Psychocultural Infrastructure--
A Missing Focus in Community Systems:
Implication for Public Health

Alexendre Sacha Vington, M.D. ©, Nov. 2008

ABSTRACT: The most central contributor to <u>ALL</u> of our individual and societal challenges is our choices. Our inability to make *strong choices* is related to the adequacy or inadequacy of our accessibility and understanding of our core (*core-connection*), individually and collectively. *Core* is defined as the faculty which connects each of us with not just each other, but with the universe. This article introduces the conceptual framework of *psychocultural infrastructure.* It frames societal challenges as failure of *psychocultural infrastructures* through the inadequacy of the development of core-connection manifesting as the use of *weak choices*. Furthermore this article lays the framework for (1) a corrective intervention: Human Core\Community Process (HCP) technology, and (2) an example of the infusion of this technology into a societal process, a *Social Health Club.*

KEY TERMS: *Human Potential, Core,* Fear, gap analysis, hope, Human Core\Community Process (HCP), mind health, mind fitness, motivation science, paradigm shift, prevention clinic, *psychocultural infrastructure,* social health club (SHC), spirituality, strong-choice, weak-choice.

INTRODUCTION: Although the sine qua non of all human interactions, at the policy level choice is not often the focus of possible contributor to societal challenges. [1] The role of choice is often not reflected in our focus when addressing societal challenges from a public health point of view. [2] In addressing issues of health and human services, for example, the usual suspects are: science, medical practice, service delivery, or social policy. [3] Even when the focus is prevention, the role of personal choice may still fail to be given its central role.[4] More accurately, it is the w*eak choices* that contribute to societal challenges. *Weak choice* is defined as choices made which are not to the best interest of the individual's best interest despite the individual having adequate information, For example the role of individual choices that has been implicated to contribute to as much as much as 80% of the ten leading causes of death through our efforts towards prevention. [5] This article makes the point the making of *weak-choice* as the central problem to all societal challenges and identifies the societal-structural causes, connects the consequences, and lays the framework for an intervention, and offers an application of that intervention.

PROBLEM: WEAK CHOICES-- Many people are not able to make the strongest choices [6] to meet the greater challenges of life individually[7], and collectively [8]which is related to connecting with a strong enough motivation[9]. Our strongest motivator is the internal reward within each of us, our core[10].

TABLE 1: Motivation Science

MOTIVATION SCIENCE		
	Reward	Punishment
Present (give)	Cell I (+) (+)	Cell II (+) (-)
Absent (take)	Cell III (-) (+)	Cell IV (-) (-)

[13]

This is the motivation science table[11]. It governs any all aspects of human interaction. It essentially states that any all aspects of human interaction is functioning in one or more of these motivation Cells. Whenever there is any kind of human interaction, even if it is one person with him/herself, the issue of motivation is at play. In other words, in all aspects of human interaction there is the intent, consciously or unconsciously, to motivate a person to change her/his behavior. That behavior can be mental, as in trying to give information or change someone's thinking, and/or physical, as in trying to change someone's   actions,   or   habits.

Motivation science tables states that there are essentially four ways of changing a person's behavior: Cell-I is to give someone a reward (a prize or bonus). The green plus sign which represents the act of giving, and the red plus sign which represent a reward. Cell II is to give (green plus sign) a punishment (yellow minus sign). For example, a spanking. Cell III is to take away (blue minus sign) a reward (red plus sign). For example, taking away playtime, and Cell IV is to take away a punishment, blue minus sign and yellow minus sign, for example curing disease, reducing homelessness/poverty.

Classic motivation theory posits that the most powerful cell in which to function is Cell-I[12], the introduction of a reward. More specifically, the most powerful motivation is a *random, positive reinforcement.* Unfortunately, most of our human enterprises, including the health field (both physical and mental health) mostly function in cells II-IV[13]. It is important to note that the whole field of

3

medicine, and health and human services in general, functions in Cell-IV: One comes to a provider to take away something that one does not want. [14]

Focusing on Cell one: This is the cell of a giving of a reward. More specifically, science tells us that the most powerful motivator is a random positive reward[15]. The requirement of randomness has to do with avoiding adaption[16]. If a reward is predictably given each time a desired behavior is observed the person engaged in the behavior might adopt or become desensitized to the reward. Thus keeping the reward random prevents adaption.

It is important to note here that a random positive reward, represented by cell I, is the probability equation of hope. Hope is a great reward happening randomly. Thus cell one can be regarded that the mathematical presentation of spiritual function. Likewise, the addiction to a random positive reward is also very powerful, we call it gambling[17].

The primary consequence of us not being able to function in cell-I is that we function in cells II-IV, which are fear based. Cell II is about the fear of receiving a punishment, Cell III is about the fear of losing a reward, Cell IV is about the fear of being left with a punishment. In this sense, prevention is about taking away the possibility or decrease the possibility of something that one does not want. Therefore, even in prevention, there is a component of fear operating.

Even when one uses a reward, the motivation often is externally located, and often is not strong enough to activate the movement one is seeking. The inadequacy of motivating power of Cell-II-IV is disproportionate experience by communities who are already socially burdened. That is, in communities where the individuals are meeting more than one challenge the threat of adding yet another challenge is not   a   strong   a   motivator   due   to   desensitization.

The complete set desired characteristics of the motivating object is that it is: (1) a reward, (2) strong, and (3) random. The strength of the motivating object needs to match challenge that is to be overcome by the action. For example, the motivation to get a long time smoker to quit smoker is likely to need to be stronger than the desire to smoke. One means by which to evaluate the strength of a reward is by its location in relations to the individual: Is the motivator *internal* or *external* to the individual. The principal reward-based interprise in our so is our jobs. We go to work to get a paycheck. But the paycheck itself is external to the individual. This reinforces the point that our society has yet to develop a framework of engaging its individuals based on internal reward[18]. Although the notion of internal reward is recognized, it has not been given the importances it actually holds[19]. The implications of this point is far reaching. Systematic operatinalization, activation and and application of internal reward structure throughout our societal structure can prove to be a most central public health intervention.

The third characteristic that the motivation be random is important to avoid adaption. When a reward is can be anticipated with each action, eventually the reward will lose its power to motivate. Gambling functions in Cell-I, and the reward in gambling is random. This is the reason gambling is so difficult to be overcome by those afflicted. Likewise, a miracle is an example of a random positive reinforcement. This is the cognitive process basis of faith: random, positive reward.

All of the Cells other than Cell-I are fear based. Fear is explained by functioning in cells II-IV. Cell II is about the fear of receiving a punishment, Cell III is about the fear of losing a reward, and Cell IV is about the fear of being left with a punishment.   Thus if one is not functioning in cell one, that is motivated by a reward, one is functioning in one of the fear based cells. Connecting this point with the point that societal institutions have no adequately taught us the skills to access our most powerful reward, which is internal to us, our core, makes the point that most of us are probably function in a fear-based life view. This has great public health implications. Changing from Cells II-IV functioning to cell I function is a *paradigm shift.*

 FEAR IN EVOLUTIONARY CONTEXT

"Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond all measures. It is our light, not our darkness that frightens us. We ask ourselves 'who am I to be brilliant, gorgeous, talented and fabulous? Actually, who are you not to be those things. Your playing small does not serve the world. We are born to make manifest the glory that is within us. It's not just in some of us, it is in everyone and as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear our presence automatically liberates others." Nelson Mandela (1994) quoting Marianne Williamson (1992).——————

One can approach societal challenges as a manifestation of fear[20]. For example the "-isms" in our society (e.g. racism, classism, sexism) [21]and their variants (e.g. homophobia) [22] are manifestation of fear. *One of the shortcomings of our efforts to overcoming these social injustices, however, is that we have failed to approach the root of these problems.* These problems share the common root of being based in *fear,* and fear has an evolutionary basis.

Fear had/has its function from an evolutionary point of view[23].   During early phases of human existence, each day was literally a fight for life[24]. During these periods failure to appropriately respond to a harmful situation could result in death[25]. And such situations were more likely to be faced daily. But today, this is not the case. Really life-threaten situations don't occur daily.   But in many ways we are psycho-culturally functioning as if that were the case. [26]

Today, it is out fear that we have a *need* to create an "other," [27] *otherization/ otherification*[28]. The creation of another allows to us bind that fundamental fear what we <u>all</u> have as human beings[29]. This fear can be regarded as the cost of having human consciousness[30]; that is, of being aware of our own existence[31], and thus our mortality[32]. Creating an "other" gives us an object to be "better than" and diminishes the anxiety of our mortality. The formulation is this: You are other than me, and I am better than you.

The fuller discussion is thus: Although multi-factorial in their developments, all societal challenges are interconnected. Issues like (1) war, ecological deterioration, hunger, poverty, racism, homophobia, ethnic conflict, street violence/violence, health and human services(e.g. education, employment, incarceration, HIV/AIDS, schizophrenia, depression/anxiety, substance abuse) , and (2) business matters like staff burn-out, low productivity, staff conflict, customer satisfaction, and (3) individual concerns like meanings in life, personal happiness, and life purpose share a common root: they are all rooted in our CHOICES[33]. Our choices, in turn, are ALL related to the degree to which we

are, or are not, connected to the core of our humanity. It is the inadequacy of this core connection which results in the development of a world view based on *fear,* individually and collectively.

II. CAUSE

INADEQUACY OF CORE CONNECTION--Many people don't know how to <u>systematically</u> access their individual cores,[34] the most powerful motivator in each of us. [35] This in turn is the result of no societal institutions like school, work, family, houses of worship, therapy, civic organizations, sports and entertainment, arts/leisure having <u>systematically</u> taught us the skills to access our core.   Looking at this group of societal institutions from a clinical point of view is the definition of *psychocultural infrastructures. Psychocultural Infrastructures* are the institutions and processes contribute to mind health on the individual, group, community, and societal level.

They are the institutions in society that produces the individual and community psychological frameworks, *core-rectors,* which allow us to maximize our human potentials. *Core-rectors* keep our minds erect so that our minds can allow for the power of the full flow of our core energy.

TABLE 2: ROOT CAUSE ANALYSIS (RCA)

Pursuits and Challenges

Life Purpose	War	Energy Crisis
HIV/AIDS	Happiness	Careers
Ethnic Conflict	Stem Cell	Incarceration
Famine	Wealth	Education
Global Warming	Hypertension	Immigration
Politics	Arts/Leisure	Diabetes
Unemployment	Depression	Freedom
Domestic Violence	Punishment	Cancer
Staff Burn-out	Staff Productivity	Racism
National Security	Homelessness	Voting
Unemployment	Substance Use	Anxiety
Diseases	Health and Human Services	Sexism
Sports	Deforestation	Entertainment
Cancer	Customer Satisfaction	Economy
Sexuality	Ethnicity	Genocide
Ageism	Space Travel	Global Poverty

4

"Root Cause Analysis" is a questioning process that provides a structured method to enable people to recognize and discuss the beliefs and practices in [individuals and] organizations. Root causes reside in the values and beliefs of an organization. Until the analysis moves into this level, it has not begun to grapple with root causes." [36] To that definition I would add values: Root Cause Analysis

(RCA) …enables people to recognize and discuss the *values,* beliefs and practices in individuals and organizations.

Our shortcoming in being able to meet societal challenges at the root level, is thus a reflection of inadequacy of our *psycho-cultural infrastructure* through inadequate production of *psychocultural capital.* Psychocultural Infrastructures: The institutions in society that produces the individual and community psychological frameworks, *core-rectors,* which allow us to maximize our human potentials. *Core-rectors* keep our minds erect so that our minds can allow for the power of the full flow of our core energy.

The concept of *psychocultural capital* is being developed elsewhere to bring the discussion in line with the other forms of capital in the literature. [37] *Psychocultural capital* is defined as the resource which individuals and group access in order to make the best life choices.

Mind health, as a discipline, would include the medical specialty of psychiatry, and addresses *the will and discipline choose to do what is best*. Fear-based psychology is the central impediment to us as individuals, and collectively as a human society to choose to do what is best. It would be an integrative discipline combining all the fields which contributes to maximization of human potential.

Gap Analysis of Psychocultural Infrastructures

Properties	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15
1. Core/ Universal															
2. Reward-based															
3. Writer															
4. Accessibility															
5. Time frame															
6. Fear e.g. Us versus Them															
7. Process															
8. User friendly															
9. Hierarchy															
10. Systematic															
11. Replicability															
12. Power/Control															

(1)Family; (2)Work; (3)School; (4) Shelters/Housing Programs; (5) Jails/Prisons; (6)Houses of Worship; (7) Therapy; (8) Military; (9)Social/Civic Organization; (10)Sports; (11)Entertainment; (12)Leisure; (13)Spas/Health Clubs; (14) Art, (15)Ideal

Gap Analysis of Psychocultural Infrastructures

Properties	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15
13. Applicability															
14. Generalize-ability															
15. Core Spirituality															
16. Biology															
17. Psychology															
18. Sociology															
19. Descriptive Analysis															
20. Critical Analysis															
21. Applied Analysis															
(1)Family; (2)Work; (3)School; (4) Shelters/Housing Programs; (5) Jails/Prisons; (6)Houses of Worship; (7) Therapy; (8) Military; (9)Social/Civic Organization; (10)Sports; (11)Entertainment; (12)Leisure; (13)Spas/Health Clubs; (14) Art, (15)Ideal															

6

The first column suggests the properties which would render a process strong clinically. This table essentially analyzes the weak points in these major psycho-cultural infrastructures from a clinical point. The properties in the first column are based on clinical values. The table would be read in the general format of how close does each of these institutions approximate the ideal. Going through properties 1-21:

- 1. *Core/Universal*— Clinically in order to promote mind strength, the ideal institution or process would be one for which what is *core*, or the universal aspect of the individual, is central to the process.
- 2. *Reward*—Clinically in order to promote mind strength, the ideal institution or process would be one for in which the process is reward based as opposed to punishment based, or fear based. It needs to be fun
- 3. *Writer*—Clinically in order to promote mind strength, the ideal institution would be one where the person is the writer of text.
- *4. Accessibility*— Clinically in order to promote mind strength, the ideal institution would be one where the individual has direct access.
- 5. *Time Frame*--Clinically in order to promote mind strength, the ideal institution would be one where the central process is based on the present.
- 6. *Fear* (*us vs. them)*— Clinically in order to promote mind strength, the ideal institution would be one where the central process is not based on the creation of an "other."
- 7. *Process*-- Clinically in order to promote mind strength, the ideal institution would be one where the central process is internally consistent.
- 8. User-friendly—Clinically in order to promote mind strength, the ideal institution would be one where the central process can be operated by the individual.
- *9. Hierarchy*—Clinically in order to promote mind strength, the ideal institution would be one where the central process is not based on a hierarchy.
- 10. Systematic—Clinically, and from a public health point of view, in order to promote mind health, the ideal institution would be one where the central process be systematic.
- 11. *Replicability*—Clinically, and from a public health point of view, in order to promote mind health, the ideal institution would be one where the central process is reproducible.
- 12. *Power*/*Control*—Clinically in order to promote mind strength, the ideal institution would be one where the central process further connects the individual with her/his center of power/control.
- 13. *Applicability*— Clinically in order to promote mind strength, the ideal institution would be one where the central process is easily applicable
- 14. *Generalizability*—Clinically, and from a public health point of view, in order to promote mind strength, the ideal institution would be one where the central process is *generalizable*.
- 15. *Spirituality,* 16, *Biology,* 17. *Psychology, and* 18. *Sociology*— Clinically in order to promote mind strength, the ideal institution would be one where the central process covers these areas, as these are the different areas of being human. All that concerns falls under one or more of these areas.
- 19. *Descriptive,* 20. *Critical*, and 21. *Applied*-- Clinically in order to promote mind strength, the ideal institution would be one where the central process covers these steps as these are the fundamental processes common to therapeutic all therapeutic processes.

Transforming Societal Institutions

Accessing the Core

Family
Civic Organizations
Sports and Entertainment
Health and Human Services
Workplace
Houses of Worship
Housing Programs/ Shelters
Military
Government
Jails/ Prisons
Schools
Arts and Leisure

Into Psychocultual Infrastructures

Take the houses of worship as an example. Perhaps the greatest strength of this institution is that at its foundation, it is about getting individuals to their core, property #1 from gap-analysis table. Analysis of this major institution also reveals some key <u>clinical</u> weaknesses. Property #2—Positive: Most of Judeo-Christian teachings has avoidance of punishment as a motivator, more specifically. [38] There is motivator of the afterlife, but that is not in the present. There is also the motivator of "saving one's soul." But in actuality, this is more accurately an avoidance of a punishment if losing one's soul. The role of guilt in Jewish culture is well documented. [39] Property #3—Access: Religion as a structure is predicated on having person who is more knowledgeable than oneself who is in the to serve as intermediary between the individual and the teachings of god or God himself. [40] Property #4—Writer: the texts in the houses of worship is not written by the individual. Property #5—Present: Although correlations are made to the present, the texts used in the houses of worship (e.g. old and new testament bible) is based in past events. Property #6—Fear: fear the strong motivator of Judeo-Christian religious text. [41] Property #7—Hierarchy—see property #3. Property #8—Power and control: The texts is not necessarily based on accessing one's own power. Property #9—Applicability: Religious texts often

requires interpretation which limits theirs applicability by the common person. Property #10—Generalizability—Again, religious texts are specific to the religious group who believes in the doctrine.

III. **CONSEQUENCE:** TABLE 4

As a consequence of not being adequately connected to our core *we are prone to making weak choices*. A root-cause analysis would reveal that one common in the development of all of these events is *choice*. Thus one way of looking at our societal challenges is as a function of weak choices.   Conversely, an analysis of the motivation science table would support that fear is the root inhibitor of strong choices.

Eighty to ninety percent of what is treated in medicine is the result of "weak choices" made by individuals around such things as eating well, exercise, diet, annual checkups, taking medication, practicing safer habits. [42] The impact of decisions around these practices is supported by the CDC aggressive public education effort of eating five fruits and vegetables daily.

Chronic diseases—such as heart disease, cancer, and diabetes—are the leading causes of death and disability in the United States. Chronic diseases account for 70% of all deaths in the U.S., which is 1.7 million each year. These diseases also cause major limitations in daily living for almost 1 out of 10 Americans or about 25 million people. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable. Adopting healthy behaviors such as eating nutritious foods, being physically active, and avoiding tobacco use can prevent or control the devastating effects of these diseases. [43]

When one adds economic and quality of life costs of challenges like poverty, high school drop-out, crimes, and incarceration/correction/reentry, divorce, homelessness, drug and alcohol use one realizes that the factor of *choice* made at the individual is the most consequential step to societal functioning. It is therefore appropriate to discuss what are the factors which, in turn contribute to making choices? The central contributor to the making of choices is the motivation to do so.

SOLUTION: While addressing our societal challenges as failure to employ the principles of motivation science, or as product of fear-based thinking contributes to the analysis and the phenomenological discussion, addressing it as failure of *psychocultural infrastructures* answers the critical question of a place to focus our corrective action efforts.   Human Core Community Process (HCP) is based on this approach[44]. It is a technology can be used to strengthen present psychocultural infrastructures. When all of the strong points of gap-analysis table are met by a societal institution, that institution will have been transformed into psychocultural infrastructure, and be in fact functioning as a *prevention clinic.* A social health club (SHC) [45],"Esegecee," is a model of *such prevention* clinic being developed by Vaya Institute Corporation.

In summary, one way of approaching societal challenges is a manifestation of the weaknesses in psychocultural infrastructure. It is in this context of a weakened system that life challenges take the opportunity, combined with weak choice, to develop into societal challenges.   Our societal institutions are weak in their clinical ability: In their present states they are *clinically* unable to nurture individuals to function in Cell-I of life. Living life in Cell-I--the pursuit of something which is internal (core, strong), positive (reward, not fear or us vs. them-based), and accessible (no hierarchy/user friendly)-- would constitute a paradigm shift in human cultural process. Essentially, humanity would be moving from mostly operating from cells II-IV. This is **creatention**[46]*: Living life motivated by the possibility of creating life out the connection of the (endless) power and the positivity of our core.* This way of living would be even more powerful than prevention paradigm.

IMPLICATIONS FOR PUBLIC HEALTH
The implications for public health is that this group of societal institutions: Family, school, work, houses of worship, therapy, civic organizations, sports and entertainment, arts/leisure provide concrete structures of focus in the effort to strengthen the clinical power of culture.

A *Psychocultural infrastructure* is the third leg of the tripartite in community development, with economic[47] and political infrastructures[48] being the other two. These function as three inter-dependent domains in the construction of community. [49]

An appreciation of these institutions as possible loci of mind health acquisition and support can provide a workable framework to developing a comprehensive *createntive* plan to improve the mind health of society as a whole. This can be done in a seamless manner by customizing the application of the approach which allows individuals to access their cores within the processes specific to each of these institutions. This would be a most powerful public health intervention.

1

2

3

4 Ruth Colagiuri, Rn, Bed, et al: "The Answer to Diabetes Prevention: Science, Surgery, Service Delivery, or Social Policy." AJPH July 2006.

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37 Vington, M.D. Alexendre Sacha: "Psychocultural Capital: The Clinical Aspect of Capitals—Implications for Public Health." (To be published)

38

39

40

41

42 Root cause analysis leading causes of death

43

44 Vington, M.D. Alexendre Sacha: "Human Core Community Process (HCP): A Human Potential Technology—Implications for public health. (To be published)

45 Vington, M.D. Alexendre Sacha: "Social Health Club (Esegecee): An Example of Prevention Clinic—Implications for public health. (To be published)

46 Vington, M.D. Alexendre Sacha: "Human Core Community Process (HCP): A Human Potential Technology—Implications for public health. (To be published)

[47] Vington, M.D. Alexendre Sacha: "Towards an Integration of Capitals: Implication for Public Health. (To be published)

[48] Vington, M.D. Alexendre Sacha: "Political Application of Capitals: An Integrative Implication for Public Health. (To be published)

[49] Vington, M.D. Alexendre Sacha: "Towards an Integration of Capitals: Implication for Public Health. (To be published)