Chapter 14

Appropriate Community Psychology in Papua New Guinea

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To ensure that psychological procedures fit into the community, seven dimensions of 'appropriateness' must be evaluated. Counselling training, which has been provided to community workers, is considered in terms of these criteria including its relevance to dealing with the behavioural problems of urban Papua New Guineans.

Community psychology involves the application of psychology to community situations. To do this effectively community psychology must develop technologies which can be defined as "replicable methods for solving community problems and developing the capacities of communities to achieve their own goals" (Fawcett, Mathews & Fletcher, 1980, p.505). These authors propose that seven dimensions of a technology must be considered to ensure the 'appropriateness' of the technology. Table I shows these seven dimensions and they will be discussed here in terms of a Papua New Guinean context before we turn to a consideration of problems in urban communities in Papua New Guinea and then some discussion of the appropriateness of the role of skills-trainer for psychologists working in urban communities in Papua New Guinea.

Table 1
Dimensions of value for behavioural technologies.

1.	Effectiveness	5. Sustainability
2.	Expense	6. Simplicity
3.	Decentralised	7. Compatibility
4.	Flexibility	

A new technology means a new way of doing things for the people who use the technology or are affected by its use. Such changes in behaviour will be achieved by a variety of means - such as persuasion, coercion, incentives, or the example of influential members of the community. For the change in behaviour to persist, and the technology to continue to be used, the changes have to be of value to the persons involved. Simply, the efforts, difficulties, and costs involved have to be outweighed by the rewards, satisfactions, and achievements obtained. The dimensions proposed by Fawcett et al (1980) provide some means of assessing the value of new technologies to the persons involved.

A technology must be seen by its users or its potential users to be effective, especially in comparison to previously used procedures. In 1981 the Psychological Services Branch introduced a vocational test battery primarily for grade 10 guidance. This supplanted a test battery, which had emphasised 'reasoning' skills.

In terms of the guidance objectives of the test battery, test users (guidance teachers) have commented on the greater usefulness of the new test battery. It appears that the new test battery is judged by its users to be more effective.

Inexpensiveness is of considerable importance in Papua New Guinea since cash incomes are generally low (cf., National Planning office, 1981). For a technology to be generally accessible it must be inexpensive.

Decentralisation can be understood as the application of technology at a local level rather than from a remote centre. Generally a decentralised approach also means a small-scale approach. The inappropriateness of a centralised approach is demonstrated when funding is supplied to communities according to 'national' or 'development' criteria and without consideration of community needs and priorities.

If psychological technologies are not flexible there is no possibility of their adaptation to suit varying community requirements. Considering Papua New Guinea's social diversity, which is true of its urban and rural areas, such psychological technologies must have flexibility. For examples, psychological approaches could present a range of options to answer specific needs, and they could include guidelines for change in the technology supplied according to the results achieved by the technology.

A frequent lament of development workers in Papua New Guinea is that after the implementer of the new technology has 'gone finish' the new technology will not continue to be used. Often this is because the technology is not sustainable at the local level because some resource, usually that of suitably skilled people, is not available. Examples abound. In a village near Lae an experimental mini-hydro-electric power plant has been installed. Frequently the villagers are without power for several days, because when the plant is broken down a skilled technician must be flown in from Lae to fix the problem.

A new technology must be simple and comprehensible enough to be understood by its potential users. In an urban environment in which a recent survey found that 40% of mothers visiting a health clinic had never been to school (Forsyth, in press) the technologies used should not require literacy and should be based on commonly understood languages such as Melanesian Pidgin.

Finally, any new technology must fit, into the community in the same way that precontact societies in what is now Papua New Guinea fitted into their environment. To be compatible with communities the new technology must answer needs felt by the community in a way that is acceptable to the community, that is, without conflicting with other adaptive responses of that community.

Present behaviour problems in Papua New Guinea
I turn now to a consideration of the problems of urban Papua New Guineans. In terms of the dimensions considered above this is the necessary first step toward a community Psychological approach which is compatible with Papua New Guinean communities - to identify the problem in those communities.

At the end of 1980 we surveyed all the counsellors and helping professionals in Lae (Forsyth, Note 1). Our survey attempted to find what were the behavioural problems brought to this community workers by Lae residents, also what the response of these workers was to these people facing the problem, and to find our what assistance they would like from us.

The survey was presented to these professional community workers as being an attempt to help them to do their job better. Table 2 shows the results of our survey of problems. Looking at particular problems it can be seen that the most frequent problem described by community workers (41% of all problems reported) was marital conflict or problems with boyfriends or girlfriends. The next most frequent problems were those of sadness or depression (19% of all problems) and of fighting or aggression (11%). Over-drinking or alcoholism and worry or anxiety were both problems that made up 7% of all problems reported. Among problems that were not frequently reported were problems with rearing children (5% of all), problems because of psychotic or very abnormal behaviour (4%) and problems due to sexual difficulties (2%). Lastly, very infrequent problems reported by the community workers were sorcery or poisoning; malnutrition; no accommodation and handicapped

children. This does not mean that these are very infrequent problems in Lae, only that community workers mentioned them infrequently in the survey.

Table 2
Behaviour problem areas encountered by Lae community workers in November 1980

Marital	41%	Children	05%
Depression	19%	Psychoses	04%
Aggression	11%	Sexual	02%
Alcoholism	07%	Other	04%
Anxiety	07%		

I'd like to consider particularly marriage problem and difficulties resulting from drinking, because these appear to be problems that affect large numbers of people at present. If we aim some of our efforts toward these problems we will be responding to an apparent need in our communities.

Opinions differ as to the cause of marriage difficulties or as to whose fault it is. A basic trend is obvious though - that courtship and marriage in Papua New Guinea take place more often in the context of a cash-economy urban environment. Men and women are creating relationships without the benefit of the example of their parents because their parents' example is obviously irrelevant to their own situation. These young people were educated by a government or mission teacher rather than by the tradition of their people. They are wage earners rather than being self-sufficient. Their social and physical situation is not the same as that of their parents and new responses are required for successful adaptation to this new situation. We would expect that marriages that adapt successfully to this new environment would be ones that enable the couple to respond creatively - to tolerate and resolved difficulties and to encourage each other toward creative and successful responses. We have hypothesised that couples who can communicate and negotiate would have better chances of successfully managing their marriage and of creating new concepts of marriage. At a workshop on marriage and marriage difficulties in 1981 we asked people working as marriage counsellors to rate descriptions of behaviour according to whether they were descriptive of stable marriages or unstable ones. The behaviours that more than 90% of participants agree were characteristic of stable marriage were:
1. Husband gives money to wife
2. Husband and wife belong to same church
3. Husband and wife agree on contraception
4. Husband and wife agree on what help to give *wantoks*.

These are all descriptions of agreement in different decision-making areas, decisions that would require communication and negotiation. At present we are attempting to evaluate this hypothesis of the importance of such communication skills in marriage in a comparative study of successful and unsuccessful marriages. The results of this study should enable us to pinpoint the aspects of marriage relationships which pre-marriage and marriage guidance should concentrate on.

Drinking is a behaviour that is frequently defined as a problem area, and one on which we are getting some information now. From our survey there were indications that marital problems and aggression were often associated with alcohol abuse. Awuko et al (1976) in a suburban survey of Port Moresby housewives found that about one fifth (or 14 out of 79 women) felt that there was a problem due to alcohol in their household. These were mainly the result of financial problems (9 women) and fighting (7 women). A survey of trauma-related deaths at Port Moresby Hospital over the five years period 1976-1980 (Sinha, Sen Gupta, & Purohit, 1981) indicated that alcohol was often associated with these deaths. The results of this survey suggest that drinking before driving, or before walking,

or even before a domestic argument, increased the probability of such activities having fatal consequences.

It seems that in most urban households there is considerable variability in the amount of money spent on alcohol (Morauta & Leila, 1980). For example, in only 6.3% of the households surveyed in the 1975/76 Household Expenditure Survey did adults of the household (either resident or visitors) spend more than K10.00 per fortnight on alcohol. In 1976 this was the equivalent of approximately two cartons of beer (Consumer Price Index, 1976). It is probable that alcohol abuse by individuals in Papua New Guinea is more of an occasional event. If so this would suggest that it is unlikely that many Papua New Guineans are, or will become, physically dependent on alcohol (consumption of four or more cartons of beer or their alcohol equivalent within a fortnight would be required to attain levels producing signs of physical dependency, Mendelson, 1971). However such a prediction must also take into account a possible increase in local manufacture of "junglejuices" or homebrews, which would tend to result in an increase in chronic problems associated with alcohol abuse.

Why should there be problems with alcohol abuse in PNG? A possible explanation is in terms of learning models which tend to be imitated to the extent that these models are similar to the observers and appear to be powerful and to control important rewards (Bandura & Huston, 1961). For Papua New Guinean males the model of drinking was provided by young Australian males who, when they had access to beer, drank it quickly and in quantity. This is a possible explanation of why some Papua New Guinean males now drink beer and other alcohol in such a fashion.

What suggestions can psychologists make in helping the community with the difficulties associated with alcohol abuse? To look overseas first, there is strong evidence that a useful distinction can be made between problem drinkers and alcoholics, and that these two groups respond differently to different treatments. The distinction between problem drinkers and alcoholics (Polich, Armor & Braiker, 1981) is that alcoholics tend to be older and so to have been abusing alcohol for a longer time, they have more alcohol-related life problems, are less likely to be employed, and they show signs of addiction to alcohol (such as morning drinking, tremors, missed meals because of drinking, continuous drinking for 12 hours or more, blackouts, and 'loss of control' over drinking). They tend to accept the disease concept of alcoholism as well as considering themselves 'alcoholics'.

While alcoholics tend to respond better to treatment aimed at producing abstinence, non-addicted but problem drinkers respond better to treatment which provides them with skills useful in keeping their drinking under 'control' (Miller, 1982). Training in controlled drinking emphasises slowing the rate of drinking, keeping drinking within limits (goal-setting), and teaching responses which can be alternative to drinking (such as refusing drinks). Such treatment approaches appear to have potential value in Papua New Guinea.

Training counselling and communication skills
The survey of professional community workers in 1980 indicated that the majority of them wanted some assistance in their work in the form of training. Workers were interested in learning more about those techniques or skills, which they reported they were already using. Training requested included diagnosing mental problems; listening; skills; marital counselling; and treating stress. Workshops on the diagnosis of problem behaviours and mental illness, on listening and counselling, on marriage counselling and on effective leadership have since been run by our service. These workshops generally consist of a day where eight to forty persons listen to speakers, discuss topics covered by speakers, observe models demonstrate interpersonal responses, practice role-plays, and finally evaluate the procedures used. Some of the procedures used in these workshops have been standardised and now represent a replicable methodology (Fawcett, Mathews & Fletcher, 1981). They include training procedures aimed at increasing trainees' use of social rewards and at enhancing listening skill. We will briefly consider the use of such procedure in terms of the criteria of appropriateness discussed above.

To evaluate the effectiveness of our procedures we have attempted to collect ratings from participants as to how useful they consider the procedure taught and also follow-up data on the reported use of procedures. These data are not sufficient. To assess the effectiveness of the interpersonal skills being taught there should be some measurement of the behaviours of both the trainees and of the people with whom they are dealing. From this limited data though it seems that about 40% to 60% of such participants have subsequently used some of the techniques that were practiced in the workshop and about 90% reported satisfaction with the procedures immediately after the workshop.

To return to our criteria of appropriateness and to consider the criterion of inexpensiveness - these workshop procedures are not inexpensive. Workshops require organisation of people, which takes time. They require considerable preparation of exercises, materials, and rehearsal of procedures, which takes more time. And as time is one of the few resources we have, the use of these procedures is limiting our resources. This means that if we wish to promote training workshops we have to ensure that there will be a continuing need for such workshops, and that the component procedures used in these workshops are satisfying such needs. Considering the issue of scale of application, we have worked with small groups and have aimed to teach the use of skills in one-to-one situations. This is the most effective way to teach such skills (e.g., Goldstein, 1975).

Flexibility has so far not been a problem. A skills-training approach has enabled us to use the same procedure to teach the same skill in different settings to different people. For an example we have taught a skill we call 'active listening' to pastors, to guidance teachers, and to foreman in a government department. The wide potential for application of this skill suggests its significance or adaptability.

The sustainability of this approach is at issue. At present it is reliant on the efforts of two psychologists and an assistant. Our efforts are open to the criticism that if we were to finish our work there would be no follow-up and reinforcement for those who had come to workshops and no ongoing evaluation of their use of skills and no use or development of the procedures that have been developed. Our goal is to detail our procedures and to hand them over to training officers in various settings so that there is the potential for further use of such procedures. Detailing and describing these procedures raises the issue of the comprehensibility of such descriptions. What is at issue here is whether there is a common meaning attached to such concepts as 'modelling', 'social reinforcements', 'practice'. Obviously it is important to have clear behavioural descriptions of such concepts.

To consider another point related to the dimension of simplicity. We have made the assumption that the majority of counsellors and foremen communicate in Pidgin. To remove the difficulty of translating from English to Pidgin we use Pidgin in role-play practice and also to provide labels for the concepts we are trying to teach (active listening is *wok long harim tok*, encouragement and social reward is *awamasim*).

Finally, there is the issue of compatibility. Are the skills trained in our workshops compatible with the contexts trainees are working in? Let us consider the listening skill of 'active listening', which has been included in many of our workshops. It is obvious from the results of our survey (mentioned above) which included questions on the response of professionals to people with problems, from observations of counsellors, and from discussions with others working this area these different types of data tend to agree on the point that listening is not often used at present by counsellors.

The Melanesian Institute in their counselling/training ask counsellors to consider themselves as man or *meri i sambai* to attempt to shape pastors away from the advice-giving role (Brouwer & Kolandi, Note 2). On the face of it would appear that we are trying to teach a skill which is at odds with previous training and presently used methods. On the other hand the pastors who have attended our workshops have rated the active listening skill as highly as they have the other skills taught, about 90% reporting at the end of the day that they considered the skill useful. However, perhaps we should

be attempting to move such counsellors more gradually away from a directive role to one, which includes some non-directive aspects.

To attempt to teach counselling and communication skills to urban community worker in Papua New Guinea appears a generally appropriate way to assist these communities in coping with a variety of interpersonal problems. The weakness of such an approach at present is that of the difficulty of ensuring some continuity of training and support for community workers. It seems that such continuity or sustainability could be ensured together with an increased sensitivity to the compatibility of methods used if training took place more in the context of such existing community organisations as churches and welfare organisations.

Notes

1. Forsyth, S. J. (1980). Problem behaviours of Lae Residents. Unpublished notes, November.
2. Brouwer, L. & Kolandi, M. *Wok bilong sambai long manmeri i gat wari*. Unpublished notes.

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