with reference to the belief involved. If one believes that nitrogen will help produce better crops, one's use of nitrogen is presumably an indication that he values better crops. In other words, the behavior in question may be assumed to have a positive value for the actor, a value which becomes meaningful by reference to the belief involved. This would be true even when the belief involved is a belief in a negative element in the environment. The proliferation of family bomb shelters is in response to the belief that nuclear warfare is a real threat, and the building of the shelter is positively valued by the believer as a means of accommodating to an environment defined in terms of that belief.

By definition, hysterical contagion occurs in response to a belief in a negative element in the environment, but that in itself does not differentiate it from diffusion and contagion as we have defined them. It is differentiated by the fact that the behavior which is the manifest content of hysterical contagion is not in any obvious way positively valued by the person who believes in the negative element. The behavior does not involve active coping with the problem but a passive collapse in the face of the problem. It is an indication of a failure to cope with a source of danger. In the usual case of diffusion or contagion in the face of danger, the actors "decide" to take some active part in the situation in an effort to bring it nearer to their own desires. In our example of hysterical contagion, however, those who became affected cases did not "decide" to faint or get sick because there was thought to be a poisonous insect among them. In fact, our data suggest that it was largely those people who could not decide to do anything about the threat who fainted or got so sick they required medical attention. Those who suffered the most severe symptoms tended to be people who could not admit that they *had* a problem and who did not know how to cope with it when it finally became obvious that they did have one. Evidently they did nothing until they collapsed under the strain. As in all cases of contagion, they had needs which were difficult to satisfy. The needs became objectified through the introduction of a belief in an external threat, a belief which was accepted because it fit their experiences of arousal. But given this belief, they were unable to cope with the threat defined by the belief, and "it" finally made them sick.

This view of hysterical contagion brings us back to a consideration of Postulates 5 and 11. Postulate 5 seems to be applicable to all cases of contagion, and we have suggested in our own example that the tension the women experienced made them receptive to a belief which explained their feelings. This was especially true for those women who could not admit that there was anything wrong with them or with their situation. The "external" sources of need, represented in our study by the measures of strain, increased both their discomfort and their need to understand it. The situation with Postulate 11 is not so clear, however. The women did not become sick because that behavior "served their needs" in anything like the way the behaviors involved in other cases of contagion serve the needs of the participants. They evidently got sick because they were unable to act in a way that would directly serve their needs.

In all cases of contagion, then, there tends to be a heightened arousal due to unsatisfied needs and a difficulty in need satisfaction. In some such situations there is introduced a belief which objectifies the source of difficulty and suggests a feasible means of combating it which can be used by those who are aroused. In others, there is introduced a belief which objectifies the source of difficulty in such a way that at least some of those suffering from the heightened state of arousal cannot take action to combat it. In the first case we would expect some form of behavioral contagion such as a crowd action. In the second case we would expect the contagion of some kind of symptoms which are the result of unresolved tension. In both cases, the tendency to accept the belief will be a function of the level of arousal, as suggested in Postulate 5. But in the first case the behavior which calls the event to our attention results from active attempts to cope with the threat, whereas in the second case the behavior that attracts our attention results from a *failure* to cope with the threat.[7]

With reference to Postulate 13, therefore, we must note that knowledge of others' having behaved in the relevant manner (e.g.,

[7] It has been suggested recently that another type of response to a threat may occur when coping is not possible: resignation to the inevitable (Forman, 1963). We suspect that the major difference between situations which lead to hysterical contagion and those which lead to resignation is that in the former a possible solution is known but forbidden while in the latter no solution is known. This difference will become more apparent from the later discussion.

getting sick) neither increases the attractiveness of the behavior nor makes it more possible for the observer to behave in that way which he would originally have chosen had it not been for some barrier. In contrast, in cases of hysterical contagion the knowledge tends to increase the sense of threat, thereby increasing the need to take *some other* action than that which is observed. In fact, if we specify the behavior in question as "getting sick," in no sense do the actors "choose" to carry it out. It evidently "just happens." The increased tension between the need to act and the lack of acceptable modes of action increases the likelihood that the observer will develop physiological symptoms which he will come to define as being like those he has observed. Unlike either of the conditions noted in Postulate 13, therefore, the need is heightened without the provision for a suitable means of coping with it. This leads to two further postulates which permit us to differentiate between hysterical contagion and contagion as we discussed it earlier.

Postulate 14. Evidence of others' failure to cope effectively with reference to the belief in a negative element in the environment increases the belief in that element and the need to find an effective means of coping.

Postulate 15. Heightened need for action without provision for effective action increases tension and the associated physiological symptoms which, if continued, will become socially disruptive.

There are two other matters which we view as relevant to placing our particular case into a more general context. First, it will be noted that we do not specify in Postulate 15 that the source of the threat will necessarily be used as an explanation of the physiological symptoms, even though this was the case in our study. We suspect that ours was a particularly "neat" case in which all of the pieces fitted together rather well. There are other such cases, however, where the malady of which the victims complain remains a mystery to all parties. There is simply a series of victims brought to the attention of the authorities. In these cases we would assume that there is a general source of tension (such as the work-related strains in our case) which becomes sufficiently severe and causes some persons to develop notable physiological symptoms without the invention of a consistent belief which objectifies the source of the difficulty. In still other cases, there may be a source of threat suggested which is such that individual victims could not be expected (e.g., the imminent collision of planets). The individual victims in such a case would again be viewed as either victims of an unknown malady (if others did not know of their belief in the imminent collision) or as victims of "nervous tension." In our case, not only did the negative element lend itself to the expectation of individual victims, it was also such that the best scientific knowledge could not challenge it without extended study. We thus suspect that it was a rather unusual case.

Although it is possible to argue persuasively that the behavior in question (getting sick) did not in any way "serve the needs" of the participants, it is also possible to challenge such a statement. If our interpretation is correct, the original tension experienced by the women came largely from the strain due to the job and to conflict between the job and home. The locus of their difficulty was certainly the plant, and the most obvious solution to their problem was rest. As we suggested earlier, it is possible to interpret the whole incident as a kind of "psychological strike" in which those most distressed by the situation managed both to retaliate against management and to get a respite from the strain of the work situation. It is possible, therefore, that their illness was not wholly dysfunctional with reference to the original source of their difficulties. More generally, it may be that hysterical behavior of this kind is more likely to occur when it provides a means (albeit a very indirect and unusual means) of coping with a situation which could not be coped with in more usual ways. Although we have no way of demonstrating such a function in the present case, we view it as a sufficiently likely possibility to suggest it as a focus of attention in further investigations.

HYSTERICAL CONTAGION AND EPIDEMICS

Let us now come full circle and reintroduce the concept of epidemic. We began with a rather strict definition of a medical epidemic as the dissemination of symptoms in a population by means of the spread of a toxic element. We argued that such an epidemic was different in several ways from the dissemination of a behavior pattern and turned to an examination of diffusion, contagion and hysterical contagion. Yet, in discussing hysterical contagion we neces-

sarily find ourselves referring to symptoms and to socially disruptive behavior which bring the person to the attention of the authorities. We also find that it is not possible to refer to the individual who is involved in hysterical contagion as an "adopter." It is more relevant to view him as a "victim," to say that he was "stricken." The behavior involved in hysterical contagion is some kind of maladaptive behavior, behavior which shows that the organism is not functioning adequately.

In short, the manifest content of the physically transmitted medical epidemic and the case of hysterical contagion are often indistinguishable. In fact, the experts who were called into our case basically used hysterical contagion as a residual category when they could not find a toxic cause of the symptoms they observed. If it could not be demonstrated to be a "real epidemic," it must be "only hysteria." Certainly not all medical personnel would be this categorical, but the categorical perspective helps to make evident the similarity between the two pure types and suggests that a more careful analysis of any given case might reveal elements of both.

One of the points at which the two kinds of cases may be viewed as identical is the point at which the experience of symptoms becomes labeled and a plan of action is devised and carried out. In both the medical epidemic and the case of hysterical contagion, the significant manifest element is a series of persons complaining of symptoms who come to the attention of medical authorities. In both cases it is necessary for the victim to have an experience of discomfort, to define that experience as medically relevant, and to seek medical attention (or to behave so that others will seek it for him).

The differences between the pure physically caused epidemic and the pure case of hysterical contagion come before and after this point. Before it, the difference is in what "actually causes" the discomfort. In the pure physical epidemic case, the cause is some external toxic element which disrupts the bodily processes. In the pure hysterical contagion case, the cause is unresolved tension which leads to the unpleasant sensations. After the experience and the decision to seek medical aid, the difference between the two is a function of the ability of the experts to find a reasonable explanation for the discomfort. If an external toxic element can be found which is known to be capable of disrupting the bodily processes in the way manifest in the victims, it is likely to be defined as a physically

caused epidemic. If no such cause can be found and/or if there seems to be a very dominant sense of unresolved tension among the population affected, it is likely to be termed a case of hysterical contagion.

The similarity of the manifest content of these two cases and the fact that both involve identical steps from the point of the experience of disturbance to the contact with the medical authorities lead us to stress the commonality of these two cases and to suggest that in the great majority of such cases there is reason to look for both physical and behavioral factors. This is particularly true since any increase in the incidence of a medically relevant disturbance is likely to become a social fact which has meaning to the population within which it occurs. Knowledge of such an increase should have an effect on those not (yet) affected. Assuming that the early cases have difficulties which others could conceivably develop, that the symptoms are relatively general or vague (headache, fever, stomach disturbances, etc.), and that the experts take the early cases seriously, several things are likely to happen. First, those who already have some minor physical upset (and we assume there are such cases at all times in any normal population) will be encouraged to define their ills as being the result of the newly announced ailment. Second, some of those who define their ills in this way will be motivated to seek medical attention, even though they might not have done so had not the "beginning of an epidemic" been reported. Third, the increase in the number of cases reported will increase the fear some persons will experience in the face of the threat that they too might be stricken. This fear, together with a heightened self-awareness, will increase the probability that they will experience some physiological upset which can be defined as due to the spreading illness.

We would expect this kind of process to occur whether or not there were a "real" toxic source of illness in the situation. In fact, given such a source, it is perhaps even more likely since the medical authorities will more clearly and effectively communicate the fact that there "really is" something to be concerned about. In our own case of the poisonous insect, the role of the official agencies of health investigation and control was undoubtedly very significant in this way because in the early stages they were not able to state with any confidence that there was *not* such a poisonous insect. The very seriousness and thoroughness of their investigation perpetuated the

belief in the threat, even though it was intended to do the very opposite.

One can make the same statement on the other side of this dichotomy. Not only is there likely to be a behavioral element in any "real epidemic," but there is very likely to be a physical element in any case of hysterical contagion. It seems almost certain that some of the women who were victims of "the bug" were actually bitten by insects, and it may well be that some of them suffered a mild reaction to the bites. It seems equally likely that some of the women were suffering from other minor physical disturbances during the period in question (as well as the tension from the strain on the job). The introduction of the idea of a poisonous insect made it possible for such women to define their ailments in a common way and to seek medical assistance for them, although they might not have sought such aid had the flurry of cases not been occurring at that time.

We must conclude, therefore, that although it is possible to make an abstract distinction between a pure case of hysterical contagion and a pure case of a physical epidemic, any empirical case is likely to have elements of both. We have said that ours was probably as close to a case of a "pure behavioral event" as one could hope to find, but we must also acknowledge that it is not reasonable even in this case to rule out the possibility of "real" physically caused illness. The fact is that the term "epidemic" is correctly used to refer to any case in which there is an unusually rapid spread and high incidence of some form of bodily disturbance. In some of these cases the balance is undoubtedly very strongly on the side of some definable external toxic element's effect on a number of persons and in others (such as our case) the balance is undoubtedly very strongly on the side of the effect of some shared source of unresolved tension. But we would not expect to find cases that are purely one or the other.

CONCLUDING OBSERVATIONS

We need now to return briefly to the case of "The June Bug" in light of these comments. There is certainly evidence that this is a case of hysterical contagion, and our whole discussion of it has been predicated on the assumption that hysterical contagion was the central process involved. There is no doubt that it was the epidemic quality of the flurry of cases and the later "hysterical" interpretation of the event that brought it such wide publicity. Yet our discussion has suggested that hysterical contagion was only one of several processes which were probably going on at the same time even if we define it as a pure behavioral event. A full understanding of the event would require a specification and investigation of all of these processes. Although we can only speculate about some of them, it is important to recognize the probable complexity of the pattern which we have been able to view from only a limited perspective.

To sketch the various patterns which need to be combined it is necessary to broaden our perspective to include at least the whole plant as well as a more extended period of time than we have investigated. This is especially true for an understanding of the central belief in the case, the belief in a poisonous insect. Some of the early news items alluded to the fact that there had been complaints of insects for several weeks before the epidemic. Evidently during this time there had diffused rather widely in the population of the plant the belief that there was an uncommon number of insects and that they constituted at least a nuisance. It is within this context that the first few cases must be seen. As the symptoms and the knowledge of sickness spread, the link between this earlier belief and the immediate experience was made. The insect changed from a nuisance to a threat.

We must assume that in the face of this threat a number of different things began to happen, the most obvious and most central from our perspective being the rapid increase in reported symptoms. But there must have been other patterns of contagion going on at the same time. Undoubtedly in the face of this threat some of the women (with or without having experienced symptoms) evolved the solution of leaving the plant and there would presumably have been a contagious adoption of that solution. Others probably turned to officials in the plant for remedial action, and there would presumably have been a contagious move in that direction by some of the workers.

The increase of reported symptoms evidently understates the actual increase in symptoms—our self-defined affecteds attest to this. Given the experience of symptoms, a woman might or might not have become known to the medical authorities. She could have

"clocked out of there," taken an aspirin, "talked it out" with a friend or her supervisor, *or* gone to the doctor. Except for the accidental discovery of the self-defined affecteds, our concern would have been exclusively with those known to the medical authorities. Even within that group, however, it proved useful to differentiate between those who went to the doctor on their own and those who fainted before they could find aid. A relevant aspect of this differentiation is the suggestion that there developed during the period of the epidemic a greater tendency to seek aid before being overcome. Thus, for those who did develop symptoms and could not cope with them in any other way, there evidently evolved an acceptable solution where one had not existed before. There was evidently a process of social facilitation in the use of this method of coping. In addition, there was also evidence that persons with milder symptoms were likely to report to the doctor in the latter part of the epidemic. This could be interpreted either as an indication of a heightened awareness of physiological disturbances and thus a tendency to define mild symptoms as significant, as an indication of a desire to cooperate with the officials by keeping them informed of even mild "attacks," or as a means of using a socially approved way of accomplishing some other goal (getting attention, going home, etc.).

This seems to mean that in any such case there are several processes of dissemination going on at the same time, all of which are interrelated but any one or combination of which may become the focus of attention: (1) the spread of a belief in a threat; (2) the spread of the experience of symptoms; (3) the spread of relatively unobtrusive methods of coping with the threat and/or the symptoms; (4) the spread of cases of collapse in the face of the threat and/or the experience of symptoms; (5) the spread of the solution to the experience of symptoms via seeking medical aid. Only the last three are likely to bring the process to the attention of outsiders, and, depending on the "unobtrusive" methods devised, it may be that only the last two will do so. All of these processes are to be expected whether the "cause" of the symptoms is "real" or "purely imaginary." In fact, we put these terms in quotation marks because we suspect that it is never possible to use them in such cases with complete confidence, and the social effects will be the same in any event.

References

Asch, S. E. Studies of independence and conformity. *Psychological Monographs,* 1956, 70(9).

Back, K. W., & Gergen, K. J. Idea orientation and ingratiation in the interview: A dynamic model of response bias. *Proceedings of the Social Statistics Section of the American Statistical Association,* 1963, 284–288.

Balint, M. *The doctor, his patient, and the illness.* New York: International Universities Press, 1957.

Barnett, H. G. *Innovation: The basis of cultural change.* New York: McGraw-Hill, 1953.

Bion, W. R. *Experiences in groups: and other papers.* New York: Basic Books, 1961.

Blumer, H. Collective behavior. In A. M. Lee (Ed.), *New outline of the principles of sociology.* New York: Barnes & Noble, 1951. Pp. 166–222.

Brown, R. W. Mass phenomena. In G. Lindzey (Ed.), *Handbook of social psychology.* Vol. II. Cambridge, Mass.: Addison-Wesley, 1954. Pp. 833–976.

Brown, R. W. *Social psychology.* New York: Free Press, 1965.

Cantril, H. *The psychology of social movements.* New York: Wiley, 1941.

Coleman, J. S. *Introduction to mathematical sociology.* New York: Free Press, 1964.

Coleman, J. S., Katz, E., & Menzel, H. The diffusion of an innovation among physicians. *Sociometry,* 1957, *20,* 253–270.

Crowne, D., & Marlowe, D. *The approval motive.* New York: Wiley, 1964.

Devereux, G. Two types of modal personality models. In B. Kaplan (Ed.), *Studying personality cross-culturally*. Elmsford, N.Y.: Row, Peterson & Co., 1961. Pp. 227–241.

Dubos, R. *Man adapting*. New Haven: Yale, 1965.

Edwards, A. *The social desirability variable in personality assessment and research*. New York: Dryden Press, 1957.

Engel, G. L. *Psychological development in health and disease*. Philadelphia: Saunders, 1962. (a)

Engel, G. L. *Fainting*. (2nd ed.) Springfield, Ill.: Charles C Thomas, 1962. (b)

Festinger, L. Informal social communication. *Psychological Review*, 1950, *57*, 271–282.

Forman, R. E. Resignation as a collective behavior response. *American Journal of Sociology*, 1963, *69*, 285–290.

Funkenstein, D. H., King, S. H., & Drolette, M. E. *Mastery of stress*. Cambridge, Mass.: Harvard, 1957.

Grosser, D., Polansky, N., & Lippitt, R. A laboratory study of behavioral contagion. *Human Relations*, 1951, *4*, 115–142.

Hoffer, E. *The true believer*. New York: New American Library, 1958.

Imboden, J. B., Canter, A., & Cluff, L. E. Convalescence from influenza. *Archives of Internal Medicine*, 1961, *108*, 115–121.

Imboden, J. B., Canter, A., Cluff, L. E., & Trever, R. W. Brucellosis: III. Psychologic aspects of delayed convalescence. *Archives of Internal Medicine*, 1959, *103*, 406–414.

Johnson, D. M. The "phantom anaesthetist" of Matoon: A field study of mass hysteria. *Journal of Abnormal and Social Psychology*, 1945, *40*, 175–186.

Katz, E., & Lazarsfeld, P. F. *Personal influence*. Glencoe, Ill.: Free Press, 1955.

Katz, E., Levin, M., & Hamilton, H. Research on the diffusion of innovation. *American Sociological Review*, 1963, *28*, 237–252.

Kerckhoff, A. C., Back, K. W., & Miller, N. Sociometric patterns in hysterical contagion. *Sociometry*, 1965, *28*, 2–15.

Lang, K., & Lang, G. *Collective dynamics*. New York: Crowell, 1961.

Lionberger, H. F. Some characteristics of farm operators sought as sources of farm information in a Missouri community. *Rural Sociology*, 1953, *18*, 327–338.

McDougall, W. *The group mind*. New York: Putnam, 1920.

Mechanic, D., & Volkhart, E. H. Stress, illness behavior, and the sick role. *American Sociological Review*, 1961, *26*, 51–58.

Medalia, N. Z., & Larsen, O. N. Diffusion and belief in a collective delusion: The Seattle windshield pitting epidemic. *American Sociological Review*, 1958, *23*, 180–186.

Miller, D. R., & Swanson, G. E. *Inner conflict and defense*. New York: Henry Holt, 1960.

Polansky, N., Lippitt, R., & Redl, F. An investigation of behavioral contagion in groups. *Human Relations*, 1950, *3*, 319–348.

Redl, F. The phenomenon of contagion and "shock effect" in group therapy. In K. R. Eissler (Ed.), *Searchlights on delinquency*. New York: International Universities Press, 1949. Pp. 315–328.

Schachter, S. The interaction of cognitive and physiological determinants of emotional state. In L. Berkowitz (Ed.), *Advances in experimental social psychology*. Vol. I. New York: Academic Press, 1964. Pp. 49–80.

Schuler, E. A., & Parenton, V. J. A recent epidemic of hysteria in a Louisiana high school. *Journal of Social Psychology*, 1943, *17*, 221–235.

Sherif, M. A study of some social factors in perception. *Archives of Psychology*, 1935, *27*(187).

Smelser, N. J. *Theory of collective behavior*. New York: Free Press, 1963.

Swanson, G. E. Determinants of the individual's defenses against inner conflict: Review and reformulation. In J. C. Glidewell (Ed.), *Parental attitudes and child behavior*. Springfield, Ill.: Charles C Thomas, 1961. Pp. 5–41.

Szasz, T. S. *Pain and pleasure*. New York: Basic Books, 1957.

Turner, R. H., & Killian, L. M. *Collective behavior*. Englewood Cliffs, N.J.: Prentice-Hall, 1957.

Weider, A., Wolff, H. G., Brodman, K., Mittelmann, B., & Wechsler, D. *The Cornell index*. New York: The Psychological Corporation, 1948.

Welsh, G. S. Factor dimensions A and R. In G. S. Welsh & W. G. Dahlstrom (Eds.), *Basic readings on the MMPI in psychology and medicine*. Minneapolis: University of Minnesota Press, 1956. Pp. 264–281.

Wheeler, L. Toward a theory of behavioral contagion. *Psychological Review*, 1966, *73*, 179–192.

Zeisel, H. *Say it with figures*. (Rev. ed.) New York: Harper, 1957.

Appendixes

A

COMPARISON GROUPS

The model of hysterical contagion which we have presented in Chapters 7–9 features the interplay of many variables. The intricate relation between the incidence of strain and inability to cope with it, the social definition of a situation in which it was possible to express symptoms in different ways, the personal background of the people involved, and the nature of the exciting incident contributed jointly to the spread of the contagion and to the different manifestations it took in the different women. An adequate test of this whole model in a factorial design, for instance, was, in the nature of the case, impossible; therefore, an intensive, careful analysis of the single incident was clearly the most available method in this case. We restricted ourselves, therefore, to explaining the different intricate patterns of behavior within a well-defined group. Some additional questions, however, can be treated only with the aid of comparison groups.

As we have said previously, we only defined the group which we studied as a socially meaningful unit after we first had a slightly broader definition of the population at risk. We decided to treat two additional groups, Negroes and the women outside the dressmaking departments separately on the basis of two criteria of the spread of the epidemic: seeking medical attention and reporting symptoms in

the interview. By neither of these criteria did the epidemic spread in any significant way outside the dressmaking group so that these two other groups do not provide any significant contribution to the epidemic. This decision was also justified by the lack of sociometric links between the dressmaking departments and the other two groups.

There is still the question of belief in the epidemic. All workers in the plant were virtually certain to have heard of the epidemic if only because the plant had been closed for fumigation. Let us turn first, therefore, to what we have called before "the pattern of lasting belief," and compare the extent to which they believed in physical causes for the epidemic. Table I shows the difference on two questions about their belief. On both questions, the two groups exhibit striking contrasts. The Negro respondents believed in the insect as much as, if not more than, the group among whom the

TABLE I
Beliefs About the Epidemic Among Population at Risk, Negroes and Nonsewing Room Cases

Questions and responses	Population at Risk (N = 408)* %	Negroes (N = 18) %	Nonsewing Room (N = 20) %
What do you think caused this to happen?			
Definitely an insect	33	50	30
Probably an insect	35	22	15
Don't know	20	22	33
Not an insect	11	6	20
Do you think that some kinds of people were more affected than others? In what way were they different?			
There was no difference	30	28	5
There were physical differences	22	30	15
Other (including "imaginative" and "nervous")	48	42	80

* This N of 408 represents the same definition of the population at risk as was used in Chapter 7.

epidemic occurred. The women who worked outside the room, on the other hand, showed more skepticism about the insect being the cause of the epidemic. This is shown by the answer to the direct question: What do you think caused this to happen? Sixty-eight percent of the population at risk said it was "definitely" or "probably" an insect. Among the Negro women we find 72 percent, a slightly higher proportion, giving the same answer, but among the women outside the big room only 45 percent, less than half, considered an insect the probable cause. Another question, which deals with the same topic in a different way, showed most striking differences from the women in the big room: Do you think that some kinds of people were more affected by this than others? and, if yes, In what way were they different? Only 1 of the 20 women outside the big room who were interviewed said there was no difference, 3 said there were physical differences, whereas the remainder gave politely skeptical responses, such as "imagination" and "nervousness." The last type of response was given by less than half of either the population at risk or the Negro pressers. We thus find two distinct patterns of belief in the groups who were not strongly affected by the epidemic. The women who were physically separated looked at the whole epidemic in a different way and disassociated themselves in their belief from the main group. Thus, we should not be surprised that they hardly showed any symptoms or went to the doctor about the symptoms. The Negro women, however, were physically close to the women at risk, they saw the epidemic themselves, and they saw the women being carried away. They expressed belief in the reality of the insect, but they still were hardly affected themselves. Thus, the social barrier was no hindrance to the spread of belief, but it effectively limited the spread of treated symptoms.

Of the different factors which we have stated as conditions for the occurrence of the epidemic, namely, strain with which the individual is unable to cope, personality disposition to experience illness, and the existence of a sociometric network, clearly the third condition distinguished both groups from the population at risk. There were hardly any sociometric ties between the white women working in the sewing room, the Negro women working there, and the women in the rest of the factory. The fact that the epidemic did not spread beyond this group which can be sociometrically defined gave

us our original justification to restrict ourselves to this group as our population at risk. In addition, we can inquire now whether this group was different in other ways from either of the two other groups. Table II shows the comparison between the three groups on the relevant variables. The differences on the questions related to

TABLE II

Characteristics of Population at Risk, Negroes, Nonsewing Room Cases, and Control Plant Cases

Characteristic	Population at Risk (N = 408)* %	Negroes (N = 18) %	Nonsewing Room (N = 20) %	Control Plant (N = 135) %
Worked overtime at least two or three times a week	43	55	10	1
Do not mention supervisor as one to go to with a complaint	27	28	5	4
Provide half or more of family income	24	44	40	18
The section varies in output	30	39	5	50
It is wrong to stay home when not sick	72	94	80	70
Deny all symptoms	17	28	25	6
Had been sick during past several years	26	28	20	54
Had had to stay home because of sickness during past year	56	44	60	72
Had been taking medicine or pills recently	32	17	25	43
Describe health as "excellent"	21	11	15	23
Acquiescence	57	72	70	53

* This N of 408 represents the same definition of the population at risk as was used in Chapter 7.

strain are considerable, but the groups seem to be less distinguishable on the personality question. In general, on the strain questions the population at risk lies between the two other groups. The women outside the big room reported less strain. That is, they worked less overtime, were more likely to go to the supervisor, believed less that people varied in output than both of the other groups. This difference corresponds to the objective situation at the plant. These women dealt with more specialized and probably more highly skilled aspects of the production. This included the initial preparing of the material, dyeing, spinning, and other work of this kind. To other questions of this same kind, they show themselves to be more settled in the present situation. They are older and more likely to say that they would prefer to work at Montana Mills instead of keeping house. In spite of the fact that they get along better with the supervisor, they are also more likely to be union members. As shown in the table, they are less likely to believe that output varies between workers. Further, none of them believes that it is hard to keep up with this pace. Although they are major contributors to their families' income, they seem to be settled in a condition which they can handle (even union membership seems to be more a sign of belonging within a labor force than a question of strain), and in a working situation which they can handle easily. A reaction to strain, even legitimized as in the epidemic, seems to hold little attraction for them.

The Negro group, on the other hand, shows more strain than the population at risk: they work more overtime, they more often supply more than half of the family income, they see variation in output within their group. In effect, work takes more of their time, they need the income more, and they are under more strain to keep up the production. However, some other data show that they may not perceive a conflict situation. They feel only pressure to keep the job at any cost. Like the women outside the sewing room, they hope and expect to keep working. They also rate high on the scale of job satisfaction. We may surmise that the subjective situation at work was somewhat different from that of the population at risk. The Negro women needed the job badly, felt insecure in it, and therefore were not attracted in any way toward any situation which may have disrupted their job. An additional piece of evidence points in

the same direction. As we saw before (p. 174), everybody in the population at risk who had been identified by others as having been affected acknowledged her part in the epidemic during her own interview. However, two of the Negro women were mentioned by other respondents as having been affected, but did not say so in their own interview.

In contrast to the consistent differentiation of the population at risk and the other two groups on strain, we find no striking differences in the personality patterns. The Negro group is slightly more inclined toward illness, that is, they are less likely to rate their health as excellent and are more likely to have been sick. However, they are less likely to have stayed home or taken medicine or pills. This agrees with the explanation that they are under a stress to work and would not jeopardize their job in any way. Correspondingly, they are slightly more likely to show symptom denial and more likely to say that it is wrong to pretend illness to stay home from work. The women outside of the big room show even fewer consistent differences in personality patterns. In one respect they are quite different from the population at risk. They are less likely to say that they have been sick, but are more likely to have stayed home because of illness. We might interpret this as due to higher job security.

The main conclusion which we can derive from the investigation of these additional groups is the great importance of the exact nature and strength of the strain to which the workers are responding. Within the same factory, subject to many of the same events, these two groups were apparently not sufficiently involved to become victims of the same hysterical contagion. The one group, the women outside of the dressmaking departments, were even so little touched by the epidemic that they were skeptical about the nature of the event itself. Their working situation was sufficiently different and superior so that the strain we have analyzed for the women at risk did not apply to them. They were under much less strain, so they could take a more objective view of the situation. The Negroes, on the other hand, were objectively under the same strain, held the same beliefs, and did not deny the reality of the epidemic. However, the other set of circumstances was missing. Because of their comparatively insecure situation and their social isolation, they were less apt to become involved.

The above discussion shows that the situation in this one plant was not homogeneous. It is possible that the strain affects only specific groups in the plant. However, in our whole study we have been able only to compare groups within one plant on several characteristics. We really do not know to what extent the relationships are typical for all the plants in the area or whether we are working with a very selected population. Some statements by the management led us to the conclusion that it was a peculiar group because it was a very new plant in the area and was forced to take some leftovers from the labor force. In addition, some of the conditions of managing the plant were shown in Chapter 5 to be somewhat unusual and may have contributed to the epidemic. A sample from another similar clothing manufacturing plant in the same area, not known to be unusual, will show the special conditions which Montana Mills might have had.

The last column in Table II shows the answers of the respondents in the control plant. On most of the measures of strain they show less strain than all three groups in Montana Mills. They work less overtime, name the supervisor as the person to go to for help, and are less likely to provide more than half of the family income. On the personality data they show more inclination toward illness, however. They experienced more illness in the last year, were more likely to have taken pills or medicine, but were more likely to rate their health as excellent. Some of these differences between Montana Mills and the control plant correspond to different plant organization. In general, in the control plant work was steady, without layoffs and with little overtime. On other questions about the work in the plant, the workers in the control plant rated their work lower: in contrast to Montana Mills they are less likely to say that their job is better than at other places, they see less intrinsic value in their work, and they are more likely to say that they would prefer to keep house and not work at the plant if they could do what they wanted. The general impression is that they felt freer in the interview to voice complaints and also to admit health troubles. The pattern may also indicate that they feel committed to the job at the present time, but do not see it as a permanent commitment.

We can interpret the difference between this group and the women in Montana Mills by saying that they are under fewer pres-

sures which give them a trapped feeling. They accept the job as a means to get money which they want now (although it seems to be less necessary for the family). It is all right as far as jobs go, but it is not exceptional. Apparently they have taken extensive sick leave with satisfactory excuses, perhaps sometimes cynically, and do not feel excessive pressure. The work is there if they want it, neither too much—with overtime—nor having a danger of layoff. This in turn would provide less justification for a spectacular way of taking off during a peak production period.

We can look at the three groups besides the population at risk in the light of our discussion of the postulates of diffusion and contagion in Chapter 9. For the difference in belief of the two groups in the plant we might refer to the differences in prestige: the workers in the big room probably had less prestige than the ones outside, who were more skilled workers, while the white workers may have had prestige in the eyes of the Negro pressers. The difference in action, however, conforms best to Postulates 7 and 15. Neither the outsiders nor the Negroes had intimate ties with the affected. Also, neither group had a need for action, but the difference from the population at risk was in opposite directions, that is, the Negro workers faced too much risk by getting sick and thus this avenue was effectively blocked, while the workers outside the room were not under as much stress and lacked the original incentive. The control factory seems to be similar to this latter group. Although it must be admitted that we do not know what would have happened in the control factory if a woman had fainted, the fact still remains that no such incident did occur. The workers seem to be under less pressure and are able to express their complaints in other ways. One particular working condition is the same for the women outside the sewing room and those in the control factory, namely, the regularity of work. Neither group was exposed to overtime or layoffs. We might thus surmise that of all strain factors which increased tension, this was the most important.

B

INTERVIEW SCHEDULE: INDUSTRIALIZATION AND THE WORKER

Hello, I am _____, from the National Opinion Research Center. We are carrying out a number of studies of various kinds of plants all over the country to help in understanding the problems and satisfactions of both workers and management. One of the problems we are looking into is the matter of the health of workers. We were interested in talking to some of you here at Montana Mills for a number of reasons. First, this is a new plant with very modern machinery, air conditioning, and many other advantages. Second, it is part of a general pattern of industrialization of the South. And, of course, we are also interested in it because of some of the publicity the plant received recently.

Mainly, though, we are concerned with the general situation here in the plant and how those of you who are working here are getting along.

One thing I want to make clear, too, is that none of the things you may tell me will be reported to anyone else in the plant—to management, the union, or anyone else. We will, of course, give a report of the general findings to others in the plant, but

no one will be told about what any individual tells us. I doubt if you would have any worries on this anyway, but just in case you should, you can be sure that this is entirely confidential. Okay? Now ----------

1. How long does it take you to get to and from work? (one way)
   _____ Less than 15 minutes
   _____ 15–30 minutes
   _____ 30 minutes to an hour
   _____ More than an hour

2. Do you go alone or do you drive with other workers?
   _____ Alone
   _____ With others Whom? _____

3. How many people are in your family? (Household unit, including respondent)
   _____

4. How many of these work? (Including respondent)
   _____

5. Who is the chief breadwinner in your family?
   _____ Respondent is
   _____ Husband → Is his (her) job steady, or is it seasonal?
   _____ Father → _____ Steady
   _____ Sister → _____ Seasonal
   _____ Other (Specify) →

6. What part of the family income comes from your wages? All, more than half, or less than half?
   _____ All
   _____ More than half
   _____ Less than half

7. How do you use your income? Is it just for you, is it pooled for the support of the family, or what?
   _____ Just for own use
   _____ Pooled for family support
   _____ Other (Specify) _____

8. How much difference would it make to you if you were unable to have this income?
   _____ A great deal
   _____ Some difference
   _____ Not much

9. Is there any disagreement in your family on whether you should be working at Montana Mills? (Do some think you should and some think you shouldn't?)
   _____ Yes → What's the disagreement about? (Who disagrees with whom on this? Who thinks you shouldn't? Why do they think you shouldn't?)
   _____ No

10. Do you find that your work here interferes with some of your other activities? (Do you feel that you can't do as much of what you want to or should do outside the plant because you're working here?)
    _____ Yes → What kinds of things does it interfere with? (Family, religion, recreation, housework, organized groups, etc.)
    _____ No

11. Did you work elsewhere before coming to work here at Montana Mills?
    _____ No → Why did you start working here?

    Whose idea was it that you start working here?
    _____ Her own
    _____ Family member suggested it
    _____ Friend suggested it
    _____ Other person suggested it

_____ Yes ⟶ Why did you change jobs?

_____

On the whole, how does this job compare with other jobs you've had? Is it better, about the same, or not as good?

_____ This one is better
_____ This one is not as good
_____ Better in some ways, worse in others
_____ About the same

(If better and/or worse:) What about this job is better (worse)?

_____
_____
_____

12. How do you think others in your section feel about their job here? Do they think it is better, about the same, or not as good as jobs they've had before?

_____ This one is better
_____ This one is not as good
_____ This one is better in some ways, worse in others
_____ Some think it's better, some think it's worse
_____ Don't know

13. When you think about your present job, what are the things about it that are good?

_____
_____
_____

14. What are the things about it that are bad, or not so good?

_____
_____
_____

15. How are the employees treated in this plant? The same as at most other places, better than at most, or worse than at most others?

_____ The same as at most
_____ Better ⟶
_____ Worse ⟶
_____ Better and worse ⟶
_____ Don't know

In what ways are they treated better (worse)?

_____
_____
_____

NOTE TO INTERVIEWER: IN QUESTIONS 16-26 GET FULL NAME OF PERSONS MENTIONED.

16. A. Who are the people with whom you come into contact during the course of your work? _____

_____

ASK IF NOT CLEAR FROM Q. 16A:

B. Who is your supervisor? _____
C. Who is your steward? _____
D. Who gives you your work? _____
E. Who picks it up? _____

17. Do you take your lunch break by yourself, usually with the same people, or with whoever comes along?

_____ Alone
_____ Same people ⟶ Who? _____ _____ _____
_____ Whoever comes along ⟶ Are there some people you see more than others? Whom?

_____

18. On the whole, how well do the people in your section get along with one another?

_____ Very well
_____ Okay, not bad
_____ Poorly

19. How well do you like the people in your section? (most of them, on the whole)

_____ Very much
_____ Okay, not bad
_____ Don't like them

20. Comparing your section with others, are the people in your section better to work with, about the same, or do you think people in other sections might be better to work with?

_____ Mine are better
_____ About the same
_____ Others better
_____ Don't know

21. Of the people in your section, who is the person you admire most?

_____

22. Of the people in your section, who is the best worker?

_____

23. Who are your best friends in the plant?

_____ _____ _____

24. To whom would you turn for help if you had any personal problem in the plant?

_____

(If person outside plant mentioned:) Anybody in the plant?

_____

25. Is there anybody you think of who would want to turn to you first?

_____ No
_____ Yes → Who? _____

26. If you had a complaint about your job, to whom would you go or to whom would you talk about it?

_____ My supervisor

_____ No one
_____ A friend, peer
_____ Don't know

→ (If steward not mentioned) Would you go to your steward?
_____ Yes _____ *No
_____ Don't know
*If "No": Why not?
_____
_____
_____

_____ My union steward →

(If supervisor not mentioned) Would you go to your supervisor?
_____ Yes _____ *No
_____ Don't know
*If "No": Why not?
_____
_____
_____

27. How well does your supervisor understand your problems?

_____ Very well
_____ Okay, well enough, all right
_____ Not very well, poorly
_____ Don't know

28. How well do you think the others in your section think your supervisor understands their problems?

_____ Very well
_____ Okay, well enough, all right
_____ Not very well, poorly
_____ Don't know

29. How much do you have confidence and trust in your supervisor?

_____ Have a lot of confidence and trust
_____ Some, a little, sometimes
_____ Very little, none

30. How much do the others in your section have confidence and trust in your supervisor?

_____ They have a lot of confidence and trust
_____ Some, a little, sometimes
_____ Very little, none
_____ Don't know

31. How free do you feel about discussing important things about your job with your supervisor?

_____ Very free
_____ Some doubt, only at times
_____ Not at all free, won't do it

32. How would you rate your supervisor? Is he (she) strict, somewhat so, or is he (she) pretty easy-going?

_____ Strict
_____ Somewhat strict
_____ Easy-going
_____ Varies too much, he's (she's) too changeable
_____ Don't know

33. Would you say that he (she) treats everybody the same, or is he (she) strict with some and lenient with others?

_____ All the same
_____ Strict with some, lenient with others

I have here a number of statements. In each case you can respond to the statement in one of these four ways. (GIVE SUBJECT CARD WITH RESPONSES) You can Strongly Agree with the item, Agree with it, Disagree with it, or you may Strongly Disagree with it. I think we can do this best if you simply point to the answer that best describes how you feel about the state-

ment. Now for instance, how do you feel about this statement? (Circle response given.)

34. Taking everything into account, things are better for us than they were for our mothers. SA A D SD
35. In general, there are more bad things than good things about my job. SA A D SD
36. Toward the end of the day, it often seems to me as if quitting time will never come. SA A D SD
37. The people I work with are a pain in the neck. SA A D SD
38. All things considered, it is better if a woman can stay home with her family. SA A D SD
39. The time spent at work does not interfere much with the things I really want to do. SA A D SD
40. I would not like to have my work week cut to 20 hours, even if my income stayed the same. SA A D SD
41. I don't care who I work with, as long as they don't bother me. SA A D SD
42. All in all, I am glad I have the job I have. SA A D SD
43. When you come right down to it, a worker's interests and those of management are the same. SA A D SD
44. When I am at home, I often think about my friends at work. SA A D SD
45. The work I do is dull. SA A D SD
46. All in all, it would have been better if so many factories had not come into this area. SA A D SD
47. The people I work with are my best friends. SA A D SD
48. If I inherited a million dollars, I would still like to keep on doing the work I do now. SA A D SD
49. If you come right down to it, it doesn't matter to the worker how much profit the factory makes. SA A D SD
50. One of the best things about my work is the people I work with. SA A D SD

51. I would miss my job badly if I stayed away even for a brief vacation of more than a week. SA A D SD
52. I have never disliked anyone with whom I've worked. SA A D SD
53. Nobody would do the kind of work I do, if he didn't have to. SA A D SD
54. The time spent at work takes too much away from the things I really should do. SA A D SD
55. The people I would most like to visit me in my home are the people I work with. SA A D SD
56. I dislike my job. SA A D SD
57. All in all, it is good for our area that so much new industry has been built here. SA A D SD
58. A lot of people would like to trade their job for mine. SA A D SD
59. My job would be better if it weren't for the people I work with. SA A D SD
60. All things considered, it is better for a woman to work and bring income to her family. SA A D SD
61. I wouldn't take a better paying job if it would mean I would have to do different work than I do now. SA A D SD
62. Taking everything into account, our mother's times were better than ours. SA A D SD
63. Even if I had an entirely different job, I would like to do the kind of work I do now sometimes, just for fun. SA A D SD

Now, a few questions about one of the things that happened recently.

64. As you know, a number of people got sick here in the plant this summer, from an insect bite or something. Exactly, what did happen? (Get verbatim.)

_____

_____

_____

_____

_____

_____

65. Did anything like this happen to you?
_____ Yes → Are you fully recovered from it now?
_____
_____ No

66. Did this happen to anyone (else) in the plant whom you know well?
_____ Yes → Who was that? [Get full name(s)]
_____
_____ No

67. About how many people in the plant do you figure this happened to?
(GET ESTIMATE OF NUMBER AFFECTED) _____

68. What do you think caused this to happen? (Do you think it was an insect or something else?)
_____

69. Do you think it could have been prevented in some way?
_____ Yes → How could it have been prevented?
_____
_____
_____ No
_____ Don't know

70. Do you think that some kinds of people were more affected by this than others? (Do you think that it was more likely to happen to some people than to others?)
_____ Yes → In what way were those who were affected different from the others?
_____
_____
_____
_____
_____ No
_____ Don't know

71. Do you think that whatever caused this is now taken care of, or do you think there is still a danger of it happening again?
_____ Still danger → What could be done to prevent this from happening again?
_____
_____ Taken care of
_____ Don't know

I'd like to ask you a few questions about your job.

72. First, is it a seasonal job, or can you count on working at least a full week all year?
_____ Seasonal → ASK BOTH QUESTIONS:
A. If you should be laid off, how long do you expect to work before being laid off?
_____
B. If you are laid off, how long would you expect to be without work? That is, how long would it be before you were asked to come back to work here?
_____
_____ Steady
_____ Don't know →

73. When you were first hired at Montana Mills, did you expect your job to be seasonal?
_____ Yes → How did you feel about it being seasonal?
_____ Liked it
_____ Disliked it
_____ Didn't care, didn't matter
_____ No
_____ Didn't know then

74. Have you ever been laid off since you've worked at Montana Mills?
_____ Yes → A. Did you know when you were laid off how long you would be out of work?
_____ Yes
_____ No
B. How long were you out of work?
_____
C. Did you have any money put aside to help tide you over while you were laid off?
_____ Yes, enough
_____ A little
_____ No
_____ No

75. If you should be laid off in the future, do you have any money put aside to help tide you over?
_____ Yes, enough _____ A little _____ No

Now, how about the work you do on your job.

76. As far as your job is concerned, what's the thing you worry about the most? (Probe: Overtime, seasonal nature of the job, keeping up, keeping your job)

_____

77. Is the pace pretty much the same all the time on your job, or do you sometimes have to work harder or faster than you do at other times?
_____ Always pretty much the same
_____ Varies, is sometimes harder or faster

78. Compared with other people in your section, do you think you work faster, about the same, or do you work slower?
_____ Faster
_____ About the same
_____ Slower
_____ Don't know

79. Do you ever find yourself trying hard to keep up with the others?
_____ No, never have this problem
_____ Yes, sometimes do

80. What would happen if you got behind the others?

_____

81. If you make mistakes, do you have to do that work over again?
_____ No, never
_____ Sometimes → Does that come out of your pay? Do you lose income when that happens?
_____ Yes, always → Does that come out of your pay? Do you lose income when that happens?
_____ No
_____ Yes
_____ Sometimes

82. Compared with the others in your section, do you make more mistakes, about the same number, or do you make fewer mistakes?
_____ More _____ About the same
_____ Fewer _____ Don't know

83. In most plants there are people who work faster or slower than others. In your section, though, do most of the people turn out about the same amount of work as the others or is there a lot of variation?
_____ Most about the same _____ Much variation
_____ Don't know

84. Are there any who usually turn out more than the other women?
_____ No, all about the same
_____ Don't know
_____ Yes →
How do you feel about those who do this?
_____ Doesn't matter one way or the other
_____ I like them, think this is good
_____ I don't like them, think this is bad
How do <u>others</u> in your section feel about them?
_____ They don't care one way or the other
_____ They like them, think this is good
_____ They don't like them, think this is bad

85. Are there any who usually turn out less than the other women?
_____ No, all about the same
_____ Don't know
_____ Yes →
How do you feel about those who do this?
_____ Doesn't matter one way or the other
_____ I like them, think this is good
_____ I don't like them, think this is bad
How do <u>others</u> in your section feel about them?
_____ They don't care one way or the other
_____ They like them, think this is good
_____ They don't like them, think this is bad

86. Do you think that some of the people here in this plant sometimes take off from work when they aren't sick, just to get a rest?

_____No _____Don't know _____Yes

87. Do you sometimes do this?

_____ No →
_____ Yes →

Do you think there is anything wrong with this?
_____ No
_____ Don't know
_____ Yes What? _____
_____
_____

(ASK QUESTIONS SEPARATELY FOR WEEKDAYS AND SUNDAYS)

Now let's talk about working overtime.

	During the week	Sundays
88. About how many times in the last month have you worked overtime (during the week) (on Sundays)?		
Every day	_____	_____
Two or three times a week	_____	_____
Once each week	_____	_____
Once or twice a month	_____	_____
Not at all	_____	_____
Never (SKIP TO Q. 93)	_____	_____
89. Is working overtime (during the week) (on Sundays) the sort of thing you can refuse if you feel like it, or is it something that's expected of you and that's hard to refuse?		
Can refuse	_____	_____
Can't, hard to refuse	_____	_____

	During the week	Sundays
90. Do you like working overtime (during the week) (on Sundays)?		
Like	_____	_____
Dislike	_____	_____
Like and dislike	_____	_____
Indifferent	_____	_____
91. Some people don't like working overtime (during the week) (on Sundays) because it interferes with other things they have to do or want to do. In your case how much does working overtime interfere with your:		
Housework	_Much _Some _None	_Much _Some _None
Taking care of children	_Much _Some _None	_Much _Some _None
Being with your husband	_Much _Some _None	_Much _Some _None
Being with your friends	_Much _Some _None	_Much _Some _None
Going to church	_Much _Some _None	_Much _Some _None
Other(_____)		
92. Do any others ever complain about your having to work overtime (during the week) (on Sundays)? For instance:		
Husband	_Yes _No	_Yes _No
Children	_Yes _No	_Yes _No
Friends	_Yes _No	_Yes _No
Others(_____)	_Yes _No	_Yes _No

93. How do you feel about this: Would you rather work a straight work week without overtime, but no lay-offs during the year; or would you prefer working overtime but being laid off from time to time?
_____ Prefer steady work week
_____ Prefer overtime and lay-off
_____ Doesn't matter
_____ Don't know

94. How do you think others in your section feel about this? Do you think they would prefer to work a steady work week, or would they rather have overtime and lay-offs?
_____ Prefer steady work week
_____ Prefer overtime and lay-offs
_____ They don't care
_____ I don't know

95. A. How do you feel about working on Sunday? Do you think it is wrong?
_____ No _____ Yes _____ Objects, but for other reasons.
B. Why do you feel that way? _____

96. Do you attend any particular church? Which one? (GET NAME OF SPECIFIC CHURCH, i.e., Ninth Street Primitive Baptist, not just Baptist)
_____

97. About how often do you usually attend religious services?
_____ More than once a week
_____ Once a week
_____ Two or three times a month
_____ Three to twelve times a year
_____ Less than three times a year
_____ Never

98. Have you attended any religious revival meetings this summer?
_____ Yes → What group sponsored it? _____
_____ No

99. Does your church disapprove of working on Sunday?
_____ Doesn't belong to church
_____ No
_____ Yes

100. How has your general health been?
_____ Excellent
_____ Good
_____ Indifferent
_____ Bad
_____ Very bad

101. Have you been sick during the past several years?
_____ Yes
_____ No

102. Have you been in the hospital during the last few years?
_____ No
_____ Yes → How many days? _____ Why? _____

103. Have you had to stay at home because you were sick during the past year?
_____ No
_____ Yes → How many days? _____ Why? _____

104. Have you been taking any medicine or pills during the last few months.
_____ No
_____ Yes → What? _____ What for? _____ Was it prescribed by a doctor?
_____ Yes _____ No

Here is a list of statements of possible complaints people may have and how they feel about themselves. Can you tell me for each whether it is generally true for you or not. For instance, do you often. . . . (CIRCLE RESPONSE)

105. Do you often have bad pains in your eyes? Yes No
106. Do you often cry? Yes No
107. Are you hard of hearing? Yes No

108. Do you become scared at sudden movements or noises at night? Yes No
109. Are you often troubled with bad spells of sneezing? Yes No
110. Are you constantly keyed up and jittery? Yes No
111. When you catch a cold, do you always have to go to bed? Yes No
112. Do you suffer from asthma? Yes No
113. Do you have pains in the heart or chest? Yes No
114. Does every little thing get on your nerves and wear you out? Yes No
115. Do you suffer from frequent cramps in your legs? Yes No
116. Do you often suffer from an upset stomach? Yes No
117. Are you considered a nervous person? Yes No
118. Do your muscles and joints constantly feel stiff? Yes No
119. Must you do things very slowly in order to do them without mistakes? Yes No
120. Is your skin very sensitive or tender? Yes No
121. Does your skin often break out in a rash? Yes No
122. Do you suffer badly from frequent severe headaches? Yes No
123. Do you go to pieces if you don't constantly control yourself? Yes No
124. Do you frequently feel faint? Yes No
125. Do you often get spells of complete exhaustion or fatigue? Yes No
126. Does working tire you out completely? Yes No
127. Are your feelings easily hurt? Yes No
128. Are you frequently ill? Yes No
129. Are you constantly made miserable by poor health? Yes No
130. Do people usually misunderstand you? Yes No
131. Do people often annoy and irritate you? Yes No
132. Do you get nervous and shaky when the supervisor is watching you? Yes No
133. Are you scared to be alone when there are no friends near you? Yes No
134. Do frightening thoughts keep coming to you? Yes No
135. I find it hard to keep my mind on a task or job. Yes No

136. I have more trouble concentrating than others seem to have. Yes No
137. Sometimes my mind seems to work more slowly than usual. Yes No
138. I do many things which I regret afterwards. Yes No
139. I brood a great deal. Yes No
140. I very seldom have spells of the blues. Yes No
141. Life is a strain for me much of the time. Yes No
142. I feel tired a good deal of the time. Yes No
143. People often disappoint me. Yes No
144. I am easily embarrassed. Yes No

145. During the past year, how often were you bothered by:
   A. Nervousness
      _____ Very often
      _____ Fairly often
      _____ Not very often
      _____ Never
   B. Loneliness
      _____ Very often
      _____ Fairly often
      _____ Not very often
      _____ Never

146. During the past year would you have reported to the doctor if the following situations had arisen?
   A. You had been feeling poorly for a few days.
      _____Certainly
      _____Probably
      _____Not very likely
      _____Very unlikely
   B. You felt you had a temperature of about 100 degrees.
      _____Certainly
      _____Probably
      _____Not very likely
      _____Very unlikely
   C. You felt you had a temperature of about 101 degrees.
      _____Certainly
      _____Probably
      _____Not very likely
      _____Very unlikely

147. If you could do what you wanted, would you work here, keep house, or do something else?
_____ Work here
_____ Keep house
_____ Do something else ——→ What? _____
_____

148. Where would you like most to live, on a farm, in a town or in a city?
_____ Farm
_____ Town
_____ City

Respondent's Name: _____

Date: _____ Time of interview: From _____ a.m. p.m.
to _____ a.m. p.m.

Index

Italicized numbers refer to theoretical or extended discussions of the concepts noted.