

Social Setting Interventions and Primary Prevention: Comments on the Report of the Task Panel on Prevention to the President's Commission on Mental Health¹

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The Task Panel on Prevention of the President's Commission on Mental Health influenced the President's Commission to make a strong recommendation in support of primary prevention activities in mental health. The present article offers a critique of the "new paradigm" the Task Panel advocated for prevention in mental health, focusing on the Task Panel's assumptions regarding the generalization of the effects of various interventions in time and across situations. Alternative directions are proposed based on: (a) a more thorough understanding of environmental settings, in terms of processes such as behavior-environment congruence and the development of setting taxonomies; and (b) attention to the importance of person-environment fit and the implications of this process for person-centered competence-building approaches. These new directions are offered as heuristic alternatives to the Task Panel proposals.

The President's Commission on Mental Health (1978) echoed the views of its Task Panel on Prevention in recommending that a Center focused on primary prevention be established within the National Institute of Mental Health and eventually allocated no less than 10% of the NIMH budget for research, training, and clinical demonstration (p. 54). Composed of some of the nation's leading experts on prevention, the Task Panel on Prevention (1978) presented the case for primary prevention not only in terms of the common sense notion that an

¹ A briefer version of this paper was presented as part of a symposium on the Report of the Task Panel on Prevention at the Eastern Psychological Association Convention, Philadelphia, April 1979.

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ounce of prevention is worth a pound of cure, but also on the merits of the existing theoretical and empirical literature relevant to primary prevention.

The Task Panel Report is essentially an advocate's brief for a position. It is in part a political document, intended to influence the citizens and professionals on the President's Commission and eventually the Congress. As a political document, the Report capitalizes on the ideological appeal of prevention. However, its statements also constitute public policy recommendations deriving from an empirical and scientific base. Although the Report did not present an exhaustive and critical literature survey, we may assume that the Panel of experts was thoroughly cognizant of the nature of the literature and well able to appreciate its theoretical and methodological limitations. But even if we assume that the research they cited was sufficiently convincing from a methodological viewpoint, and has been independently replicated, it is still useful to examine whether the implications drawn from it by the Task Panel are necessarily valid.

We do not advocate that social scientists make policy recommendations only when they have unambiguous findings derived from unimpeachable methods. However, the history of human services is littered with programs which began by overpromising their benefits and later collapsed amid public disillusionment when the overpromise was not fulfilled (Levine & Levine, 1975). The antipoverty program did not wipe out poverty in 10 years, as one of its enthusiastic directors once claimed it would, but neither is it a total failure unless judged against that impossible standard (Sarason, 1978).

Even though it is exciting and advantageous to hold out a bold vision for the future, we are obliged to promise or to contract for that which can be delivered given a reasonable level of resources, and a reasonable amount of time. In point of fact, the Task Panel's recommendations are modest, and relate to a tooling up rather than an operational phase. We need only note that the recommendations are fully appropriate in view of the underdeveloped state of the art.

Beyond the modest recommendations, the Task Panel contemplated the prospects for primary prevention and outlined, if not a program, then at least some clear endorsements for feasible and promising approaches. A key assertion in its Report is that prevention in mental health requires a new paradigm. By this it means that prevention in health care has followed the medical paradigm of identifying a specific disorder, tracing its basic "cause," and then acting in relation to the known cause to prevent the appearance of the specific disorder. The Panel retains the aim of reducing the incidence of disorder, but argues that in mental health it is usually not possible to relate a specific causal mechanism to a specific disorder:

This new paradigm begins by recognizing the futility of searching for a unique cause for every disorder. It accepts the likelihood that many disorders can come about as a consequence of any of a variety of causes. (p. 1847)

It further asserts that

Successful efforts at the prevention of a vast array of disorders (particularly emotional disorders) can take place without a theory of disorder specific causative mechanisms. (p. 1847)

This argument has merit as far as it goes, but it falls short of providing the specific conceptual handles so important to intervention and research. For example, one problem left unsolved is the identification of disorder. Within the new paradigm, it is extraordinarily difficult to identify exactly what is to be prevented.

At a minimum, the Task Panel indicates that preventive efforts ought to be directed toward reducing the incidence of those disorders listed in the current diagnostic and statistical manual. It accepts that some specific conditions may have distinctive biological bases and that these may be treated or prevented by measures directed toward the known causes of the disorders. For example, the Panel is fully supportive of genetic counseling for such clearly hereditary conditions as phenylketonuria and Huntington's chorea. It also recognizes that there may be disorders based on nutritional deficiencies.³ The Panel is fully in favor of taking whatever preventive measures are reasonable within the current state of knowledge and the medical paradigm to reduce the incidence of identifiable disorders.

The Task Panel breaks new ground, however, in its emphasis on the Life Stress model as the key to preventive efforts (Dohrenwend 1978; Dohrenwend & Dohrenwend, 1974). It seems to accept a theory that life events generate nonspecific stresses which in turn are related to a variety of poorly predictable outcomes. The specific outcomes are poorly predictable because they depend on complex interactions involving the particular individual exposed to stress and the variety of social supports which mitigate the adverse effects of stress. In general, the Panel accepts the hypothesis that adverse reactions to stressful life events are related to subsequent disorders. We will pass over the point that the evidence on this score is weak (Rabkin & Struening, 1976), even if reasonable, and instead note the lack of any theoretical connection between the occurrence of a stressful life event and the likelihood of psychological dysfunction in any given individual.

Under the new paradigm, the Task Panel proposes a twofold attack on the problem of prevention. The first calls for a strengthening of the person. Strength-

³Interestingly, the Task Panel says nothing about environmental pollution as a source of childhood and adult disorders of a variety of kinds. The manmade disaster in the Love Canal community in Niagara Falls, New York, had not yet made the news, and its implications for community welfare, children's psychological and physical development, and stress on families had not yet impinged on our professional or our national consciousness. The omission of environmental pollution reminds us again that social science research is not always at the forefront of social change.

ening is to be accomplished by teaching a variety of coping skills which will reduce the severity of the emotional reaction, or the disorganization stemming from it, whenever the individual is exposed to life events which challenge his or her capacity to deal with them. As presented, this approach is entirely person-centered in its focus – that is, psychological strength or competence is developed independent of actual or anticipated environmental conditions and life stresses in the individual's experience.

The other mode of attack foresees modification of social systems ranging from the mother-child dyad to macrosystems which promote racism, sexism, ageism, inequality of opportunity, maladaptive life styles, and other social problems. This second approach is reviewed separately from the competence-building strategy, as though there is no conceptual basis on which to link them. There is also little attention devoted to identifying *processes* that mediate the interaction of individuals with environments, phenomena which are of central importance to the development and application of preventive interventions. As advocated by the Task Panel, social setting intervention is based on the premise that temporary emotional states, and behavior exhibited in a given setting, are crucial for later positive or negative development. The Panel does not analyze the response potentials in any depth. However, there appear to be four categories of responses within settings which have implications for an individual's adaptation in the future.

First is the affective states induced by different social environments. It is almost a truism to say that settings differ in the degree to which individuals experience positive, negative, or no particular emotional state in them. The Task Panel Report makes no *explicit* connection between the experience of positive feelings and primary prevention, but its attention to the emotional correlates of settings, particularly the work of Moos (cf. Trickett & Moos, 1974), leads us to infer that the cause of primary prevention would be furthered by creating settings in which people feel comfortable, or experience positive emotions, and do not experience negative emotions.⁴ Thus Sadow's (1976) or Feeney's (1976) findings that children in open classrooms like their classrooms better than children in traditional classrooms like theirs might be supportive of an effort to modify, in the name of mental health, school environments toward open classroom methods of teaching.

The underlying assumption of the affective response connection seems to be that if settings are so structured as to minimize negative feelings, then the absence of negative emotions over an extended period will reduce the incidence

⁴We do not mean to equate the experience of negative emotions with the occurrence of a "stressful life event," which presumably makes severe demands on an individual's emotional equilibrium and adaptive capacity. However, the distinction between what is and is not a stressful life event is not always clear, and the Task Panel is not particularly helpful on this point.

of later disorder. The Task Panel's position thus may be read to suggest that all settings be structured so that everyone is happy, or at least reasonably satisfied, as much of the time as possible, although they do not say that explicitly.

The second category of environmental response falls under the rubric of opportunities for positive development. The Task Panel seems to say that environments can be judged by the degree to which they provide opportunities to develop the competencies and skills needed at later stages of development. Thus, if schools fail to offer opportunities to learn reading, writing, and arithmetic, this lack of opportunity hampers the individual's subsequent adaptation to the social and economic world. By extension, if education is seen as preparation for various life experiences, then from a mental health standpoint educational environments should be judged by the degree to which they prepare the individual to cope with expected life tasks and stresses. Thus, the myriad of skills necessary to live in the world (e.g., social skills, parenting, sex education, death and dying, separation in human relationships, consumer awareness, coping with bureaucracies, relaxation and other self-control techniques, recreation and leisure time activities) ought to be taught self-consciously by our agents of socialization. Rossman (1976) has pointed out that the major best-selling books on self-help address exactly those areas where our socialization institutions have failed to offer sufficient guidance.

Attempts at doing primary prevention through a social setting focus are aided by a theoretical concept known as "behavior-environment congruence" (Price, 1974; Wicker, 1972). Stated simply, behavior-environment congruence refers to the process by which an individual's behavior conforms closely and predictably to the demands or "programs" of the specific settings in which he or she participates. By this principle an individual would, for example, develop competent social skills to the extent that he or she participated in settings stimulating or eliciting effective spontaneous social interaction. Competence, however operationalized, is thus seen to develop in *interaction* with the compelling, even coercive demands of environmental settings, rather than as an independent "trait," or person characteristic, and it is manifested to the extent that the individual responds to a *given environmental situation* in an effective congruent way. One practical problem with behavior-environment congruence as a principle of preventive intervention, however, is that our understanding of this phenomenon extends barely beyond the descriptive level, i.e., we know virtually nothing about the essential *processes* underlying behavior-environment congruence (Wicker, 1972).

Pausing to consider together the first and second categories of environmentally influenced responses, we note that in the first case the preventive strategy is to structure all settings to elicit positive feelings, while in the second, the approach is to create settings which facilitate mastery over the challenges of everyday living. Thus stated, the behavioral goals sought by these two strategies may be incompatible. That is, trying to modify a setting to elicit *both* relaxed

contentment and active coping, for example, may violate the principle of behavior-environment congruence, since a setting uniquely congruent with one behavior may be highly incongruent with another (Price, 1974). In this light, consider a study (Trickett & Moos, 1974) cited by the Task Panel: Classrooms high in perceived involvement and clarity were associated with high levels of academic achievement, but these same classrooms were associated with high degrees of competitiveness as well, and in competitive situations we have losers as well as winners.

Furthermore, we have yet to consider the role of individual differences, i.e., the fact that an environment providing emotional warmth and support to one individual may suffocate or bore another, while a setting offering constructive challenge to some people may threaten or intimidate others. Successful prevention may require *person-environment* congruence rather than an emphasis on uniform environmental manipulation.

A third category of environmental response might be termed the development of an accurate, confident self-image. Sarason and his colleagues (Sarason, Davison, Lighthall, Waite, & Ruebush, 1960) long ago demonstrated that children with high levels of test anxiety tend to do more poorly in school and on a variety of experimental tasks than do children who are less anxious. Sarason's group demonstrated that some children entered school with high levels of test anxiety but the anxiety measure was relatively unreliable over time. Changes in the level of test anxiety correlated with changes on academic achievement tests, suggesting that the measure was not just unreliable but accounted for meaningful variance in performance (Sarason, Hill, & Zimbardo, 1964). Sadow (1976) found that there were significant differences in test-anxiety levels in different classrooms, suggesting that classroom atmosphere can contribute to the conditions under which some children experience a degree of anxiety which interferes with classroom performance.

These results demonstrate that a response such as test anxiety varies with the setting. However, there is nothing in them to suggest that a temporary increase in anxiety necessarily has any adverse long-term effects. We may be confident that spending a school year in some classrooms is uncomfortable for a sizable number of the children in it, but is it detrimental in the sense that it makes any difference in long-range outcomes?

The Panel proposed as a target for preventive efforts "genuine, unwanted suffering," and from this viewpoint intervention might be appropriate. However, the reduction of genuine, unwanted suffering should not be equated with the prevention of enduring, undesirable end states. As yet we simply do not know enough about environmental settings, and how they are related to each other, to predict how generalizable the specific learning and experience elicited in one situation will be to the requirements of situations encountered at other times.

The fourth dimension of environmental response might be termed the production of deviant statuses and self-images based on the societal response

to individual behaviors. Sarason (1974) is most outspoken on the problems of labeling and segregation in special facilities. Mercer (1973) has documented the consequences of perjorative labeling for individuals considered mentally retarded. Scheff (1966) has stated the labeling-social interactionist position in propositional terms, and Sarbin (1970) has analyzed processes of labeling and identity degradation as they are applied to individuals of low social status. The several positions do not deny the contribution of the individual's behavior pattern or emotional reaction to the reaction of others to that individual. They do emphasize that societal reaction to the given behavior event is critical in determining the individual's future. It follows from this position that broadening the range of behaviors congruent with or acceptable in key settings (e.g., school classrooms) will permit socially acceptable expression of deviant characteristics, increase person-environment fit, and thus reduce the overall level of deviance, by definition. Levine (1970) defined a problem as that for which you do not have a solution. The degree to which settings allow for a variety of solutions to the problems presented by individual differences is the degree to which problems disappear.

Public Law 94-142, the Education for All Handicapped Children Act of 1975, provides mandates and some incentives for schools to mainstream or to normalize programs for children with various handicaps. We cannot be sanguine about the outcomes of this act in the short run, if for no other reason than change in school settings is difficult (Sarason, 1971). However, it is a step in recognizing that maladaptation may be created by the efforts we make to help. Mainstreaming may not reduce the overall incidence of handicapping conditions, but the degree to which mainstreaming efforts force reconsideration of the available social-setting solutions to problems of individual differences is the degree to which we may see some progress in prevention.

Research on open school methods as reported by Hochschild (1976), Levine (Note 1), and Weisz and Cowen (1976), supports the view that characteristics of the school environment contribute to the rate at which teachers judge children to be maladjusted. The effect is more pronounced for mild maladjustments and less so for judgments of severe maladjustment. However, when the environment is flexible enough to insure adequate congruence across a *range* of behaviors there is less need for some social control agent to characterize behavior as maladjusted. The finding of a lower rate of mild maladjustment in open classrooms is consistent with Sadow's (1976) finding that students in open classrooms like them better, with Feeney's (1976) result that children in open classrooms feel better liked and more accepted by their teachers, and with Hallinan's (1976) and Feeney's (1976) conclusions that fewer sociometric isolates are found in open than in traditional classrooms.

While these several results show situational influences on rates of maladjustment and on correlates of maladjustment (i.e., social isolation), we have no evidence that children who spend their careers in open classrooms are better

adjusted as adults or even as adolescents, nor that they have lower incidences of those unfortunate end states that are the target of preventive efforts. We can feel confident that in some settings caretakers have less need to label children, but we have no knowledge of the long-term positive consequences of such a reduced rate of judged maladjustment.

In each of the four areas of environmental response, the available research used to support prevention as public policy depends heavily on findings of variations in response with variations in settings. Little or none of it demonstrates that situational interventions or situation-specific teaching may have any enduring effects. Little of it identifies characteristics of the individual which make that individual vulnerable in any subsequent situation. Little of it goes beyond the descriptive association of behaviors with settings to identify any underlying processes that mediate environmental effects on behavior. Still unasked is the question that may be of greatest significance to prevention, namely, "How can we *fit* different individuals or, better still, how can individuals learn to fit themselves, to settings optimal for them at specific periods in their development?"

Even if we could achieve optimum fit between person and environment at a given critical point in time, the paucity of information we have concerning settings – in particular how they might be related to each other in a taxonomic sense – leaves us no basis for predicting what implications congruence or lack of congruence in one setting has for behavior in any other. Baird (1969), for example, found that the facilitating effect that attending a small high school had on participation in extracurricular activities did not carry over to extracurricular participation in college, which instead turned out to be a function of college size.

Thus, the concepts of behavior-environment congruence and person-environment congruence suggest a distinct limit to any intervention, be it preventive or therapeutic. Initial success may depend on an adequate fit of some kind, but generalizability may occur only when new settings are sufficiently related, in a taxonomic sense, to the original setting. Otherwise we have little or no basis for expecting a preventive effect. One possible strategy might be to develop competence-building interventions that teach the individual to *recognize and select* personally optimal environments (cf. Hunt, 1975). At this point, however, our ignorance about settings and our lack of any broadly applicable setting taxonomies (Fredericksen, 1972) leave moot the gilded promise of environmentally based prevention efforts undertaken in the near future.

Further, there may be good reasons (e.g., politics, social values) for emphasizing that preventive strategies should be focused most intensively on early childhood, as the Task Panel does. However, such sentiments still bear close scrutiny, since the appealing logic of helping the child to help the adult may be less than credible in light of the theoretical arguments advanced above and research findings accumulated to date. For example, it has long been known that

school age boys have much higher incidences of all kinds of maladjustments than school age girls (Levine, 1977). Yet as adults, it appears that women have as high, or higher use of mental health services than men. Even if we accept that women use services for different reasons than men (e.g., more depression and anxiety; less alcoholism and aggressive acting out) (Gove, 1976), the finding itself shows that a good adjustment early in life does not necessarily prevent problems later on.

As another example, Rappaport (1977) provides a cogent summary of the impact of preschool intervention programs on achievement in school. He reviews studies which show that even if some detectable effects of preschool interventions are found in elementary school, those effects soon disappear. Rappaport attributes the failure to find continued effects to the failure of schools to teach appropriately in later grades, which again illustrates the strong contribution of setting-change to the deterioration of an initially successful intervention. Also consistent with this argument, a pair of recent reviews (Kagan, 1976; Kohlberg, LaCrosse, & Ricks, 1972) have seriously questioned whether early childhood experiences have any irreversible consequences for the ultimate attainment of adolescent and adult competence.

Primary prevention's definitive characteristics of proaction, competence-building, and a population focus are relevant to preventive intervention at later life stages — adolescence, middle age, or even retirement — as well as during early childhood. Humans live in social environments throughout their lifetimes. Placing excessive importance on interventions in infancy and early childhood, in the absence of compelling evidence on their long-term preventive benefits, will needlessly hamper the practice of prevention at other developmental milestones.

In spite of the issues raised here, we believe that there are some potentially fruitful directions in which primary prevention can proceed:

1. A first step toward the development of social setting prevention programs would involve a concerted effort to identify and systematically describe some of the host of environmental settings which influence our behavior, in pursuit of a better understanding of the process of behavior-environment congruence.

2. We should use this information to develop taxonomies of settings so that the extent of behavioral generalizability from one setting to another can be predicted, much as a gradient of generalization in learning theory allows predictions.

3. The question of how to help individuals define, select, or create environments optimal for their own well-being needs much more consideration, perhaps as a topic related to interpersonal problem-solving or competence training.

4. Efforts at primary prevention may be more successful when focused on a broad range of problems selected from all developmental milestones, than where interventions are restricted to early childhood, with effects expected to endure.

5. Prevention efforts will be most successful when they proceed from a specific understanding of target populations, of environmental settings, of target behaviors, and of the nature of optimal congruence between them. That is, until such time as our understanding of the problem permits us to structure interventions that will generalize through time and across settings, prevention will be most successfully undertaken within a narrowly conceived, here-and-now focus.

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