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## Understanding the dynamics of illness and help-seeking: event-structure analysis and a Cambodian–American narrative of “Spirit Invasion”

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### Abstract

Event structure analysis (ESA) and its computer analog, ETHNO, represent a class of relatively new methodological approaches that make it possible to capture the complexity of help-seeking interactions. Using narrative data from a study of Cambodian–American help-seeking interactions within a circumscribed illness episode, this paper demonstrates the feasibility of using ESA/ETHNO to illuminate how event sequence, operant illness beliefs, structural conditions, and human agency interpenetrate and shape the occurrence and timing of pivotal actions and the dénouement of a help-seeking episode. © 2001 Elsevier Science Ltd. All rights reserved

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### Introduction

#### *A dynamic view of help-seeking*

In recent decades, research on illness and help-seeking has moved away from static, psychologicistic models of medical decision-making toward those that conceptualize help seeking as a dynamic and inextricably social phenomenon. Early explanatory models that dominated the medical sociology field tended to equate help seeking with the singular decision to seek or not to seek professional medical care during an episode of acute illness (see Unschuld, 1981). Emphasis was placed on understanding the social psychology of decision making (e.g., the attitudes, beliefs and values held by individuals that predispose them to seek care) (Andersen, 1968; Andersen & Newman, 1973; Becker & Maiman, 1983; Rosenstock, 1966). Social structural influences, in-so-far as they were the focus of interest, were conceptualized in terms of the categorical attributes of the individual (e.g.,

race, gender and socioeconomic status). By the mid-1970s, a number of important trends — including the shift in public health emphasis from acute to chronic illness and the continuing cross-disciplinary evidence of the centrality of lay networks in defining illness etiology, conceptions of cure and acceptable treatment — clearly indicated the need for a more medically pluralistic and dynamic conception of what transpires in the event of illness (Chrisman & Kleinman, 1983; Fabrega, 1978; Pescosolido, 1991). By the mid-1980s, the prevalent view had taken a decidedly sociological turn. Help-seeking was acknowledged to involve not a singular decision, but rather a series of moves/decisions, from the point of problem recognition, through determining whether to comply with advice from others, to deciding when to terminate care (Pescosolido, 1986). These moves were recognized to be the result of negotiation among actors embedded in social networks, rather than the rational analysis of a social isolate (Croog, Lipson & Levine, 1972; Horwitz, 1977; McKinlay, 1973; Perrucci & Targ, 1982a; Uehara 1987; Uehara, 1990). Moreover, help-seeking interaction was seen to be shaped much more by the involvement of actors in structured relations (social networks) than by

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individuals' common possession of categorical attributes or predisposing values and beliefs. The influence of social structure came to be viewed as emanating principally from regularities in the patterns of relations among actors (network structure) rather than from the social and demographic characteristics of individuals.

The incorporation of this "networks" perspective provided researchers with powerful new tools for understanding the influence of social structure on help-seeking interaction and outcomes. However, by the early 1990s, theoretical and empirical developments in mainstream and medical sociology began to suggest at least two major limitations of viewing social structure and help-seeking from within the traditional network paradigm. First, findings from the empirical literature on social support, stress and help-seeking were acknowledged to contradict the rather passive role assigned by the traditional network paradigm to the individual actor. The cumulative evidence, as Thoits' indicates (1995), suggested that illness and help-seeking could not be well understood without reference to individual activism (Thoits, 1994). People change the course and outcome of illness and help-seeking through, for example, the purposeful resolution to problem-solve, to reconstruct the meaning of life experiences, and to observe and learn from the past in order to shape the future (Thoits, 1995). Second, the persistent diversity in illness beliefs and values documented by ethnographic studies had begun to cast doubt upon the "anticulturalism" (see Emirbayer & Goodwin, 1994) associated with the traditional network paradigm.<sup>1</sup> Cultural beliefs about the etiology of illness and the nature of health, suffering, cure and rehabilitation were acknowledged to constrain and enable help-seekers as strongly as patterned social relationships or network structure. These "cultural structures", to employ Emirbayer and Goodwin's (1994) term, were acknowledged to order actors' basic understanding and valuation of help-seeking resources and options, leading them to reject or ignore certain help-seeking opportunities and to prize and select others (see Pescosolido, 1992).

Acknowledging the short shrift given to both culture and agency within the traditional networks paradigm, help-seeking analysts have begun to propose an expanded view of structural influence that includes cultural as well as social structure, and to conceptualize help-seeking as the result of the mutually constitutive interplay of human agency<sup>2</sup> and structure (e.g., see

Pescosolido, 1992; Thoits, 1995). Currently, help-seekers are viewed neither as "puppets of some abstract structure" nor as "calculating individualists". Rather, they are seen to both shape and be shaped by the social and cultural environments in which they are embedded (Pescosolido, 1992: 1109; Thoits, 1995). In the event of illness and suffering, and in the face of material and cultural constraints and enablements, people act with agency — i.e. (a) purposively, yet (b) in accordance with culturally-shaped beliefs and preferred models of behavior, (c) while anticipating the future and responding to the past (see Abbott & Hrycak 1990; also Emirbayer & Mische, 1998; Thoits, 1995). In this dynamic view of illness and help-seeking, the primary goal of analysis is to gain insight into the multiply determined nature of interaction sequences — i.e., to understand how such sequences are both driven by human agency and deeply structured by the social and cultural environments of interaction (Emirbayer & Goodwin, 1994).

These theoretical advances promise great insight into complex human responses to illness and suffering. However, to date attempts by analysts to describe and understand these responses have been somewhat disappointing (see Pescosolido & Kronenfeld, 1995). A major issue is the inability of the analytic methods typically employed in empirical studies to capture the dynamics of help-seeking (see Thoits, 1995). I suggest that these dynamics are best captured as data by the help-seeking narrative, and best comprehended via emerging, alternative methods more suitable to the analysis of events and temporal causality. In this paper, I explore the utility of one such alternative: event structure analysis (ESA) and its complicated program, ETHNO. While ESA's potential to facilitate a groundbreaking, *verstehen*-type comprehension of help-seeking dynamics has been noted (see Thoits, 1995); this is one of the first empirical tests of this potential. To place the exploration in context, I begin with a summary of the logic and limitations of narrative explanation and ESA/ETHNO's capacity to transcend the analytic weaknesses of raw narrative explanation. I then introduce some elementary temporal concepts useful for description and analysis of help-seeking episodes. Finally, I employ ESA/ETHNO and these temporal concepts to analyze the dynamics of a help-seeking episode involving a Cambodian-American family.

<sup>1</sup> This critique of anticulturalism was no doubt strengthened by the diversity of illness beliefs and models of illness behavior evidenced in the US population — particularly among recent immigrants and refugees from non-Western societies.

<sup>2</sup> In the evolving view, "human agency" is conceptualized roughly along the lines suggested by Emirbayer and Mische:

*continued*

"...the capacity of socially embedded actors to appropriate, reproduce, and, potentially, to innovate upon received cultural categories and conditions of action in accordance with their personal and collective ideals, interests, and commitments" (Emirbayer & Mische, 1998).

## Event sequence and narrative explanation of help-seeking

### *The intelligibility of narrative explanation*

While the term encompasses a wide variety of discourse types (Mishler, 1995), I employ “narrative” here specifically to describe the organization of qualitative material into a chronologically sequential order and the focusing of the content into a single, coherent story (see Stone, 1979: 3). As Griffin explains, narratives of this type:

...are analytic constructs (or “colligations”) that unify a number of past or contemporaneous actions and happenings, which might otherwise have been viewed as discrete or disparate, into a coherent relational whole that gives meaning to and explains each of its elements and is, at the same time, constituted by them (Griffin, 1993: 1096).

Narrative explanation takes the form of an “unfolding, open-ended story fraught with conjunctures and contingency, where what happens — an action — happens in part because of its order and position in the story” (Griffin, 1993: 1099). It is through its emphasis on sequence, constructed meaning, and contingency that the narrative promises insight into the mutually constitutive interplay of human agency and social structure — a dynamic that occurs continually in and through time (Griffin, 1993; see also Abrams, 1982; Aminzade, 1992; Emirbayer & Goodwin, 1994; Giddens, 1987; Sewell, 1992).

Interestingly, analysts recognize something akin to the help-seeking narrative as being the basic sociological stuff from which their models draw, but have been quick to transmute narrative material into static determinants of help-seeking outcomes. They tend to render from the help-seeking narrative the aggregate of choices made by or on behalf of the ill individual about care-givers/types of care (“pathways to care”), and to organize these choices within linear, staged models (e.g., see Horwitz, 1977; Perrucci & Targ, 1982b; Pescosolido, 1991; Suchman, 1965). In the analysis of help-seeking dynamics, these pathways typically are further reduced to typologies or matrices of care/care-giver types (see Lin, Inui, Kleinman, & Womack, 1982; Pescosolido, 1992). The act of aggregating attributes of care and/or care-givers at given points in time into seemingly enduring static variables is a critical misstep in social pathway analyses because — to paraphrase Aminzade [1992] — it “divorce[s] actors from actions and fail[s] to acknowledge the causal power of the connections among events” (Aminzade, 1992:457).

Perhaps one reason why analysts have opted to transmute rather than trade upon the explanatory potential of help-seeking narratives stems from the

inherent difficulty in employing the raw or chronological narrative as “explanation”. As Griffin points out, raw narratives are poor explanations for social process, since within them causal antecedents are too often obscured and superfluous, incidental material is often included, and causal connections between conditions/actions left unspecified. Given these limitations, one option is to dismiss the illness and help-seeking narrative as “merely descriptive, not explanatory” (Pescosolido, 1991: 171; and see Elder, 1978). A more promising approach is to consider alternative methods, such as ESA and ETHNO, that confront the analytic weaknesses of the raw narrative more adequately.

### *Transcending the analytic weaknesses of “raw” help-seeking narratives: event structure analysis and ETHNO*

As developed by Heise (1989) and especially as employed by Griffin (1993), ESA/ETHNO constitutes a powerful tool for transforming raw or chronological narrative data into analytic narratives or “event structures” in which causal relations among and between actions are clarified and articulated. To use ESA, the analyst must enter into ETHNO a comprehensive, chronological list of actions that, in her mind, define the event. ETHNO then reformulates this list into a series of yes/no questions about the causal connections among all of the actions constituting the chronology (“Does action B require action A, or an equivalent?”, and so on). Responding adequately to ETHNO’s queries and locating an action within a causal sequence requires the analyst to pose and answer “factual” questions (“what happened and why?”) “counterfactual” questions (“what plausibly *could have* but did *not* happen and why?”). In raising and responding to factual and counterfactual questions about a series of actions, what the analyst knows of the past and hence subsequent possibilities is comprehended through integrating what she/he knows of both the general and the particular. Counterfactual reasoning requires the researcher to analytically isolate and abstract “facts” from their historical concatenations and ask whether the absence or modification of an action would have altered the subsequent course of events. Only if the answer is, “yes” can the action be judged to be causally essential to the action sequence and a significant “cause” of what followed. When causal and counterfactual reasoning is carefully and comprehensively applied, the analyst operates under certain limiting conditions — for example, that the contrary-to-fact historical alternative posed be empirically close to the “known” past (i.e., that it not require us to “unwind the past” or unduly disturb what we otherwise understand about the actors or the context). Plausible alternatives are determined to some extent by the analyst’s general theoretical and historical knowledge. However, to establish more precisely the

possibility for and limits to action in the specific event sequence of interest, these generalizations must be challenged by and augmented with information about the specifics of the event — i.e., they must also constitute plausible concrete alternatives to concrete situations. Such alternatives, in turn, are apprehended through specific knowledge of “the event’s actors, the immediate context, and how both unforeseen contingencies and unfolding path dependencies facilitate and hinder possibilities for future action”. Also required is empathetic insight into particular actors’ understanding of events and “imaginative reenactment of their action”. This insight helps the analyst determine how actors viewed the happening and its context and the possibilities for their own agency, given those understandings (Griffin, 1993: 1102–1103).

By leading the analyst to posit and respond to causal and counterfactual queries and to question the connectedness and causal significance of each action, ETHNO’s elicitation process mirrors the interrogatory spirit undergirding much of historical reasoning (Griffin, 1993). When the analyst systematically delineates causal temporal antecedents in this way, she takes an essential step toward circumventing the main weakness of raw or running narrative explanations (Griffin, 1993). The analyst does not discover causality through the use of ETHNO. What ESA and ETHNO do accomplish, however, is the systematic probing of the analyst’s construction and comprehension of the event:

By forcing the user to be precise and meticulous about the construction of historical narratives, to reason causally about their sequences, and to be clear about the bases of causal judgments, ESA and ETHNO lay bare the investigator’s understanding so lucidly — indeed starkly... that insights into causal significance are intensely sharpened, and problems of causal interpretation are prominently displayed (Griffin, 1993: 1108).

In responding to ETHNO’s queries the analyst replaces “mere chronological order” with her construction of the logical structure of action. This construction, called the event structure, is displayed by ETHNO in the form of a causal diagram (Griffin, 1993: 1107). Unlike the raw or chronological narrative itself, the event structure represents an action sequence that has been openly theorized. Causal connections among actions have been established in such a way that is open to replication, comparison and critique (Griffin, 1993: 1100).

#### *Temporal concepts and the description of novelty and path dependency in help-seeking event structures*

For the dynamically inclined analyst, ESA/ETHNO affords forceful and systematic guidance toward devel-

oping a *verstehen*-type comprehension of how human agency and structural contingencies come together to produce particular help-seeking actions and illness outcomes (see Thoits, 1995:69). In the following section, I show how the use of ESA/ETHNO can aid in accomplishing two tasks that are requisite to this type of comprehension. The first task is to detect and describe those moments in the action sequence where the exertion of human agency results in key acts of *novelty* (contingent, unpredictable actions with significant consequences for production of outcomes). The second is to understand how and why such acts of human volition and novelty, in turn, must also be seen as partially explicable in terms of temporal ordering, connectedness, and structural constraints (Aminzade, 1992: 463; Griffin, 1992). Given the seminal state of dynamic analysis, however, a prerequisite is to construct what Aminzade (1992) refers to as temporal concepts — descriptive terms that capture the diversity of types of temporal connections possible among actions. The concepts created for this analysis were developed with aiding comprehension of key acts of novelty in mind, but are generally applicable to describing action order and sequence within help-seeking narratives.

#### *Dénouement*

In literature, *dénouement* refers to an endpoint (sometimes intended by actors, sometime quite unintended by them) to one or more sequences of action (some consciously directed towards *dénouement*, some not). Depending upon the plot and structure of the narrative, such action sequences can be simple and linear or complexly interwoven. My use of the term in the current context is intended to connote the variety of ways in which purposeful intervention and unintended actions may affect or fail to affect the final resolution of a help-seeking narrative. I thus employ the term, “*dénouement*” in lieu of the more conventional program evaluation term, “outcome”, since the latter suggests a more limited interest in the simple causal connection between intended interventions and intended consequences.

#### *Dead-end action*

In common parlance, a “dead end” refers to a position or course of action that “leads to nothing” (Merriam-Webster, 1973). In this case, I use the term to denote an action or sequence of actions that has little or no causal effect on the *dénouement*. Dead ends are particularly important in the analysis of help-seeking narratives, as they can signify when courses of actions intended to lead to a positive *dénouement* do not do so.<sup>3</sup>

<sup>3</sup>This concept is similar to Corsaro and Heise’s term, “embellishment” (a causally nonessential sequence that is nonetheless of analytic interest in the area under study (1990: 21)).

The presence of a dead end is suggested by an intervention or sequence of interventions which has no discernible effect on the problem or distress pattern (e.g., on its cycle, pace, trajectory, or intensity) to which it is directed.

#### *Stopgap action*

Some actions/action sequences intended to affect a problem/dénouement have a short-lived effect — i.e., they cause a fluctuation, but not a permanent change in problem trajectory, pace or duration. I refer to these as stopgap actions.

#### *Pivotal action*

In contrast to dead ends, a pivotal action refers to a single action or condition that effects a change in event trajectory. The presence of a pivotal action is indicated, for example, by a discernible change in problem or distress pattern. Pivotal actions are clearly important in the analysis of help-seeking narratives, as they signify points at which movement along given paths is disrupted, whether by purposeful acts of agency or less purposive, reflective actions.<sup>4</sup>

#### *Cycle*

Cycle refers to a series of repetitive actions/conditions that define a temporal sequence marked by ascending and descending phases (Aminzade, 1992: 459). A cycle is marked by fluctuation, but not change in direction of sequence. A cycle may be created, for example, by the occurrence of multiple stopgap actions.

#### *Trajectory*

In contrast to cycle, trajectory refers to a cumulative, rather than repetitive, sequence of linked events, suggesting a certain directionality to change (Aminzade, 1992: 459). Pivotal actions may create change in trajectory.

#### *Simplex and complex causal chains*

As the terms suggest, a simplex causal chain refers to a single, linear causal chain structure; a complex chain to a multiple-chained or multiple-stranded causal structure (Griffin, 1992). Relative to simplex chains, complex chains indicate more — and more complex — path dependency.<sup>5</sup> The intersection of chains in multi-stranded structures suggests points where movement along given paths is sustained, and where shifts or reversals in trajectory are more or less likely.

<sup>4</sup> This is similar to Abbott's (1992) notion of a "turning point" and Griffin's (1993) conception of a "significant action".

<sup>5</sup> By "path dependency" I mean the extent to which past actions explain subsequent paths of development and/or contemporary outcomes (Aminzade, 1992: 463; Griffin, 1992).

#### *Application of ESA/ETHNO to the family Muy narrative*

Our case illustration is derived from a 25-page raw narrative describing the help-seeking efforts of a Cambodian-American family ("Family Muy"). Sithan and Bunrith Muy fled with their children to the US from Cambodia in 1975, during the bloody reign of Pol Pot, and eventually resettled in a mid-sized city in the Pacific Northwest. The Family Muy narrative centers on the attempts of Family Muy and others in their social network to alleviate the acute distress experienced by Bunrith when she learns, via a letter received in 1984, that all members of her family of origin had been murdered by the Khmer Rouge. The narrative was developed by anthropologist Julianne Duncan (1987) as a part of her study of Cambodian refugee use of indigenous and Western healers, and is based on multiple, open-ended interviews Duncan conducted with Sithan and Bunrith. Duncan's use of multiple informants might be seen to have strengthened the veridicality of the account, in the sense that some means of cross-checking the plausibility and completeness of actions and action sequence is possible (see Griffin, 1993).<sup>6</sup> Duncan's narrative is well suited to our present analytic purposes. It contains detailed descriptions of Bunrith's manifest distress symptoms; the range of actions taken by Family Muy and others to address those symptoms; and other, unplanned actions and occurrences affecting Bunrith's distress. It also incorporates substantial description of Bunrith's and Sithan's understanding of the etiology of Bunrith's suffering and the nature and substance of curative actions. These narrative details, coupled with contextual segments of Duncan's ethnographic report and my own familiarity with Cambodian-American illness/help-seeking patterns and the local mental health context in question, are the bases on which I historically and sociologically locate Family Muy and intuit the local causal reasoning of the actors involved in this particular narrative.

<sup>6</sup> My position on the veridicality of accounts such as these closely mirrors that of Griffin: all sources used to construct a narrative are constructions of events — selective abstractions from a myriad of facts. Accounts such as Duncan's are "doubly constructed" in that they represent narratives constructed from other sources. The use of multiple informants is likely to result in a superior narrative in the sense that some means of cross-validation of "facts" and action sequence is possible. However, as Griffin (1993) points out, the "basic" epistemological problem remains: "Real history" is neither known nor knowable. The historical record — what we know of real history — is subject to factual disputes and widely varying interpretations...what is known of the real past through narrative or any other media, despite obvious limitations...must serve as the criterion against which both the plausibility of historical counterfactuals and the truth content of our explanations are assessed (1993: 1129).

I note finally that the original Family Mui narrative was purposefully constructed to reflect Sithan's and Bunrith's cosmology of suffering. Their beliefs about the nature of suffering generally follow what Ebihara (1971) and Ebihara and Mortland (1994) refer to as a "traditional Khmer" cosmology. In this case, "traditional" refers to the prevailing belief system in Cambodia prior to the 1975–1979 civil strife. In this cosmology, Theravada Buddhism forms the fundamental belief system and provides the major formulation of the meaning of pain and suffering. While the intricacies of Theravada theology and doctrine are not necessarily well known by lay people, certain basic notions are known to almost everyone (Ebihara, 1971) — for example: the essential nature of earthly life itself is suffering; an individual goes through a cycle of reincarnations; current suffering is determined by bad deeds in a former lifetime; one's chances for a better existence in the next rebirth are determined by the number of good deeds accomplished in this lifetime. A second important aspect of Khmer cosmology is steeped in an indigenous Khmer folk religion centered in spiritism (i.e., the belief that supernatural spirits are the cause of human trouble, misfortune and affliction [Ebihara, 1971; Marcucci, 1986:154]). While there may appear to be inherent conflict between Buddhism and folk perspectives on the etiology of suffering, in fact, Ebihara explains, the average Khmer person does not experience this conflict nor see him/herself as adhering to multiple cosmological systems. Instead, the relationship is viewed as highly complementary:

...Buddhism can explain the transcendental questions such as one's general existence in this life and the next. But the folk religion can give reasons for and means of coping with the more immediate and incidental, yet nonetheless pressing, problems and fortunes of one's existence...The accumulation of Buddhist merit may enable a better rebirth in the next life, but in the meantime there may be problems such as drought, illness, or unrequited love in this life that need attention, and worry can be relieved by recourse to the folk religion (Ebihara, 1971: 442–3).

Thus, affliction and suffering can be seen to have more immediate and addressable causes and people can be encouraged to take personal responsibility in coping with these problems (Ebihara, 1971). The characteristic tolerance of Buddhism toward other religious systems (Ebihara, 1971) has engendered a highly eclectic perspective on health and illness. Disease is believed to result from states of "imbalance" caused by various natural or supernatural causes, from "offended spirits, moral transgressions, diet or behavior-induced humoral imbalances, and sorcery" (Aronson, 1987:74).

Traditional Khmer curative beliefs reflect adherence to this philosophy of syncretism or complementarity of Buddhism and folk religion (Ebihara, 1971; Marcucci, 1986, 1994). To be health restoring, treatment must be directed at the true causes of suffering and affliction (Marcucci, 1994:135) and appropriate treatment is differentiated by type of affliction and degree and severity of suffering. For example, while self-remedies such as pinching, cupping and coining are seen as appropriate for milder conditions (caused, for example, by a temporary disturbance in family life), more serious afflictions (caused, for example, by the invasion of a malevolent spirit) require more potent treatment from a specialist or *kru khmer*<sup>7</sup> who possesses the ability to cure illness. From the Khmer perspective, a wide range of treatments are culturally permissible, including those based on alternative medical belief systems (such as the Western biomedical model). However, the judgment of the logic, efficacy and appropriateness of all treatments occurs from within the Khmer perspective; and monks and the *kru khmer* are invested with more interventive authority and influence than lay and alternative advisors (such as Western mental health professionals) (see Duncan, 1987).

Family Mui's illness episode, as recounted by Duncan, assumes a syncretic cosmological view that integrates animist or spiritist beliefs. The consequences of Duncan's choice of narrative voice are very striking to the more biomedically-oriented Western analyst. As will soon be evident, the Family Mui event structure reflects the construction of a help-seeking episode in which "spirit weakness" and "spirit invasion" are assumed as major causal agents. To override this cosmological perspective would have required a substantial recasting of the very actions/conditions comprising the original narrative. Thus the Family Mui narrative underscores a point made by Griffin (1993) in passing: the event structure analyst is "at least a partial captive" of the terms on which the original narrative is told.

#### *Constructing the Family Mui event structure*

As suggested earlier, event structure analysis begins with the development of a comprehensive chronology of actions that comprise an event. In constructing help-seeking event structures, we are interested in those classes of actions that, though intended to cause a positive outcome, fail to do so (i.e., stopgap and dead-end actions) as well as those that contribute causally to the narrative's *dénouement*. I thus defined three classes of actions as comprising the Family Mui event sequence: (1) those on the part of Bunrith that constitute the expression or manifestation of suffering or distress;

<sup>7</sup>Kru khmer are traditionally well-trained and highly respected (male) practitioners of magic (Ebihara, 1971: 433).

(2) those that cause, exacerbate, alleviate or eliminate Bunrith's distress, *whether intended to do so or not* and (3) those that are intended to affect Bunrith's distress, *whether causally forceful or not*. To derive the final list of actions for the chronology, four coders (the author and three research assistants familiar with both ESA/ETHNO and the Family Mui materials) independently read and interpreted the Duncan narrative. Each coder delineated a chronology of actions. The coders then compared lists, resolved points of initial disagreement regarding actions and their sequence, and reached consensus upon a single chronology. This action chronology — the "input" for the ETHNO program — is presented in Table 1.

Although clearly derived from Duncan's narrative, this event chronology is a substantially different data document. The chronology comprises only those actions or conditions (55 in all) that coders determined to be potentially causally important to the help-seeking narrative. Scores of actions were thus excluded from the chronology. In most cases, the altered Duncan's sentences were modified to add succinctness or to eliminate evaluate phrasings which would prejudice causal assessment. In several cases actions were rearranged to reflect chronological order. In one case, an action was added to the chronology (*pos*) which is logically implied but unstated in Duncan's narrative.

Once this chronology was entered into ETHNO, the program began to query about the possible causal linkages among actions (for a description of ETHNO's built-in logic assumptions and possibilities for overriding them, see Griffin, 1993; Heise, 1989). ETHNO's queries assume three de facto rules derived from theories of production systems (Heise, 1989): (a) an action must be "primed" by the occurrence of a temporal prerequisite; (b) the causal efficacy of an antecedent must be used up or "depleted" by an antecedent and must be repeated if a consequence is repeated; and (c) an antecedent must have a single consequence (Griffin, 1993: 1107). However, ETHNO allows the analyst to relax these logical rules — i.e., one need not accept production system logic to structure narrative sequence with ESA; virtually any process theory can be tested (Griffin, 1993). In this analysis, for example, there were multiple occasions on which I overrode conditions (b) and (c), permitting the representation of both necessary and sufficient causes in the event structure.

My specific responses to ETHNO's questions, reflecting a merging of abstract and case-particular knowledge, produced an interpretation perhaps best understood as a selective unpacking and reconstitution of the original narrative (see Griffin, 1993: 1116). ETHNO's representation of my responses is presented in Fig. 1.

A narrative summary of this structure is as follows: Several years after they have settled in the Northwest, Sithan receives a letter from an old schoolmate (*sch*),

who has witnessed that Bunrith's extended family in Cambodia has been killed by the Khmer Rouge. Hearing the news reported in the schoolmate's letter causes Bunrith's spirit becomes weak (*wea*) and she therefore demonstrates a number of behavioral changes — for example, she isolates herself and avoids her usual familial and social contacts, and begins to have trouble sleeping (*iso*). Because her husband, Sithan, encourages it, she begins to see a spirit medium (*enc*). Although this results in some temporary improvement, she continues to isolate herself (*ilo*), and eventually begins to get angry and jealous "for no reason" (*ang*). Because the family then becomes tense (*ten*), Sithan arranges for a Buddhist monk to bless the house and family (*ble*). During the ceremony, a small statue of Buddha is accidentally flushed down the drain (*flu*). The spirit medium was among the guests at the ceremony; and Bunrith blames her for the flushing — and therefore stops going to the medium's house (*sto*). Because Bunrith continues to be angry and to isolate herself, an evil spirit possesses her (*pos*). She then begins to act in a very agitated manner, becoming disturbed (*dis*). The family therefore seeks advice from an elder Cambodian Buddhist man (*see*) and eventually from a kru khmer (Cambodian healer) (*kk1*). They come close to having Bunrith hospitalized (*cmh*, *noh*).

Bunrith is coherent only when the kru khmer sleeps beside her door (*coh*) — otherwise, she continues to behave in a disturbed/agitated manner (*d1t*, *d2t*) and to isolate herself (*ilo*). The elder Cambodian and kru therefore confer, discover that Bunrith's spirit is weak due to the loss of her family (*bsp*), and advise Sithan and the children to "compensate" for her familial losses (*com*) — for example, to spend more time with her, attend to her pain and suffering, and take the place of her deceased close kin. Bunrith's daughter thus begins to give her herbal tea every day; friends visit and assist in various ways; and the family encourages Bunrith to eat more and to go out more often (*rx*). Although Bunrith stops being agitated, she isolates herself and continues to avoid usual contacts and still has difficulty sleeping (*i2o*).

At this point in the narrative, Sithan travels to California for a political convention (*tra*) at which he represents his (Cambodian) community. Bunrith becomes jealous and agitated, and cuts her hair — a sign that she is preparing for death (*d3s*). When Sithan returns, a Cambodian elder advises the family to try the "American mental health system" (*try*). Bunrith is therefore admitted to a psychiatric ward of a local hospital (*er*), where she does not eat or sleep well (*noe*). She returns home after a few days (*hom*). The psychiatrist advises Sithan to compensate for Bunrith's losses (*psy*).

Subsequent to the hospitalization episode, Bunrith stops being agitated but still isolates herself and withdraws from contact (*i3o*). A Buddhist monk thus advises Sithan to "act like an American husband" (*act*) (i.e., to spend more time with Bunrith). Sithan follows the

Table 1

Actions/conditions entered into ETHNO program<sup>a</sup>

muy	
	Family Muy [title of event structure]
tat	Sithan obtains magic tattoos only protect him if he doesn't have any girlfriends
die	B's family dies in the Cambodian civil war
new	Distant relative of B writes with news that her family has been killed
nbe	B hears news but won't discuss the news; does not believe the distant relative
sch	S's schoolmate who witnessed B's family being killed writes S to relay news
wea	B hears and believes the schoolmate's news; her spirit begins to weaken
iso	B isolates herself, withdraws from family and normal daily activities, becomes sad, has trouble sleeping, loses interest in her children, and begins to work extraordinarily long hours at work
enc	S encourages B to see a spirit medium (SM)
spe	B spends time at SM's house, receives spirit name, participates in rituals
bet	B indicates she feels somewhat better, regains interest in her children
ilo	B isolates herself; withdraws; becomes depressed
ang	B gets angry for no reason, accuses S of having a girlfriend and planning to leave the family
ign	S ignores B's jealousy
ten	The family becomes tense, unpeaceful; S contemplates divorce
ble	A Buddhist monk, called in by S, blesses the house and family
att	The spirit medium and Cambodian friends attend the blessing
flu	Statue of Buddha is accidentally flushed down drain; (B blames spirit medium)
sto	B stops attending the spirit medium cult
pos	An evil spirit possess B
dis	B acts in a disturbed, hysterical, agitated manner
see	Family seeks advice from an elder Buddhist man (EBM); friends help calm B
kk1	The family calls upon the first Kru Khmer (KK1), who intervenes
dls	B acts disturbed, hysterical; says she plans to kill herself
cmh	On advice of an American friend, family calls in a community mental health professional (CMHP)
noh	CMHP arrives, B gets calm, says she will not harm herself, is not hospitalized
d2s	B acts in disturbed and withdrawn manner
sle	KK1 sleeps besides Bunrith's door
coh	B ceases to act disturbed and depressed (is coherent as long as the Kru sleeps by her door)
bsp	EBM and KK1 discover that B's spirit is weak
com	EBM and KK1 advise S and family: compensate for B's family losses
rx	A Cambodian friend gets some Chinese herbal prescriptions (rx) filled for B; B's daughter gives her the herbal tea daily; the family encourages Bunrith to eat more and to go out shopping
not	B stops acting in an agitated manner (not agitated)
i2o	B isolates herself; withdraws from familial/social contact, wanders around house, sleeps poorly
tra	S travels to California for a political convention
d3s	B acts in disturbed, jealous, agitated manner; stops eating and cuts her hair
try	[S returns from Ca.]; a Cambodian elder advises: try the "American mental health system"
er	Family takes B to hospital emergency room; B admitted to the psych. ward
noe	In the psych. ward, B does not eat or sleep well
psy	The hospital psychiatrist advises S: compensate for B's losses
hom	B returns home; returns to the psychiatrist for one follow up visit
n1t	B stops acting in an agitated manner (not agitated)
i3o	B isolates herself, withdraws from familial/social contact
act	Buddhist monk advises S: "act like American husband" (spend more time w/B)
fol	S follows the monk's advice (stays home, talks with her, etc.)
i4o	B isolates herself, withdraws from familial/social contacts
wor	B worsens; quits job, loses health insurance
ant	Family (Sithan) anticipates that B will become agitated again
kk2	KK1 arranges for a second Kru Khmer (KK2) to help the family, who asks them to come to his house
evi	Evil spirit does not allow B to go to the KK2's house, makes B become agitated, violent
rub	Family friend brings KK2 to B's house; KK2 rubs B's arms repeatedly to help them relax
arm	B's arms begin to relax
alt	KK2 offers his alter as dwelling place to the evil spirit; spirit leaves B, goes to the alter
pra	KK2 sleeps by B's door, prays daily to prevent the evil spirit from reentering Bunrith; Sithan continues to compensate for her losses, acting like an American husband
nor	Spirit doesn't reenter B; B returns to normal and remains so

<sup>a</sup> Abbreviations used in ETHNO entries have been spelled out here.



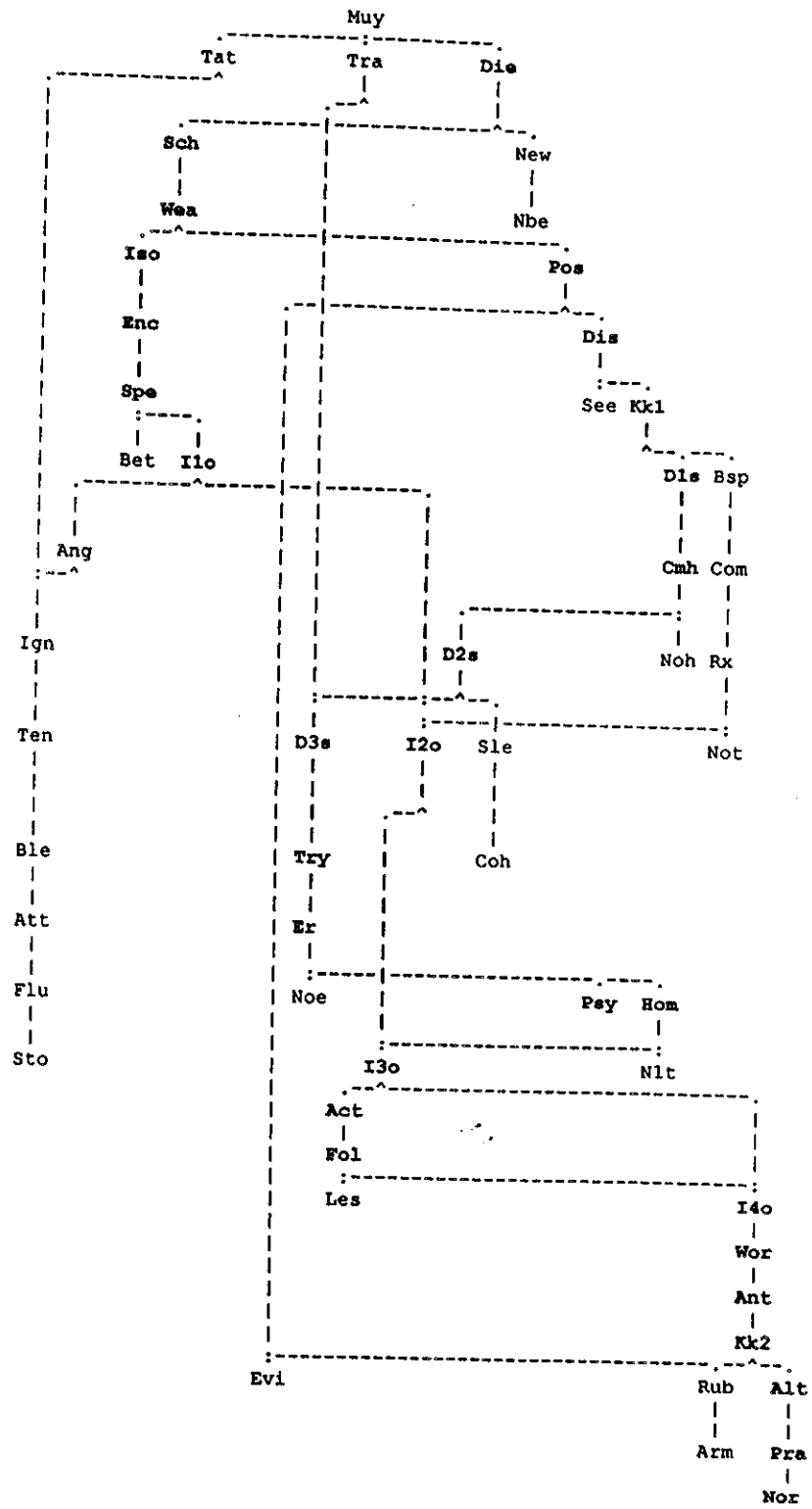


Fig. 1. Family Muy event structure.

Key to Fig. 1  
Abbreviations

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Act:	Monk/advises act like amerhusb
Alt:	Kk2/offers/es alter/es leaves b
Ang:	B angry no reason/jealous, thinks s grf/thinks s leave fam
Ant:	Fam fears b agitated again
Arm:	B arms relax
Att:	Sm/camfr attend blessing
Bet:	B better/somewhat interest children again
Ble:	Monk bless hse/fam
Bsp:	Ob/kk1/discover bspirit weak
Cmh:	Amerfr/advises cmhp/chmp arrives
Coh:	B coherent while kk1 sleeps hse
Com:	Ob/kk1 compensate b loss/s and chil
D1s:	B disturbed, hysterical/plans kill self
D2s:	B disturbed depressed
D3s:	B disturbed jealous agitated/noeat/cuts hair
Die:	B/fam dies in war
Dis:	B disturbed/hysterical/agitated
Enc:	S encourages b see sm
Er:	Fam/takes/b er admitted psych
Evi:	B's evilspt noallow b kks hse/makes b agitated violent
Flu:	Buddha flushed down drain/b blames sm
Fol:	S follows monk advice
Hom:	B home in 2dys/psych flup once
I1o:	B isolated/depressed still
I2o:	B isolated still/wanders/nosleep
I3o:	B isolated still/l
I4o:	B isolated still
I5o:	B withdrawn sad/nosleep/wrks long
Ign:	S/notknow/what/happen/w/b ignores b
Kk1:	Famcalls kk1 spirit still enter
Kk2:	Kk1/arrange kk2 help fam
Muy:	Family muy
N1t:	B not agitated again
Nbe:	B nbelieve, no discuss
New:	Dr news b rel killed
Noe:	B noeat or sleep
Noh:	Bcalms noharm self/nohospitalize
Nor:	Es norenter/b behave normal so far
Not:	B not agitated
Pos:	B possessed by tree spirit
Pra:	Kk2/sleeps prays daily
Psy:	Fam/sit psych listens advises comp b loss
Rub:	Famfr/bringkk2/b'shse rubs b arms repeatedly
Rx:	Fr rx filled/c gives tea daily/fam enc eat shop
Sch:	S schlmate sees b rel killed/writes s
See:	Fam seeks advice ob/arranges fr help
Sle:	Kk1 sleeps b hse
Spe:	B spend time sm's hse/spirit name/ritual
Sto:	B stops sm cult
Tat:	B knows/s tattoos work if no gf
Ten:	Fam tense/not peaceful/s contemplates divorce
Tra:	S travels calif
Try:	Ce/advice try amer system
Wea:	B spirit weakens
Wor:	B worsens/quits job/lose health ins

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monk's advice (*fol*), spending more time talking with her and limiting his community/political commitments in order to stay at home with her. At first Bunrith becomes less withdrawn, but gradually withdraws and isolates herself again, this time quitting her job and losing her health insurance (*i4o*). Sithan, anticipating she will become agitated/hysterical again (*ant*), calls upon the Kru Khmer for assistance. The Kru suggests a second, "more powerful" kru, who asks Bunrith to come to his house (*kk2*). Eventually, the second kru khmer is successful in persuading the evil spirit to leave Bunrith (*alt*). Sithan continues to compensate for Bunrith's familial losses by "acting like an American husband" while the second kru khmer sleeps close by and prays to prevent the evil spirit from re-entering Bunrith (*pra*). The spirit does not re-enter Bunrith; she returns to "normal" and has remained that way (*nor*)<sup>8</sup>.

My ETHNO-driven interrogation of the event chronology helped me to gain crucial insights into the multiply determined nature of help-seeking dynamics. In the remainder of this paper, I present a two-part analysis to demonstrate these insights. First, I show how the event structure reveals the specific actions that are most critical to the entire narrative and to its dénouement. With the help of the elementary temporal concepts described earlier, I describe the overall trajectory of Bunrith's suffering, identify dead-end and stopgap actions, and pinpoint intervention/actions that are causally significant to this narrative. This review of the event structure demonstrates the pivotal role played by one particular action, (*fol*) ("Sithan follows the monk's advice to take the place of [Bunrith's] missing family") to changing Bunrith's trajectory, breaking the cycle of dead-end and stopgap actions, and eventually bringing about the narrative's successful dénouement.

Given its centrality to the event structure, a key analytic task in this particular case is to understand why *fol* occurs, and why it occurs when it does. In the second part of the analysis, I go on to explain the occurrence and sequencing of *fol* within the Family Muy narrative. In this part of the exposition, the multiply determined nature of *fol* becomes clear. I demonstrate how the interrogation of the Family Muy chronology has

allowed a glimpse at how this key action is, all at once: (1) an exercise of individual volition and self interest, (2) deeply structured by the social and cultural environment of action, and (3) in part explicable in light of temporal order and action sequence.

#### *Emergence of fol as a key act of novelty in the Family Muy event structure*

##### *Complex chain of symptomatic behavior and the path dependency of Bunrith's distress*

A graphically striking feature of the event structure represented in Fig. 1 is the presence of a double-stranded or complex chain (Griffin, 1992) of symptomatic behaviors that are causally linked to the narrative's dénouement, *nor* ("Spirit doesn't reenter B; B returns to normal and remains so"). This chain begins early in the narrative, after *die* ("Bunrith's family dies in the Cambodian Civil War"), diverges into two strands at *wea* ("Bunrith spirit weakens"), and intersects again at *i3o* ("Bunrith still isolates herself and avoids usual familial and social contacts"). The ETHNO entries in these strands and the causal links drawn between them are highlighted in bold in Fig. 1. The action content of one strand (...*iso* — — > ...*i1o* — — > ...*i2o* — — > ...*i3o*)<sup>9</sup> reflects a series of episodes of "passive" symptomatic behavior (isolating oneself, avoiding contact, sleeping poorly) that Bunrith suffers subsequent to *wea*. *Wea*, in turn, is caused by the news of the death of her family by the Khmer Rouge (*die*). The content of the other strand (...*pos* — — > ...*dis* — — > ...*d1s* — — > ...*d2s* — — > ...*d3s* — — > ...*i3s*) signifies a series of "active" symptomatic behaviors (acting in an agitated, "hysterical" manner; attempting suicide) that occurs subsequent to Bunrith's possession by a spirit (*pos*).

Although not evident from the event structure itself, the chronological listing of entries in Table 1 shows that Bunrith's strand of "passive" symptomatic behaviors is temporally as well as causally prior to her "active" strand, since the former occurs immediately after Bunrith's own spirit becomes weak (see Table 1). The temporal order of these strands and their sequence in the event structure shows that Bunrith's weakened spirit both causes her to isolate herself *and* leaves her vulnerable to spirit possession. *Wea* thus represents a critical juncture in the event structure: at this point, successfully addressing Bunrith's weakened condition might have strengthened her own spirit, disrupted her pattern of symptomatic behavior, and prevented spirit invasion and agitation. Interestingly, both "western"

<sup>8</sup>The "event structure" that is produced as a result of ESA represents the causal linkage among and ordering of actions and conditions. Strictly speaking, this is only a partial structural representation, since the overall "structure" of a help-seeking episode includes the pattern of both qualitative characteristics such as "cycle" (a pattern of repetitive actions that define a temporal sequence marked by ascending and descending phases) and "trajectory" (the sequential order of linked actions) as well as quantitative variables such as "pace" (the number of actions in a given amount of time) and "duration" (the time elapsed for a given action/action sequence) (see Aminzade, 1992).

<sup>9</sup>Throughout this paper, I use an arrow to depict items within a causal chain [ — — > ]. An ellipse in the chain is noted by [ ... ]. In those instances where a direct causal link is highlighted, we replace a dotted arrow by a solid arrow ( — —> ).



kru that leads to this anticipatory and relatively intense intervention is unknown. What is clear, however, is that *ant* signifies a qualitative change in the pattern of Family Mui interventions. While previous interventive actions have comprised ineffectual and reactive responses to Bunrith's overtly agitated or disturbed behavior, these actions are anticipatory, intense and effective.

The sequencing of actions in our event structure suggests that *fol* ("Sithan follows the monk's advice to take the place of her missing family"), which causally precedes *ant*, is pivotal to this qualitative change in intervention pattern. *Fol*'s influence here is two-fold. First, the act of taking the place of Bunrith's family signifies a qualitative change in Sithan's relationship to Bunrith, drawing him physically and emotionally closer to his wife's daily experiences of suffering. This change places Sithan in the position to attend much more closely to her needs and observe subtle changes in her behaviors. A role change of this type and magnitude ("or something equivalent", in ETHNO's terminology) is necessary to explain the qualitative change in caregiving pattern signified by *ant* and *kk2*—the two actions that lead to mobilizing the second kru khmer. Second, *fol* constitutes an indirect cause of the second kru khmer's success. Clearly, his compliance with the second part of the kru khmer's intervention plan requires a willingness on the part of Sithan to devote a considerable amount of his own time and attention to his wife—a willingness not clearly manifested by Sithan until *fol*. In *fol* Sithan shows that he has broken with his prior pattern of actions. The act places him in the position to accomplish two key actions: first, to proactively mobilize an additional, "more powerful" and ultimately successful resource (the second kru khmer) to combat the effects of spirit invasion and second, to cooperate fully with the second kru's two-pronged, intensive plan for intervention (*pra*). *Fol* is a pivotal action in this narrative because it signifies a change in the historical pattern of dead-end and stopgap actions and primes the intervention that successfully disrupts Bunrith's symptom trajectory.

*Fol* is also a structurally ambiguous act. On one hand, it is clear that Sithan was urged to make this change at two earlier points in the narrative: *com* ("EBM and KK1 advise the family: compensate for B's family loss") and *psy* ("The hospital psychiatrist advises S: compensate for B's losses"). That *fol* appears only much later after *com* and *psy* raises the question: why doesn't Sithan make this change earlier in the narrative? On the other hand, *fol* signifies a substantial loss of social status for Sithan, since it involves withdrawing from active social and political participation in the Cambodian community (a high status role) in order to become his wife's primary care-giver (a lower status role traditionally reserved for women kin). The occurrence of *fol* thus also raises the contrary question: why does Sithan agree to make this

costly role change at all? An adequate understanding of the Family Mui event structure clearly rests on being able to explain the occurrence and timing of *fol*—i.e., on addressing the factual/counterfactual query: why does it occur in the event sequence and why does it occur when it does? I turn to this question in the next section of analysis.

### *The constraining and enabling force of cultural and social structure, temporality and individual self-interest*

#### *The force of Khmer illness cosmology and related beliefs*

In the very broadest sense, *fol*'s intelligibility as an action rests upon a pattern of cultural beliefs subscribed to by Sithan, Bunrith and other influential members of Family Mui's social network. These beliefs are rooted in the distinctive Khmer illness cosmology described earlier (Ebihara, 1971; Marcucci, 1986, 1994) and concern the nature of suffering, loss, illness and healing. This belief pattern defines Family Mui's essential understanding of the nature of cause and effect, freights occurrences and actions with specific meaning and emotion, and differentially inclines Sithan toward various advisors and intervention options. In other words, this pattern enables (i.e., culturally sanctions and makes logical) the action, *fol*.

I suggest that these cultural patterns are revealed in how actors behave and understand the "facts" of events and action. Family Mui's belief patterns are evident in two ways. First, accepting that the causal linkages represented in this particular event structure are a reflection of Bunrith and Sithan's cosmology, certain lines of cause-and-effect within the event structure provide insight into Family Mui's understanding of the etiology of Bunrith's suffering and recovery.<sup>10</sup> Second, the sequence and pattern of interactions between specific actors allow some insight into how Sithan evaluated and responded to advice from caregivers and to different action alternatives posed by them. The event structure illustrates that Family Mui's understanding of the etiology of Bunrith's distress and suffering is in line with an spiritist or animist cosmology. From Family Mui's narrative perspective, awareness of her family's death (*die*) causes Bunrith's own spirit to become weak, which in turn cause her to become sad,

<sup>10</sup> Here, as would be the case for any "historical accounting" of a help-seeking episode (including one we might have constructed ourselves) I rely upon several factors to bolster the accuracy of Duncan's representation of Family Mui's worldview. These include her: (1) general knowledge and skill as an anthropologist and clinician, (2) use of multiple narrative sources, (3) repeated, open-ended interviews with those sources, (4) familiarity with the couple as well as with "cases" of this type, and (5) knowledge of Cambodian-American history and culture, illness and help-seeking patterns.

withdrawn and depressed (*iso*, *ilo*, and so forth) and eventually possessed by a malevolent spirit (*pos*) (see Fig. 1). Thus, from spirit weakness and spirit possession causally stem all of Bunrith's passive and active symptoms. Similarly, the family's pattern of network mobilization and interaction with advisors suggests the family's adherence to a traditional Khmer cultural pattern. Bunrith is least comforted by and cooperative with Western-style care-givers (the psychiatrist and hospital staff) and lower-status advisors (the spirit medium), and most comforted by and cooperative with higher-status and influential Khmer advisors (for example, the first and second kru khmer). Likewise, her family complies more closely and fully with advice given by high status Khmer and Buddhist leaders (such as the two krus khmer and the monk) than with other actors (such as the community mental health professional and the American psychiatrist). Note, for example, that while Sithan apparently ignores the psychiatrist's advice to "spend more time" with Bunrith, very similar advice from the first kru khmer (*com*) and the second monk (*act*), triggers compliance from Sithan and his family. While the psychiatrist's advice does not trigger a response from Family Muy or Sithan, *com* ("EBM and KK1 advise Sithan and family: compensate for B's family losses") triggers *rx* ("A Cambodian friend gets some Chinese herbal prescriptions filled for B; B's daughter gives her herbal tea daily; the family encourages Bunrith to eat more and to go out shopping") and *act* ("Buddhist monk advises S" to "act like American husband (spend more time with B") triggers *fol* ("S follows the monk's advice [stays home, talks with her, etc.]").

These cultural belief patterns enable Sithan's role change in several ways. In the broadest sense, they order his general understanding of the context within which the act occurs and infuse the act itself with logic and salience. Sithan considers *fol* to be a reasonable and appropriate intervention strategy because it makes sense from within his framework for understanding the etiology of Bunrith's suffering and the efficacy of suggested cures. The grievous losses and imbalance brought about by the death of Bunrith's family — the conditions that led to her weakness of spirit — "logically" need to be addressed by some compensatory means. From within this same framework, other interventions (for example, Western-style drug or talk therapy) would no doubt be considered unwarranted, dangerous or simply illogical.

Cultural belief patterns also lead actors to freight the opinion of certain actors with greater importance and salience. Thus Sithan gives special credence to the advice given by the first kru khmer (KK1), the elderly Buddhist community leader (EBM) and especially the Buddhist monk. That this is so is supported by Sithan's reflections on this help-seeking episode, reported elsewhere in

Duncan's ethnography. Although he acknowledges that the American psychiatrist gave advice (*psy*) that is very similar to that of the kru khmer, Buddhist community leader and second monk, Sithan makes it clear that he gives credence to the doctor's admonition only insofar as it is compatible with the advice of the Khmer advisors (Duncan, 1987).

#### *The constraining and enabling force of social network structure<sup>11</sup>*

*Fol* is also enabled by dynamics emanating from the pattern of Family Muy's social relations — i.e., from the social structural environment of action. One such structural element is the psychosocial vacuum created by the death of Bunrith's family of origin. The loss of her loved ones deprives Bunrith of persons vital to her health and well-being and deeply threatens her ability to function as a mother and spouse within her US-based family. In a fundamental sense, this vacuum enables the entire help-seeking event within which *fol* is embedded, since it creates the perceived need for action in the first place.

A second social structural element that enables *fol* is the unavailability of relationships that, in a traditional Khmer community, serve as the vehicles for care-giving resources, roles, remedies and strategies. An example here is the absence of an array of consanguineal, affinal and fictive kin who might have been available in Cambodian villages in pre-war times to provide intensive care for Bunrith in her period of mourning and spirit weakness (Ebihara, 1971). The absence of such relationships in Family Muy's local community necessitates the need for innovative action such as *fol* — i.e., for addressing Bunrith's losses in other than the traditional Khmer ways.

Once mobilized, the set of actors who become involved in Bunrith's distress (in network analysis terms, Family Muy's "action set") create a third, more proximate enablement of *fol*: the convergence of opinion among high-influence advisors that Family Muy and Sithan in particular should "take the place" of Bunrith's deceased family. Small group dynamics and social network theorists have long suggested the strong influence on individual behavior of such normative homogeneity, particularly when it exists among highly

<sup>11</sup> Although I "take apart" the culture and social network environments here, I realize that, in reality, these environments are intertwined. The interplay of culture serves to both give importance to and "deepen" importance of structural phenomena and vice versa. For example, in the traditional Khmer belief system, the network vacancy created by the death of Bunrith's family prevents her well-being and "wholeness" and causes illness. Collective responsibility for sharing suffering is seen as vital; and, for women, women kin are especially vital to the healing process.

influential network members. As the event chronology and event structure suggests, this convergence occurs diachronically (i.e., at *com*, *psy* and *act*) as well as synchronically (i.e., both EBM and KKI concur on this advice at the time of *com*).

*The influence of temporality and culturally framed self-interest*

Thus far, I have described my understanding of how cultural and social environments of action enabled Sithan to make the change in roles from Cambodian male civic leader to “American-style husband”. I suggested that Sithan’s action was primed by a system of beliefs associated with Buddhist-animist syncretism, which renders intelligible the whole of the event and *fol* as a specific action within the event structure. I suggested that *fol* must also be understood in terms of the social constraints and conditions that create the necessity for some type of innovative action — namely, Bunrith’s social losses and the unavailability of more traditional Khmer alternatives for addressing those losses. Finally, I asserted that Sithan’s centrality in the local network of Cambodian leaders provided him with ready access to certain advisors consistent with traditional Khmer cultural patterns. The mobilization of these advisors created an action set whose high status/high influence members were in consensus about the type of innovation necessary to address Bunrith’s weakness. Their normative homogeneity created another, more proximal social enabler of *fol*.

The analysis shows how the cultural and social environment of action might have enabled *fol*. However, the timing of this act cannot yet be explained. To reiterate the issue: the “true” causes of Bunrith’s suffering (spirit weakness and spirit invasion) are discovered much earlier in the narrative, and Sithan is also urged by two presumably influential Khmer advisors (the first *kru khmer* and an elder Buddhist community leader) much earlier in the narrative to make the change. Why, then, doesn’t Sithan commit the act of *fol* earlier in the sequence of actions? Here, I suggest, it is necessary to take into consideration a major force that constrains Sithan’s role change in the first place: simple self-interest.<sup>12</sup>

According to my causal construction of the event, Sithan commits to *fol* only after a series of alternative interventions manifest themselves to be stopgap actions. I causally connect Sithan’s role change to the discovery of this series of stopgap actions because it is plausible and logical for an actor in Sithan’s position to resist this change. Again, it is necessary to interpret this resistance from within the cultural and social environments in which Sithan is embedded. For a tradition-oriented

Cambodian male head of household, withdrawing from a community leadership role in order to play a care-giving role normally reserved for female kin must be seen as a net loss in social status. I thus surmise that, Sithan would “rationally” elect to make this role change reluctantly, as a last resort, first trying out alternative interventions that do not involve such a large self-sacrifice. If this attribution of culturally framed self-interest to Sithan is appropriate, then the timing of his voluntary role change may be seen to reflect the playing out of this last-resort strategy. At first, the tenor of his interventions to help Bunrith are “conservative” (i.e., preserving the status quo, including his own status and roles). It is only after these interventions are seen to be merely stopgap actions (i.e., ineffectual at permanently reducing the intensity of Bunrith’s symptoms) — and Sithan begins to fear a repeat of past symptom patterns — that he takes action in a qualitatively different mode. Sithan’s evaluation of alternatives is necessarily time-dependent — it is a process that can be concluded only after he observes at least some part of this cycle of intervention and symptoms. That the observation of this pattern is more important than the intensity or seriousness of particular actions and conditions per se is suggested by Sithan’s response to Bunrith’s suicide attempts, which occur earlier in the chain of actions. Neither her first suicide threat (*d/s*), nor the threatened repetition of this threat (*d/s*), cause Sithan to change his care-giving role. Thus while the cultural and social environments of action enabled and necessitated *fol*, Sithan’s own culturally framed self-interest constrained against its performance until late in the sequence of action. Viewed from this perspective, Sithan’s adoption of a last resort, discovery-based stance toward this role change makes sense. It allows him to comply, in a measured fashion, with the clinically, culturally and socially created demands of the action situation.<sup>13</sup>

<sup>12</sup>In other words, the emotional attachment that Sithan feels to his status in the Cambodian community.

<sup>13</sup>Duncan’s original narrative stops at the moment of the dénouement to this particular episode, and it is impossible to know the further causal ramifications of *fol* for Family Muy. However, it is possible to speculate that *fol* may have altered the very cultural and social contexts that so powerfully constrained and enabled it. Although intended to adhere to traditional Khmer social practices as closely as possible, *fol* ironically introduces two types of change in Family Muy’s network of social relations. First, it removed Sithan from his position as bridge between the larger Cambodian community and Family Muy. It was this position that enabled him to channel a series of Khmer care-givers to Bunrith and the Family in the first place. That Sithan’s centrality in the local community allowed him to mobilize such resources was very clear when we compared his mobilization pattern to those of other “traditionally” oriented but more socially marginalized Cambodian families in the same local community during this same period (Uehara et al., 1995). Second, it placed him in an assimilative, “Western”-type conjugal role. We can assume that Sithan and the Buddhist

### Summary and discussion

Until recently, advancement in understanding help-seeking dynamics has been hampered by the unavailability of methods capable of capturing those dynamics. Recent developments have dramatically altered the situation. Event structure analysis and ETHNO represent a class of relatively new methodological approaches in which the unfolding of the temporal sequence is central to "explaining" complex social processes (Abbott, 1992; Griffin, 1993: 1127). Through the questions ETHNO poses about the connections among actions, ESA demands deep probes into events and their historical, social and cultural contexts. It forces the analyst to distinguish between causal and mere temporal sequence and to interweave knowledge of the general and particular in structuring and apprehending events (Griffin, 1993). Thus, as Griffin suggests, event structure analysis "facilitates causal interpretations that are more grounded historically and temporally than is typical of most formal research and more nuanced and explicit than those usually contained in narratives" (1993: 1128).

This analytic project supports Thoits' (1995) speculation that ESA and ETHNO hold great promise for understanding the meaning of help-seeking and analyzing help-seeking dynamics. ESA and ETHNO queries helped me to delineate some otherwise quite elusive help-seeking phenomena. In this particular case, event structure analysis helped to illuminate Family Muy's operant illness beliefs and to show how such beliefs interpenetrate with social network structure and give shape and direction to help-seeking action. The analysis helped to shed some light on the ways in which the structure of the family's social environment constrained and enabled the actions of its members, and how action sequence and actors' culturally framed self-interest shaped the occurrence and timing of pivotal action. Creating the Family Muy event structure helped me to understand how and why *fol* was so pivotal to this particular narrative in the first place, and, specifically, how this act could be said to both stem from and transcend past actions. In short, the use of ESA/ETHNO demonstrated the feasibility of

#### *continued*

monk, who both adhere closely to Khmer tradition, had not intended that *fol* should imply a break with Khmer tradition. Thus, Sithan's volitional act, deeply structured by the syncretic belief system associated with traditional Khmer culture, is, ironically, also anti-traditional (since it is unconventional for a "traditional" Khmer husband to take on this role), and signifies accommodation to larger structural, cultural, and historical constraints associated with Cambodia's civil strife, cultural/social dislocations associated with flight from Cambodia and opportunity constraints connected with post-resettlement life of refugees in this US community.

using ETHNO to develop a deep and specific understanding of how social structure and human agency interpenetrate and shape specific moments of action.

No claim is made as to the generalizability or typicality of the Family Muy event structure. In fact, a major limitation of the current analysis is that it does not take event structure analysis beyond single case analysis. It is at the level of comparative case analysis and inductive theory-building that event structure analysis stands to make its most important contributions to medical sociology (see Griffin, 1993 for a similar view).<sup>14</sup> Such comparative analysis remains the next crucial step in testing ESA/ETHNO's utility to help-seeking research. However, this preliminary work suggests ESA/ETHNO's great potential for producing greater, deeper and more culturally grounded insights into the dynamics of help seeking. Theory built, "brick by brick", (Griffin, 1993) upon such understanding will no doubt more adequately reflect the complexity of contemporary help-seeking and the sophistication of contemporary sociological assumptions about the nature of social action (e.g., see Abbott, 1988, 1992; Emirbayer & Goodwin, 1994; Giddens, 1979, 1987). Event structure analysis and other tools more suited to the study of complex social processes hold great promise for bridging the gap between analysis and theory, and hopefully will serve to invigorate the field.

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<sup>14</sup>ESA permits such comparison and theory-building via its capacity to "instantiate", or make explicit generalizations from event structures (for example, see Griffin, 1993).



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