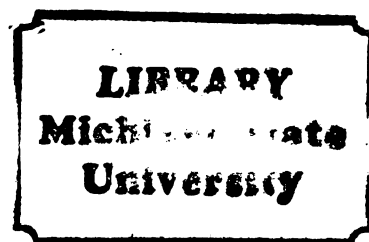


BEHAVIOR SITUATIONS: A THEORY BASE FOR
LIFESTYLE AND PSYCHOGRAPHIC RESEARCH

Thesis for the Degree of M. A.
MICHIGAN STATE UNIVERSITY
RICHARD J. SIKORSKI
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ABSTRACT

BEHAVIOR SITUATIONS: A THEORY BASE FOR LIFESTYLE AND PSYCHOGRAPHIC RESEARCH

By

Richard J. Sikorski

Webster defines the term treatise as follows:

a systematic exposition or argument in writing including a methodical discussion of the facts and principles involved and conclusions reached.

Based upon that definition this thesis would be more aptly named treatise. It unfolds as follows:

1. The argument is presented that life style research in advertising suffers from lack of proper science in its definition and methodology.
2. Basic tenets of proper scientific inquiry are reviewed via Cantril, Ames, Hastorf and Ittelson.
3. They are used as criteria to judge the existing state of life style research.
4. Solutions to phenomenal and methodological problems are sought among the following behavioral scientists: Kantor, Rokeach, Lewin, Bentley, Ryle, Stephenson and Mauldin.
5. A theory base founded on phenomenal definitions of human behavior is presented.
6. A hypothesis about the effect of a possible definition of life style is tested.
7. Null hypothesis stands, but a new unit of analysis is isolated, a new form of segmentation proposed.
8. A case of that segmentation is used as the basis for advertising strategy.

Richard J. Sikorski

Details include a "spelling out" of the basic tenets, conclusions from that application as criteria, an outline of theory base propositions, steps in methodological procedure, factor names, and conclusion areas can be found in the table of contents.

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By

Richard J. Sikorski

A THESIS

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Director of Thesis

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Date

DEDICATION

I dedicate this thesis to Haley Cantril, J.R. Kantor, Arthur Bentley, William Stephenson, "Charlie" Mauldin, Maharishi Mahish Yogi and especially me because I valiantly braved an acute attack of sinusitis throughout this whole project, insuring me forever a revered place in factor 3.

ACKNOWLEDGEMENTS

Charlie,

Because you grokked
that I had the ability to soar
you took me to levels
I've never been before
and taught me how to navigate there.
Sharing with me your favorite clouds
you showed me how to read their faces
and understand the nature of the
secrets each held. . .
so that I could show you secrets
in clouds of my own
so that I might help others reach those
neither of us will ever know.

I love you for that.

I will honor the tradition.

Gordon,

You convinced me I had what it took
to be Copernicus
and showed enough confidence in me
to stand aside
and let me take command.
You know the secret of leadership.
I've learned the lesson.

Lynn,

I love you.
You know you've been the secret of my strength,
the sunshine of my life.
And believe it or not,
your light can shine through any cloud.

June,

You didn't realize what hell it would be
to type a thesis that started out in the heavens.
You did me a great service.
And also taught me that women are like rivers,
calm, accepting and always patient.
You're good people, thanks.

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CHAPTER ONE:
Introducing A Performer with No Mind of
Its Own.

"The development of life style
and psychographics has been hap-
hazard in the sense that it has
not been guided by any explicit
theory of human behavior."

Hustad and Pessemier

Research assuming the common name of "life style" has suffered the brunt of much criticism in the last few years.

Objections its prosecutors raise seem to share common themes.

There is no general agreement as to just exactly what it is, what its major purpose and applications are, what the technical and/or theoretical attributes are that distinguish it from other types of research.¹

There exists no clear cut set of principles or body of knowledge that is unique to it such as can be found to apply to any of the physical sciences or most of the "ologies" in general.²

W.R. Simmons,
W.R. Simmons and Associates
Research

The concept of life style has been widely recognized and studied as either the dependent or independent variable set in numerous behavioral science and marketing studies. Yet there is no clear cut conceptual or operational definition of the concept.³

Jerry Wind, Paul Green,
Wharton School, University
of Pennsylvania

¹W.R. Simmons, "Overall Impressions of Psychographics," in Charles W. King and Douglas J. Tigert (eds.), Attitude Research Reaches New Heights (American Marketing Association, 1970), p. 215-216.

²Ibid.

³Jerry Wind and Paul Green, "Some Conceptual, Measurement and Analytical Problems in Life Style Research," in William D. Wells (ed.), Life Style and Psychographics, (American Marketing Association, Chicago, 1974), p. 105.

These same authors demonstrate how general lack of consensus on ways to define life style has led to the term coming to mean all non-demographic characteristics of consumers that may account for unit of association differences in consumer behavior.⁴

Investigation by William Wells reinforces their case.

Using the term life style and its sometimes alias, "psychographics," interchangeably, Wells turned up no less than 32 definitions in two dozen papers dealing with the subject.⁵

Focusing on methodology, he also alludes to sloppy scientific method:

The fact is that most of the established way of conducting life style and psychographic research represent the personal judgments, predispositions and prejudices of a relatively small number of researchers who have copied freely from, and reinforced, each other.⁶

Expounding on the same issue, Charles King uses words a bit more economically:

Virtually millions of dollars are being spent by researchers to generate their own proprietary approaches

⁴Ibid., p. 106.

⁵William D. Wells, "Psychographics: A Critical Review," (unpublished working paper, Chicago: University of Chicago, November, 1973), p. 3.

⁶William D. Wells, "Some Conceptual, Measurement and Analytical Problems in Life Style Research," in William D. Wells (ed.), Life Style and Psychographics, (American Marketing Association, Chicago, 1974, p. 99.

which will ultimately produce only confounding, inconclusive data.⁷

As a productive and causal factor in explaining consumer behavior, King describes the whole area of psychographics as cloudy, absolutely chaotic, plagued with misconception and weak methodology.⁸

He predicts:

Because of this lack of organized, scientific treatment, the conceptual arena of psychographics may lose its research charisma.⁹

King judges that, given current practices marketing research is light years away from joining the sophisticated social sciences. And that unless its inquiry into psychographics and consumer behavior adopts proper scientific approach, little lasting content will be generated.¹⁰

Diagnosis then, at least among these critics, is unanimous. Problems of life style research stem from an inherent lack of proper science.¹¹

That makes philosophy of science the logical area to look to for cure.

In the "reference section of its library" there exists a classic trilogy of articles that spell out basic

⁷Charles W. King, "Social Science, Pragmatic Marketing Research and Psychographics," in Charles W. King and Douglas J. Tigert (eds.), Attitude Research Reaches New Heights, (American Marketing Association, 1970), p. 230.

⁸Ibid, p. 230.

⁹Ibid, p. 230.

¹⁰Ibid, p. 231.

¹¹Ibid, p. 230.

tenets concerning the nature, method and perspective of proper scientific inquiry. Perhaps by using these as criteria one can comprehensively evaluate the state of life style research as scientific inquiry, point out areas of deficiency, maybe even isolate vital elements needed to begin creation of the "explicit theory of human behavior" life style needs as its guide.¹²

¹²Wells, op. cit., p. 73.

CHAPTER TWO:
Some Basic Tenets of Scientific Research

"Sometimes the scientist's interest in building up the content of his discipline sidetracks him from a consideration of the scientific process itself and creates a lag in the understanding and improvement of scientific tools. What follows is an attempt to clarify our thinking about the nature of scientific research in these fields which take on the primary responsibility of accounting for man's thoughts and behavior. Only then will such research accomplish what we have a right to expect of it."

Cantril, Ames, Hastorf,
Ittelson

Introduction

Vintage of the quote you just read was 1949.

What follows are the basic tenets of scientific research its authors outlined in the classic trilogy:
Psychology and Scientific Research. I. The Nature of Scientific Inquiry, Psychology and Scientific Research. II. Scientific Inquiry and Scientific Method, Psychology and Scientific Research. III. The Transactional View of Psychological Research.

Tenet I: Basic function of research is the understanding of the phenomena in question, not predicting how one variable abstracted from it affects another.¹³

Increasing understanding means increasing one's entire range of conceptual knowledge about a phenomenon.¹⁴
The ability to control variables and to apply knowledge is a natural by-product of increased understanding in this sense.¹⁵ Primary concern with understanding also helps a researcher avoid the dangers of a rigid determinism.*

¹³Hadley Cantril, Adelbert Ames, Jr., Albert H. Hastorf, and William H. Ittelson, "Psychology and Scientific Research. I. The Nature of Scientific Inquiry," Science, Vol. 110, (November 4, 1949), p. 463.

¹⁴Ibid.

¹⁵Ibid.

*Holding that natural, social and psychological phenomena are determined by certain antecedent causes.

Tenet II: Real research always involves higher order abstractions.¹⁶

"Abstractions" are the higher order constructs, theories, sets of principles or bodies of knowledge the scientist uses to explain behavioral phenomena. Cantril and associates continually testify to their basic necessity in creating new definitional and conceptual explanations of more specific phenomena, in formulating problems for investigation, in determining hypotheses for experimentation, and in interpreting research data.¹⁷

Tenet III: Proper scientific research must religiously obey the following procedure.¹⁸

1. Research must begin with the formulation of a specific problem for investigation.

Einstein and Infeld have written that the

formulation of a problem is often more essential than its solution. To raise new questions, new possibilities, to regard old problems from a new angle, requires creative imagination and makes a real advance in science.¹⁹

Schizophrenia stayed "solely caused" by psychological disorders for many years because of this tendency. Recently it has been discovered to also be the product of thyroid overactivity.

¹⁶_____, "Psychology and Scientific Research. II. Scientific Inquiry and Scientific Method," Science, Vol. 110, (November 11, 1949), p. 495.

¹⁷Ibid.

¹⁸Cantril, et al., op. cit., "Psychology and Scientific Research. I. The Nature of Scientific Inquiry," p. 462.

¹⁹A. Einstein and L. Infeld, The Evolution of Physics, (New York: Simon and Schuster, 1947), p. 286.

Problem solving is the natural reason for any inquiry, not just ones termed scientific. It's part of man's every day functional activities of going beyond what he already knows. It's the goal that guides his thought, his efforts. Scientific inquiry can never be understood if it is somehow put on a pedestal and held as something remote or foreign from man's everyday activities. "Science," says Conant, "emerges from the other progressive activities of man to the extent that new concepts arise from experiments and observations."²⁰ Problem formulation rests at its heart.

Problem formulation starts with sensing the inadequacy of current concept to explain the phenomenon in question. It's aim is understanding. It's effort is that of prompting concern with research that will bring about major reformulations, or new ways to explain phenomena or behavior. "Otherwise (researchers) are forced to close their eyes to important problems that face them, or to devote themselves only to methodological problems, rationalizing these activities as research."²¹

Cantril calls one variety of this perversion the "shot-gun approach." Its practitioners hold that if one

²⁰J.R. Conant, On Understanding Science (New Haven: Yale University Press, 1947).

²¹Cantril, et al., op. cit., "Psychology and Scientific Research. II. Scientific Inquiry and Scientific Method," p. 492.

gathers enough data, "possible with the use of new gadgets and apparatus, one must sooner or later come out with some sort of scientific result."²² Precedent can be traced to Francis Bacon who maintained that "by recording and tabulating all possible observations and experiments 'proper relationships' emerge almost automatically."²³

Much of the data gathered today seems concerned with the "gadgets and apparatus" Cantril refers to, under the new names "statistics and computer."²⁴ In advertising research specifically, many modern day "Bacons" have fallen into the habit of trying correlation after correlation in hope of stumbling onto something "significant."

Another perversion, Cantril cites, is generally referred to as "classification syndrome."²⁵ Tendency here is for researchers to work out classifications, with the implication that if an individual's behavior can be properly fitted into one of them, then further analysis of a functional nature is relatively unimportant for its understanding.

Both the "shotgun approach" and the "classification syndrome" happen because of poor problem formulation, or lack

²²Ibid.

²³W.C.D., Dampier-Whetham, A History of Science, (New York: Macmillan, 1929), p. 58.

²⁴Cantril, et al., op. cit., "Psychology and Scientific Research. II. Scientific Inquiry and Scientific Method," p. 492.

²⁵Ibid.

of it in the first place. One must remember that because the act of formulating a problem contains within itself the inherent possibility of stretching beyond what is scientifically established theory and methodology depend on its solution, rather than solution depending solely on them. Theory for explaining the phenomena may very well not exist, much less the methodology to test it.

Investigations that limit themselves solely to quantitative methodological approaches or that overemphasize problems of measurement bias their decisions as to what data are significant to gather, blind investigators from realizing the necessity of first formulating a problem and narrowing the possible selection of new units of analyses from relevant phenomena.

Researchers sold on quantitative approaches are frequently hesitant to tackle problems for which there are no quantitative techniques, thus "limiting themselves to research impressive only in elaborate quantitative treatment of data."²⁶

Stage two of problem formulation concerns the formation of adequate hypotheses.

As Cantril states, an adequate hypothesis "must be more than a description of current data and more than a prediction that data will reproduce themselves."²⁷ A

²⁶Ibid.

²⁷Ibid., p. 491.

hypothesis is judged not only in terms of its ability to predict immediate events, but for the promise it holds for leading to further, more adequate hypotheses.²⁸

Since the increased understanding of behavior is its overall goal, scientific inquiry demands that each new hypothesis reach beyond established formulations.²⁹ This is the "key phenomena" of its nature.

The way an investigator poses his problem's hypothesis, determines where his investigation will come out, what functional activities or subphenomena he believes have bearing on the phenomenon in question, which of these he will use as bases for units of analysis, and what methodology he will select or even invent if he has to.³⁰

2. Determining those functional activities or subphenomena that may have a significant bearing on the problem.³¹

What established concepts, definitions or principles of behavior are related? What subphenomena point to their relevance? What conditional relationships would have to exist if the phenomena could be explained in terms of an experiencing individual in a concrete environment?

²⁸Ibid.

²⁹Ibid.

³⁰Ibid.

³¹Cantril, et al., op. cit., "Psychology and Scientific Research. I. The Nature of Scientific Inquiry," p. 462.

Questions like these are at issue here.

3. Picking from the various aspects of phenomena involved those that seem most important in explaining the problem at issue, and that will serve as bases for units of analysis.³²

As Cantril explains:

He (the investigator) abstracts out of the hitch situation those aspects he believes are probably necessary to his understanding of the original hitch.³³

4. Working out some method of changing those aspects of relevant phenomena into proper units of analysis, and conducting empirical investigations accordingly.³⁴

Measureable variables and proper methodology are decided here. According to Cantril:

. . . the scientist arbitrarily treats these (the relevant) abstracted aspects of a phenomenon as if they existed in their own right. He does not do this simply because he wants to, but because he has to, in order to recall and manipulate the phenomenon intellectually.³⁵

Aspects of phenomenon, then, become bases for standards that can be measured and carried, as units of analysis. The researcher designs an empirical test of his "new basis for standard" with reference to other phenomena that have already been established as bases for standards. He does this to determine whether or not variation in this

³²Ibid.

³³Ibid.

³⁴Ibid.

³⁵Ibid.

"new basis" affects old standards, and whether it is affected by them according to the formulation in step one.

5. Modifying our "assumptive world" on the basis of how well empirical evidence proved the validity of the formulated hypothesis for resolving the immediate problem.³⁶

If his empirical test confirms the hypothesis or formulation, if the researcher finds he has "abstracted out" an aspect of phenomenon that is a necessary condition total phenomenon in question, then Cantril says, a basis for a new standard has been discovered and we can proceed to think of it quantitatively.³⁷

Quantitative status doesn't grant axiomatic privileges, however. Suitability of a particular operation for solving the problem at hand doesn't necessarily exhaust other possibilities for inquiry, nor license its use for other investigations.

Variables are based on the intuitive judgments of the investigator, Cantril reminds us, and in any concrete investigation depend on the way he has formulated the problem.³⁸ Since problems are formulated differently in different fields of inquiry, units of analysis in that field may not be necessarily applicable to others.³⁹ Even units

³⁶Ibid.

³⁷Cantril, et al., op. cit., "Psychology and Scientific Research. II. Scientific Inquiry and Scientific Method," p. 496.

³⁸Ibid., p. 495.

³⁹Ibid.

of analyses in the same field will vary according to the nature of the "hitch"* in any concrete situation. Consequently, psychology and consumer behavior researchers can't swap variables because they both happen to be dealing with what appear to be introverts. Variables that help explain the purchase of a Gillette Trac II may not explain purchase of a Shick Double-Edge.

Agreeing on "basic" variables, Cantril explains, leads to an artificial restriction of the problems dealt with, sometimes to eliminating from consideration the most important variables.⁴⁰ In many perceptual studies, for example, emphasis has been placed on easily defined variables like "further than" and "bigger than" where the more psychologically meaningful variable is probably the subjective feeling of "surer than."⁴¹ Investigations of the "surety" with which attitudes are held under different conditions have lagged far behind interest in measuring "direction" of attitude or opinion.⁴²

For variables then, morals like "if the shoe fits, wear it" may not apply. For in a particular situation a particular person might just prefer going barefoot, or

⁴⁰ Ibid., p. 496.

⁴¹ Ibid.

⁴² Ibid.

* The inadequacy of established concept to explain the phenomenon at issue.

might even feel more comfortable wearing sandals." So much for this author's review of the steps involved with proper research procedure.

Proper philosophy of science must also include the "higher order" perspective research must take when it observes behavioral phenomenon.

Tenet IV: Phenomena in nature must be viewed transactionally, especially when that phenomena concerns the behavior of man.

Cantril and associates argue that man's thought and behavior can only be understood as processes of a full situation of organism-environment.⁴³ Therefore, researchers need to understand the complete "representativeness of circumstances" operative in any situation under observation.⁴⁴

Cantril explains:

The psychological investigator of all people cannot separate the observer from what is being observed, the process of knowing from what is known, what is "out there" from whatever goes on in the experiencing organism. Psychology must disavow completely any "field theory" which implies an environmental field acts on a person rather than through a person.⁴⁵

⁴³H.A. Murray, et al., Assessment of Men, (New York: Rinehart, 1948), p. 466.

⁴⁴E. Brunswick, Proceedings: Berkeley Symposium for Mathematics, Statistics and Probability (Berkeley, California: University of California Press, 1949), pp. 149-202.

⁴⁵Cantril, et al., "Psychology and Scientific Research. III. The Transactional View in Psychological Research," Science, Vol. 110, (November 18, 1949), p. 517.

Transactionalism holds that each man develops the assumptive world he needs to carry out his purposive activities. The world he is related to, the world he sees, the world he is operating on, and the world that is operating on him is the result of a transactional process in which man himself plays an active role. As man carries out his activity, the concrete events he must face dictate the significances he must deal with. The function, man abstracts from his "encounter" situation certain determined aspects his assumptive world considers relevant. This world includes far more than what's needed to deal with the immediate situation. Its more like a continuum which includes the past and the future, a library of both past experience and ideals.⁴⁶ Bentley has pointed out that "behaviors are present events emerging pasts into futures. They cannot be reduced to successions of instants nor to successions of locations. They themselves span extension and duration. The pasts and the futures are rather phases of behavior than its control."⁴⁷

The transactional mode of observation has definite implications for those seeking to explain the complex process of human behavior.

⁴⁶Ibid.

⁴⁷A.F. Bentley, Journal of Philosophy, 1945, Vol. 48, p. 485.

One, researchers must be constantly aware of the effects a mans own actions have on his assumptive framework, (in confirming and denying what makes it up) and the effects his actions have on the environment as he concurrently perceives and experiences it.⁴⁸

Two, transactionalism gives further reason to guard against the "classification perversion" introduced earlier in this chapter. Uncritical use of "catchwords" shatters behavior into fragments before proper inquiry and destroys comprehensive observation of it. The conclusion Bentley and Dewey argue.⁴⁹

Reasons to study subjective phenomena and to place firm reliance on subjective bases of analysis become more apparent, when a transactional perspective is taken, as do reasons for not overextending the use of subjective variables that have been successful.

Once one understands the transactional view of human behavior, the inadequacies of the interactional perspective become apparent.

An investigator could study the interdependence of various aspects of a perception forever and never get at the reason for such relationships until he

⁴⁸Cantril, et al., op. cit., "Psychology and Scientific Research. III. The Transactional View in Psychological Research," p. 517.

⁴⁹A. F. Bentley and J. Dewey, Journal of Philosophy, 1945, Vol. 45, p. 225.

asked himself what function such an interrelationship of phenomena served in the transaction of living.⁵⁰

Cantril concludes that one cannot understand even the simplest behavior of man without bringing in the variable of purpose.⁵¹ The fact that human behavior is functional, therefore becomes axiomatic.

Other conclusions relevant to scientific research procedure also become axiomatic when "transactionalism" is applied. Naturally, the "functional" nature of behavior dictates that the "transaction of living" become a "higher order" standard for selecting phenomena related to the behavior in question. Logically, the "process" dimension emphasizes the particular significance a particular subject might attach to all the stimuli involved, at a particular place and time.

Summary: Basic tenets of scientific research.

1. Research primarily seeks to understand behavior, not predict it. The former is a natural by product of the latter. Overemphasis on the latter makes research "method" rather than "inquiry."

2. Research must be guided by "theory" in all steps of its procedure.

⁵⁰Cantril, et al., op. cit., "Psychology and Scientific Research. III. The Transactional View in Psychological Research," p. 519.

⁵¹Ibid.

3. Research must follow each step in the proper sequence of inquiry. Problem formulation leads.

4. Units of analysis depend on "problem" phenomena for their definition. Less similar the problem, less suitable the unit of analysis.

5. Man's behavior must be conceived as a transactional process, as having as much an active role in the perception and experience of his environment as it has on him.

6. Absence of this perspective give rise to:

- a. the danger of classifying phenomena before proper inquiry into its identity
- b. refusal to place reliance on subjective variables
- c. interdependence of phenomena without functional reason

7. Application of this perspective demonstrates that:

- a. human behavior is functional. The transaction of living makes it so.
- b. human behavior is also subjectively determined.

So much for the gospel of Cantril. Now to apply its words to "everyday life."

CHAPTER THREE:

How Lifestyle Research Measures up as Science

"The trouble with lifestyle research is that the majority of its investigators just don't pursue it scientifically."

Introduction

The form of inquiry this thesis conducts was modeled after the procedure for proper scientific investigation Cantril prescribed. Chapter one poses problems caused by lack of theory and proper scientific procedure, and hypothesizes a sound theory of human behavior as key to the solutions. Chapter two provides the functional activities or tools needed to isolate the behavior phenomenon and empirically test possible theory. Chapter three, this chapter, uses those functional activities or basic tenets to review current research and isolate those phenomena that will serve as bases of standards for its definition, theory and test. Chapter four will define those bases for theory and measurement. In five, units of analysis and methodology for testing the theory will be developed. Six will report data. Seven, implications the test holds for influencing our current concepts of life style and its use for advertising will be discussed.

Thank you for "baby-stepping" through that explanation with me. I trust it wasn't too elementary.

On with chapter three, applying Cantril's tenets of proper inquiry to current "life style" research.

Each section of this chapter states the conclusion made by applying tenets (in the order they appear in the

previous chapter) and lays forth arguments to support that conclusion.

Conclusion One: It's life style's relative ability to predict purchase, and its relative ability to segment audiences that are fundamental to life style researchers, not the understanding of lifestyle as a phenomenon in and of itself.

Which type of lifestyle item (specific items, general items, or both) is most accurate in distinguishing infrequent shoppers from frequent shoppers? What do personality characteristics add (over and above demographic and socioeconomic characteristics) to our ability to understand and predict purchasing behavior? Do distinct types of consumers with similar media patterns exist, and if so, is it possible to identify them in terms of their demographic and psychological characteristics?

Thumb through any journal of marketing or advertising and these are the objectives you'll find heading most life style studies. Take a moment to determine what is fundamental to every one and you'll come to two obvious conclusions. One, the segmentation of consumers seem more important than explaining that which prompts them to purchase in the first place. Two, determining a variable's predictive power seems more important than understanding the phenomena its meant to operationalize.

Second conclusion may seem a bit bold. But when one realizes that no clear cut or even generally accepted

definition of "life style yet exists, whether that definition be conceptual or operational, the charge becomes mighty concrete."^{52,53,54,55}

Again, the words read "no clear cut or generally accepted" definition. That's not to say attempts haven't been made. Several authors have "fiddled some" in the conceptual arena. Whether or not their definitions prove useful remains to be seen. However, they are worthy of recognition and review.

William Lazer provided an early definition for scholars to ponder. He conceived of life style as:

a systems concept. It refers to the distinctive or characteristic mode of living, in its aggregative and broadest sense, of a whole society or segment thereof. It is concerned with those unique ingredients or qualities which describe the style of life of some culture or group, and distinguish it from others. It embodies the patterns that develop and emerge from the dynamics of living in a society.⁵⁶

In conjunction with his definition he offered the idea of life style hierarchy diagrammed on the next page.

⁵²Simmons, op. cit., p. 216.

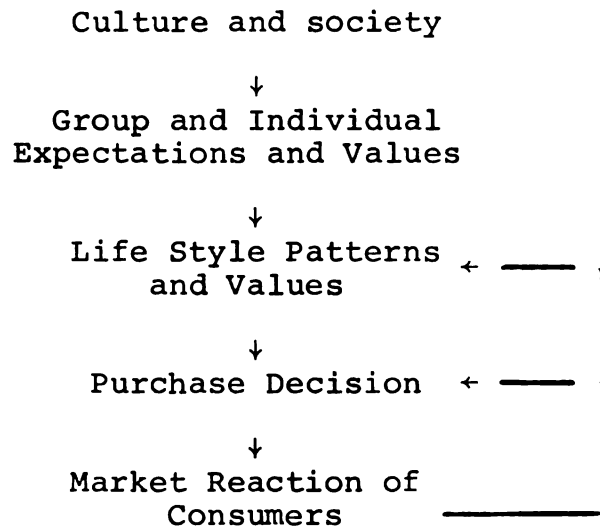
⁵³King, op. cit., p. 230.

⁵⁴Wind and Green, op. cit., p. 105.

⁵⁵Ibid.

⁵⁶William Lazer, "Life Style Concepts and Marketing," in Stephen A. Greysec (ed.), Toward Scientific Marketing (American Marketing Association, Chicago, 1968), pp. 130-139.

LAZER'S LIFE STYLE HIERARCHY



Life style, Lazer explains, is the "result of such forces as culture, values, resources, symbols, license, and sanction. A logical deduction is that the aggregate of consumer purchases, and the manner in which they are consumed, reflect a society's life style."⁵⁷ "A part equals the sum of the whole" explanation of the phenomenon. Sociologically very valid, and applicable to producers that would like to market to "Americans," "Negroes" or ethnic groups. All do, but with competition being as tight as it is, they would appreciate a unit of segmentation a little less abstract, and more "phenomenally" oriented. "A characteristic mode of living" the definition provides, or the "individual expectations and values" label isn't, specifically, very phenomenal. And specific phenomena involved are vital

⁵⁷Ibid.

to any definition that attempts to explain human behavior.

The most Lazer offers are broad areas for further investigation. But these are unclear and the behavior of the individual consumer isn't emphasized.

So much for entries into the conceptual arena.

Bernay offers a basically operational definition of the behavioral phenomenon. She refers to it as "an individual's particular manner of living as reflected by all the expenditures of time and money in both his practical pursuits and his active pleasures."⁵⁸ To her, a person's lifestyle is the expression of all the factors which influence him: psychological, sociological, economic, cultural, and physical. She proceeds to measure that expression by what she terms "new demographics," a broader range of activities, products and characteristics added to traditional age, sex, income, family size and social class variables.

Though Bernay has succeeded in operationalizing what she terms "lifestyle descriptors" she adds little to Lazer's concept except emphasis on study of the individual.

So, the link between "lifestyle" and specific behavioral phenomena remains undetermined.

⁵⁸Elayn K. Bernay, "Life Style Analysis as a Basis for Media Selection," in Charles W. King and Douglas J. Tigert (eds.), Attitude Research Reaches New Heights (American Marketing Association, 1970), p. 190.

One relevant area to search, however, has been pointed out. Consumer behavior. Lazer outlines "purchase decisions" in his life style hierarchy. Bernay attests that it produces "life style descriptors."

Many other researchers hold the same opinion.

In a multitudinous review of studies labeled "life style" and "psychographics," specific "life style" studies Wells found that the "life style" variety were always those that focused on "more specific activities, interests, attitudes and values directly tied to consumer behavior."⁵⁹

Conclusion Two: Life style research lacks an adequate theory base.

As Simmons testified in the introduction to this thesis, no clear cut set of principles or body of knowledge is unique to the phenomena of behavior called life style.⁶⁰ No explicit theoretical model exists to explain the general and specific characteristics of the life style concepts that do exist.⁶¹

Cantril couldn't argue enough for the essential need for higher order abstractions in any type of behavioral inquiry.

⁵⁹William D. Wells, "Life Style and Psychographics: Definitions, Uses and Problems," in William D. Wells (ed.), Life Styles and Psychographics, (American Marketing Association, Chicago, 1974), p. 320.

⁶⁰Simmons, op. cit., p. 216.

⁶¹Wind and Green, op. cit., p. 107.

Westfall warns against what happens when data has no theory to guide its interpretation. To do so, he cites a study that used "product purchase" to operationalize, or reflect personality in an attempt to identify purchase motives.⁶² Advertising strategy based on original data interpretation flopped. When data was investigated it was found that some consumers purchased products to complement their personalities or life styles while others purchased because they wished to enhance what they were or to feign what they wanted to be.

Wind and Green are more explicit in pointing to areas of "self-concept" for theory behind life style variables. They conceive individual consumers as each possessing an "implicit theory of life style" that patterns their responses to projective research statements.⁶³ A conclusion they made after making the same kind of critical review Wells did .

Conclusion Three: Many life style studies suffer from inadequate initial problem formulation.

In the late 1960's Marketing Science Institute commissioned Thomas P. Hustad and Edgar A. Pessemier to examine the field of life style research and prepare an overview of current practices. One fact they discovered was that

⁶²Ralph Westfall, "Psychological Factors in Predicting Brand Choice," Journal of Marketing, Vol. 26, (April 1962), pp. 34-40.

⁶³Wind and Green, op. cit., p. 113.

many "life style" studies "began with no explicit hypothesis."⁶⁴ (The tell-tale symptom of "search rather than research" that Cantril pointed out.)

Fundamental purpose of "activity and attitude" research (as Hustad and Pessemier called the aggregate of life style studies they reviewed), was the search for relevant activities and attitudes that could quantitatively predict purchase and segment audiences.⁶⁵

Cantril would call that conglomeration of words "buck shot" for the "shot gun approach."

The quantitative ability of existing variables (like personality measures, benefits, or general vs. specific AIO statements) either to predict purchase behavior or to segment target markets was of fundamental concern to such studies. Understanding the behavioral phenomena unique to a concept of lifestyle wasn't. Variables ranging from products purchased to self concept have been operationalized as life style. (Cantril's classification perversion in operation.) Criteria for suitability of units of analysis seemed existing "quantative status" and availability in stored computer files, especially those branded "general-item" or descriptive approach segmentation. (Practices contrary to the

⁶⁴Thomas P. Hustad and Edgar A. Pessemier, "The Development and Application of Psychographic Life Style and Associated Activity and Attitude Measures," in William D. Wells (ed.), Life Style and Psychographics, (American Marketing Association, Chicago, 1974), p. 58.

⁶⁵Ibid., p. 41.

transactional perspective.) Units of analysis classified as "study specific" were developed, but for purposes of understanding purchase behavior rather than life style, the phenomenon they were said to be operationalizing.

Hustad and Pessemier found that focus interviewing practices, a likely area for operant definition of relevant phenomena, were de-emphasized. Data they yielded was too voluminous, and not easily quantifiable.⁶⁶ Concentration on quantitative approaches fostered general unwillingness to tackle problems for which there were no quantitative techniques. But then, segmentation and purchase behavior correlates were the function of these studies. Not hypothesis that tried to reach for explanation of behavior beyond concepts already formulated.

"Life style" research's ability to understand consumer behavior was trapped by its own perspective or lack of one. For, As Cantril so often pointed out, its problem and hypothesis formation that determines selection of the phenomena of interest and designates of units of analyses, methodology and outcome.

Little wonder some hypotheses that are formed are no more than "a description of current data and a prediction that data will reproduce themselves."

(Many times researchers take one model evidenced as high behavior predictor and another that's a high

⁶⁶Ibid.

behavior predictor combine them differently just to discover which of its phenomenon combinations correlate differently with a new behavior. A study by Bonfield is one example.⁶⁷ Two theories he used were very successful behavior predictors to begin with, the Dulany theory of propositional control and Fishbein's attitude theory. Both had attitude, social influence and intention components. Fishbein's added a personal norm dimension. Both theories were previously known for the predictive power of their intention components. Results of their combination verified the same thing. Nice theoretical mathematics but his level "Baconism" all the same.)

Conclusion Four: Life style researchers lack agreement on phenomena of interest.

Phenomena used as bases for life style units of analysis are many, and varied.

Plummer takes an amalgam view of product usage plus general activities, interests, opinions and demographics.⁶⁸

Ruth Ziff points to overt behaviors that include uses of leisure time, home entertainment and community

⁶⁷E.H. Bonfield, "Attitude, Social Influence, Personal Norm, and Intention Interactions as Related to Brand Purchase Behavior," Journal of Marketing Research, Vol. XI (November, 1974), pp. 379-389.

⁶⁸Joseph T. Plummer, "Life Style Patterns and Commercial Bank Cred Card Usage," Journal of Marketing, Vol. 35 (April, 1971), pp. 35-41.

involvement and classifies these as a subclass of a larger set of variables she labels psychographics.⁶⁹

Levy, like Bernay, favors demographic descriptors like products and services consumed.^{70,71}

General activities, interest and opinions are utilized by Wells, Tigert and Pessemier.^{72,73,74}

Rokeach argues that value systems determine life style.⁷⁵ Cohen and Koponen personality.^{76,77} While self-

⁶⁹Ruth Tiff, "Closing the Consumer-Advertising Gap through Psychographics," in Boris W. Becker and Helmut Becker (eds.), Marketing Education and the Real World and Dynamic Marketing in a Changing World (American Marketing Association, 1972), p. 459.

⁷⁰Sidney J. Levy, "Symbolism and Life Style," in Stephen A. Greyser (ed.), Toward Scientific Marketing (American Marketing Association, Chicago, 1968).

⁷¹Bernay, op. cit.

⁷²William D. Wells and Douglas Tigert, "Activities, Interests and Opinions," Journal of Advertising Research, Vol. II-4 (August 1971), pp. 27-35.

⁷³Douglas J. Tigert, "A Research Project in Creative Advertising through Life Style Analysis," in Charles W. King and Douglas J. Tigert (eds.) Attitude Research Reaches New Heights (American Marketing Association, Chicago, 1973), pp. 223-227.

⁷⁴Edgar A. Pessemier and Douglas J. Tigert, "Personality, Activity and Attitude Predictors of Consumer Behavior," in John G. Wright and Goldstuckey (eds.), New Ideas for Successful Marketing. (American Marketing Association, Chicago, 1966), pp. 332-347.

⁷⁵Milton Rokeach, Beliefs, Attitudes and Values (Jossey Boss, Inc., San Francisco, 1968).

⁷⁶Joel B. Cohen, "An Interpersonal Orientation to the Study of Consumer Behavior," Journal of Marketing Research, Vol. 4 (August 1, 1974).

⁷⁷Arthur Koponen, "Personality Characteristics of Purchasers," Journal of Advertising Research (September, 1960), pp.6-12.

concept encompasses the relevant phenomena opinions of Dolich, Green, Masheshwara, Rao and Landon.^{78,79,80}

Haley considers life style best reflected in personal attitudes toward various product classes, which may include the benefits the consumer seeks in buying items in that category, special problems items in that category may solve, and general attitudes toward specific brands.⁸¹

On the other hand, one finds researchers like Yoell complaining that "life styles" are nothing but new terms for the "product personality," "product image" and "personality profile" concept Dichter proposed in 1939.⁸²

What's interesting is that Wells, using the terms "life style" and "psychographics" interchangeably found no less than 32 definitions in two dozen papers dealing with the phenomenon.⁸³

⁷⁸J.J. Dolich, "Congruence Relationships Between Self Images and Product Brands," Journal of Marketing Research, Vol. 6, (February 1969), pp. 80-84).

⁷⁹P.E. Green, Arun Masheshwara and Vithala R. Rao, "Self-Concept and Brand Preference: An Empirical Application of Multidimensional Scaling," Journal of the Market Research Society, Vol. 4 (October, 1969), pp. 343-360.

⁸⁰E.L. Landon, Jr., "Need for Achievement, Self-Concept, and Product Perception," (doctoral dissertation, University of California, Los Angeles, 1971).

⁸¹Russell I. Haley, "Benefit Segmentation: A Decision-Oriented Research Tool," Journal of Marketing, Vol. 32 (July, 1968), pp. 30-35.

⁸²William A. Yoell, "Can There Be A Universal Behavior in a Diverse Society?" in Russell I. Haley (ed.), Attitude Research in Transition (American Marketing Association, 1972), p. 113.

⁸³Wells, op. cit., "Psychographics: A Critical Review."

Wind and Green conclude that the lack of general consensus as to which of these phenomena are the best areas for determining life style has led to the practice of using various combinations of units of analyses.⁸⁴ Trend has become the practice of knowing, besides traditional demographics, all these "psychographic" aspects of consumers.⁸⁵ As a result, "life style" has come to mean all non-demographic characteristics that account for "unit of association" differences in some kind of consumer behavior.⁸⁶

Simmons sums up the situation quite nicely in an article entitled, "Overall Impressions of Psychographics."

. . . we are still left with the problem of discussing a subject that is not clearly defined. Certainly some have tended to define the work (phenomena) . . . so broadly as to encompass a substantial proportion of all questions and analytical procedures that are used to describe people and to explain their behavior and attitudes. A definition so broad as this tends to become virtually meaningless being more or less synonymous with the research work itself.⁸⁷

Basically what has happened, then, is what Cantril argued against in 1949. Research has become method and technique centered, too shallow in concept and design to quality as "scientific" investigation. The concept of life style is approached in terms of the variables used to

⁸⁴Wind and Green, op. cit., p. 106.

⁸⁵Ibid.

⁸⁶Simmons, op. cit., p. 216.

⁸⁷Wells, op. cit., "Activities, Interests and Opinions."

measure it rather than in terms of theory, or principles used to describe phenomena unique to its definition.

Cantril would brand this "operationism," operating at its fullest, not "science."

Conclusion Five: Life style research often risks over-extending the suitability of its variables for measurement.

This observation was made in "Conclusion Three" of this chapter. Research that focuses on predictability and segmentation tends to become "information gathering" rather than scientific inquiry. So the lack of adequate problem formulation and hypothesis would make it seem.

Such research tends to encourage two of the "operational" dangers Cantril warns against. One, an over-emphasis on the preference for established "quantitative status" variables.

Wide spread use of "Edwards preferential" traits to operationally define life style aspects is a prime example of this suitability perversion. So is the common bank of general activity, interest and opinion statements life style researchers use to establish general purchase interdependency across product. For the bank may hold purchase variables, determined from many different purchase situations.

The behavior "classification" syndrome Cantril recognized in 1949, is also inherent to many operational definitions of the phenomena labeled life style. For "life style" has

been categorized as everything from product purchased to self-concept, a point made previously.

Such controversy over suitability of units of analyses seems to have divided life style researchers into two camps. Researchers like Wells, Bernay and Plummer argue the relevancy of general lifestyle variables, those that would operationally define types of people.^{88,89,90} Cumulative value of successful segmenting variables, the opportunity to chart trends and the "relevancy" to that conception of life style as a "general" phenomenon form their rationalization.

Young, Ziff, Pernica, Monk, Heller and Haley favor analyses of life styles within the context of a particular product category.^{91,92,93,94,95}

⁸⁸Bernay, op. cit.

⁸⁹Joseph T. Plummer, "The Concept and Application of Life Style Segmentation," Journal of Marketing, Vol. 38 (January, 1974), pp.33-37.

⁹⁰Shirley Young, "Psychographics Research and Marketing Relevancy," in Charles King and Douglas Tigert (eds.), Attitude Research Reaches New Heights, (American Marketing Association, Chicago, 1973), pp. 455-461.

⁹¹Ruth Ziff, "Psychographics for Market Segmentation," Journal of Advertising Research, Vol. 11 (April, 1974), pp.3-10.

⁹²Joseph Pernica, "The Second Generation of Marketing Segmentation Studies: An Audit of Buying Motivations," in William D. Wells (ed.), Life Style and Psychographics (American Marketing Association, Chicago, 1974).

⁹³Donald Monk, "Burnett Life Style Research," European Research: Marketing Opinion Advertising, Vol. 1 (January 1973), pp. 14-19.

⁹⁴Harry E. Heller, "Defining Target Markets by Their Attitude Profiles," in Lee Adler and Irving Crispi (eds.), Attitude Research on the Rocks (American Marketing Association,

They argue that situation specific phenomena are better reflectors of relevant attitudes than segment types of consumers.* An argument illustrated in the following table.⁹⁶

Cough Remedy	Analgesics	Soaps	Toothpaste
I catch colds easily	I am very prone to headaches	I worry about the germs on one's body	I worry about losing my teeth
I am a very active person	I am a very active person	I am a very active person	I am a very active person
I prefer to use prescription cough remedies	I prefer to use prescription analgesics	I prefer to use soaps that a doctor recommends	I prefer to use a toothpaste that my dentist recommends

For these researchers, identifying types of users was the goal.

A final observation that can be made about the derivation of "life style" units of analysis is the fact

Chicago, 1968), pp.45-47.

⁹⁵Haley, op. cit.

⁹⁶Ruth Ziff, "The Role of Psychographics in the Development of Advertising Strategy and Copy, in William D. Wells (ed.), Life Style and Psychographics (American Marketing Association, Chicago, 1974).

* A tract attitude theorists like Rokeach had argued for in 1966. (Milton Rokeach, "Attitude Change and Behavior Change," Public Opinion Quarterly, Vol. XXX, No. 4 (1966-67), pp. 529-550.

that these are rarely operantly defined. The following description exemplifies methods used.

Activity, interest and opinion items, the major approach to measuring life style are usually based on intuition, hunches, conversations with friends, reading, head-scratching, day-dreaming, and group or individual narrative interviews.⁹⁷

If the purpose is to have consumers reflect their life style, wouldn't they be the most logical people to ask first?

Conclusion Six: Lack of agreement on research instruments and methodology.

King observes the many professional researchers and marketers have created their own definitions and research instruments and methodology in the "life style" area.

He concludes that:

. . . millions of dollars of research are being spent by researchers to generate their own proprietary approaches which will ultimately produce only confounding, inconclusive data.⁹⁸

A quote that introduced reason for this thesis.

Other critics, like Wells, report that most methodology for conducting life style research represents the "personal judgments, predispositions and prejudices of a relatively small number of researchers who have copied freely from and reinforced each other."⁹⁹

⁹⁷Wells and Tigert, op. cit., "Activities, Interests and Opinions."

⁹⁸King, op. cit., pp. 230-231.

⁹⁹Wells, op. cit., "Some Conceptual, Measurement and Analytical Problems in Life Style Research."

What methodology agreement there is, focuses on defining "types of people" versus defining "types of users."

"Types of users" segmenters like Hustad, Pessemier, Pernica, Ziff, Heller and Haley seem to agree on the following methodology:

1. develop a set of life style and psychographic items all related to the topic of the investigation
2. develop a set of more generalized life style or psychographic items about brand or product use and media exposure
3. cluster respondents on the basis of responses to the product related items alone
4. cross tabulate cluster membership with responses to the items from which the clusters were formed, with the life style and psychographic items not used in clustering and the usual demographics.¹⁰⁰

"Types of people" segmenters like Wells, Plummer, Bernay and Tigert:

1. develop a large and varied collection of activity, interest and opinion questions and submit them to large samples.
2. cluster respondents into groups based on their answers to the entire list of items.
3. compare the groups with each other on consumption of products and services, preferences for evaluating brands, and patterns of exposure to various advertising media.¹⁰¹

¹⁰⁰Wells, op. cit., "Life Style and Psychographics: Definitions, Uses and Problems," p. 329.

¹⁰¹Ibid.

Steps one and three of the "type of user" methodology follow Stephenson's rules for dependency analysis.¹⁰² However, operant definition of variables is what's primarily lacking. "Type of people" methodology exemplifies outcomes of interdependency or correlates to purchase behavior. Stephenson would classify it as R analysis (interdependency analysis).*

Conclusion Seven: Data yielded still needs demonstration of motivation or cause.

Simons argues that most R analysis factors methodology that largely describes relationships between variables but falls short at point to cause. Statistical techniques like "factoring persons," "factoring items," discriminant analyses, correlation, regression and cross-tabulation, of independent purchase variables provide:

. . . a description of a group of individuals that may have several characteristics in common . . . does not really tell us why they may also tend to be frequent users of an advertiser's product.¹⁰³

Conclusions concerning reasons for specific behavior, however, must still rest upon inferences based on assumptions

¹⁰²William Stephenson, The Study of Behavior, (University of Chicago Press, Chicago, 1956), p. 28.

* Stephenson's rule for discriminative between R and Q analyses is not the common rule of discriminating between factoring items and factoring persons. The critical discrimination for Stephenson, referred to whether the subject ranked the items or responded to the items independently. Chapter 3, p. 30, Study of Behavior.

¹⁰³Simmons, op. cit., p. 216.

based beyond the findings demonstrated by research itself. "Higher order abstractions" like behavior concepts or theory are needed to demonstrate motivation or cause. And as stated so many times already, no adequate theory of behavior has been used.

Though interpretation via high order abstractions is still needed, studies that employ Q-techniques (as Stephenson proposed it) yield material for which one may more defensibly infer causality. Q-methodology has often been used to segment persons according to their expressed needs or wants, the operational and operant definition of life style researchers like Haley favor.

Products studied using Q-technique include tuna fish,¹⁰⁴ automobiles,¹⁰⁵ men's toiletries,¹⁰⁶ magazines,¹⁰⁷ and toothpaste.¹⁰⁸

But the fact remains that because many professional researchers and marketers have created their own research instruments and methodology for testing life style, as

¹⁰⁴William Stephenson, (unpublished paper expounding methodological and theoretical foundations in application of Q-methodology to advertising, Columbia, Missouri, University of Missouri, 1971), pp. 9-10.

¹⁰⁵Eric D. Fischer, "The Automobile and the Consumer: Operant Market Segmentation" (M.A. thesis, East Lansing, Michigan, Michigan State University, 1973).

¹⁰⁶Ricky H. McCarty, "Packaging and Advertising of Men's Toiletries: An Intensive Analysis of a Pure Type" (M.A. thesis, Columbia, Missouri, University of Missouri, 1968).

¹⁰⁷Laurel Booth, "An Image Study of McCall's magazine" (M.A. thesis, Columbia, Missouri, University of Missouri, 1972).

¹⁰⁸Haley, op. cit.

instruments and methodology for testing life style, as well as their own definitions, one cannot generalize about the phenomenon, but only separately consider each of its supposed aspects in relation to specific studies.

Conclusion Eight: An apparent lack of the transactional perspective of behavior in many studies offers doubts as to their validity, much less their success in demonstrating life style motivation.

Focusing on the transaction of a person's living rather than on the descriptors of that behavior could inherently point to the function of interrelationships between variables.

The transactional perspective also emphasizes that the interaction between environment and individual is a dynamic rather than a static process.

Each particular encounter involves reinforcement of some phenomena of his assumptive framework, changes in others. Therefore the suitability of many subjective variables used in "life style" research is questionable. Especially those that have been borrowed (like personality traits), those that are general (generalized AIO items) and those that are banked for seemingly cumulative value (subjective data files of any type).

Summary Conclusions: Life style research measures up as sloppy scientific inquiry. Its methods for gathering information, its units of analysis and methodology are questionable. But the area does point out where to look for phenomena relevant for explaining the behavior and developing theory bases.

1. Focus on the individual, his manner of living, and especially toward activity, attitude, interests and values, as they related to consumer behavior can be important frames of reference for determining life style. (Bernay, Lazer, Wells.)

2. An implicit theory of self-concept that patterns behavior for both immediate and enduring purposes is possible. (Westfall, Wind and Green.)

3. Lack of adequate theory for the behavior phenomenon, or even a clear cut definition, is at the root of hypothesis, unit of analysis, methodology, and data interpretation problems (Cantril, Westfall, Wind, Green, Simmons, King, Wells).

4. Subjective phenomenon, subjective units of analysis are better life style descriptors (Ziff, Wells, Tigert, Plummer, Pessemeir, Rokeach, Cohen, Koponen, Dolich, Green, Masheshwara, Rao, Landon, Haley, Yoell, Pernica, Monk, and Heller).

5. Dependency analysis studies seem better at revealing life style in consumer behavior (Stephenson) as long as these studies are situationally specific. (Cantril, Rokeach, Ziff.)

CHAPTER FOUR:

Developing Theoretical Bases for the Concept of Life Style

"Maybe by giving it a soul, a theory we
can put some scientific reality
into it"

Introduction

Critics of life style give us definite advice on where to look for explanation of the behavioral phenomenon behind it. King points to the "sophisticated social sciences," psychology, for example. And once there, as Simmons dictates, we must look for the makings of that "clear cut set of principles or body of knowledge" that might form life style's unique theoretical propositions.

The preceding chapter's investigation of prior research has yielded clues to what those might be. They might merit review before we trek through the sciences of psychology and communication in search of propositions for dealing with phenomena of interest.

Those assumptions are as follows.

One, we assume that life style involves the individual, and his subjective determination of his own overt behaviors.

Two, we assume life style is observable behavior, manifested in responses like activities, interests and opinions. And that these phenomena in interaction with purchase decisions can reflect life style.

We also know that an overwhelming majority of researchers hold that life style is an enduring pattern of

behavior, a "way of living," mode of conduct or a process.

Four, we assume that this "way of living" (or "transaction of living" in Cantril's terms) is functional. That it involves an implicit theory of self-concept that functionally patterns the behavior that defines it.

This conclusion by Wind and Green that life style is an implicit self-concept that patterns behavior, the consensus opinion that subjective determinism is involved, plus its inherent nature as transactional behavior suggest that life style is goal oriented. (Not "goal-oriented" in the sense that "behavior is goal-oriented." That deduction is true by assumption, not logic. Purpose here, is to logically conclude that life style, as a "transactional chunk of living" operationalizes an individual's manner of achieving a goal that he has determined for himself.) Surely Westfall's conclusion that self-concept determines whether one purchases to supplement or complement life style reinforces the deduction.

Basic summation of the assumptions just made tell us, then, we must look after phenomenal definitions of: an enduring pattern of behavior, that's subjectively determined, goal oriented and observable in the responses of the individual who determined its goals.

Let's see how close the behavioral sciences can come to filling the bill.

Part One: Scientific bases for the study of behavior.

To begin our search, I start with J.R. Kantor. Kantor contributed the concept of "interactionalism" to the study of behavior.*¹⁰⁹ He explains psychological phenomena as very specific "interactions" between organisms and stimulating objects. As objective, natural happenings, they can be studied for the same reasons interactions in the physical or biological sciences can be studied.¹¹⁰ Unique to psychological events, however, are the fact that their interactions are adjustive.¹¹¹ That is, they vary on the basis of former interactions made in analagous situations.¹¹² Hence psychological behavior is both "historical" in the sense that it is rooted in history, and "spontaneous."¹¹³

As an "organismic" psychologist Kantor rejected the mentalistic concept that individuals performed coordinate "mental" and "physical" functions in their interaction with the environmental, and the inherent division of mind and body that "dualistic" approaches held.¹¹⁴

¹⁰⁹Stephenson, op. cit., The Study of Behavior, pp.24.

¹¹⁰J.R. Kantor, Survey of the Science of Psychology (Bloomington, Indiana: The Principia Press, 1933), p. 3.

¹¹¹Ibid., p. 4.

¹¹²Ibid., p. 5.

¹¹³Ibid.

¹¹⁴Ibid., p. 16.

He disagreed with the "mentalist's" attempt to describe complex psychological phenomenon exclusively in terms of biological actions, and argued the need to render subjective phenomena observable:

We may be fairly certain that such activities as remembering, planning or thinking can not be adequately described as the sheer operation of anatomical structures.¹¹⁵

Both biological and subjective behavior had to be studied to explain phenomena.

Kantor postulated the "behavior segment" as the fundamental unit of analysis for the job. He defined each behavior segment or "unit" as a stimulus-response interaction.¹¹⁶ One segment could be divided off from another for observation purposes by watching for the stimulus.*¹¹⁷

Each of these behavior segments, Kantor explained, could be broken down into "units of action."¹¹⁸ (For a "stimulus" such as a picture those "units" could be stepping closer to it, cocking one's head, looking for detail, etc.) Kantor called these units of action "reaction systems" (rs) and said the simplest behavior segment consisted of one "rs."¹¹⁹ (Example: jerking away when touching a

¹¹⁵Ibid., p. 19.

¹¹⁶Ibid., p. 21.

¹¹⁷Ibid., p. 22.

¹¹⁸Ibid.

¹¹⁹Ibid., p. 23.

* By contrast, Mauldin conceived of behavior segments as subjective--that one can't deal with them by "watching for the stimuli" but by "watching" for the responses.

hot object.) He called the more complex responses he noted in reaction systems "response patterns," the simplest of which has three responses: attending, perceiving, and performing a final action. In actual life, of course, the response patterns are exceedingly more complex.¹²⁰

Kantor classified reaction systems or response patterns in various ways. "Precurrent" variety are not terminal interactions in themselves but operate to bring about the final or consummatory reaction system.¹²¹ (Examples could be behaviors leading to the action of pressing a key.) Precurrent reactions can be preparatory or anticipatory.¹²² Perceptual reactions, or "directions" (like commands to press the "red" key) involve the former.¹²³ Anticipatory reactions, or the latter, are more complicated for they not only prepare the actor for the consummatory reaction system but condition it as well.¹²⁴ Suppose, for example, a person's beliefs, desires or interests are brought into conflict by encounter with the same stimuli. Such "personal anticipatory" reaction systems can change or modify the final response and are not necessarily dictated by the stimuli.¹²⁵ The impersonal anticipatory variety

¹²⁰Ibid., p. 25.

¹²¹J.R. Kantor, Principles of Psychology, Vol. 1 (Bloomington, Indiana: The Principia Press, 1949), p. 38.

¹²²Ibid., p. 39.

¹²³Ibid.

¹²⁴Ibid.

¹²⁵Ibid.

are.¹²⁶ (Using the key stimuli, situation as an example, suppose the key to be pressed was red as described but the subject naturally preferred the color blue. The fact that an alternative blue key was present, might delay the consummatory response, as may the fact that the subject hated doing such elementary tasks.)

Again, these reaction systems happen within the context of a behavior segment. Kantor proposes the "unit" that consummates the segment should give it its name . . .

. . . it is the final reaction system which gives name to the entire behavior segment. Thus depending upon the specific character of the final or consummatory reaction system the behavior segment may be a volitional, thought, habit or emotional act.¹²⁷

According to Kantor, behavior segments containing specific varieties and arrangements of reaction systems constituted the differently named acts we perform. In complex segments where there is no exclusive series of one type of reaction system, but the predominant type colors the total act, and gives it its name.

Accordingly, typical classes of behavior segments can be named and classified.

Behavior segments can be "immediate" or "delayed."¹²⁸ Difference is "not merely the interpolation of time

¹²⁶Ibid., p. 38.

¹²⁷Ibid.

¹²⁸Kantor, op. cit., Principles of Psychology, p. 43.

interval between the function of the stimuli and the final response but rather the interpolation of precurrent responses before the operation of the final reaction."¹²⁹ ("Deciding a pool shot is easier than deciding on a new house.") Delayed acts constitute more complicated and more important behavior.

"Operation" segments are simple patterns of actions in response to a coordinating stimulus.¹³⁰ (Example: a ball player swinging at the ball.) Other types of stimuli do not induce such definite and determinate responses. These more general forms of reactions to a stimulus-object or situation are called "process" segments.¹³¹ Working out puzzles or solving math problems are examples of such segments. Each feature of these kind of stimuli calls for different kinds of response. Each must occur in some kind of order or "process." "Process" behavior is characteristic of situations in which a person finds himself in contact with different positive and negative stimuli.¹³² Behaviors where a person learns how to learn constitute basic forms of "process" behavior.¹³³

¹²⁹ Ibid.

¹³⁰ Ibid, pp. 44.

¹³¹ Ibid.

¹³² Ibid., p. 45.

¹³³ Ibid.

Behavior segments can also be "informational" and "performative." "Performative" segments consist of responses that change or modify the stimulating object.¹³⁴ (Polishing a wood cabinet because its dull, for instance.) "Informational" responses, in contrast, result in a change in orientation toward or a discovery of something new about a stimulus but no physical manipulation of it.¹³⁵ (Fact that the wood of the cabinet above was dark might lead a subject to ask whether it was black walnut or cherry.)

Some behavior segments take short periods of time to fulfill their purpose. Others demand more. Former types are called "momentary."¹³⁶ The latter are referred to as "protracted."¹³⁷ The relative time it takes to perform necessary component reactions is at issue here, rather than the interpolation of precurrent responses.

"Direct" behavior segments involve adaptive or adjustive reactions that culminate in immediate accomplishment.¹³⁸ It makes no difference whether the actor is in direct contact with the object, whether he assumes new knowledge of it, or whether he performs some manipulation

¹³⁴Ibid.

¹³⁵Ibid.

¹³⁶Ibid.

¹³⁷Ibid.

¹³⁸Ibid.

on it as long as his response constitutes adjustment.¹³⁹ Indirect behavior segments constitute actions in which an individual merely refers on gestures to the stimulus object.¹⁴⁰ It is linguistic in nature. Even if indirect behavior results in a change or manipulation of the stimulus, as may be the case when one orders someone else to do something, the action is still indirect. Indirect action is thus mediate and never actually direct.

Segments can also be "witting" and "unwitting."¹⁴¹ In the first, the final reaction system is preceded by a series of precurrent reactions which refer to some past contact with the stimulating objects, or else to some phase of the object that is not then serving the stimulating function itself.¹⁴² "Unwitting" reactions occur without these preliminary referential reactions and, in general, occur promptly at the appearance of the stimulus.¹⁴³ (Subconscious behavior, for example.)

Behavior segments can be further characterized as "volitional and "involitional."¹⁴⁴

Volitional acts are definitely considered as having been conditioned by precurrent reactions.¹⁴⁵ (Unlike witting

¹³⁹Ibid., p. 46.

¹⁴⁰Ibid.

¹⁴¹Ibid.

¹⁴²Ibid.

¹⁴³Ibid.

¹⁴⁴Ibid.

¹⁴⁵Ibid.

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behavior segments where a person may be merely recognizing the character or type of a stimulus or situation.) They imply previous "conscious" experience with the stimuli. Involitional types have no such control of final reactions by precurrent ones.¹⁴⁶

Intelligent behavior segments involve a series of precurrent reactions of especially discriminative nature.¹⁴⁷ Unlike the precurrent reactions involved in witting or volitional segments, they enable the person to work things out in his mind, and to estimate their possible success before he actually attempts them.¹⁴⁸ A good portion of this pre-testing is done "intellectually" through language and verbal forms of reaction systems.

Last set of behavior segments Kantor categorizes are the adjustment and adaptation types, those that constitute changes of position, attitude, knowledge or orientation, those that constitute adoption.¹⁴⁹ Difference between the two is one of final adjustment or settlement that must be achieved.¹⁵⁰ First type does not demand definite modification of situation or status.¹⁵¹ A student tackling an assignment may be an example. He may merely plug in

¹⁴⁶Ibid.

¹⁴⁷Ibid.

¹⁴⁸Ibid., p. 47.

¹⁴⁹Ibid.

¹⁵⁰Ibid.

¹⁵¹Ibid.

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numbers without understanding the equation or he may settle down and master them for use in later precurrent reactions.

Personal anticipatory reaction systems are not dictated by the stimuli, but rather the individual brings them to the interaction.

These subjective behaviors are logical places to observe goals that might determine behavior phenomenon of interest to us. They include delayed, process, informational, mediate, witting, volitional and intelligent behavior segments.

Because "intelligent" behavior involves "projection, estimating and imagination, it would be logical to assume it as the "goal determining" interaction.

The type of interactions in their entirety can be divided along the following criteria by involvement of personal "rs."

SUBJECTIVE:

OVERT:

delay -----	immediate
undeterminate -----	determined
informative-----	performative
protracted -----	momentary
mediate -----	direct
conscious -----	unconscious
willful -----	non-willful
discriminating -----	non-discriminating
adaptive -----	adjustive

Kantor termed "behavior situations" more complex interactions in which stimuli and responses comprise an indeterminate series of behavior segments. For example:

Consider the behavior of a surgeon. Although the original diagnosis determines that certain acts be done with respect to the patient throughout the course of the operation, numerous, unpredictable actions are stimulated by the conditions of the organs involved.*¹⁵²

Behavior situations can contain different varieties and arrangements of behavior segments. They can even include different behavior situations if these are needed to effect its culmination.

The predominant behavior segment or situation colors the total interaction and gives it its name.

Therefore like behavior segments different types of behavior situations can exist as well. (Immediate, delayed, indirect, direct, volitional, adaptive, etc.).

Kantor realized the scientific significant of his behavior segment/situation unit of study . . .

. . . Every investigator of psychological phenomena is severely impressed with the extreme variability and uniqueness of the complex series of processes constituting any complex human act. As a consequence it is extremely important to be able to identify an action to characterize it and define it. In such a way we can discover uniformities for comparison as well as predict what particular acts will occur under given circumstances.¹⁵³

From this postulate, Kantor deduced that the "identity and uniformity" of a person's behavior, (his

¹⁵²Kantor, op. cit., Principles of Psychology, p. 26.

¹⁵³Ibid., p. 41.

* A stochastic process.

particular acts or adjustments) depended upon the presence (in the behavior situation) of one or more particular kinds of response patterns.¹⁵⁴ Knowing something of the person and the conditions of his acquiring and retaining certain response patterns, one can predict certain types of response behavior from him.¹⁵⁵

Looking at response systems, then, one can also hope to identify the specific behavior.

Kantor was careful to point out the interactional "setting" of reaction systems.¹⁵⁶ Characteristics of the stimulus could have effects on it.¹⁵⁷ ("Figure ground" combinations are an example. A color swatch presented first on a green background and then on a red background might be perceived differently.) What the individual brings to the interaction can affect it. (For example, sleepiness, ill health, bad attitude, a predisposition could influence the interaction with the stimulus.¹⁵⁸ Aspects in the setting of the "total reaction" can have effects.¹⁵⁹ (Presence of other individuals, the fact that it's night and not day, may be very important to the performance of a subject in certain types of interactions.)

¹⁵⁴Ibid.

¹⁵⁵Ibid.

¹⁵⁶Ibid., p. 34.

¹⁵⁷Ibid., p. 35.

¹⁵⁸Ibid.

¹⁵⁹Ibid.

The particular kinds of response systems an individual brings to an interaction affect his psychological encounter with the stimulus. As a result his assumptive framework can be altered, his values reinforced, his attitudes modified. (A phenomenon Kantor alludes to but never makes concrete.)

So much for picking the fruits of Kantor's labors. Let's see what juice we can squeeze out of it to describe a behavioral phenomenon that might appropriately be called "life style"

As I conceive it, Kantor's definition of "behavior situation" is applicable description of the behavior involved with "life style." The enduring, stochastic nature of "behavior" situation likens it to the "transactional chunk of living" loosely implied in most descriptions of "life style." For us, then, the most general and enduring behavior situations might appropriately be called "life style."

Behavior situations can contain different behavior segments. They can endure reactions with different stimuli in the process of their consummation without losing their identity. "Ways of living" Lazer, Bernay, and Wind and Green referred to assume the same ability.

Behavior situations can be identified by the response systems that make it up. Advertising researchers have tried to operationally identify life style by overt and

subjective responses by purchase behavior, a behavior segment or behavior situation according in Kantor's terminology.

The reaction system that finishes up or rounds out the behavior situation "or characterizes it as an adoption" has the function of identifying the behavior situation. The goals people set for their own lives, may very well characterize and identify their life styles.

Because behavior segments can operate as consummatory reaction system in behavior situations, the behavior segment (or behavior situation) that "finishes up" or "rounds out" its parent behavior situation also has the function of classifying the behavior along the process, duration and awareness of precurrent reaction continua. Therefore life styles as or as operationalized in behavior situations could be "adjustive" or adaptive, planned or habitual, etc.

If behavior segments (and/or situations) operate as reaction systems in a parent behavior situation, then the "consummatory reaction "segment" (or "situation") may itself contain a pattern of reaction segments, and those may become anticipatory reaction systems setting the stage for new "life styles."

Suppose a person's behavior situation was defined by his goal of getting a college B.A. In other words, he's only thinking that far. Segments or situations in that "transaction" may include summer jobs, classes, studying. Final behavior segment or situation in the transaction may

include preparing resumes. Maybe such a segment becomes information. Maybe something he learns in its process, instills his desires to work for a certain company. It could be an opportunity for "international" work, for instance. That knowledge might cause its own precurrent reactions or might later become a stimulus for an "intelligent" behavior segment where the person estimates his chances for getting the job. If his chances are good, that realization may spark its own series of adjustment and adaptation segments.

This example prompts certain conclusions. One, goal "decisions" are of a "stochastic" nature. Two, goals of behavior situations we allude to as life style must be centrally important to a person's beliefs, enduring, therefore, "value" oriented. Three, behavior situations change as goals for achieving them change. In other words, behavior situations or segments may hold different value for achieving the "defining" goals. Four, types of behavior segments and situations must also be judged for the instrumental value they have for the ultimate achievement of individually determined goals.

Personal values, then become key to explaining the stochastic nature of behavior situations.

A logical assumption, since Kantor alludes to values as key precurrent reaction stimuli.

Another logical assumption is that "value" for the goal may determine the type of behavior segment.

Kantor's "interactional setting" propositions provide grounds for additional conclusions, especially in the area of "individual effects."

One is centered around the assumption that the individual brings his own anticipatory reaction systems or response patterns to bear when he interacts with stimuli. These characteristic behaviors are rooted in his experience, and can be adjusted (changed or reinforced) as he interacts. Advertisers have claimed life style "predispositions" and "characteristic modes of behavior" are important to product purchase, use and media habits. Phenomenally these characteristic behaviors can be adjusted, changed or reinforced in consumers who interact with messages.

Another conclusion is the fact that anticipatory response patterns, especially of the personal type, are vital to the consummation of behavior segments.

If advertisers want to affect purchase segments, than anticipatory reaction systems become logical key behavior targets.

Beauty is, these bulls-eyes or personal "rs" systems become apparent and observable when the individual is stimulated properly.

But beauty here goes more than skin deep.

For if it's "instrumental value for achieving goals" that stimulates the anticipatory reaction systems, they too can be observed in responses.

Since it's also been established that "value for goal" may determine types of behavior, looking at those types may also help to identify life style. An assumption Plummer, Wells and Tigert made, but didn't provide phenomenal definition for.

All that from Kantor. I believe we've squeezed him dry enough for the moment. Or, in Cantril's language, identified "those phenomena functional to our original hitch."

But investigation of Kantor has done more than accomplish a fairly decent job of describing the type of behavior involved with our phenomenon of interest.

He's given us hypotheses for further inquiry. For his concept of personal anticipatory reaction systems has isolated a vital behavior situation determinant: values. In fact, what Kantor has done is to provide us with a phenomenal definition of values in action.

Investigating them may well reveal that nature and type of goals and what types of behavior are instrumental to them.

This assumption warrants inquiry into the work of Rokeach, resident expert in the value area of psychology.

Listen to what he has to say of value . . .

. . . a value is an enduring belief that a specific mode of conduct or end-state of existence is person-ality or socially preferable to an opposite or converse mode of conduct or end state of existence.¹⁶⁰

Just the terms "end-state" and "mode of conduct" seem reason enough to keep going. But let's start from the beginning, and understand the phenomena behind the other terms used on the definition above.¹⁶¹

Let's begin with "enduring."

Rokeach holds that values have an enduring quality because they are initially learned in an "absolute, all or none manner," separate from other values.¹⁶² The "this is the best way in the world because it's the only way I know" phenomena. Many of the values we form as children are learned this way.

However, there's a "relative quality" of values "that must also be made explicit."¹⁶³ Because values are flexible as well as stable.

Rokeach continues, as one matures, gains experience and becomes more complex, he's likely to face situations in which several values are at issue, requiring a weighing of

¹⁶⁰ Milton Rokeach, The Nature of Human Values (New York: The Free Press, 1973), p. 5.

¹⁶¹ Ibid.

¹⁶² Ibid., p. 6.

¹⁶³ Ibid.

one value against another, a decision as to which is more important.¹⁶⁴ Being honest might have to take second place, might give to seeking success for example. In another, question may be whether to obey the rules or act independently.

Gradually, through experience with such encounters, we learn to integrate the isolated, absolute kinds of values into an hierarchically organized system, where each value is ordered in priority and given importance relative to other values.¹⁶⁵

It is this "relative" conception of values that Rokeach is credited with.

Rokeach defines this "relative" value, therefore, as a prescriptive or proscriptive belief, a belief acted upon by preference.¹⁶⁶ They can have cognitive, affective and behavioral components.¹⁶⁶ In other words, a value can be conceived of as a direct end to strive for, it can be felt emotionally, and it can intervene as a variable that leads to action.¹⁶⁷

Values can be instrumental or terminal, referring to a "mode of conduct" or "end state of being."¹⁶⁸

¹⁶⁴Ibid.

¹⁶⁵Ibid.

¹⁶⁶Ibid.

¹⁶⁷Ibid., p. 7.

¹⁶⁸Ibid.

Terminal values can be personal and social.¹⁶⁹

That is, self-centered (intrapersonal) or society-centered (interpersonal). Example end-state values are salvation and peace of mind. These are intrapersonal. World peace and brotherhood, interpersonal end-states. People should vary reliably as to there place in priority.

Personal types seems more important for our purposes of phenomenon, as does the next classification.

Rokeach classifies two kinds of instrumental values, moral and competence.¹⁷⁰ Moral values are interpersonal in focus and refer to modes of behavior that, when violated, arouse pangs of conscience and guilt feelings. Competence or self-actualization values have more intrapersonal focus. Violation of these leads to feelings of personal inadequacy.

Whatever type they may be, individuals do not hold values singly. Rather, values are combined into systems or hierarchies where they interact.¹⁷¹ Rokeach defines change in values as a re-ordering of priorities in those hierarchies or systems.

Instrumental and terminal values have their respective systems, interact, and are connected in several ways. An instrumental value may be instrumental to another

¹⁶⁹Ibid.

¹⁷⁰Ibid., p. 8.

¹⁷¹Ibid., p. 10.

instrumental value. One terminal value may be instrumental to another terminal value. (Peace of mind for happiness in the latter. Going to college, to get a job, to be an executive in the former.) Of course, it's assumed instrumental values are instrumental to end-states.

Another point is that values and value systems serve functions.¹⁷² (A quality inherent to them as systems.) Values can be looked at as standards that guide conduct in a variety of ways. As standards they help us take positions, present ourselves to others, and rationalize the beliefs, attitudes and actions we need to maintain our own self-esteem.¹⁷³ Values are the essential tools in our self-justification and ego defense mechanisms.

Whether an individual uses a value as a standard of action, a standard of judgment, or a tool of rationalization, lies in the value system's mental structure. Rokeach conceives of "this" as a blueprint, part of which is referred to in immediate activities, part of which is ignored.¹⁷⁴ (Like a map of the U.S. when you only want Michigan.) This immediate day-to-day functional use of values causes them to shift priorities in the system.

Besides the affective, behavioral and cognitive components just dealt with, values have a strong

¹⁷²Ibid., p. 12.

¹⁷³Ibid., p. 12.

¹⁷⁴Ibid., p. 13.

motivational component.¹⁷⁵ Instrumental values motivate behavior perceived instrumental in attaining desired end goals. (The kind of phenomena we isolated in Kantor.) Terminal values are motivating because they represent "super goals," or goals beyond the immediate, or more biologically urgent ones.¹⁷⁶ Unlike more immediate goals, these are not periodic in nature, neither do they seem to satiate or to be ever really attained.¹⁷⁷ (Happiness is one. Success, another.) Values are also motivational because we use them as tools to enhance and maintain self-esteem.¹⁷⁸

Content of certain values directly concerns modes of behavior and end-states that are adjustment or utilitarian oriented.¹⁷⁹ (Swallowing your anger might be well for a rookie, for example, if he wants to get ahead. Certain terminal values might concern the desire to be wealthy in some area like condominium ownership, so certain partnerships might be considered important.) Other values point less explicitly to the adjustment and stress "responsible and achievement oriented behavior as end in and of itself, or emphasize terminal end-states like security of family, peace of mind, etc.

¹⁷⁵Ibid., p. 14.

¹⁷⁶Ibid.

¹⁷⁷Ibid.

¹⁷⁸Ibid.

¹⁷⁹Ibid., p. 15.

Values can also have self-actualization and knowledge function.¹⁸⁰ End-states being things like wisdom or sense of personal accomplishment.

Value expressive functions, or functions of attitudes that re-inforce deep personal beliefs that depend on no social support or consensus can supersede the adjustment, self-esteem, knowledge and self-actualization functions.¹⁸¹ These functions give relative importance or preference to the other three functions when they may be called to issue in reality.¹⁸²

During his career, Rokeach has performed many empirical tests resulting in significant correlations between values and the behavior measured, but cautions that findings may be a function of the particular attitudes and behaviors chosen to be measured rather than natural occurrences. One such study showed that some values seem to predict behavior more than the attitudes, and that other values seemed to predict attitudes more than behavior. Values, he concluded, can be related to both, same, or to neither attitudes or behavior, it depends on the situation.

Behavior toward a particular object in a particular is a function of the cognitive interaction between the attitude activated by the object and the attitudes activated by the situation within which the object

¹⁸⁰Ibid., p. 16.

¹⁸¹Ibid., p. 17.

¹⁸²Ibid.

is encountered. These attitudes toward object and situation are each functionally related to a subset of values that are activated by the attitude object on the one hand and by the situation on the other.¹⁸³

Like Kantor, he points to the interactional setting as the proper unit of observation. But he also adds that "functionality" manifests itself in the interaction. How stimulus X might be functional to values if person Y can be shown in her attitudes toward X. How X might be functional to Y becomes the perspective to view the interaction.

So, now, with Kantor and Rokeach offering behavior phenomenon for evidence, we might assume the functional "situation," the "function" a product might serve to the life of its user, as proper unit of observation in that interaction.

Rokeach's attitude theory adds some new dimensions to phenomena Kantor introduced. One fact is the notion that values are "relative," that their priority in different functional situation is at issue. And since values are postulated as determinants of action, or modes of conduct, "goal" priority in the situation becomes functional in dictating the proper kind of behavior involved.

So, "priority" is a functional dimension of goals. Decision situation key in its determination. Both assumptions support the stochastic nature of behavior segments because of precurrent reaction systems involved.

¹⁸³Ibid., p. 162.

Content of goal is a functional dimension. What one is after determines whether values perform as a standard for guiding action, judging it, or rationalizing it, in a situation.

Clarity of end state is another functional dimension of goals. Setting "super goals" like "success in job" can dictate many possible modes of conduct. But goals like "I want to be out of here in four years" clear out a lot of unspecific alternatives.

Other contributions to Kantor's notions of patterns of series of behavior segments toward same end reaction, is the fact that instrumental and terminal value systems interact.

One instrumental value might dictate conduct toward another. Getting a master's to continue for a Ph.D. means getting your B.A. first. A terminal value may be instrumental to another (i.e., "success in school" for "happiness"). And, of course, instrumental values dictate ways to achieve terminal ones. Getting an M.B.A. may mean an executive position.

Again, functional dimensions of goals for determining behavior are priority, content, and clarity. Rokeach's theory adds dimension, definition and explanation to Kantor's behavior phenomenon.

Now it's time to determine proper bases for investigation and measurements.

First person is our inquiry about proper methodology for the study of human behavior will be a member of the school of "mentalism." A man by the name of Lewin.

Lewin proposed there were two "regions" in which scientific operations had to be conducted in the study of man.¹⁸⁴ First, the "common-sense" world of real objects.¹⁸⁵ The second, a person's own inner and private experiences.¹⁸⁶ Rooted in the dualistic nature of "mentalism," he believed subjective and objective behavior as distinct entities.

Arthur Bentley rose up against Lewin's dictates. He argued that science must find one region for its operations, whether "inner" or "outer."¹⁸⁷ (Ryle reinforced Bentley's notions by explaining how mind and consciousness do not exist in any psychic of "experiential" sense.)¹⁸⁸

Stephenson developed Bentley's propositions more comprehensively . . .

. . . any implication that a segment of behavior is an isolated region would be wrong; it is merely studied in situ, much as a mountain might be surveyed apart from the land mass of which it is a part.¹⁸⁹

Behavior segments then, must be studied as a phenomenon, not as a concept to be developed and tested, but as

¹⁸⁴ Stephenson, op. cit., p. 25.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid., p. 95.

an entity interacting with all the phenomena of which it is a part. The transactional perspective operationalized.

Stephenson assumed, for purposes of investigation, that behavior segments or situations could be considered "a historical," in that they have a certain concreteness in time* into which soundings or probes can be made through some of their cracks or crannies.¹⁹⁰

He noted that psychology suggested three "cracks" of this kind . . .

. . . (a) "inner experience" of the interacting person or persons involved; or (b) the "outer" performance as such of these persons may be attended to, for they are there for everyone to see; or (c) the historical connections of the segment may be studied, ramifying as they do into and out of the person or persons and things concerned.¹⁹¹

Data could be gathered from probes into all three "cracks or crannies." Stephenson, however, favored concentrating study of behavior segments from the subjective vantage point. He developed techniques and operations for probing subjective behavior "in situ." (The "dependency analysis" referred to earlier in this thesis.)

Results of applying Q-technique to consumer behavior led Stephenson to believe the specific behavior segments were not matters of simple person (x)--product (y) interactions,

¹⁹⁰ Ibid.

¹⁹¹ Ibid.

* "However long or short the segment may extend in the clock maker's time."

but involved certain situational conditions that he called "facilitating conditions (2)."¹⁹² Typing consumers according to their opinions about tuna fish use, Stephenson found two distinct segments. One was interested in tuna fish largely as a "filler" for a staple meal. (Example--as a component of a macaroni or rice casserole.) The other groups used it as a snack only, for a dainty, weight-watching lunch or the like.¹⁹³

Kantor would call these "facilitating conditions" personal anticipatory reaction systems, in his language, because "they condition the final response on the basis of the person's desires, interests, or ideas which are brought into "consideration by a decision-stimulating condition."¹⁹⁴

The person's desires, interests, or ideas are what Mauldin had in mind when he translated Stephenson's XYZ paradigm in his own terms:

The part that facilitating conditions play becomes apparent when one considers the situation in which the consumer uses the product. One of the tuna fish users provides an example. For the housewife who uses tuna fish as a "dainty, weight-watching snack," the fish enters into a minor, recurring episode in her life. Perhaps she is busy at home and becomes hungry. She goes into the kitchen and surveys the contents of the refrigerator, then the cabinet. Perhaps, as Stephenson suggested, she is concerned about her weight. Perhaps, also, she wants something that can be quickly and easily prepared. Perhaps she wants variety, a

¹⁹²Stephenson, op. cit., (unpublished paper expounding methodological and theoretical foundations in application of Q-methodology to advertising), pp. 9-10.

¹⁹³Ibid.

¹⁹⁴Kantor, op. cit., p. 39.

change from the lunch she had yesterday. Tuna fish fills the bill. It is not overburdened with calories, nor too time-consuming to prepare, and, now that she thinks of it, tuna fish could be rather tasty. Such an episode is an XYZ interaction in which housewife X, in "snacking" situation Y, chooses tuna fish (Z) as a snack. The "snacking" situation is clearly basic to the selection of tuna fish, and the housewife, in that functional situation, might choose something else as well, some other "snack." A paradigm for such behavior, then, would be:

Person X, in functional situation Y, "evaluates" product Z.

The reaction to produce Z would be in terms of functional situation Y. Tuna fish is a snack to the housewife who uses it in a "snacking" situation, but a "filler" to the housewife who uses it to fill out a staple meal. Presumably, the functional definition of the product would be preserved in the buying situation, i.e., the "snacking" housewife could buy tuna fish as a snack, perhaps buying other snacks at the same time. The other housewife would purchase the fish as a "filler," and would think of it in the same way she might think of hamburger. The two types constitute very different approaches to the fish. "Its significance in the family budget, quality considerations, the type of recipe involved, and so forth, differentiate the segments."¹⁹⁵

"Functional situation" is the important concept here. It adds much dimension to Stephenson's facilitating condition determinants of behavior. Inherent to this explanation, besides the "different product for the same function" implication, is the possibility that Stephenson's "filling" housewife could very well be using hamburger as a filler and tuna as a snack. It depends on the function being fulfilled.

¹⁹⁵ Charles R. Mauldin, "A Subjective Systems Approach: Application of an Image Study to Aggregate Behavior in a Socio-Economic System" (Ph.D. dissertation, Columbia, Missouri, University of Missouri, 1972), pp.11-13.

Now it's Lewin's, Bentley's, Ryle's Stephenson's and Mauldin's turn to hit the "juicer."

Lewin's a simple foil for Bentley.

Ryle, a pat on Bentley's back.

Bentley a steppingstone for Stephenson.

It's he we must squeeze the hardest.

Thanks to Stephenson, we have specific bases for setting up instruments: inner, outer, and historical cracks or crannies. He provided operations to do it from the subjective vantage point.

We've come into this investigation with the conclusion that life style can be subjectively determined and operantly defined using subjective units and dependency analysis.

Logical methodological implications follow.

"In situ," suggests that the closer we study these responses in reference to specific interactions in nature, the better our results. (A logical support for Rokeach.)

Stephenson's additional "crannies" for insight into behavior suggest an individual's behavior situation (if that's what life style will come to mean) can also be revealed through his friends, family or associates, through "outer performance" like product purchase, and through historical connections like activities, interests and hobbies.

Maybe "general item" life style researchers like Wells, Bernay, Plummer and associates aren't far off.

But concerning Stephenson's other contribution there's a judgment about methodology and units of analysis that has to be made.

Two arguments have been made. Stephenson reinforces the deduction that Kantor's personal anticipatory reaction systems could be used as facilitating conditions for specific segments of consumer behavior.

Mauldin has made a logical case for functional situations as determinants for behavior segments.

Which seems more relevant? It depends.

If we assume life style as a goal directed behavior situation, then its goals should become precurrent reactions in the types of behavioral segments involved in a product interaction. (Volitional, intelligent, or process behavior segments for example.) As "individual effects," they become functional to the person's specific response.

If these assumptions are correct, their logic sound, I'll put my money on Mauldin. Besides, he came to the same conclusions about the functionality Rokeach isolated between attitudes and product/situation as this author did. (Or the author came to those he did, if you don't favor viewing that particular intelligent behavior situation "ahistorically.")

Part Two: Outlining propositions for a theory base.

A. Life style is a behavior situation a particular individual decides to live.

It fulfills Kantor's definition of a behavior situation. It endures until its consummatory reaction system is completed. It can encompass an indeterminate number of behavior segments in that process. It assumes personal anticipatory reactions in that the process, and therefore personal decision as to its continuing. The consummatory reaction system (rs) or segment (bs) or predominant type of "rs" or "bs" characterize and identify this behavior situation.

What must be added here are the possible types of behavior situations involving subjective determination (or anticipatory reaction systems that are considered instrumental in effecting personal by decided behavior.

SUBJECTIVE

OVERT

delayed -----	immediate
undeterminate -----	determined
information -----	uninformative
mediate -----	direct
conscious -----	unconscious
willful -----	non-willful
discriminative -----	non-discriminative
adaptive -----	adjustive

Such a behavior situation might constitute a person attending four years of college. He might have made all basic decisions about his curricula, housing, friends, goals

intellectually before enrolling. His vision stretches as far as the degree, receiving it being the consummatory reaction system. The individual might be said to be "B. Aing," the behavior situation being called "determined."

B. Life style as a behavior situation is goal oriented, and functional in terms of those goals.

Goal involves the consummatory reaction system. The behavior situation extends "in clock-makers time" until the goals are achieve or until the goals change. These goals become functional predispositions an individual brings to other interactions, or interactions relevant to the behavior situation. A person "colleging," then, might not buy a new car because he has to spend his money on books. But once he gets his degree his "manner of living" changes, simply because his goals are different.

Wind and Green's implicit theory of self-concept is operational in this perspective. Cantril's "transaction of living" function applies. So do Kantor's notion of pre-current reaction systems determining "conscious behavior," and Rokeach's terminal and instrumental values and their functions for dictating modes of conduct. His concepts of interaction between the two kinds reinforces notions of the stochastic nature of the behavior situation.

What must be delimited here are the functional dimensions of such values or goals for determining behavior.

These dimensions include:

1. PRIORITY low order -----high
2. CLARITY concrete -----abstract
3. CONTENT specific -----general
4. TIME immediate -----delayed
5. COMPLEXITY difficult -----easy

Priority involves the value expressive function, or how close determination to act relates to deeper personal values.

Clarity refers to the specific definition of terminal goals (i.e., "I would like to have security or peace of mind in five years" vs. "I want to be a doctor making \$20,000 a year, ten years from now.") Besides definition of content, clarity involves time estimated for attainment. It also has to do with the "determinance" or "indeterminance" of the process or behavior involved (i.e., I want to be a business executive of a certain "company" might mean a B.A., then an M.B.A., five years as an executive trainee).

Does the decision in question involve self-esteem, competence, knowledge, self actualization, rationalization of beliefs, attitudes and past actions? This kind of content dictates what kind behavior. A matter of language deficiency dictates concrete solutions. Loss of self pride more general kinds of therapy.

Time involved for the completion of a task functional to a goal determines its priority in relation to other alternatives of value.

Complexity of a possible behavior affects time needed to achieve it, indeterminance of process to utilize, possible content deficiencies, a clear decision of what its use will be, whether its worth it or not to take in relation to other behaviors functional in achieving goals.

The goals for the phenomenon life style as originally conceived would have to measure high order in priority, long range in time with complexity content and clarity dimensions differing for each individual's unique goals.

We can describe the type of behavior segments involved given possible goals, in Kantor's terms. But determining whether certain kinds of behavior are characteristic of certain kinds of goals is another issue.

If suppose the achievement of many skills or complex knowledge is involved. Learning many new tasks may characterize the behavior situations. We may be able to type certain segments in the process informational, mediate, determinate, adaptative, etc. But we're at lack with Kantor to explain the functions needed in each segment. Whether learning involves rules or imitating a model.

Take another example. Suppose one's goal for college was simply good times. We might describe going to bars as immediate, direct, determined behavior if it's his habit to hit "Mac's" on pitcher night. But we're at lack in terms for describing the kind of behavior involved with "good timing," e.g., relaxation, fantasy, day dreaming, etc.

- C. Life style goals are subjectively manifested and therefore can be determined by units of analysis designed to reflect a respondent's subjective behavior.

Subjective "units of action," reaction systems or response patterns, reflect or operationalize the goals of their parent behavior situation. Subjective responses are functional in achieving goals. It's logical that some become the rules for the consummating their behavior situation. We can therefore define the goals by defining the rules for achieving them.

It's not that non-subjective units of action can't be reflective of life style goals. Life style descriptors Bernay speaks of are examples. It's that the entire life style situation is a "subjective" response to a stimulus in the first place. Therefore, it's logical that a subjective frame of operationalization would be more productive in revealing that "goal-seeking interaction."

Non-subjective descriptors of life style are subjectively determined anyway. Observing them is a step away from the more functional subjective phenomena.

Example. Our "B. Aing" young man may buy a Volkswagen. Maybe we guess he does because it's more economical. Then we deduce that maybe an economical car can save him money for use in achieving his degree. But agreement with a subjective statement like "I'd like an economy car because I need money for college" and even one that states "I'd like an economy car" is closer to the "goal." (At least

then we don't have to first deduce that he bought the car for economy reasons.)

Product specific units of analysis might be better for the above reason. As might operant definition of these units.

D. One's behavior situations differ as their goals for achieving them differ.

Again a behavior situation extends, in clock maker's time, until the goals are achieved or until the goals change.

Goals can be long range, short range or immediate. It all depends on their stochastic nature, and other functioned dimensions.

Let's illustrate with the time dimension.

A long range goal could be "sciencing," for example. Here a young man decides he wants to be a theoretician in communication science. So he goes to a college prep school takes relevant courses. Strives to make grades for acceptance in a prominent undergraduate program in communications. Strives there to work for acceptance in a Ph.D. program at the most prominent university in that field. Of course behaviors don't have to be this determinate.

Short range goals could be "jobbing" for example. A young man decides on an advertising degree, goes to college. Graduates. Joins an ad firm research department and decides he wants to do theoretical research in the field instead.

So he stops "jobbing" and starts "sciencing," and joins the M.A. candidates of a prominent university and centers his program around research, working to reach a level where he can examine theory. Then he continues work for his Ph.D.

Same guy could be colleging first, "jobbing" second, M.A.ing third, and then, Ph.D.ing solely for teaching goals.

Behavior situations change as the goals for achieving them change. A conclusion based on the simple decision of whether behavior is of instrumental value in achieving determined goals.

High priority behavior situations can become "in effect" standards to judge other behavior situations. Value system that defines them interacts with other value systems in the transaction of living. If that transaction calls the "life style value system" to use in many every day situations, it may increase in priority as part of an individual's deep, personal belief hierarchy. As Rokeach says when this "system" is called to function it supersedes others.

The concept of life style as an enduring situation, reflecting itself in everyday behavior would have to be rooted in this hierarchy and therefore capable of "value expressive function."

E. Functional situations (people-product interactions) differ as their goals differ.

1. People may use a product one way. Our weight-watching dieter vs. our thrifty casserole maker.

2. People may use different products for the same function. Hamburger may be used as a "filler" as well as "tuna."

3. People may use the same product to satisfy more than one function. Maybe they use half a can of tuna for a sandwich during a midnight snack, and dump the other half in a batch of tuna helper that feeds the family the next day.

The following chart says all of the above in an eyeful.

	Person	Function	Product
1.	one	one	one
2.	one	one	two
3.	one	two	one

Consummatory action. It all depends on the functional situation.

Mauldin would agree adding "benefit and deficits." Rokeach would agree arguing the functional nature of values. Kantor could explain them both with phenomenal definitions of subjective behavior. Stephenson could provide methods to operantly identify function.

Question is, can "function" in a specific situation always reflect or even involve value for life style.

This author would point to the priority dimension. Or, like Rokeach, argue whether searching your "mind-map" for directions to the supermarket would cause you to stumble across that big black arrow that point out your trip to Seattle for a new job. That functional mode of behavior, might have nothing to do with the situation (even though life style is a function mode of behavior itself.)

But that's the content dimension at issue, isn't it?

CHAPTER FIVE:

**Finding Purpose in a Life Plagued By
Pressure, Pain and Congestion**

. . . objective measurements and observations can, in principle, be made by everyone (or by a piece of apparatus), whereas measurements and observations of a person's subjectivity can be made only by himself.

William Stephenson

Introduction

We've come a long way since the charges of theoretical negligence made in chapter one. So it wouldn't hurt to review the things that have actually been done about them before we go any further.

One, a clear cut, conceptual definition of the behavioral phenomenon has been determined: life style is a goal-oriented behavior situation, subjective at the core.

Two, subjective responses reflect life style. They can reveal "rules" for achieving its goals.

Both facts made subjective units of analysis produce the best life style descriptors.

Three, functional situations, people (X)--product (Y)--interactions (XY) can reflect and operationalize life style goals, and therefore help to identify their parent behavior situation.

Four, dependency analysis is situational, making the subjective response (rs) dependent* on the Y in the XY situation.

Five, Q-technique, a dependency analysis method, is keyed to operantly define a person's subjectivity, and therefore reveal goals in an XY situation.

* Units of analysis in Q are operantly defined in terms of "Y." (Process will be explained later in this chapter.)

Six, Q dependency analysis, has been used to successfully determine "subjective functions" in many consumer behavior situations.

Seven, because people subjectively determine "functions for products" and "products to fill functions" in different ways, one wishes for them to operantly define their own products and functions.

Eight, therefore, Q is relevant methodology for defining a person's life style from his subjective responses to products, or product-use situations.

For our purposes the product-use situation will be the area of sinus problems and remedies.

Our theoretical issue will be whether our theory base for life style can be operationally by subjective behavior regarding the area mentioned.

Again, that's "theory base," not theory. And we're also looking for Q to delimit "life style's" significance in this particular XY situation.

Part One: Some Additional Notes on Q.

Candidates for the "juicer" this time, are two, the terms "operant" and "quasi-normal distribution."

First term has been referred to several times already in terms of defining units of analysis and in terms of positioning subjects into consumer segments. But as yet no clear cut explanation of the concept has been given.

Here's what "operant" means in Q:

In Q people generate their own opinions (subjective responses) about diverse content areas of a subject at issue. A large, heterogenous sample of opinion statements (operants) is collected. These form units of analysis a researcher uses to construct a sort. The sort is constructed to broadly represent the content of the opinion gathered so that the subjects could be provided with enough raw materials to allow them to fully describe their subjective positions. Subjects are then directed to sort these operant opinions into a quais-normal distribution.

One then factors persons to arrive at clusters of persons with similar sorts, rather than factoring items to arrive at item clusters. These groups of people are arrived at independent of and unexpected by the researcher. They are called factors.

To the extent that the items are operant, the sort contains sufficient content, and the distribution model appropriate, one may assume that the factors are "operant" models of their subjective view points on responses about the original Y.

Beauty of this process, as Stephenson puts it, is that . . .

. . . a person can be made to give away many havitual modes of behavior in Q sorting operations in such a way as to have them operationally defined.¹⁹⁶

¹⁹⁶ Stephenson, op. cit., The Study of Behavior, p. 22.

For our purpose, we also hope that many of these "habitual modes of behavior" will "give away" the identity of the life style that powers them.

The "quasi normal distribution" mentioned above can very well help make that happen.

Let me explain how.

As indicated in the procedure outlined, the respondent is faced with the task of sorting opinion statements on a quasi-normal frequency basis.¹⁹⁷ His directions are to place statements highly significant to him positively at one end, those highly significant to him negatively at the other, and those he's neutral about in the center.¹⁹⁸

Those "highly significant" responses reflect what's important to him individually in the situation being measured.

If "life style" is important to the functional situation (XY) "measured", it will be reflected in those "highly significant" or "discriminating items" the subject operantly designates.

If life style is also an "habitual" mode of behavior chances of it being reflected are good also.

Part Two: Methodology

1. Selection of the Q-sample.

Subjects for in-depth interviews were chosen to reflect a wide range of opinions about sinus problems. Variables determined significant by previous marketing

¹⁹⁷Ibid., p. 60.

¹⁹⁸Ibid.

studies were used as parameters. These included sex, age, occupations of respondent and spouse, number and ages of children, classification of family members as "sinus" sufferers, preferred remedies, dollars spent per year on sinus medicine. Statistics that reflected proportions of respective sinus sufferers were also used. For example, 60% of the respondents were women, because 60% of women suffer sinus. Included were sinus sufferers and non-sufferers of both sexes.

Non-directive interviewing techniques were used. The questions were asked neutrally, the prompting minimal, in the form of "why" probings. Object of each interview was to exhaust the subject's opinions about "sinus," or sinusitis as the affliction is medically termed.

Interview schedule used was developed to allow a maximum range of subjective responses.

From the theoretically infinite possible number of statements, several hundred opinion items were gathered from 16 focus interviews.

These several hundred were reduced to a total of 52, eliminating duplications and idiosyncratic statements. The final 52 were selected on the basis of self-reference, that is, they allowed respondents to project their own interpretations on them.*

* Such statements are considered "synthetic" in the same sense ink blots in a Rorschach test are synthetic.

This Q-sample was pre-tested by five persons, again determined by the fore-mentioned parameters. After reviewing the Q-sample with these people, the wording of several statements was changed to clarify their meanings.

2. Selection of Respondents

The respondents for the P-sample were chosen by quota control sampling, which calls for selection of respondents by the variables used for selecting subjects for focus interviewing. Again, their age, sex, family size, ages of children, occupation, preferred remedies, etc.

3. Administration of the Q-Sample

The Q-sample was administered to 50 persons. Each respondent was asked to sort the statements into three piles. Statements with which he agreed (+) were placed in one, those with which he disagreed (-1) in another pile, and those he felt neutral toward or couldn't make up his mind about (0) in a middle pile.

The respondent's then sorted the statements into piles that satisfied the following frequency distribution.

N = 57	Most Disagree							Most Agree						
Value	-6	-5	-4	-3	-2	-1	0	+1	+2	+3	+4	+5	+6	
Pile Num- ber	1	2	3	4	5	6	7	8	9	10	11	12	13	
Number of Statement:	2	3	4	4	5	5	6	5	5	4	4	3	2	

Respondents were asked to comment on their reasons for placing particular statements at the -6 and +6 ends of the continuum. In addition, respondents were asked to indicate the area of the distribution diagram in which their neutral statements occurred.

4. Analysis of the Data

The 60 completed Q-sorts were processed by the University of Missouri IBM 360/65 computer using the QUANAL program developed at the University of Iowa by N. Van Tubergen. The respondents' sorts were intercorrelated to provide a correlation-matrix, which the computer then factored using the principle-axes method. Factors are thus obtained, made up of groups of individuals who have sorted the statements in a similar manner. The factors are then rotated orthogonally through a varimax solution, to obtain mathematically a maximum number of "pure" loadings (significant loadings* on one and only one factor.)

The Spearman weighting formula** was then applied to the factor loadings. Individual sorts for each factor were weighted according to the factor loadings. Then the computer added the weighted rankings across each statement,

* Significant factor loadings are determined by computing the standard error for a zero correlation coefficient: $Se = 1/\sqrt{N}$, where N =number of statements. In this case, $SE = 1/\sqrt{52} = .14$. Thus loadings $>.35$ ($2\frac{1}{2}$ SE) are significant at $p>.01$.

** Weighting is by means by Spearman's formula: $\frac{r}{1-r^2}$. Charles Spearman, The Abilities of Man, (New York: Macmillan Company, 1927), Appendix XIX.

producing an "average" sort for each factor. After converting the arrays to z-scores, the computer arranged statements on a "most agree-most disagree" continuum for each factor. The array for each factor provided the basis for interpretation of the factor.

The factor analysis yielded four factors judged "interpretable," based on two criteria. One interprets only those factors with at least a minimum number of persons with significant "pure" loadings. The number chosen for this study was eight persons. Second, the QUANAL program computes eigenvalues, the amount of variance accounted for by each factor, and it is then possible to reject a factor when the amount of variance accounted for is less than a minimum amount of variance, as represented by a designated eigenvalue. It is common for factors with eigenvalues less than 1.000 to be judged as uninterpretable, and that criterion was used in this study. The four factor solution included as "pure" loadings, the sorts of 46 of the 52 subjects. With the data analyzed, one is ready to interpret the data and that step is reported in the following chapter.

CHAPTER SIX:

Interpreting Data That Might Reveal The
Real Reasons for Living

"Let's hope we can tell what a man's after
by the way he blows his nose, or folds
his handkerchief."

The Interpreting Process: "How one goes about making sense of the data."

The process of interpretation for each factor is primarily abductive. Stephenson defines it as fitting "the meanings of Q-statements, with their scores, into an overall explanation of the factor."¹⁹⁹ Mauldin speaks of seeking explanations as "a subjective, a creative task, guided and fed by the operant evidence, the data."²⁰⁰ (Thus it's common practice in Q to qualify the interpretation as follows: if the reader disagrees with the offered interpretation, he may formulate his own from data listed in the appendices.)

In this case, four interpretable factors were generated and examined individually.

Interpreting began with a simple arrangement of statements into logical categories like: "symptoms," "how subject feels about being sick," each respondent's "philosophy of medicine," and "self treatment practices." Special consideration was given to discriminating items (those statements ranked significantly higher or lower by one factor than by all others) as the determining characteristics of each category. One then proceeded in an "if-then" manner, that

¹⁹⁹William Stephenson, Immediate Experience of Movies (Columbia, Missouri: University of Missouri, 1962).

²⁰⁰Charles R. Mauldin, "The Image Study as a Basic Public Relations Study," M.A. thesis, Columbia, Missouri, University of Missouri, June 1970, p. 42.

is, examining combinations that emerged, seeking a simplification, a tentative conclusion that would explain the combination. Such conclusions, paired to further combinations and conclusions, led eventually to an algorithm which explained the entire characteristic array for the factor in consideration. The comparisons involved individual statements, groups of statements, conclusions (however tentative) from previous combinations, and demographic data, and combinations of these.

Early attention was also given to consensus items, or those statements upon which all factors essentially agree.*

Reporting Results: How one goes about communicating his explanations

This study yielded four interpretable factors. Their interpretation is offered in three parts: (1) a label which represents the algorithm and supplies a convenient "handle" or reference point for the factor, (2) a typical quote, in first person, that operationalizes what a combination of that factor's most discriminating items might sound like, and (3) a comprehensive sketch that provides a more detailed explanation and discussion of the factor.**

* A consensus item is defined as a statement where the factor scores differ by less than 1.0 standard score across the five factors.

**Much like Linda Goodman might describe astrological types. Only this interpreter has data to back him up.

The typical quote is meant as a "mind-set." It's your insight into the character of each factor's typical person. Read it first. Use it as your point of view for reading the sketch that follows.

Each sketch is introduced by a summary of demographic and preferred remedy data for each factor. Each is appended with a table of factor statements and loadings that appear exactly as they're utilized in the factor interpretation.

I suggest you read the sketch first for impression and then again for critical evidence check.

CONSENSUS ITEMS:

**"Creed of the Luckless Order of
Sinus Sufferers"**

"Now that we've been so unduly stricken
by a misfortune that is no fault of
our own, let's do something
about it. Quick. Before
it gets any worse."

Feel like complaining about your sinus problem to somebody? Well, chances are you'll find a sympathetic ear with any of these people. Not because you'll be hitting him where it hurts. (Thank heaven ear aches aren't a symptom of sinusitis too!) But because they know you're airing some very real frustration. (1) They understand what a pounding forehead, clogged nasal passages and headache can do to a man. And you can be assured at least somebody will believe you when you plead that simple possession of all three doesn't necessarily prove that you're to blame. (41)

Is it because common suffering forms a comradeship that fosters this kind of empathetic loyalty?

That explanation could very well be true. For it seems that one good case is really all the initiation that's needed to join this "luckless order of sinus sufferers." (And you can bet this fraternity isn't a social one, even if it is true that misery likes company.)

By now you should be getting the idea sinusitis is very serious business to everybody involved with it. To them, it could never be classified as something psychosomatic. It's too painful an experience for anyone to be base enough to actually feign its symptoms out of self-pity

or to get attention. (11) (There's some things one just doesn't kid about).

Being conscientious about one's health doesn't necessarily spare anybody the "pain of getting it." (41)

Nor does the simple act of taking medicine make one feel better. (1) (That "placebo effect" stuff might be relevant to migrain headache people. But you can't convince anybody of this order that sugar pills will clear up a clogged nose or ease up swollen eyes.)

Sinusitis is only too real. It strikes. It hurts. It causes pain and discomfort. It weakens. And everybody wants relief as soon as possible (44), right at the onset, before the "culprit" has a chance to set in and take hold. (4)

Logically then, everybody surveyed believes that, untreated, sinusitis will last longer and be more severe. (47) They fully realized that "waiting out the storm" of symptoms isn't the answer. (46) A sinus remedy, medicine in OTC drugs or prescription form, is. (44) And because they feel that a feverless combination of congestion, headache and pressure, is too minor to call in a doctor for, they prefer to treat the ailment themselves. (23)

Therefore, OTC remedies (SINAREST, SINUTAB, CONTACT, etc.) are vitally important though all the products available are in no way created equal in their eyes. (34)

Everybody agrees that some clear up symptoms better than others. (34) Definite quality differences between brands seem important. (8) (In other words, manufacturer reputation may play a big part.) Medicine created for other things (aspirin for headache, cold remedies, etc.) can't work as well for sinus problems as well as specific sinus remedies. (5) To them, sinusitis seems serious enough a disease to warrant a remedy of its own.

Everybody is fully aware that "sinus" is like a common cold. There is no actual cure for it. And all you can really expect a remedy to do is make you feel more comfortable. (24) But if it does even that much, no one considers it a bother remembering to take pills every four hours. (21) It's worth the effort to have the pain stopped. (44) That way they can survive their waking hours and do the living they have to do.

What does bother them though, is the thought of having to get up during the night to continue recommended dosages. (25) ("Sinus" causes enough trouble during the day without having to add to the inconvenience. . .and rest is an important cure too!).

What does seem to concern everyone is knowledge of, and obedience to, dosage directions. (50) That feeling that "drugs are nothing to fool with, but rather something to take responsibly" also prompts favor of child-proof safety caps for all medicine. (17)

The added convenience of offering easy to carry medicine packets didn't necessarily prompt anybody's preference for brand. (19)

So much for the "creed of the luckless order of sinus sufferers."

TABLE 1.--Consensus Statements. The statement number and statement appear at left. Factors are indicated as FI, FII, etc. Scores are standard scores from the individual factor arrays.

Statement	FI	FII	FIII	FIV
1. It's all in your head; that's supposed to make you feel better, you feel better.	-1.52	-2.33	-1.57	-1.48
41. If a person gets sinus or a cold, it's their own fault for not taking better care of themselves.	-1.60	-2.06	-1.67	-1.79
11. People get sick when they want attention, when they feel sorry for themselves.	-1.68	-1.29	-1.35	-0.84
41. If a person gets sinus or a cold, it's their own fault for not taking better care of themselves.	-1.58	-2.06	-1.67	-1.78
1. It's all in your head; if you take something that's supposed to make you feel better, you feel better.				
4. I want to kill a cold or sinus before it gets firm hold, so I want a remedy right at the outset.	1.01	0.65	1.33	0.84
47. An untreated sinus problem will last longer and be more severe.	0.22	0.02	-0.08	-0.02

TABLE 1.--Continued.

Statement	FI	FII	FIII	FIV
46. About all you can really do about sinus is wait it out.	-1.503	-1.190	-0.823	-1.182
44. I want a sinus remedy to stop the pain, the sooner, the better.	0.43	1.32	1.03	1.08
23. You can't take every little problem to a doctor. I prefer to treat minor things like sinus myself.	0.35	1.07	0.17	0.45
34. I imagine one sinus remedy is no better and no worse than any of the others.	-1.27	-1.19	-1.86	-1.02
8. Often, medications are not as effective as other things you can do for the sinus sufferer.	-1.34	-1.44	-1.57	-0.82
5. You can't expect a sinus remedy to treat other things, or other remedies to be effective with sinus.	0.24	0.14	0.71	0.57
24. All you can really expect from a remedy is to make you more comfortable.	-0.15	0.68	0.32	0.53
21. It's such a bother to have to keep taking pills every few hours.	-0.12	-0.55	-0.49	-0.45

TABLE 1.--Continued.

Statement	FI	FII	FIII	FIV
21. It's such a bother to have to keep taking pills every few hours.	-0.12	-0.55	-0.50	-0.45
44. I want a sinus remedy to stop the pain, the sooner the better.	0.428	1.322	1.025	1.076
25. I don't mind waking up in the middle of the night to take a pill if it's the recommended dosage.	-0.55	-1.51	-0.55	-1.41
50. It's important to know and obey the dosage prescribed on the medicine package.	1.81	1.36	1.49	1.89
17. Any medication not safe for children should have a child-proof safety cap.	1.67	1.45	.99	1.42
19. I prefer sinus and cold remedies to come in packages you can conveniently carry with you.	-0.30	0.09	0.15	-0.01

FACTOR ONE:
"The Cautious Relief-Seeker"

SUMMARY: Demographic and Preferred Remedy Data, Factor I.

Eighteen respondents loaded on Factor I. Sixteen were married, two were unmarried. Nine respondents were regular sinus sufferers. Two of these females had a husband who suffered. Two more had both a husband and child who suffered. One non-suffering homemaker had a child who did.

Children that suffered tended to be older, 11 and above.

Preferred remedies included doctor's prescriptions, Corricidin, Corricidin for Children, Contact, Dristan, Sine-Aid, Excedrin, Aspirin and Vicks Vapo Rub.

(A complete picture of "data by respondent," including occupation of both respondent and spouse plus ages of children, can be found in the Appendix.)

TYPICAL QUOTE:

"I wish I could survive this sinus stuff
without having to take medicine all
the time . . . Since it's just
too hard to, I'll only take
the minimum amount. No
more."

SKETCH:

Members of this factor don't get caught up in feeling sorry for themselves when sinusitis strikes. Neither do they want anyone else to. (11)

They seek relief, not pampering. Because when sinusitis belts them it's using a powerful three punch combination: congestion, sinus cavity pressure plus headache. (36,37,40)

Of the three, though, it's congestion, by far, that packs the most whallop, causes the most discomfort. Its victims want its effects taken care of first (36), quickly (4,44) and effectively (10), even if it means a dry mouth and nasal passages. (15) Their anxiety's much like the boxer who's plagued with blood clogging up his nose.

It's not that sinus pressure or that headache are any less of a nuisance. (30) Or that either of these symptoms can be survived, unaided, if the congestion problem was cleared up first. (39) It's just that "I can't breathe" is the first thought on the tip of this relief seeker's tongue. (36) Much like George Foreman's "right" is the first thing most of his opponents remember when they wake up.

Maybe it's poetic justice that congestion is characteristic of this factor. This "operational philosophy of medicine" seems just as cloudy as a head clogged with mucus. An "I can fight this thing without drugs" (20,29) versus a "realization that medicine is really the best cure" (9) battle keeps going on inside their heads, making it very unclear to them how they should actually deal with strategies for relief.

So what happens?

Hesitation. Extreme caution. About using medicine. (22,49) About admitting whether taking medicine is the right thing to do in the first place. (20,29)

Hence the label "cautious relief-seeker."

How that caution is reflected in his medical habits shouldn't be hard to imagine. Reading statements, 12, 51, and 3 can easily let you infer what his medicine cabinet, for example, might look like inside.

Most likely it only holds the bare essentials. Toothpaste, deodorant, aspirin, milk of magnesia. No old prescriptions. No medicine bottles that bear labels with yellow edges. No ear drop bottles that have lost their brand identity in the pan of water used to warm them up. And you can bet you'll find no defunct

prescription cases packed with instant coffee,
Cremora, or sugar on their next three day camping trip.
(51)

Little wonder, they're not in the habit of
keeping any kind of medicine around for long. They
feel it'll lose its effectiveness. (12) Most would-be
"coffee containers" are large economy sizes in the
first place. And they're just not in the habit of
buying them either. (3)

Owners of this kind of medicine chest are the
types of mothers and fathers who'd rather drive to a
drug store for "St. Joseph's aspirin for Children"
rather than feed half a Bayer to their kid for his
fever. (49)

Here's the person who readily approves "child
proof" safety caps for any medication, who might prefer
one brand over another largely because it carried that
feature. (17)

Here's the housewife who reads the back of the
box in line at the checkout counter. Or the guy who
might study that little folded pamphlet from inside
the Anacin box while arched on the throne in his
family's "tiled" library. (48,50)

Here's a good chance people of this factor
still glance at the back of the Bayer bottle for dosage

reassurance, though they've been taking aspirin most of their natural lives. (50) There's an even better chance they'll ask their family doctor's opinion about a new product, pay special attention to a credibly presented commercial that ends with the standard "two out of three doctors recommend," or at least ask the pharmacist which nasal spray causes less chance of nose bleed. (27,14) That's if they use spray at all.

The idea of putting the same "unsterilized" end up your nostril over and over again, might be too unhealthy for these people. More so if they realize that more than one member of the family will have to use the same bottle.

From what's been described so far, you can safely predict this guy, or girl, is a stickler for dosage rules when it comes to taking medicine himself or herself. (22) They wouldn't dare think of taking any more than the exactly prescribed dosage no matter how terribly they felt. (22) Maybe that's why you'll rarely see an odd aspirin at the bottom of a bottle. (Unless, of course, they "under-treated"). Maybe that's why they get understandably anxious when they realize they might have taken a second dose an hour early, or when their noses, newly wet with Vicks Nasal Spray,

remind them that they've already taken a combination sinus tablet with decongestant. (50)

"Cautious" enough for you?!

All these symptoms are characteristic of a basic dilemma. They're how these proponents of statements like "the fewer pills you take during your life, the better off you are" and "rest is the best cure" compensate for taking pills in the first place. (29)

Reason for this "anti-pill" syndrome is not physical. (6,12,45) It's psychological. Perhaps people here are not ready to admit that they're really sick in the first place. (33) Perhaps they feel guilty about dealing with it the way they'd like to. For what they'd really like to do is stay home, rest and let their body fight the trauma with its own devices. What they'd really like to do is be strong enough to "survive life's little trials" (30) without having to grab for the easiest way out. (29)

Trouble here is admitting whether sinusitis is large enough a trial to warrant "grabbing." (7)

For these people, physically it is. Headache, pressure and especially congestion are all apparent, even to the point of this guy or girl conceding they just can't do as much as they usually can. (28) They can't stop themselves from saying "if a particular remedy

works, I'll buy it regardless of price." (16) Or even that possibly stomach upset or bad taste isn't too much to pay.

Mentally, on the logic level, it is. People of this factor all realize that sinus problems can't simply be ignored (46), that without medicine they will only last long and be more severe (47), that medicine's probably the most effective way to handle them. (9)

But, emotionally, it isn't. Conceding that sinusitis is physically serious would be contrary to that staunch ideology of "being strong enough to survive yourself," they idealistically cling to.

They won't admit they physically appear any worse than usual, when suffering sinusitis. (38) They won't ask their friends for help. (26) They won't stand pampering, attention or self-pity. Actions like these would constitute admission that they couldn't live up to their own standards.

So they de-emphasize their concessions.

Locigally, then, when they do take medicine it must be medicine specific for sinus problems. (5) It can't be without doctor approval. (27) It must be taken with caution, (50,22,7,48). And it must contain only enough medicine to provide relief. Nothing more. (13,52). Though too dry a mouth wouldn't feel too unnatural if they could actually breathe again. (15)

Who knows? Maybe if each case of sinusitis came complete with a free amount of 101° fever, they'd feel better about being sick, or that sinus problems really meant that they were.

Fever is serious enough to take medicine for . . . even if you're the strongest kind of natural combatant.

Anyone for a possible diagnosis of "medical macho."

TABLE 2.--Discriminating Statements and Other Items of Value, Factor I. The statement number and statement appear at the left. Factor I is indicated as FI, and the standard score given. The averaged standard scores for other factors is given as AVG. Z. The third column, DIFF., gives the difference between FI standard score and the averaged standard scores. The direction of difference is indicated by + or -. (Statements without "AVG.Z" or "DIFF." scores are supporting items of significant value.)

Statement	FI	AVG. Z.	DIFF.
11. People get sick when they want attention, when they feel sorry for themselves.	-1.684	-1.160	-0.524
36. When I suffer from sinus, reducing the congestion is the first priority.	1.214	0.456	0.759
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	0.85		
40. The worst part of sinus for me is bade, headache.	1.214	0.456	0.759
4. I want to kill a cold or sinus before it gets a firm hold, so I want a remedy right at the outset.	1.01		
44. I want a sinus remedy to stop the pain, the sooner the better.	0.428	1.141	-0.714
10. It's important to have a remedy that's strong enough to do the job.	0.562	1.263	-0.701
15. I don't want a sinus remedy to dry up my mouth and nose too much.	-0.33		

TABLE 2.--Continued.

Statement	FI	Avg.Z	Diff.
30. The main thing I dislike about sinus or a cold is the nuisance of having it.	0.74		
39. As long as I can breathe, I can put up with the other symptoms of sinus.	-0.28		
36. When I suffer from sinus, reducing the congestion is the first priority.	1.214	0.456	0.759
20. Rest is really the best cure for colds or sinus.	0.76		
29. The fewer pills you take in your life, the better off you are.	0.85		
9. Often medications are not so effective as other things you can do for the sinus sufferer.	-0.795	-0.649	-0.146
22. I prefer to adjust the dosage according to how I feel.	-1.951	-0.320	-1.631
49. Even if an adult medication has a partial dosage for children, it seems better to buy medicines specifically formulated for children.	1.834	-0.779	2.612
20. Rest is really the best cure for colds or sinus.	0.76		
29. The fewer pills you take in your life, the better off you are.	0.85		

TABLE 2.--Continued.

Statements	FI	AVG.Z.	DIFF.
51. It's nice to have the medication come in packages or bottles you can use for something else when they're empty.	-1.622	-0.620	-1.002
12. If you keep any medicine around very long, it's sure to lose its effectiveness.	0.703	0.116	0.586
3. I want to buy enough of a remedy to have some on hand. When you have sinus or a cold, you want the medication then.	-0.466	0.356	-0.822
49. Even if an adult medication has a partial dosage for children, it seems better to buy medicines specifically formulated for children.	1.834	-0.779	2.612
17. Any medication not safe for children should have a child-proof safety cap.	1.665	1.289	0.376
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	1.77		
50. It's important to know and obey the dosage prescribed on the medicine package.	1.81		
27. It's good to have a doctor's recommendation on any medicine.	1.71		
14. When I have some health problem, I want to learn all I can about it.	1.12		

TABLE 2.--Continued.

Statements	FI	ANG.Z.	DIFF.
22. I prefer to adjust the dosage according to how I feel.	-1.951	-0.320	-1.631
50. It's important to know and obey the dosage prescribed on the medicine package.	1.81		
29. The fewer pills you take in your life, the better off you are.	0.85		
6. The possibility of an upset stomach makes me feel more reluctant to take a sinus or cold remedy.	0.16		
12. If you keep any medicine around very long, it's sure to lose its effectiveness.	0.703	0.116	0.586
45. Some remedies seem to make me nervous and jumpy.	-0.92		
33. There's no mistaking sinus for other problems; when I have it, I know what it is.	-0.16		
30. The main thing I dislike about sinus or a cold is the nuisance of having it.	0.74		
29. The fewer pills you take in your life, the better off you are.	0.85		
7. When I have sinus symptoms, I just use whatever appropriate remedy we happen to have.	-1.536	-0.144	-1.392

TABLE 2.--Continued.

Statements	FI	AVG.Z.	DIFF.
28. When I get a cold, I don't feel like doing much but I have to.	0.20		
16. If I think a particular medicine is right for me, I buy it regardless of the price.	0.76		
46. About all you can really do about sinus is wait it out.	-1.053	-1.296	0.243
47. An untreated sinus problem will last longer and be more severe.	0.216	-0.027	0.243
9. Often, medications are not so effective as other things you can do for the sinus sufferer.	-0.795	-0.649	-0.146
38. When I have sinus or a cold, I feel like I don't look as good.	-0.156	0.734	-0.890
26. It's good to talk about your minor health problems with friends; you can get a lot of useful information.	-1.18		
5. You can't expect a sinus remedy to treat other things, or other remedies to be effective with sinus.	0.24		
27. It's good to have a doctor's recommendation on any medicine.	1.71		
50. It's important to know and obey the dosage prescribed on the medicine package.	1.81		

TABLE 2.--Continued.

Statements	FI	AVG.Z.	DIFF.
22. I prefer to adjust the dosage according to how I feel.	-1.951	-0.320	-1.631
7. When I have sinus symptoms, I just use whatever appropriate remedy we happen to have.	-1.536	-0.144	-1.392
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	1.77		
13. I want a sinus remedy to make me feel better without making me drowsy.	0.88		
52. When I take a remedy for sinus at night, it's fine if it makes me drowsy.	-0.561	0.290	-0.851
15. I don't want a sinus remedy to dry up my mouth and nose <u>too</u> much.	-0.331	0.467	-0.797

FACTOR TWO:

"The Annoyed Victim of Circumstance"

SUMMARY: Demographic and Preferred Remedy Data, Factor II.

Eleven respondents loaded on this factor. Seven female respondents were married. There males were.

Nine of the ten families had members who suffered from sinus trouble. Women tended to suffer more than men.

Again, there was no incidence of sinus problems in younger children. Only those above 15.

Empirin/w codeine, aspirin, Dristan, Contac, Sinu-tabs, and 4-Way Cold tablets numbered among remedies. (A complete picture of "data by respondent" including occupation of both respondent and spouse plus ages of children, can be found in the Appendix.)

TYPICAL QUOTE:

"Dammit, I've got that sinus head pressure
again. And I don't mind tellin' you
it's no joke."

SKETCH:

Call this guy a hypochondriac (41), accuse him of faking illness to get attention (11) and you're apt to get your "block knocked off." Maybe then your throbbing forehead will have reason to feel as bad as his does. For he's done nothing to deserve his pain. He's a victim of circumstance. And he doesn't like it one bit.

To him, like the other people in this factor, sinusitis is an annoying pain in the "proverbial other place" besides head and sinus cavities. (30,37,40)

However, let's start this particular profile tour from the "top floor hallways" or sinus cavities. Pressure up here's so bad the people can't stand it. (37) They want "out" as soon as possible. (44) The fact that their flaming nostrils also happen to be stuffed to the hilt with mucus (39,36,49) and the feeling that a cement floor is being jack-hammered upstairs (40) doesn't help. That's why people in this factor want a sinus remedy that works fast, that's strong enough to do the job. (10) And you can bet they'll grab for it as soon as they realize what's up. (4)

They're not "macho" about taking medicine like the "cautious relief seeker." (29)

They know what's in store for them if they don't.
(47)

Trouble is, their chances of recognizing the enemy before he strikes is slim. (33) So the majority of the time they find themselves trapped. Realizing the most they can do is take enough medicine to make themselves as comfortable as possible till the annoying seige is over. (24)

As you can see, being attacked by sinusitis isn't easy for anybody in this factor. The symptoms weaken them physically and psychologically. They realize how bad they must look on the outside. (38) Every time they look in a mirror their drawn face, red nose and tight forehead won't let them forget. Neither will the weakness they feel when they try to live their life as usual. (28)

Maybe that's why they can justify taking off from work a lot easier than other people can, staying home for a few days, or just plain taking it easy. (20)

Who knows? Maybe that way they'll be released from sinusitis a few days early for good behavior.

Imagine how annoyingly depressing such a prison must be for someone who must suffer alone. (43) Especially when he's been locked up so many times in the past. Especially when the door slams shut and the key's thrown away before he can realize what's happening. (33)

An easier way out next time could be the real reason why this victim so readily seeks out advice from friends. But then, so could the possibility of a little pampering. (42)

If lightning kept striking you over and over again, you might expect some extra consideration too.

Since a "sinusitis" strike does cause its share of problems, its victims don't want curing it to add to the misery. Self-treating can't include waking up during the middle of the night to continue dosage. (25) Medicine, no matter how well it works, can't include the added annoyance of bad taste or stomach upset. (18) Tablets that have "possible drowsiness" glued on their bottle backs can only be tolerated at bed time (13,52), when they can be sure that side effect won't add any more fuel to the fire. Warnings will be read and dosage recommendations heeded (48,50, 22) because it would be just their luck to get sicker from trying to make themselves feel better in the first place.

And who needs that?

Not these people.

These are the individuals who claim they keep sinus product companies in business.

Little wonder, they find themselves spending enough to want to compare brands (8,34) and prices. (16) They find themselves using enough to want to keep the large economy size on hand for emergencies. (3) They know they suffer enough to carry "foil packets" or "aluminum tins" for immediate "on the job relief." (19)

You can imagine why these same individuals who see "red" every time they notice someone else sniffing or

sneezing. (32) The "red" they see is the condition of their own puffy nose or swollen eyes happening all over again.

They don't want to be reminded of that possibility.

TABLE 3.--Discriminating Statements and Other Items of Value, Factor II. The statement number and statement appear at the left. Factor II is indicated as FII, and the standard score given. The averaged standard scores for other factors is given as AVG.Z. The third column, DIFF., gives the difference between FII standard score and the averaged standard scores. The direction of difference is indicated by + or -. (Statements without "AVG.Z." or "DIFF." scores are supporting items of significant value.)

Statement	FII	AVG.Z.	DIFF.
41. If a person gets sinus or a cold, it's their own fault for not taking better care of themselves.	-2.062	-1.685	-0.367
11. People get sick when they want attention, when they feel sorry for themselves.	-1.29		
30. The main thing I dislike about sinus or a cold is the nuisance of having it.	0.969	0.308	0.652
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	2.102	0.567	1.536
40. The worst part of sinus for me is the bad headache.	0.640	-0.330	0.970
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	2.102	0.567	1.536
44. I want a sinus remedy to stop the pain, the sooner the better.	1.322	0.843	0.479
39. As long as I can breathe, I can put up with the other symptoms of sinus.	-1.09		

TABLE 3.--Continued.

Statement	FII	AVG.Z.	DIFF.
36. When I suffer from sinus, reducing the congestion is the first priority.	0.84		
49. Even if an adult medication has a partial dosage for children, it seems better to buy medicines specifically formulated for children.	-1.334	0.277	-1.611
40. The worst part of sinus for me is the bad headache.	0.640	-0.330	0.970
10. It's important to have a remedy that's strong enough to do the job.	0.86		
4. I want to kill a cold or sinus before it gets a firm hold, so I want a remedy right at the outset.	0.649	1.059	-0.409
29. The fewer pills you take in your life, the better off you are.	-1.180	0.577	-1.757
47. An untreated sinus problem will last longer and be more severe.	0.02		
33. There's no mistaking sinus for other problems; when I have it, I know what it is.	-0.68		
24. All you can really expect from a remedy is to make you more comfortable.	0.684	0.236	0.449
38. When I have sinus or a cold, I feel like I don't look as good.	1.279	0.255	1.024

TABLE 3.--Continued.

Statements	FII	AVG.Z.	DIFF.
20. Rest is really the best cure for colds or sinus.	0.915	0.058	0.857
43. When I have sinus or a cold, I just want to be left alone.	-1.488	-0.553	-0.935
33. There's no mistaking sinus for other problems; when I have it, I know what it is.	-0.68		
42. When you have a cold or sinus, it's nice to be pampered a little.	0.668	0.066	0.602
25. I don't mind waking up in the middle of the night to take a pill if it's the recommended dosage.	-1.513	-0.839	-0.674
18. It doesn't matter what the medicine tastes like if it works.	-0.53		
13. I want a sinus remedy to make me feel better without making me drowsy.	0.60		
52. When I take a remedy for sinus at night, it's fine if it makes me drowsy.	0.813	-0.168	0.981
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	1.74		
50. It's important to know and obey the dosage prescribed on the medicine package.	1.362	1.729	-0.367
22. I prefer to adjust the dosage according to how I feel.	-0.43		

TABLE 3.--Continued.

Statements	FII	AVG.Z.	DIFF.
8. I don't really worry about the quality of one brand or another; they're all regulated.	-1.44		
34. I imagine one sinus remedy is no better and no worse than any of the others.	-1.19		
16. If I think a particular medicine is right for me, I buy it regardless of the price.	-0.68		
3. I want to buy enough of a remedy to have some on hand. When you have sinus or a cold, you want the medication then.	0.37		
19. I prefer sinus and cold remedies to come in packages you can conveniently carry with you.	0.10		
32. I feel that the symptoms of sinus and of colds are personally offensive.	0.052	-0.999	1.052

FACTOR THREE:
"The Self-Reliant Coper"

SUMMARY: Demographic and Preferred Remedy Data, Factor III.

All eight respondents here were female. Five married.

Five suffered sinus problems. Three were unmarried or divorced. Two were married. One's husband suffered.

The divorced woman who suffered from sinus trouble had two children who also suffered. They were 7 and 14, a young age for sinus problems to occur.

Preferred remedies included prescriptions, injections, Corricidin, Dristan tablets/nasal spray, Neo-Synephrine and Triamicin.

(A complete picture of "data by respondent" including occupation of both respondent and spouse plus ages of children, can be found in the Appendix.)

TYPICAL QUOTE:

"Stay home?! Sinus isn't that serious.
I'll just stop by the drug store on
the way to work and get something
for it. I'll be okay."

SKETCH:

Long as she "can still breathe," you won't find this lady out of step with her daily routine. (39,28) What you're more likely to find are less perservering sinus sufferers calling her "die hard" behind her back. They know this lady can take what sinusitus dishes out a lot better than they can.

She can cope with it. As long as she takes her medicine.

And coping to her means doing nothing out of the ordinary but popping a couple pills every four hours or taking a hit of nasal spray if congestion is particularly bad. (21)

That's about it!

Thoughts of a comforting, easy day in bed (20) or designs of hiding that telltale face of hers (38) till the storm clears up are the farthest things from her mind.

There's probably no room for them anyway. She's got more important things to think about. Like responsibilities she knows only she can take care of adequately.

Getting herself better, without disturbing her normal routine, simply becomes another one to take on. It's worth remembering to take pills every four hours if need be. (31) It's worth keeping nasal spray by the night stand for. It

could possibly be worth an extra squirt of nasal spray, or even an extra tablet if those throbbing sinus cavities seem a bit too much for recommended dosage. (22)

You can rely on it!

Also rely that they'll be damn careful about doing things like this, and that they won't make a habit out of it. For you're reading about people who take an extra effort to inform themselves of proper dosage directions, warnings, limits and dangers of the medicine they buy. (50,27,48) And decision here's more a matter of intelligent situation ethics, rather than outright disobedience, or even arrogance.

As previously implied, this housewife, school teacher, apartment manager and environmental planner have enough to handle besides sinus symptoms. So it isn't any surprise that they want the air clear (36) and pressure off (37) as soon as possible. That means the job of head and nose relief must begin immediately. (4) There's less chance of complications building, and their performance slipping that way.

They won't let that happen.

Maybe that's why our woman representative of factor three will steer clear of medicine that causes possible drowsiness. (13,53) Maybe that's why less performance relevant side effects like sour taste buds or an upset stomach (18,6) are prices worth paying if a particular remedy is strong enough to return head and nose to a temporary state of working normalcy. (10)

Monetary cost is no object either (16) if a particular medicine achieves the same goal.

What's important to keep in mind is that the secret of this body's enduring preverance lies in her medicine, much like Samson relied on his hair. Only difference is that this "pillar of strength" is well aware that no sinus product promises miracles, and that all it really can do is make her feel more comfortable. (24)

Most likely, though, comfortable survival wouldn't be enough to interest this type of fighter. Her reason for taking medicine would have to strike closer to home.

Consider this possibility. Consider that this lady tried to survive a barrage of pressure and congestion once or twice before with no help. (47) And that she made it. (Out of pure stubbornness maybe?) But when she realized the stupid mistakes she made, or remembered the appointment she forgot as a result, the blows to her ego were too much to justify.

So she decided on medical help, for those reasons.

It's likely that ego powers this lady, whether she's conscious of it or not. But it's more of the intelligent, rational kind, the type that let's successful managers and thrifty homemakers take confidence in their own decision making.

So, whom we're talking about here are mothers who won't think twice about splitting an adult dose to ease the

fever of their suffering child. (49) (Even though it's not St. Joseph's Aspirin for Children.)

People included in this factor are likely to try the smallest size of a new product, if a sample's not available. (2) (That way they don't lose much if they find it's ineffective.)

These are also the kind of people who keep a medical encyclopedia on the family reference shelf, who actually traced down the term "sinusitis" by starting the investigation at that part of the body that was symptomatic of their suffering--sinus. (14)

Afterall, knowing what you're up against is the first step in developing strategies in how to cope with it. (And "sinusitis" is definitely small league enough for them to treat themselves. (23))

At first glance the significant loading on statement 42 may seem inconsistent for the personality being described. But, then, there isn't a woman alive who doesn't appreciate a little pampering. (42) Though mostly, "pampering" in their language means that deserved pat on the back, that congratulations they'll graciously accept, because they've stayed up to par even though they've been under the weather. (11)

Sure they contend that specific sinus medicine is the best way to retaliate sinusitis attack. (9,5) They've tried standing up under fire before, without reinforcement. They know the best strategy to use is chemical warfare.

You can bet their current weapon had to pass stringent combat tests before they could all it their own.

But that doesn't mean it can't be replaced either. Not if more effective weaponry is developed. Especially if its performance can guarantee them a relative state of normal working environment. (35)

Speaking of working environment, imagine what the situation would be like if our characteristic lady happened to be your personnel manager. You can safely bet she'll be the type who'll demand of you no more than she does of herself. But you can guess what that can mean if it's the working philosophy of a self-reliant coper who also happens to be a fellow sinus sufferer.

It means she'll be able to sympathize with your runny nose, sneezes and sniffles. (32,11)

You can depend on that much.

But also depend that she'll open up the office medicine chest before she'll approve the rest of the day off.

"Die hards" are like that. They are.

Just thank God she's not your platoon leader asking for volunteers.

TABLE 4.--Discriminating Statements and Other Items of Value, Factor III. The statement number and statement appear at the left. Factor III is indicated as FIII, and the standard score given. The averaged standard scores for other factors is given as AVG.Z. The third column, DIFF., gives the difference between FIII standard score and the averaged standard scores. The direction of difference is indicated by + or -. (Statements without "AVG.Z." or "DIFF." scores are supporting items of significant values.)

Statements	FIII	AVG.Z.	DIFF.
29. As long as I can breathe, I can put up with the other symptoms of sinus.	0.451	-0.881	1.332
28. When I get a cold, I don't feel like doing much but I have to.	-0.151	0.791	-0.942
20. Rest is really the best cure for colds or sinus.	0.01		
38. When I have sinus or a cold, I feel like I don't look as good.	0.47		
31. The trouble with having to take pills every few hours is that it's too easy to forget.	-0.829	-0.110	-0.719
22. I prefer to adjust the dosage according to how I feel.	0.597	-1.170	1.767
50. It's important to know and obey the dosage prescribed on the medicine package.	1.49		
27. It's good to have a doctor's recommendation on any medicine.	1.19		
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	0.870	1.842	-0.972

TABLE 4.--Continued.

Statements	FIII	AVG.Z.	DIFF.
36. When I suffer from sinus, reducing the congestion is the first priority.	0.46		
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	0.52		
4. I want to kill a cold or sinus before it gets a firm hold, so I want a remedy right at the outset.	1.328	0.832	0.496
13. I want a sinus remedy to make me feel better without making me drowsy.	1.192	0.482	0.710
33. There's no mistaking sinus for other problems; when I have it, I know what it is.	0.451	-0.881	1.332
18. It doesn't matter what the medicine tastes like if it works.	0.825	-0.527	1.351
6. The possibility of an upset stomach makes me feel more reluctant to take a sinus or cold remedy.	-0.837	-0.010	-0.827
10. It's important to have a remedy that's strong enough to do the job.	1.602	0.916	0.686
16. If I think a particular medicine is right for me, I buy it regardless of the price.	1.017	-0.277	1.293
24. All you can really expect from a remedy is to make you more comfortable.	0.32		

TABLE 4.--Continued.

Statements	FIII	AVG.Z.	DIFF.
47. An untreated sinus problem will last longer and be more severe.	-0.082	0.073	-0.154
49. Even if an adult medication has a partial dosage for children, it seems better to buy medicines specifically formulated for children.	-1.05		
42. When you have a cold or sinus, it's nice to be pampered a little.	0.62		
2. I prefer a small size when I buy a new remedy; if it's not effective, there's not much waste.	1.261	0.040	1.221
14. When I have some health problem, I want to learn all I can about it.	1.39		
23. You can't take every little problem to a doctor. I prefer to treat minor things like sinus myself.	0.174	0.626	-0.452
42. When you have a cold or sinus, it's nice to be pampered a little.	0.62		
11. People get sick when they want attention, when they feel sorry for themselves.	-1.35		
9. Often, medications are not so effective as other things you can do for the sinus sufferer.	-0.412	-0.776	0.364

TABLE 4.--Continued.

Statements	FIII	AVG.Z.	DIFF.
5. You can't expect a sinus remedy to treat other things, or other remedies to be effective with sinus.	0.713	0.322	0.391
35. Medicines work differently with individuals; you never know if a particular medicine will work until you try it.	1.379	0.094	1.285
32. I feel that the symptoms of sinus and of colds are personally offensive.	-1.382	-0.521	-0.861
11. People get sick when they want attention, when they feel sorry for themselves.	-1.35		

FACTOR FOUR:
"The Conservative Medicine User"

SUMMARY: Demographic and Preferred Remedy Data, Factor IV.

Of the 13 respondents that loaded on Factor IV, nine were female, four male.

Eight of these women were married, three of the men. Of the resulting 11 families, six had members who suffered sinusitis. Two had child sufferers. They were older, between 13 and 30 years of age.

Of the two single respondents, the woman was the sinus sufferer.

Remedies ranged from simply taking good food, juices and rest to doctor's prescriptions and antibiotics.

(A complete picture of "data by respondent" including occupation of both respondent and spouse plus ages of children, can be found in the Appendix.)

TYPICAL QUOTE:

"Complaining doesn't help matters a bit,
either does following heresay. Proper
use of medication does, especially if
that medication is recommended by
your doctor."

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SKETCH:

You have to ask this guy what's bugging him when you notice he isn't contributing to the conversation and look up to see the right forehead and cavernous eyes that seemed to have appeared on that normally unemotional face of his. (26)

He won't come right out and tell you.

If you're her husband you'll have to pop the "what's wrong, hon?" yourself when you noticed she's slept an hour more this morning and still looks fairly exhausted. (28)

She won't tell you. She doesn't think or feel things out loud. You know that. Besides, at the moment she may have not figured out what's wrong herself. (13)

Sure things may hurt. (44) But you also know she's not the kind to complain a lot. (11) She's usually very quiet about her suffering that way.

Perhaps she thinks of herself as the strong, silent type, or strives to be that way in some instances. (29)

Perhaps the majority of the people surveyed do. Afterall, more people, like the woman being described, loaded on this factor than did on two or three.

Perhaps these conservatives makes up the "silent majority" of sinus sufferers.

But enough speculation. Let's return to describing the characteristic lady of this factor.

Data shows that she tends to be pretty conservative about the method she uses to deal with the pain and discomfort of sinusitis. (29,27,48,16)

She, like her fellows, believes medicine, conservatively used is the most effective method.

How does a person act when she's a conservative user of medicine?

Well, she's probably not one of those "rest, take two aspirin, and drink plenty of liquids, till it's over" types. (20,46). Though she very well might grab for two aspirin if she's suffered discomfort long enough to realize it's not just a passing case of nerves. (7)

But she probably is the kind who, if they already did take the aspirin, will wait out the four hour stretch before she takes the combination tablet, the specific sinus remedy, she just went out for. . .now that she's realized it's sinusitis that's bothering her. (29,50,5)

It's not that she's extremely cautious, almost over-cautious, like the people of factor one. Side effects like drowsiness are okay, long as pressure and congestion disappear. (13,52)

She's not "macho" about being sick, nor "Christian scientist." She won't shun off a bit of pampering. (42) And she knows medicine is better than plain rest for handling what's ailing her. (9,20)

It's just that she feels one shouldn't have too much medicine in his system. (29) Though she's not over-zealous about that axiom, (as the toleration of possible drowsiness shows,) it is a rule she strives to keep. (27, 50,22)

Maybe if this person wasn't so conservative about his or her feelings they'd admit, outright, that sinus pressure and pain bother them more than they indicate. (37) Because they do insist that they want both taken care of quickly, effectively, before they settle in for a long term seige. (4,10,44) And these people are the ones who do keep their medicine chests loaded for attack. (3)

But it could be the "cautious aspect" of conservative that tends to keep these people well prepared. After-all, it's not the liberals who build fall-out shelters or argue against the repeal of gun laws.

Most likely, though, strong consensus with a statement like number 44 indicates they've been hit before. (44) And that's the real reason for quick relief insurance.

Strong agreement with statements like 35 indicate pretty staunch conservatism, in its cautious operationalization. People of this factor definitely seem "to like to wait and see what happens first" when it comes to trying a new remedy. (35) Or at least seek the approval of a qualified physician. (27)

And you do see other things besides OTC drugs on their list of preferred remedies (as Table 9 shows). Might even discover that they've read the latest comparisons of cold remedies in Consumer Reports. (14) Questions researched here might give them more "useful information" than a friend's psuedo-knowledge or experience. (26) (There's a good chance they'd only be spouting off heresay anyway. And a "conservative" is one who speaks only when he has something relevant to say.)

When members of this factor do try a new product, they do it "sensibly." For conservative means rational too. So, you'll find them sampling small sizes first, (2) and rarely "soaped" by the idea that high price is synomous with high quality, or effectiveness. (16)

They're completely cognizant of that fact that taking medicine doesn't necessarily guarantee shorter term sickness (47) and sinus medicine can do no more than make one more comfortable. (24)

They're also conscientious and, to a degree, relatively uncomplaining about the effects involved in their own self treatment. One, they make it a point to know the limits and dangers of the medicine they're taking. (48) Two, they're obedient when it comes to following dosage prescriptions (50,22) Three, they find it no nuisance to remember taking pills every four hours. (21,31) And fourth, a chance of stomach upset won't keep them from trying a product that

might possibly relieve pressure and congestion better. (6)
(In their conservative estimate results minus cost might
equal profit.)

Sure they won't go as far as waking up every four
hours to continue dosage. (25) Or as far as braving bad
taste in a medicine. (18)

They have to draw the line somewhere. It's not like
their throbbing sinus cavities aren't causing their own
share of hassles. (37) (Remember these people are suffer-
ing too, and added discomfort isn't appreciated.) But most
likely, their aversion to bad tasting medicine and broken
sleep has more rational reasons. Reasons members of this
factor are too quiet, or too conservative to state out loud.
Like the fact that time release capsules also exist. Or
that box directions prescribed no more than three pills
daily, and the "sleep" pill would be "number four." (27)

But then that's the kind of behavior you'd expect
from a conservative.

TABLE 5.--Discriminating Statements and Other Items of Value, Factor IV. The statement number and statement appear at the left. Factor IV is indicated as FIV, and the standard score given. The averaged standard scores for other factors is given as AVG.Z. The third column, DIFF., gives the difference between FIV standard score and the averaged standard scores. The direction of difference is indicated by + or -. (Statements without "AVG.Z." or "DIFF." scores are supporting items of significant values.)

Statements	FIV	AVG.Z.	DIFF.
26. It's good to talk about your minor health problems with friends, you can get a lot of useful information.	-2.538	-0.589	-1.949
28. When I get a cold, I don't feel like doing much but I have to.	1.04		
13. I want a sinur remedy to make me feel better without making me drowsy.	-0.032	0.889	-0.921
44. I want a sinus remedy to stop the pain, the sooner the better.	1.08		
11. People get sick when they want attention, when they feel sorry for themselves.	-0.840	-1.442	0.601
29. The fewer pills you take in your life, the better off you are.	1.541	-0.331	1.872
27. It's good to have a doctor's recommendation on any medicine.	1.893	0.887	1.006
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	2.015	1.460	0.555

TABLE 5.--Continued.

Statements	FIV	AVG.Z.	DIFF.
16. If I think a particular medicine is right for me, I buy it regardless of the price.	-0.916	0.368	-1.284
20. Rest is really the best cure for colds or sinus.	-0.595	0.562	-1.157
46. About all you can really do about sinus is wait.			
7. When I have sinus symptoms, I just use whatever appropriate remedy we happen to have.	0.824	-0.931	1.754
29. The fewer pills you take in your life, the better off you are.	1.541	-0.331	1.872
50. It's important to know and obey the dosage prescribed on the medicine package.	1.888	1.554	0.334
5. You can't expect a sinus remedy to treat other things, or other remedies to be effective with sinus.	0.57		
13. I want a sinus remedy to make me feel better without making me drowsy.	-0.032	0.889	-0.921
52. When I take a remedy for sinus at night, it's fine if it makes me drowsy.	0.59		
42. When you have a cold or sinus, it's nice to be pampered a little.	0.32		

TABLE 5.--Continued.

Statement	FIV	AVG.Z.	DIFF.
9. Often, medications are not so effective as other things you can do for the sinus sufferer.	-0.76		
20. Rest is really the best cure for colds or sinus.	-0.595	0.562	-1.157
29. The fewer pills you take in your life, the better off you are.	-1.541	-0.331	1.872
27. It's good to have a doctor's recommendation on any medicine.	1.893	0.887	1.006
50. It's important to know and obey the dosage prescribed on the medicine package.	1.888	1.554	0.334
22. I prefer to adjust the dosage according to how I feel.	-1.13		
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	0.335	1.156	-0.821
4. I want to kill a cold or sinus before it gets a firm hold, so I want a remedy right at the outset.	0.84		
10. It's important to have a remedy that's strong enough to do the job.	1.32		
44. I want a sinus remedy to stop the pain, the sooner the better.	1.08		

Statement

18. Often, need
not so effi
other th
to for
either

19. Rest is
care for

20. The leve
in your
off you

21. It's good
for's rad
any med

22. It's impo
and obey
cribed on
package

23. I prefer
George
I feel

24. I want a
relieve
around the
and later

25. I want to
know how
like hold
a remedy
correct

26. It's impor
remedy that
enough for

27. I want to
stop the
the better

TABLE 5.--Continued.

Statements	FIV	AVG.Z.	DIFF.
35. Medicines work differently with individuals; you never know if a particular medicine will work until you try it.	-0.629	0.763	-1.392
27. It's good to have a doctor's recommendation on any medicine.	1.893	0.887	1.006
14. When I have some health problem, I want to learn all I can about it.	1.661	0.998	0.663
26. It's good to talk about your minor health problems with friends; you can get a lot of useful information.	-2.530	-0.589	-1.949
2. I prefer a small size when I buy a new remedy; if it's not effective, there's not much waste.	0.20		
16. If I think a particular medicine is right for me, I buy it regardless of the price.	-0.916	0.368	-1.284
47. An untreated sinus problem will last longer and be more severe.	-0.02		
24. All you can really expect from a remedy is to make you more comfortable.	0.53		
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.	2.015	1.460	0.555
50. It's important to know and obey the dosage prescribed on the medicine package.	1.888	1.554	0.334

Statements

36. Medicines
only with
you never
particular
work and
37. It's a good
doctor's
on any
38. When I
problem,
all I can
39. It's a good
your own
same with
can get
information
40. I prefer
when I
it's a
there's
41. It's a
medication
me, I don't
of the
42. An untreated
less will
be more
43. All you
lack a
you more
44. I prefer
locations
know the
dangers.
45. It's a
and obey
crippled on
package.

TABLE 5.--Continued.

Statements	FIV	AVG.Z.	DIFF.
22. I prefer to adjust the dosage according to how I feel.	-1.13		
21. It's such a bother to have to keep taking pills every few hours.	-0.45		
31. The trouble with having to take pills every few hours is that it's too easy to forget.	0.299	-0.486	0.785
6. The possibility of an upset stomach makes me feel more reluctant to take a sinus or cold remedy.	-0.52		
25. I don't mind waking up in the middle of the night to take a pill if it's the recommended dosage.	-1.41		
18. It doesn't matter what the medicine tastes like if it works.	-0.26		
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.	0.335	1.156	-0.821
27. It's good to have a doctor's recommendation on any medicine.	1.893	0.887	1.006

CHAPTER SEVEN:

Sometimes You Conclude that What You Get
is Better than What You Wanted

"Sometimes you just get plain sick about
things no matter who you are."

Part One: You don't give your dreams away in tissue.

If you remember, we went into the sinus problem situation (XY) hypothesizing that "life style" would be identifiably reflected in the subjective responses of the target subjects (rs). Discriminating items operantly determined in Q would be their logical vehicle.

What happened is apparent.

We learned a lot about the life of a person from first headache to last sniffle but that's when it began and where it ended. And that the philosophy of what they wanted out of life was confined to a bottle . . . of medicine, of course!

Results for our life style hypothesis for all practical purposes were null. We could say the ideal life goals and real life goals of factor one are very different by projecting his inability to decide over pills and no pills. Maybe speculate the self-reliant coper had some pretty concrete end goals in mind, and he knew when and how to get these. But conclusions like these are poor speculation. And this author would never make them after writing chapter one. Unless, of course, they were hypothesis for the beginning of scientific inquiry. But for the hypotheses of this study, data has proved the introduction

to this section a concrete moral rather than a facetitious statement.

It isn't that the characteristic response patterns of a person's life style didn't reveal themselves overtly in this situation. It isn't that sinus sufferers are aimless wanderers with no life goals. It's simply a matter of that area of subjectivity not being at issue here. A matter of the laws of consideration of matter and energy operating on the psychological level, as Kantor, or perhaps Sikorski, might hypothesize. The effect of priorities shifting as result of values operating in reaction to a situation, as Rokeach might argue. A result of people having different functional behavior in different situations as Sikorski or Mauldin might explain.

What has resulted, however, is something "phenomenal" in both the "promoter's" and "behavioral scientist's" language.

The construct of "goal directed behavior situations" has proven itself significant for phenominally explaining different modes of conduct given the same stimulus-- sinusitis. Operating within its framework Q has operantly revealed how different people react differently to the same situation. Or what Mauldin casually refers to as the "Ray Charles Law of Human Behavior" manifesting itself--"different strokes for different folks."

What about "life style," or that higher order, long range, goal-oriented behavior situation we hypothesized? Does it exist? Were Bernay, Wells, Ziff, Wind, Green and Plummer wrong in their "assumptions?"

"Unphenomenal" is more appropriate. I have no wish to discredit their "concepts" by using that word. They just failed to define their phenomena in specific behavioral terms. In fact, knowing the aspects of its phenomenal definition as we do, we credit them with being on the right tract in many instances.

The "Ziff-Haley" school were correct in demanding situation-specific settings to reveal life style's effects. (Kantor's interactional setting concept supports that.)

Rokeach was definitely on the money with his designation of "values" as operationalizing life style. For now we phenomenally understand how values operationalize goals and how their systems interact on cue to determine modes of conduct in different situations.

Personality people were correct in their focus on individual differences. Self-concept people were on the money when they hypothesized individually determined patterns of behavior.

Only now we know why. We've got the types of behavior situations, reaction systems, values, interactional settings, goals, and value systems we need to explain how.

Wells, Plummer and Tigert's emphasis on general subjective items could very well be justified within the phenomenal confines of the "life style" hypothesis formulated in this thesis, that of long range, higher order, goal-oriented behavior situation. Rokeach's "abstract end" states as goals explain general behavior very well. (In such case general activities might be instrumental.) There's no rule that demands one's life goals be clearly predicted in time, specific in content, or even complex in nature. As Rokeach points out, some life goals are never satiable. And people may have many different goals.

To reveal life style as hypothesized in the "behavior situation" construct, this author suggests using Q in situations specific to it. A study on the subject of "goals in life themselves," could be just such a situation. Here people could operantly define their own terminal and instrumental values. Perhaps as a result one could discover a factor of people who "take life as it comes," being "like the leaf on the river" as Siddhartha might put it. Another factor could be comprised of those "goal-oriented types" who feel anxiety when they have nothing specific to work for. Goal seekers versus go getters. Self actualizers versus self made bank accounts. A Q study on life might do more for defining personality than Edwards had ever dreamed possible.

Again, the idea of "functional modes of living" is the key concept. They could describe ways people see their

lives just like they describe ways people see tuna fish. Principle's the same.

In this section on theoretical implications, I'd like to call to attention a behavioral area presented in chapter four, the areas of functional or goal-oriented behavior that exist in learning and play.

Can certain types of behavior be involved if play is the dominant goal? Are those goals for certain kinds of play? If learning must take place for the achievement of a said goal are there functional modes of behavior that a person must go through, steps, in other words?

We've explained behavior as specified function perceived as relevant for the situation, and phenomenally described how that decision occurs.

Can't we phenomenally explain certain types of behavior needed to attain certain goals?

Kantor has classified types of behaviors according to consummatory reaction systems. Consequently we know what is subjective or overt, intelligent or momentary. Hasn't anybody classified behavior according to the function it performs, or the goals it achieves?

Foley's examination of play defines the play phenomenon as a "class of subjective behaviors characterized by maximizing immediate short term self-gratification . . . the individual determines that the activity carries with it the possibility of providing how with some benefit that

is only self-enhancing."²⁰¹ Inherent here is the idea that play behavior is chosen because of goals inherent to its completion. Foley has support in Rokeach for her conclusions. He devotes a whole area of instrumental values to the "self-enhancing" types and explains how they determine modes of conduct.

Within the context of our "functional situation," can we identify the goals of a person by the way he plays? Can we predict the way he will play if we know his goals? Does a significant amount of play behavior give us insight into many of the functional dimensions of his life style goals?

"Learning" also holds rich phenomenal explanations for kinds of behavior needed to reach goals. A behavior situation headed toward a goal of new job may involve "becoming aware" segments, "getting interested" segments, "rule-learning" segments, "initiation" and "practice" segments. Perhaps the entire stochastic progress of a behavior could be predicted by first recognizing what a person working toward a goal already knows and what he must learn. Functional modes of learning could very well operate like functional modes of play for revealing goals and predicting behavior.

²⁰¹Carolyn E. Foley, "An Examination of the Play Element in Human Behavior," (unpublished paper for M.A. thesis) East Lansing, Michigan, Michigan State University, 1975.

So much for speculation.

I'd like to throw a more concrete, immediate idea at you . . .

Part Two: Introducing a phenomenal new performer.

William Stephenson proposes a basic psychological principle that might be key to an economical movement among researchers of consumer behavior.

Logic, however, leads us to regard behavior as neither mind nor body nor physiology: it's simply behavior, whether subjective to a person or objective to others.²⁰²

Behavior is behavior. Whether its "product purchased" or an "I worry about cavities" item. Any unit of analyses (save those in demographics) has to be a unit of behavior. Real distinction in advertising research, then, is if that variable is operantly defined or not.

Segmentation of consumers into target markets, therefore, is accomplished by units of behavior, nothing else. Heavy use can just as easily be defined as "I depend on product X" as it can by "units purchased." Extrovert means "I like to be with people" just as much as it means the "term" on an Edwards Preference Test. Issue, again is determining proper units of behavior, whether the area is product purchase, usage, media habits, life styles, or psychographics, anything except demographics. So why not call the whole area "BEHAVIOROGRAPHICS." Let segmentation be called "behavior segmentation."

²⁰²Stephen, op. cit., The Study of Behavior, p. 23.

If you're finding yourself blinking your eyes or pulling back your head, I'll wager that reaction system might have been just what was activated when the first advertiser perceived the term "psychographics."

If behavior was the perspective advertising purchase, if that focus was constant reinforced by a "household" word like behaviorographics, researchers might be reminded to concentrate their efforts on what's at issue in the first place--the understanding of behavioral phenomena.

Just think what that perspective could do for scientific method.

Perhaps, at least, it might make it more viable for advertising researchers to talk of "behavioral science."

Part Three: Formulating advertising strategy from phenomenal examples of segmentation.

Conclusion from data is that people can behave differently given the same stimulus. Reason's may lie in the stimulus, the person's goals or disposition, even the setting of the interaction itself. They all hold possibility . . .

Mauldin proposed functional definitions of products as units of segmentation. A "phenomenal" improvement over Haley's benefit segmentation.

This author proposes the use of functional modes of behavior. Proposes the label "behaviorographics" for units of analysis other than demographics. And in what follows, introduces an example of advertising strategy based on "behavior segmentation."

Product to be marketed? SINUTABS.

Supplementary Product Information: Us and them.

(The following is synthesized from three different sources: Consumer Reports, Jan, 1974, "Cold Remedies. What works and what doesn't?" Consumer Reports, August 1972, "Aspirin and Its Competitors," Today's Health, February 1974, "Evaluating the Cold Remedies.")

Nearly all competing cold or sinus tablets contain at least two of three staple ingredients--a pain reliever, a decongestant, and an antihistamine. When swallowed in tablet or capsule form, the typical decongestants in cold remedies don't work. Either they're ineffective or the dose is too small.

Phenyllophrine, a decongestant, is most widely used for non-prescription cold and sinus capsules. It has been proven ineffective in oral doses up to 40 mg. Sinarest has less than 10 mgs. of this ingredient. Dristan the same. (Doctors do prescribe phenyllophrine, but as nose drops.)

Antihistamines are useful in treating some allergic conditions but are worthless against the common cold. They have a drying effect, thicken bronchial secretions to

persist coughs or aggravate a mild one, may also cause drowsiness. Dristan, the heaviest advertiser in 1972, contains a useless antihistamine. So does Contac, the cold remedy's greatest merchandising success. So does Sinarest, Sine-Off and Sinutab. (Sinutab does have the only effective dose of antihistamine but that ingredient only works for more specific sinus problems).

Warner-Chilcott has already phased out antihistamines in its newest version of Sinutabs: Sinutab II. Menley-James has taken the same ingredient out of Sine-Off. Johnson and Johnson never included it in Sine-Aid.

The one ingredient in many cold remedies that is sometimes justified as a pain reliever is aspirin, or the aspirin substitutes: phenacetin or acetaminophen. But that's only if the symptoms include headache, fever, or muscle-aches. If nasal congestion is the problem, it does nothing but offer unnecessary medicine.

Sine-Aid and Sine-Off both contain effective doses of aspirin. Sinarest, an effective dose of acetaminophen. Sinutab, an effective combination of phenacetin and acetaminophen.

Aspirin substitutes are expensive. One big reason Sinutabs cost more. But aspirin substitutes not only ensure a universal market but hit special consumers allergic to or irritated by aspirin.

Dristan contains aspirin, "the pain relieving medicine most recommended by doctors." That's the only useful aid it does have. But 12 million dollars worth of advertising helps it sell for 20 times aspirin's price.

Alka Seltzer Plus contains much the same ingredients as Dristan only more antacid. Yet it sells for many times aspirin's price. Corricidin D contains a decongestant, plus one more grain of aspirin per tab, but the recommended dosage is one less tab instead of aspirin's two. Corricidin excludes the ineffective decongestant.

Contact contains 50 mgs. of phenylopropanolamine, a decongestant that may be helpful for a few hours at doses of 25 to 50 mgs, but dosage is so spread out over time that the user usually gets too little to be effective. Anyway, there's no such things as a capsule with sustained release absorbed in such a uniform fashion. Continuous relief is a creation of advertising, not medicine.

Sinutab does contain an extremely effective dosage of phynylopropanolamine released properly. The combination of this decongestant plus the powerful pain reliever makes it the most effective sinus remedy known--the reason why doctors and pharmacists prescribe it.

What doctors don't know is that it contains exactly the same kinds of ingredients as cold tablets. It's nothing but a cold preparation marketed for a different disease. Most don't prescribe it for colds, yet they view it as

effective. Products boring in on the sinuses are already ringing up \$35 million/yr. in sales.

Conclusion? Ingredients-wise, Sinutab II is the most effective combination cold or sinus remedy. Sinutab regulars are the most effectively prepared sinus remedy. Sinutab's non-aspirin ingredients also decrease the chance of stomach upset.

As a note, Neo-Synephrine is the leader in topical decongestants. Sine-Off is marketing its own sinus spray at the moment. Consumer Reports recommends a combination of aspirin or aspirin substitutes and topical decongestant as the most effective formula for combating sinus problems or colds with sinus symptoms.

As a post script, Nyquil, one of Sinutabs indirect competitors is actually bordering on the harmful side. Sure its two ingredients, 50% alcohol plus an antihistamine do cause drowsiness. But central nervous system stimulants actually work against this sedative effect. And the antihistamine can intensify coughs by thickening bronchial secretions. (Decongestant is ineffective. Cough suppressant mildly effective.)

Target Market Information: Geographics.

The following are predisposing factors for sinusitis, the disease our product and its direct competition are supposed to control and clear.

- high precipitation
- exposure to extreme temperature change

- emotional upset
- allergy
- exposure to air pollution, chlorine from swimming pools or excessive cigaret smoke
- general debility, such as following serious illness
- acute changes in intranasal pressure

(Above taken from American Druggist, February 7, 1972.)

Another American Druggist article pointed to polluted cities as having a high incidence of sinus sufferers, areas in the upper half of the Mississippi basin, from the Rocky Mountains to Appalachia. Worse area is in the Ohio Valley. Pollution and atmosphere change combine to make it so.

Areas with little or no sinus problems are in the Southwestern states, Southern Colorado and Southern California.

Urban areas show a higher incidence of sinusitis. Its probability increases proportionately with population concentrations.

Inference dictates sinus sufferers are more likely to be found in occupations demanding air travel, and emotional strain.

A high-strung, Chicago, advertising account executive who regularly jumped across the country by jet, would fit the qualifications nicely.

Target Market Information: Supplement to "Q-Study"
demographic profile.

Urban dwellers are more likely to have sinus problems. So are swimmers and smokers. High strung, emotional people are more pre-disposed to sinusitis. So are people who regularly experience changes in atmospheric pressure, for example, air travelers.

People with allergies and hay fever are potential Sinutabs users. So are people with colds. (Consumer Reports, January, 1974, testify that sinus remedies are nothing but cold capsules marketed under a different disguise anyway.)

Sinusitis (inflammation of a sinus) is a universal ailment that everybody experiences at one time or another in his life.

Sinus problems can therefore be viewed as situational or circumstantial rather than "person" or "characteristic" oriented.

Target Market Information: Buyer/use patterns.

According to American Druggist, February 6, 1972, 91% of the 70 million sinus sufferers in the U.S. used some sort of preparation to treat their condition.

Twenty-two percent of all persons who had sinus problems in general claimed they suffered continually or usually, needing up to 20 treatments per month. Another 10% said they had more than ten sinus attacks a year.

These chronic or frequent sufferers were more apt to self-medicate.*

* Treat themselves rather than seek physician's services.

A large market for sinus remedies clearly exists. However, only 28% of sinus sufferers use specific "sinus" brand remedies, accounting for only about 10% of total sinus treatment volume. Remaining sinus sufferers take aspirin or cold tablets as remedies. These people represent opportunity for market expansion. Again, they're 72% of the total sinus sufferers!

Here's how and where they buy specific sinus remed substitutes.

They buy predominately in drug stores. Seventy-seven percent of respondents in a Chain Store Age survey testified to it. The reason: superior selection. Respondents felt drug stores would most likely have the product they were looking for over other types of retailers. Also working in favor of the more numerous drug stores some 71% of the respondents indicated that convenience was a prime factor in seeking a purchase location.

The most important strength of the discount houses was price. Sixty-six percent reported discount houses had the most favorable prices, compared to 23% who thought the price structure at the drug store was lowest.

Here's another important fact. Eighty-five percent of the respondents went to the store with a particular brand in mind. Sixty-two percent of these showed no hesitation about going to a different store to find what they wanted, rather than switching brands.

Part of the development of brand preference stems from the importance of consumer advertising. Forty-eight percent of the respondents felt that advertising was either important or very important to them in selecting which product they were going to buy. Twenty-six percent admitted they were influenced to a moderate degree.

To a degree, these products no longer sell themselves, a fact that has received tacit recognition in the reduction among the major products to just two items that are backed by no consumer advertising. (At the time of this survey, Sinutabs was one of the two.) Again, brand preference is high. Consumer advertising important.

For the category as a whole, consumers make an average of 2.7 purchases a year. This again emphasizes the fact that if the product isn't on the shelf for these few purchases, the business will be lost. The customer will go elsewhere in search of his specific brands. Retailers are faced with requirements of wide product selections and a fully in-stock condition.

Forty percent of cough-cold dollar volume is accounted for by tablets-capsules. One hundred and forty five million dollars in 1972. Tablets-capsules show the fastest growth rate in sales.

Here's another interesting fact. The top 20% of the items account for 80% of the sales. A high degree of seasonality tends to emphasize the top products even more.

The result has been a retail store department that has become extremely tight as far as the introduction of new items and types of items concerned. Retailers are reluctant to stock something new or something that would not turn over fast. Consumers are reluctant to try out their suffering on something that isn't proven. Non moving items are weeded out in the process.

Is it any wonder that the top 20 items account for 70% of the sales volume?

Supermarkets walk a tightrope when they take on cough/cold remedies. Convenience is their big plus. But what they stock, when they stock, or how much of it they stock depends on push advertising for its lifeblood.

So much for data and inferences from the American Druggist surveys.

Primary research conducted by R. Barry and myself on January 11, 1974 gave the following data.

Pharmacists at both Cunningham's and Muirs Drugs in East Lansing recommended Sinutabs when asked by sinus headache sufferers for a remedy. Both pharmacists described it as specific, market proven, and even often doctor prescribed. They testified that cold sufferers hardly asked for sinus products specifically. They also reported that topical decongestants moved faster in both cold and sinus problems, but were not as widely distributed. Of capsules, Sinutabs moved faster than any other sinus remedies. Cold

remedies, in general, sold faster than any sinus product.

Pharmacists at Meijer's, Cunningham's and Muir's all reported that if sinus sufferers didn't ask them for a recommendation, they tended to be sure of the product they did pick.

According to them, Sinutabs sales always increased when national Sinutab advertising was aired locally.

Further focus interviewing uncovered that pharmacists held company and product respectability high. They favored products that people returned to say worked. People returned to say Sinutabs did.

They disfavored a product when they personally found that product's advertising out of sync with their "respectability" ethic. Pharmacists unanimously also considered Sinutabs "semi-ethical," almost a prescription drug. Keeping pharmacist backing is vital to any Sinutab marketing.

Target Market Information: Psychographic Inferences.

Products have psychosomatic effects. Two consumer studies with cold sufferers prove it.

Consumer Reports, January 1974, report that one third of cold sufferers tested in its study believed they got satisfactory relief from a placebo (sugar pill).

A Mayo Clinic study, April, 1972, compared plain aspirin,^{*} not only with its OTC competitors acetaminophen^{**}

^{*},^{**} All these ingredients are basic singly or in combination in all capsule sinus remedies.

and phenacetin*** but also with a range of allegedly more potent and far more expensive pain relievers available only on prescription. Results proved "no drug in the study had significantly faster onset of relief than aspirin or a significantly longer duration of relief than aspirin . . . 21% claimed greater than 50% relief of pain with dummy medication" (Consumer Reports, August 1972).

This "placebo effect" often applies with OTC remedies and sometimes explains why one drug seems to work while a virtually identical one doesn't.

Conclusion? What consumers believe about sinus products and their effectiveness has to be a vital part of advertising.

Consensus Behaviors: Basic selling job.

Fact 1: Statement 5 and 34 both point to the conclusion that the general target audience subjectively recognizes specific sinus remedies as more effective for curing specific sinus problems.

Fact 2: Consumer purchase data shows only 28% carry that "functional definition" to the stores (American Druggist).

Fact 3: Cold remedies (decongestants plus pain relievers) are biggest sellers. Purchase data accompanying Q study shows no preference for specific remedies. Cold remedies holding largest share of their purchases.

Conclusions: Since symptoms of cold and sinusitis are the same, maybe people just don't recognize the difference. Maybe the need for immediate, effective relief is what holds top priority,

*** Ibid.

not the discrimination of what disease they have. Besides, cold and sinus remedies probably appear the same to them.

Target Behaviors: Basic Pitch.

1. Establish functionality of SINUTABS for symptoms of either colds or sinusitis.
2. Establish it as the most effective remedy you can buy for either without prescription.
3. Reinforce that functional definition in place of purchase.

Basic proposition: Sinutabs are the most effective cold or sinus remedy you can buy without prescription.

Factor Audiences: Delivery differs to fit their functional modes of behavior.

Target Ball Park: No choice but TV.

All consumer advertising for cold and sinus remedies is done on national TV. In fall-winter for colds. In spring-summer for hay fever. To achieve target behaviors of functional discrimination over cold remedies, we have to play in its ball park.

Cautious Relief Seeking: Basic delivery.

Typical quote again: "I wish I could survive this sinus stuff without having to take medicine all the time . . . since it's just too hard to, I'll only take the minimum amount. No more."

Some facts: Women here are basically home makers. They're extremely cautious about medicine use. They don't like to talk about being sick. Their basic dilemma of not wanting to take pills and realizing they have to may be why they're so cautious, why they remained so self contained. They prefer small sizes of sinus remedies.

Approach: Identifying, reinforcing type of delivery. Example: "I know how you feel about taking medicine, and, you know, it's good to be that way. I feel that way too."

Product Portrayal: Close up of product at end of TV spot, blurring everything in background.

Storyline: Deductive sequence. Fast relief with minimum dosage emphasized.

Characters: None.

Source: A house wife they can picture as themselves.

Facilitator: Special introductory offer. P.O.P.

Special copy points: Mention only one tablet dose needed after initial two, small sizes. Statistics of doctors recommendations for sinus remedies may add credibility.

Escaping Victimization: Basic Delivery.

Typical quote again: "Dammit. I've got that sinus head pressure again. And I don't mind tellin' you it's no joke."

Some facts: Worst stricken people of all factors. Pressure, pain terrible. They feel attacked. They readily seek advice and counsel. Would hate bad taste or stomach

upset to add fuel to the fire. Spends a lot for medicine, therefore he compares brands and prices. Finds symptoms offensive in other people. Buys both large economy sizes, even small packets to carry around.

Approach: Straight out promise of being the most effective relief you can buy without prescription--no beating around the bush. Face to face with some who for heaven's sake isn't suffering too. Maybe test material to back up claim.

Product portrayal: Hold close up of product in various sizes at end of spot. Have pages of test results being laid down next to them.

Storyline: Facts about fast relief power. Don't remind them of pain. "You don't have to tell these people what they already know."

Characters: None.

Source: Presenter, credible. Powerful in personality and delivery like the relief he's pushing.

Facilitators: Special introductory offer. P.O.P.

Special copy points: Mention no stomach upset. Emphasize most powerful remedy available without prescription. Mention foil packets available. Mention worth for money spent.

Coping: Basic delivery.

Typical quote again: "Stay home?! Sinus isn't that serious. I'll just stop by the drug store on the way to work and get something for it. I'll be okay."

Some facts: Won't let sickness spoil her routine or responsibilities. Doesn't slow down or baby herself because of sinus. We'll go beyond dosage if need be for relief. Doesn't like drowsiness but wants effectiveness. Money no object. Realizes she needs medicine to keep up performance.

Approach: Identifying. "We know how busy you can be, and you don't want things like sinus problems holding you back." Rational.

Product portrayal: Close up at end.

Storyline: Slice of life. Maybe on scene of a busy job. Maybe "a traffic cop" in New York City. Deductive sequence. "You can keep up to par if . . ."

Characters: None.

Source: Busy executive, housewife or "traffic cop."

Facilitator: Special introductory offer. P.O.P.

Special copy points: "It lets you keep going as if nothing happened."

Conservative Using: Basic delivery.

Typical quote again. "Complaining doesn't help matters a bit, either does following heresay. Proper use of medication does, especially if that medication is recommended by your doctor."

Some facts. Quiet about suffering . . . uncomplaining. Last to try a new product. Doesn't want anything in her system she doesn't need. Rational usage. Seeks intelligent facts about products. Conservative in decisions.

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Approach: Rational. Direct. Laying out of facts so they can decide for themselves.

Product portrayal: Use of Consumer Reports facts, maybe even show product laying next to opened pages of the study. But close-up of products holds main focus.

Storyline: Presentation of facts. Inductive sequence. "Decide for yourself."

Characters: None.

Source: Presenter. Announcer. Credible, but objective in his presentation.

Facilitators: Special introductory offer. P.O.P. Guarantee of satisfaction or money back.

Special copy points: Sinutab II contains only what you need to alleviate "these symptoms," nothing more.

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APPENDICES

APPENDIX A

Focus Interview Schedule

Winter Health Problems--Interview

I'd like to talk to you about the health of you and your family, particularly about the kinds of minor health problems you may face during this time of year.

1. First, let's discover what those minor health problems are. Can you name several? Any others?

How about headaches? ____

Colds? ____

Allergies? ____

Sinus? ____

2. Let's discuss each of these a bit, starting with colds.

- a. How do you become aware that you have a cold to deal with?
- b. How do you feel about it?
- c. What do you do about it?
- d. What would happen if you did nothing at all?
- e. What products do you need to fight a cold? For you? For others? Why do you use those products?
- f. Where do you buy them? Why?

3. Let's talk now about sinus. How do you become aware that

- a. you have a sinus problem to deal with?
- b. How do you feel about it?
- c. What do you do about it? Why?
- d. What would happen if you did nothing at all?
- e. What products do you need to deal with sinus? For you? For others? Why do you use those products?
- f. Where do you buy them? Why?

4. I'd like to ask you about several sinus remedies.

- a. First, what do you want from a sinus remedy?
- b. Which one (or ones) do that? Is any one best? Why?
- c. Do you have a preference for one size? How many pills do you prefer to buy at one time? Why?
- d. What kind of package do you prefer a sinus remedy to come in?

5. I'm going to read you the dosages of several sinus remedies. I'd like your reaction to each part.

- a. "Two tablets initially, then one every four hours."
- b. "Two tablets every four hours."
- c. "Do not exceed six tablets in 24 hours."

- d. "Child dosage: half the adult dosage."
 - e. "Do not give to small children."
 - f. "Drowsiness may occur. Use caution in driving or operating machinery."
 - g. "If symptoms persist for more than ten days, consult your physician."
 - h. "Excessive dosage or prolonged use may cause kidney damage."
6. Sinus remedies claim to do three things. I'd like your feelings about their relative importance.
- a. Reduce congestion.
 - b. Relieve facial pressure.
 - c. Relieve headache.
7. I'm going to name several sinus remedies. I'd like you to tell me what experience you've had, if any, with each. (Find what they like and/or dislike about each one they have some experience with).
- a. Sinutab
 - b. Sinarest
 - c. Sine-Off
 - d. Sineaid

APPENDIX B

Statements in Q-Sample

1. It's all in your head; if you take something that's supposed to make you feel better, you feel better.
2. I prefer a small size when I buy a new remedy; if it's not effective, there's not much waste.
3. I want to buy enough of a remedy to have some on hand. When you have sinus or a cold, you want the medication then.
4. I want to kill a cold or sinus before it gets a firm hold, so I want a remedy right at the outset.
5. You can't expect a sinus remedy to treat other things, or other remedies to be effective with sinus.
6. The possibility of an upset stomach makes me feel more reluctant to take a sinus or cold remedy.
7. When I have sinus symptoms, I just use whatever appropriate remedy we happen to have.
8. I don't really worry about the quality of one brand or another; they're all regulated.
9. Often, medications are not so effective as other things you can do for the sinus sufferer.
10. It's important to have a remedy that's strong enough to do the job.
11. People get sick when they want attention, when they feel sorry for themselves.
12. If you keep any medicine around very long, it's sure to lose its effectiveness.
13. I want a sinus remedy to make me feel better without making me drowsy.
14. When I have some health problem, I want to learn all I can about it.
15. I don't want a sinus remedy to dry up my mouth and nose too much.
16. If I think a particular medicine is right for me, I buy it regardless of the price.
17. Any medication not safe for children should have a child-proof safety cap.
18. It doesn't matter what the medicine tastes like if it works.

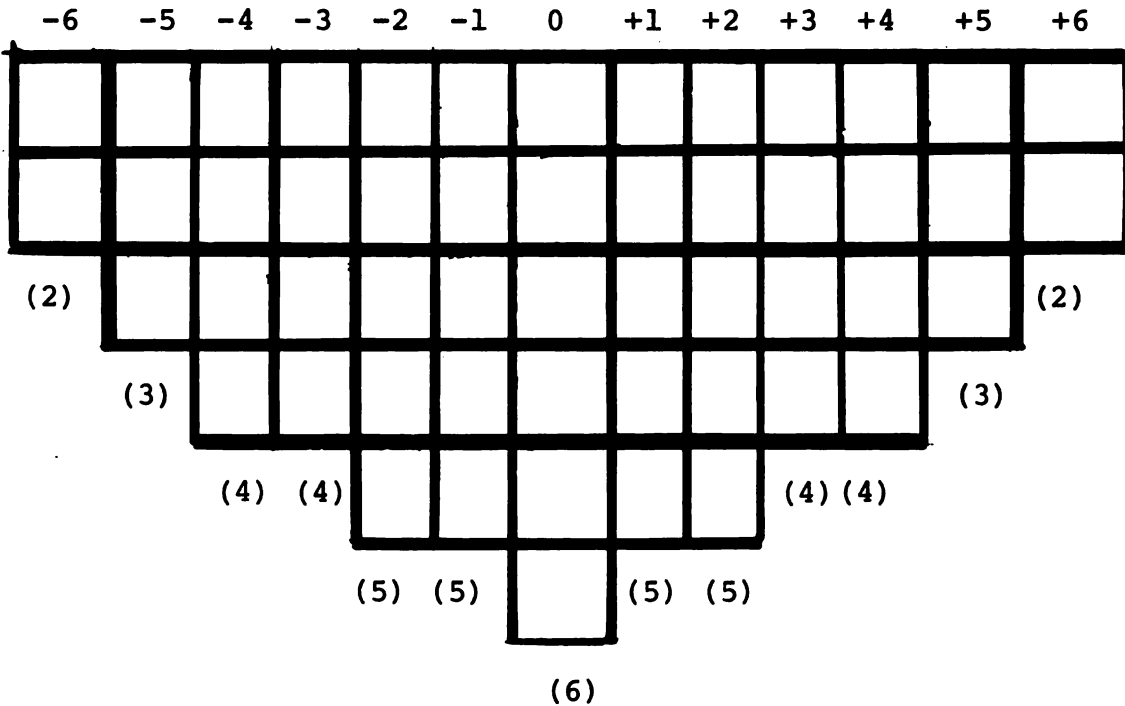
19. I prefer sinus and cold remedies to come in packages you can conveniently carry with you.
20. Rest is really the best cure for colds or sinus.
21. It's such a bother to have to keep taking pills every few hours.
22. I prefer to adjust the dosage according to how I feel.
23. You can't take every little problem to a doctor. I prefer to treat minor things like sinus myself.
24. All you can really expect from a remedy is to make you more comfortable.
25. I don't mind waking up in the middle of the night to take a pill if it's the recommended dosage.
26. It's good to talk about your minor health problems with friends; you can get a lot of useful information.
27. It's good to have a doctor's recommendation on any medicine.
28. When I get a cold, I don't feel like doing much but I have to.
29. The fewer pills you take in your life, the better off you are.
30. The main thing I dislike about sinus or a cold is the nuisance of having it.
31. The trouble with having to take pills every few hours is that it's too easy to forget.
32. I feel that the symptoms of sinus and of colds are personally offensive.
33. There's no mistaking sinus for other problems; when I have it, I know what it is.
34. I imagine one sinus remedy is no better and no worse than any of the others.
35. Medicines work differently with individuals; you never know if a particular medicine will work until you try it.
36. When I suffer from sinus, reducing the congestion is the first priority.
37. I want a sinus remedy to relieve the pressure around the eyes and nose and forehead.

38. When I have sinus or a cold, I feel like I don't look as good.
39. As long as I can breathe, I can put up with the other symptoms of sinus.
40. The worst part of sinus for me is the bad headache.
41. If a person gets sinus or a cold, it's their own fault for not taking better care of themselves.
42. When you have a cold or sinus, it's nice to be pampered a little.
43. When I have sinus or a cold, I just want to be left alone.
44. I want a sinus remedy to stop the pain, the sooner the better.
45. Some remedies seem to make me nervous and jumpy.
46. About all you can really do about sinus is wait it out.
47. An untreated sinus problem will last longer and be more severe.
48. I prefer warnings on medications I buy; I want to know the limits and the dangers.
49. Even if an adult medication has a partial dosage for children, it seems better to buy medicines specifically formulated for children.
50. It's important to know and obey the dosage prescribed on the medicine package.
51. It's nice to have the medication come in packages or bottles you can use for something else when they're empty.
52. When I take a remedy for sinus at night, it's fine if it makes me drowsy.

APPENDIX C

Questionnaire/Forced Distribution Score Sheet

Most Disagree N=52 Most Agree



Interviewer _____

Respondent _____

Address _____ Phone _____

Married _____ Sex _____ Age _____

Occupation of Wife _____

Occupation of Husband _____

Ages of Children _____, _____, _____, _____, _____, _____

Does respondent suffer from sinus? _____

Does spouse suffer from sinus? _____

Does child suffer from sinus? _____ How many? _____

Preferred remedy for sinus symptoms: _____

Estimated amount spend per year on remedies: _____

Must agree statement comments: _____

Most disagree statement comments: _____

APPENDIX D

Demographic Data and Preferred Remedy Tables

TABLE 6.---Demographic and Preferred Remedy Data, Factor I.

Respondent	Sex	Marital Status	Occupation	Spouse's Occupation	Ages of Children	If sufferer	If spouse suffers	If child suffers	Preferred Remedies
1.	F	M	Classified Ad Manager	Grad Student	4	yes	no	no	Hot cloth, Sine-Aid
2.	F	M		Manufacturers Rep.	21 17,18,	no	no	no	
3.	M	D	Student		4,8	no	no	no	
4.	F	M	interior decorator	auto executive	11,13 20	yes	yes	yes	Prescription, Corricidin
5.	F	M		Store manager, S.S. Kresge	1½	yes	no	no	Corricidin for children 210
6.	M	M	Cafeteria Manager	Homemaker	1½ 1 mo.	No	no	no	
7.	M	M	Salesman	Student		yes	yes		Dristan
8.	F	M	Beautician	Auto Sales Manager	4,6	yes	no	no	Prescription
9.	F	M	Food Service vice Worker	Student		no	no		Contac
10.	F	M	Homemaker	Student	2	no	yes		Prescription
11.	F	D	Teacher		7,9,10, 11,11	no	no	no	

TABLE 6.--Continued.

Respondent	Sex	Status	Marital	Occupation	Spouse's Occupation	Ages of Children	If Sinus sufferer	If spouse suffers	If child suffers	Preferred Remedies
12.	F	M		Homemaker	Accountant	3	yes	no	no	Contac, Dristan prescription
13.	F	M		Homemaker	Staff Assistant	20	yes	yes	yes	nothing taken
14.	F	M		Homemaker	Manufact- urers Rep.	18,21	no	no	yes	Contac
15.	F	M		Student	Student		yes	no		Aspirin, prescription
16.	M	M		Professor	Homemaker	5,8	no	no	no	Excedrin Contac
17.	F	M		Student	Engineer		yes	yes		Dristan Vicks Vapo- rub
18.	M	M		High School Principal	Homemaker	2,4	no	no	no	

TABLE 7.--Demographic and Preferred Remedy Data, Factor II.

Respondent	Sex	Marital Status	Occupation	Spouse's Occupation	Ages of Children	If sinus sufferer	If spouse suffers	If child suffers	Preferred Remedies
1.	F	M	Waitress	Radio Station Worker	6, 8, 13, 14	yes	no	yes	4-Way Cold Tablet, Corricidin
2.	F	M	Homemaker	Building Inspector	9, 19, 24, 26	yes	yes	yes	
3.	F	M	Homemaker	Marketing Manager	19, 24	yes	yes	yes	Contac
4.	F	M	Secretary	Auto Mechanic	11 mos.	yes	no	no	Excedrin Empirin/ w codeine
5.	F	M	Secretary Student	Computer Programmer		no	no		
6.	M	M	Student	Eye Doctor Assistant		no	yes		Aspirin
7.	M	M	Student	Teacher		yes	yes		Dristan
8.	F	S	Student			yes			Contac
9.	F	M	Student	Serviceman		yes	yes		Inhalers, Antihistamines
10.	M	M	Store Clerk	Student	3, 6	yes	no	no	Corricidin
11.	F	M	Student	Student	1	yes	no	no	Sinutab

TABLE 8.--Demographic and Preferred Remedy Data, Factor III.

Respondent	Sex	Marital Status	Occupation	Spouse's Occupation	Ages of Children	If Sinus Sufferer	If Spouse Suffers	If Child Suffers	Preferred Remedies
1.	F	S				yes			Prescription
2.	F	M	Homemaker	Accountant	18,20	no	no	no	
3.	F	M	Homemaker	Insurance Salesman	12,15,18 20,21,24	no	no	no	
4.	F	M	Dept. Store Manager	Student		yes	yes		Corricidin, Injections, Prescription
5.	F	M	Teacher	Engineer					
6.	F	D			4,7	yes		yes	Dristan Tablets and nasal spray
7.	F	S				yes			Neo-Synephrine Nose Drops
8.	F	M	water resources planner	army officer		yes			Antibiotics

TABLE 9.--Demographic and Preferred Remedy Data, Factor IV.

Respondent	Sex	Status	Marital	Occupation	Spouse's Occupation	Ages of Children	If Sinus Sufferer	Spouse Suffers	If Child Suffers	Preferred Remedies
1.	F	M		Bookkeeper	Insurance Mktg.	11,13,15 18,23	no	no	yes	Sinutabs
2.	F	M		Residence Hall Ad- visor	Teacher Student	6 mo.	no	no	no	
3.	F	M		Ticket Checker	Maintenance Worker	27,30	yes	no	yes	Heating pad Aspirin
4.	M	M		Student	Medical Secretary		yes	no		Drixoral
5.	F	M		Homemaker	Engineer	15,17,18, 19,21,22	yes	no	no	Prescription
6.	F	M		Secretary	Student		no	no		
7.	M	M		Student	Student		no	no		
8.	F	D		Secretary		6	yes		no	Dristan Nasal Spray
9.	M	M		Student	Student		yes	no		Contact Dristan
10.	F	M		Homemaker	Police Detective	2, 1 mo. 1 mo.	no	yes	no	Antibiotics
11.	F	M		Waitress Actress	Actor Director		no	no		Alka-Seltzer Cold Medicine

TABLE 9.--Continued.

Respondent	Sex	Marital Status	Occupation	Spouse's Occupation	Ages of Children	If Sinus Sufferer	If Spouse Suffers	If Child Suffers	Preferred Remedies
12.	F	M	Student	Sales Represen.		no	no		Dristan Spray
13.	M	D	Auto Worker	Homemaker	15,19,24	no		no	Good food, juices rest

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