CHAPTER IV

METHODOLOGY

For my quantitative survey, the core of my research, I developed a new assessment tool that measures subjective indicators of one's social standing or rank. I then compared the various dimensions of rank to Antonovsky's Sense of Coherence (SOC) which has been established as an indirect variable of good health (Antonovsky, 1971, 1979, 1986, 1993). For its measurement he designed a questionnaire (see appendix A part II), which is presently getting a lot of attention in psychosomatic medicine and has already been used and validated in many languages (Lamprecht & Johnen, 1997).

In studying material and non-materially based factors of personal empowerment and how they affect our ability to stay healthy, I intend to deepen the research of the social dimension of health. My study explores the experience of rank and its effect on self-rated health. Our particular social characteristics, e.g. race, gender, age, sexual orientation, health, and physical attributes, provide us with a set of social rank and privileges. Our personal history and psychology, the way we have learnt to deal with them, e.g. to master discriminatory group values, and the way we have been able to confront life challenges, e.g. stressful or traumatic life events, will influence the sum of our rank and privileges. In addition to the external characteristics, some researchers have been studying intrapersonal and interpersonal coping attributes, e.g., personality dispositions like

hardiness[1], sense of control[2], resilience, optimism and group attributes like structural or functional social support. The expanded concept of rank (Mindell 1995) has the advantage of including the various aspects into a single framework. Antonovsky's SOC construct (1979, 1987) describes a learned coping characteristic, a basic trust that life in general is meaningful, manageable and comprehensible. This concept matches with Mindell's notion of psychological rank (1995). Both describe resources for dealing with adversarial circumstances in life. Antonovsky further inferred that his SOC construct showed lower scores in socially disadvantaged groups. As I have demonstrated in earlier chapters, one's actual social place is in itself a variable that influences our health. The concept of rank adds a new dimension to Antonovsky's notion of Salutogenesis and reinforces the social patterning of health.

Hypotheses and Exploratory Questions

The basic hypotheses that I meant to address with my questionnaire survey were:

1. There is a correlation between one's perception of one's overall rank in society and one's ability to stay healthy. My questionnaire of perceived rank will therefore differentiate between people that experience themselves as sick or as healthy.
2. The dimension of perceived rank is a more effective measurement tool than Antonovsky's sense of coherence and will be more sensitive in predicting health than the sense of coherence scale.

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[1] Hardiness includes three primary components: (1) a sense of control over one's life, (2) commitment in terms of the meaning ascribed to one's life, and (3) an openness to viewing change as challenge (Kobasa, 1979).

[2] Comprised of personal mastery and perceived constraints or competence and contingency (Lachman & Weaver, 1998).

3. The dimension of perceived rank will be more sensitive in predicting health than objective measures of social status.

The specific questions on which my survey is based are: In what ways is rank[3] a prerequisite for salutogenesis or our ability to stay healthy? In what ways does rank influence our ability to cope with stress and how does our perception of our social identities in the areas of socio-cultural comparison relate to our health? Another purpose is to contribute with an answer to the question of why some people with low social status are healthy and some people with high status not. Further exploratory questions were: Are there specific sub-dimensions of rank that are more salient in their influence on health? Which variables best discriminate between the two extreme groups? By comparing the respondents' perception of societal values with their own values I plan to study the importance of internalizing exterior values into individuals' self-concept. If there are notable differences between the personal experience and the outwardly projected valuation of the respondents' group membership I will also be able to study which experience is more salient in regard to health outcomes. I also studied the relationship between the participants' self-concepts (e.g. independent versus interdependent) and their rank, and the relationship between self-esteem, rank, and health. By studying the various sub-groups with respect to gender, age, sexual orientation, and class I explored the question of how salient marginalized group membership is in regard to stress load and health outcome.

[3] As defined earlier.

Design

For the purpose of my study, I developed a new measure of subjective social status and rank on the basis of Mindell's rank concept (1995) and my own ideas (see appendix A part I) that I compared with Antonovsky's SOC construct (see appendix A part II). The measures are based on a series of seven-point continuous bipolar scales with two anchoring phrases or adjectives (Osgood, Suci, & Tannenbaum 1957) to obtain ratings from the respondents on the various sub-dimensions of self-rated health, rank, and sense of coherence. My questionnaire is composed of three parts. The first part constitutes 34 items assessing self-rated health and subjective rank. The second part is made up of Antonovsky's short version of his SOC scale that consists of 13 items (Antonovsky & Sagy, 1986; Antonovsky, 1993; Noack, Bachmann, & Oliveri 1991). The third part consists of 15 items asking social and demographic information i.e., age, sex, ethnicity, sexual orientation and questions on past medical history of doctor-diagnosed illness.

Instrument

I compiled individual questions of my survey instrument to compose an index of self-rated health, an index of objective social status, various indices of subjective rank, an index assessing the respondents' self concepts, and a SOC index.

Self-rated Health

Perceived health was measured with five items. The first item assessed general perceived health, the second item the occurrence of health problems within the last 6 months, and items 3-5 the evaluation of health distress (Farmer & Ferraro 1997) within the last 6

months in form of worries, feelings of stress, and a sense of being relaxed or tense. The health items 2, 3, 4, and 5 were reversed with high scores reflecting bad health. I added the 5 items of self-rated health together and took their mean to create the index of mean self reported health.

Objective Social Status

Education was measured by highest level achieved and was coded into 6 categories: 1) some high-school; 2) high school graduate or GED; 3) some college or university; 4) associate degree or technical school graduate; 5) college graduate; and 6) graduate or professional degree. Occupation was coded into 5 categories: 1) higher grade professional; 2) lower grade professional; 3) skilled manual or non-manual worker; 4) partly skilled worker; and 5) unskilled worker. Income was coded into 6 categories: 1) $ 10,000 or less; 2) $ 10,001-20,000; 3) $20,001-35,000; 4) $35,001-50,000; 5) $ 50,001-100,000; and 6) $100,000 or more. A composite measure of education, income, and occupation was created by standardizing each variable and taking the mean. Respondents who were not engaged in paid employment, including those who identified themselves as students ($\underline{n}$ = 4, 3%), homemakers ($\underline{n}$ = 2, 1,5%), unemployed ($\underline{n}$ = 5, 3,8%), retired ($\underline{n}$ = 11, 8,3%), and unable to work ($\underline{n}$ = 6, 4,5%), were not given a value for occupation. Therefore, their objective SES score was based solely on income and education.

Subjective Rank

The index of perceived value of psychological rank (PR) and social rank (SR) was assessed with 28 items.

Two items measured the evaluation of social support. Question 6 (PR): “Concerning support by family, friends, or community, do you feel that you have no support at all?” And question 7 (PR):“ Think of the people to whom you feel closest, how often do you feel that they are a source of nurturing and love?” One item assessed the respondents’ general sense of life satisfaction (question 8)*:* “When you think about your life, do you ever have the feeling that ‘Life’ is hostile and doesn’t support you?” (PR) One item (question 9) measured the ability to relate and communicate: “How free do you feel to relate to people ?”(PR) Another two items (question 10 and 11) asked the subjects’ evaluation of their rank in regard to their communications style (SR see below). One item (question12) asked for feelings of being limited by one’s current social status: “Do you feel that your current social status limits the way you would like to live?” (PR) One item (question 13) measured the satisfaction with one’s main occupation in life: “Do you ever feel that your main occupation in life (e.g. job/care of the family) is a constant source of worry and frustration?” (PR) One item (question 14) the ability to solve conflicts: “When you think of relationship conflicts, do you ever think that you won’t solve the conflict?” (PR) Two items (question 15 and 16) asked for the ability to handle strong feelings: “Do you ever have strong feelings or moods that seriously interfere with your work or your family life?” (PR) and: “In general how comfortable do you feel with your strong feelings?” (PR) Question 17 reads: “To what extent do you feel you understand yourself (your strength, weakness ,values etc.)?” (PR) and question 20: “Challenged with difficult life events, do you ever have the feeling that you can’t overcome them?” (PR) Question 33 measured the subjects self-esteem: “In general how good do you feel about yourself?” (PR)

The following section of questions assessed the subjects' evaluation of their position and the subjects' perceived outer societal evaluation of their position in the various areas of socio-cultural comparison.

The social rank aspect of communication style was addressed with two questions: question 10: "How comfortable do you feel with the way you behave and express yourself in a group?" (SR) and question 11: "Do you feel 'society' values the way you behave and express yourself in a group?" (SR) The variable age was assessed with two questions. Question 19 reads: "To what extent do you value your age?" (SR) and question 18: "To what extent do you feel 'society' values your age?" (SR) Gender and ethnicity were each assessed with two questions. Question 21: "In general to what extent do you feel your gender empowers you?" (SR) Question 22: "To what extent do you feel 'society' values your gender?" (SR) Question 23: "In general to what extent do you feel your ethnic identity empowers you?" (SR) Question 24: "To what extent do you feel 'society' values your ethnic identity?" (SR) Two questions addressed the variable sexual orientation. Question 29: "How comfortable are you in regard to your sexual orientation?" (SR) Question 30: "To what extent do you feel 'society' values your sexual orientation?" (SR) Two questions asked for religious and spiritual beliefs. Question 28: "To what extent do you believe your religious or spiritual beliefs strengthen you?" (SR) Question 27: "To what extent do you feel 'society' values your religious and spiritual beliefs?" (SR) Two questions asked about the respondents group membership. Question 32: "To what extent do you feel good about the social groups you belong to?" (SR) Question 31: "To what extent do you feel 'society' respects the social groups you are a

member of?" (SR) I included two questions about physical appearance (question 25 and 26) as one aspect of one's social rank: "To what extent do you feel that your appearance gives you self-confidence?" (SR) and: "To what extent do you feel 'society' values your appearance?" (SR)

The broad operational definition of the construct rank led to the inclusion of these somehow disparate items. The rank items 6, 8, 12, 13, 14, 15, and 20 were reversed with high scores reflecting low status. I added the 28 items of self-rated subjective rank together and took their mean to create the measure of subjective rank.

Externalized Social Rank

Some questions of the subjective rank scale address the respondent's own estimation of their social status, other questions the appreciation of society's perception of their social standing. I added the 8 items asking for the respondents' appreciation of society's view of their rank (11, 18, 22, 24, 26, 27, 30, and 31) together and took their mean to form a subscale of externalized social rank.

Internalized Social Rank

From the subjective rank scale I added the 8 items asking for the respondents own evaluation of their social rank (10, 19, 21, 23, 25, 28, 29, and 32) together and took their mean to form a subscale of internalized social rank.

Psychological Rank

I added the 12 items focusing on the respondents' psychological rank (6, 7, 8, 9, 12, 13, 14, 15, 16, 17, 20, and 33) together and took their mean to form a subscale of psychological rank.

Marginality

From the indexes of internalized social rank (10, 19, 21, 25, 28, 29, and 32) and externalized social rank (11, 18, 22, 26, 27, and 31) I constructed an index of social marginality. The greater the discrepancy between both indexes (subjective social rank and projected outer view of social rank) the more marginal a subject was. I computed the marginality index by subtracting externalized social rank from internalized social rank and taking the absolute numbers of this sum.

Sense of Coherence

The measure sense of coherence was assessed with Antonovsky's (1987) 13 items questionnaire (short version). The SOC items 1, 2, 3, 7, and 10, were reversed with high scores reflecting low sense of coherence. I added the 13 items of SOC together and took their mean to create the sense of coherence index.

Self Concept

From the perceived importance of values (question 34) regarding personal abilities, inner strength, and feeling of independence I created the index of independent self. From the values reflecting feelings of connectedness, care for others, community, family, and

friendships I formed the index of interdependent self. I assigned the answer "very important" the value 2, the answer "important" the value 1, and the answer "not important" the value 0. I added the individual values together and took their mean to form the indexes of independent and interdependent self.

Study Participants

After developing the questionnaire I pilot-tested it several times with the following groups: participants of Process Work and Union Seminars, and friends from minority groups. Based on their comments which mainly addressed the questions clarity I revised the questionnaire to its actual form. The first sample consisted of all former U. S. participants of process-oriented chronic body symptom management seminars (Lava Rock Seminars) in Yachats, Oregon of the years 1992 - 2000 (Schwarz 1993). I conducted the survey in October 2000 and mailed 576 questionnaires. From the 576 participants 136 respondents returned the questionnaire. Of these, three questionnaires were either incomplete, blank or otherwise unusable. I ended up including 133 questionnaires in the analysis. This corresponds to a response rate of 24% for returned surveys and 23% for completed surveys.

The second sample consisted of all former European participants of process-oriented chronic body symptom management seminars (Lava Rock Seminars) in Basel, Switzerland of the years 1996 - 2000. Using a German translation I conducted the survey in January 2001 and mailed 183 questionnaires. From the 183 participants 60 respondents returned the questionnaire. Of these, one questionnaire was incomplete. I ended up

including 59 questionnaires in the analysis. This corresponds to a response rate of 33% for returned surveys and 32% for completed surveys. Because of the anonymity of the survey I am unable to state any differences between responders and non-responders.

Because of their twofold goals – namely teaching of psychotherapeutic skills and psychological work on chronic symptoms – these seminars attract two groups of people: healthy people interested in training, and people with serious diseases. I therefore anticipated getting a variety of responses in respect to the health characteristics I am studying. On the other hand, the majority of the seminar participants are well educated, middle class, white Americans or Europeans.

After the responses from the two samples were tabulated, the questionnaires were divided into two groups. I used the means of the measures of objective social status, rank, and SOC to split the respondents into these two groups (medium split) and observed if the two groups differed in their health perception. I compared these two extreme-groups for establishing the construct validity of my hypothesis.

Ethical Treatment of Human Subjects

Following Emanuel, Wendler, & Grady (2000) I observed the current standards for ethical clinical research. My ethical guidelines aimed at fulfilling the 7 requirements proposed by the authors: (1) value-enhancement of health or knowledge; (2) scientific validity and methodological rigor; (3) fair subject selection; (4) favorable risk-benefit ratio; (5) independent review; (6) informed consent; and (7) respect for enrolled subjects

and their privacy. The subjects were informed (see Appendix A part III) about the research and that the study was aimed to enhance knowledge about factors influencing health. They provided their voluntary consent by returning the questionnaire and their privacy was protected by the questionnaire being anonymous. Participants were told that there was no risk involved in their participation and that they had no opportunity to withdraw after returning the questionnaire.