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THE EXTENT OF PRIMARY PREVENTION RESEARCH
IN THE COMMUNITY PSYCHOLOGY LITERATURE: A CONTENT
ANALYSIS

by

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A Thesis
Submitted to the Department of Psychology
in Partial Fulfillment of the Requirements
for the Degree
of Master of Arts

Wilfrid Laurier University
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ABSTRACT

THE EXTENT OF PRIMARY PREVENTION RESEARCH IN THE COMMUNITY PSYCHOLOGY LITERATURE: A CONTENT ANALYSIS

by

CATHERINE COMEAU

Previous research and opinion suggested that community psychology had not realized its 1960's commitment to primary prevention. This thesis employs theoretically-oriented content analysis to investigate the extent of the specialization's commitment to this issue as reflected in research published in three journals: American Journal of Community Psychology (1973-1978), Journal of Community Psychology (1976), Community Mental Health Journal (1966, 1976). The data suggests that approximately 50% of this periodical literature focuses on some aspect of primary prevention. The implications of these findings are discussed.

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Introduction

The objective of this thesis was to provide some insight into the extent of primary prevention research in community psychology by focusing specifically on the content of the publications in the American Journal of Community Psychology (1973-1978), the Journal of Community Psychology (1976), and the Community Mental Health Journal (1966, 1976).

Primary prevention was to be an important emphasis of community psychology when it was recognized as a specialty area of psychology by the American Psychological Association in the mid-sixties. One of the most systematic formulations of the identity of the newly emergent specialty area, a series of position papers authored by key community psychologists, focused on primary prevention (Rosenblum, 1971). Thus, a major historical intention of community psychology was to contribute to primary prevention.

Generally the term primary prevention was used to refer to the reduction of the incidence (new cases) of mental disorder in a population or community (Bloom, 1971). The choice of this focus resulted from a number of interrelated factors. A few years earlier the Joint Commission on Mental Health and Illness (1961), after having evaluated the mental health services in the United States, had stressed that the community, as opposed to the individual, is the client of all mental health professions. As a member of this review body Albee (1959) had predicted that the manifest and latent mental health needs of the United

States could not be served due to drastic shortages of mental health professionals. This and other similar studies were seen by community psychologists to attest to the shortcomings of traditional, individually-oriented psychological treatment services and research (Glidewell, 1971). Due to manpower limitations, the traditional approach was seen to be inadequate to the current and predicted mental health problem.

In addition to the studies which illustrated the inadequacy of the traditional approach to mental illness, other studies were seen to support the logic of the community oriented preventive approach. For example, Bloom (1965, 1971) argued that the history of public health had demonstrated that the primary prevention measures of environmental sanitation and population-wide immunization were significantly more powerful than clinical treatment measures in impacting on classical public health epidemics. Primary prevention had proved to be the only effective way to curtail the spreading of infectious diseases. In brief, the history of the success of primary prevention in public health was seen to be supportive of the logic that a similar approach to mental health problems in the 1960's should be adopted by psychologists.

Another contributing factor was the availability of economic support for the community oriented preventive approach to mental health service and research. The role of government incentives in stimulating the community mental health orientation in all of the mental health professions, including psychology, has been well-documented (Bloom, 1978; Rieff, 1977).

Thus, primary prevention service and research represented the focus of the emerging area. Given the magnitude of the mental health problem, the manpower limitations, the success of primary prevention in public health, and the availability of financial support, such an emphasis was seen to be appropriate.

This thesis will attempt to address contemporary concerns about the degree to which community psychology has fulfilled its original commitment. The recent position papers and talks by Bloom (1978) and Cowen (1977a), while reaffirming the importance of primary prevention service and research, also acknowledge specific concerns about the relationship between intentions and research behaviors. Although unable to cite systematic empirical evidence pertaining to the status of primary prevention research, both authors were particularly concerned about the possibility and attendant problems of an inadequately developed research base. For example, Bloom (1978) was less than optimistic that an adequate research base currently existed. He noted that since the initial growth of community psychology was economically stimulated because of the promised focus on primary prevention, the future growth of community psychology was contingent upon the production of research which would make evident the specialization's commitment to this issue.

Thus, the objective of this thesis was to investigate the emphasis community psychology places on primary prevention research. It appeared important to investigate this issue because, while concerns about the degree of correspondence

between intentions and research behaviors have been voiced (Bloom, 1978; Cowen, 1977a), no systematic studies of the extent of primary prevention research in community psychology have been attempted.

Academicians and practitioners of community psychology will find this thesis significant because feedback on the extent of primary prevention research in their specialty area is provided. The benefits of reflecting on professional trends are that problems and progress may be clarified, and the future may be conceptualized. According to Buss (1975, p.988), "a looking inward with the aim of greater self-awareness is essential for further growth and development of any living system--be it the individual living system or the more complex living system of that community of scholars."

Literature Review

As has been noted, there have been no systematic empirical investigations of the research emphasis community psychology places on primary prevention. Cowen's (1973) and Golann's (1969) content analysis of the community mental health literature provide the only empirical information relevant to this question. Both of these studies reported a minimal focus on primary prevention research. Thus, although there are a number of problems with these studies, the tendency has been to use them as anchor points for discussing community psychology's commitment to primary prevention research.

The earliest study, Golann's (1969) Coordinate Index Reference Guide to Community Mental Health was developed for the purpose of facilitating the integration of the great mass of community mental health literature published in the 1960's. Articles originally published in a wide variety of journals were collected and 1,510 were selected to be representative of the 1960-1967 community mental health literature. The reference guide was organized on the basis of 125 content analysis categories deemed to be useful for the location of articles by researchers or practitioners interested in specific topics. Each article was read and classified under the number of specific topics (i.e. content analysis categories) which were pertinent. Thus, the reference guide consisted of 1,510 articles cross-indexed according to 125 categories of different specific topics. Of the 1,500 articles which were content analyzed, 2% were classified as "pertaining to concepts

of or programs for, primary prevention of emotional problems, mental illness (attempts to reduce the number of new cases)" and 5% as "pertaining to prevention of mental illness or emotional problems within a general framework that is not clearly classifiable as or limited to a specific level" (Golann, 1969, p. 181, 182).

Cowen's (1973) mini-study also indicated the relative absence of primary prevention research. This study was one component of the first Annual Review of Psychology chapter on Social and Community Interventions. Articles published in the Community Mental Health Journal between the first 1965 issue and the June, 1971 issue were selected for classification. Articles with titles mentioning the words "prevention", "prevent", or "preventing" were coded. Of the 330 articles which were examined, only 3% were classified as representing an emphasis on the prevention of mental illness.

The results of these two studies have frequently served as anchor points for discussing community psychology's commitment to primary prevention. These results indicated that 2%-7% of the published research was concerned with primary prevention. For example, on the basis of these results Cowen (1973, p. 426) suggested that "the area has thus far failed to develop a strong research base" with respect to primary prevention. Two years later, Kessler and Albee (1975) noted the results of these two studies and re-iterated the same conclusion. Similarly, Goodstein and Sandler (1978) questioned the discrepancy between the "promise and practice" of community psychology on this basis.

Previous content analysis studies, although insightful, are open to a number of criticisms in terms of their ability to reflect the emphasis which community psychology places on primary prevention. The limitations of previous studies may be summarized in the following manner:

- 1) the samples employed do not adequately reflect the specialty area of community psychology,

- 2) the content analysis criteria of primary prevention research does not account for the disagreement about the interpretation of the definition of primary prevention.

The first criticism derives from the fact that previous studies sampled from the community mental health literature. In Golann's (1969) study, community mental health literature from a wide variety of journal sources were content analyzed. In Cowen's (1973) study, articles published in the Community Mental Health Journal between the first 1965 issue and the June, 1971 issue were content analyzed.

The problem with these samples is that the community mental health literature may not be an accurate reflection of the research interests of community psychologists. First, community psychology represents only one segment of a number of professions or disciplines included under the rubric of community mental health (Baker and Schulberg, 1967). Many disciplines, including but not limited to, psychiatry, social work and sociology are also involved in community mental health. Thus, there appears to be no basis for assuming that the literature representing the interdisciplinary area of community mental health accurately reflects the specific

research interests of any of its disciplinary components. In addition, Golann's (1969) and Cowen's (1973) studies predated the 1973 introduction of "the only two journals devoted exclusively to the field--the Journal of Community Psychology and the American Journal of Community Psychology" (Loonsbury, Cook, Leader, Rubeiz, and Meares, 1979). Finally, the literature content analyzed in Golann's study was originally published between 1960 and 1967. Community psychology was recognized in 1965, therefore, most of the literature which was content analyzed was published before the specialty area formally emerged. Thus, the generalizability of the results of previous studies to community psychology cannot be assumed, given that: ✓

- 1) the community mental health literature may not be an accurate reflection of community psychology,
- 2) Golann's (1969) and Cowen's (1973) studies ✓
predated the introduction of community psychology communications vehicles,
- 3) most of the literature content analyzed in Golann's (1969) study was published before the formalization of community psychology.

With respect to the second major criticism, Golann's (1969) study assumed that there was a clear understanding of the type of research which exemplified primary prevention. The criteria of primary prevention research used in this study was, "pertaining to concepts of or programs for, primary prevention of emotional problems, mental illness (attempts to reduce the number of new cases)" (Golann, 1969, p. 181).

As will be illustrated, the assumption that there is a clear correspondence between this definition of primary prevention and research concepts or programs, is erroneous. In fact there appears to be little agreement about what type of research exemplifies this definition. In Golann's (1969, p. 182) study an instance of this disagreement may be that while 2% of the literature was classified as primary prevention, 5% was classified as "pertaining to prevention of mental illness or emotional problems within a general framework that is not clearly classifiable as or limited to a specific level". In short, given the disagreement about the interpretation of the definition of primary prevention, it is not clear what type of content or research Golann (1969) considered to be exemplary. Under these circumstances, the difficulty of replicating the procedures employed in Golann's (1969) study is obvious.

Cowen's (1973) study assumed that a focus on primary prevention would be reflected in the title of the publication. Although this appears to be a logical assumption, given the disagreement about the interpretation of the definition, there appears to be no basis for assuming a consensually agreed upon language system. Thus, the validity of Cowen's (1973) criteria is questionable.

The second criticism of previous studies rests upon the well-documented idea that community mental health professionals, including community psychologists, do not agree about the interpretation of the definition of primary

prevention. For example, in their review paper of the area of primary prevention, Kessler and Albee (1975) noted that a wide variety of conceptual and research definitions had been associated with the understanding that primary prevention attempts to reduce the number of new cases of mental disorder in a population. Similarly, Kelly, Snowden, and Munoz (1977, p. 330) noted in their review paper that a "wide, often confusing range of opinion and theory has been included within the words primary prevention."

For the purpose of generating a more satisfactory content analysis criteria of primary prevention, this thesis argues that the disagreement and confusion about the interpretation of the definition of primary prevention relates mainly to the tendency to de-emphasize the value perspectives or ideologies implicit in the interpretation of the definition of the concept of primary prevention. When the interrelationship between the numerous interpretations of the abstract concept and ideology are obscured, the commonalities amongst the plethora of interpretations are difficult to tease out. However, when the varying interpretations of the abstract definition are considered in the context of the value perspectives or ideologies of mental health professionals, a systematic view of the substantive area of primary prevention and the commonalities between seemingly varying interpretations can be derived.

In this thesis the terms ideology or value perspective are used to refer to a system of ideas which is organized on the basis of values. Ideology tends to direct action by

providing goals and means (Rocher, 1972). Thus the ideologies of community psychologists tend to direct primary prevention research and contribute to the formation of the specific goals and means of the research. Primary prevention research can therefore be recognized by using a content analysis criteria which refers to the specific goals and means employed in the research project.

In short, this thesis argues that ideological orientation has heuristic value for the interpretation of the definition of the concept of primary prevention. The proposed ideological orientations to primary prevention which were used as the content analysis criteria of primary prevention research are developed in a following section. Briefly, two ideologically different approaches--order and conflict--are proposed. The essence of the order primary prevention approach is the belief that directly or indirectly mental disorder results from personal limitations. Thus, the personal adjustment of people in the community or relevant population reduces the incidence of new cases of mental disorder. The attempt is to ensure the provision of that which is required for the adaptation of individuals with early symptoms of mental disorder, or the adaptation of individuals suspected of displaying early symptoms of mental disorder at some future time. In contrast, the essence of the conflict primary prevention approach is the belief that directly or indirectly mental disorder results from social system limitations. Thus, the adjustment of the social system reduces the incidence of new

cases of mental disorder in the community or relevant population. The attempt is to ensure the provision, through "structuring-out" social systemic limitations, of that which is required for the self-actualization of individuals. With this type of reference point, the critical theoretical distinctions in preventive mental health are ideological orientations to primary prevention and treatment approaches or tertiary prevention.

In traditional preventive mental health, that is, preventive psychiatry, the theoretical distinction has been one of primary, secondary, and tertiary prevention. Caplan's (1964) book, Principles of Preventive Psychiatry, is the seminal work which theoretically discussed this triad of public health concepts in the context of preventive mental health. The distinction proposed in this thesis alters Caplan's (1964) conceptualizations of primary and secondary prevention. Caplan's (1964) conceptualization of tertiary prevention as attempts to reduce the rate of self-perpetuating psychopathology in an entire community remains unaltered.

Traditionally, primary and secondary prevention have been regarded as theoretically distinct modes of preventive mental health. The crucial distinction has been based on whether early symptoms of mental disorder have occurred. Once mild or early symptoms of mental disorder in a group of people are identified, intervention is other than primary. Secondary

prevention involves early detection of mental disorder in a population and intervention so that the mild disorder is prevented from becoming self-perpetuating.

This thesis argues that the traditional theoretical distinction between primary and secondary prevention has little practical merit in that:

1) programs or interventions that arise from such a distinction are very often indistinguishable,

2) people with early symptoms of mental disorder are very often indistinguishable from people suspected of manifesting early symptoms at some future time.

The first problem appears to occur because of overlap between Caplan's (1964) theories of primary and secondary prevention. This overlap is related to the fact that in both primary and secondary prevention knowledge of the developmental (e.g. middle age) or accidental (e.g. bereavement) crisis of individuals is the criteria used to locate and assist in the personal crisis resolution or adaptation of target or high-risk populations. As a result, the type of primary prevention research which attempts to assist the personal crisis resolution of a group of people so as to prevent early symptoms of mental disorder from developing is very often indistinguishable from secondary prevention research which attempts to assist the personal crisis resolution of a group of people so as to prevent early symptoms of mental disorder from developing into full-blown mental disorder.

According to Caplan (1964) primary prevention attempts

to reduce the incidence of mental disorder by:

1) producing changes in those parts of the community which interfere with the provision of basic supplies and therefore the need satisfaction of the population or,

2) helping members of a population deal with developmental and accidental crisis through the "provision of services to foster healthy coping" so that the needs of this population are satisfied and early symptoms of mental disorder are prevented (Caplan, 1964, p. 72).

It should be noted that the first type of primary prevention is approximately equivalent to the proposed conflict primary prevention in that Caplan's (1964) emphasis is on changing external conditions as opposed to personal adjustment. It is the latter type of primary prevention which by attempting to assist in personal crisis resolution overlaps with secondary prevention and complicates any practical distinctions between primary and secondary prevention research.

According to Caplan (1964) secondary prevention attempts to reduce the prevalence (existing cases) of mental disorder in a population by shortening the duration of existing cases through early diagnosis or detection followed by prompt and effective treatment. Methods of diagnosis and treatment are both community, as opposed to individually, oriented. Early symptoms can be detected by improving diagnostic tools and by motivating or mandating people to enlist diagnostic investigations earlier. In secondary prevention the intervention is shortly after harmful circumstances (inadequate

supplies) have had a chance to encourage the development of early symptoms of mental disorder. The criteria used to locate these people is the presence of developmental or accidental crisis. Secondary prevention attempts to assist in the personal crisis resolution of a group of people so that the early symptoms of mental disorder are eliminated.

Thus, both the concept of secondary prevention and one component of the concept of primary prevention lead to practices or research which attempt to help people personally resolve developmental or accidental crisis. Since both concepts lead to similar practices it becomes impossible to distinguish between primary and secondary research projects.

But, the reader might ask, are not the people that are involved different? This thesis argues that very often people with early symptoms of mental disorder are indistinguishable from people suspected of developing early symptoms at some future time. This second point will be illustrated by referring to a recent controversy in the community psychology literature.

Emory Cowen and Barbara Dohrenwend, presidents of Division 27 (Community Psychology) in 1976 and 1977, both focused their presidential addresses on primary prevention. Their disagreement about the type of research included within the parameters of the concept of primary prevention succinctly illustrates the problem of differentiating between people with early symptoms of mental disorder and people without early symptoms at the present time but suspected of developing such symptoms at some future time.

In Cowen's (1977a) view, projects or research aimed at children exhibiting adjustment problems are other than primary prevention by definition. He argued that his work with maladapting primary school children aims to correct problems after they become visible; since primary prevention is assumed to prevent the appearance of signs of mental disorder, work with children exhibiting early symptoms is automatically excluded. In contrast, Dohrenwend (1978, p. 9) believes that these projects and others like them "can be seen as strengthening the personal skills with which the individual will confront stressful events later in life and thereby reducing the likelihood of his developing psychopathology on these later occasions. Moreover, some community psychologists who have implemented this kind of childhood intervention project have explicitly done so not only for the sake of children in trouble but also for the sake of the adults these children will become."

Thus, Cowen (1977a) interprets the concept to exclude work with maladjusted individuals since these individuals are already evidencing signs of mental disorder. Dohrenwend (1978) interprets the concept to include this type of work because it decreases the chances that a more severe form of mental disorder will develop. Implicit in Dohrenwend's (1978) argument is the belief that maladapting elementary school children are not evidencing early symptoms of mental disorder.

The point of the above discussion is not to discuss the criteria of early symptoms of mental illness but rather to illustrate the questionable value of Caplan's (1964) concepts

of primary and secondary prevention. Both concepts can lead to similar practices and it is very often difficult to distinguish between people who have and people who do not have early symptoms of mental disorder. As a result, the determination of what type of practices and research exemplify primary prevention is surrounded by confusion, disagreement, and mixing of theory and opinion.

This thesis argues that greater understanding of the area of primary prevention would accrue from emphasizing the divergent ideological perspectives from which the concept of primary prevention, i.e., lowering the incidence of mental illness in a community is viewed. The relationship between practices or research which logically evolve from each perspective would then be apparent and the need for the problematic distinction between people who have exhibited early symptoms of mental disorder and people who may at some future time manifest early symptoms would be eliminated. With this type of reference point, secondary prevention becomes an unnecessary concept since practices which could have been argued to derive from either the concept of primary or secondary prevention now become encompassed by the proposed order primary prevention concept.

Summary and Purpose

The purpose of this thesis was to attempt an in-depth analysis of the research emphasis community psychology places on primary prevention so that systematic feedback on an important disciplinary concern could be provided.

Previous content analysis studies indicated that 2%-7% of the community mental health literature pertained to primary prevention. This thesis argued that the generalizability of these results to community psychology could not be assumed because of the samples which were employed. However, the most extensive criticism of previous studies centered on their criteria of primary prevention research. This thesis argued that the generalizability of their results to either community mental health or community psychology could not be assumed because it was not clear what previous criteria had measured.

In this thesis a variant of an ideal type model--a polar extremes model of primary prevention was developed for analytical purposes. This model provided the theoretical guidance for the development of the content analysis instrument. According to Carney (1972, p. 41) the advantage of a theoretically oriented content analysis is that "the analyst cannot unconsciously or surreptitiously adopt an approach which skews the evidence in favor of a particular case". The polar extremes model is described in the following section. The content analysis instrument, although guided by the polar extremes model, evolved from extensive pre-testing of the sample and is described in the methodology section.

The theoretical guidance for the development of the polar extremes model was derived from the sociology of knowledge literature. In particular, Horton's (1966) study of the sociology of knowledge and social problems was utilized. This theoretical orientation was chosen because Caplan's (1964) concepts and theories of primary and secondary prevention could be argued to lead to similar practices, i.e., similar research projects involving similar people. For the purposes of this thesis the concept of secondary prevention was argued to be a variant of the order primary prevention perspective. It should be noted that other psychologists, including Buss (1975), Rieff (1971), and Ryan (1971), have also argued that a clarification of the conceptual problems encountered in psychology would result from a sociology of knowledge analysis. In addition, the process of interdisciplinary collaboration has been argued to be essential if community psychology is to make an impact on concerns, such as primary prevention, which diverge from psychology's traditional preoccupation with the individual (Bloom, 1978; Cowen, 1977a; Iscoe, Bloom, and Spielberger, 1977).

The sample employed in this thesis was limited to the American Journal of Community Psychology (1973-1978), the Journal of Community Psychology (1976), and the Community Mental Health Journal (1966, 1976). The attempt of this design was to provide systematic information about the extent of primary prevention research in the two community psychology journals and the Community Mental Health Journal (C.M.H.J.). The

literature in the two community psychology journals was assumed to represent the research interests of community psychologists and the research emphases of community psychology. The literature in the C.M.H.J. was assumed to represent the research interests of all community mental health professionals and the research emphases of the interdisciplinary area of community mental health.

The limitation of this design is that the results of this thesis can only be compared with Cowen's (1973) content analysis of the C.M.H.J. which used the criterion of article title. Unfortunately, the results of this thesis cannot be compared with Golann's (1969) content analysis study. The relationship between Golann's criterion and sample, and the criteria and sample employed in this thesis is an empirical question which this thesis does not address. It would have been interesting to re-analyze the literature which Golann located from a wide variety of sources and all of the articles published in the Community Mental Health Journal (1965-1978) and the Journal of Community Psychology (1973-1978). However, practical limitations such as economic and manpower considerations eliminated this possibility.

It was expected that the information derived from this thesis would provide insight into the nature and extent of primary prevention research in community psychology. As a corollary to this goal, it was further expected that this thesis would provide data about the nature and extent of such research in community mental health. It was anticipated that this information would suggest ideas for further research in

the area of primary prevention and would be useful for decision-making with respect to the allocation of finite research resources.

The Development of the Bi-Modal Criteria

A review of the literature on the prevention of mental illness led to the development of a model suitable for the classification of the diverse and often contradictory conceptualizations of the problem. Using implicit or explicit causal explanation as the criterion variable, two ideal types of the problem of preventing mental illness were recognized and developed.

Ideal types are methodological devices which allow for the systematic grouping and analysis of independently conceived ideas. They are approximations which aim to clarify reality. The use of ideal types is based on the work of Max Weber. According to Weber (1949, p.1) ideal type "is not a description of reality but it aims to give unambiguous means of expression to such a description...An ideal type is formed by the one-sided accentuation or one or more points of view and by the synthesis of a great many diffuse, discrete, more or less present and occasionally absent concrete individual phenomena, which are arranged according to those one-sided emphasized viewpoints into a unified analytical construct. In its conceptual purity, this mental construct cannot be found empirically anywhere in reality."

Ideal types are useful abstractions to which different actual events and cases may be compared for purposes of classification and analysis. An ideal type is a conceptual device that allows the investigation to isolate an important

dimension or aspect of a class of phenomena, that is, sensitizes the investigator to the most significant or important aspects of the phenomenon under study. Significant similarities and differences between actual events are distinguishable.

In short, varying concepts of the prevention of mental illness will be classified according to two developed ideal types of explanation of the causes of mental illness. In order to recognize and classify research pertinent to the prevention of mental illness or primary prevention, the development of these ideal types was necessary.

The two ideal types of explanation of the cause of mental illness were derived from Horton's (1966) study of the explanations of social problems. A social problem is defined as "a condition affecting a significant number of people in ways considered undesirable about which it is felt something can be done through collective social action" (Horton and Leslie, 1970). This study was chosen because the two ideal types of order and conflict perspectives were constructed "as a preliminary guide for the content analysis of contemporary as well as classical studies of social problems" (Horton, 1966, p.610).

Other studies also supported the appropriateness of these two ideal types. For example, Liem, Altaffer, Gannon, Kamali, and McElfresh (1976) reported that the attitudes of community psychologists were grouped according to adherence to a conflict perspective or adherence to an order perspective.

Their data was based on a random sampling of members of Division 27 (Community Psychology) of the American Psychological Association.

As has been noted, Horton's two ideal type categories of explanation of the existence of social problems were labelled "Order Perspective" and "Conflict Perspective". These ideal types were composed of numerous dimensions; the following three are considered to be suitable for the purposes of this thesis.

- 1) Explanation of a social problem
- 2) Standards for the definition of health and pathology
- 3) Implied ameliorative action.

An outline of the two ideal types as they apply to the social problem of mental illness and the variations between them on the three specified dimensions will follow a brief summarization of Horton's discussion of each dimension.

Whether social problems result from characteristics of individuals or characteristics of social systems depends on one's perspective. The order perspective suggests that social problems result because individuals possess certain dysfunctional characteristics. The conflict perspective suggests that social problems result because social systems possess certain dysfunctional characteristics. Thus, in the first case individual limitations are the cause, whereas, in the second case social system limitations are causal factors.

The standards used for the definition of health and

pathology are also a function of one's perspective. The order perspective defines health and pathology relative to the individual's participation and status in the existing social order. The conflict perspective defines health and pathology in terms of requirements for individual or social growth and change. In the first case health refers to the existing values and practices of the dominant groups in society, whereas, in the second case health refers to the unrealized standards and aspirations of subordinate but rising groups.

Different strategies of ameliorative action flow logically from each perspective. The order perspective implies that ameliorative action involves a more efficient institutionalization and internalization of the values of the dominant social group. The adjustment of deviant individuals is required. The conflict perspective implies that ameliorative action involves a transformation of existing patterns of interaction, or in other words, social system changes.

Horton's discussion of these three dimensions of the order and conflict perspectives, in conjunction with an extensive review of the mental health primary prevention literature and pretesting of the sample guided the development of the two ideal type conceptualization of primary prevention. The two ideal types of primary prevention as they pertain to each of the three previously discussed dimensions are presented below.

A. The Order Perspective on Primary Prevention

1. The characteristics of individuals predispose them

to mental disorder.

In this view people have certain psycho-social disadvantages which hinder their ability to function within the existing social order. These disadvantages are likely to lead to mental illness when people are exposed to high pressure or stressful situations. Thus mental illness is likely to result because people cannot cope with stressful situations.

Since Gerald Caplan is the author most frequently associated with this viewpoint, a review of his ideas about this dimension of the ideal type is appropriate. Caplan (1964) believes that the individual is embedded in the structure of the society. Both the individual and the social system are in equilibrium. The individual's equilibrium is said to be upset when certain psychosocial disadvantages combine with stressful or crisis situations. If the individual cannot achieve re-equilibrium then mental illness is likely to occur.

In this framework, mental illness results primarily from problems with the equilibrium maintaining mechanism of the individual. According to Caplan (1964, p.39), "the essential factor influencing the occurrence of crisis is an imbalance between the difficulty and importance of the problem and the resources immediately available to deal with it. The usual homeostatic direct problem-solving mechanisms do not work." Thus, although the role of social factors such as psycho-social disadvantages or stressful situations is acknowledged, a relative priority is placed on the causal personality factors.

2. Individuals are mentally healthy when they are adjusted.

This viewpoint assumes psycho-social problems are somewhat inevitable, therefore people are healthy when they cope with them in the expected or socially approved fashion. Healthy "conforms to their respective social roles and is in line with the values of their culture" (Caplan, 1964, p.32). Rappaport discusses this dimension of the ideal type and comments, "One begins to define mental health as a set of behaviors and resources that must be available to an individual in order that he or she have the necessary alternatives for coping with the problems of living."

3. Mental illness can be ameliorated if individuals are helped to adjust their behaviors and attitudes.

According to the order perspective, the potential solution to mental illness involves increasing individuals' tolerance for psycho-social problems or the stress which results from such problems. The role of mental health professionals is to facilitate this process. Ryan (1971, p.643) notes that "one tends to work on changing the characteristics of the individual--his life style, his values, his child-rearing practices or the effects of the child-rearing practices of his parents."

The focus of the ameliorative action is the adaptation and adjustment of individuals to the existing social order. Rose (1973) discusses this dimension of the ideal type and illustrates the basic focus on the adjustment of individuals. He suggests that specific interventions are designed to serve

the following four sub-goals. These are 1) provide counselling to help individuals or groups of individuals modify their behavior to adjust to societal expectations, 2) assist individuals or small groups to make full use of the existing institutions of the society, 3) focus on remedying the handicaps which derive from cultural disadvantage, and 4) focus on improving the coordination of these components of the system which deal with maladjustment.

B. The Conflict Perspective on Primary Prevention.

1. Social systems possess structural characteristics which predispose people to become mentally ill.

In this view social systems, particularly institutions, have structural characteristics which hinder the growth and development needs of individuals. The suppression of these needs is likely to lead to mental illness.

Since Bower has written a great deal about this viewpoint, a review of his ideas about this dimension of the ideal type is appropriate. Bower (1972) believes that there are social forces in a community which block the full development of individuals. Many of these forces derive from the society which via the structure of institutions "provide the values, the goals, the means, and the rules by which existence is to be gratified, endured, or suffered" (Bower, 1972, p.39). If institutions hinder human development then mental illness is likely to result.

2. Individuals are mentally healthy when their growth and development needs are actualized.

This viewpoint assumes mental health relates to the growth and development needs of individuals. Conversely, mental illness relates to the suppression of these needs. Accordingly, Bower (1961, p.357) viewed health as "the full development of the human being as a rational, creative, and self-actualizing organism." Later Bower (1963, p.237), following Sigmund Freud's beliefs, specified that "by human characteristics, the full development of which is sought, I mean the ability to love and work productively."

3. Mental illness can be ameliorated if the structure of the social system or its institutions are changed.

According to the conflict perspective, mental illness can be ameliorated if the social system or its institutions are changed such that the growth and development needs of individuals are facilitated. Tactics which derive from this viewpoint consider both the participation of individuals or small groups in making decisions and the social structure as the focus of change. Rappaport (1977, p.165) discusses this dimension of the ideal type and notes that these "tactics emphasize power, autonomy, and self-control of disenfranchised groups either with existing organizations or in newly created organizations. In either case, the aim is to build organizations based on institutional assumptions different from those currently dominant in society." Ryan (1971, p.644) notes that since the relevant variables are money and power, "one tends to work toward changing the environment, toward developing programs of social change rather than individual change."

Methodology

Design and Materials

The research instrument was designed in accordance with recognized scholarly procedures of theoretically-oriented content analysis as discussed by Carney (1972) in Content Analysis and Cartwright (1953) in Research Methods in the Behavioral Sciences, Festinger and Katz (Eds.).

The final content analysis instrument evolved from a circular process of test-retest. The theory developed in the previous section suggested what the categories might be, that is, the bimodal model of primary prevention suggested the issue areas to look at and the modes of thought to look for. Tentative categories were pre-tested on a segment of the sample. Categories were revised and pre-tested at length. Pre-testing was terminated when the categories were sufficiently rigorous, that is, when the recording unit or the phenomena of interest could be classified under only one of them, not under several.

Two major problems were encountered during pre-testing. The first difficulty was what Goldstein (1942) has called the "whole-part" problem or the problem of the structural characteristics of communications. Briefly, this concept refers to the fact that structurally different communications i.e. different "parts" contribute to or are an integral component of some greater communication unit i.e. "whole". The analytical advantages of the awareness of this concept were discovered

through the process of pre-testing, that is, classification was initially complicated by the fact that articles with different structural characteristics contributed to or were an integral component of some greater substantive area. For example, while an article published as a discussion paper of a concept was structurally different from an article published as an analysis of the characteristics of a research instrument, both focused on or contributed to the substantive area of primary prevention. Thus, a major analytical problem was overcome when the decision was made to classify articles with similar structures and substantive foci into subcategories.

The second difficulty encountered during pre-testing was the problem of classifying articles which were not directly relevant to the primary prevention emphasis of this thesis, that is, not classifiable in the two mutually exclusive primary prevention categories of "Order" and "Conflict". The testing and retesting of tentative categories resulted in the formalization of three additional mutually exclusive categories. Also, one category was created for the classification of those articles which did not fit any of the above five categories.

This skeleton of the content analysis instrument and descriptions of each category are presented below.

The Content Analysis Instrument

Variable 1: Major Focus

<u>Category A</u>	-	Discussion Studies	1
"Order"	-	Evaluation Studies	2
	-	Instrument Studies	3
<u>Category B</u>	-	Discussion Studies	4
"Conflict"	-	Evaluation Studies	5
	-	Instrument Studies	6
<u>Category C</u>	-	Discussion Studies	7
"Treatment"	-	Evaluation Studies	8
	-	Instrument Studies	9
<u>Category D</u>	-	Demographic Studies	10
"Distributions"			
<u>Category E</u>	-	Professional Issue Studies	11
"Professions"			
<u>Category F</u>	-	Unclassifiable Studies	12
"Other"			

Variable 1: Major Focus

Category A: Order Primary Prevention

1) Discussion Studies - Included are studies which discuss, describe, or review concepts or programs implicit or explicit in the order primary prevention ideal type. These concepts or programs include: prevention through individual

adjustment or adaptation, individual consequences of stress, the equilibrium of the social system and/or individual. Specific examples of the type of study included in this category are: studies which describe crisis intervention training programs for paraprofessionals; studies which describe parent-effectiveness training programs.

2) Evaluation Studies - Included are studies which evaluate concepts or programs implicit or explicit in the order primary prevention ideal type. Generally personal adjustment/individual adaptation strategies or programs are evaluated empirically. Studies which evaluate any aspect of these types of programs are listed here, for example: the effects on professionals, paraprofessionals, as well as clients. Some program examples are: crisis intervention, individual skill training, and anticipatory guidance. Specific examples of the type of study included in this category are: studies of the outcome differences between people-in-crisis counselled by paraprofessionals and people-in-crisis not counselled by paraprofessionals; studies of outcome differences between elementary school children exposed to companionship therapy and children not exposed to this condition; studies of the relationship between students' behaviours and consultation with teachers in the use of behaviour modification techniques.

3) Instrument Development Studies - Included are studies which develop or compare instruments or methodologies relevant to order primary prevention programs or concept. Generally, individual differences between people not separated

from the general public are detected or predicted. These people include but are not limited to professionals, para-professionals, and clients of educational systems. Some specific examples are: studies of instruments which predict student maladaptation; studies of instruments which predict the personality or performance of police; studies of instruments which predict paraprofessional abilities.

Category B: Conflict Primary Prevention

4) Discussion Studies - Studies which discuss, describe, or review concepts or programs implicit or explicit in the conflict primary prevention ideal type are included here. These concepts or programs refer to or include: institutional or political change, social activism, oppressed groups, local decision-making, re-structuring of existing systems. Specific examples of the type of study included in this category are: studies which describe programs which are controlled locally; studies which discuss social change.

5) Evaluation Studies - Included are studies which evaluate concepts or programs implicit or explicit in the conflict ideal type. Generally these concepts or programs are evaluated empirically. Studies which evaluate either (a) the organization of social activities in terms of their impact on the people in the situation, or (b) changes in the organization of social activities in terms of their impact on the people in the situation are included in this category. These people include professionals, community residents, clients and ex-clients. Some specific examples are: studies

of the effects of classroom environments on the creativity or of students and/or teachers; studies of the effects of job situations on the satisfaction of mental health personnel; studies of the effects of changing institutional procedures, such as decision making, on the mental health of people subject to those decisions; studies of the influence of pressure groups on decision making.

6) Instrument Development Studies - Studies which develop or compare instruments or methodology for the purpose of predicting the environmental variance of behavior are included in this category. Specific examples are: studies of the dimensions of the environment of mental health institutions; studies of the discriminating ability of social climate instruments.

Category C: Treatment Concerns

7) Discussion Studies - Included are studies which discuss, describe, or review concepts or programs in relationship to existing treatment services or programs. Some examples are: studies which review the paraprofessional's role in treatment programs for the mentally disturbed; studies which discuss ways of improving only the coordination of those components of the treatment services which deal with mental disorder. The essential difference between this category and the order primary prevention category is that these studies indirectly or directly are concerned with the treatment or aspects of treatment for the mentally ill.

8) Evaluation Studies - Studies which evaluate,

usually operationally, the characteristics of people in relationship to the existing structure of treatment services or programs are included here. The structure is assumed, the characteristics of people are evaluated. These people include care-givers, clients, ex-clients, as well as potential but ineligible clients. Specific examples of the type of study included in this category are: studies of clients, ex-clients, and/or therapist evaluations of the services received; studies of the relationship between client attributes (for example, expectations or social class) and service utilization or treatment outcome; studies of admission rates.

9) Instrument Development Studies - Included are studies which develop or compare instruments or methodologies for the purpose of predicting individuals' behaviors and/or attitudes toward existing treatment services of programs. These individuals include clients, ex-clients, and potential clients. Some specific examples are: studies of the client response rates associated with different survey instruments; studies which compare methods for predicting utilization of existing services.

Category D: Distribution Studies

10) Included in this category are demographic studies which measure or empirically describe characteristics of people not separated from the general public and usually in a community context. Examples of the people in question are community residents, mental health professionals, and other professionals such as criminal justice personnel. The purpose of these

studies is to determine individual differences in attitudes and/or behaviors. Some specific examples are: studies of individual differences in community residents' attitudes toward mental illness; studies of police attitudes towards community mental health services; studies of how people are distributed with respect to choice of psychological helper. These studies determine the correlates of individual behavior and attitudes.

Category E: Professional Issues

11) Studies of the professional or organizational concerns of a discipline are included here. Some examples of the focus of these articles are: ethics, education and continuing education of professionals, professional trends and interests, professional attitudes towards discipline trends, professional ideologies.

Category F: Unclassifiable Studies

12) Included in this category are studies which cannot be classified under any of the other categories.

In addition to the classification of all articles according to these categories, certain articles, i.e. "Order" and "Conflict" evaluation and instrument studies, were cross-classified according to the categories of Variable 2 which are presented below. This variable was included in the content analysis to enhance the descriptive ability of the "Order" and "Conflict" program evaluation and instrument studies categories.

Variable 2: Impact System

Program refers to "a sponsored activity, more often than not from public funds, aimed at mitigating a social or economic problem in education, mental health, or the social and economic welfare of the individual" (Perloff, Perloff, and Sussna, 1976).

Category 1: Community Development

The program addresses social and economic problems. Primary prevention program evaluation or instrument development studies directed at the community (in general) or community support and/or control agencies (for example, community action, law enforcement, corrections) are included in this category.

Category 2: Education

The program addresses educational problems. Primary prevention program evaluation or instrument development studies directed at educational problems are included in this category.

Category 3: Mental Health

The program addresses mental health problems. Primary prevention program evaluation or instrument development studies directed at mental health problems are included in this category.

Sample

The sample consisted of the entire periodical output (excluding book reviews, film reviews, and other such incidental

material) of the:

1) American Journal of Community Psychology (1973-1978). This segment of the sample comprised the 236 articles which were published in this journal from the first 1973 volume to and including the 1978 volume,

2) Journal of Community Psychology (1976). This segment of the sample comprised the 46 articles which were published in this journal in the 1976 volume,

3) Community Mental Health Journal (1966, 1976). This segment of the sample comprised the 51 articles which were published in this journal in the 1966 volume and the 49 articles which were published in the 1976 volume.

In total the sample consisted of 382 articles. A breakdown of the number of articles which were published in each journal per year is included in Appendix A.

Given that practical considerations dictated sample limitations, the rationale for sample selection was based on the following considerations. The American Journal of Community Psychology was most extensively sampled, in comparison with the other journals, because it was judged to be the best indicator ✓ of the research emphases of community psychology. This journal appeared to be most closely affiliated with the professional association which represents community psychologists (Division ✓ 27) in that presidential addresses and speeches given upon acceptance of divisional awards are printed in this journal. The assumption was that a journal which printed these high-

profile articles would also reflect the general research orientation of the discipline. The 1976 volume of the Journal of Community Psychology and the 1966 and 1976 volumes of the Community Mental Health Journal were selected for comparative purposes. With this sample the following comparisons were possible:

- 1) the content emphases of the two community psychology journals at one recent point in time - (1976),

- 2) the content emphases of the two community psychology journals and the Community Mental Health Journal at one recent point in time - (1976),

- 3) the content emphases of the Community Mental Health Journal at two points in time - (1966, 1976). The 1966 volume was selected because both previous content analysis studies examined literature published in 1966.

Procedure

The recording unit was the theme of the article. Theme was defined as "a conceptual entity: an incident, thought process, or viewpoint which can be seen as a coherent whole" (Carney, 1972, p. 159). The theme of the article was determined by reading the whole article (including the abstract). Frequently the article was read a number of times. Since the totality of the article was read in order to determine the theme, the article represented the context unit. One predominant theme was determined for each article. The inclusion of the theme of the article under a category depended upon the judge's interpretation of the intention of the author rather than the presence or absence of certain words or phrases. In general, this entailed coding

themes which were developed at some length or were, in some other way, central to the document.

All of the categorizing was carried out by the principal investigator. To enhance reliability a second judge independently categorized approximately 15% of each journal in the sample. The work of the two classifiers was then compared article for article with respect to (a) common inclusions, (b) common exclusions, and (c) disagreements. By this method a measure of agreement was obtained for each category and for all the categories taken together. Agreement was defined as the percentage of common inclusions and exclusions.

For illustrative purposes, the reliability procedures used for the American Journal of Community Psychology are described. Comparisons were made article for article in the following way: each category was considered 36 times by each classifier, i.e., an article was marked for either inclusion in or exclusion from each category, and there were 36 articles. The percentage agreement is the number of times the articles were marked for inclusion by both classifiers plus the number of times they were marked for exclusion by both, divided by 36, the total number of articles. For example, if both judges agreed that 10 articles should be classified in category 1 and 24 articles should not be classified in category 1 (therefore, they disagreed about the classification of 2 articles), the reliability figure for that category would be $\frac{(10+24)}{36} \times 100 = 94.4\%$. Reliability figures for each category are indicated in Appendix B. Agreement for all the categories taken together

was obtained by determining the mean of the agreements for the individual categories; this figure, representing the overall reliability measure for the sample, was 91.6%.

Results

The main goal of the present research was the generation of a criterion which would allow for a comprehensive determination of the emphasis, as manifested in representative published research, that community psychology places on primary prevention. A secondary goal was the determination of the emphasis, as manifested in representative published research, that community mental health places on primary prevention. The results of this thesis yield information pertinent to both foci and are analyzed using descriptive statistics, i.e., percentages.

The findings reported in the first four rows of Table 1 pertain to the percentages of "Order" and "Conflict" articles in the community psychology journals. As is indicated in the first row of this table, primary prevention has a noteworthy presence in the American Journal of Community Psychology (A.J.C.P.) in that over 50% of the articles published in this journal from 1973 to 1978 focused on one of the two ideal types. Approximately one-third of the articles in this journal exemplified an order primary prevention perspective, while approximately one-quarter exemplified a conflict primary prevention perspective.

As is indicated in the second row of Table 1, primary prevention also has a notable presence in the 1976 volume of the Journal of Community Psychology (J.C.P.). Slightly less than 50% of the articles in this volume focused on one of the two ideal types of primary prevention. The order primary

Table 1

Percentage of Primary Prevention
Articles

Journal	Order	Conflict	Total
<u>A.J.C.P.</u> (1973-1978)	33.9	23.7	57.6
<u>J.C.P.</u> (1976)	30.4	17.4	47.8
<u>A.J.C.P.</u> (1976)	29.7	27.0	56.7
<u>A.J.C.P.</u> (1976) + J.C.P. (1976)	30.1	22.2	52.3
<u>C.M.H.J.</u> (1966, 1976)	27.6	17.3	44.9
<u>C.M.H.J.</u> (1976)	28.6	18.4	47.0

prevention perspective was demonstrated by 30% of the articles, while the conflict primary prevention perspective was demonstrated by 17%.

Rows 2, 3 and 4 refer to the average extent and type of primary prevention research published in the two community psychology journals in 1976. As the findings in row 4 indicate, 52% of the research in these journals focused on primary prevention. The order perspective accounted for 30% of the articles in these journals, the conflict perspective accounted for 22%.

Are the results of the 1976 volume of the J.C.P. representative of the trends in this journal had a more extensive investigation been possible? Although the data collected in this thesis cannot answer this question, the findings reported in rows 1 and 3 do not reveal any basis for questioning the representativeness of the 1976 volume of the J.C.P. For example, since the results of the 1976 volume of the A.J.C.P. parallel the average results of the 1973-1978 volumes, there is no evidence to suggest that the 1976 volume of the J.C.P. would not be representative of the 1973-1978 volumes.

In brief, the results reported above suggest that:

1) from 1973-1978, 58% of the community psychology research published in the A.J.C.P. (1973-1978) focused on primary prevention. The order primary prevention criterion was demonstrated by 34% of the articles, while the conflict primary prevention criterion was demonstrated by 24%.

2) In 1976, 52% of the community psychology research,

as manifested in the A.J.C.P. (1976) and the J.C.P. (1976), focused on primary prevention; 30% of the research demonstrated the "Order" criterion, 22% demonstrated the "Conflict" criterion.

The findings reported in the last two rows of Table 1 pertain to the percentages of "Order" and "Conflict" articles in the Community Mental Health Journal (C.M.H.J.). As is indicated, primary prevention was again well-represented in that approximately 45% of the articles published in the 1966 and 1976 volumes focused on one of the two ideal types. The order perspective accounted for 28% of the articles, the conflict perspective accounted for 17%. In the 1976 volume 29% of the articles were classified as order primary prevention and 18% were classified as conflict primary prevention. Thus, in 1976 approximately 47% of the articles focused on one of the two ideal types. These results suggest that:

- 1) 45% of the community mental health research in the 1966 and 1976 volumes of the C.M.H.J., focused on primary prevention. The order primary prevention criterion was demonstrated by 28% of the articles, while the conflict primary prevention criterion was demonstrated by 17%.

- 2) in 1976, 47% of the community mental health research in the 1976 volume of the C.M.H.J., focused on primary prevention. The order primary prevention criterion was demonstrated by 29% of the articles, while the conflict primary prevention criterion was demonstrated by 18%.

Table 2 reports the frequency and percentage of discussion, program evaluation, and instrument development studies within each ideal type of primary prevention. In the

A.J.C.P. (1973-1978) 33% of the primary prevention articles were "Order" program evaluation studies, 20% were "Conflict" program evaluation studies. In contrast, "Order" and "Conflict" discussion studies each represented 15% of all the primary prevention articles, while "Order" instrument development studies represented 11% and "Conflict" instrument development studies represented 6%.

The results pertaining to the J.C.P. (1976) are also included in Table 2, although it should be noted that the total number of articles classified as exemplifying either of the two ideal types of primary prevention is relatively small. A larger sample is necessary to determine the representativeness of the distribution of the 1976 articles along the subcategories of discussion, program evaluation, and instrument development studies.

The results pertaining to the C.M.H.J. (1966, 1976) indicate that 48% of the primary prevention articles were "Order" discussion studies, while 32% were "Conflict" discussion studies. In contrast, the percentages of either "Order" or "Conflict" program evaluation and instrument development studies ranged from 0% - 11%. A comparison of these results with the results of the A.J.C.P. (1973-1978) indicates that in the C.M.H.J. discussion studies are emphasized much more than the other two types of studies. In the A.J.C.P. the emphasis is relatively more evenly distributed with program evaluation studies ranking first and instrument development studies ranking third.

Table 2

Characteristics of
Primary Prevention Subcategories

Journal/ Major Focus	Discussion		Evaluation		Instrument Development		Total	
	N	%	N	%	N	%	N	%
<u>A.J.C.P.</u> (1973-1978)								
Order	20	14.7	45	33.1	15	11.0	80	58.8
Conflict	21	15.5	27	19.8	8	5.9	56	41.2
Total	41	30.2	72	52.9	23	16.9	136	100.0
<u>J.C.P.</u> (1976)								
Order	6	27.3	4	18.2	4	18.2	14	63.6
Conflict	2	9.1	5	22.7	1	4.5	8	36.4
Total	8	36.4	9	40.9	5	22.7	22	100.0
<u>C.M.H.J.</u> (1966, 1976)								
Order	21	47.7	5	11.4	1	2.3	27	61.4
Conflict	14	31.8	3	6.8	0	0	17	38.6
Total	35	79.5	8	18.2	1	2.3	44	100.0

The remainder of this section consists of in depth descriptions of each journal. It should be mentioned that Variable 2, impact system, is analyzed only with respect to the A.J.C.P. for reasons which are cited in the discussion of the characteristics of this journal.

Characteristics of the American Journal of Community Psychology

Table 3 presents the frequency and percentage of 1973-1978 A.J.C.P. articles which were classified in each content analysis category and subcategory of Variable 1. The raw data (per year) from which these figures were derived is included in Appendix C.

These results indicate that the percentages of articles in major focus categories other than primary prevention were relatively evenly distributed between treatment concerns, distribution studies and studies concerning professions. Approximately one-seventh of the articles were classified in each of these three categories. Also note that within each of the categories of "Order", "Conflict", and "Treatment", program evaluation studies were more numerous than discussion or instrument development studies. Finally, in this journal the categories of "Order" and "Conflict" accounted for greater than 50% of the total number of articles classified.

Table 4 reports the cross-classification of A.J.C.P. primary prevention program evaluation and instrument development studies with Variable 2, impact system. The results of the J.C.P. and the C.M.H.J. pertaining to impact system were not analyzed because the frequencies in each of the community

Table 3

Classifications per Major
Focus Category and Subcategory
- A.J.C.P. (1973-1978)

Category/ Subcategory	Frequency	Percentage	Percentage Total
A: Order			
1) Discussion	20	8.5	
2) Evaluation	45	19.1	
3) Instrument	15	6.3	33.9
B: Conflict			
4) Discussion	21	8.9	
5) Evaluation	27	11.4	
6) Instrument	8	3.4	23.7
C: Treatment			
7) Discussion	9	3.8	
8) Evaluation	20	8.5	
9) Instrument	6	2.5	14.8
D:10) Distribution	30	12.7	12.7
E:11) Professions	28	11.9	11.9
F:12) Other	7	3.0	3.0
Total	236	100.0	100.0

development, education, and mental health cells were too small. A larger sample is necessary before cross-classification of primary prevention studies with Variable 2, impact system, facilitates description. With respect to the A.J.C.P. the results of this cross-classification were interesting. As Table 4 illustrates, relatively comparable proportions of primary prevention program evaluation and instrument development studies were directed at community development (26.6%), education (34.0%), and mental health (39.4%) problems. Of those studies which exemplified the "Order" criterion, approximately equal proportions were aimed at education (26.6%) and mental health (23.4%) problems, while approximately half as many articles were aimed at community development studies (13.8%). In contrast, approximately equal proportions of those studies which exemplified conflict primary prevention were targeted at mental health (16%) and community development (12.8%) problems, while approximately half as many articles were targeted at educational (7.4%) problems.

Characteristics of the Journal of Community Psychology

The findings reported in Table 5 pertain to the frequency and percentage of 1976 J.C.P. articles which were classified in each content analysis category and subcategory of Variable 1. As is indicated, the percentages of articles in major focus categories other than primary prevention were distributed relatively unevenly. Treatment studies accounted for 28% of the articles in this journal, while distribution studies and professional issues accounted for 17% and 6%,

Table 4

Impact System Classifications

- A.J.C.P. (1973-1978)^a

Category/ Subcategory	Impact System						Total	
	Community Development		Education		Mental Health			
	N	%	N	%	N	%	N	%
A: Order								
2) Evaluation	6	6.4	21	22.3	18	19.1	45	47.9
3) Instrument	7	7.4	4	4.3	4	4.3	15	16.0
Subtotal	13	13.8	25	26.6	22	23.4	60	63.9
B: Conflict								
4) Evaluation	9	9.6	5	5.3	12	12.8	26	27.7
5) Instrument	3	3.2	2	2.1	3	3.2	8	8.5
Subtotal	12	12.8	7	7.4	15	16.0	34	36.2
Total	25	26.6	32	34.0	37	39.4	94	100.0

^aexcluded is one conflict-evaluation study which could not be classified according to impact system

Table 5

Classifications per Major Focus

Category and Subcategory -

J.C.P. (1976)

Category/ Subcategory	Frequency	Percentage	Percentage Total
A: Order			
1) Discussion	6	13.0	
2) Evaluation	4	8.7	
3) Instrument	4	8.7	30.4
B: Conflict			
4) Discussion	2	4.3	
5) Evaluation	5	10.9	
6) Instrument	1	2.2	17.4
C: Treatment			
7) Discussion	2	4.3	
8) Evaluation	11	23.9	
9) Instrument	0	0	28.2
D:10) Distribution	8	17.4	17.4
E:11) Professions	3	6.5	6.5
F:12) Other	0	0	0
Total	46	100.0	100.0

respectively. Also note that within each of the categories of "Conflict" and "Treatment", program evaluation studies were more numerous than discussion or instrument development studies, whereas within the category of "Order", the percentages of articles in these three subcategories were comparable. Finally, in this journal the categories of "Order" and "Treatment" accounted for greater than 50% of the total number of studies classified.

Characteristics of the Community Mental Health Journal

Table 6 reports the frequency and percentage of 1966 and 1976 C.M.H.J. articles which were classified in each content analysis category and subcategory of Variable 1. The raw data (per year) from which these figures were derived is included in Appendix D.

These results indicate that the percentages of articles in major focus categories other than primary prevention were distributed relatively unevenly. Treatment studies accounted for 29% of the articles while professional issues and distribution studies accounted for 17% and 8%, respectively. Also note that within each of the categories of "Order and "Conflict", discussion studies were more numerous than program evaluation or instrument development studies, whereas within the category of "Treatment", the percentages of discussion and program evaluation studies were comparable and few articles focused on instrument development. Finally, in this journal the categories of "Order" and "Treatment" accounted for greater

Table 6

Classifications per Major Focus
 Category and Subcategory - C.M.H.J.
 (1966, 1976)

Category/ Subcategory	Frequency	Percentage	Percentage Total
A: Order			
1) Discussion	21	21.0	
2) Evaluation	5	5.0	
3) Instrument	1	1.0	27.0
B: Conflict			
4) Discussion	14	14.0	
5) Evaluation	3	3.0	
6) Instrument	0	0	17.0
C: Treatment			
7) Discussion	12	12.0	
8) Evaluation	14	14.0	
9) Instrument	3	3.0	29.0
D:10) Distribution	8	8.0	8.0
E:11) Professions	17	17.0	17.0
F:12) Other	2	2.0	2.0
Total	100	100.0	100.0

than 50% of the total number of articles classified.

Discussion

One dominant theme becomes readily apparent; the findings of the present research contradict commonly held beliefs that there "isn't much primary prevention research going on." The results suggest that approximately 50% of the community psychology and community mental health research literature focuses on some aspect of primary prevention. ✓

It is important to note that the criteria of primary prevention research used in this thesis are not comparable to Golann's (1969) criterion of "pertaining to concepts of or programs for, primary prevention of emotional problems, mental illness (attempts to reduce the number of new cases)" (p. 181) or Cowen's (1973) criterion of titles of articles. The present study used criteria of primary prevention research which emphasized two ways of conceptualizing the process of lowering the incidence of mental illness. The relationship between either of the previous criteria and the criteria used in this research is unknown. Secondly, no portion of the sample employed in this thesis can be assumed to be comparable to Golann's (1969) sample of community mental health literature derived from a wide variety of sources. Although the sample employed in this thesis included a 1960's volume of the Community Mental Health Journal, the comparability of this journal to Golann's sample is unknown. Thus, the results of this thesis can only be compared with the results of Cowen's (1973) study of the 1965-1971 volumes of the C.M.H.J. ✓

Cowen's (1973) results of the 1965-1971 volumes of the C.M.H.J. indicated that 3% of the articles pertained to primary prevention; the present results of the 1966 volume of the same journal indicate that 41% of the articles pertain to primary prevention. Assuming for the purposes of this discussion the comparability of Golann's (1969) sample and the C.M.H.J., Golann (1969) employing a criterion different from Cowen's (1973) found that 2%-7% of the literature pertained to primary prevention. Thus, the discrepancy between the results of previous studies and the results of this thesis is striking. How could such a discrepancy be accounted for?

This thesis argues that compared to the criteria used in previous studies, the criteria of primary prevention research used in the present study is (a) less prone to analytical bias and, (b) more comprehensive. With respect to the first point, one of two systematic types of beliefs, conceptualizations, or ideologies are argued to be inextricably linked to attempts to reduce the incidence of mental illness in a community or, in other words, attempts to prevent future mental illness. Briefly, one school of thought formulates research based on the belief that personal adaptation or coping will prevent future mental illness, whereas, another formulates research based on the belief that social system adaptation or structural change which enhances individual growth and development will prevent future mental illness. Thus, by explicating the divergent values associated with the abstract concept of primary prevention a more rigorous and less subjective classification of the research which results

from each school of thought is argued to be possible.

The criteria used in this thesis is also argued to be more comprehensive than earlier criteria. As a result of the above noted explication of the differing conceptualization of primary prevention, studies which are a necessary contribution to or an integral component of each type of research tradition can be recognized. For example, studies which deal with the nature of the training required for paraprofessionals (to effectively impact on the coping abilities of the target population and thereby prevent future mental illness) can be recognized as a necessary and integral facet of order primary prevention research, even when the focus on the target population was an underlying theme rather than the specific research topic of the article. Similarly, studies which deal with the relationship between decision-making and mental health, or classroom conditions and creativity can be recognized as a necessary and integral facet of the conflict primary prevention research tradition which attempts to adapt social structures so that the growth and development of individuals is promoted (and future mental illness is prevented). Thus, the criteria of primary prevention research used in this thesis is argued to be more comprehensive than previous criteria because the interrelationship between specific research topics and the general problem areas of order and conflict primary prevention is clarified. In short, this thesis accounts for the striking discrepancy between the results of previous studies and the present results in terms of the rigorous and

comprehensive criteria of primary prevention which is employed.

The results of this thesis indicate that the discrepancy between the promise and practice of community psychology is much smaller than would have been previously suspected. The content analysis instrument proved to be a highly reliable instrument for assessing scholarly trends (Appendix B) and indicated that there is a sizeable emphasis on primary prevention research. Indeed, while not all of the research in community psychology focuses on primary prevention, according to a longitudinal analysis of the American Journal of Community Psychology and an analysis of the 1976 volume of the Journal of Community Psychology, it appears that the profession has realized its 1960's commitment to this substantive area. Approximately 58% of the articles published in the A.J.C.P. from the first 1973 volume to the 1978 volume and 48% of the articles published in the 1976 volume of the J.C.P. focused on some aspect of primary prevention. Thus, there appears to be some degree of consistency between the intentions of the emerging community psychology in the 1960's and its behavior up to its present stage of professional development.

How do these results compare with the results pertaining to the Community Mental Health Journal. In the 1966 and 1976 volumes of the C.M.H.J. approximately 45% of the articles dealt with some aspect of primary prevention. Given that this journal reflects the research orientation of the interdisciplinary area of community mental health, these results indicate

that community psychology and community mental health place a comparable overall emphasis on primary prevention. In retrospect, perhaps this result is logical since the factors influencing community psychology's emphasis on primary prevention--the magnitude of the mental health problem, the manpower limitations, the success of public health, and the availability of financial support--were undoubtedly important influences on all mental health professions and personnel therein.

The results pertaining to the distribution of the two orientations to primary prevention suggest that in addition to overall comparable emphases, community psychology and community mental health are also comparable in terms of the emphasis placed on each ideal type. In the community psychology journals the order perspective is represented in about 30% of the articles, while the conflict perspective is represented in about 20%. Similar percentages of "Order" and "Conflict" are also found in the C.M.H.J. (Table 1). These findings again support the idea that different professional groups are influenced by powerful factors which are not unique to any one group concerned with community mental health issues.

It should be noted that, contrary to popular belief, the 3:2 proportion of "Order" and "Conflict" suggest the viability of each perspective. Bower (1963) observed that a frequent criticism of what this thesis refers to as conflict primary prevention is that "little can be accomplished short of major social overhaul." These results suggest that in both community psychology and community mental health research

attempts are being made to prevent future mental illness from both the conflict and the order perspective. The results pertaining to variable 2, impact system, also suggest that each perspective is relatively versatile. In the A.J.C.P., problems located in community development, education, and mental health systems are investigated from both perspectives. Thus, it appears that both conflict and order orientations to primary prevention are viable research alternatives in community psychology and community mental health.

However, it is also interesting to note that while both community psychology and community mental health place comparable overall and ideological emphases on primary prevention research, this emphasis is manifested in different structural forms or scientific modalities. For example, whereas approximately 80% of the C.M.H.J. primary prevention articles are studies which discuss or describe programs or concepts, less than 40% of the primary prevention articles in the community psychology journals are discussion studies. Obversely, the community psychology journals place a relatively greater emphasis than the C.M.H.J. on primary prevention program evaluation and instrument development studies (Table 2). These results appear to suggest that while community psychology and community mental health share overall and ideological commonalities in their emphases of primary prevention, they diverge in their scientific expression of these commonalities. Perhaps in keeping with tradition, community psychology appears to favor the experimentalist's orientation to primary prevention

and community mental health appears to favor the practitioner's orientation.

Finally, the findings pertaining to the distribution of the results along all of the major focus categories indicate that, compared to the C.M.H.J., each of the community psychology journals display certain unique characteristics. The A.J.C.P. (1973-1978) places the greatest emphasis on primary prevention in that "Order" and "Conflict" studies comprise over 50% of the articles published. In contrast, over 50% of the articles published in the J.C.P. (1976) and the C.M.H.J. (1966, 1976) focus on "Order" and "Treatment" studies. Thus, the A.J.C.P. emphasizes "Conflict" studies, while the J.C.P. and the C.M.H.J. emphasize "Treatment" studies. A comparison of each journal along the remaining major focus categories indicates that relatively less emphasis is placed on "Professional Issues" in the J.C.P., while in the C.M.H.J. relatively less emphasis is placed on demographic studies (Tables 3, 5, 6).

Summary and Conclusions

This thesis has examined three interrelated problems. The first involves the difficulty of conceptually and operationally defining the term primary prevention. The second involves the extent of primary prevention research in community psychology; many believed that the specialty area of psychology had not fulfilled its 1960's intention to contribute to attempts to lower the incidence of mental illness. The third, investigated for comparative purposes, involves the extent of primary prevention research in community mental health.

Primary prevention was defined as involving the two aspects of "Order" and "Conflict". Order primary prevention was defined as that which hopes to prevent future mental illness through an emphasis on the adaptation of high risk or early symptomatic individuals and the acceptance of social system limitations. Conflict primary prevention was defined as that which hopes to prevent future mental illness through an emphasis on the changing of social system limitations and the health promotion of individuals.

The methodology used in this thesis involved an article-by-article, theoretically-oriented content analysis. The research orientation of the specialty area of community psychology was operationalized as articles published in the American Journal of Community Psychology (1973-1978) and the Journal of Community Psychology (1976). The research orientation of the interdisciplinary area of community mental health was operationalized as articles published in the Community

Mental Health Journal (1966, 1976).

The results of this thesis indicated that:

- 1) approximately 50% of the community psychology research focused on some aspect of primary prevention,
- 2) approximately 50% of the community mental health research focused on some aspect of primary prevention,
- 3) the proportion of "Order" and "Conflict" primary prevention was approximately 3:2 in both the community psychology and community mental health research,
- 4) the majority of the primary prevention research in community psychology was more empirical than the majority of the primary prevention research in community mental health.

In conclusion, an interpretation of the usually implicit assumptions which underlined categories of thought about primary prevention allowed for a systematic overview of a diverse body of relevant literature. Results suggested that community psychology's emphasis on primary prevention research is much larger than previously suspected. One limitation of this thesis is that the type of research rejected or not submitted for publication is unknown. Thus the question of the degree to which the journals considered "lead or reflect" the community of scholars was not considered. The relationship between published and unpublished research may be interesting and needs to be studied. A second limitation of this thesis is that a small sample of the C.M.H.J. was assumed to represent the interdisciplinary area of community mental health. The relationship between this indicator of the research orientation of community mental health and other indicators is unknown. The determination of the most appropriate

indicator deserves further study. A further limitation of this thesis is that numerous other attempts to struggle with many of the theoretical issues touched upon here could not be integrated. Given that "there is no such thing as non-conceptualization....one either conceptualizes planfully or by default", the role of theory is crucial and further extensive analysis are required for clarification of the substantive area of primary prevention (Cowen, 1973, p. 429).

Finally, this thesis argues that primary prevention has a bimodal composition which in Kuhn's (1970) terms represent diametrically opposed paradigms based in differing metaphysical, value, and ideological presuppositions. As such, "debates over theory choice cannot be cast in a form that fully resembles logical or mathematical proof...debate is about premises, and its recourse is to persuasion as a prelude to the possibility of proof" (p. 199). Hopefully, this study will prove fruitful for discussion and "persuasion" among the many researchers, practitioners, and funding organizations attempting to lower the incidence of mental disorder.

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APPENDICES

Appendix A

Number of Articles Classified

Per Journal Per Year

Journal	Year	Number of Articles	Total
<u>American Journal of Community Psychology</u>	1973	31	
	1974	37	
	1975	34	
	1976	37	
	1977	43	
	1978	54	236
<u>Journal of Community Psychology</u>	1976	46	46
<u>Community Mental Health Journal</u>	1966	51	
	1976	49	100
Total			382

Appendix B

Reliability of Classifications
per Journal

Category/ Subcategory	A.J.C.P. (1973-1978)	J.C.P. ^a (1976)	C.M.H.J. (1966, 1976)
A: Order			
1) Discussion	94.4	80.0	80.0
2) Evaluation	86.1	90.0	86.7
3) Instrument	94.4	90.0	93.4
B: Conflict			
4) Discussion	86.1	90.0	93.4
5) Evaluation	91.7	90.0	86.7
6) Instrument	97.2	100.0	100.0
C: Treatment			
7) Discussion	91.7	100.0	93.4
8) Evaluation	94.4	80.0	93.4
9) Instrument	97.2	100.0	86.7
D:10) Distributions	97.2	90.0	80.0
E:11) Professions	94.4	90.0	93.4
F:12) Other	97.2	100.0	86.7
Total	93.5	91.7	89.5

^a10 articles or approximately 20% of the articles
in this journal were classified by both judges.

Appendix C

Frequency of Major Focus Classifications
per Year - A.J.C.P.

Category/ Subcategory	1973	1974	1975	1976	1977	1978	Total
<hr/>							
A: Order							
1) Discussion	3	5	4	2	2	4	20
2) Evaluation	10	5	9	7	7	7	45
3) Instrument	2	2	6	2	0	3	15
B: Conflict							
4) Discussion	3	3	3	4	6	2	21
5) Evaluation	1	4	3	5	6	8	27
6) Instrument	2	2	0	1	3	0	8
C: Treatment							
7) Discussion	1	1	0	5	0	2	9
8) Evaluation	2	6	2	1	2	7	20
9) Instrument	0	0	1	1	1	3	6
D:10) Distributions	3	4	2	3	8	10	30
E:11) Professions	4	4	2	6	6	6	28
F:12) Other	0	1	2	0	2	2	7
Total	31	37	34	37	43	53	236

Appendix D

Frequency of Major Focus
Classifications per Year -

C.M.H.J.

Category/ Subcategory	Year		Total
	1966	1976	
A: Order			
1) Discussion	12	9	21
2) Evaluation	1	4	5
3) Instrument	0	1	1
B: Conflict			
4) Discussion	6	8	14
5) Evaluation	2	1	3
6) Instrument	0	0	0
C: Treatment			
7) Discussion	6	6	12
8) Evaluation	4	10	14
9) Instrument	0	3	3
D:10) Distributions	6	2	8
E:11) Professions	12	5	17
F:12) Other	2	0	2
Total	51	49	100