

A CASE STUDY OF ADMINISTRATIVE COMMUNICATION ON
BIDDLE SECTION, TOPEKA STATE HOSPITAL

by 3735

MARGARET JEAN FENTON GLAZZARD

B.S. in Nursing, University of Michigan, 1952
B.A., Washburn University, 1967

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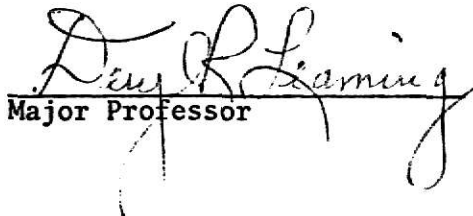
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This report grew out of the ability of others to listen with understanding. The aides and adolescent girls on BH-1 at Topeka State hospital listen "with the third ear" to what others think and feel. It is this capacity to listen creatively which leads to real communication. The existence of this report is a tribute to the following people who, each in his own way, have listened creatively to the meaning beyond the words, and to each I am very grateful.

Everette Dennis was the first to hear the heartbeat of the study. He recognized its scope and potential and guided its creation. He helped me put it in perspective and into words. Dr. James Horne, whose door was always open, enlarged my understanding of the processes I attempted to describe. He gave me invaluable criticism and advice as he acquainted me with all facets of communications on Biddle section at Topeka State hospital. At separate times and in separate ways, Dr. Deryl Leaming and Carolyn Foland thoughtfully structured the framework for the experiences which led eventually to the study. Carefully and critically, Dr. Ramona Rush read the report and identified its weaknesses. And my children helped me find that scarce commodity--time--by giving of their own.

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CONTENTS

LIST OF ILLUSTRATIONS	v
CHAPTER I. INTRODUCTION	1
The Focus of the Study	
The Scope of the Study	
The Background	
Personal Impressions Which Bear on the Study	
The Importance of the Study	
Definition of Terms Used	
CHAPTER II. LITERATURE REVIEW	9
Relevant Mental Health Literature	
Relevant Literature Concerning Communication	
CHAPTER III. STRUCTURE OF THE COMMUNICATION PROCESS ON BIDDLE	18
Patterns of Formal Communication	
Patterns of Informal Communication	
Summary	
CHAPTER IV. IMPINGING COMMUNICATION SYSTEMS	25
The Diagram	
Common Ways in Which These Systems Interact with Biddle	
CHAPTER V. THE BROCHURE, THE INTERN AND BIDDLE.	30
Implementation	
Dimensions of the Brochure	
Communications	
CHAPTER VI. THE AIDES AND THE MESSAGE	52
Philosophy of the Section and the Section Chief	
Position of Aides at TSH	
The Believability of the Unit Message to Aides on Biddle	

CHAPTER VII. SUMMARY AND CONCLUSIONS	59
Mental Health for Patients	
Staff Mental Health	
Feeling of Community	
Strengths and Weaknesses of the Communication System	
Communications Reviewed	
Relation of Intern to Biddle	
Suggestions for Further Studies	
BIBLIOGRAPHY	65
APPENDIXES	67
A. Clinical Services Meeting Minutes.	67
B. Section Meeting Minutes.	80
C. Brochure	99
D. Miscellaneous.	122
1) "BH-1"	
2) Kansas Health Workers' publication, "The Beginning or the End." June 23, 1969.	

LIST OF ILLUSTRATIONS

Figure	Page
1. A Psychiatrist is Head of Each Treatment Team.	18
2. Lines of Authority Within a Discipline	21
3. Communications Between Section Chief and Section	22
4. Biddle and Impinging Communication Systems	25

CHAPTER I

INTRODUCTION

This study was the outgrowth of a three month internship in the public information office at Topeka State hospital during the summer of 1969. The intern's major project for the summer was to work with Biddle section of Topeka State hospital on a brochure. The intern's interest in the structure of communications on Biddle grew during three months of almost daily contact with patients and staff on this unit.

In order to understand more completely how communications interface an organization and affect the behavior of its individuals, the analysis of the communication system on Biddle section as it was observed in the summer of 1969 was attempted. In this context "communications" refers to the flow and feedback of information among and between individuals, between groups of people on the unit, and between individuals or groups of individuals and functional entities (i.e. central administration, the team).

The problems examined in the study were: How did the communication process work on Biddle and how did it influence behavior? How were verbalized concepts communicated and reinforced? How did the staff reach a consensus with which it could work? Who made decisions and how?

The Focus of the Study

The focus was on staff communications within Biddle section. This was examined mostly within the formal communication structure of the section.

Such a communication study, however, could not be done in isolation. Where it seemed pertinent, other levels of communication and other communication systems were examined in relation to this one.

Staff communications were examined in relation to one project, the brochure. The assumption was that this would be representative of the communication process as a whole. Outside evidence which further substantiated the author's findings was included.

The communication process was examined in terms of seven statements which were incorporated in the brochure. These seven concepts, which Biddle section had of itself privately and wished to project publicly, represent some of the primary concerns of the professional staff on Biddle in the summer of 1969. They are:

- (1) Biddle uses the team approach exclusively in treating patients.
- (2) The psychiatric aide is the basic member of the treatment team in that the aide is most directly involved in the patient's treatment and spends the greatest amount of time with the patient. The aide is actively involved in the patient's treatment.
- (3) The professional staff is available for consultation and, at times, direct help to:
 - (a) the non-professional staff on Biddle
 - (b) professionals and mental health caregivers in the communities which Biddle serves.
- (4) The patient is a member of the treatment team.
- (5) Biddle gives high quality psychiatric treatment to its patients.
- (6) Biddle wishes to work closely with other community caregivers and with community mental health facilities for optimum individual and community results in the area of mental health.

(7) Biddle considers itself a member of the larger community mental health team and is willing to change in response to changing community needs.

The Scope of the Study

The study dealt with the observations of the intern, an outsider to the section, who as an individual with a specific purpose attempted to interact with the communications system of an organization (Biddle).

The study attempted to find answers to the following questions.

-Did the communication system contribute to the cooperation of patients, staff, and the larger community (here meaning both the larger hospital community of Topeka State and the fifteen county area Biddle serves) in compiling the brochure?

-Was verbal communication reinforced by other kinds of communications--such as nonverbal? On what levels was it reinforced--staff-staff, staff-patient?

-How did the goals and attitudes of members of the staff and some patients change in relation to certain aspects of the brochure? How did the communication process lend itself to this?

-Was action within Biddle section based on the seven concepts noted above? What changes in behavior, both in patients and staff, resulted? What direction did these changes take?

-What relation was there of a "feeling of community" among staff and patients to the communication system?

-What breakdown of communications occurred? When, where, and under what circumstances? What were the possible reasons for each communication breakdown?

-What impact did outside communication systems--the state; central administration; other treatment sections at Topeka State; Shawnee county and the Topeka community; the communities which Biddle serves--have on Biddle and vice versa?

-What was the believability to aides of the unit message in various types of communication? This included communications between aides and professional staff on Biddle, aides and the intern, aides and central administration, and aides and patients.

-What were the apparent safeguards in this communication system? What were its weaknesses?

The Background

Biddle Section

Biddle section is one of three adult inpatient units at Topeka State hospital. It serves fifteen counties in east-central Kansas. In the summer of 1969 Biddle had seven wards with a total capacity for 242 patients. The brochure in Appendix C discusses Biddle section in detail.

The Internship

The internship program was a cooperative venture between the Public Information Office at Topeka State hospital and the Mental Health Mass Communications Program in the Department of Technical Journalism at Kansas State University. Its purpose was to provide the intern with insight into problems in the mental health field and experience in the field of journalism. The fact that this was a learning experience as well as a work experience is important, for it contributed substantially to the amount of contact the intern had with Biddle and to the final form of the brochure.

So that the intern could understand better the dynamics of group therapy, arrangements were made for her to attend daily group meetings on an adolescent girls' ward on Biddle. The article, "BH-1", in Appendix D describes the treatment program on this ward and the communication process between the patients and the staff. During the ten weeks the intern was in daily contact with patients and personnel on Biddle, she had an equal amount of contact with other parts of Topeka State hospital, such as other treatment sections, central administration, and the public information office.

The Brochure

Compiling the brochure about Biddle section extended over the three month summer internship period. Reviewing and revising it extended into the winter of 1969. The brochure represents the thinking of the section's professional and non-professional staff, of the patients on the section, of the director of public information and the intern, and of members of the fifteen-county community which Biddle serves. The brochure grew out of the need expressed by caregivers and professionals in this community for more information about the section. These caregivers and professionals became the public for whom the brochure was written. The public included nursing home administrators and personnel, public health nurses, ministers, county welfare workers, probate judges, county attorneys, local medical doctors, mental health centers and clinics, mental health associations, law enforcement officers, sheriffs' staffs, school counselors, mental health boards, legislators and county commissioners.

The original purpose of the brochure was to meet this public's need for facts. Soon after the project began it became evident that the staff

also wanted to give the public a feeling for how a patient experiences life in a mental hospital. Thus a second purpose, that of creating an emotional tone to the brochure, evolved.

Personal Impressions Which Bear on the Study

During the summer of 1969, members of the Biddle professional staff claimed the section had the highest staff morale of the three adult inpatient units at Topeka State. The director of public information, who routinely attends meetings on all three sections, supports this statement.¹ This ties in with the intern's impression, which grew as she worked with the section, that it "had something" which similar organizations often lack. The key seemed to lie in what was being communicated on the section and how. The responsibility for those communications lay mainly with the professional staff under the guidance of the section chief. It seemed that what was verbalized was reinforced by action. This appeared to lead to a good working relationship among all levels of staff in a majority of situations. This impression is what first interested the intern in studying the communication process on Biddle.

The Importance of the Study

The objective analysis of this communication system is pertinent to understanding many trends in the mental health field, in the changing social structure of this country and in the field of communications today. It brings to light some of the underlying problems and how they develop.

¹Carolyn Foland, personal interview, Topeka State Hospital, March 1970.

Definition of Terms Used

Throughout the study, the following terms have been interpreted as defined below. Whenever the meaning has been changed, this has been noted, and the new context of the word has been explained.

- "TSH"- Topeka State hospital; this is one of three state mental hospitals in Kansas; it is located in Topeka.
- "Biddle section" - May be referred to simply as "Biddle" or "the section"; this is one of three adult inpatient treatment units at TSH; it serves fifteen counties in east-central Kansas.
- "section chief" - The psychiatrist who heads Biddle section.
- "psychiatric aide" - May be referred to just as "aide"; either male or female employee at TSH who has successfully completed a thirteen week psychiatric aide's training course given by the hospital.
- "the team" - Highly variable from ward to ward and situation to situation. Basic members of each team are the aides, a nurse, a social worker, an adjunctive therapist, and a psychiatrist. The team is used often to include a number of other staff. Patients may also be included.
- "clinical services meeting" - A weekly meeting of the clinical services committee. Members of this committee include all ward psychiatrists on the section; the section's head aide, nurse, social worker, psychologist, teacher, chaplain, dietitian, adjunctive therapist; a vocational guidance counselor, TSH medical physician and the public information director.
- "section meeting" - A weekly meeting for all staff. In actual practice, each ward maintains minimal staff coverage for this hour and representatives from the day shift staff attend the meeting.
- "the community" - Will refer to the fifteen-county area which Biddle serves unless otherwise defined. See Biddle brochure in Appendix C for the location of this geographic area.
- "central administration" - Most often will refer to the superintendent of TSH and certain individuals and departments that are directly responsible to him, such as the director of clinical services, the director of education, etc.
- "DIM" - The Division of Institutional Management; this division is responsible for all eleven state institutions in Kansas. The superintendent of TSH reports directly to DIM, which reports directly to the state board of social welfare.

- "Kansas Health Workers" - A union composed of aides from TSH and the Kansas Neurological Institute. To call attention to grievances, the union staged a one-day "work-in" at TSH in June, 1968. This ~~action~~ led to a series of unpleasant events which culminated in a strike by the union against TSH.
- "the intern" - The author of the report.
- "therapeutic community" - When defined according to the following concepts this term can be applied to Biddle.²
 - a) The total social structure of the treatment unit is involved in helping the patient become mentally healthy.
 - b) The primary goal of this complex organization of people is to provide therapeutic experiences for the patients.
 - c) All relationships within the treatment community are regarded as being potentially therapeutic.
 - d) The goal of treatment is to help the patient become aware of the effect of his behavior on others and to understand some of the motivation underlying his actions.
 - e) Responsibility for treatment is shared between staff and patients; they share in decision-making and also in participation in the treatment process.
 - f) There is group diagnosis. The patient is seen from different professional perspectives. This gives a more complete picture of the patient upon which to base team treatment.
 - g) Staff roles often blur and change in relation to the patient. However, this does not imply that distinctions between various professions and between professional and non-professional staff disappear. The sense of one's own unique professional role need not get lost.³

²James B. Horne, M.D., Biddle section, Topeka State hospital, March 1970.

³Adapted in part from Alan M. Kraft, "The Therapeutic Community," American Handbook of Psychiatry, ed. by Silvano Arieti, III, (New York: Basic Books, Inc., 1966) 542-51.

CHAPTER II

LITERATURE REVIEW

Relevant Mental Health Literature

During the second world war experiments with the treatment of service personnel using the principles of social psychology gained acceptance and laid the groundwork for continuing experiments since then. Maxwell Jones describes some of these early attempts in The Therapeutic Community. Dr. James Horne, section chief of Biddle, states that the community methods of treatment described in this book are his model for treatment on Biddle. Although normally Biddle is not referred to as a "therapeutic community" this term is permissible as defined in the introduction. A recent summary of the American interpretation of a therapeutic community has been made by Alan Kraft.¹ The mode of treatment on Biddle is described by the staff as milieu therapy.

Biddle uses the team approach exclusively in treating patients. The psychiatric aide is the most directly involved in the patient's treatment, spends the greatest amount of time with the patient, and works therapeutically with patients and families. Thus the psychiatric aide is called the basic member of the team.

The present role of the psychiatric aide on Biddle differs sharply from the aide's role in the past. The psychiatric aide is now seen as an active participant in the patient's treatment.

¹Ibid.

How recent a departure this is from the traditional role of a psychiatric aide at TSH is noted in the detailed account of the Ward H project by its directors.² This project, which started at TSH in 1960 and lasted four years, was based on Austin DesLauriers' theory regarding schizophrenia. "In brief, this theory held that schizophrenia was indicative of a step missed in the maturation of an infant--the step in which the infant learns the boundaries of his body and then of his ego."³

Colarelli and Siegel felt that implicit in this theory, which is one of incomplete personality development, is the fact that the patient cannot reach out and establish contact with others because he has never learned how. For this patient, therefore:

It is the contact with another person which is important; and it must be a whole person involved with the whole patient, rather than simply a "therapist."

Essentially the problem is being present and constructing a relationship with the patient. To do this, one must be intrusive, a model for the individual, a helper but also someone who requires the patient to grow and eventually assume increasing responsibility.⁴

In the Ward H project, psychiatric aides were selected to play this role. In addition, they were made responsible for the treatment of "hard core" chronic schizophrenics selected for the project. During the first few months the aides exhibited intense anxiety.

...what were the sources of this reaction to their new role? Certainly one source was found in the departure from the traditional role of the aide at the hospital. Seldom before had aides been given this kind of direct treatment authority and responsibility

²Nick J. Colarelli and Saul M. Siegel, Ward H, An Insight Book, (Princeton, New Jersey: D. Van Nostrand, Inc., 1966).

³Ibid., p. 12.

⁴Colarelli, p. 13.

because the aide was supposed to lack the training to deal with the patient's problems. Her capacity to be of help to patients was seen as extremely limited in any therapeutic sense. Her former role was primarily that of a custodial person; her responsibilities were not previously defined in terms of persons or patients, but rather in terms of function, that is, the protection of the patient from himself and provision for his physical care....

 The capacity of the aide to be consistently and responsibly therapeutic had long been untested because it was assumed that they couldn't be.⁵

How the role of the psychiatric aide at TSH changed between 1960 and 1964 is also described by Colarelli and Siegel.

It is difficult to assess the effect of the project on the hospital....In any given situation, the project could have been the stimulus that caused changes elsewhere in the hospital. It might have been a catalyst that accelerated ongoing trends or was part of a larger trend, that is, part of a Zeitgeist. The project's concurrence with many of these trends was evident....

For example, the hospital began to reappraise the roles of all its personnel and began to look especially at the use it was making of its aides. Although the institution had a history of commitment to the importance of the aide in patient treatment, for many reasons this philosophy had been honored more by the spoken idea than in actual fact. The project demonstrated the validity of the therapeutic capability of the aides. By the time of its completion it was no longer atypical in the institution for an aide to have the responsibility for a group of patients or for her to have an intensive therapeutic relationship on a one-to-one basis.⁶

The first training course for psychiatric aides began at TSH in 1950. A trend toward training programs gathered momentum following a series of newspaper exposés⁷ of conditions at the hospital in 1948;

⁵Colarelli, pp. 36-37.

⁶Colarelli., pp. 189-90.

⁷Charles W. Graham, Kansas City Star, three part series, September 1-3, 1948. John McCormally, "The State Hospitals--A Kansas Crisis", Emporia Gazette, ten part series, October 27-November 7, 1948.

conditions which Dr. Karl Menninger described as "'abominable, medieval, criminal!'"⁸ Following the exposés, TSH joined in the Menninger Foundation-Veterans Administration hospital training program for psychiatric residents. At TSH, other training programs for mental health personnel followed. With more professional staff and better trained staff available, active treatment for TSH patients became possible.

Then in 1960 under the Kansas Plan, TSH divided into four semi-autonomous sections or "little hospitals" under a central administration. Each "little hospital" served the people of a specific geographic area. Patients from Shawnee county were an exception. They were placed on all four sections. In 1968, a further refinement of this plan led to strict geographic assignment with all Shawnee county patients being placed on one section. By 1969, there were three adult inpatient sections at TSH and each one serviced a specific geographic area of Kansas.

Under this plan general hospital policies are decided at the central administration level. The specific treatment program on any section, however, is determined by the professional staff and the chief of that section under these broad policies. Some of the channels of communication under this plan are indicated in a Master's thesis at Kansas State university.⁹ In general, personnel policies come under central administration; patient treatment is determined by the section staff. Thus all staff at

⁸Quoted by John McCormally in "The State Hospitals--A Kansas Crisis", No. 9 of the series.

⁹Carolyn G. Foland, "The Development of the Office of Public Information of the Topeka State Hospital" (unpublished thesis, Kansas State University, 1969).

TSH receive messages from two distinct sources--and a little less directly from a third source, the state, personified by DIM.

Concepts have been changing about the community's role in the treatment of mental illness and about professional and non-professional roles in the mental health field. New concepts have burst into full bloom during the past ten years.

The Joint Commission of Mental Illness and Health in 1961 pointed the direction treatment of mental illness should take.¹⁰ In the middle years of the 1960's community mental health centers, offering a variety of modes of treatment, grew up around the country. Prairie View mental health center in Newton, Kansas, which is in Biddle's cachement area, won the American Psychiatric Association's coveted gold achievement award in 1968.¹¹ Prairie View and Biddle cooperated closely for several years on an aftercare program which started in 1964 under a demonstration project grant from the National Institute of Mental Health.¹² Prairie View received a construction grant in 1966 under the Community Mental Health Centers Act of 1963 and a staffing grant in 1967.¹³ Biddle, as has been demonstrated through close cooperation with Prairie View, is dedicated to cooperating with the community and to redefining its role as necessary in relation to the wider concept of community psychiatry and mental health.

¹⁰Action for Mental Health, Science Editions (New York: John Wiley and Sons, Inc., 1961).

¹¹"The 1968 Achievement Award Winners," Hospital and Community Psychiatry, October, 1968, p. 311. "Gold Award: Partnerships for Community Services--Prairie View Mental Health Center, Newton, Kansas," Hospital and Community Psychiatry, October, 1968, pp. 312-14.

¹²"Gold Award," p. 312.

¹³"Gold Award," p. 314.

Although members of the professional staff had recognized the capabilities of the aides at least by the early 1960's, aides were still working under job descriptions approximately fifteen years old in the summer of 1968. While professionals were reluctantly recognizing that non-professionals often were naturally equipped to engage patients in active treatment, the non-professionals were becoming increasingly active in trying to gain recognition for their skills on an official level. The potential was present for aides' resentment, for they were often given increased responsibility without the opportunity for recognition, increased status or pay, or upward job mobility to go with it. The Kansas Health Workers strike in Topeka in the summer of 1968, which involved aides from TSH and from the Kansas Neurological Institute, was one result of this discrepancy.

On Biddle in the summer of 1969 the aides were still getting conflicting communications. The professional staff was saying to them: you are capable of being trained to do more, we will help you, you can do as good a job in many respects as we can. And DIM and the central administration at TSH were saying: we are trying to help you get more training and education but be patient. Many aides were distrustful of communications from central administration and DIM. The message from these two sources only the year before (during and following the strike) had been: we cannot meet your demands. Nevertheless, central administration was working on several programs to meet the aides' needs for more education. One of these programs, it was hoped, would eventually lead to an associate-of-arts-degree which offers

middle level training for mental health workers.¹⁴ And DIM had launched a "new careers" experimental study program.¹⁵

During these years, the general public's concepts of mental illness appeared to be changing toward a wider understanding and acceptance of mental illness. Changes in attitude appeared in the young and well educated and in the lower class and poorly educated.¹⁶ During the summer of 1969 Biddle staff's changing attitudes concerning the use of patients in pictures for the brochure reflected its sincerity in wanting to keep faith with this changing public attitude.

Relevant Literature Concerning Communication

The problems of communication within a mental hospital are spelled out dramatically by Ken Kesey in One Flew Over the Cuckoo's Nest. Big Nurse ran the ward. She controlled the patients and the aides as well as the physician who was supposedly in charge. McMurphy, a rousting redheaded patient, tried to change the system after he was admitted. What he communicated to others on the ward was directly opposed to Big Nurse's control of all in this "therapeutic community". The book reveals the subtle unconscious, nonverbal and latent forms of communication which can exist side by side

¹⁴The possibilities of this program and its recent growth are examined by Alfred M. Wellner and Ralph Simon in "A Survey of Associate-Degree Programs for Mental Health Technicians," Hospital and Community Psychiatry, June, 1969, pp. 166-69.

¹⁵The position of "psychiatric technical specialist" was created as of July 1, 1969 for this purpose.

¹⁶Harold P. Halpert, "Surveys of Public Opinions and Attitudes About Mental Illness: Their Implications for Programming Communications Activities," Paper for First International Congress of Social Psychiatry, August, 1964. Paul V. Lemkau and Guido M. Crocetti, "An Urban Population's Opinion and Knowledge About Mental Illness," American Journal of Psychiatry, February, 1962, pp. 692-700.

with a formal communication structure and which can even supplant it. The truth about kinds and levels of communications revealed in the book should not be disregarded because the book is a novel. As Chief Broom, the deaf and dumb narrator of the story says, "...it's the truth even if it didn't happen."¹⁷

Other covert communication problems in mental hospitals are pointed out in a study by William Caudill and Edward Stainbrook.¹⁸ Concerning this study they said:

We felt that some further understanding of the multiple sources of many problems might be gained by acquiring a better knowledge of the hospital as a social system. Our goal in this paper is simply to present and to analyze brief examples of several types of problems in communication within a wider context of events than is usually accorded them in the daily work of the psychiatric hospital.¹⁹

One of the points that Kraft emphasizes is that communication within a therapeutic community is most important. "This includes communication of all kinds, manifest and latent, verbal and nonverbal, conscious and unconscious, and at all levels--patient-patient, patient-staff, and staff-staff."²⁰

But just how closely communication is felt to be linked with any organization is indicated by the following quotations.

There can be little doubt that communication is central to the life of organizations. Some even say it is a base of organization

¹⁷Ken Kesey, One Flew Over the Cuckoo's Nest, Compass Books (New York: The Viking Press, 1964), p.8.

¹⁸"Some Covert Effects of Communication Difficulties in a Psychiatric Hospital," Psychiatry, XVII (1954), 27-40.

¹⁹Ibid., p. 27.

²⁰"Therapeutic Community," p. 544.

structure....

.....
 ...it would seem that the consequence of developments in communication theory has been to place greater emphasis on communications as an organizational factor and as a means of creating structure.²¹

If the viewpoint is taken that information constitutes the life-blood of the functioning organization, the channels and apparatus for the transmission of such information become the organization structure....the message becomes in a sense the basic component of organization analysis,....²²

One other area appears to be particularly relevant to this study.

It concerns the credibility of the communicator. How an audience perceives a communicator depends not only on his powers but also on the past experiences and preconceived attitudes of the audience.

...a recipient may believe that a communicator is capable of transmitting valid statements, but still be inclined to reject the communication if he suspects the communicator is motivated to make nonvalid assertions. It seems necessary, therefore, to make a distinction between 1) the extent to which a communicator is perceived to be a source of valid assertions (his "expertness") and 2) the degree of confidence in the communicator's intent to communicate the assertions he considers most valid (his "trustworthiness"). In any given case, the weight given a communicator's assertions by his audience will depend upon both of these factors, and this resultant value can be referred to as the "credibility" of the communicator.²³

²¹John M. Pfiffner and Frank P. Sherwood, "Formal Organization as a Communication Structure," The Government of Associations: Selections from the Behavioral Sciences, ed. by William A. Glaser (Totowa, New Jersey: The Bedminster Press, 1966), p. 148.

²²Ibid., p. 143.

²³Carl I. Hovland, Irving L. Janis and Harold H. Kelley, Communication and Persuasion: Psychological Studies of Opinion Change. (New Haven: Yale University Press, 1953), p. 21.