlying technologies, to examine the growing foundation of data, and to consider the course ahead.

Behavioral psychology continues to develop and to address issues of essential human concern. The vitality of the field is demonstrated by the number and variety of recent developments. Acceptance and Commitment Therapy, Dialectical Behavior

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17th Annual Conference of the European Health P B19(yc)-10(h)11(ol)5(o)-22(

logy and Health Care, P1 0 1ractical and  
I BDCs BDC.

Keyn

### Contact Information

For further information about the conference please e-mail ehps2003@otenet.gr or ipsy@otenet.gr

The Scientific Committee would appreciate receiving proposals for:

Paper presentations (P)

Interactive poster presentation (I)

Symposia (S)

Round tables (R)

Workshops (W)

### Posters

A poster should not exceed the following size: 70 cm. wide x 100 cm. high. Prizes will be awarded to the three best interactive posters. Deadline for submission of posters is May 31, 2003

### Symposia

The symposium convenors should take care to include in the proposal: a) title of topic, b) her/his own name and address and e-mail address, c) contents of the symposium, d) names and addresses of all other participants, and titles of presentations. Each symposium should include 5 participants, preferably from different countries, and each speaker will be allocated approximately 15 minutes for presentation and 5 minutes for discussion. One of the 5 participants may lead the discussion. Symposia will last for 1 hour and 40 minutes, including discussion time. All abstracts for a symposium should be submitted together by the symposium convenor.

### Round tables

Round tables will differ from symposia in that they will have shorter presentations and longer duration of discussions. Round tables are preferred for topics related to training, research collaboration, controversial issues, etc. All abstracts for a round table should be submitted together by the convenor.

### Workshops

A small number of workshop proposals will be accepted. These will be run by the proponent(s), during the conference, lasting from 2 to 4 hours. A two-day workshop for young researchers will be offered preceding the conference. Please indicate on the form whether you are interested in participating.

### Guidelines

The Scientific Committee will welcome proposals submitted either by ordinary mail or e-mail. No proposal will be accepted by fax. A form is included and can be obtained from our web site.

The deadline for proposals will be February 14, 2003.

Decisions will be communicated by April 15, 2003.

All proposals must be typed on the provided forms. Typing must be single spaced, with normal characters, within the form frame.

Each proposal abstract should contain a title, the names of the authors and of institution (in short), the complete address, the e-mail address of the author who will deliver the presentation (the name of the presenter has to be underlined).

An indication of the kind of the type of proposal (P, I, S, R, W) (see abstract form) is necessary, also whether or not the presentation is proposed for a symposium. Abstracts submitted separately will be considered for inclusion in the most appropriately-themed session.

All proposal abstracts must be submitted in paper format (6 copies) with diskette version (preferably Word, or Word Perfect), using text only format. Together with the diskette, enclose the original abstract form plus 5 copies.

An abstract of no more than 250 words is required, containing as clearly separated paragraphs the aims of the study, problems addressed or hypotheses tested, methods used, results and conclusions. Abstracts accepted will be published in an Abstract Book.

Die Deutsche Gesellschaft für Verhaltenstherapie e.V. (DGVT)  
ruft auf zur Mitarbeit am  
15. Kongress für Klinische Psychologie, Psychotherapie  
und Beratung  
05.-09.03.2004, Berlin

Die Deutsche Gesellschaft für Verhaltenstherapie lädt alle Interessierten ein, den 15. Kongress für Klinische Psychologie, Psychotherapie und Beratung mitzugestalten.

Der Kongress wird unter dem Schwerpunktthema „Brennpunkt Psychotherapie“ stattfinden.

Mit dem Thema „Brennpunkt Psychotherapie“ sollen zum einen die fachlichen Entwicklungen in der psychotherapeutischen Praxis und Forschung beschrieben und dargestellt werden. Dabei wird der Kongress insbesondere

die Entwicklungen der letzten fünf Jahre (seit Verabschiedung des PsychThG) aufgreifen und den Einfluss und die Auswirkungen der aktuellen Massnahmen der Gesundheitspolitik (Gesundheitsreform) auf die psychotherapeutische sowie psychosoziale Arbeit reflektieren.

Der Kongress soll

aktuelle Ergebnisse aus der Psychotherapieforschung diskutieren;  
neue Therapiemethoden präsentieren;  
die gesellschaftliche Relevanz von Psychotherapie untersuchen;  
den Dialog zwischen den therapeutischen Schulen fördern;  
neue Wege in der Psychotherapie über die Grenzen der Therapieschulen hinweg aufzeigen;  
die Zusammenarbeit zwischen Psychotherapie, Klinischer Psychologie und Beratung fördern;  
Gemeindepsychologischen Perspektiven einen Raum geben;  
klinisch-psychologische Ansätze in der Prävention, Gesundheitsförderung, Rehabilitation darstellen;  
den Stellenwert von Psychotherapie in der Gesundheitsversorgung aufzeigen und

einen wesentlichen fachlichen Beitrag zum gesundheitspolitischen Diskurs der nächsten Jahre liefern.

Der Kongress

wendet sich an Personen, die in der klinisch-psychologischen und psychotherapeutischen Forschung oder Praxis tätig sind, an Studierende und Personen, die sich in der psychotherapeutischen Ausbildung befinden.

Der Kongress

wird noch stärker als seine Vorgänger Forschung und Praxis miteinander verknüpfen.  
wird stärker Workshopprogramme an themenspezifischen Symposien orientieren.

Deshalb sollen alle Personen, die ein Referat oder ein Poster anbieten, oder alle, die ein Symposium organisieren oder moderieren möchten, auch prüfen, ob sie zu diesem Thema einen praxisorientierten Workshop vorbereiten und anbieten können. Dabei kann dieser Praxisanteil auch durch die Anreicherung der Symposien mit praxisorientierten Anteilen erbracht werden. Die Studierenden und die Auszubildenden in Psychotherapie sollen mit dieser Organisationsform gleichzeitig auch Perspektiven für ihre zukünftige berufliche Praxis erhalten.

Sie alle, die Sie in der psychotherapeutischen Forschung oder Praxis, im grossen Bereich der Beratung oder Klinischen Psychologie tätig sind, sind herzlich eingeladen, sich an der inhaltlichen Vorbereitung und Ausgestaltung des 15. Kongresses für Klinische Psychologie, Psychotherapie und Beratung zu beteiligen. Sie können Ihr Interesse an der Organisation und Durchführung eines Beitrages bei der

DGVT-Geschäftsstelle  
Postfach 1343  
72003 Tübingen

unter dem Stichwort: "KONGRESS 2004" anmelden. Bitte skizzieren Sie auf dem Formblatt, das Sie im Internet unter <http://www.dgvt.de/veranstaltungen/> finden, kurz den Inhalt Ihres Beitrages in einigen Sätzen. Stellen Sie insbesondere dar, ob

Sie ein Symposium mit mehreren Referaten organisieren und präsentieren möchten,  
Sie ein Referat zu einer spezifischen Fragestellung anbieten,  
Sie ein Poster entwickeln oder  
einen Workshop leiten möchten.

Hier noch einmal zu Ihrer Information einen Überblick über mögliche Beiträge:

*Symposium:* Die Präsentation eines Themas mit bis zu 4 Referaten. Dauert in der Regel rund 4 Stunden.

*Poster:* Präsentation eines inhaltlichen Themas auf einem Poster. Die Präsentation der Poster findet voraussichtlich am Sonntagnachmittag des Kongresses statt.

*Referat:* Ein max. 20minütiger (möglichst mediengestützter) Vortrag zu einer Fragestellung.

*Workshop:* Die Vermittlung von praktischen Fertigkeiten in 4 Stunden; wichtig ist es mit den Teilnehmenden praxisnah zu arbeiten - gewünscht sind somit praxisorientierte Angebote, keine langen Monologe.

*Arbeitsgruppe:* Die Organisation eines Erfahrungsaustausches zwischen den Teilnehmenden zu einer bestimmten Fragestellung/einem bestimmten Thema (möglicherweise mit einem Impulsreferat zum Thema).

Besonders wünschenswert und hilfreich für die Teilnehmenden ist es, wenn sich Symposien, Workshops und Arbeitsgruppen aufeinander beziehen. Da sich die Inhaltliche Planungsgruppe am 25. April 2003 trifft, um die Grundstruktur des Kongresses zu diskutieren, ist es hilfreich, wenn Sie die Themenvorschläge für Symposien, Workshops und Arbeitsgruppen bei der DGVT-Bundesgeschäftsstelle spätestens bis zum 20. April 2003 einreichen. Angebote zu den Postern und Referaten sollten bis Ende Juni 2003 in der DGVT-Geschäftsstelle eingereicht werden.

Auf spannende und interessante Vorschläge wartet die inhaltliche Planungsgruppe, bestehend aus:

Andrea Benecke, Gerhard Brückner, Waltraud Deubert, Hubert Kötter, Joachim Kosfelder, Bernhard Scholten, Karen Warzecha, Alexandra Winzer.

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5th European Congress on Community Psychology  
Learning Communities, Empowering Organisations  
and Quality of Life in a Changing Society  
September 15-19, 2004 in Berlin (Germany)

Text for the first call for papers (3rd revision)

Building communities which enhance the possibilities to achieve individual goals, to foster mutual support and to develop social responsibility is a major future challenge both for individuals and organisations in a civil society. The "sense of community" always has been a safe and fertile basis for personal and organisational effectiveness, and is

now even more important given the context of globalisation.

Today social networks have to struggle with the erosion of traditional communities, the complexity and uncertainty of globalisation, and rapid societal change which quite often does not adapt to human and social development. The nature of communities is changing from small and cosy neighbourhoods towards a global complexity of systems which is influencing each other. Social networks have to learn how to cope with new con-

ditions. Empowerment, social responsibility and self regulated learning processes are becoming common values for organisations, social life and individuals.

In this congress, the European Network for Community Psychology together with the German Society for Community Research and Action want to address the role of community psychology and related disciplines for a future civil society. Following issues should be discussed:

How can we build both flexible and sustainable communities in organisations and society?

What can people from diverse cultures and spheres (business and public, various disciplines, professionals and politics, different countries or cultural styles) give to each other in order to achieve the goal of empowering, sustainable and learning communities?

What is the role of health promotion and empowerment for the quality of life in a civil society?

How can we develop learning communities on a wider European level (Western and Eastern Europe)?

A changing world quite often leads to crises in the framework of a society: What are the pre-conditions for learning communities in societal crises?

The topics of the congress will be addressed on the level of the individual (social networks, family), the community, on the organisational level, and on the political/societal level.

#### Key words

Empowerment, health promotion, social networks, globalisation, sense of community, learning communities, social responsibility, civil society, community participation, unemployment, physical and psychological environment,...

#### Congress languages:

english/german simultaneous translation for the main events will be provided

#### Strategy of the Congress

Title and the call for papers already indicate an extended topic: the idea is to have a European Congress which is able to attract not only community psychologists, but also scientists and practitioners

from urban/regional planning, public health, health psychology, health promotion, social work, sociology, anthropology, organisational development, human resources management. The congress should be able to show community psychology as a real "linkage science".

How many people will participate (estimated)?

300 - 400 (high)

200 (low)

Congress fee:

Euro 300,- (includes all main sessions and working groups and main papers)

There will be an extra fee for small group workshops (1-2-days) and special events

Time Schedule:

September 2004: the city of Berlin would be attractive to visit (weather); it would fit well in an European time schedule concerning universities and other congresses.

Suggested dates:

15.9. - 19.9.2004

Venue:

Free University Berlin

Structure:

According to the topic and the goals of the congress the structure should facilitate „community building“.

As a consequence from former congresses, we will try to allow extended discussion sessions on congress topics. Nevertheless, we need some well-known key-notes to attract people. Key-notes could also be part of a separate program for the public of Berlin (Urania Congress Hall).

The basic dilemma of most scientific congresses seems to be the following: Most organisers and participants wish to have the possibility of getting as much information as possible, getting an overview over the respective field, meeting interesting colleagues and discussing the results of the presented research. The structure of most congresses on the other hand hinders the fulfilment of these wishes. Because many participants are paid travel-



ling expenses by there home institutions only when presenting a paper a great number of presentations has to be accepted. Therefore there is a need to provide parallel sessions – a structure which makes it impossible to get an overview over the whole congress.

In order to handle this problem, the following congress organisation is proposed:

We will try to link congress participants and invited keynote speakers to a larger degree than usual. During the symposia, participants will be asked to develop questions to ask to the keynote speakers. We will also ask the keynote speakers to be present in the respective symposia.

At the end of every day (from 16 until 18) the questions and result of the symposia will be presented to the whole congress audience and the key-note

speakers will be asked to give answers to the questions and discuss them with the audience. This would give the participants the possibility to hear about the other topics and particularly to discuss important topics with the keynote speakers.

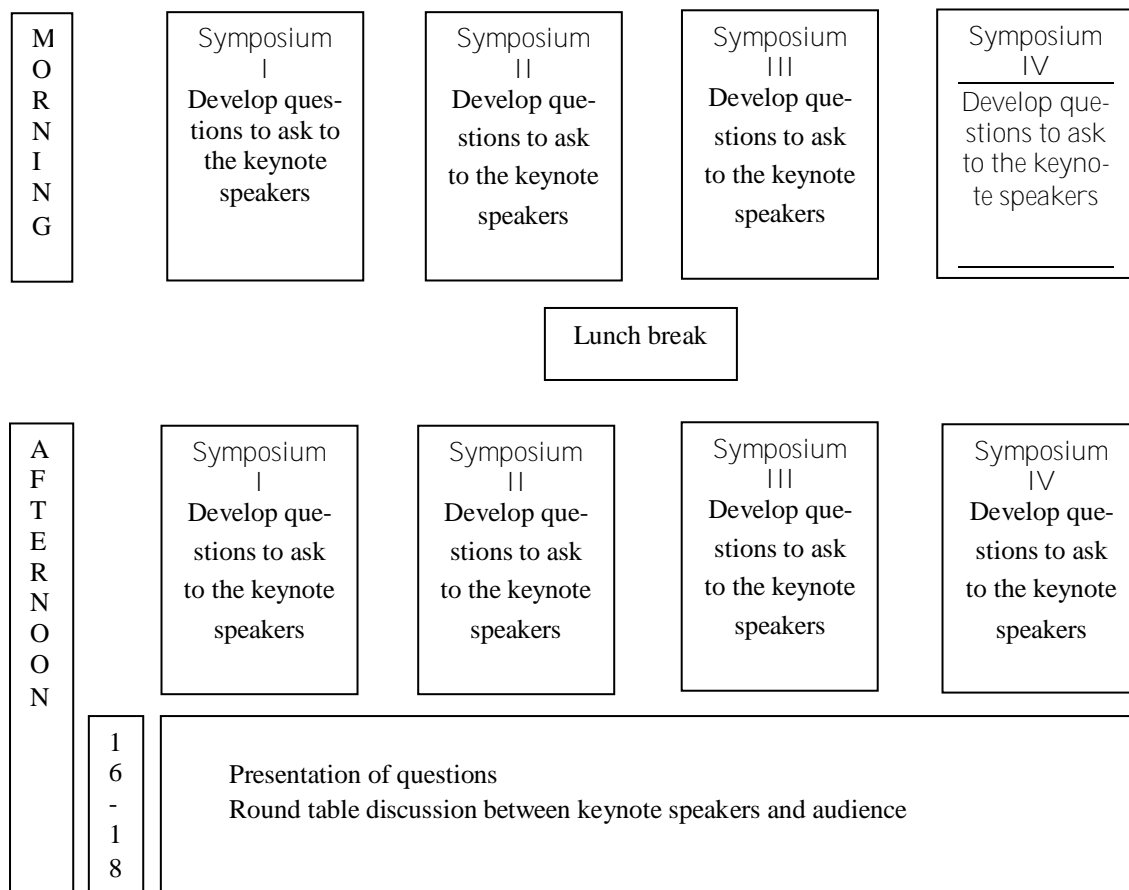
Congress scheme

First day:

Presentations of the keynote speakers who introduce the topics of the symposia.

Second until fourth day:

During these days the following scheme will be executed:



Keynote invitations

They should be put out early (as soon as we have fixed some financial support - at the latest end of 2002). Keynote speakers should cover the main topics of the congress and should be able to attract groups outside of community psychology. Therefore, the European CP Group should be extended

by *international keynote-speakers outside the cp-group like:*

- Manuel Castells (San Francisco, USA)
- Ralph Dahrendorf (Oxford, UK and Germany)
- David Fetterman, (Stanford University, USA)

Ilona Kickbusch (Yale University, USA) (ap-  
proved)

Seymour Sarason (Yale, if he is still in good  
health)

Irma Serrano-Garcia (Puerto Rico University)

Saul Fuks (Argentina) or an other South-  
american speaker

Zygmunt Bauman (Poland)

Ulrich Beck (Munich, Germany)

Anthony Giddens (London School of Econom-  
ics, UK)

Of course, there should be also keynote speakers  
from ENCP!

Additional Activities:

Community Psychology Bustour to Berlin CP  
Agencies

Round-Tables and Consultations with Berlin  
CP Agencies

Summer School, e.g. Workshops and Courses

Scientific Committee (proposal - to be ex-  
tended):

Jarg Bergold, Heiner Keupp, Frank Nestmann,  
Wolfgang Stark (Germany)

Donata Francescato, Caterina Arcidiacono,  
Bruna Zani (Italy)

Jim Orford, David Fryer (Great Britain)

Jose Ornelas (Portugal)

Alipio Sanchez, Gonzalo Musitu (Spain)

Arvid Skutle (Norway)

Clemens Hosman (Netherlands)

Local Organising Committee

Jarg Bergold et al.

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## V. Europäischer Kongress für Familientherapie und Systemische Praxis

29.09.-02.10.2004, Berlin

Wie lassen sich die Chancen auf körperliche und  
seelische Gesundheit in der Zukunft nutzen - für  
Kinder, für Familien, für Institutionen und Organi-  
sationen, für Länder und Ländergemeinschaften?

Austausch über Ländergrenzen hinweg ermöglichen.

*Hauptkonferenzsprachen:*


Deutsch und Englisch (mit Simultanübersetzung);  
Angebote auch in Französisch, Italienisch und Spanisch.


Deutsche Vorbereitungsgruppe: Prof. Dr. med. Friedebert Kröger, Dipl.-Soz.-Wiss. Tom Levold,

Dr. phil. Kurt Ludewig, Dipl.-Psych. Anni Michelmann, Dr. med. Wilhelm Rotthaus, Priv.-Doz. Dr. phil. Arist v. Schlippe, Dipl.-Psych. Gisal Wnuk-Gette.

Kongress- und Ausstellungsbüro: CPO HANSER SERVICE GmbH, PO BOX 33 03 16, D-14173 Berlin, Telefon: +49-30-300 669-0, Telefax: +49-30-305 73 91, Email: berlin@cpo-hanser.de, <http://www.efta2004.de>.

## NEUE BÜCHER

 *Glücklich an einem fremden Ort? Familienähnliche Betreuung in der Diskussion.* Herausgegeben vom Sozialpädagogischen Institut im SOS-Kinderdorf e.V. Erschienen Ende 2002, Beltz Verlag, ISBN 3-407-55901-1 392 Seiten, gebunden, 24,90 Euro.

 **Der Schlüssel für das Wohl von Kindern liegt in der Familie, heißt es. Was aber ist mit Kindern, die nicht in ihren Herkunftsfamilien leben können und zeitweise oder dauerhaft fremduntergebracht aufwachsen? Welche Chancen bekommen sie – im Hinblick auf Verständnis, Zuwendung, Geborgensein, Förderung, soziale Integration? Liegt ihr Wohl in familienähnlicher Betreuung?**


Das Buch bietet einen praxisnahen Überblick über den Stand der Fachdiskussion zum Thema „Familienähnliche Betreuungsformen in der Jugendhilfe“. Die jugendlichen und erwachsenen Expertinnen und Experten sind keineswegs einer Meinung, was ihre Beurteilung dieser Unterbringungsform angeht. Für die einen ist es unsinnig, eine überholte Form des Zusammenlebens nachzubauen, für die anderen ist Familie die einzig denkbare Form des Zusammenlebens zwischen Eltern und Kindern; für die einen ist familienähnliche Betreuung ein unauflösbarer Widerspruch

zu den Anforderungen öffentlicher Erziehung, für die anderen ein Schutz vor den Irrtümern traditioneller Heimerziehung. Es werden aber nicht nur unterschiedliche Haltungen zu diesem Thema vorgestellt. Es geht auch darum, wie die stationäre Erziehungshilfe ihre Angebote gestalten sollte, damit fremduntergebrachte Kinder und Jugendliche das bekommen, was sie wollen und brauchen. Zur Diskussion steht, was Familie heute ausmacht und wie kindgerechte Lebensgemeinschaften aussehen. Für alle, die mit Fragen der Erziehung und des Aufwachsens von Kindern und Jugendlichen zu tun haben, ist dieses Buch gedacht.

 Mit Beiträgen von Jürgen Blandow, Svenja Friedrich, Hans-Joachim Gelberg, Nick Gertler, Doris Glasbrenner, Erwin Höbel, Wilfried Hosemann, Stephanie Hruza, Nicole Kapprell, Hans-Ullrich Krause, Simone Kreher, Ines Kurek-Bender, Elke Lehnst, Wolfgang Liegel, Ludwig Liegle, Maria Loh, Pamela Maternowski, Joachim Merchel, Oskar Negt, Sven Petersen, Hans-Jürgen Pieper, Heike Anne Reuß, Rainer Ulrich Schmidt, Wiebke Skolik, Karl-Heinz Struzyna, Jennifer Tautz, Eckhard Thiel, Lothar Unzner, Gerhard Veith, Michael Winkler, Klaus Wolf.

## Überblick über die Reihe „Fortschritte der Gemeindepsychologie und Gesundheitsförderung“

 Bernd Röhrle & Gert Sommer (Hrsg.) (1995). *Gemeindepsychologie: Bestandsaufnahme und Perspektiven.* Fortschritte der Gemeindepsychologie und Gesundheitsförderung 1. 216 Seiten, EUR 14,-, ISBN 3-87159-601-9.

 Mit dieser Publikation wird endlich die lange vermisste Standortbestimmung der Gemeindepsychologie in Deutschland vorgelegt: Was hat sich in den letzten fünfzehn Jahren auf diesem Gebiet getan, welche Trends lassen sich in Forschung



ningsmethoden (wie Rollenspiele oder verhaltensbezogene Hausaufgaben) vorgestellt, die Kinder beim Umgang mit Stressbelastungen unterstützen sollen. Anschließend werden auf der Grundlage einer empirischen Untersuchung, in welcher mehrere Trainingsansätze praktisch erprobt wurden, Gestaltungsempfehlungen für die Konzeption von effektiven Stressbewältigungstrainings für Kinder abgeleitet. Dabei zeigt sich, dass mit einem relativ geringen Aufwand den Kindern geholfen werden kann, mit den vielfältigen Belastungen im Alltag besser zurechtzukommen.

📖 Bernd Röhrle & Gert Sommer (Hrsg.) (1999). *Prävention und Gesundheitsförderung Bd. 1*. Fortschritte der Gemeindepsychologie & Gesundheitsförderung Bd. 4. 460 Seiten, EUR 28,-, ISBN 3-87159-604-3.

✍ Nach langen publikationsarmen Jahren zum Thema Prävention und Gesundheitsförderung wird der Fachöffentlichkeit in Wissenschaft und Praxis endlich ein Buch vorgelegt, das den Beginn einer regen Forschungstätigkeit dokumentiert. Den Herausgebern ist es gelungen, die deutschsprachige Szene der überwiegend psychologisch orientierten Forscher auf diesem Gebiet zu versammeln. Schon allein in dieser Hinsicht ist der Band einzigartig. Die Leserinnen und Leser erwerben mit seiner Lektüre einen umfassenden Kenntnisstand, was sich in diesem Bereich gegenwärtig ereignet und erhalten den Eindruck eines Neuaufbruches, der wieder die Hoffnung auf die präventive Wende zu nähren vermag. Dabei ist man erstaunt, auf welch hohem theoretischen, methodischen und auch praxisorientierten Niveau in der letzten Zeit auf dem Gebiet der Prävention und Gesundheitsförderung geforscht wurde. Es fehlt weder an neuen

grundlegenden theoretischen Überlegungen, noch an empirischen Studien zur Wirksamkeit ausgefeilter Programme z.B. zur Vermeidung von Paarproblemen, Drogenmissbrauch, zum Umgang mit Aggressivität und Gewalt, zum Aufbau von Wohlbefinden und Gesundheit, zur Stressbewältigung und zur Stärkung sozialer Kompetenzen. Damit gelingt der Anschluss an die Standards der internationalen Forschung auf diesem Gebiet. Das vorliegende Buch wird in der Psychologie für längere Zeit ein Meilenstein bei den Bemühungen sein, die präventive Wende weiter vorzubereiten.

✍ Mit Beiträgen von Bernd Röhrle, Toni Faltermaier, Alf Trojan, Brigitte Stumm, Waldemar Süß, Ines Zimmermann, Peter Paulus, Reiner Hanewinkel, Waldemar Mittag, Matthias Jerusalem, Ralph Kutza, Christoph Kröger, Kerstin Walden, Anja Leppin, Petra Kolip, Arnold Lohaus, Johannes Klein-Heßling, Eva Bamberg, Christine Busch, Gisela Mohr, Winfried Krieger, Gabriele E. Dlugosch & Reinhold S. Jäger, Stefan Keller, Erika Baum, Heinz-Dieter Basler, Alf Trojan, Stefan Nickel, Guy Bodenmann, Kurt Hahlweg

📖 Agathe Roth, Hildegard Möhrlein & Bernd Röhrle (1999). *Einsamkeit bewältigen. Manual zur Anleitung von Gruppen*. Fortschritte der Gemeindepsychologie & Gesundheitsförderung Bd. 5. 140 Seiten, EUR 14,-, ISBN 3-87159-605-1.

✍ Einsamkeit kann als moderne Zivilisationskrankheit angesehen werden. Zirka fünf Prozent der Bevölkerung gibt an, sehr oft oder wenigstens häufig unter Einsamkeit zu leiden. Diese äußert sich in einem Zustand, der als überaus quälend erlebt wird, und sie ist nicht selten die unvermeidliche Begleiterscheinung einer

Vielzahl von Erkrankungen. Bei verschiedenen psychischen Störungen stellt sie ein bedeutsames Risiko dar: So konnten sogar Mortalitätsraten durch den Faktor Einsamkeit vorhergesagt werden.

Doch trotz der enormen Bedeutung dieses Risikofaktors sind bisher nur wenige Interventionsansätze für ihn konzipiert worden. Mit dem vorliegenden Manual wird zum ersten Mal im deutschsprachigen Raum eine Anleitung für HelferInnen veröffentlicht, deren Umsetzung - im Rahmen einer Gruppe - einsamen Menschen ermöglichen will, ihre Situation konkret zu ändern. Das Buch entwickelt die in der anglo-amerikanischen Welt bislang entstandenen Ansätze fort und stützt sich dabei v.a. auf solche, die empirisch überprüft wurden, bzw. auf die eigene erfahrungswissenschaftliche Absicherung durch die AutorInnen.

- ✍ Das Programm kann in zehn Sitzungen durchgeführt werden und hat u.a. zum Ziel, dass die relevanten selbst- und fremdbezogenen Kognitionen modifiziert sowie die Ressourcen sozialer Netzwerke entdeckt werden. Es hilft, die dafür notwendigen Fertigkeiten zu entwickeln.

📖 Kristin Teuber, Sigrid Stiemert-Strecker, Mike Seckinger (Hrsg.) (2000). *Qualität durch Partizipation und Empowerment. Einmischungen in die Qualitätsdebatte*. Fortschritte der Gemeindepsychologie & Gesundheitsförderung Bd. 6. 142 Seiten, EUR 13,-, ISBN 3-87159-606-X.

- ✍ Die hier versammelten Beiträge zeigen, wie durch konsequente Umsetzung von Partizipation und Empowerment eine neue Qualität psychosozialer Arbeit erreicht werden kann.

An konkreten Praxisbeispielen aus den Arbeitsfeldern Psychiatrie, Jugendarbeit,

Gemeinwesenarbeit, Mütterzentrumsarbeit, Städtetzwerkarbeit und aus dem Selbsthilfe-Bereich wird gezeigt, auf welche Weise partizipative Elemente umgesetzt werden können. Schwierigkeiten bei der Realisierung des Empowermentansatzes, die nicht zuletzt in systemimmanenten Gründen psychosozialer Arbeit liegen, werden aufgegriffen und diskutiert.

- ✍ Mit Beiträgen von Christel Achberger, Warnfried Dettling, Bernhard Eckmann, Petra Findeiß, Süleyman Gögercin, Heiner Keupp, Matthias Krisor, Uwe Krüger, Harald Pfannkuch, Tonia Schachl, Mike Seckinger, Sigrid Stiemert-Strecker, Irmgard Teske, Kristin Teuber und Hannelore Weskamp.

📖 Anja Hermann, Ingeborg Schürmann & Manfred Zaumseil (2000). *Chronische Krankheit als Aufgabe. Betroffene, Angehörige und Behandler zwischen Resignation und Aufbruch*. Fortschritte der Gemeindepsychologie & Gesundheitsförderung Bd. 7. 272 Seiten, € 19,-, ISBN 3-87159-607-8.

- ✍ Circa 10% der Bevölkerung sind chronisch krank; der Anteil steigt kontinuierlich. Durch verbesserte Behandlungsmöglichkeiten werden auch ehemals relativ bald zum Tode führende Erkrankungen wie Aids oder Krebs zu chronischen Krankheiten.

Behandler wie Betroffene sind wieder und wieder mit Fragen nach Sinn, Ursprung, Schuld, Entwicklung und dem Bedürfnis nach Orientierung konfrontiert.

Im Rahmen rein naturwissenschaftlich-technisch ausgerichteter medizinischer Interventionen werden nur sehr begrenzt Antworten vermittelt. Daher setzen sich seit einiger Zeit sowohl Psychologen, Sozialpädagogen und Therapeuten als auch Selbsthilfeinitiativen mit dieser Problema-

tik auseinander. Ihre anderen Denkweisen, Konzepte und Methoden verändern den Umgang mit chronischer Krankheit.

Die Autoren beschreiben und diskutieren in ihren sozialwissenschaftlichen Untersuchungen Erlebniswelten, Einstellungen und Handlungsstrategien von Betroffenen, Angehörigen und Professionellen; ihre Beiträge werden von den Herausgebern in aktuelle inhaltliche wie methodische Dis-



können. Es bietet Beispiele dafür, wie unterschiedliche psychologische Disziplinen in der Praxis gewinnbringend zusammenarbeiten können.

✍ Mit Beiträgen von Rolf Manz, Juliane Junge, Simon Neumer, Jürgen Margraf, Antje Bittner, Johannes Herrle, Ulrich Soeder, Friedrich Balck, Peter Richter

📖 Albert Lenz & Wolfgang Stark (Hrsg.) (2002). Empowerment – Neue Perspektiven für psychosoziale Praxis und Organisation. Fortschritte der Gemeindepsychologie & Gesundheitsförderung Bd. 10. 244 Seiten, EUR 19,-, ISBN 3-87159-610-8.

✍ Das Empowerment-Konzept wendet sich konsequent den individuellen und kollektiven Ressourcen der Menschen zu und ermöglicht damit eine professionelle Haltung, die soziale Prozesse erfolgreich beeinflussen kann. Dabei werden drei Handlungsebenen miteinander verknüpft: Individuum – Soziales – Netz – Organisation.

Empowerment hat in den letzten Jahren in vielen psychosozialen Handlungsfeldern Fuß gefasst. Im politischen Diskurs steht

es für ein Erstarben der Bürgerinnen-Bewegungen, die Legislative übernimmt den Begriff in gesetzliche Verordnungen, um auch gesellschaftspolitisch eine verstärkte BürgerInnen-Orientierung zu verdeutlichen.

Die eigentliche Bewährungsprobe erlebt das Konzept jedoch in der Praxis: Gelingt es unter Bezugnahme auf Empowerment, eine psychosoziale Praxis zu gestalten, die mit statt für die Menschen geplant und gestaltet wird – und die ihnen die notwendige Unterstützung gibt, ihre Stärken nicht zu vernachlässigen, so dass anstelle von Vereinzelung lernende Gemeinschaften entstehen und gedeihen können?

✍ Mit Beiträgen von Albert Lenz, Wolfgang Stark, Heiner Keupp, Matthias Krisor, Ralf Quindel, Georg Theunissen, Gusti Steiner, Birgit Rothenberg, Ruth Karschuk, Herbert Stauber, Angelika Schweitzer, Jan Glasenapp, Monika Bobzien, Wolfgang Loos



# ABSTRACTS AUS GEMEINDEPSYCHOLOGISCH ORIENTIERTEN ZEITSCHRIFTEN

## American Journal of Community Psychology

Fiala, William F.; Bjorck, Jeffrey P.; Gorsucht, Richard (2002). The Religious Support Scale: Construction, Validation, and Cross-Validation. *American Journal of Community Psychology*. 2002 Dec; Vol 30 (6): 761-786.

Cutrona and Russell's social support model was used to develop a religious support measure (C. E. Cutrona & D. W. Russell, 1987), including 3 distinct but related subscales respectively measuring support from God, the congregation, and church leadership. Factor analyses with the main sample's data (249 Protestants) and cross-validation (93 additional Protestants) supported the scales' reliability and validity. All 3 types of religious support were related to lower depression and greater life satisfaction. Moreover, several relationships between the 3 subscales and psychological functioning variables remained significant after controlling for variance because of church attendance and social support. Results suggest that religious attendance does not automatically imply religious support, and that religious support can provide unique resources for religious persons, above and beyond those furnished by social support. Findings are discussed regarding relevance to community psychology.

Dooley, David, Prause, JoAnn (2002). Mental Health and Welfare Transitions: Depression and Alcohol Abuse in AFDC Women. *American Journal of Community Psychology*. 2002 Dec; Vol 30 (6): 787-813.

From a selection perspective, does prior dysfunction select women into welfare or serve as a barrier to leaving welfare? From a social causation perspective, does entering or exiting welfare lead to changes in well being? These questions were analyzed in panel data for over 3,600 women drawn from the National Longitudinal Survey of Youth for the period 1992-94. Welfare is associated with both depression and alcohol consumption cross-sectionally. This link appears to derive in small part from selection into welfare by depression (in interaction with marital status), but depression and alcohol abuse did not operate as barriers to leaving welfare. Entering welfare was clearly associated with increased depression and alcohol consumption, but confidence in an apparent beneficial effect on alcohol symptoms of leaving welfare for employment was limited by small sample sizes. These findings are located in the context of the 1996-

welfare reform and the recent economic expansion. One implication is that community psychology should consider welfare entry as a risk factor similar to adverse employment changes such as job loss.

Angelique, Holly Lizotte; Reischl, Thomas M.; Davidson, William S. II (2002). Promoting Political Empowerment: Evaluation of an Intervention with University Students. *American Journal of Community Psychology*. 2002 Dec; Vol 30 (6): 815-833.

The aim of this research is to examine the effects of an intervention, focusing on the development of political empowerment, with university students. Undergraduates were randomly assigned to one of two conditions (intervention/control) and were surveyed at two time points: before implementation of the intervention and upon completion of the intervention (or the equivalent two semester period). ANCOVA analyses reveal that individuals who participated in the empowering intervention had increased feelings of political commitment and a decreased sense of political efficacy compared to individuals who were randomly assigned to a waiting list/control group. Finally, limitations of this study are discussed and suggestions for future research are presented.

Zapert, Kinga; Snow, David L.; Kraemer Tebes, Jacob (2002). Patterns of Substance Use in Early Through Late Adolescence. *American Journal of Community Psychology*. 2002 Dec; Vol 30 (6): 835-852.

This study examined patterns of substance use throughout adolescence. A cluster analytic approach was used to identify subgroups of adolescents on the basis of their levels of substance use from early through late adolescence (Grades 6 through 11). Six distinct clusters of substance users emerged- 2 groups representing relatively stable patterns of substance use from early through late adolescence (i.e., nonusers and alcohol experimenters), and 4 groups of users showing escalating patterns of substance use (i.e., low escalators, early starters, late starters, and high escalators). The study provides a comprehensive view of adolescent substance use by examining the progression of use from early to late adolescence, demonstrates the usefulness of studying patterns of use across multiple substances, and underscores the importance of building classification schemes based on repeated measurements of substance use to reflect changes

over time. Implications of the findings for future research and for identifying high-risk subgroups of adolescents for purposes of intervention based on timing and pattern of escalation are discussed.

Hobfoll, Stevan E.; Jackson, Anita; Hobfoll, Ivonne, Pierce, Charles A.; Young, Sarah (2002). The Impact of Communal-Mastery Versus Self-Mastery on Emotional Outcomes During Stressful Conditions: A Prospective Study of Native American Women. *American Journal of Community Psychology*. 2002 Dec; Vol 30 (6): 853-871.

Past research has examined the stress resiliency of individuals high in sense of personal-mastery. However, it has been theorized that within more collectivist cultures, a sense of shared efficacy, which we call communal-mastery, may be more central to people's resiliency in the face of challenging life circumstances. We compared the impact of sense of self-mastery (i.e., I am the key to my success ) to that of communal-mastery (i.e., I am successful by virtue of my social attachments ) in a prospective study among a group of rural 103 Native American women residing on Indian Reservations in Montana. We found that women high in communal-mastery experienced less increase in depressive mood and anger, especially when faced with high stress circumstances, than women who were low in communal-mastery. In addition, the beneficial impact of communal-mastery was found to be more effective than self-mastery for these women.

Moos, Rudolf H. (2003). Social Contexts: Transcending Their Power and Their Fragility. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 1-13.

For more than four decades, my colleagues and I have examined how social contexts and individuals influence each other. To provide a perspective on this work, I describe some lessons we have learned: situational influence exemplifies both the power and fragility of social contexts; common aspects of settings underlie their power, for better and for worse; individuals' health and well-being is affected by powerful forces in eight domains; and intervention programs are powerful settings that encompass risks as well as rewards. I then note some unresolved questions, such as how to balance the risks and rewards of powerful environments, how to better understand the interplay between individuals and the social contexts they select and create, how to learn from the fact that many people overcome the power of traumatic social contexts, and how to apply our knowledge to balance the risks and rewards of individual and community contexts.

Hughes, Diane (2003). Correlates of African American and Latino Parents Messages to Children About Ethnicity and Race: A Com-

parative Study of Racial Socialization. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 15-33.

Recently, social scientists have become increasingly interested in the nature of communications from parents to children regarding ethnicity and race. Termed *racial socialization*, race-related messages to children may have important consequences for children's identity development and well-being. This study examined the frequency and correlates of two dimensions of racial socialization—messages about ethnic pride, history, and heritage (Cultural Socialization) and messages about discrimination and racial bias (Preparation for Bias)—among 273 urban African American, Puerto Rican, and Dominican parents. Parents reported more frequent Cultural Socialization than Preparation for Bias. There were no significant ethnic group differences in the frequency of Cultural Socialization. However, African American parents reported more frequent Preparation for Bias than did Dominican parents who, in turn, reported more frequent messages of this sort than did Puerto Rican parents. Ethnic identity was a stronger predictor of Cultural Socialization among Puerto Rican and Dominican parents than among their African American counterparts. In contrast, perceived discrimination experiences was a stronger predictor of Preparation for Bias among African American and Dominican parents than among Puerto Rican parents. Finally, race-related phenomenon accounted for more variance in both Cultural Socialization and Preparation for Bias among parents reporting on their behaviors with children 10–17 years old as compared to parents reporting on their behaviors with children 6–9 years old.

Beyers, Jennifer M.; Bates, John E.; Pettit, Gregory S.; Dodge, Kenneth A. (2003). Neighborhood Structure, Parenting Processes, and the Development of Youths' Externalizing Behaviors: A Multilevel Analysis. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 35-53.

Associations among neighborhood structure, parenting processes, and the development of externalizing behavior problems were investigated in a longitudinal sample of early adolescents (from age 11 to 13). Mothers' reports of parental monitoring (at age 11), mothers' and youths' reports of the amount of youths' unsupervised time (at age 11), and youths' reports of positive parental involvement (at age 12) were used to predict initial levels (at age 11) and growth rates in youths' externalizing behavior as reported by teachers. Census-based measures of neighborhood structural disadvantage, residential instability, and concentrated affluence were expected to moderate the effects of parenting processes (e.g., parental monitoring) on externalizing behavior. Hierarchical linear modeling results revealed that less parental monitoring was associated with more externalizing behavior problems at age

11, and more unsupervised time spent out in the community (vs. unsupervised time in any context) and less positive parental involvement were associated with increases in externalizing behavior across time. Furthermore, the decrease in externalizing levels associated with more parental monitoring was significantly more pronounced when youths lived in neighborhoods with more residential instability.

Roosa, Mark W.; Jones, Sarah; Tein, Jenn-Yun; Cree, Willa (2003). Prevention Science and Neighborhood Influences on Low-Income Children's Development: Theoretical and Methodological Issues. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 55-72.

Despite the rapid growth of research on neighborhood influences on children, little of this research may be useful to prevention scientists. Most studies have ignored processes by which neighborhood conditions influence individual outcomes. To encourage neighborhood research that can better guide the development of preventive interventions, we propose a model that focuses attention on mediating and moderating processes, is appropriate for studies interested in individual differences in outcomes, acknowledges the transactions between residents and neighborhoods, and is sensitive to how neighborhood influences may differ for children at different developmental stages. Furthermore, we argue that greater attention to several methodological issues also can make neighborhood research more useful for the next generation of prevention programs to help low-income urban families and children cope successfully with the challenges posed by their neighborhoods.

Lykes, M. Brinton; Terre Blanche, Martin; Hamber, Brandon (2003). Narrating Survival and Change in Guatemala and South Africa: The Politics of Representation and a Liberatory Community Psychology. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 79-90.

Peace accords and international interventions have contributed to the suspension of armed conflict and the censuring of repressive regimes in many parts of the world. Some governments and their opposition parties have agreed to the establishment of commissions or other bodies designed to create historical records of the violations of human rights and foster conditions that facilitate reparatory and reconciliatory processes. This paper explores selected roles that community psychologists have played in this process of remembering the past and constructing new identities towards creating a more just future. With reference to two community groups (in Guatemala and South Africa) we show how efforts to speak out about one's own experiences of political and military repression involve complex representational politics that go beyond the simple binary opposition of silencing versus

giving voice. The Guatemalan group consisted of Mayan Ixil women who, together with the first author, used participatory action research and the PhotoVoice technique to produce a book about their past and present struggling.

Varas-Diaz, Nelson; Serrano-Garcia, Irma (2003). The Challenge of a Positive Self in a Colonial Context: A Psychology of Liberation for the Puerto Rican Experience. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 103-115.

Community psychology and the psychology of liberation provide a framework to analyze colonization. Puerto Rico has always been a colony. This experience has direct negative effects on Puerto Ricans' national identities and their emotions. The purpose of this study was to explore emotions associated with Puerto Rican national identities in a sample of 35 high school students. While participating in 4 focus groups, the youths discussed negative and positive emotions associated to their national identities. The most frequent ones were shame and pride. They also identified situations which promoted negative and positive emotions. The role of a community psychology of liberation in understanding these phenomena as well as in embracing resistance to colonization is discussed.

Sonn, Christopher C. (2003). Identity and Oppression: Differential Responses to an In-Between Status. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 117-128.

Oppression operates at various levels, with varying degrees of negativity, and groups respond in markedly different ways. In this paper, the in-between status of the colored South African group is used to illustrate issues of identity and oppression under the Apartheid system— and differing ways in which oppression was experienced and used. The colored group had many social advantages over Blacks, but were also used to oppress that group. Habituation, accommodation, and relative advantage were identified as dynamics within the broader context of power and privilege that contributed to cultural and psychological marginality and status ambivalence of the coloreds. These processes must be understood within the historical, social, and political context of the community. What is evident from the data is that groups and individuals can take up various positions along a continuum of oppressor—

quency, and violence (e.g. C. A. Mason, A. M. Cauce, L. Robinson & G. W. Harper, 1999). A large number of these programs are based in schools in African American communities and include social-cognitive, decision making, affective education, and other skills-building modules along with direct instruction. In this paper, it is argued that ideas from emancipatory education (e.g. Freire, 1998) and African-centered education (e.g. H. Madhubuti & S. Madhubuti, 1994; M. J. Shujaa, 1995) should guide school-based interventions in communities of people of African descent. There is an extensive and distinguished history of emancipatory schools and school-based programs in African American communities. Included in this history are the freedom schools during reconstruction, the SNCC Freedom Schools, the Liberation Schools of the Black Panther Party, the Malcolm X Academy in Detroit, Sankofa Shule in Lansing, the Institute for Positive Education/New Concept Development Center in Chicago, the Benjamin E. Mays Institute in Hartford, and the schools affiliated with the Council of Independent Black Institutions (CIBI) to name just a few. This paper will first provide a brief, critical review of the role of schools and social oppression. Second, primary prevention programs in communities of people of African descent will be examined, questioning some of the dominant methods and assumptions. Next, underlying assumptions about relationships between African identity, educational success, and healthy outcomes for young people will be addressed. This will be followed by a discussion of African-centered emancipatory education, focusing specifically on the role of students as agents of social change and the importance of critical reflection on African cultural resources. The Benjamin E. Mays Institute will be presented as an example of how ideas from an African-centered emancipatory approach to education have been incorporated within a school serving a community of people of African descent in Hartford, Connecticut.

Watts, Roderick J.; Williams, Nat Chioke; Jagers, Robert J. (2003). Sociopolitical Development.

*American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 185-194.

This paper examines theories and concepts relevant to sociopolitical development (SPD). As an emerging theory, SPD expands on empowerment and similar ideas related to social change and activism in community psychology- oppression, liberation, critical consciousness, and culture among them. SPD is the process by which individuals acquire the knowledge, analytical skills, emotional faculties, and the capacity for action in political and social systems necessary to interpret and resist oppression. Equally as important is a vision of liberation that is an alternative to oppressive conditions. All of these concepts have been underemphasized in the social change literature of U.S. community psychology. In our view, sociopolitical development is vital to human development and the creation of a just society. As part of identifying and illustrating concepts and processes relevant to SPD theory, we will draw from the words of young African American activists who were interviewed as part of a research study.

Prilleltensky, Isaac (2003). Understanding, Resisting, and Overcoming Oppression: Toward Psychopolitical Validity. *American Journal of Community Psychology*. 2003 Mar; Vol 31 (1-2): 195-201.

My first objective in this paper is to synthesize, synoptically, the literature on oppression and liberation with the contributions to this special issue. To fulfil this aim I introduce a framework for understanding, resisting, and overcoming oppression. The framework consists of psychopolitical well-being; experiences, consequences, and sources of oppression; and actions toward liberation. Each of these components is subdivided into 3 domains of oppression and well-being: collective, relational, and personal. Experiences of suffering as well as resistance and agency are part of the framework. My second objective is to offer ways of closing the gap between research and action on oppression and liberation. To do so I suggest 2 types of *psychopolitical validity: epistemic and transformative*.

## Journal of Health Psychology

Oman, Doug (2002). Does Religion Cause Health?: Differing Interpretations and Diverse Meanings. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 365-380.

The question, 'Does religion (or spirituality) cause physical health benefits?' may be given at least four diverging interpretations in terms of causal path diagrams. In common usage, the question may be interpreted to indicate that religion causally influences health by: (1) any mechanism, including

well-established factors such as social support and improved health behaviors; (2) additional mechanisms, such as enhanced positive psychological states (e.g. faith, hope, inner peace) acting through psychoneuroimmunologic or psychoneuroendocrinologic pathways; (3) offering psychological strength for acquiring or maintaining positive health behaviors; or (4) causally influencing health by distant healing or intercessory prayer. We review historical confusion between these interpretations,

arguing that disentangling them is important for collaborative health care, promotion and research.

Furnham, Adrian; Hassomal, Amar; McClelland, Alaister (2002). A Cross-cultural Investigation of the Factors and Biases Involved in the Allocation of Scarce Medical Resources. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 381-392.

In this study Spanish and English lay participants were given minimal demographic information regarding 16 hypothetical patients, and were required to rank them in order of priority for a kidney dialysis machine. The patients differed in terms of their gender, smoking behaviour, political affiliation and place of birth. These factors were combined factorially, so that each of the 16 patients presented a unique combination of attributes. The English sample showed a preference for local, female, non-smoking patients. The results for the Spanish sample were similar with respect to place of birth and gender, but smoking behaviour was not significant. Neither sample demonstrated a preference on the basis of political affiliation. The results suggest that certain demographic factors may bias the decision making of individuals or committees involved in the allocation of scarce medical resources.

Auerbach, Stephen M.; Pegg, Phillip O. (2002). Appraisal of Desire for Control over Healthcare: Structure, Stability, and Relation to Health Locus of Control and to the „Big Five“ Personality Traits. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 393-408.

This study addressed the question of whether the traditional tripartite distinction between cognitive, decisional and behavioral control is meaningful as applied to desire for healthcare control. Subscales of the Krantz Health Opinion Survey and the Autonomy Preference Index were administered to 680 undergraduates along with the Multidimensional Health Locus of Control Scales and the NEO-FFI Five-Factor Inventory. These measures were readministered to 523 of these subjects approximately seven weeks later. Confirmatory factor analysis of the data indicated that desire for healthcare control is best conceptualized as having three separate components. Desire for information was clearly unrelated to either desire for behavioral or decisional control; however the latter two forms of control, which are indicative of more active engagement by the individual, overlapped to a moderate degree. The three-factor model was stable over time and the component factors (particularly desire for decisional and behavioral control) were also stable. No strong relationships were found between the component factors and measures of health locus of control or the basic personality trait dimensions measured by the NEO, suggesting that the factors represent largely situation-specific traits. Findings were discussed in terms of how they may have been influenced by variability in the instruments that

were used to measure the separate desire for healthcare control components, and in terms of the need for criterion-related validation work especially in the crucial area of decisional control.

Lister, Anne-Marie; Rode, Sibylle; Farmer, Andrew; Salkovskis, Paul M. (2002). Does Thinking about Personal Health Risk Increase Anxiety? *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 409-414.

This study aimed to examine the effect on anxiety about health of a self-referent health questionnaire, in which people were asked to respond to questions about personal risk factors. Participants were randomly allocated into one of two experimental conditions (completing a self-referential assessment of their current health, or personality), with dependent variables measured before and after the experimental manipulation. Dependent variables included general and disease-specific (CHD, Stroke and Diabetes) anxiety and need for reassurance. Analysis of co-variance suggested that participants who completed the health-focused questionnaire significantly increased in their anxiety ratings about Heart Disease, Stroke and Diabetes relative to those who completed the personality-focused assessment. There was no effect on general anxiety ratings. The results have important implications for measurement procedures commonly employed in health psychology, as they suggest that asking participants to rate factors related to health risk may lead to other psychological changes. It is important that subsequent research identify the duration of such effects.

Derlega, Valerian J.; Winstead, Barbara A.; Greene, Kathryn; Serovich, Julianne; Elwood, William N. (2002). Perceived HIV-related Stigma and HIV Disclosure to Relationship Partners after Finding Out about the Seropositive Diagnosis. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 415-432.

The present study examined how perceived HIV-related stigma (how much HIV-infected persons believe that the public stigmatizes someone with HIV) influences both reasons for and against HIV disclosure and self-reports of HIV disclosure to a friend, intimate partner and a parent. The research participants were 145 men and women living with HIV. They were asked to recall when they first learned about their HIV diagnosis. Then they indicated how much specific reasons might have influenced disclosing or not disclosing about the HIV diagnosis to a friend, intimate partner and a parent. Findings, based on the total sample, indicated that perceived HIV-related stigma was associated with the endorsement of various reasons against disclosing to a friend and a parent, including concerns about self-blame, fear of rejection, communication difficulties and a desire to protect the other person. Perceived HIV-related stigma was not associated with the endorsement of any reasons for disclosing

to a friend, intimate partner or a parent, including catharsis, test other's reactions, duty to inform/educate, similarity and a close/supportive relationship with the other. In addition, perceived HIV-related stigma predicted self-reports of disclosure to a parent but not to a friend or intimate partner. Specific reasons for and against self-disclosure predicted HIV disclosure based on the type of relationship with the potential disclosure recipient. The data analyses were also stratified by gender; these results were, with some exceptions, consistent with the findings with the total sample. The research introduces scales that quantify individuals' reasons for HIV disclosure and/or nondisclosure.

French, David P.; Marteau, Theresa M.; Senior, Victoria; Weinman, John A. (2002). Eliciting Causal Beliefs about Heart Attacks: A Comparison of Implicit and Explicit Methods. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 433-444.

*Objective:* To compare beliefs about the importance of different factors in causing heart attacks, elicited by explicit questionnaire ratings and an implicit vignette task.

*Method:* In two separate studies: (1) 107 adults (aged 40-60 years); and (2) 134 students completed two tasks: (a) a questionnaire in which they explicitly rated the importance of a number of causes of heart attacks; and (b) a vignette task in which they implicitly used risk factor information to estimate a hypothetical man's likelihood of a heart attack.

*Results:* In both studies, family history was rated as a significantly less important cause than smoking or stress on the explicit questionnaire; in the implicit task, smoking and family history exerted a much greater influence on estimates of risk than did stress.

*Discussion:*

The causal beliefs elicited by the two methods differ in important respects. The predictive validity of each measure, alone and in combination with other non-questionnaire-based measures, needs to be determined.

Schofield, Margot; Hussain, Rafat; Loxton, Debbie; Miller, Zoe (2002). Psychosocial and Health Behavioural Covariates of Cosmetic Surgery: Women's Health Australia Study. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 445-458.

Current psychosocial and health behavioural covariates of past cosmetic surgery were assessed in a population-based sample ( $n = 14,100$ ) aged 45-50 years, from the baseline survey of the Women's Health Australia study. Seven percent ( $n = 982$ ) reported having ever had cosmetic surgery. Multivariate analysis found that self-reported dieting frequency in the past year and body mass index were highly significant covariates of cosmetic surgery; perception about body weight was moderately significant, and satisfaction with body weight was unrelated. A higher likelihood of cosmetic surgery

was also found for women who had ever been in a violent relationship, who had been verbally abused recently, smokers, those taking medication for sleep or nerves and those with private hospital insurance. There were moderate associations between cosmetic surgery and state of residence, higher occupational status, alcohol use, higher stress and poorer mental health. Life satisfaction, social support, recent life events, physical health, area of residence, country of birth and marital status, though all significant at the univariate level, were unrelated in multivariate analyses. The psychological and health implications of the findings are discussed.

Martinez-Sanchez, Eva; Regidor, Enrique (2002). Self-rated Health by Educational Level in Persons with and without Health Problems. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 459-468.

The objective of this study was to determine whether differences in self-rated health by educational level vary as a function of the presence or absence of health problems. For this purpose, 12,800 people were studied from the 1995 and 1997 Spanish national health surveys to estimate the percentage of less-than-good and less-than-fair health for each educational level. The association between self-rated health and educational level was stronger in persons without health problems than in those who had health problems. The probable explanation for these results is that persons with different educational levels have different conceptions about what constitutes health.

Foster, Claire; Watson, Maggie; Moynihan, Clare; Ardern-Jones, Audrey; Feles, Rosalind (2002). Genetic Testing for Breast and Ovarian Cancer Predisposition: Cancer Burden and Responsibility. *Journal of Health Psychology*. 2002 Jul; Vol 7 (4): 469-490.

The purpose of this study was to explore experiences of cancer in the family and motivation for predictive genetic testing among women at increased risk of developing breast and/or ovarian cancer due to their family history. Fifteen women were interviewed prior to receiving their genetic test results. A grounded theory approach was adopted to analyse the interview transcripts. The findings indicated that experiences of cancer in the family play an important role in formulating beliefs about one's own risk and motivation for predictive genetic testing. A sense of responsibility for one's own health and the need to take action either to prevent cancer or detect cancer at as early a stage as possible, as well as a feeling of responsibility towards children and other family members was apparent. The findings raise the question of whether there is any real choice available to these women and whether there is a negative impact on family dynamics.



McAllister, Marion (2002). Predictive Genetic Testing and Beyond: A Theory of Engagement. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 491-508.

This article presents a tentative grounded theory, which can provide some explanation of variation in behaviour around predictive genetic testing (PGT) for Hereditary Non-Polyposis Colorectal Cancer (HNPCC), based on interviews with individuals ( $n = 55$ ) from families with a clinical diagnosis of HNPCC, 12 of whom were followed through the PGT protocol. The theory is built around a core category of engagement, a newly constructed concept reflecting the degree of cognitive and emotional involvement with cancer risk in individuals from these families, and models the psychosocial process of engaging with cancer risk. The degree of engagement at the time of testing can explain variations in approaches and reactions to PGT. A series of *social* factors, many related to the experiences of family life, emerged as either facilitating or blocking the process of engaging with cancer risk; a series of *psychological* factors emerged as interacting in a recursive, dynamic manner with each other and with engagement status. The degree of engagement can change with the unfolding of time and events in family life. The theory of engagement (TE) provides an explanatory framework for understanding behaviour related to PGT for HNPCC, and can potentially be applied to research on risk perception in the social sciences more generally. In addition, the theory may have potential uses in the genetics clinic, in identifying individuals at risk of adverse reactions to PGT for cancer, thus enabling better targeting of genetic counselling resources.

McCreanor, Timothy; Nairn, Raymond (2002). Tauīwi General Practitioners Explanations of Maori Health: Colonial Relations in Primary Healthcare in Aotearoa/New Zealand. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 509-518.

This article reports initial findings from qualitative research investigating how general practitioners talk about Maori health. Transcripts of semi-structured interviews with 25 general practitioners from urban Auckland were subjected to critical discursive analyses. Through this process of intensive, analytic reading, interpretative repertoires—patterns of words and images about a particular topic—were identified. This article presents the main features of one such repertoire, termed Maori Morbidity, that the general practitioners used in accounting for poor Maori health status. Our participants were drawing upon a circumscribed pool of ideas and explaining the inequalities in health between Maori and Tauīwi in ways that gave primacy to characteristics of Maori and their culture. We discuss the implications of this conclusion for relations between Maori patients and Tauīwi doctors in primary healthcare settings.

Botha, Karel F. H.; Du Plessis, Wynand F.; Van Rooyen, Johannes M.; Wissing, Marie P. (2002). Biopsychosocial Determinants of Self-Management in Culturally Diverse South African Patients with Essential Hypertension. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 519-532.

Associations between self-management and biopsychosocial variables in a group of Afrikaans- ( $n = 102$ ) and Sotho-speaking ( $n = 94$ ) patients with essential hypertension (EH) were investigated. Self-management in terms of predetermined criteria for medical and lifestyle prescriptions was achieved by only 30.6 per cent of the participants. Significant differences were found between self-managing and non self-managing participants regarding language and culture, doctor-patient fit, complexity of prescriptions, medication side-effects, aspects of health beliefs, illness behaviour and health locus of control. In addition, a first empirical indication was found that self-management is also linked with psychological wellbeing, as manifested in a sense of coherence. The significantly accurate prediction of self-management by various biopsychosocial variables endorses the relevance of a biopsychosocial perspective in the treatment of patients with EH.

Brink, Eva; Karlson, Björn W.; Hallberg, Lillemor R.-M. (2002). To Be Stricken with Acute Myocardial Infarction: A Grounded Theory Study of Symptom Perception and Care-seeking Behaviour. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 533-544.

The process of perceiving symptoms of illness is complex, and many patients delay seeking care when symptoms of acute myocardial infarction occur. However delayed treatment can have great consequences for the prognosis. This article reports on a grounded theory study, the aim of which was to increase our understanding of the individual's thoughts, feelings and actions at the onset of an acute heart attack. Qualitative analysis of semi-structured interviews revealed four different ways of perceiving the onset of symptoms: understanding, misinterpretation, amazement and disregard. The symptom perception categories were related to two core categories labelled health beliefs and acute reactions. Some persons were aware of risks for coronary heart disease and were ready to seek care immediately. Several others had illusions of invulnerability. Such illusions caused people to delay seeking care at the onset of symptoms of myocardial infarction.

Grant, Lynda D.; Long, Bonita C.; Willms, J. Douglas (2002). Women's Adaptation to Chronic Back Pain: Daily Appraisals and Coping Strategies, Personal Characteristics and Perceived Spousal responses. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 545-564.

Daily diary methodology was used to examine within- and between-person associations among pain appraisals, coping strategies, personal characteristics, perceived spousal responses and daily (30 days) changes in negative mood and pain for 88 women with chronic back pain. Multilevel models revealed that control appraisals and distraction and ignoring pain coping strategies were associated with same-day reductions in negative mood and pain; whereas catastrophizing appraisals and praying and hoping coping strategies were associated with an increase in negative mood or pain. With appraisals and coping controlled for, average within-day decreases in depression were associated with perceived control in one's life; increases in anxiety were associated with spousal distracting responses; and increases in pain intensity were associated with spousal punishing responses and pain interference.

Dunne, Elizabeth; Quayle, Ethel (2002). Pattern and Process in Disclosure of Health Status by Women with Iatrogenically Acquired Hepatitis. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 565-582.

Thirty-two women who acquired hepatitis C through prophylactic treatment for RH Haemolytic Disease participated in discussions about their decision to disclose their health status. Spouses, the woman's birth family and close friends were the most likely confidants. Children were either very likely or very unlikely to be informed. The women told spouses, own family members, friends, children and employers and 'near' co-workers if these latter groups were informed. Divulging to 'in laws' was more likely to be done by the partner. Disclosure to people in general was more likely to happen through third parties. Organizational aspects of the health system could result in exposure. Women seeking redress because of the iatrogenic nature of the infection disclosed through the media. The consequences of disclosure were varied. The results are discussed in the light of research on disclosure by comparable populations. Disclosure emerges as a stressful process demanding constant vigilance and active management.

Sickel, Amy E.; Noll, Jennie G.; Moore, Philip J.; Putnam, Frank W.; Trickett, Penelope K. (2002). The Long-term Physical Health and Healthcare Utilization of Women who were Sexually Abused as Children. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 583-598.

This article addresses the relationship between childhood sexual abuse and the long-term physical health and healthcare utilization of 148 female participants in an eight-year prospective study. Five factors of physical health emerged: General Health; Vegetative Health Symptoms; Colds and Flu; Gastrointestinal/Gynecological; and Healthcare Utilization. Abused females scored higher on the healthcare utilization and gastrointestinal/gynecological

factors than comparison females. Abused females experiencing multiple perpetrators, violence, longer duration and older age at onset endorsed significantly more gastrointestinal/gynecological problems than did the other abused females and the comparison group. Findings suggest that: (1) sexual abuse affects long-term health outcomes and healthcare utilization; and (2) physical health sequelae of abuse may differentially affect females, depending upon the pattern of abuse characteristics.

Kiernan, Gemma; MacLachlan, Malcolm (2002). Children's Perspectives of Therapeutic Recreation: Data from the Barretstown Studies. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 599-614.

Camps offering therapeutic recreation-based programmes seek to provide a positive experience for children with life-threatening illnesses, and their siblings. While such programmes are undoubtedly motivated by the best of intentions, there are very little data available on children's own experiences in them. This article addresses this by investigating children's experiences in The Barretstown Gang Camp in Ireland. A questionnaire was completed by 449 children from 15 European countries. Feedback was factor analysed to construct an empirical model of how liking for activities in the programme clustered. Eight distinct components were identified. Results indicated that children's level of liking for some components and whether they felt their friends would like to come to camp were influenced by their age, gender, nationality, level of understanding of explanations in camp and patient/sibling status. Children's descriptions of their camp experience emphasized themes pertaining to fun, activities, scenic surroundings, staff and multiculturalism.

Collins, Karen; Nicolson, Paula (2002). The Meaning of 'Satisfaction' for People with Dermatological Problems: Re-assessing Approaches to Qualitative Health Psychology Research. *Journal of Health Psychology*. 2002 Sep; Vol 7 (5): 615-640.

A qualitative study was undertaken to explore descriptions of satisfaction with health care, with 30 dermatology patients. The relevance and usefulness of the approach chosen to analyse the data - interpretative phenomenological analysis (IPA) was also retrospectively evaluated. The findings suggest that 'satisfaction' is a complex and fluid construct, which is defined, redefined and re-evaluated by participants throughout the interview process. IPA was useful in guiding the analysis. However, in order to build upon this approach, it is suggested that more attention be paid to the sequential nature of an individual account/interview, which might lead to a more informed understanding of the meaning of patient satisfaction.

Collins, Patricia; Maguire, Moira; O Dell, Lindsay (2002). Smokers' Representations of Their Own Smoking: A Q-Methodological Study. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 541-652.

Little work has addressed how smokers represent their own smoking rather than smoking in general. Research has identified a huge number of variables that contribute to smoking, yet not much is known about how smokers 'make sense' of these and construct explanations of the factors that contribute to their own smoking. This study used Q-methodology to investigate smokers' own representations of their smoking behaviour. Analysis revealed four main factors: smoking as a social tool; the dual identity smoker; reactionary smoking; and smoking as a social event. We argue that an understanding of the diversity of smokers' representations and explanations of their own smoking could play a useful role in developing more effective targeted interventions.

Henning Abrahamsson, Kajsa; Berggren, Ulf; Hallberg, Lillemor R.-M.; Carlsson, Sven G. (2002). Ambivalence in Coping with Dental Fear and Avoidance: A Qualitative Study. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 653-664.

Dental phobia is a widespread problem, which can have significant impact on the individual's health and daily life. This grounded theory study aims to explore the situation of dental phobic patients: how dental phobia interferes with their normal routines and functioning, social activities and relationships, what factors contribute to the maintenance of dental fear and how they cope with their fear. In the qualitative analysis of thematized in-depth interviews four main categories were developed: threat to self-respect and well-being, avoidance, readiness to act and ambivalence in coping. The results show that several psychological and social factors interact in determining how dental phobic individuals cope with their fear, and demonstrate in what way dental fear affects their daily lives.

Cipher, Daisha; Fernandez, Ephrem; Clifford, P. Andrew (2002). Coping Style Influences Compliance with Multidisciplinary Pain Management. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 665-674.

The treatment of chronic pain disorders has become multifaceted in recognition of the complexities of chronic pain. However, few models have emerged to predict patients' response to treatment. This study examined a path model of pain treatment outcome, incorporating the variables of coping style and treatment compliance. Results indicated that the suppression of negative emotion was associated with greater treatment compliance, whereas amplification of negative emotion was found to be associated with poorer treatment compliance. An aggressive coping style was found to be associated with poor treatment compliance. In turn, poor compliance predicted poor pre-/post-treatment func-

tional capacity. Moreover, a path model incorporating compliance as a mediator between coping styles and functional impairment revealed an excellent model fit when compared to a path model with no mediators.

Stanford, Jaqueline N.; McCabe, Marita P. (2002). Body Image Ideal among Males and Females: Sociocultural Influences and Focus on Different Body Parts. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 675-684.

Past research has obtained mixed findings in relation to gender differences and other factors that shape ideal body image. The current study was designed to investigate these differences further, using a digital body image program to assess body image individually. As expected, females desired a body that was smaller than their current size, whereas males were split between wanting a smaller and larger body. The perceived messages from peers and parents were consistent with the individual's ideal image. Gender differences were also found with ratings of attractiveness and effectiveness. Females rated messages from peers and parents as more important than did males. For both males and females, opposite sex peers were the most important influences, and parents the least important.

Chatzisarantis, Nikos L. D.; Hagger, Martin S.; Biddle, Stuart J. H.; Karageorghis, Costas (2002). The Cognitive Processes by which Perceived Locus of Causality Predicts Participation in Physical Activity. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 685-700.

The present study examined the cognitive processes by which perceived locus of causality influences participation in leisure time physical activity. Based on the theoretical tenets of self-determination theory, it was hypothesized that deliberative modes of information processing and past behaviour will account for the direct effects of perceived locus of causality on effort and physical activity. Data from self-report questionnaires were analysed using confirmatory factor analysis and path analysis. Results demonstrated that perceived locus of causality influences effort and physical activity participation via attitudes and perceived behavioural control. It was concluded that the addition of perceived locus of causality to the theory of planned behaviour increased the utility of the theory in predicting adherence to physical activity.

Eiser, J. Richard; Eiser, Christine; Riazi, Afshane; Hammersley, Suzanne; Tooke, John E. (2002). Interpretations of Risk and Expectations of Change among Individuals with Types 1 and 2 Diabetes. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 701-712.

Questionnaires to assess expectations of future health were administered to 382 patients with dia-

betes immediately before and after attending an annual check-up. When considering their future health status and interpreting feedback from clinicians, diabetic control appeared to be a more important criterion for Type 1 than Type 2 patients. Both patients and clinicians briefly recorded the topics they felt had been discussed during the consultation. Comparing the two sets of records revealed significant concordance, within the Type 1 but not the Type 2 sample, between patients and clinicians with respect to whether patients had been given good news. Our findings emphasize the importance of distinguishing Types 1 and 2 diabetes in accounts of patients' expectations and motivation for self-management.

Gore-Felton, Cheryl; Koopman, Cheryl; Duran, Ron; Israelski, Dennis; Spiegel, David (2002). The Influence of Social Support, Coping and Mood on Sexual Risk Behavior among HIV-Positive Men and Women. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6): 713-722.

The purpose of this study was to examine the relationships between social support, coping, mood and sexual risk behavior. Participants were 122 HIV-positive adults (60 women and 62 men). All participants were assessed on sexual risk behavior, perceived partner social support, coping with HIV/AIDS and mood. The results showed that sexual risk behavior was associated with male gender, education, perceived support of their partners and the use of emotion-focused coping style to deal with living with HIV and AIDS. Intervening with partners and developing effective coping strategies may decrease risk among HIV-positive men and women. Indeed, effective HIV prevention interventions must consider the social, psychological and cultural context in which sexual risk behavior occurs and develop strategies that intervene on these psychosocial factors.

Wayment, Heidi A.; Aronson, Bethany (2002). Risky Sexual Behavior in American White College Women: The Role of Sex Guilt and Sexual Abuse. *Journal of Health Psychology*. 2002 Nov; Vol 7 (6).

Ninety-five sexually active White American female college students participated in a questionnaire study about their sexual behavior in the past 12 months. A path model was tested in order to assess specific hypothesized predictors of risky sexual behavior. As predicted, participants with greater sex guilt reported using condoms more and having had fewer sexual partners. The findings of this study suggest that White American female college students are at some degree of risk due to risky sexual behavior. Taking into account attitudes about sexuality and past sexual abuse along with the requisite training in condom use self-efficacy may enhance the success of interventions designed to reduce risky sexual behavior among White American female college students.

Neuhauser, Linda, Kreps, Gary L. (2003). Rethinking Communication in the E-Health Era. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 7-24.

There is substantial epidemiological evidence that widespread adoption of specific behavior changes can significantly improve population health. Yet, health communication efforts, while well intentioned, have often failed to engage people to change behavior within the complex contexts of their lives. 'E-health communication', health promotion efforts that are mediated by computers and other digital technologies, may have great potential to promote desired behavior changes through unique features such as mass customization, interactivity and convenience. There is growing initial evidence that e-health communication can improve behavioral outcomes. However, we have much to learn about whether the technical promise of e-health communication will be effective within the social reality of how diverse people communicate and change in the modern world. This article examines current evidence concerning e-health communication and evaluates opportunities for e-health applications.

Bauerle Bass, Sarah (2003). How will Internet Use Affect Patient? A Review of Computer Network and Closed Internet-based System Studies and the Implications in Understanding How the Use of the Internet Affects Patient Populations. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 25-38.

The widespread use of the Internet by patients is transforming the delivery of health information. Little research has been done, however, to assess the relationship between patients' use of online health resources and self efficacy, behavior or health status. To understand these effects and create a national research agenda, professionals should establish theoretically based studies. This article provides an overview of studies using computer networks and Internet-based closed systems in which a specific population has access to online health tools similar to those available on the Internet. These studies provide a microcosm of the effects Internet use may have on a patient's health-related behaviors. Three areas of proposed research will be explored: content research; process research; and outcomes research.

Wright, Kevin B.; Bell, Sally B. (2003). Health-related Support Groups on the Internet: Linking Empirical Findings to Social Support and Computer-mediated Communication Theory. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 39-54.

This literature review of research on health-related computer-mediated support groups links features of these groups to existing theory from the areas of social support and computer-mediated communication research. The article examines computer-mediated support groups as weak tie networks, focuses on how these support groups facilitate participant simi-

larity and empathic support and identifies changes in supportive communication due to characteristics of the medium.

Cummins, Carol O.; Prochaska, James O.; Driskell, Mary-Margaret; Evers, Kerry E.; Wright, Julie A.; Prochaska, Janice M.; Velicer, Wayne F. (2003). Development of Review Criteria to Evaluate Health Behavior Change Websites. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 55-62.

A growing number of major health care organizations, such as the American Heart Association and the Mayo Clinic, are investing considerable resources in developing and marketing Internet-based programs for health promotion and disease management. These programs have the potential to provide some of the best-tailored interventions in behavior change science at relatively low costs. This report discusses review criteria developed in order to conduct a systematic evaluation of Internet programs for preventive behaviors (alcohol, diet, exercise and smoking) and disease management (pediatric asthma, depression and diabetes.) These criteria can be used to develop and evaluate the quality of health promotion programs on the Internet.

Evers, Kerry E.; Prochaska, Janice M.; Prochaska, James O.; Driskell, Mary-Margaret; Cummins, Carol O.; Velicer, Wayne F. (2003). Strength and Weaknesses of Health Behavior Change Programs on the Internet. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 63-70.

Full reviews were conducted on 37 public websites on health behavior change for disease prevention and management. All had at least four of five of the '5A's for effective health behavior change treatment on the Internet' (advise, assess, assist, anticipatory guidance and arrange follow-up) that are assumed to be minimum criteria for a program to have the potential for producing behavior change. The strength of these 37 programs included: rationales provided for assessments; privacy and confidentiality protections; some form of feedback provided; and some form of interactivity. The weaknesses included: few were theory driven; few had individualized tailoring; few had empirically based tailoring; and few were evidence based or reported subsequent plans for evaluation.

Barnes, Michael D.; Penrod, Christy; Neiger, Brad L.; Merrill, Ray M.; Thackeray, Rosemary; Eggett, Dennis L. (2003). Rethinking Communication in the E-Health Era. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1).

This study identified the criteria that are valued among Internet users when rating and accessing health information on the World Wide Web. Participants ( $N = 578$ ) successfully completed a Web-based survey by ranking 12 criteria for evaluating

health information. Then, by applying those same evaluation criteria, rated the quality of three preselected health-related websites and indicated their preference for one of the three sites. Six criteria including content, design and aesthetics, currency of information and contact addresses were significant predictors for selecting high-quality health information on the Internet. However, compared to their perceived importance, participants' perceptions about quality health information on the Internet were not consistent when selecting quality websites. This study identified the implications for evaluation criteria among Internet users, health professionals and website developers.

Sullivan, Calire F. (2003). Gendered Cybersupport: A Thematic Analysis of Two Online Cancer Support Groups. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 83-104.

Within the last few years numerous support groups have emerged on the Internet, presenting new opportunities for patients to communicate with health care professionals and other patients. The present study examines discourse within online cancer support groups, increasing our understanding of sex differences in cybersupport. Two reproductive cancer groups were chosen for this investigation, the Ovarian Problems Mailing List (OPML) and the Prostate Problems Mailing List (PPML), making sex of the patient recognizable. Phenomenological thematic analysis was employed to describe and interpret messages sent and received. Analyses for the two groups were compared. Generally, it was found that the two online listservs provided opportunities for cancer patients to receive support, within western society's accepted forms of gendered communication.

McTavish, Fiona M.; Pingree, Suzanne; Hawkins, Robert; Gustafson (2003). Cultural Differences in Use of an Electronic Discussion Group. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 105-118.

This article describes how 121 women newly diagnosed with breast cancer used a computer mediated discussion group to cope with their diagnosis. These data are part of a larger data set from a randomized clinical trial assessing the impact of a computer-based system called CHESS (the Comprehensive Health Enhancement Support System) on health outcomes. The larger study found significant improvement in health outcomes for those in the experimental group (those receiving CHESS), especially for women of color. Since discussion group is by far the most heavily used service of CHESS, one might conclude that these benefits (both overall and greater for women of color) should be attributed to amount of discussion group use. This study looks at how women of color and Caucasian women used the CHESS discussion group over the period of the study. Content analysis of messages in the discussion group showed that

women of color used the discussion group differently from Caucasian women—they used it less frequently but their messages were more focused on breast cancer, suggesting they used discussion group more instrumentally.

Zimerman, Donald E.; Akerelrea, Carol A.; Buller, David B.; Hau, Barbara; Leblanc, Michelle (2003). Integrating Usability testing into the Development of a 5 a Day Nutrition Website for At-risk populations in the American Southwest. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 119-134.

The following article documents an iterative, user-oriented process to develop a nutrition education website for a rural multicultural population. Study participants were purposefully recruited from a six-county region in Southern Colorado and Northern New Mexico representing the range of ethnic backgrounds, demographics and computer experience of the site's target audience. Three studies are presented. Study one, using a card-sorting process produced a basic shallow and broad structure for the website. Study two, using verbal protocol analysis of the prototype website identified six recurring problems and Study three, using verbal protocol analysis of the nearly completed website identified nine recurring problems. The website was redesigned to eliminate the problems and recommendations were provided for training users.

Weis, Robert; Stamm, Keith; Smith, Craig; Nilan, Michael; Clark, Fiona; Weis, Joan; Kennedy, Kate (2003). Communities of Care and Caring: The Case of MSWatch.com(R). *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 135-148.

Can a health-care website stimulate its members to become a 'community of care and caring', facilitating both medical 'information' and personal 'support'? This study of MSWatch.com provides conceptual distinctions about 'ties' to a 'community' and raises questions about communications designed to serve patients with Multiple Sclerosis. An online survey of members of the website shows that members tend to: (1) make use of both its health-care information (care) and support (caring) functions, especially the former; (2) evaluate the website more highly overall if they make use of both information and support; (3) use the website the most during early stages of the disease; and (4) enhance their ties to the virtual community through using communication information and support.

Carpenter, Kelly M.; Watson, Jennifer M.; Raffety, Brian; Chabal, Charles (2003). Teaching Brief interventions for Smoking Cessation via Internet Computer-based Tutorial. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 149-160. Many current smokers do not plan on quitting any time soon. For these smokers, the immediate treat-

ment goal is not a quit attempt, but an increase in readiness to stop smoking. In the present study we developed an interactive multimedia simulation and tutoring environment that teaches healthcare professionals to provide brief motivational interviewing-based smoking cessation interventions tailored to the patient's current readiness to change. This tutorial utilizes a cognitive science-derived learning approach that provides tailored feedback and lessons based on learners' pre-existing knowledge, is highly interactive and allows learners to practice skills in simulated clinical situations. Results from two pilot studies indicate that healthcare professionals and students found the software easy and enjoyable to use and successfully learned MI-based strategies for smoking cessation.

Mar, Corinne M.; Chabal, Charles; Anderson, Ruth A.; Vore, Amay E. (2003). An Interactive Computer Tutorial to Teach Pain Assessment. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 161-174.

Under-treated pain is a significant problem. Health care institutions are under increasing pressure from patients and accreditation bodies to improve staff training in pain management. Pain assessment, a necessary pre-cursor to good pain management, is a complex multi-step process requiring sophisticated understanding and superior communication skills. This article describes the development and usability testing of an interactive, Internet-deliverable, multimedia tutorial to teach best practice pain assessment. The software platform allowed non-programmers to create multimedia tutorials and included the capability to simulate role-plays. The tutorial was designed to actively engage and respond to the learner and to include skills practice. Twenty-five nurses took the tutorial and rated it positively on a usability questionnaire in terms of ease-of-use and learning method.

Bowen, Deborah J.; Ludwig, Abi; Bush, Nigel; Unruh, Heidi K.; Meischke, Hendrika; Wooldridge, Jean A.; Robbins, Robert (2003). Early Experience with a Web-based Intervention to Inform Risk of Breast Cancer. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 175-186.

The Internet might transform the way in which health information is communicated to patient and general populations. Understanding differences in usage patterns will be critically important to ensuring the successful distribution of health information. The present study presents early data on the use patterns and predictors of use of a Web-based intervention in a population-based subsample of women aged 18-74 in King County, WA. By three months over half (51%) of users had logged into the website, using multiple components. Predictors of use by three months included employment, perceptions of health and mental health scores. These data have implications for how to conduct Web-based

intervention research and for individuals that may not benefit from such interventions.

Sciamanna, Christopher N.; Clark, Melissa A. (2003). Effects of a Fingerprint Reader on Survey Responses of Primary Care Patients. *Journal of Health Psychology*. 2003 Jan; Vol 8 (1): 187-196.

Given the potential of patients using computer programs in health care settings, we studied the effect of a fingerprint reader on responses to a computerized health screener. We randomized 76 primary care patients into two conditions: (1) fingerprint reader prior to screener; and (2) control condition. Overall, the reader was well accepted and those who used it had more positive attitudes toward using it than those who did not. The fingerprint reader had a positive effect on reporting low fruit and vegetable intake and poorer health status, but no effect on reporting physical inactivity, smoking, excessive alcohol intake or being overweight.

Prilleltensky, Isaac; Prilleltensky, Ora. (2003). Towards a Critical Health Psychology Practice. *Journal of Health Psychology*. 2003 Mar; Vol 8 (2): 197-210.

The field of critical psychology is exerting an influence in the way various sub-disciplines within psychology operate. In this article we use a critical psychology framework to review the field of health psychology. Through the use of values, assumptions and practices we review progress in health psychology and offer recommendations for aligning

contemporary practices with current thinking in critical psychology. We discuss typical expectations, critical formulations and critical practice for interventions with individuals, groups and communities along these dimensions.

Thorburn Bird, Sheryl; Bogart, Laura M. (2003). Birth Control Conspiracy Beliefs, Perceived Discrimination, and Contraception among African Americans: An Exploratory Study. *Journal of Health Psychology*. 2003 Mar; Vol 8 (2): 211-146.

We conducted a cross-sectional telephone survey to explore the relationship of birth control conspiracy beliefs and perceived discrimination to contraceptive attitudes and behavior among a sample of African Americans (aged 18-45) in the USA ( $N = 71$ ). Results indicated that a large percentage of respondents perceived discrimination targeted at African American women and endorsed birth control conspiracy beliefs, and that a significant proportion of female respondents perceived discrimination when getting family planning or contraceptive services. Stronger conspiracy beliefs and greater perceived discrimination were associated with negative attitudes toward contraceptive methods, particularly birth control pills, and with contraceptive behavior and intentions. Our findings suggest that conspiracy beliefs and perceived discrimination may play an important role in African Americans' attitudes toward and use of contraceptive methods.

## Journal of Primary Prevention

Anglin, Lise; Neves, Paula; Giesbrecht, Norman; Kobus-Matthews, Marianne (2003). Alcohol-Related Air Rage: From Damage Control to Primary Prevention. *Journal of Primary Prevention*. 2003 Spr; Vol 23 (3): 283-297.

Air rage is the term commonly used to describe a spectrum of disruptive behaviors on the part of airline passengers during flight. Systematic research on the problem barely exists. Based on the information available, we believe air rage is preventable in so far as its causes can be identified. Three important triggers are alcohol consumption, mental instability and environmental stress. Our recommendations for primary prevention include reduced alcohol service in airports and onboard aircraft, internationally coordinated data collection and airline-sponsored public service messages. Roughly 40% of air rage incidents are considered alcohol-related. Therefore, we particularly recommend reduced availability of alcoholic beverages in airports and airplanes.

Adelman, Howard S.; Taylor, Linda (2003). Creating School and Community Partnerships for Substance Abuse Prevention Programs. *Journal of Primary Prevention*. 2003 Spr; Vol 23 (3): 329-369.

The article reviews the scope and scale of the problem, explores a transactional view of etiology, and summarizes the prevailing approaches to prevention, exemplary and promising approaches, and standards for research and practice. The authors stress the importance of addressing the complexity of the problem through creation of comprehensive, multifaceted approaches to reduce substance abuse. Effective intervention frameworks are presented that weave together the resources of school, home, and community.

Stevenson, John F.; Mitchell, Roger E. (2003). Community-Level Collaboration for Substance Abuse Prevention. *Journal of Primary Prevention*. 2003 Spr; Vol 23 (3): 371-404.

This paper reviews the literature on the roles of community-wide collaboration in substance abuse prevention. Three broad strategies through which collaboration may have its effects are identified (i.e., building community capacity, increasing service integration, and influencing policy change). Alternative theories of effects, means of measurement, and results and conclusions from studies of collaborative interventions for prevention are discussed. The strength of empirical evidence for the impact of collaboration on substance abuse outcomes varies by strategy, with more support for the logic of policy change. Additional conclusions are offered regarding when and how this approach can work, and what might be useful next steps.

Poole, Dennis L.; Zugazaga; Carole B. (2003). Conceptualizing Prevention as the First Line of Offense Against Homelessness: Implications for the federal Continuum of Care Model. *Journal of Primary Prevention*. 2003 Sum; Vol 23 (4): 409-424.

The federal continuum of care model does not adequately address prevention as the first line of offense against homelessness. As a result, people with acute housing needs are quickly channeled into emergency shelters, exposing them to the destructive cycle of homelessness. Emergency shelters provide an island of refuge, but remove many people from the social mainstream, weaken their capacity for self-help, and increase risk of long-term dependency. Our position emerges from interviews with people residing in the largest homeless shelter in Central Florida, feedback from a regional advisory committee of civic leaders and service providers, and consistencies with findings reported in the literature. The Community Prevention Model that we offer for discussion reinforces competencies and strengths, promotes independent living and social mainstreaming, and utilizes emergency shelters as a last resort.

Ruffolo, Mary C.; Evans, Mary E.; Lukens, Ellen P. (2003). Primary Prevention Programs for Children in the Social Service System. *Journal of Primary Prevention*. 2003 Sum; Vol 23 (4): 425-450.

Providing effective social services for children and their families at high risk for substance abuse problems is a national concern. The paper presents the prevalence and incidence of children in need of social services due to child maltreatment, child poverty, parental incarceration, parental substance abuse, juvenile justice problems, child mental health and substance abuse problems, and homelessness. Next, the paper examines early childhood family education and family support approaches in primary prevention designed to meet the needs of these children. New research to understand developmental pathways that lead to substance abuse problems in these children is recommended.

Mowbray, Carol T.; Oyserman, Daphna (2003). Substance Abuse in Children of Parents with Mental Illness: Risks, Resiliency, and Best Prevention Practices. *Journal of Primary Prevention*. 2003 Sum; Vol 23 (4): 451-482.

Published research on the effects of parental mental illness diagnosis or symptoms on childhood substance abuse (SA) is reviewed. Family and environmental circumstances related to having a parent with a mental illness also put these children at risk for SA. Risk and protective factors for developing a substance use or related disorder in these children are summarized. Recommendations for SA prevention in children of parents with mental illness are presented and used to critique existing substance abuse prevention programs. Limitations of the research are noted vis-à-vis lack of participant racial/ethnic diversity, inconsistent results, methodological flaws, and few efficacy studies.

Meschke, Laurie L.; Patterson, Joän M. (2003). Resilience as a Theoretical Basis for Substance Abuse Prevention. *Journal of Primary Prevention*. 2003 Sum; Vol 23 (4): 483-514.

The resilience perspective is used to examine the risk and protective mechanisms associated with adolescent substance use. First, resilience is defined within an ecological framework of development. Second, resilience processes related to substance use are explored. To ensure the most current review of the literature, the focus is placed on published studies of the past decade. We also discuss recommendations for further descriptive and analytic research. Finally, effective adolescent substance use prevention programs that promote youth resilience are reviewed. Directions for future efforts in program development also are provided.

Clapp, John D.; Stanger, Lousie (2003). Changing the College AOD Environment for Primary Prevention. *Journal of Primary Prevention*. 2003 Sum; Vol 23 (4): 515-523.

Identifying environmental factors reflected to alcohol use is important for program planning and evaluation in college alcohol and drug prevention programs. Little has been written concerning uses of data in environmental prevention efforts. This paper presents four brief interrelated case studies of how environmental modifications were used by a college alcohol prevention project to 1) change the marketing practices and service policies of a student-oriented bar, 2) alter the sales practices of a campus bookstore concerning alcohol paraphernalia, 3) to develop a campaign with the goal of reducing risk factors related to heavy drinking at private student parties, and 4) stop an unsafe bus from transporting students to bars in Mexico. Creative use of such environmental prevention approaches has potential benefit to colleges and universities concerned with the primary prevention of alcohol-related problems experienced by students.



## Journal of Community & Applied Social Psychology

Ussher, Jane M. (2002). Processes of Appraisal and Coping in the Development and Maintenance of Premenstrual Dysphoric Disorder. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 309-322.

This article examines the role of appraisal and coping strategies in relation to women's subjective negotiation of premenstrual changes, drawing on a series of narrative interviews conducted with women who met diagnostic criteria for Premenstrual Dysphoric Disorder (PMDD). The major themes that emerged from the interviews were: the PMDD sufferer as split; over-responsibility is linked to PMDD; PMDD=lack of control; methods of coping; attributions for symptoms; and PMDD as a relational issue. This article draws on each of these narrative themes, in order to illustrate three interrelated psychological processes of appraisal and coping central to the development and maintenance of 'PMDD' or 'PMS' (Premenstrual Syndrome). The first process is awareness of changes in psychological or physical experiences, ability to cope, or reactivity to others, premenstrually. The second process involves expectations and perceptions of premenstrual changes. The third is women's response and ways of coping. This study thus stands in contrast to research positioned within a positivist epistemological framework, where PMDD is viewed as a fixed entity; and women's subjective experience of premenstrual changes, is marginalized or negated. It is argued that premenstrual changes evolve in the context of an ongoing interaction between internal experiences, perceptions, reactions, relationships, and cultural expectations, that differ between women, across menstrual cycles, and can shift within a specific cycle: described as a material-discursive-intrapsychic interaction.

Licata, Laurent; Klein, Olivier (2002). Does European Citizenship Breed Xenophobia? European Identification as a Predictor of Intolerance towards Immigrants. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 323-337.

The European Union is generally perceived as endorsing universalistic and multi-cultural values. However, social identity and self-categorization theories predict that, when certain conditions are met, a negative relation between ingroup identification and tolerance towards outgroup members should be observed. We argue that the creation of the status of 'Citizen of the Union' in Maastricht may contribute to meeting those conditions and therefore to increase intolerance towards resident foreigners. If that is the case, a paradoxical situation

could emerge, in which people's levels of tolerance towards foreigners would contradict group values. We examined the relations between values associated with Europe, European and national identification, and tolerance towards foreigners through a survey study with a - non-representative - sample of undergraduate French-speaking Belgian students. Results show that Europe was generally associated with humanistic values. But they also reveal that strong European identifiers tended to express more xenophobic attitudes than weak European identifiers, whilst national identification was not related with such attitudes.

Bolam, Bruce; Sixsmith, Judith (2002). An Exploratory Study of the Perceptions and Experiences of Further Education amongst the Young Long-term Unemployed. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 338-352.

The aim of this study was to explore, in depth, the perceptions and experiences of Further Education (FE) amongst the young long-term unemployed. Semi-structured interviews were conducted with 16 long-term unemployed youths of 18-25 years of age divided into three groups: those with no experience of FE; those having recently dropped out of FE; and those currently studying in FE. Grounded theoretical analysis highlighted the importance of both responses to and institutional aspects of unemployment. The impact of unemployment, poor previous educational experience and perceived irrelevance of FE are key barriers to learning. Those that enter FE may drop out as a result of both material and psychosocial factors. Those that stay on commonly emphasize both social support and personal agency in decision-making alongside positive evaluations of FE. In conclusion, limitations of the findings, policy and practical recommendations for successful widening of participation in FE amongst this group are considered.

Ravenna, Marcella; Hölzl, Erik; Kirchler, Erich; Palmonari, Augusto; Costarelli, Sandro (2002). Drug Addicts in Therapy—Changes in Life Space in the Course of One Year. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 353-368.

In a residential community treatment setting, moods and emotional states of drug addicts were explored over a 1-year period. The specific form of treatment of heroin addiction employed in the communities is based on the importance of interpersonal relationships for psychosocial transition. Twenty-nine participants reported current mood, emotions, attributions, and motive activation using a time-sampling diary for 2 weeks at the beginning of the treatment,

and 6 and 12 months later. Results show an increase in positive emotions, and in subjective strength and freedom. Furthermore, participants report higher self-esteem and use less fatalistic attributions. This is interpreted as indicating successful transition processes in terms of higher autonomy, a more extended life space and increased levels of realism.

Kyle, Ken; Angelique, Holly (2002). Tragedy and Catharsis in the Wake of the 911 Attacks. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 369-374.

We argue that the events of 11 september 2001 (911) should be understood as a tragedy in the Greek sense of the term. Contemporary US views of tragedy typically communicate a sense that little can be done to predict or explain catastrophic events. This leads to feelings of hopelessness and helplessness. Accordingly, traditional US psychological interventions focus upon ameliorative efforts only. In Greek notions of tragedy, however, the hero(ine) has a character flaw that contributes to his/her demise. Lessons are learned, and catharsis results. From the standpoint of the US as a tragic hero, psychological interventions should be both ameliorative and preventative. We contend that this overemphasis on ameliorative work and the limited views of terrorism's root causes are counterproductive. Indeed, we recommend that individual US psychologists and the American Psychological Association leadership engage in both ameliorative efforts and broadly conceived preventative work. .

Ball, Myfanwy; Orford, Jim (2002). Meaningful Patterns of Activity Amongst the Long-term Inner City Unemployed: A Qualitative Study. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (5): 309-322.

A number of studies have sought to establish the social psychological factors involved in the maintenance of active lifestyles during long-term unemployment. The aim of this study was to describe and account for the development and maintenance of different patterns of activity, with reference to their perceived meaningfulness. This was undertaken with a sample of Birmingham's inner city, long-term unemployed population recruited from three inner city Jobcentres, including men and women, and White, Asian and African Caribbean participants ( $N = 24$ ). Interviews were conducted using a semi-structured interview guide. Using the qualitative software program, NUD.IST, the data were analysed according to the principles of the grounded theory approach. Activities were characterized as: domestic; educational; work-like; socializing; and none. A model of meaningful activity in the context of formal unemployment was developed. The main components of the model were: features of formal employment that inhibited participants' engagement in it; the requirements for personal meaningful activity (challenging activity, effort and commitment, and being valued by oth-

ers); the consequences of meaningful activity (opportunities for self-determination and self-development, and achievement, competence, and confidence) and consolidating factors (social comparison, self-appraisal, religious and political beliefs, and social support). Theories of unemployment of Jahoda, Warr, and Fryer are considered in the light of the present findings.

Des Rivières-Pigeon, Catherine; Saurel-Cubizolles, Marie-Josèphe, Romito, Patrizia (2002). Division of Domestic Work and Psychological Distress 1 Year After Childbirth: A Comparison Between France, Quebec and Italy. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (6): 397-409.

Background: The participation of men in domestic work should have a positive impact on the wellbeing and mental health of women who are mothers of young children. However, cultural factors, which largely determine the expectations and desires of men and women, are likely to modify this impact. The purpose of this study was to explore differences between countries in the division of child care and housework between couples 1 year after childbirth, and to look at possible differences in the relationship between this division and the psychological health of new mothers.

Methods: Similar studies were carried out in three countries: France, Italy and Canada (province of Quebec), making it possible to compare the situation of 1598 women.

Results: The results revealed major differences between countries in the division of domestic work. For nearly all the child care and housework tasks studied, answers indicating an unequal division were more frequent in Italy than in France, and more frequent in France than in Quebec. Despite these differences, we found very similar pattern of associations, in the three countries, between the division of domestic work and the mental health of women. An unequal division of child care was linked with psychological distress, but this association was not found for the division of housework.

Conclusion: These results raise questions concerning the mechanisms by which the division of domestic work affects the psychological health of new mothers.

Salazar, Laura F.; Cook, Sarah L. (2002). Violence Against Women: Is Psychology Part of the Problem or the Solution? A Content Analysis of Psychological Research from 1990 Through 1999. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (6): 410-421.

Previous critiques of traditional psychology portrayed a discipline that examines social problems from an exceptionalistic perspective and decontextualizes the subjects of its inquiries. We analysed 10 years of psychological research on domestic violence, sexual assault, and sexual harassment to determine whether this criticism applied to violence

against women research. Specifically, we examined the purpose, level of analysis, sample, and context of 1396 PsychLit abstracts. We found that almost half reported an examination of causal factors. Only one quarter reported intervention studies. Most studies focused at the individual level of analysis and few included contextual factors. Investigators explored questions about domestic violence most frequently among samples of victims and perpetrators drawn from clinical settings. Sexual assault and sexual harassment researchers depended on victims and perpetrators to a lesser extent, but tended to rely upon convenience samples from college settings. Representative community samples were used in only 9% of studies. These findings support the view that psychological research on violence against women suffers from a heavy emphasis on exceptionalism at the expense of a universalistic perspective, the latter of which we contend is critical to advancing the field and reducing a major threat to women's health and wellbeing.

Prezza, Miretta; Pacilli, Maria Giuseppina (2002). Perceived Social Support from Significant Others, Family and Friends and Several Socio-demographic Characteristics. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (6): 422-429.

The first aim was to explore the relationship between socio-demographic characteristics and perceived support from significant others, family and friends. Zimet, Dahlem, Zimet, and Farley's Multi-dimensional Scale of Perceived Social Support (MSPSS) (*Journal of Personality Assessment*, 52, 1988, 30-41) was administered to 418 males and 623 females between 18 and 77 years of age. The results indicate that family support is higher in males, and the support of friends decreases with age as does the support of significant others. Significant interactions also emerged between gender and age and between gender and marital status. No differences were found for educational level. The second aim was to discover which persons are identified as 'special persons' on the items of the 'Significant others' sub-scale of the MSPSS.

Abraham, Charles; Gregory, Nicky; Wolf, Lisa; Pemberton, Richard (2002). Self-esteem, Stigma and Community Participation Amongst People with Learning Difficulties Living in the Community. *Journal of Community & Applied Social Psychology*. 2002; Vol 12 (6): 430-443.

A cross-sectional study examined the relationship between self-esteem, community participation, age, perceived stigma and social support amongst a sample of 50 people with mild to moderate learning difficulties attending two day centres. Respondent-paced, structured interviews following ethical and assessment guidelines were used to gather data. Retest interviews were conducted with 20% of the sample 3 months subsequently and only those measures with good test-retest reliability were used

to test hypotheses. The results showed fairly high levels of community participation and self-esteem. Self-esteem was negatively correlated with stigma and a sub-group with high concerns regarding meeting strangers was identified. In accordance with studies of non-disabled samples, self-esteem was positively associated with age. Social support was comparable to, or higher than, that observed in non-disabled samples. High social support was observed for staff going out with respondents and for practical help from liked persons and friends. Community participation appeared to be related to higher self-esteem in older participants but lower self-esteem in younger participants. Implications for future research and practice are discussed.

Day, Chris; Kane, Robert T.; Roberts, Clare (2003). The Prevention of Depressive Symptoms in Rural Australian Women. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (1): 1-14.

Two interventions aimed at preventing depressive symptoms in women living in Western Australian rural communities were evaluated against a no-intervention control condition. The standard intervention was based upon traditional cognitive-behaviour treatments for depression; the experimental intervention was based upon prevention strategies derived from the learned helplessness model of depression (e.g. Peterson, Maier, & Seligman, [1993]). Seventy-six women were randomly assigned to either the standard or the experimental group, and a further 20 women formed a no-intervention control group. The standard group showed a reduction in depressive symptoms at post-test, but no effects at 6-week or 6-month follow-ups. In contrast, a reduction in depressive symptoms did not appear for the experimental group until the 6-week follow-up at which time a less depressive attributional style was also evident; these effects were even more pronounced at the 6-month follow-up. The no-intervention control group showed no changes across time. It is argued that these results support the applicability of prevention strategies based on the learned helplessness model to this population.

McMillan, Brian; Sherlock, Kellie; Conner, Mark (2003). Expanding the Traditional User Versus Non-user Dichotomy Amongst Ecstasy Users. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (1): 15-28.

Differences in the drug use characteristics and psychosocial variables in the use and non-use of ecstasy within 845 16-25 year-olds in the UK was examined. Based on levels of ecstasy use and intentions, two groups of non-users (resistant and vulnerable), three groups of users (light, moderate and heavy) and an ex-user group were identified. It was found that there is predictive utility in this way of expanding the widely employed 'user versus non-user' dichotomy. Resistant non-users were more

likely to be younger, female, and were characterized by lower levels of use of four other drugs (amphetamine, cannabis, cocaine and LSD). Those 'at risk' of using ecstasy reported more frequent use of amphetamine, LSD, and cannabis than resistant non-users. Heavy user groups reported using amphetamine, cocaine and LSD more frequently than all the other groups. Having ecstasy using friends increased the odds of being an 'at risk' non-user or an ecstasy user. Normative influence also differentiated between the three user groups (light, moderate, and heavy). Beliefs about ecstasy use being immoral, ecstasy offers being difficult to resist, ecstasy use making one feel guilty and ecstasy being readily available differentiated between user and non-user groups. These factors could usefully inform the content of health education materials designed to change ecstasy use.

Guerin, Bernard (2003). Combating Prejudice and Racism: New Interventions from a Functional Analysis of Racist Language. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (1): 29-45.

Based on a conversational model of language-use-in-social-context, this article focuses on one particular form of racist and prejudiced talking that has not received enough attention-conversations in which racist statements function to maintain groups and relationships rather than seriously promote racism. Despite their casualness, such statements are still pernicious, and a range of potential interventions are proposed for this language function. These involve actively altering a community's discursive resources to include more rejoinders to racist comments. Such rejoinders must be utilized in the most appropriate way for any relationship, and this might mean polite corrections, witty repartee, strong put-downs to silence someone making racist comments, or as counter-jokes to racist jokes, depending upon the social context and power relations involved.

Luyt, Russell (2003). Rhetorical Representations of Masculinities in South Africa: Moving Towards a Material-discursive Understanding of Men. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (1): 46-69.

A material-discursive perspective holds advantage in understanding male realities. It seeks to integrate dominant approaches that appear anaemic in their failure to capture the interplay between the material and discursive realms of human existence. Three dominant metaphorical themes in the rhetorical representation of South African masculinities are described in an attempt to illustrate the complexity of embodied masculine experience. In this sense the discussion seeks to reveal the dynamic nature of masculine debate and lived experience across differing contexts. It serves to underline the importance of adopting a material-discursive perspective in understanding men, which recognizes that they

do not exist as a homogeneous social group, and as such experience their masculinities in a variable and changing fashion. The theoretical amalgamation of social representations and rhetoric is argued to provide a useful analytical tool in an endeavour of this nature. It is suggested that the rhetorical approach problematizes an overly consensual view of social reality that social representations theory typically promotes.

Christian, Julie (2003). Homelessness: Integrating International Perspectives. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 85-90.

This article, the issue introduction, discusses the background issues effecting the conceptualization and debate surrounding research on homelessness in the US and Europe, focussing largely on the UK. It considers the themes to be developed in this special issue, and examines how psychology together with other disciplines such as sociology, geography and policy studies can be complementary in meeting the challenges of researching, evaluating and understanding the issues. This article also begins to discuss how these divergent approaches can strengthen both the evidence bases on homelessness, and explore some of the lessons that can be learned from different perspectives, a theme raised throughout this issue.

Sosin, Michael (2003). Explaining Adult Homelessness in the US by Stratification or Situation. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 91-104.

In the US, the most widely accepted individual-level explanations of homelessness suggest that adults lose their dwellings when they cannot compete in the marketplace for the monetary resources needed to pay for housing, and cannot compete in a non-market struggle for compensatory resources. Such resource problems allegedly typically reflect myriad lifetime and current personal problems or deficits. However, the causal role of the problems and deficits is now known to be complex, and evidence about transitions in and out of homelessness suggests that key events occur somewhat independently of easily measured individual problems or deficits. This article, therefore, provides an alternative explanatory approach that directly focuses on aspects of the probabilistic situations that spur, or fail to reverse homelessness. The events and resource issues are posited to give rise to episodes of homelessness that vary in length, that are indirectly affected by many commonly mentioned individual traits, and that can be matched to targeted policies.

Anderson, Isobel; Christian, Julie (2003). Causes of Homelessness in the UK: A Dynamic Analysis. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 105-118.

This article presents an analysis of the causes of homelessness in the UK, and develops the notion that the bulk of the research has focused on 'discrete' causes of homelessness, which has been important for enhancing our knowledge, but has also led to gaps in our understanding. To this end, the article begins outlining the benefits of the pathways approach, acknowledging the potential contributions of this approach rather than fully developing the argument, and placing it in a wider context. This article concludes by discussing implications for a more dynamic explanation of homelessness and the impact that it is likely to have on both policy and research in the UK.

Clapham, David (2003). Pathways Approaches to Homelessness research. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 119-127.

Research on homelessness has focused on either structural forces or individual actions or, where both are considered, has failed to find an effective way of analysing the two sets of factors together. This article looks at one way of doing this through the adoption of a 'pathways' framework. The article reviews existing pathways research on homelessness and argues that existing studies do not analyse the interaction of structural and action elements. A stronger theoretical framework is outlined and emphasis placed on the discourses which shape the nature of services for homeless people and the actions of both staff and homeless people themselves. Understanding of the interaction between these two groups is vital if the nature of homelessness is to be comprehended. A research method is needed which focuses on homelessness discourses and their restructuring and shaping through interaction in order that the aim of a holistic analysis can be achieved.

Hill, Ronald Paul (2003). Homelessness in the US: An Ethnographic Look at Consumption Strategies. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 128-137.

This article provides an overview of scholarship on the lived consumption experience of homeless people in the US. Three ethnographic studies are the input for this integration, and the results are expressed thematically to be consistent with this methodological form. Internal dialogue from two short stories concerning single adult males and female-headed families is used to make the themes come alive for the reader. The article concludes with a brief summary of these findings and implications for future homelessness research.

Christian, Julie; Abrams, Dominic (2003). The Effects of Social Identification, Norms and Attitudes on Use of Outreach Services by Homeless People. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 138-157.

The theory of planned behaviour, social identity theory and attitudes toward institutional authority were used to predict the uptake of outreach services over a 3-week period in a prospective study of 126 homeless people in a major UK city. Consistent with previous research, subjective norm was an important predictor, but so were identification with support services and attitudes to authority. The effect of intention on behaviour was moderated by subjective norm, such that intention affected behaviour more when subjective norm was weak. Subjective norm was affected by identification with support services, which in turn, was predicted by identification with homeless people and attitude to authority. It is concluded that the role of social identity and social norms is of central importance in understanding uptake of outreach services among homeless people.

O Connell, Mary Ellen (2003). Responding to Homelessness: An Overview of US and UK Policy Interventions. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 158-170.

This article compares UK and US social welfare, policy and practice responses to homelessness, with the aim of identifying differences and similarities in the systems, and drawing out lessons for future policy and practice interventions, particularly as they relate to researching the issues. An introductory section briefly sets out the policy and practice context for homelessness in both countries. Next, the main part of the article systematically highlights the continuities between the response to homelessness in the UK and US, and seeks to explain some of the questions arising from this. Finally, the article draws this together by discussing implications for future interventions and research.

Gulcur, Leyla; Stefancic, Ana; Shinn, Marybeth; Tsemberis, Sam; Fischer, Sean N. (2003). Housing, Hospitalization, and Cost Outcomes for Homeless Individuals with Psychiatric Disabilities Participating in Continuum of Care and Housing First Programmes. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 171-186.

This article compares two approaches to housing chronically homeless individuals with psychiatric disabilities and often substance abuse. The experimental Housing First programme offered immediate access to independent housing without requiring psychiatric treatment or sobriety; the control Continuum of Care programmes made treatment and sobriety prerequisites for housing. A total of 225 participants were interviewed prior to random assignment and every 6-months thereafter for 2 years. Data were analysed using repeated measures analysis of variance. Participants randomly assigned to the experimental condition spent significantly less time homeless and in psychiatric hospitals, and incurred fewer costs than controls. A sub-sample

recruited from psychiatric hospitals ( $n = 68$ ) spent less time homeless and more time hospitalized, and incurred more costs than a sub-sample ( $n = 157$ ) recruited from the streets. Recruitment source by programme interactions showed that the experimental programme had greater effects on reducing hospitalization for the hospital sub-sample and reducing homelessness for the street sub-sample. Three-way interactions including time indicated that in the experimental group, hospitalization and homelessness declined faster for the hospital and street sub-samples, respectively, than for comparable controls. Overall results support the Housing First approach.

Pleace, Nicholas, Quilgars, Deborah (2003). Led Rather than Leading? Research on Homelessness in Britain. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 187-196.

This article examines the history of British homelessness research and its politicization over the past 40 years. The relationship between homelessness research and policy has been developing since the 1960s, and by the 1990s the majority of research was undertaken within the policy arena. In part, this has arisen because of the way in which research has been funded in the UK, with funding being dominated by government or those seeking to criticize its policies. To varying degrees, this is also attributable to the acceptance of a homelessness paradigm, which was ultimately no more than an ideological

construct, the 'definitions' of homelessness within British legislation. Fuelled by the growth of homelessness and an increase in charitable activity, the volume of research grew during the 1980s and 1990s, but without concurrent methodological and theoretical development. Recent academic critiques of British homelessness research are reviewed, including the movement towards re-conceptualizing homelessness.

Anderson, Isobel (2003). Synthesizing Homelessness Research: Trends, Lessons and Prospects. *Journal of Community & Applied Social Psychology*. 2003; Vol 13 (2): 197-205.

This article presents an overview of some of the key trends emerging from homelessness research to date, lessons to be learned, and some thoughts on the future prospects for homelessness research. Homelessness research draws on a number of academic disciplines, in an international context, and using a wide range of research methods. There is a significant theoretical and empirical research evidence base for understanding the nature and causes of homelessness, and a developing body of research on the impact of intervention strategies. Key challenges for the future include the development of truly multi-disciplinary research and truly international comparative research, as well as greater scientific rigour in both policy oriented and scholarly led research on homelessness.

## Journal of Community Psychology

Miller, R. Jeff; Darlington, Yvonne (2002). Who Supports? The Providers of Social Support to Dual-parent Families Caring for Young Children. *Journal of Community Psychology*. 2002; Vol 30 (5): 461-473.

Previous research points to the importance of both kin and non-kin ties within social networks as sources of social support. This study examines the kin and non-kin providers of specific types of support to dual-parent low-income Australian families caring for young children. The study highlights the importance of family and friends as support providers. Study participants tended to rely on family, including parents, siblings and other family members, and friends for emotional and information support. Parents also tended to provide material and practical support. While neighbors and community agencies offered some emotional and information support, overall, these sources were minimal.

Allen, Nicole E.; Foster-Fishman, Pennie G.; Sallam, Deborah A. (2002). Interagency Teams: A Vehicle for Service Delivery Reform. *Journal of Community Psychology*. 2002; Vol 30 (5): 475-497.

Human service delivery organizations often have great difficulty implementing new service delivery technologies. This study examines the extent to which interagency service delivery teams facilitate the implementation of a popular reform that significantly challenges the status quo: family-centered service delivery. Survey data from 121 providers representing 25 agencies within one county suggest that interagency teams may promote provider implementation of new service delivery practices. Teams members were more likely than nonteam members to implement practices consistent with family-centered service delivery. Consumer focus group data support these findings, with consumers noting that services received from providers in the team context were more individualized, empowering, and comprehensive than the services they typically received in the county. The implications of these findings for practitioners and scholars interested in facilitating human service delivery reform are discussed.

Spoth, Richard; Gyll, Max; Trudeau, Linda; Goldberg-Lillehoj, Catherine (2002). Who Supports? Two Studies of Proximal Outcomes and Implementation Quality of Universal Preventive Interventions in a Community-University Collabo-

ration Context. *Journal of Community Psychology*. 2002; Vol 30 (5): 499-518.

Here we present the results from two longitudinal studies of competency-training interventions that entailed community-university collaboration intended to enhance implementation quality. In Study 1, 22 rural schools were randomly assigned to a family-focused intervention or a minimal contact control group. In Study 2, 36 rural schools were randomly assigned to a family-focused preventive intervention combined with a school-based intervention, the school-based intervention alone, or a minimal contact control group. In both studies, observers rated adherence to intervention protocols. Results showed that, on average, high levels of observer-rated adherence were attained in both studies. Analyses of the relationship between observer-rated adherence scores and proximal outcomes showed limited evidence of poorer outcomes associated with lower-adherence groups. Overall, findings highlight the benefits of community-university collaboration intended to facilitate high levels of intervention adherence. The need for a framework guiding a collaborative implementation research agenda is discussed.

Ritblatt, Shulamit N.; Beatty, James R.; Cronan, Terry A.; Ochoa, Alberto M. (2002). Relationships Among Perceptions of Parent Involvement, Time Allocation, and Demographic Characteristics: Implication for Policy Formation. *Journal of Community Psychology*. 2002; Vol 30 (5): 519-549.

Variables that facilitate or hinder parent involvement (PI) in education and schools were explored, along with the amounts of time parents spent in various activities. A total of 506 participants from San Diego and Imperial Counties completed the first part of the study (1) designed to assess parents' beliefs about involvement with their child's school and education. Of these same participants, 357 self-selected parents also chose to complete a second part of the study (2) that assessed the amount of time parents spend in education-related activities. Factor analysis of the 506 participant responses revealed four school perception factors related to parent attitudes: (a) communication, (b) familiarity, (c) sensitivity, and (d) support. Factor analysis of the 357 participant responses to the time factors also revealed four involvement areas: (a) general school issues, (b) specific school issues, (c) extracurricular school activities, and (d) specific help. Significant relationships were found among three of the attitudinal factors (sensitivity, familiarity, and support) and various time factors, including total involvement time, general issues, specific problems, and extracurricular issues. Further, significant differences among means were found for both the school perception factors and the time factors based on ethnic background, income, and marital status. Recommendations for increasing parent involvement and formulating public policy are discussed.

Stevens, Jack; Ammerman, Robert T.; Putnam, Frank G.; Van Ginkel, Judith B. (2002). Depres-

sion and Trauma History in First-time Mothers Receiving Home Visitation. *Journal of Community Psychology*. 2002; Vol 30 (5): 551-564.

This article examines the prevalence and correlates of depression and trauma history in first-time mothers receiving home visitation. One hundred twenty-three mothers in a Healthy Families America (HFA) program completed measures of depression, trauma history, social support, sense of control, and child abuse risk. Number of completed home visits, number of uncompleted home visits, and total telephone contact time were documented for each participant over the first 6 months of enrollment. Nearly 30% of the mothers scored in the clinically significant range on the depression measure. Approximately 70% of the sample had experienced at least one violent trauma. Depression and violent trauma, but not nonviolent trauma, were related to greater child abuse risk and less maternal sense of control and social support. Violent traumas were related to greater interruptions in service delivery as reflected by more uncompleted home visits. After controlling for social support and sense of control, depression was associated with more telephone contact between mothers and home visitors. Mothers receiving home visitation exhibited a heightened incidence of depression and trauma history relative to the population at large. These constructs were related to social support and sense of control, both of which are targets of home visitation. Depression and trauma history may significantly influence the delivery and outcomes obtained from home visitation.

Kim, Irene J.; Zane, Nolan W. S.; Hong, Sehee (2002). Protective Factors Against Substance Use Among Asian American Youth: A Test of the Peer Cluster Theory. *Journal of Community Psychology*. 2002; Vol 30 (5): 565-584.

Few viable theoretical models of risk and protective factors for adolescent substance use have been empirically tested on diverse populations. The purpose of this study was twofold. First, the cross-cultural validity of Oetting and Beauvais' (1987) peer cluster theory was tested on a sample of Asian American youth. Second, the effect of youths' immigration experience on the relationship among the protective factors was examined. Results showed partial support for the validity of the peer cluster model for this sample. As hypothesized, the peer domain variable was significantly related to substance use, while the family domain variable served as a protective factor against substance use. However, the school domain variable did not have any direct or indirect effects on substance use. There were no significant differences in the path model when the sample was split according to youth immigrant status. Implications for substance use prevention are discussed.

Seymour, F. W. (2002). Using Action Research to Facilitate Change in Child Protection Services. *Journal of Community Psychology*. 2002; Vol 30 (5): 585-590.

We have been involved over several years in the planning and development of services for child abuse investigation and therapy, including the development of multiagency („child advocacy“) centers and education for Court programs. Our roles have been in research, program evaluation, group facilitation, advocacy, and planning. The approach taken was that of „action research“. This approach allows for the collaboration of researchers, service providers, and clients in the analysis of a social problem and/or related social services. It also allows for the multiple roles demanded of the researcher in facilitation of change. In contrast to action research, the more common approaches of scientific inquiry and program evaluation assume a one-way influence of science on practice, which may partially account for the low rates of utilization of research knowledge and low participation in research by practitioners. Action research is described, and contrasted with other approaches. Advantages and problems in action research are illustrated by reference to the child protection projects we are currently involved in.

Bishop, Brian J.; D Rozario, Pam (2002). Reflections on Community Psychology in Australia: An Introduction. *Journal of Community Psychology*. 2002; Vol 30 (6): 591-596.

Sarason (2000) argued that we are often surprised by events because of the failure to appreciate ongoing change around us. He called for the need for community psychology to develop „barometers of change“, or ways of recognizing change and its likely impact. Extreme examples of this are the events of September 11th, 2001, and subsequent reactions. This highlighted the need for a nation to be aware of its impacts on other nations and peoples, and also be conscious of the perceptions of foreigners. On a less dramatic and painful level, we would argue that a scientific discipline needs the reflections of outsiders to maintain its sense of purposeful development.

Fisher, Adrian; Sonn, Christopher C. (2002). Psychological Sense of Community in Australia and the Challenge of Change. *Journal of Community Psychology*. 2002; Vol 30 (6): 597-609.

Social change is a phenomenon experienced in all societies, whether from gradual passages and time and interaction with other groups, or through the more immediate impacts such as war, invasion, or physical catastrophe. How societies manage change indicates much about their abilities to survive and the type of social cohesion that will be evidenced. In this article, the authors investigate the use of common symbols and shared history as ways of either maintaining social identity and moving with change, or using them in negative ways to resist change. The case study of immigration to Australia is used to demonstrate that members of the community are able to identify a series of salient identity markers - whether they wish to accept all of them or not - as the types of knowledge that all members share. Many of the markers reflect decades of passed history, but are seen as foundational

to Australia today. Although they are core to identity, they are the types of symbols that are grasped as a lifestyle under threat by those who are newcomers. Often the markers are there as more unconscious constructions, to be evoked at times of high emotion to indicate what must be „saved“ for current ideas to survive. The authors discuss the meanings of these markers as ways in which the identity of members of the community has been established. But these are seen as reminders, or glorifications, of the past, and how such markers are able to be captured and (mis)used by narrow populist and extremist interest groups. The challenge of managing change is how to build forward, maintaining those markers of real social value, and incorporating the new ones that are brought by newcomers, and those that are developed together.

Bishop, Brian J.; Higgins, David; Casella, Francis; Contos, Natalie (2002). Reflections on Practice: Ethics, Race, and Worldviews. *Journal of Community Psychology*. 2002; Vol 30 (6): 611-621.

Two case studies involving Indigenous Australians are described, which pose ethical and conceptual problems. Over two decades ago Sarason (1972) gave the warning that we are socialized into a culture so well that our interventions can be ineffective or misguided unless we attempt to come to grips with history and the broader social context. Understanding worldviews of both the targeted community and ourselves is imperative if we are going to do more good than harm. The two case studies involve White practitioners working with Indigenous people, and as such, bring into sharp relief the ethical issues and worldviews of those involved. Reflection on the process of intervention provides a mechanism for insight into informed practice and the development of professional knowledge and theory.

Drew, Neil M.; Bishop, Brian J.; Syme, Geoff (2002). Justice and Local Community Change: Towards a Substantive Theory of Justice. *Journal of Community Psychology*. 2002; Vol 30 (6): 623-634.

Justice is a core principle in community psychology, yet has been the subject of relatively little systematic research. In the social psychological literature on the other hand there is a long tradition of research on justice in social life. In this article the potential benefits of integrating the social justice aspirations of community psychology and the conceptualizations of procedural and distributive justice from social psychology are discussed in the context of planned community change. The benefits of exploring justice in this way are illustrated with reference to a research project examining public perceptions of the fairness of roadside tree lopping. Although the issue may appear trivial, it was seen by the local residents as important. The results support the development, application, and utility of a social community psychology of justice to issues of community change.



Coakes, Sheridan J.; Bishop, Brian J. (2002). Defining the Nature of Participation in Rural Australian Communities: A Qualitative Approach. *Journal of Community Psychology*. 2002; Vol 30 (6): 635-646.

Within the literature, theories and analyses of social involvement or participation have focussed primarily on the political and formal role of participation within the community or neighborhood. This study illustrates, through qualitative inquiry, that within small rural communities, individuals find it difficult to separate formal and informal participation, when both have an equally important role to play in community life. Fifty-five structured interviews were conducted with women across six rural shires in the southwest region of Western Australia. Qualitative analysis revealed that approximately 50% of women, when asked about their involvement in their community, referred initially to their informal participation within the community, rather than their participation in formal community groups or associations. These results are discussed in relation to life in small rural towns.

Zeldin, Sheperd; Topitzes, Dimitri (2002). Neighborhood Experiences, Community Connection, and Positive Beliefs About Adolescents Among Urban Adults and Youth. *Journal of Community Psychology*. 2002; Vol 30 (6): 647-669.

Adults have become increasingly isolated from adolescents in their communities, and this condition contributes to negative stereotypes about teens. Integrating research- and practice-based knowledge, a theoretical model was constructed to predict positive beliefs about adolescents, specifically the extent to which adults and adolescents believe that teens are motivated and competent to act on behalf of their neighborhoods. The model includes two pathways to positive beliefs about adolescents. It was hypothesized that the experience of volunteering, and residing in a neighborhood that is perceived as safe and having adequate resources, would be associated with positive beliefs about adolescents. It was further predicted that community connectedness, as assessed by individuals' sense of community and perceived norm of adult caring, would mediate these associations. The hypotheses were tested through analysis of phone interviews with adults and adolescents from a large northeastern city. The model received consistent, albeit not complete, support between both samples. Results indicate that an understanding of beliefs about teens lies, in significant part, in the neighborhood experiences of adults and adolescents and in their sense of connectedness with the places in which they live. Implications for further research in this emerging area of inquiry are identified. While community-driven research poses methodological challenges, this inquiry also illustrates the theoretical and practical utility of grounding study hypotheses, in part, on the causal relationships that have been observed by practitioners in neighborhood settings.

López Turley, Ruth N. (2002). Is Relative Deprivation Beneficial? The Effects of Richer and Poorer Neighbors on Children's Outcomes. *Journal of Community Psychology*. 2002; Vol 30 (6): 671-686.

This study investigates the effects of a child's family income relative to the income of his or her neighbors. Relative deprivation theory predicts that having less than others in your reference group leads to negative psychological and behavioral outcomes. In contrast, theories of neighborhood resources predict that affluent neighbors are a valuable asset for children, even if such neighbors make children feel deprived. I define relative advantage as the income gap between children and their lower-income neighbors and find that it has no effect on their test scores, self-esteem, or behavior. In contrast, relative disadvantage (the income gap between children and their higher-income neighbors) has a positive and significant effect on these outcomes, including self-esteem. This analysis distinguishes between the number of higher-income families and the magnitude of their income advantage, and it addresses the potential influence of selection bias.

Banyard, Victoria; LaPlant, Lindsey E. (2002). Exploring Links Between Childhood Maltreatment and Empowerment. *Journal of Community Psychology*. 2002; Vol 30 (6): 687-707.

Empowerment theory may be useful in understanding the long-term impact of child maltreatment yet to date few studies have bridged these fields. The current study of female undergraduates was exploratory and examined links between a history of child maltreatment and several dimensions of empowerment. Factor analysis was used to create indices of intrapersonal sense of empowerment, community connections, and social action from various measures related to empowerment cited in the community psychology literature. Higher levels of reported maltreatment were related to lesser interpersonal sense of empowerment and self-report of lower levels of community connections even after controlling for the effects of negative family of origin environment. Implications for theory, research, and interventions are discussed.

Riggs, Nathaniel R.; Feinberg, Mark E.; Greenberg, Mark T. (2002). Community Sectors and Gender Differences in the Perception of Community-based Prevention. *Journal of Community Psychology*. 2002; Vol 30 (6): 709-721.

Community-based collaborative prevention often relies on the cooperation of individuals from different community sectors. The attitudes of those associates regarding certain domains of collaborative prevention may influence the degree to which this collaboration is successful. The current study is an analysis of the attitudes of 196 designated leaders (key leaders) in 21 communities of the Pennsylvania Communities That Care (CTC) Project. Questions examined include whether key leaders differ by community sector and/or gender in their perceptions of prevention-related issues. ANOVAs were carried out to determine whether there were such group differences, and results demon-

strate that collaborators do in fact vary by both community sector and gender with respect to their attitudes toward domains related to prevention. One implication is that differences in these attitudes should be recognized when establishing and constructing collaborative boards.

Ibañez, Gladys E.; Khatchikian, Nadya; Buck, Chad A.; Weisshaar, Deborah L.; Abush-Kirsh, Tsila; Lavizzo, Evely A.; Norris, Fran H. (2003). Qualitative Analysis of Social Support and Conflict Among Mexican and Mexican-American Disaster Survivors. *Journal of Community Psychology*. 2003; Vol 31 (1): 1-23.

We describe in this study the various ways that survivors may experience social support and conflict after a disaster. Using unstructured interviews, 25 Mexicans/Mexican Americans (14 women, 11 men) were asked to recount the ways that they received support, as well as the ways they experienced conflict. Interviews occurred across three cities: Guadalajara, Jalisco (n = 9), Homestead, Florida (n = 6), and Puerto Angel, Oaxaca (n = 10). Recurrent themes were found for both support and conflict. Survivors reported more support from informal sources (family, neighbors) than formal sources (government) and far more tangible (food, shelter) than emotional or informational support. Conflict themes were different for each city. In Mexico, reports of conflict were more likely to involve abuses by government officials while in Homestead conflict involved abuses by residents. Theoretical and practical implications for future disaster research in developing countries are discussed.

Peterson, N. Andrew; Reid, Robert J. (2003). Paths to Psychological Empowerment in an Urban Community: Sense of Community and Citizen Participation in Substance Abuse Prevention Activities. *Journal of Community Psychology*. 2003; Vol 31 (1): 25-38.

Empowerment represents a promising intervention target for substance abuse prevention activities. To date, however, there has been a paucity of research examining the role of empowerment processes engaged in by citizens within substance abuse prevention contexts. Addressing this concern, this study tested a path model that included perceptions of person, situation, and environment-related predictors of empowerment. The hypothesized model was found to fit data from a sample of randomly selected urban residents (n = 661) who participated in an evaluation of a Center for Substance Abuse Prevention (CSAP) Community Partnership. Findings elucidate the need for developing substance abuse prevention initiatives that promote empowerment by increasing participation in substance abuse prevention activities, with particular emphasis on incorporating strategies designed to improve sense of community. Limitations of the study and directions for future research are discussed.

Anderson-Butcher, Dawn; Newsome, W. Sean; Ferrari, Theresa M. (2003). Participation in Boys and Girls Clubs and Relationships to Youth Outcomes. *Journal of Community Psychology*. 2003; Vol 31 (1): 39-55.

Participation is a key issue in youth development organizations. In fact, research suggests that youths who attend the programs offered by these agencies will experience numerous benefits. One such youth development organization is the Boys and Girls Clubs of America (BGCA). Much of the research pertaining to the BGCA examines the importance of participation in structured prevention and educational programs such as Project SMART and Project Learn. The everyday Club participant, however, does not necessarily attend these structured programs. As such, the present study was designed to gain a better understanding of „typical Club participation and how overall attendance at the Club is related to positive outcomes among youth. A total of 139 youths (aged 10 to 18 years old) participated in the study. Overall participation in the Club and age were both independently related to enhanced academic achievement, as well as increased substance use. Additionally, significant age and participation interaction effects point to the importance of Club participation at nullifying risks and problem behaviors associated with increasing age, particularly in relation to academic outcomes. Implications are discussed pertaining to program strategies that may serve as hooks or magnets that sustain youths' interest and continued involvement in BGCA activities and other youth development programs.

Kulik, Liat; Rayyan, Faisal (2003). Spousal Relations and Well-being: A Comparative Analysis of Jewish and Arab Dual-earner Families in Israel. *Journal of Community Psychology*. 2003; Vol 31 (1): 57-73.

The study examined differences in division of household tasks and spousal support among a sample of educated dual-earner families from two national groups in Israel: Jews (n = 116), and Arabs (n = 163). The contribution of the spousal interaction variables (household roles and spousal support) toward explaining two dimensions of psychological well-being (burnout and life satisfaction) was also examined. The research findings indicate that in general, the Arabs maintain a more traditional orientation toward gender roles than their Jewish counterparts. Arab men showed a greater tendency to perform outside tasks than their Jewish counterparts who participate more in domestic chores. By contrast, no differences were found between the two groups with regard to the mutual support provided by spouses. Gender role attitudes were found to be a key predictor of the two psychological well-being dimensions in both national groups. Regarding sex differences, men of both nationalities were more likely than women to report that they perform all types of household tasks. Concomitantly, the women reported higher levels of burnout, while no differences between the sexes were found with respect to life satisfaction.

Wilson, Fiona; Dwyer, Fleur; Bennett, Pauleen C. (2003). Prevention of Dog Bites: Evaluation of a Brief Educational Intervention Program for Preschool Children. *Journal of Community Psychology*. 2003; Vol 31 (1): 75-86.

Dog bites are an underestimated societal problem. Victims suffer injuries, both physical and emotional, that sometimes end in death, and the economic cost to the community is high. The most frequent victims are children, many of whom are bitten at home. Current interventions, primarily aimed at the control of dogs in public areas, appear unlikely to reduce the incidence of dog bites within this group. In this study, parents' beliefs about their children's behavior around familiar and strange dogs were investigated using a questionnaire. The impact of a brief educational dog safety program on 192 kindergarten children ( $M = 4.68$  years of age) was then evaluated. The questionnaire data revealed that many children engage in unsafe behaviors around dogs, and that parents are largely unaware of the dangers associated with such behaviors. The dog safety program resulted in a significant increase in the ability of children to identify high risk situations for up to 4 weeks, with the benefits being even greater in those children whose parents were also given information regarding safe behaviors around dogs.

Puddifoot, John E. (2003). Exploring "Personal" and "Shared" Sense of Community Identity in Durham City, England. *Journal of Community Psychology*. 2003; Vol 31 (1): 87-106.

„Personal and „shared aspects of sense of community identity are explored in an established community in Durham City, England. Durham City has a history of over 1,000 years of continuous settlement, and is generally viewed as a stable and relatively harmonious setting. In the study 102 residents responded to a Community Response Questionnaire based on Puddifoot's taxonomy of elements of sense of community. The findings suggest the existence of three underlying „personal dimensions of Sense of Community Identity (SO CI), namely, „Sense of Personal Support, „Sense of Personal Contentedness, and „Personal Involvement, and three „shared dimensions of SO CI, namely, „Perceived Community Engagement, „Perceived Neighborliness, and „Perceived Settledness. This article discusses these findings and the prospect of creating a measure for comparative analysis around these dimensions.

Shteyn, Marina; Schumm, Jeremiah A.; Vodopiana, Natalia; Hobfoll, Stevan E.; Lilly, Roy (2003). The Impact of the Russian Transition on Psychosocial Resources and Psychosocial Distress. *Journal of Community Psychology*. 2003; Vol 31 (2): 113-127.

Studies suggest that the difficult transition of the Russian economy has led to decreased physical health among Russians. However, the impact of economic turmoil on Russians' psychological health has not been examined. We used Hobfoll's (1988; 1998) Conservation of Resources (COR) theory to examine how eco-

omic losses deteriorate personal and social resources (e.g., mastery and social support), and how these deteriorated resources, in turn, impact psychological well being. Participants were Russian women working in the retail ( $n = 99$ ) and medical ( $n = 99$ ) fields, two poorly paid sectors. Structural equation modeling indicated that economic loss negatively impacted mastery, but not social support. Women with greater mastery and social support resources, in turn, reported less psychological distress. Economic loss had both direct and indirect effects, through mastery, on women's psychological distress. Results supported COR theory and point to the importance of building and sustaining personal and social resources in the face of major economic stress.

Trout, John; Dokecki, Paul R.; Newbrough, J. R.; O Gorman; Robert T. (2003). Action Research on Leadership of Community Development in West Africa and North America: A Joining of Liberation Theology and Community Psychology. *Journal of Community Psychology*. 2003; Vol 31 (2): 129-148.

Our purpose is to enhance the field's understanding of the nature of community leadership, the psychological sense of community, and the spiritual dimensions of community life. We describe an action research community development project conducted in a low-income Catholic parish in Lagos, Nigeria, in Western Africa. After describing the community development process that resulted in the establishment of 40 small/street basic communities (SBCs), we report an evaluation study in which 70 SBC leaders were surveyed regarding (1) SBC background characteristics (socioeconomic and environmental conditions and statistical information), (2) the state of community life in the SBCs (spirit/sense of community, participation in activities, benefits of community life), and (3) challenges for the future (what SBC members and leaders can do to improve the community, problems influencing community development). We then reflect on the Lagos findings in light of leadership-for-community and spirituality frameworks developed in an action research project conducted in a Catholic parish in the United States.

Keinan, Giora; Sadeh, Avi; Rosen, Sefi (2003). Attitudes and Reactions to Media Coverage of Terrorist Acts. *Journal of Community Psychology*. 2003; Vol 31 (2): 149-165.

The present study examined attitudes and reactions of individuals towards media coverage of terrorist acts. Shortly after a series of severe terrorist attacks had taken place in Israel, 534 people were asked to fill out a questionnaire that assessed their attitudes and reactions to the media's coverage of these acts as well as a questionnaire that examined their information-seeking style. The results suggested that although a considerable proportion of media consumers preferred detailed coverage of terrorist acts, when the coverage included horrifying details, the readiness for receiving detailed information declined. In addition, the results indicated

that exposure to such coverage was associated with the development of symptoms similar to those of Post-Traumatic Stress Disorder. Finally, individual differences in both attitudes and reactions towards media coverage were found as a function of participants' gender, political orientation, and information-seeking style. The theoretical and empirical implications of these findings are discussed.

Kulis, Stephen; Marsiglia, Flavio Francisco; Hurdle, Donna (2003). Gender Identity, Ethnicity, Acculturation, and Drug Use: Exploring Differences Among Adolescents in the Southwest. *Journal of Community Psychology*. 2003; Vol 31 (2): 167-188.

This article presents the findings of a survey completed by 1351 predominantly Mexican American middle school students residing in a large urban center in the U.S. Southwest. The study explores possible associations between drug use attitudes and behaviors and gender (biological sex), gender identity, ethnicity, and acculturation status. Based on the concepts of „machismo“ and „marianismo“ that have been used to describe Mexican populations, four dimensions of gender identity were measured: aggressive masculinity, assertive masculinity, affective femininity, and submissive femininity. In explaining a variety of indicators of drug use behaviors and anti-drug norms, gender alone had limited explanatory power, while gender identity - often regardless of gender - was a better predictor. Aggressive masculinity was generally associated with higher risk of drug use, while the other three gender identity measures had selected protective effects. However, the impact of gender identity was strongly mediated by acculturation. Less acculturated Mexican American students reported lower aggressive masculinity scores than non-Latinos. Less acculturated Mexican American girls reported both the lowest aggressive masculinity scores and the highest submissive femininity scores. More acculturated Mexican American students, along with the less acculturated Mexican American boys, did not appear to be following a polarized approach to gender identity (machismo and marianismo) as was expected. The findings suggest that some aspects of culturally prescribed gender roles can have a protective effect against drug use behaviors and attitudes, possibly for both girls and boys.

Angelique, Holly L.; Culley, Marci R. (2003). Feminism Found: An Examination of Gender Consciousness in Community Psychology. *Journal of Community Psychology*. 2003; Vol 31 (3): 189-209.

Articles about women's issues published in the *American Journal of Community Psychology* and *Journal of Community Psychology*, from their inception in 1973 through 2000 were examined for feminist content. Feminism was defined as including consciousness of gender issues, gender-stratified power imbalances, and contextual analyses of gender. We identified 89 articles with feminist content. All 89 feminist articles

were examined to identify themes of gender consciousness and intersecting identities. Within the theme of gender consciousness, we identified articles that addressed power asymmetries, the link between individuals and environments, contextual analyses, and a focus on competencies. Within the theme of intersecting identities, we identified articles that addressed race, class, sexual orientation, and disabilities. We discuss the trend toward more feminist research and explore ways create a feminist subdiscipline within the field of community psychology. Finally, we discuss recommendations for future feminist scholarship in the field.

Grant, Therese; Ernst, Cara C.; Pagalilauan, Genevieve; Streissguth, Ann (2003). Postprogram Follow-Up Effects of Paraprofessional Intervention with High-risk Women who abused Alcohol and Drugs during Pregnancy. *Journal of Community Psychology*. 2003; Vol 31 (3): 211-222.

This study examined the postprogram follow-up status of mothers who abused alcohol and drugs heavily during a target pregnancy, were enrolled in the Parent-Child Assistance Program (PCAP), and received paraprofessional home visitation and advocacy for 3 years after delivery. Outcomes were examined across two time intervals: between program enrollment and 3-year exit, and between 3-year exit and postprogram follow-up an average of 2.5 years later. At postprogram follow-up we observed a significant increase in abstinence from alcohol and drugs for 6 months or more, and significant decreases in subsequent pregnancies and deliveries. These outcomes are of special importance because PCAP intervention efforts target behaviors that put mothers at risk for future alcohol and drug exposed births. A significant postprogram increase in living in permanent housing and a significant decrease in incarceration were other notable findings. We conclude that given specific program goals, facilitated linkages to appropriate community services, and the necessary time for gradual change to occur, supportive paraprofessional advocacy can assist many high-risk mothers in moving toward sustained recovery and improved stability even years after intervention.

Atkinson, John S.; Montoya, Isaac D. (2003). The Relationship Among Psychological Distress, Employment, and Drug Use Over Time in a Sample of Female Welfare Recipients. *Journal of Community Psychology*. 2003; Vol 31 (3): 223-234.

In this study we examined the relationship over time among work experience, psychological distress, and illegal substance use in a sample of 534 women receiving Temporary Assistance for Needy Families. Study participants were interviewed at intake and at 4-month intervals for a period of 2 years. Each interview recorded the number of hours worked in the previous 4 months and the use of powder cocaine, crack cocaine, heroin, or methamphetamines during the same period. To measure the extent of psychological distress, participants were also administered the personal

adjustment problems subscales of the Multidimensional Addictions and Personality Profile (MAPP) at intake and at 1-year intervals. A path model was analyzed to assess the temporal effects of employment, drug use, and emotional and psychological distress. Results suggest a cycle in which employment at one time period can reduce the likelihood of drug use in the following period, which, in turn, can lead to improvement in distress. This improvement can lead to an increase in the number of hours worked and further improvement in distress levels.

Fagan, Abigail A.; Mihalic, Sharon (2003). Strategies for Enhancing the Adoption of School-based Prevention-Programs: Lessons Learned from the Blueprints for Violence Prevention Replications of the Life Skills Training Program. *Journal of Community Psychology*. 2003; Vol 31 (3): 235-253.

Widespread implementation of effective programs is unlikely to affect the incidence of violent crime unless there is careful attention given to the quality of implementation, including identification of the problems associated with the process of implementation and strategies for overcoming these obstacles. Here we describe the results of a process evaluation focused on discovering common implementation obstacles faced by schools implementing the Life Skills Training (LST) drug prevention program. The evaluation was conducted by the Center for the Study and Prevention of Violence (CSPV) under the Blueprints for Violence Prevention Initiative in conjunction with the designer of the LST program, Dr. Gilbert Botvin and his dissemination agency, National Health Promotion Associates (NHPA), and was funded by the Office of Juvenile Justice and Delinquency Prevention (OJJDP).

This evaluation revealed that the 70 sites involved in the project faced many obstacles when implementing this science-based program in the „real classroom setting, outside the rigorous controls of a research trial. Nonetheless, the schools were very successful in delivering the program in its entirety and with a high level of fidelity to the program model, and we attribute much of this success to the high level of independent monitoring provided by CSPV, as well as our ongoing efforts to work with schools to identify and overcome problems associated with implementation.

Rauh, Virginia A.; Lamb Parker, Faith; Garfinkel, Robin S.; Perry, Judy; Andrews, Howard F. (2003). Biological, Social, and Community Influences on Third-grade Reading Levels of Minority Head Start Children: A Multilevel Approach. *Journal of Community Psychology*. 2003; Vol 31 (3): 255-278.

The purpose of the study was to determine the impact of individual and community level risks on school outcomes of children who attend Head Start. We studied a sample of 3,693 African American and Hispanic children who had been born in New York City, participated in Head Start, and attended New York City public schools. The outcome was the score obtained on a citywide third-grade reading test. Individ-

ual level risk factors were derived from birth certificate data. Community level risks were extracted from citywide U.S. Census data and other public-access data sets. Multilevel regression analyses indicated that at the individual level, lower reading scores were significantly associated with: male gender, low birth weight, unmarried mother, low maternal education, and inadequate interpregnancy spacing. Controlling for individual-level risk, concentrated community poverty significantly lowered reading scores, and a high percentage of immigrants in the community significantly raised scores. There was also a significant crosslevel effect: boys benefited more than girls from the immigrant community effect. The evidence suggests that we can better identify children at future educational risk and maximize the success of early intervention programs by exploring influences on school success at multiple levels, including the community.

Long, D. Adam; Perkins, Douglas D. (2003). Confirmatory Factor Analysis of the Sense of Community Index and Development of a Brief SCI. *Journal of Community Psychology*. 2003; Vol 31 (3): 279-296.

The Sense of Community Index (SCI) is the most widely used measure of the construct, despite the lack of confirmation of its intended dimensions or subscales. Yet psychometric appraisals of the SCI have never used the proper tool for evaluating an established dimensional construct: confirmatory factor analysis (CFA). The Block Booster Project data set (of residents of 47 street blocks in Brooklyn and Queens, New York) used in developing the original SCI in 1985 was used here in its reassessment, along with a 1-year follow-up survey expanded to 61 blocks. The Sense of Community Index reanalysis using CFA yielded poor model fit for McMillan and Chavis' (1986) original theoretical formulation as well as for a single-factor index, prompting development of a Brief SCI. The eight-item, three-factor BSCI showed good model fit with CFA, reliable construct validity in multilevel correlational analyses, and it differentiated street block neighborhoods reliably based on intragroup agreement, while retaining the profile of a cognitive-perceptual construct, which does not cross-over with other popular community psychology constructs such as place attachment and community satisfaction. The authors, however, recommend future uses of the BSCI employ a 5-point Likert-type response format to increase the measure's variability, sensitivity, and internal reliability.

Boyd, Rhonda C.; Cooley, Michele R.; Lambert, Sharon F.; Ialongo, Nicholas S. (2003). First-grade Child Risk Behaviors for Community Violence Exposure in Middle School. *Journal of Community Psychology*. 2003; Vol 31 (3): 297-314.

This study examined behavioral indicators (measured by multiple informants) of young urban children's exposure to community violence during middle school. The community-based school sample included

549 students (53% male; 86.8% African American, 13.2% Euro American). First-grade aggressive behavior and anxiety symptoms were examined as predictors of later victimization and witnessing of community violence. Logistic regression analyses indicated that girls' first-grade aggression significantly predicted witnessing violence in middle school, regardless of informant. Parent-reported child aggression significantly predicted boys' later victimization. Teacher-

and parent-reported child aggression was associated with witnessing more community violence among boys with low self-reported anxiety. Anxiety attenuated the relationship between aggression and witnessing community violence during adolescence for boys. The importance of the identifying early predictors of later community violence exposure in designing preventive interventions is discussed.

## Prevention Science

Ennett, Susan T.; Ringwalt, Christopher L.; Thorne, Judy; Rohrbach, Louise Ann; Vincus, Amy; Simons-Rudolph; Ashley; Jones, Shelton (2003). A Comparison of Current Practice in School-based Substance Use Prevention Programs with Meta-Analysis Findings. *Prevention Science*. 2003 Mar; Vol 4 (1): 1-14.

The series of seminal meta-analytic studies of school-based substance use prevention program studies conducted by the late Nancy S. Tobler and colleagues concluded that programs with content focused on social influences' knowledge, drug refusal skills, and generic competency skills and that use participatory or interactive teaching strategies were more effective than programs focused on knowledge and attitudes and favoring traditional didactic instruction. The present study compared current school practice against evidence-based standards for effective content and effective delivery, derived from the Tobler findings. Respondents were the lead staff who taught substance use prevention in the 1998-1999 school year in a national sample of public and private schools that included middle school grades ( $N = 1,795$ ). Results indicate that most providers (62.25%) taught effective content, but few used effective delivery (17.44%), and fewer still used both effective content and delivery (14.23%). Those who taught an evidence-based program (e.g., Life Skills Training, Project ALERT), however, were more likely to implement both effective content and delivery, as were those teachers who were recently trained in substance use prevention and were comfortable using interactive teaching methods. The findings indicate that the transfer to practice of research knowledge about school-based substance use prevention programming has been limited.

Oxford, Monica L.; Gilchrist, Lewayne D.; Morrison, Diane M.; Rogers Gillmore, Mary; Lohr, Mary Jane; Lewis, Steven M. (2003). Alcohol Use Among Adolescent Mothers: Heterogeneity in Growth Curves, Predictors, and Outcomes of Alcohol Use Over Time. *Prevention Science*. 2003 Mar; Vol 4 (1): 15-26.

This paper examines patterns of alcohol use over a 10-year period in a sample of adolescent mothers and includes both predictors and outcomes of young mothers' alcohol use patterns over time. This study used mixture modeling to identify latent trajectory classes based on alcohol consumption over 10 years. Results indicate that there is significant heterogeneity in alcohol use trajectories of adolescent mothers during the transition from adolescence to adulthood as well as significant predictors and outcomes that vary by latent class trajectory. Specifically, measures of the consumption of alcohol by both quantity and frequency yielded multiple latent trajectory classes. Alcohol quantity measures yielded a two-class model with higher and lower quantity users. Age at first drink significantly differentiated between the two classes indicating that the younger the respondent was, the more likely she belonged to the higher quantity user class. In addition, members of the higher quantity class had significantly more negative outcomes in adulthood. The second measure of alcohol consumption, alcohol frequency, yielded a four-class solution consisting of low-level users, early decliners, late decliners, and increasers. As with alcohol quantity, age at first drink significantly differentiated between classes, as did age at first birth, in the expected direction. Similarly, two classes with the greatest growth and patterns of use over time, late decliners and increasers, had significantly worse outcomes in adulthood. The results suggest that identifying underlying heterogeneity in alcohol use can be informative with regard to both predictors and outcomes for young women who were adolescent mothers. Results suggest that there are possible higher order factors that can account for the results of this study.

Gottfredson, Denise C.; Wilson, David B. (2003). Characteristics of Effective School-based Substance Abuse Prevention. *Prevention Science*. 2003 Mar; Vol 4 (1): 27-38.

This study summarizes, using meta-analytic techniques, results from 94 studies of school-based prevention activities that examined alcohol or other drug use outcomes. It set out to determine what features of school-based substance abuse preven-

tion programs are related to variability in the size of program effects. It asked (1) Which populations (e.g., high risk vs. general population) should be targeted for prevention services? (2) What is the best age or developmental stage for prevention programming? (3) Does program duration matter? and (4) Does the role of the person delivering the service (e.g., teacher, law enforcement officer, peer) matter? The results suggest that targeting middle school aged children and designing programs that can be delivered primarily by peer leaders will increase the effectiveness of school-based substance use prevention programs. The results also imply that such programs need not be lengthy. The evidence related to the targeting issue is sparse, but suggests that, at least for programs teaching social competency skills, targeting higher risk youths may yield stronger effects than targeting the general population. Suggestions for future research are offered.

Romer, Daniel; Stanton, Bonita F. (2003). Feelings About Risk and the Epidemic Diffusion of Adolescent Sexual Behavior. *Prevention Science*. 2003 Mar; Vol 4 (1): 39-53.

Rapid initiation of sexual risk behavior in adolescents can be explained by diffusion processes similar to those used to model epidemics. These models suggest that novel behavior can spread to all individuals exposed to the behavior. An alternative interpretation places greater emphasis on developmental changes in feelings toward risk behavior that can explain or limit the diffusion process. This research examined the initiation of sexual behavior in adolescents living in high-poverty urban environments. A cross-section of African American youth ( $N = 355$ ) ages 9–17 living in public housing were interviewed using privacy-enhancing talking computers. Sexual risk behavior (unprotected sexual intercourse) was assessed along with perceived sexual behavior of friends and personal feelings about sexual intercourse and condom use. Age trends in both peer-group perceptions and personal feelings displayed increasing attraction toward risky sex. Diffusion processes were strongly related to sexual initiation and condom use even after controlling for changes in personal feelings. Nevertheless, feelings toward sexual risk behavior moderated the diffusion process. Adolescents with less favorable feelings toward sex were less susceptible to the diffusion of sexual initiation and those with more favorable feelings toward condoms were more likely to use them consistently. Interventions that focus on adolescents' feelings toward risk behavior can help to limit the diffusion of risk behavior in high-risk urban environments.

Kam, Chi-Ming; Greenberg, Mark T.; Walls, Carla T. (2003). Examining the Role of Implementation Quality in School-based Prevention Using the PATHS Curriculum. *Prevention Science*. 2003 Mar; Vol 4 (1): 55-63.

In order for empirically validated school-based prevention programs to go to scale, it is important to understand the processes underlying program dissemination. Data collected in effectiveness trials, especially those measuring the quality of program implementation and administrative support, are valuable in explicating important factors influencing implementation. This study describes findings regarding quality of implementation in a recent effectiveness trial conducted in a high-risk, American urban community. This delinquency prevention trial is a locally owned intervention, which used the Promoting Alternative THinking Skills Curriculum as its major program component. The intervention involved 350 first graders in 6 inner-city public schools. Three schools implemented the intervention and the other 3 were comparison schools from the same school district. Although intervention effects were not found for all the intervention schools, the intervention was effective in improving children's emotional competence and reducing their aggression in schools which effectively supported the intervention. This study, utilizing data from the 3 intervention schools (13 classrooms and 164 students), suggested that 2 factors contributed to the success of the intervention: (a) adequate support from school principals and (b) high degree of classroom implementation by teachers. These findings are discussed in light of the theory-driven models in program evaluation that emphasized the importance of the multiple factors influencing the implementation of school-based interventions.

Berryhill, Joseph C.; Prinz, Ronald J. (2003). Environmental Interventions to Enhance Student Adjustment: Implications for Prevention. *Prevention Science*. 2003 Jun; Vol 4 (2): 65-87.

School settings, often the sites for the prevention of adverse outcomes or the promotion of adjustment, are usually not the actual targets of such interventions. However, some interventions focus on modifying the school or classroom environments themselves. This review examines such approaches, and considers how school regularities that might undermine student adjustment are addressed. The environmental interventions are clustered in terms of focus: on student–student interactions, on teacher and peer influences, and on organizational function and structure. Reasons for the paucity of environmental change efforts and the inherent difficulties are discussed, and recommendations for creating ways to undertake future environmental interventions in schools are offered.

Swaim, Randall C. (2003). Individual and School Level Effects of Perceived Harm, Perceived Availability, and Community Size on Marijuana Use Among 12<sup>th</sup>-Grade Students: A Random Effects Model. *Prevention Science*. 2003 Jun; Vol 4 (2): 89-98.

A hierarchical linear model was used to estimate the individual and school level effects for marijuana

use among a national sample of 12th-grade students. School effects were small in comparison to individual level effects, accounting for 2.9% of the variance in marijuana use. At the individual level, perceived harm, perceived availability, and their interaction were significant predictors, each of which varied randomly across schools. Among two school-level predictors, the normative environment for perceived harm was not significant, but normative perceived availability predicted level of marijuana use. The effect of perceived availability on marijuana use was stronger in larger, compared to smaller communities. Results are discussed in light of the use of random regression methods for identifying school-specific patterns of risk and protection for prevention planning.

Clapp, John D.; Lange, James; Wong Min, Jon; Shillington, Audrey; Johnson, Mark; Voas, Robert (2003). Two Studies Examining Environmental Predictors of Heavy Drinking by College Students. *Prevention Science*. 2003 Jun; Vol 4 (2): 99-108.

Two sequential studies are presented that examine the validity of a set of environmental variables to predict heavy drinking at college students' most recent drinking occasions. Random telephone interviews ( $n = 1609$ ,  $n = 400$ ) of graduate and undergraduate students attending two large public universities in the southwestern United States were conducted during three separate surveys in 2000 and 2001. An original interview schedule was used and it included measures that examined environmental characteristics of students' most recent drinking events, motivations for drinking, demographics, and alcohol consumption. Using nonparametric exploratory and confirmatory discriminant analyses to distinguish between heavy episodic and nonheavy episodic drinking events, a discriminant function was identified that included the following environmental variables: (1) having many people intoxicated at an event, (2) having illicit drugs available at an event, (3) BYOB events and, (4) the playing of drinking games at the event. The validity of these environmental variables to predict heavy drinking among students was supported in a subsequent

study examining a separate sample from the same student population. Environmental factors can be useful to predict heavy drinking events experienced by students. Prevention programs would benefit from targeting such factors in combination with more traditional individual-level approaches.

Pevalin, David J.; Wade, Terrance J.; Brannigan, Augustine (2003). Precursors, Consequences and Implications for Stability and Change in Pre-adolescent Antisocial Behaviors. *Prevention Science*. 2003 Jun; Vol 4 (2): 123-136.

Although much of the evidence stresses the stability of dysfunctional behavior throughout the life cycle, other evidence suggests that stability of antisocial behavior is a matter of degree. In this work we determine the degree of stability of such behavior in preadolescence and how this is influenced by age, gender, social structures, and family processes. Also, we explore whether change in the level of antisocial behavior impacts upon other important developmental regimes such as health and educational performance. We use a large, 2 wave, nationally representative sample of preadolescent children, and focus on children 4–9 years of age at wave 1 ( $n = 6,846$ ). We employ a cluster analysis across a series of behavioral variables to determine levels of antisocial behavior and then examine the stability of antisocial behavior over time and identify the precursors and consequences associated with movement into and out of these behavioral clusters. Antisocial behavior is more stable in boys and older children. Structural factors—age of the mother, number of children in the household, and having a single parent—along with family factors—hostile parenting and maternal depression—raise the likelihood of increases in and lower the likelihood of decreases in antisocial behavior, although there are notable differences by gender of the child and initial level of antisocial behavior. Consequences of change in antisocial behavior include scholastic performance, high levels of school mobility, school–parent contacts, and health perceptions. The implications of these findings for prevention and intervention programs are discussed.

**ENDE**



## Aktuelle Hinweise für AutorInnen

Der Rundbrief erscheint zweimal im Jahr. Der Redaktionsschluß für Originalarbeiten wird jeweils angegeben (für Heft 2 in 2003: 15. November, für Heft 1 in 2004: 31. März). Publiziert werden Beiträge aus dem Bereich der Gemeindepsychologie und Gesundheitsförderung.

Ansonsten ist es das Ziel der Herausgeber möglichst Hefte mit Schwerpunktthemen zu gestalten. Dabei freuen wir uns auch über Gastherausgeberschaften. Die Schwerpunktthemen werden sich um zentrale gemeindepsychologische Begrifflichkeiten bewegen:

1. Grundlegende Begriffe: (weitere): ökologisches Modell, systemische Ansätze u. ä. (z.B. Klimata, Heimat etc.), Kontrolle, Partizipation, /Kompetenz, Ressourcenansatz, Gemeinschaften, soziale Netzwerke und Unterstützung, Risikoforschung, Institutions- bzw. Organisationsanalyse, gesellschaftliche und kulturelle Veränderungen und ihre Folgen, Folgen gesellschaftlicher Mißstände (Armut, Diskriminierung etc.)
2. Methodisches: Analysemethoden, Designs für Interventionen, wissenschaftstheoretische Erwägungen, Kompetenzepidemiologie, soziale Indikatoren, partizipative und qualitative Forschung und Evaluation etc..
3. Intervention: hier und vor allem hier sollten die klassischen Themen abgehandelt werden: allgemeine Streßbewältigung, Bewältigung spezifischer Stressoren (Scheidung, Arbeitslosigkeit, etc.), Kompetenzaufbau (Problemlösen, soziale Fertigkeiten), Prävention spezifischer Störungen (z.B. Depression), netzwerkorientierte Interventionen, Gesundheitsförderung i.e.S. (z.B. Prävention von Herz-Kreislauf-Erkrankungen), Entwicklungsinterventionen (Kindheit und Alter, Lebensübergänge), organisationsbezogene Interventionen (z.B. Gesundheitsförderung im Betrieb, Schule, etc.), Organisationsentwicklung; Gemeinwesenarbeit unter gemeindepsychologischer Perspektive etc., Umgang mit Gewalt und Diskriminierung, Aufbau von Toleranz; Supervision in der Gemeindepsychologie etc.

Erwünscht sind empirisch orientierte Arbeiten aber auch systematisierende Übersichten und theoretisch fundierende Analysen und Berichte aus der Praxis. Die Herausgeber bekennen sich zu einer pluralistisch orientierten theoretischen und methodischen Position.

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