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## Three Mile Island - A Personal Report

by

James R. Hudson

The Pennsylvania State University

Capitol Campus

Middletown, Pennsylvania

March 29, 1979 was the first day of the spring term at The Pennsylvania State University--Capitol Campus. I had joined a car pool and as we drove from Lancaster to Middletown the conversation centered on the news from Three Mile Island. We were clearly unaware of the severity of the problem, but two of the riders were active in anti-nuclear energy organizations. They were grim and intense. Their central concern at the moment was how to mobilize the campus in some way to respond to the potential hazard. There was a certain *deja vu* in the themes of the conversation. It was the sixties again. It was the old dilemma--should universities be politically and socially active or should they be the source of knowledge and information? We did not resolve the dilemma.

The concerns expressed by my colleagues had been anticipated by our recently appointed Provost. (He had arrived on the campus at the beginning of February); he had scheduled a meeting for that afternoon. There was no announced agenda. The participants included a political scientist who was a specialist on the SALT negotiations who had been fired during the sixties from another campus for his activities in on-campus demonstrations against the Vietnamese war. He is considered by most of us to be a moderate conservative. There was a black sociologist who is a solid intellectual Marxist. Two media specialists, one of whom had been active in opposing the nuclear power plant at Seabrook and who had been uneasy about accepting an appointment at our campus because of Three Mile Island, another political scientist, and two persons from the business program and myself, an urban sociologist, rounded out the group.

The Provost wanted advice on what the role of the campus should be. Retrospectively, the meeting was surreal. Each participant was asked to present one or two brief ideas. But there was a constant coming and going of aides and associate deans bearing messages from the main campus, from the news media, and from

Metropolitan Edison. One message was from a journalist who had arrived at Three Mile Island who was willing to conduct a forum on campus for a five hundred dollar fee. Metropolitan Edison wanted space to set up an office for news releases. The discussion was disjointed.

There was a common theme: Everyone wanted to do something. The "something," however, was a point of contention. On the one hand, there were those who saw Three Mile Island as a clinical problem. What we should do was mobilize resources and use this as an opportunity for investigating a number of important economic, political and social issues as detached scientists. We were involved in a marvelous natural experiment. Some were gleeful at the potential. It was, as one person stated, an opportunity to be exploited.

On the other hand, there was the call for serious social action. Our campus should become the center for all those concerned by the inherent hazards of nuclear power. We should pull together as quickly as possible those who understood the implications of what was happening. Again it was seen as an opportunity. An opportunity to obtain, finally, some true answers to the questions raised about nuclear power plants. A chance to challenge seriously the bromides that the supporters of nuclear power had been chanting. And if answers could be found, to use them for social action.

In all of this I was a perfect mugwump. The siren call of "significant" social research was compelling. The chance to call to account the behemoths of government and industry had equal appeal.

The meeting ended without consensus. The Provost requested that two of the faculty members draft a position statement for immediate release to the press--an assignment he gave to the two most outspoken opponents to nuclear power. I sat in on the drafting of the statement. The statement did not reflect the political and social ideology of my colleagues, but rather provided the Provost with a "responsible and concerned" message that left open the possible actions our campus could take. I left the meeting to teach a class on social change.

Early Friday morning I was called by one of my frequent racquetball partners suggesting, in his usual sardonic manner, that we cancel our game for the day. He was leaving campus to sit in his basement, which he considered safe from radiation. I wondered if I could find someone else to play. The driver of the



car pool called to inform me that she was not going to campus and, indeed, the campus was closed. I went to my desk to work on some on-going research. I had simply no idea how grave the situation was.

From somewhere I heard that pregnant women were being advised to leave the area. I called a neighbor with the news and could hear her in about half an hour putting her two children in her car and leaving. I finished two more pages.

At noon my nephew came back from his studio where he had been working on a novel. We lunched and watched the news. The reassurances of the various spokespersons were accepted and we returned to our respective tasks. During the afternoon I called a good friend to find out what she intended to do--she has two small boys. She was seriously considering leaving the area and would make a decision after work.

My nephew and I watched the evening news. During its course a panel of experts who had been meeting in Washington, D. C. were interviewed. I cannot remember just who they were, but they had credentials that I was willing to trust. One of the questions was whether or not they would leave the area of Three Mile Island if they lived there. At least two thirds raised their hands. In fifteen minutes we were packed. We called the woman with the two small boys. She had almost completed her packing. Since our proposed evacuation routes were the same, we decided to share the driving and the expenses. As we packed my car, we tried to explain to her two boys--a four and six year old--what an evacuation is and just what an historical moment they were living through. They were pleased to be going to grandmother's.

Our westward route necessitated making a wide arc around Three Mile Island. We deferred buying gas locally because we thought that it might be needed if a complete evacuation were called. We rolled our windows up--that had been suggested at the same time people were being advised to stay in their homes if they were close to Three Mile Island. The drive was uneventful. There was, we thought, an unusually large number of cars on the road for the time (the evening of March 30th). We dropped our friend with her two boys off in a small college town in western Pennsylvania and went on to Ohio. Our reception at 5:00 a.m. was pleasant but without anxiety about what might be happening at Three Mile Island.

We, of course, monitored every news broadcast. And like the rest of the viewing public were confused about what was going on and the complete lack of candor that seemed to punctuate the state-

ments of the representatives of Metropolitan Edison. Wanting the "truth" we decided to get a copy of the Sunday New York Times. The nearest place was a college town about five miles away. So we drove over. Taking a few back roads we arrived at the town by the way of the campus. My nephew turned to me to say that this was the second time that he had been involved in a major incident. We were on the campus of Kent State University.

There were no New York Times. There was a truck strike.

Since there was no general evacuation being called, we decided to return to Lancaster, Pennsylvania that Sunday afternoon. We made arrangements to meet the woman who was leaving her children in western Pennsylvania until the situation was clarified. Our return trip, like our departure, was without incident, although again there seemed to be more traffic than one might expect.

The campus remained closed the week of April 3rd. That week seemed somewhat suspended. It was impossible to understand what was going on. The statements of some of the major participants did not fit together. We were not reassured at all. During the week my postman stopped to chat for a few minutes. He talked about growing up along the Susquehanna River; the good times he had there; the kind of river it had once been and was not any more. He said that he had never picketed, never protested, but if that plant were ever to re-open he would lie down in the road to stop it.

There was something that he said that became a common theme among those to whom I spoke who were not academicians, not intellectuals, and not the politically active. It was that "they" had touched the land and defiled it. You could understand the greed of a developer who seeks a zoning variance to build a development. Or you would resent tract housing on fertile farm land, and the shopping center that elevated plastic to an art form, and the convenience food store that pushed the corner ma and pa grocery out. But this was more insidious. You could not see, taste, smell or feel this incursion. It was not a matter of aesthetics or values. There was the persuasive climate of evil.

As the week progressed and the debate about a general evacuation continued, bits and pieces of information came my way. The City of Lancaster was just outside the twenty mile radius that was being designated as the possible area for evacuation. Therefore it had no authority to attach vehicles and materiel. The long standing split between the city and the county became more apparent. (Item: All the public housing in Lancaster County is within the city limits of Lancaster.) Even though there was no



mandate for evacuation plans, the city proceeded to design one. Those involved discovered that the county had already commandeered most of the emergency vehicles. The list for the city was pitiful. The priorities being established were simply unreal. But people worked long hours dealing with a bureaucratically impossible problem. Plans were made for shifting the water source for the city from the Susquehanna River to a local river.

So we went about our daily lives. As we know so well, people prefer stable routines to constant and unpredictable disruptions. Order has a calming effect. My nephew departed for Europe as more or less scheduled. We fetched the children back from western Pennsylvania and the campus reopened on the 9th of April.

And the return was so ordinary as to make it banal. We simply went back. There were some adjustments. The vacation days of Good Friday and Easter Monday plus Memorial Day were cancelled. The response was bureaucratic. There was also some commotion. Questions remained as to what the campus should do. There was always an edge in these questions that seemed to suggest how the campus could benefit from the incident. The quickest response was to begin to organize a library for all the information related to the incident at Three Mile Island. Others moved to organize a forum that would bring together the hosts of experts from the wide spectrum of opinion about the future of nuclear power. Some faculty actively cooperated with community groups who were considering some research projects.

For my part, I felt detached and depressed. There were two repetitive themes that I could not dislodge from my mind. The first was a quotation from John van Neuman who, in responding to a question about the fear of a chain reaction when the first atomic bomb exploded, stated "Oh, if that happened, it would be so completely at variance with all we know of nuclear physics and quantum mechanics that it would have given us a great deal of food for thought." And the second was a refrain from a modern folk song entitled "Walkin' Atomic Blues" that goes "If Einstein's scared, I'm scared too."

There is another quotation I recalled. While I am unsure, I might as well attribute it to Goethe—"There is nothing so frightening as ignorance in action." When you begin to add those together, you begin to wonder just what is going on. We knew that the experts at Three Mile Island did not know what was going on. They had theories and alternatives. But they did not know nor do they know. And I am convinced that they might never know.

Yet there is some relentless force that demands that we have answers to all the questions. There is a hubris so rampant in the society one wonders just when its toll will be taken. While I am reluctant to look for simple explanations, I am struck that all the principals involved are white males. I really don't know what that means, but I am sure that it is not accidental. Such an analysis will come much later for me. In all of this, however, I keep coming back to Prometheus--the gods may have been justified.

Other things were taking place. There was the announcement of the rally on May 6th in Washington, D.C. I had not planned to go, but one of my classes became increasingly insistent about where my commitments were. So I decided to go.

The decision to go to Washington, D.C. resulted from a complicated calculus. I am not a veteran demonstrator--although I did make a few of the anti-war rallies in the sixties. And I can also recall my amusement at the first picket line I saw in Ann Arbor, Michigan in front of Woolworth's over the issue of segregated lunch counters in the south. I was sure that it would lead to nothing. But the lunch counters were integrated and the war was ended and presidents fell. Now there was a new issue, and the powers that be did not understand that we are deeply troubled people. We had learned during the days that followed the initial "accident" that those who were the experts did not know what was happening or what they were doing.

I had also been teaching in a program in Community Psychology where the basic operating assumption was that constituencies of citizens could be mobilized to bring about changes on community issues that touched their lives. Indeed, I even taught, or analyzed would be a better word, tactics for bringing about such alterations. And now I was face-to-face with an issue that impinged upon me. It was my community that was being radiated and my campus that was being threatened. My neighbors were worried, concerned and looking for some way to obtain equitable redress.

My anger was slow in developing. I could not believe that the corporations responsible for such a disaster were asking for the public to pay for their errors. While not an ardent supporter of modern American capitalism, I did believe in the efficacy of the limited liability company as a means of economic organization. What I was hearing, however, was support for state capitalism. Metropolitan Edison was simply a risk-free profit making organization that had employed research and development sponsored by the federal government, was regulated by the same government and had predictable rates of profits guaranteed by that government. Those



with risks are the public--me. But the risks were not being limited to profit; they were now my health, home and community. I tried to conceptualize this in game theory and all I could come up with was an all-lose game for me. I wanted to change the rules of the game and my only solution was to mobilize for social protest. I decided to begin by going to Washington, D. C. on May 6th.

We left at 7:30 a.m. My companions were two women. One the political scientist from my car pool and the meeting with the Provost. The other was the woman whom I had joined in evacuating the area. They were both veterans of demonstrations and had made suitable preparations, e.g., backpacks for food, neat but efficient clothing for marching. I followed their example.

We drove through the verdant country of southern Lancaster County and the environs of Baltimore before getting on the Interstate System for entrance into Washington, D. C. It is beautiful country and it was hard to grasp that the events at Three Mile Island could have laid waste to this area for generations. We parked in the suburbs and took the bus downtown.

Washington, D. C. always impresses me. Wealth and power are always in evidence. There is a certain intoxication in seeing the White House. The buildings and monuments exude vibrance and energy for me.

As we moved toward the staging area for the march, my companions reminisced about other marches and other protests. In some ways it made me feel as if I had missed certain critical historical events, that there was a heritage to be shared by those who had been active in the protest movements. It was not so much a question of ideology as it was of the satisfaction that you had made your government listen to you. A quiet certitude that when the politicians had lost a sense of reality, when power had corrupted perception, when the juggernaut of the corporate state has had smashed sacred institutions, there was still a reservoir of strength that could right the balance. Such a romantic view had been sustained before, and why not again?

To the surprise of all the march began on time. Promptly at 12:00 p.m. those of us from the Harrisburg area started out. We were festive. Comparisons with other marches were continuously noted. The women in their double knit pant suits with matching earrings and their well coiffed hair were duly noted. The benign police astride slightly enlarged motor bikes rather than the more threatening oversized motorcycles. The happy taking of pictures--not the dreaded secret police of early marches with the cameras

for later evidence for repression and prosecution. The ubiquitous mobile television crews with earnest commentators. We felt good.

I was surprised to discover that the march would end on the lawn behind the Capitol Building. We moved in to find space and turned to watch the almost endless flow behind us. Our numbers surprised us; we were pleased again. The speeches and music began. I don't think that the content made much difference to most of us. What we were there for was to bear witness, not to be educated and not to be aroused, not to chant slogans. We were the statement--not the speakers. In some ways it was pleasant to have them there. Many had been active before Three Mile Island. Some had interesting points to make. The music was good.

When, however, Jerry Brown appeared toward the end, my mood changed. I had not come to give him a forum. Without any firm information I believed that he had been sitting in some air conditioned hospitality suite somewhere sipping Perrier with lime slices. When he had seen the size of the crowd, he emerged to make his special plea for a new kind of politics, to talk about new political coalitions. I did not need him. I did not want him, nor did the crowd, we were, for the most part, polite, but we did boo. I had a sour taste in my mouth after he tried to get us by meager cheerleader tactics to shout for the new politics and the new coalition.

We left before the super rock stars performed. We agreed it was nice of them to come. They could gain little from such participation. We decided to dine in the city and as we were eating we could not but think about the ironies of going to a protest then to a good restaurant.

I do not think that there is any good way to bring this essay to a conclusion. There is really no closure. When I drive to work, I pass the cooling towers of Three Mile Island. Now there are no plumes of steam being emitted. On one level, the whole plant from a distance has a grandeur. The cooling towers are perfect mathematical formulae. The "dark, santanic mills" of the nineteenth have been replaced by the crisp, antiseptic control rooms of modern industrial technology.

I had wanted to comment on the appointment of one of my colleague's wife to the President's Commission. The choice was based solely upon her being a mother who did not leave Middletown during the crisis. I cannot be judgemental of that family. But

that she is the only "folk" representative makes me dubious about the moral commitment of our President to assessing the meaning of Three Mile Island for all of us.

On campus the commotion continues. The general collective problem of survival is being substituted with intramural squabbles about who will do what and have access to what resources. There are those who are more bothered by the possibilities of protest than the content of the protests. Bickering replaces debate. Whining over personnel slights, perceived and real, are common.

Beneath all the pessimism that is apparent in what I have written, I remain hopeful. We still have a chance for a rational world in which the commonweal will be served. I do not know what precise actions to take, or to recommend, but I am going to find some. And I hope you do the same.

## IMPLICATIONS OF RACISM FOR SOCIAL WORK PRACTICE

BY SEYMOUR MIRELOWITZ\*

### ABSTRACT

This paper examines school and practice issues in social work in relationship to the concepts of ethnicity, minority groups, racism, and institutional racism. Operational definitions to establish conceptual clarity are also developed. The statistical aspects of progression vis-a-vis cultural diversity in social work institutions, enrollment in schools of social work, and representation on the faculty of schools of social work are studied. Social policy and the implementation of change in social work practice and education are then dealt with in relation to the current reality of the profession and the society in which it functions.

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### Introduction:

The purposes of this paper are:

1. To demonstrate the melting pot theory as a myth or fantasy according to the Anglo-Conformity or assimilationist concept pervasive for many years in all institutions in the American society including social work.
2. To re-examine the concept of ethnicity as cultural pluralism and to examine issues in social work relating to it.

The avowed concept of the melting pot is conceived as a vessel or crucible wherein all "individuals of all nations are melted into a new race of men, whose labors and posterity will one day cause great changes in the world." <sup>1</sup> The melting pot theory is contradicted by Anglo-Conformity concept, which postulates that immigrants

must renunciate their customs, language, dress and all the vestiges of their original culture and become absorbed in the host culture. <sup>2</sup> The process is not melting but bleaching-a laundry process.

The melting pot idea is an assimilationist theory. It presupposes changes in food habits, music, and dance in the host's direction. Thus the two become culturally and societally intertwined. This process should be more apparent during the first generation and the subsequent ones of the immigrants. Therefore, one no longer sees or feels any differences between the host and the immigrant groups because they are now the same. Especially is this so, according to the theory, since this is reinforced by intermarriages that occur.

Not only were there cracks in the melting pot reflected in prejudice and discrimination towards religious minorities but according to the U.S. constitution the blacks, Hispanics and Asians, for example, were not originally "intended to be included in the melting pot." <sup>3</sup> The government supported legal inequality until the 1860's when the constitution was amended to give the blacks some limited degree of equal rights to freedom. But it was not actually until 1954 when discriminatory laws were reversed through the Supreme Court decision of Plessey vs Ferguson. Even as recently as in the 1960's some states still practiced racism. <sup>4</sup> The American Indians were also not intended for the melting pot. As late as 1961, they were still segregated in schools, and denied welfare benefits in state or local government programs. <sup>5</sup>

Opposing the melting pot concept, we see a particularistic quality for ethnic groups in our society. There is a high degree of separatism bordering on alienation from the larger society that has surfaced in the last two decades. It is difficult to prove causation, however several associated factors bear close examination. The period of the 1960's ran the gamut from stability to instability in the body of the United States. It was a period of both optimism and extreme pessimism in regard to resolving the tension among the diverse groups in the country. It began with the election of a young President, whose religious-ethnic group had previously been kept from representation in this office.

A study of surveys conducted between 1940 and the mid 1960's showed a sharp decline in religiously based animosities, as well as a greater acceptance of policies designed to integrate Blacks in different areas of life and the use of government funds for this purpose. The political scientist Robert Lane concluded that there



was increasing confidence in government during this period. <sup>6</sup>

In 1964, the Survey Research Center of the University of Michigan found that 62 percent of the American public indicated a significant degree of trust in government. By 1970, the percentage had dropped to 37 percent. In September 1973 the pollsters revealed a drop to 19 percent in confidence in the executive branch of the federal government, reflecting the highest degree of alienation from government yet evidenced. <sup>8</sup>

The weakening of the national fabric, induced partly as a result of the disastrous effects of the Vietnam war and the crisis in the Presidency, brought with it an effort to identify or reidentify with smaller, more particularistic groups. Certainly the challenge by Blacks and other minority groups reinforced a reawakened identification with ethnic origin. The current quest for ethnic identity can be seen as a way of reestablishing a sense of security.

Before we move ahead, it is important to define ethnicity. The definition derives from the two concepts of ethnic group and identity. Weber defines the ethnic group as a collectivity that believes in its common descent. <sup>9</sup> Erikson looks upon identity as "a process located in the core of the individual and yet also in the core of his communal culture." <sup>10</sup> Ethnicity represents an attempt of the ethnic collectivity to keep alive some of the diffuse, descriptive, particularistic modes of behavior that were common in the past. This communal heritage is maintained through the individual, as a member of the group. Ethnic identity then, offers the individual a ground on which to stand and cannot be taken away from him.

To examine more fully the concept of ethnicity, it is also important to consider the operational definition of a minority group. Relationships between minorities and the dominant group are not only determined by numbers but by power. No one relinquishes power easily. Wirth recognized this:

We may define a minority as a group who, because of their physical or cultural characteristics, are singled out from the others in the society in which they live for differential and unequal treatment, and who therefore regard themselves as objects of collective discrimination. The existence of a minority in a society implies the existence of a corresponding dominant group enjoying higher social status and greater privileges. Minority status carries with it the exclusion from full participation in the life of the society. <sup>11</sup>

The minority groups currently facing discrimination in our society are all the non-whites-Blacks, Mexican-Americans, Puerto Ricans, and other Spanish-speaking groups, American Indians and Asians. Therefore, it is clear that race is the crucial factor in their minority status. Daniels and Kitano support the above viewpoints in referring to racism as a belief that one or more races have innate superiority over others.<sup>12</sup> Taking this one step further, one might say that at the heart of institutional racism in the United States is the myth of Caucasian superiority.

What has been stated up to this point seeks to provide a framework for examining ethnicity. Although, the popular rhetoric has glorified this country as a melting pot of different peoples and different races, in practice this has meant melting diversity into conformity with white, Anglo, middle-class characteristics. The goal has been acculturation.

#### Acculturation

The institutions in a society are there to fulfill the purposes of that society. Social agencies and schools of social work, like other institutions, have promoted the concept of the melting pot. The historical linkages of social work to the mental health movement have been well established. The pertinent issue, however, is the ideological content which undergirds this movement. The movement incorporated the dominant and mobile middle-class ethic that accompanied the Industrial Revolution.<sup>13</sup> The early history of settlement houses in the United States reflected the thrust of the pioneers in social work to acculturate the immigrant to the American way of life. The attitudes toward the lower class ethnic were ambivalent and swung from thinly veiled racism to egalitarianism.<sup>14</sup> It is possible that the society did not know how to handle pluralism. This prototype of demanding conformity to the middle-class white, Anglo patterns of behavior has permeated all the socializing institutions in our society. Social work institutions are not unique in this respect. Those who are unable or who resist the transformation have suffered from various degrees of abuse and alienation because middle-class America demands conformity before it gives acceptance.

This pattern, which occurs in social work agencies, is aptly demonstrated in the elementary schools. La Belle indicates that emphasis is placed on changing the behavior of the child rather than

on changing the institution. The child who is culturally different is asked to carry the burden of adjustment and change while the school maintains the stance that the child is culturally deprived. <sup>15</sup>

The process of bridging the culture gap may be viewed as acculturation. Mirelowitz clearly described this as "an essential factor as we look at our value system and its inherent attitudes. If we see acculturation as the acquisition of a second culture, which a minority group must learn from a majority group, then a process emerges whereby the less dominant group systematically gives up its own culture for that of another. <sup>16</sup>

In education, the practice of rewarding academically talented or motivated children has, by tradition, a built-in cultural bias. Tests used to measure the potential of pupils are skewed to favor the white, middle-class child. With the same kind of bias, many teachers tend to see only white children as gifted. Simultaneously, non-academic talents are downgraded. Teachers unconsciously reward students who are most like themselves and do well in academic subjects.

Chestang discussed the institutionalization of injustice and the subsequent inconsistencies that lead to feelings of powerlessness and impotence. In making the concept of racism operational, he said:

Our distinction between injustice and inconsistency is pertinent. It should be recalled that such a distinction is precisely what members of minority groups refer to as racism, with their preference for the more direct discrimination in the South to the more hypocritical stance of the North, to their greater comfort, if not ease, in dealing with the bigot than with the liberal. <sup>17</sup>

In diagnosing the concept of poverty, Warren developed the two alternative paradigms of "individual deficiency" and "dysfunctional social structure." He referred to "institutional thought structure," which serves as a conceptual framework to support the first of these models. <sup>18</sup> It appears to us that institutional racism places the burden of "making it" in the system on the nonwhite individual, thereby relieving the institutions of the necessity to change.

### Racism In Academe

How is racism manifested in academic institutions, and especially in social work education? In the spring of 1968 the Council on Social Work Education conducted a survey of nondiscriminatory practices in accredited graduate schools of social work. Reichert indicated that evaluation of the results depended on the values and philosophy that determined the interpretation of the data, and the meaning of the word "nondiscrimination." The year 1968 was a significant turning point in the interpretation of the latter term, since previously non-discrimination had signified the omission of any consideration of race, color, creed, or ethnic origin in the determination of student admission and faculty selection.

In terms of the criteria for nondiscrimination of the accreditation standard, the survey showed no evidence of violation in schools of social work. However, the picture was different if one accepted the position that there was need for positive action to make educational opportunities available to minority groups and to enrich the programs of all students by providing racial and cultural diversity on the faculty. In spite of the efforts by some schools the data supported the impression by many in the field that the overall situation could be improved. In 1968 CSWE established a new accreditation standard requiring schools to give evidence of special efforts to assure cultural diversity in their student body, faculty, and staff. <sup>19</sup>

Despite this, figures on student admissions show little improvement for ethnic minority groups. In 1970-71 there were over 1,600 nonwhite first-year students in master's degree programs, almost 25 percent of the total first-year student enrollment. In 1972 the numbers rose to 1,771, but represented only 23 percent of the total first-year enrollment. In 1970-71 slightly over 14 percent of all first-year students were Black, but in 1972 the percentage had risen to only 15.8 percent. Similarly between those two dates, the combined-percentage of Chicano and Puerto Rican first-year students changed from 4.3 percent to 4.6 percent; for Asian-Americans, from 1.5 percent to 1.9 percent; and for American Indians from .6 percent to .5 percent. <sup>20</sup>

In November 1970, 17.4 percent of full-time faculty members in accredited schools of social work were nonwhite. There were 259

Black, 32 Puerto Rican, 38 Chicano, 39 Asian American, and 18 American Indian. <sup>21</sup>

The pattern of underrepresentation of minority groups is reflected in academic institutions that educate for professions other than social work. Chatterjee conducted a study of a five-year period of enrollment at a Midwestern University, in the Schools of Law, Medicine, and Social Work. The conclusions indicate that student bodies in law and medicine have little or no representation of Blacks. Student bodies in social work only recently have had a higher representation of Blacks. The data also show the minimal representation of other minority racial groups in all three schools. <sup>22</sup> While there is no attempt here to generalize from this study, it does indicate some trends worth examining.

#### The Stance of Social Work

The substantive questions raised above dealing with access to the opportunity structure lead the author to ask: What are the social policy issues involved for social work practice? What is the responsibility of social work to clients, among whom a significant number are minority group members? How can the profession participate in changing the economic, social, and political bulwarks that breed problems for minority groups. <sup>23</sup>

It would appear that issues of ethnic diversity surface more sharply in practice than in education. Ethnicity moves to center stage when social workers encounter clients whose ethnic and racial differences create distance and misunderstandings between them, or when agency services are undersubscribed by ethnic minority populations because they fail to see any relevance in them.

Characteristically, the tendency is to equate ethnics with "problematic" situations, minority status roles, a range of deprivations, and other phenomena carrying negative connotations. Although stresses are discernably grave and numerous in the life situations of various ethnic populations and these logically attract the immediate concern of social workers, there is another perspective for viewing ethnic groups that may lead to greater advantages for them. If one stands apart and observes what has been occurring to ethnic minority populations at the present time, one is immediately impressed with the rather remarkable vitality and preservation of identity that many have maintained despite



oppressive experiences. It is conceivable that a typology of coping capacities and strategies at the level of the individual, the group, the family and the community might be productive for social workers to think about. Ethnic populations are a rich resource for just such a study. This viewpoint is expressed in two CSWE task force reports. 24

However one cannot stop there since the denigrating and exclusionary practices of some basic systems that are necessary to meet human needs are so powerful that even larger populations, regardless of extreme attempts at self-help, cannot overcome such destructiveness through their own effort. This is especially true in the fields of employment, health, education, and housing. Therefore, in addition to recognizing strengths in populations, social workers must understand how dysfunctional systems in society can destroy human potential. Not only is it imperative that there be an understanding of such facts, but there also must be commitment on the part of social workers to remain vigilant and active in risking confrontation with social systems that subtly or otherwise endorse racism and other discriminatory practices.

The detection and analysis of these forces need to be built into the social work curriculum in field practice, in social policy, and in human behavior courses where the effects of destructive and depriving environments on socialization, self-image, and coping capacities have been well-documented in theory. 25 Some educational programs have given major support to theories that have overemphasized the exclusiveness of intrapsychic explanations for human action and social phenomena and have devalued environmental and situational input. As Gordon has so ably stated, "what the organism is usually in contact with, rather than below-the surface structures which are inferred to be responsible for the nature of what the human organism usually confronts," are the kinds of understanding that social workers need. 26

This line of reasoning should lead to some refurbishment of the value base of social work, to a redistribution of power, and to operational changes in alliances. Social work needs to demonstrate its interest in human dignity and freedom of choice by helping individuals and groups realize their potential and by supporting environments that promote growth. In so doing, the

social work professional needs frequently to transfer leadership or share it with client populations and, finally, to form coalitions with consumer/client groups and take firm stands against dysfunctional elements in the environment. These activities imply that social work cannot remain detached even in problematic situations. To be able to empathize with human unhappiness and deprivation requires subjective responses and unambiguous decisions about what is required. This, in the final analysis, leads to an "advocate" role. To work effectively with ethnic groups, skills in advocacy and belief in consumerism are imperative.

#### Advocacy

To take the consumer advocate role within agencies can pose very knotty problems for the social worker. In large bureaucratic structures that are not open to change except through formal and laborious processes, a social worker needs to possess skill in negotiating. This may presuppose an understanding of the art of manipulation, a capacity for compromise, or taking calculated risks. Where do social workers learn such skills? If they adopt a purist philosophy and naively believe that goodwill and trust shall overcome all, they might find themselves and their clients losing out at both ends. Social workers need to learn political sophistication that can, in the long run, strengthen their skills in intervention strategies. It also would be sanguine to begin to deal pragmatically and openly with notions such as "manipulation" and "conflict." There has been a shying away from such value-laden terms in an effort to become increasingly scientific and "objective." But theory building itself is subjective. <sup>27</sup>

#### Available Body of Knowledge

The focus on ethnic diversity requires the use of certain bodies of knowledge that are now being regarded with interest by a number of social work educators. These deal with theories about conflict, decision making, social systems, social change, and the nature of action. In particular, social systems concepts such as open and closed boundaries, interfaces between systems, changing relationships within systems, balance and conflict, feedback processes and others have tremendous viability in identifying problems on a broad base and deciding on which level to intervene. Conflict theory offers explanations for growth and change. This body of knowledge is adaptable to all areas of the curriculum.

It has relevance at the individual, group, family, community, and societal levels. <sup>28</sup> It might be sanguine to test in practice the viability of these generic models in searching for understandings of intra and interethnic relations. As Schermerhorn noted, "prejudice is a product of situations, historical situations, economic situations, political situations; it is not a little demon that emerges in people simply because they are deprived." <sup>29</sup> Social workers do not consider these factors as much as they should. They are more inclined to view discrimination and prejudice as independent variables.

An approach to cultural pluralism using a system's model may provide richer understanding of how ethnic groups can continue to maintain their identities in certain segments of community living and still accommodate and participate in certain other features of the dominant society (work situations, politics, etc.).

Awareness of ethnic variables comes with knowledge of the history, culture, life-style, social network, and so on of a people who share to some degree, common backgrounds. The intellectual component of ethnicity is transmitted through the written word and through visual and auditory accounts but the affective component must usually be experienced and learned through social encounters. Social work requires both: knowledge and feeling. In the academic ambience, the intellectual tradition is much more familiar, and affective learning must be structured into the curriculum more purposefully.

Students from ethnic minorities have much to contribute to affective learning, although this may only be tangential to their educational goals. Difficulties sometimes arise with this, however. Ethnics do not always wish to share reactions and insights with so-called "outsiders" and they can feel that they are being exploited when they are approached for help in clarifying misunderstandings. Sometimes ethnic minority enclaves wall themselves off, in some ways repeating the societal act of alienation in reverse. There are possibilities and confront them as they arise. Allowing group hostilities to fester becomes a microcosm of the problems found in the wider social arena. The opportunity for face to face encounters and a chance for sharing experiences and thinking as freely as possible within a neutral milieu can help students with their identity struggles as well as with their more generalized irrationalities and stereotypes. Field experience with

ethnic minority populations similarly provides opportunities for insights. In short, there needs to be a much more purposeful structure of learning about ethnicity for all students.

The widely disseminated belief that social workers from the same ethnic background as their clients are able to form more helpful relationships with them is far from conclusive.<sup>30</sup> It is possible that such formulation may reflect more of a political than a professional reality. The observation that ethnic populations contain people with a wide range of differences despite common origins mitigates against the possibility that an "ethnically/racially qualified" social worker is the most effective. It is true that the internalization of ethnic and racial symbols are deeply ingrained in the process of socialization but the subjective meaning that individuals make of such symbols is ultimately the decisive force in developing personal values and interpersonal relationships.

There has been too little thought given to ways in which ethnic communities might exert influence on social agencies and contribute to the enrichment of social work knowledge.

Accompanying the poverty and minority status of the ghetto and barrio is a government welfare bureaucracy which has a manifest purpose of helping clients adapt to and cope with the difficulties of their minority status. However, the massiveness of the bureaucracy creates an impersonality and dehumanization of the client. It seems as if the bureaucratic organizations see the self help systems in various ethnic communities as threats to their existence. Would it not be more sanguine to develop better understanding of the ethnic culture and to structure relevant services through input from such ethnic communities?

Various models for offering content on ethnicity and race have been explored by schools of social work. A special sequence of courses on selected minorities with a full spectrum of content ranging through history, lifestyle, practice, and service systems have been adopted by some schools; others have programmed for electives open to all students or noncredit seminars. Many combinations are being tried. Ethnicity and race being such vital themes in social work, it would appear much more sanguine to introduce these into all areas of the curriculum. Despite the uniqueness of each ethnic population there are common experiences

hared by all minority groups, such as poverty, prejudice, alienation, discrimination, minority status, identity conflicts, positive and negative adaptive responses, coping strategies and so forth. As basic themes these are fundamental for all students.

This would appear to be the only logical and manageable approach for handling a rapidly proliferating body of knowledge in an overcrowded curriculum. Ethnicity cannot logically be restricted to the racial dimension, although this certainly has been a most pressing issue. "White ethnics" are now pushing for reaffirmation of their traditions and rights. In view of such expansion there appears to be a need for social work to reconceptualize some of its basic assumptions and approaches within a broader frame of reference. Borrowing concepts from social systems and power conflict theories may offer a way to structure a large amount of data on the organizational and internal processes of the ethnic minority experience and interethnic conflict. In approaching an understanding of ethnicity in this way, educators are constantly faced with the challenge of balancing the unique with the more universal aspects of the ethnic experience and it may still be necessary, in certain environmental contexts, to proceed with an in-depth study of a specific ethnic group. Racial discriminatory practices have been, without doubt, the most arrogantly oppressive in American society, but the subtleties of other types of discrimination (religious, class, sex, occupation) have been tragically damaging to individual and group identities and have all too often gone uncontested.

When one begins to identify problems and processes within a system's model, one moves from psychological definitions to include more social and situational variables. This helps to redefine the elements of the problem and demands a different set of intervention strategies. Prejudice, discrimination, and hostility then become dependent variables arising out of certain historic, economic, and political conflicts between groups, in addition to interiorized and personalized psychological mechanisms. Group and individual processes then become dynamically interrelated in the struggle for identity. Forceful aggression can be viewed as a group's response to internal overloading of tensions and a need to reenquillibrate the inner and outer balance; on the other hand, a group's conformity can be an expression of fitting into the system and maintaining a homeostasis at great cost to the



utilization of human capacities.

In system's terms, alienation is adaptive to a deeply felt sense of incompetence and a history of social and personal failures. One can go on at some length in mapping out ethnic experiences in terms of a system's mode. This is the generic approach, which helps preserve the common themes and which avoids fragmentation of a curriculum. Even with such generic ideas it is still necessary to introduce notions of diversity, dissonance, conflict, and change. There are many bodies of knowledge that provide a baseline for teaching and learning about ethnicity. This can provide the framework through which students can begin to understand the ethnic experience and to identify what is idiosyncratic to a particular population.

#### FOOTNOTES

<sup>1</sup>Milton M. Gordon, Assimilation in American Life. New York, Oxford University Press, 1964, p. 116.

<sup>2</sup>Ibid, p. 85.

<sup>3</sup>Melvin Steinfeld, Cracks in the Melting Pot, Glencoe Press, Beverly Hills, 1970, p. 182.

<sup>4</sup>Ibid, p. 183.

<sup>5</sup>Ibid, p. 64.

<sup>6</sup>Seymour Martin Lipset, Group Life in America: A Task Force Report (New York: The American Jewish Committee, 1972), p. 3.

<sup>7</sup>Ibid.

<sup>8</sup>The New York Times, 3 December 1973, p. 34.

<sup>9</sup>Max Weber, "The Ethnic Group" in Theories of Society, ed. Talcott Parsons, et al. (Glencoe, Ill.: Free Press, 1961), Vol. 1, pp. 305-309.

<sup>10</sup>Erik H. Erikson, Identity, Youth and Crisis (New York: W.W. Norton, 1968) p. 22.

<sup>11</sup>Louis Wirth, "The Problem of Minority Groups," in Minority Responses, ed. Minako Kurokawa (New York: Random House, 1970), p. 34.

<sup>12</sup>Roger Daniels and Harry H.L. Kitano, American Racism: Explorations of the Nature of Prejudice (Englewood Cliffs, N.J.: Prentice-Hall, 1970), pp. 2-3.

<sup>13</sup>For a fuller discussion see Kingsley Davis, "Social Values, The Mental Health Movement and Mental Health," Annals of the American Academy of Political and Social Sciences, Vol. 286 (March 1953), pp. 15-24.

<sup>14</sup>Alvin Kohut, "The Settlements and Ethnicity 1890-1914," Social Work, Vol. 17, No. 3 (May 1972), pp. 22-31.

<sup>15</sup>Thomas J. La Belle, "What's So Deprived About Being Different?" Elementary School Journal, Vol. 72, No. 1 (October 1971) pp. 13-14.

<sup>16</sup>Eugenie R. Mirelowitz, "An Investigation of Attitudes Toward Inner-City Children Among Closed Circuit Television Teachers in a Chicago Inner-City Community," (Master's paper, Northeastern Illinois University, 1973), pp. 11-19.

<sup>17</sup>Leon W. Chestang, Character Development in a Hostile Environment, Occasional Paper No. 3 (Chicago: School of Social Service Administration, University of Chicago, November 1972), pp. 4-7.

<sup>18</sup>Roland L. Warren, "The Sociology of Knowledge and the Problems of the Inner-Cities," mimeographed (Waltham, Mass.: Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, 1970).

<sup>19</sup>Kurt Reichert, "Survey of Non-Discriminatory Practices in Accredited Graduate Schools of Social Work," in Ethnic Minorities in Social Work Education, ed. Carl Scott (New York: Council on Social Work Education, 1970), p. 50.

<sup>20</sup>Data gathered from a comparison of figures in Arnulf M. Pins, "Changes in Social Work Education and their Implications for Practice," Social Work, Vol. 16, No. 2 (April 1971), p. 12; and Margaret Purvine, ed., Statistics on Graduate Social Work Education in the U.S. (New York: Council on Social Work Education, 1972), p. 17.

<sup>21</sup>Pins, op. cit., p. 12 and Purvine, op. cit., p. 43.

<sup>22</sup>Pranab Chatterjee, "Recruitment in Law, Medicine and Social Work: Some Comparative Trends," Social Work Education Reporter, Vol. 31, No. 1, (December-January 1973), pp. 24-27.

<sup>23</sup>Dolores G. Norton, "Why Minority Group Studies in Social Work Education?" Report of a seminar on Social Work Education and Minority Groups, mimeographed (Bryn Mawr, Pa.: Bryn Mawr College, The Graduate School of Social Work and Social Research, September 1972), p. 1.

<sup>24</sup>Kenji Murase, ed., Asian American Task Force Report: Problems and Issues in Social Work Education (New York: Council on Social Work Education, 1973), p. 41; Juliette Ruiz, ed., Chicano Task Force Report (New York: Council on Social Work Education, 1973), p. 4.

<sup>25</sup>E. Aracelis Francis, ed., Black Task Force Report: Suggested Guides for the Integration of Black Content into the Social Work Curriculum (New York: Council on Social Work Education, 1973), pp. 4-8.

<sup>26</sup>William E. Gordon, "Basic Constructs for an Integrative Conception of Social Work," in The General Systems Approach: Contributions Toward an Holistic Conception of Social Work, ed. Gordon Hearn (New York: Council on Social Work Education, 1969), p. 8.

<sup>27</sup>For a full discussion of this see Bryan Magle, Popper (New York: Fontana, 1973), Chapter 5.

<sup>28</sup>See a variety of articles supporting this opinion in Hearn, op. cit.

<sup>29</sup>R.A. Schermerhorn, Comparative Ethnic Relations (New York: Random House, 1970), p. 6.

<sup>30</sup>See Emelicia Micio, "White Worker-Minority Client," Social Work, Vol. 17, No. 3 (May 1972), pp. 82-86; and Alfred Kadushin, "The Racial Factor in the Interview," in the same journal, pp. 88-99.

## PSYCHIATRY AND SOCIETY:

### Professionalism and the Control of Knowledge

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Madness becomes mental illness through the joint project of psychiatry and the community of consensus lent to it. The psychiatrist, like the shaman (to paraphrase Leve'-Strauss), acts through the cultural plasma of his times. And the psychiatrist provides a definition for events, making mental illness of madness, while occupying a unique position within the scheme of society.

Psychiatry has been attacked from many directions in recent years. Despite these varied challenges, however, its power appears to have abated little if at all. How can we account for this fact? On the surface one might assume that the scientific basis or the treatment success of psychiatric practice provides the buttress to repel the ongoing attacks. But we suggest here that the continuing power and the prestige of psychiatry can be understood more clearly by examining its relation to society at large rather than the relation to its patients. There appear to be two analytically separate but empirically interrelated factors at work. First, and of main importance, is the absence of an acceptable alternative to psychiatric practice in American society and Western culture in general. The stress must clearly be placed upon the condition of acceptability. Second, and growing out of the first, is the professional and organizational "status" psychiatry enjoys and the benefits implied therein. The ensuing discussion will elaborate these points and attempt a critical examination of the relationship between psychiatry and society.

#### Knowledge Communities

Thomas Kuhn (1970) has provided a heuristically valuable analysis of how knowledge serves to structure "scientific" communities. Kuhn argues that scientific "paradigms" serve to guide the vast range of scientific activities. In fact, knowledge is "community" as a shared way of seeing the world and a commitment to a particular description of reality underlying it. This provides a common gestalt from which members act. Community membership is defined by shared adherence to a given paradigm.



There are clear parallels between Kuhn's notion of paradigms and scientific communities and the discipline of psychiatry. Psychiatrists would probably be the first to defend their discipline as "scientific," given its nominal connection with general medicine. Moreover, their professional activities are organized around a specialized body of knowledge. Taken together, their perception of the nature of problems, professional tasks, and appropriate solutions, provides a basis for "doing" psychiatry.

As in Kuhn's scientific communities, new members are inculcated by training; that is, they are shown how the body of knowledge, the paradigm, explains phenomena. They learn to "see" the world the way the paradigm depicts things. For example, where the physics student once saw "weight," after training, he sees "mass" as the correct description of reality. Likewise, upon being presented with an obvious "madman" while on rounds, the student psychiatrist (not to mention social workers, clinical psychologists, nurses, etc.) is informed that the patient is not simply "mad"... no, he is schizophrenic, paranoid type, or some other correctly "psychiatric" description. Such shaping soon has its effect, and the student becomes adept at the *raison d'etre* of psychiatry, diagnosis. Where madness was an inexplicable phenomenon, psychiatric nosology and nomenclature provide an organization to events - a rational description of the supposedly irrational (cf. Coulter, 1973).

The psychiatric paradigm provides a reconceptualization of the problem of madness, its technological application suggests a means of solution (i.e., treatment), and the resulting social organization structures the social relationships of practitioner and patient alike. Psychiatric "science" provides an organization to knowledge that leads the psychiatrist to "see" mental illness in the place of madness. As a commitment to a particular description of reality, the psychiatric paradigm lends typicality to the notion of mental illness, a "fact" largely taken for granted by members of the psychiatric community.

#### Professionalism, Paradigms, and Technology

The general nature of a professional community as a group of adherents organized on the basis of a specialized body of knowledge can be seen as consistent with the above framework. A common way of defining the concept "profession" is in terms of the control its members have over a body of knowledge, i.e., the technology of the professional specialty. That control comes in two ways. First, in political (if not actually legal) terms, only a "member" is allowed to put the knowledge into use -- only members can practice the technology. This autonomy is

the cornerstone of professional power (cf. Freidson, 1970). Second, and really a function of the first, is a "prolonged specialized training" (Goode, 1960) which limits the means of access to that knowledge and which leads to membership with its rights, privileges and power.

Psychiatry is able to wield tremendous power, both over other professionals in the field and, as well, over the millions of people receiving mental health services, over judges and juries, over politicians and, all too frequently, over the organization and direction of everyday life. In the legal arena, for example, the psychiatrist is recognized as an "expert;" his professional status and power has been insured by legislative act. The psychiatrist passes judgment, often of a final and damning nature, over the membership status of persons previously thought to be among the sane (cf. Szasz's (1961) discussion of the psychiatrist as moral entrepreneur). Psychiatry is a necessary (and often defacto sufficient) element in issues of legal competency and commitment. The psychiatrist has been allowed to administer "treatments" (e.g., lobotomies, shock therapy, interminable seclusion and confinement - to mention a few) that, in another context, would resemble "war crimes."

Yet, can we account for the powers psychiatrists daily exhibit by virtue of their political affiliation or professional lobbying alone? Such efforts help, to be sure, but are rightly placed under the heading of organizational action, thereby after the fact of the psychiatrist's existence. This is to suggest that the relationship of psychiatry and society may exist at points additional to the level of organizational structure. The question then becomes, "What is the nature of the link that makes the profession of psychiatry possible?" and, secondarily, "Why does this link provide for psychiatry instead of something else?"

### Psychiatric Knowledge

Part of the answer would appear to lie in the concept of a profession and the application of a specialized body of knowledge, i.e., the practice of psychiatric "technology." But how is assessment of this practice to be accomplished? Are there criteria for evaluating the application of psychiatric knowledge in the sort of means-to-ends schema that technology implies?

An obvious gauge of knowledge for technology is its instrumental efficacy, a measure of what Thompson (1967) terms "technical rationality." That is, given a goal, does the knowledge lend itself to a solution, i.e., is the knowledge applicable in a technical sense? If this is the issue, then it does not resolve the problem of "explaining psychiatry," for "efficacy" is not the forte of psychiatric practice.<sup>1</sup> In any case, short of producing obvious "cures," psychiatry may provide little evidence understandable by non-members. The man in the street,

not sharing in the underlying knowledge, is likely unable to perceive the intangibles of "therapeutic" progress.

Given this apparent absence of an effective psychiatric technology, we are faced with something of a contradiction. If psychiatry is not manifestly effective in dealing with mental illness, how is it that the psychiatric paradigm (often referred to as the "medical model") constitutes the basis for present-day practice in mental health activities?

We suggest that measurement of the positive effects of application of psychiatric expertise, i.e., instrumental efficacy, is not really at issue. Returning to the concept of "profession," we are reminded of a central tenet, not just the existence of a body of knowledge, but professional control of that knowledge. One corollary of professional status is self-regulation -- that only members are qualified to judge technical questions since they alone, by definition, possess the requisite knowledge to make such judgements. Outside evaluations are simply not considered legitimate.

Therefore, professional autonomy shifts the question from one of direct evaluation of knowledge and practice to one of the psychiatrist's status of expert. This amounts to a shift from concern with the "idea" of psychiatry to the social "relationship" between psychiatry and society (cf. Warren, 1977). As we have seen, this relationship does not consist of the direct sharing of knowledge, and thereby cannot be explained by reference to psychiatry alone.

This relationship between psychiatry and society is evidenced in a number of ways. For example, psychiatry in the courtroom is only a specific instance of the psychiatrist as "expert" in society (cf. Berger and Luckmann, 1967; Znaniecki, 1940). The real power base of psychiatry, as with other socio-political institutions, must of course lie in society at large. It can be argued that, like politicians, psychiatrists may produce little in the way of obvious benefit, but as in the case of the political "expert," the layman is hard pressed to offer up a plausible alternative to back up his entreatment to "throw the rascals out!" The layman, having little knowledge of psychiatric technology, has scarcely any basis for judging the instrumental actions of psychiatrists. He must rely largely upon their claims, if he seeks to judge them at all. Outwardly the relationship is one of status and, consequentially, professional power.

What then is the nature of this relationship through which psychiatry receives support from society? We propose that there are two distinguishable, but not mutually exclusive, elements at work. First, there are the underlying "common-sense" notions about the "madman" that inhere in our culture, and second, the "referral logic" of professional

practice. The link appears to reside in the notion of "mental illness" itself. Mental illness involves not only an acceptable way of seeing madness, but also fits into an acceptable pattern of relationships whereby members of society delegate power and authority to "official" agents or institutions.

Certain underlying assumptions, exemplars in Kuhn's terms, seem to be shared by psychiatry and society. Primarily this amounts to an assessment of "individual deficiency" readily applied to all who deviate in certain directions in our society, e.g., the poor, the delinquent, and the insane (cf. Freidson, 1970). An historical account of the "images" of madness in the western world illustrates how the typifications applied at any point in time have reflected other currents in society, e.g., metaphors such as "possession" in religious times, or a "ship of fools" in more secularly oriented contexts (Foucault, 1973). Further, individual deficiency can be seen to be merely the other side of the conceptual coin from a notion of productivity. Unproductivity in an achievement oriented society is a common feature of most deviant categories and of particular significance to attitudes towards the insane (Bastide, 1972). Like the poor, the criminal, and the mentally deficient, persons exhibiting bizarre behavior do not integrate well into a culture of "rationalization and routinization" (Weber, 1947).

The second element of the linkage involves the "referral logic" that brings the psychiatrist and his patient together. The affiliation of psychiatry with general medicine, both in an institutional and legal sense, lends a tradition of authority and prestige backed up by increasing evidence of technological success in medicine,<sup>2</sup> despite the apparent lack of technological success in psychiatry itself. The exemplar of "treatment," derived from physical medicine and easily extended to the realm of psychiatric "medicine," constitutes a crucial metaphor in modern thought, legitimating mental "illness" and consequently psychiatric "practice."

This phenomena of cultural support for technological actions, particularly respective of human "materials," has in one instance been termed "institutionalized thought structure" (Warren, 1971, 1974). It is suggested (on the basis of empirical observation combined with keen insight by Warren) that society will support an "intervention strategy" (e.g., the involvement of professionals with people who have "problems" and need "help") when such actions are commensurate with the "supporting belief/value system." The madman is seen to be defective and in need of help -- so psychiatric referral follows logically. This "symbolic universe," of which mental illness and treatment are constitutive parts, is

maintained by the social organization of psychiatric practice (Berger and Luckmann, 1967:92-128) and can be considered, following Warren, an institutionalized thought structure.

The single notion of "treatment" does the most to differentiate the criminal and the pauper, with their respective brands of social "intervention strategy," from the mentally ill. The criminal must be "reformed or rehabilitated," the poor are "cared for," while the mentally ill are "treated." Treatment implies an end result of cure, i.e., the removal of a pathologic condition. Reform and rehabilitation suggest that something need be added to the old personality structure or it must be reshaped. Those poor most acceptable as objects for intervention (i.e., welfare) are seen as unable to improve or change their condition; they must be "cared for." The course of institutional response to these preeminent "social problems" can be distinguished by these respective metaphors attached to them and the resulting socially legitimated "strategies" and "agents" of control employed as solutions (cf. Rothman, 1971).

#### Organizational Action

Similar to other organizations, psychiatry -- and mental health in general -- acts within a domain and in relation to a task environment (Thompson, 1967). The purpose of organizational action is to support the underlying technology: providing for its needs, blocking disruptive external influences, and above all, preserving the technological system itself. This has amounted to the maintenance of the psychiatric view of madness, its "paradigm."<sup>3</sup>

Given the power it receives from society at large, psychiatry has in turn consolidated that power and protected its technology through influencing other institutions in the system, mainly the federal government and the legislative/judiciary system at both local and national levels. Among organizations in general, Thompson (1967) asserts, professed aims and goals cannot be relied upon as statements of the "actual" basis of decision-making and organizational action.

If mental health organizations are not successful in treating and curing the mentally ill (their "manifest" function, largely recognized by all), then we can only look at the consistent pattern of "management" of the mentally ill and conclude that the practice of psychiatry serves some "latent" functions, perhaps most succinctly phrased as "social control." This sort of "efficacy" seems both compatible with

societal views on social problems in general and accessible for assessment by the layman. As a function, social control may be "latent" only from within a community which "professes" treatment, social control being historically the manifest reaction to all forms of deviance.

The mental health industry, under the dominance/leadership of psychiatry, has served as a basis for warding off threats to psychiatry itself as much as it has manifestly acceded to societal demands. In the face of strong criticism over conditions in mental institutions (the source was largely governmental -- in terms of skyrocketing costs -- and social critics concerned with "humane" treatment) the mental health industry succeeded in shifting its place of operation to the community, thereby removing the burden of the institution, while not radically altering basic practices (Roman, 1971). Psychiatric practitioners themselves helped bring on the crisis of the hospitals, this serving (at least latently) to focus attention upon the asylum and away from an examination of psychiatry itself. Psychiatry has also been successful organizationally in broadening its domain by redefining ever more "problems" as psychiatric in nature, e.g., drug abuse, marital counseling, alcoholism.<sup>4</sup> In these terms the community mental health "revolution" surely appears to have "liberated" the psychiatric practitioner as much, or very likely more, than the mental patient.

### The Prospects for Change

We have claimed that the basic reason for psychiatric dominance is the absence of an acceptable alternative technology. In the sense of our extension of Kuhn's ideas, we can speak in terms of the lack of an alternative or "competing" paradigm precluding change in the pattern of professional dominance enjoyed by psychiatry. Can this claim be justified, however? For example, the behavioral modification proponents in psychology and education have for some time claimed success at changing problematic behavior patterns -- something psychiatrists rely upon psychotherapy and drugs to accomplish, often with unpredictable and unfortunate results.

The psychiatrist is the resource to which nearly everyone turns when faced with madness. Analogous to the policeman and crime, the psychiatrist has apparently done little to reduce the incidence of mental illness, yet his mode of action "makes sense." In lieu of an equally acceptable and more efficacious alternative, he appears likely to remain an established part of the system of institutional structure in society.

But given the schema set out above, there are potentially two alternative paths to change for psychiatry and mental health: (1) a change in the technology (through altering psychiatric knowledge and the paradigm underlying it) and/or (2) organizational (structural) change.

First, in terms of psychiatry's knowledge base, we can return to Kuhn's description of change in communities of knowledge as "revolutions." According to Kuhn, change takes place only when two conditions are met: (1) the reigning paradigm is faced with "anomalies," i.e., things it cannot explain, and (2) there exists an alternative paradigm, one that offers to replace the present paradigm's explanatory power while holding out heuristic merit not presently available under the "old way of seeing." But we have added a third criterion, "public acceptability," to this list. Especially for knowledge that is to be applied as professional technology, the outward manifestations of the technology must be compatible with the cultural "belief/value system." Kuhn is not altogether silent on this point, though it receives lesser emphasis. Probably this lack of emphasis reflects an assumed and somewhat artificial distinction between the realms of science and technology which places less need upon understanding the relationship between acceptable "scientific" paradigms and the culture in which they exist. Yet, Kuhn does acknowledge that the choice of a new paradigm is not wholly an "objective" process; values and other subjective conditions do come into play.

But what does this imply for change in mental health? Given that psychiatric medicine has long faced anomalies -- things it often could not explain away -- then the first condition exists for change. But an acceptable competing technology must also be available for change to occur.

Earlier we referred to behaviorism as a possible challenger, and on the face of it this would appear so. Yet, change in that direction is if anything, uncertain. Given the ability, albeit proclivity, of one paradigm co-opting another when the challenger does not find ready cultural acceptance (as Warren (1971, 1974) has noted with poverty programs), behaviorism may simply be "overwhelmed" by psychiatry. The "strategies" of behavioral science are not commensurate with the cultural metaphor, "treatment," held with regard to the mentally ill (cf. Rieff, 1968, for one reading of this relationship). The stigma and prognosis of mental illness are likely more compatible with medical and medical/moralistic images than those accompanying a behavioristic perspective (cf. Orcutt, 1974; Freidson, 1970). Only in those circumstances where behavioral techniques can be used to the ends of psychiatric

"strategies" is behaviorism likely to survive in mental health settings. In those instances where behaviorism is employed towards mental illness (e.g., token economies, aversive conditioning, etc.) the context is typically psychiatric, usually institutional. It is unlikely that the layman would accept the full implications of the behavioral paradigm as a treatment modality. Whatever the theoretical implications, it is extremely difficult to tolerate madness in the community, let alone do so while restructuring social conditions as an effective reinforcement schedule.

Other proposed alternatives for handling the mentally ill include viewing mental patients as "voluntaristic actors" who should be sent to "retreats" rather than hospitals (Braginsky, et al, 1969). Similarly, Fairweather (1974) has experimented with the concept of "lodges," or self-sufficient community housing, as a viable alternative to institutional confinement. Both point out the problematic nature of their proposals, especially that the community finds them largely unacceptable, but fail to see the basic role cultural "exemplars" play in structuring societal resistance to such change. From the perspective presented above, however, the problem can be seen as not merely a matter of developing new programs as alternatives, but of placing, literally placing, these alternatives into a setting of established cultural images as well as organizational structures which must be acceptable to layman and professional alike.

The second alternative, structural change, would appear to be a more likely course. However, the potential for change lies not in directly influencing the basic exemplars of mental illness, thereby altering the psychiatric paradigm, but in using structural relationships to alter the conditions of practice by establishing new exemplars in connection with the mentally ill. While some organizational change has taken place, perhaps to the benefit of the psychiatrist, (e.g., the community mental health movement) other change has benefited the mental patient in terms of providing an opportunity for raising issues of legal and civil rights. As recent court decisions regarding, e.g., "right to treatment," indicate, the organization of psychiatry is most susceptible to change when directed from other powerful members of its task environment, e.g., the federal government, local and state bureaucracy, and the courts.

More change may be in the offing, but a crucial ingredient in producing a real "revolution" for the mental patient would appear to lie in removing the unrestrained power of decision now in the psychiatrist's hands. New legal exemplars for the mental patient, much like those for minority groups, serve to restructure the relationship between individuals and powerful agents of society, in this case between the psychiatrist



and his "patient." Those anomalies that lead to further restructuring of psychiatric legal authority are likely the primary route to eventually replacing the "medical model" description of madness. Such new exemplars do not directly confront the old one...they simply make the use of the psychiatric paradigm problematic. The conflict over legal versus medical definitions of madness offers inroads to structural change which in turn may influence the ability of psychiatry to sustain the predominant metaphors and maintain the present institutionalized thought structure of mental illness. As a result, professional dominance, or the lack of it, may well be the determining issue with regard to change in the face of madness in the future.

#### FOOTNOTES

1. Psychiatric practices can be roughly divided into two categories: psychotherapy and somatotherapy. Psychotherapy has not been demonstrated to be effective (Epstein and Shontz, 1971) and is so inefficient as to be limited to cases with the best prognoses (Mechanic, 1969), perhaps those least in need of mental health services (Chu and Trotter, 1974). Drug therapy, by far the most frequent somatotherapy, has shown mixed results at best, with no clear assessment of whether or not that effectiveness is due to treating the environmental context through the patient (Prein and Kett, 1972).
2. This argument may be further extended to consider psychiatry's "scientific" status as an effective means of securing cultural legitimacy through implied association with the "technical rationality" of general medicine while not demonstrating success against technical criteria of efficacy (cf. Habermas, 1970).
3. While it may be argued that there are many paradigms in psychiatry, leading to a multitude of techniques of practice, the central exemplars of "mental illness" and "treatment" serve to unify the field. Even Szasz (1961), while preferring the term "problems in living" over that of "mental illness," continues to think in terms of "treating" the individual. When this diversity among psychiatric practitioners, including para-professionals, is contrasted with structural explanations for madness, and resulting social change strategies for relief, the variance within is certainly outweighed by that between these two opposing paradigms (cf. Braginsky, Braginsky, and Ring, 1969; Warren, 1971). Further, like God, psychiatry may be "dead," but neither its intellectual death nor its mystical overtones has done much to undermine the basic pattern of social relationships that remain recognizably psychiatric, and ostensibly therapeutic (cf. Torrey, 1971, 1974).

4. An example of the length to which this trend has been carried is given in a request that a panel of psychiatrists study drivers in California to determine why the new 55 mph speed limit was being consistently violated. In another, the wholesale application of psychiatric criteria yielded a claim that over 80% of the residents of Manhattan were in need of some sort of psychiatric help (Srole, et al, 1962). These exercises attest to the considerable influence psychiatry has over other professions and members of society in general.

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"THE SOCIAL POLICY OF DENIAL: UNEMPLOYMENT IN ISRAEL"\*

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ABSTRACT

When reality does not match the dream nations tend to suffer. In Israel unemployment compromises social democratic ideals. The country oscillates between bombast and despair. Official data is not trusted. Those who leave Russia on Israeli visas and do not come are "drop-outs." Those who leave Israel for other countries are "yordim." Those who go to work every day when there is nothing to do are draining the nation with "hidden unemployment." These are terms of derision. Some of the difficulty with unemployment data and understanding Israeli response to the problem may be for security reasons. Israelis have lived in an almost continuous state of war since 1922. The danger from living under such pressure is that it increases the denial; policy thinking is rigid and bureaucracy grows. Israel has survived because of its capacity for flexibility and innovation. Continued replacement of these qualities by denying economic realities may threaten its survival and peace in the world.

The Jerusalem Post of May 9, 1977 has a story headlined:

Unemployment up, but 'there are jobs for all who want them,' official says.<sup>1</sup>

Similar statements appear frequently in the Israeli press. If they were political sophistry designed to fool a gullible public they could be ignored. This is not the case, Israelis are realists; they are not gulled easily. The headline is true; but it needs to be explained. Unemploy-

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ment is rising in occupations requiring a university degree and in the building trades. Skilled industrial labor is in short supply. Whenever the real diverges too far from the ideal it tends to be stressful to a society.<sup>2</sup> The paradox of rising unemployment and a shortage of skilled labor is an affront to the socialist ideals on which Israel is founded.<sup>3</sup>

Vidich and Bensman have outlined categories which describe community behavior when reality is painful. They include, "the repression of inconvenient facts,..the falsification of memory and the substitution of goals,..the surrender of illusions,..mutual reinforcement of the public ideology, ...avoidance of public statements of disenchantment and the exclusion of the disenchanteds."<sup>4</sup> All these forms of denial are present in the Israeli response to unemployment.

Prior to the last election the Alignment (5/13/77) promised, "The maintenance of full employment and the efforts to reduce inequalities in the social, economic and cultural spheres." The Alignment lost the election and the Likud promised tougher things. Milton Friedman appeared on the scene. He does not see how inflation can be controlled without the use of controlled unemployment:

when told that the question of unemployment in Israel was a "sacred cow," Friedman replied that "There are a lot of sacred cows. But you get buried by what the cows produce." (5/24/77)

Yet when the new government introduced its first belt-tightening economic measures unemployment was not included in the package. Simcha Erlich the Finance Minister:

promised that the Treasury would endeavor to insure full employment... "Heaven forbid that a Jew should remain unemployed." (6/22/77)

Israel has an unemployment rate. The Ministry of Labor figures average about 3% since the creation of the State. Currently (4/8/77) it is 4% or almost 50,000 people. These figures are comparable to those in the 1967 recession. The true figure is probably much higher. For ministers in government to continue to talk as if a problem does not exist is denial in the extreme. It prevents understanding the problem. In Wildavsky's words:

The task of analysis is to create problems -- preferences tempered by possibilities -- that are worth solving ... Only by suggesting solutions which take on the character of programs linking governmental resources with social objectives, do we understand what might be done. Policy analysis involves the creation of problems that are solvable by given organizations in a particular arena of action. A policy analytical problem, then, cannot exist apart from a proposed solution, and its solution is part of an organization -- a stable structure of incentives -- without which there can be no will to act.

Perfect organizations have no problems, Mechanisms whose parts fit perfectly create no friction, make no noise, allow no error. Where there is no error there can be no analysis. Policy analysis serves organizations that want to correct their mistakes. These self-evaluating organizations are the opposite of -- as Michael Crozier defines bureaucracy -- "an organization that cannot correct its behavior by learning from its mistakes." How are organizations supposed to learn? By using the internal mechanism specialized for this purpose, their own management information system.<sup>5</sup>

In Israel these management information systems are dis-trusted. Until the country is willing to develop reliable data on unemployment, even the Labor Ministry and the Bank of Israel report different figures, it will not be possible to do meaningful policy analysis

#### The Dream and the State

A tenet of the faith on which Israel is founded requires full employment with no status distinctions among workers. In 1950 Golda Meir introduced the first labor laws with ringing phrases about the nobility of work and the glory of equality.<sup>6</sup> Scarcely two years later she faced the reality of unemployment by asking for its abolition:

When we are shocked at the thought of unemployment, it wasn't only fear of this phenomenon from the human

point of view - there was something more than this - we have always said, and rightly, that we as socialists see absolutely no justification for unemployment anywhere, even less so in our country: there's no room here for people out of work - there wasn't before the state was established and there isn't now.<sup>7</sup>

The problem has not gone away. The combined effects of long term unemployment and underemployment have created what threatens to be a permanent poverty class.

A powerful vision helped found Israel and insure its survival. But, the dedication and effort called forth in crises cannot be sustained for solving the problems of day-to-day living. Indeed, constantly invoking the ideal seems to prevent realistic appraisal. For example, except for unemployment insurance, by the end of the 1950's Israel had a modern system of social welfare. It did not pass its first law until 1970 and it quickly amended it in 1972 to make it more effective.<sup>8</sup> Up to this time the pros and cons of unemployment insurance had been discussed in terms of its social desirability in a socialist state.<sup>9</sup> To let the unemployed be deprived of necessary programs while a debate on principles took place goes beyond denial; it is cruel.

#### Definition As Avoidance

Definitions tend to keep down whatever rate is reported. The Israeli definition of being employed follows the United States definition. A person is considered employed if he works at least one paid hour during the week. The difference comes in the way unemployment is defined. In the United States registering at a state unemployment office, looking for work, or even asking a friend all qualify. In Israel the definition starts by requiring registration at a General Labor Exchange and then ends in that rarity in any bureaucratic definition, etc. Official figures only report the registered. "An unemployed is a person for whom at least one unemployment day was registered during the month." A person to be registered had only to be listed at the exchange once during the year.<sup>10</sup> This might make it easier if people registered but there is no clear picture of who does and who does not register.



Hidden Unemployment, Labor Productivity, and Business Efficiency

Under Israeli law it is difficult to fire a person, even when there is no work. There is little inclination to change the law. Men go to work where there is no work or only make work. This has come to be called hidden unemployment. It hinders the effort to make the economy more efficient. For example, The Ashdod port container terminal was complete for over a year before it went into operation because it took that long for labor contracts to be signed. At the same time, in an effort to impress customers who were getting restive over continual labor troubles interfering with deliveries, stevedores loaded five times the citrus crates in one shift.<sup>11</sup>

On the day that the Ashdod workers were accomplishing their feat the Haifa port was working to capacity and 12% of their workers could not be utilized and had to be put on maintenance work. The response of the Port Authority is to try to eliminate jobs through attrition. The unions will strongly resist this.

It is not Israelis but foreign experts, hired, invited, or volunteer, who call attention to this issue. Israelis succeed in ignoring the advice no matter what its source. Sir Marcus Sieff chairman of the board of Marks and Spencer said:

When initially we wanted to help Israeli suppliers with some of the production and technological experience we acquired over many years, most of them said "take a running jump. We know it all." (1/24/77)

An American productivity consultant, Mitchell Fein said:

There are no free rides in an economy. If a civil service, or any other organization, is inefficient, overstaffed and getting wage increases without raising its productivity, the day of reckoning must come. And when it does it comes with a bang, as it did in New York City. (1/4/77)

So great is the pressure to avoid public unemployment it would appear that hidden unemployment will be continued at any cost. The personal consequences are great. Who knows

which causes the greater destruction of morale and personality; being unemployed or going to a job everyday when there is no work to do? There is at least the possibility of developing job training for areas of shortage or public service programs if the problem is identified. At this point everyone knows there is a problem called hidden unemployment but that is as far as it goes.

#### Yordim

Outmigration is a sensitive issue. Both the Zionist vision and survival dictate that continued population growth is important. The term for leaving, "yordim", has come to have negative connotations. Given the social disapproval of emigration few Israeli's actually signify their intention to leave permanently when they move abroad. Over 80% of the Israeli immigration quota to the U.S. is unused. David M. Cohen (3/13/77) estimates that almost 10% of the population is more or less permanently living abroad. The National Insurance Institute (7/6/77) has announced that it will begin making a computer check to distinguish Israeli's working abroad on local contracts and those who appear to have settled abroad. This will permit cutting off children's allowances to those who have settled elsewhere.

Most Yordim I have met seem to be under the age of 40. The predominant reason they give for leaving was that they couldn't find work to give them an adequate living. While it is true that the second generation of a nation never can have the zeal of its revolutionary pioneers, and this may play a role, it is probable that the yordim are telling the truth. Real understanding of the problem will have to wait until someone is willing to study it.

#### Dropouts

People who emigrate from Russia on Israeli visas and then do not come are called "dropouts." Currently about half those leaving Russia do just that. The chief alternative option is the United States. This leads to much squabbling among Jewish organizations. This intramural head-knocking must give the Russians great satisfaction. It would appear that they have controlled their emigration

in ways that would cause Israel the greatest difficulty and embarrassment. Many of those who come are academics or are college educated with white collar skills. The Housing and Absorption Minister has expressed concern about (6/7/77) 600 college educated immigrants who had been in absorption centers over four months without receiving realistic job offers. He also expressed doubts about 3000 others who had jobs only because their employer received time-limited government subsidies. In addition, problem families are difficult to absorb; these are one-parent, or large, infirm parents, handicapped, or culturally disadvantaged. While such families have constituted about one-fourth of all immigrants over the last three years, they are one-third of the Russian immigrants.

Stories of immigrants who are fired or who do not get promised jobs are often in the papers. The government (7/22/77) has unsuccessfully tried to set up job retraining for 2000 unemployed college educated immigrants. This is not surprising; college trained people are reluctant to accept skilled work even when the pay is higher.<sup>12</sup> The Jews from Russia may be classified as quasi-refugees when they leave. The minute they reach Vienna they are immigrants because they have choices. It is tantamount to a law of immigration that people tend to go where there are jobs. It is also a law of immigration that word about job opportunities spread rapidly. What it all boils down to is that Israel has limited capacity to absorb the job skills many immigrants have, especially those from Russia. It continues to encourage immigration as a matter of national policy.

### The Religious

Israel is a state founded by Jews. It was created by socialist Zionists and a world which after World War II used its collective guilt about the Holocaust for a rare moment of unanimity, the Arabs excepted. They brought sovereignty to a small piece of land which had not known independence since the Roman conquest. Those who had most to do with creating the state were secular. If they were not opposed to religion they tended to ignore it. Due to the structure of the Israeli political system no one party has ever won a clear majority. Religion has chosen to play a political role. Though its representation in the Knesset is small it has exercised disproportionate influence.

The religious were not great advocates of Zionism. While this has changed even today one small sect rejects the state and others are lukewarm in their participation. When they are unemployed many do not register and hence are not counted.<sup>13</sup>

The religious are disproportionately represented amongst the poor. The majority are non-western in origin. They carry the additional burden of trying to acculturate to a western oriented society. The Minkowich report, which is modeled on the Coleman report, says (7/17/77) that 33 percent of the pupils in regular State schools are disadvantaged while 73 percent in State supported religious schools are disadvantaged. On any characteristic that was examined students from these schools are on the wrong end of the comparison. This is especially true in math and science. Students emerge from these schools without the basis for acquiring skills needed in the labor force. This helps create second and third generation poverty.<sup>14</sup>

Even religious families can't hold together under the relentless pressure of poverty in a modern state. Poverty related indicators of social problems are on the rise. For example, (3/3/77) delinquency indictments for those under 18 increased 10 percent from 1974 to 1975. No one has done a study to indicate how much the religious contribute to undercounting unemployment.

#### Arab Labor

Understanding Israeli unemployment is complicated by Arab workers from the administered territories. The distortion is hard to pin down; for, once again different officials use different figures. On 5/19/77 Moshe Baram the Labor Minister reported, "approximately 65,000 Arab workers living in administered areas are still employed in Israel, compared with 80,000 working here at the end of 1974." In the same days papers Dov Kochavi the director of the employment service reported:

The official number of workers from the territories has risen somewhat, from 41,000 at the end of 1976 to 43,000 by the end of April, 1977, but much of the increase represented "laundering" of the figures, ... This means that workers who had formerly been employed illegally were not included in the official statistics.

It is not possible to ascertain which official's statistics can be accepted. What is clear is that large numbers of agricultural and other workers come into Israel to work in places where Israelis either don't live or will not work. In theory if no Arabs from the territories worked in Israel there would be no unemployment in the country.

#### Between a Rock and a Hard Place.

Reasons for the pervasiveness of denial go beyond mere clinging to an impossible dream. The most important concern security. Life in Israel is predated by security implications. Even election results are held open so that the soldiers vote is integrated into other figures and no one can know how many men were on duty that day.

Security considerations not only help account for lack of information on the economy but they also make for an unnatural economy. The government owns about half the country's resources and every year receives about half the national income. Defense considerations deny it economic flexibility. The 1973 Yom Kippur war was enormous in its cost and it would appear rearmament on both sides has been even more so. The intensity of this war can be shown from the fact that in just 10 days both sides lost more tanks than in the entire North African campaign of World War II. These tanks were more costly than their World War II counterparts and their replacements cost even more. In addition, the war unleashed an inflation that has been running at 35% a year.

Marcus and Rosen identify defense and security as a major element in the Israelis' social psychology. They note that 25% of the GNP and 83% of the tax income go for defense. To this they add that repeated wars have left Israelis with a sense of isolation, with a feeling that they must go it alone. Israeli society developed in a pressure cooker mixing ethnic groups from all over the world. Israel is a nation of scarred people; the majority of the present population either suffered from the Holocaust or are refugees from Arab countries.<sup>16</sup>

The Arab refusal to negotiate directly with Israel helps prop up the country's shaky economy. As long as Israel is in a permanent state of crisis it probably will

get the material aid it needs to survive. All it has to do is stay strong enough not to need foreign troops.

### Conclusion

Understanding unemployment in Israel is an exercise in chasing a phantom. The pressure the country lives under brings all the denial mechanisms into play. There is a scarcity of accurate data; the nature of the problem is unclear; hidden unemployment is used to prevent the problem from being so severe that it comes to public notice; the issue is displaced onto yordim and dropouts; and the religious make the problem's limits more difficult to see.

In the long run economic warfare by the Arabs poses a greater threat to Israel than the military threat. It is not clear how in the short run the Arabs can pose a real military threat. Aside from any strategic reasons there might be for support from the western world their guilt over allowing the Holocaust to go on, when they could have stopped it, gives Israel a powerful moral lever.

In contrast to its economic behavior the Israeli government is relatively realistic and efficient in assessing its armed forces and security needs. The contrast between economic denial and military efficiency leads me to conclude that economic problems may make Israel more vulnerable than lack of peace negotiations or even another war.<sup>17</sup> Arab economic warfare has probably been more effective than has been admitted.

If peace does come the critical question is whether the society can make the transition from a war- to a peace society. Most Israelis are so hungry for peace that their standard reply to questions about peace planning is that things will take care of themselves. It is not too hard to imagine a scenario where peace becomes a threat to Israel's survival. Israel is a rigid society. Denial is a pattern which is deepset and hard to change. Most of the available talent in the country is devoted to the military and agriculture. This is one of the reasons Israelis, as the evidence in this paper reflects, do not display the stereotypical Jewish skill in business.

Until now the military has been committed to democracy

and has not exercised disproportionate power. Yet, one of the biggest props to the economy comes from growing sales of military goods. There is little evidence that Israel is planning for a peacetime economy. If peace comes Israel will provide a test case for transforming the cultural base of a militarily based society. Continued denial of unemployment, the economic problems associated with it, and the resulting lack of effective policy analysis may see to it that the experiment does not have a chance to get under way.

<sup>1</sup>Unless otherwise indicated all subsequent references with the date in parentheses are from this source.

<sup>2</sup>A recent social profile intended as a base for planning doesn't include unemployment in 16 variables examined. See Ministry of Social Welfare, Division of Planning, Social Profile of Cities and Towns in Israel (Jerusalem: Government Printing Office, 1977).

<sup>3</sup>Ruben Schindler, "Unemployment Assistance During the Period of the Yishuv: Philanthropy, Productivity, and Mutual Aid," Journal of Jewish Communal Service, LIII (Summer, 1977), pp. 356-367.

<sup>4</sup>Arthur J. Vidich and Joseph Bensman, Small Town in Mass Society, Anchor Books (Garden City, New York: Doubleday and Company, Inc., 1960), pp. 297-320.

<sup>5</sup>Aaron Wildavsky, "Policy Analysis is What Information Systems are Not," Working Paper \*53, July, 1975, mimeo.

<sup>6</sup>Golda Meir, "The First Labor Laws," in This is Our Strength, ed. by Henry M. Christman (New York: The Macmillan Company, 1962), pp. 53-57.

<sup>7</sup>Golda Meir, "Israel's Unemployment Problem," This is Our Strength, ed. by Henry M. Christman (New York: The Macmillan Company, 1962), pp. 60.

<sup>8</sup>U.S. Department of Health Education and Welfare, Social Security Programs Throughout the World, 1975, Research Report No. 48 (Washington: Government Printing Office, 1975), pp. 112-113.

<sup>9</sup>I. Kanev, Social and Demographic Development and the Shape of Poverty in Israel (Tel-Aviv, Israel: Economic and Social Research Institute and Research Department of Health Insurance Kupat Holim, 1968), pp. 79-81.

<sup>10</sup>U. S. Bureau of the Census, Statistical Abstract of the United States, 95 ed. (Washington, D. C.: Government Printing Office, 1974), p. 334 and Central Bureau of Statistics, Statistical Abstract of Israel 1976, No. 27 (Jerusalem: Government Printing Office, 1977), pp. 56, 57, 61.

<sup>11</sup>The Chemical Industry (8/1/77) complains that Ashdod won't put on a third shift. Israelis do not like night work.

<sup>12</sup>Aside from this difficulty 8/1/77 "An analysis of the wage figures show that the former governments policy of favoring production workers over those in the services was not reflected in pay patterns."

<sup>13</sup>The evidence for unemployment is often visible. Mr. Michael Jameson a student at Haifa University School of Social Work worked with street gangs in a development town. At a time when official statistics reported 16 people as unemployed, under age 18, and not in school Mr. Jameson could identify over 100 persons in this category. He knew or had contact with only a part of the population in this town. One member of the Knesset, Mordechai Elgrabli, is trying to focus attention on what he says (7/27/77) are 20,000 children between the age of 14 and 17 who are not in school and not working. This is 9.1% of the children in this range; for the 17 year olds it is 13.4% of the age group.

<sup>14</sup>What betrays the crassness of religion's involvement in politics is that for years they controlled the Ministry of Welfare. Since unemployment was not supposed to be a problem the Labor party had little interest in the Ministry. Eliezer Jaffe (10/24/77) described the last incumbent from a religious party in that office thusly:

Zevulun Hammer, now Minister for almost a year, has launched no broad campaign for reorganization of social welfare in Israel. He has made too many



early pronouncements, and proposed off-the-cuff remedies to complex problems.

Mr. Hammer has now moved on to be Minister of Education.

<sup>15</sup>(2/25/77 p. 11 Magazine) Ahron Megged notes that the illiteracy rate for Israeli Jews is higher than for any other Jewish group in the world:

About 37 percent of Israeli adults have less than an eighth grade education. About 14 percent less than a fourth grade education and close to 8 percent have never been to school.

These problems are several times greater in the religious population from traditional lands. In addition there are attendance problems. In the Tel Mond prison for young offenders 90 percent of the offenders are of Asian-African origin. Israel is indeed a modern state.

<sup>16</sup>J. Marcus and H. M. Rosen, "An Overview," in Children and Families in Israel, ed. by A. Jarus et. al. (New York: Gordon and Breach, 1970), pp. 26-31.

<sup>17</sup>Probably the biggest reason mitigating against another war is the potential cost to the United States and Russia. (2/12/77) Since the 1973 war the ordinance equipment maintained by the army has increased in sophistication and by 300% in quantity. (underlining added)

REQUISITES FOR THE ESTABLISHMENT, IMPLEMENTATION, AND  
EVALUATION OF SOCIAL WORK TREATMENT PROGRAMS  
FOR ANTI-SOCIAL CHILDREN<sup>1</sup>

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ABSTRACT

Requisites for the establishment, implementation and evaluation of social work treatment programs for anti-social children are reviewed. Specific items discussed are: how does one ascertain the level at which change efforts should be directed, i.e., individual, group, organizational, or societal; what is the appropriate context for behavioral change; who should act as the change agent; what characteristics should the worker possess; what are the rationale for service provided; how long should the treatment continue; how does one prepare for the termination of treatment and maintenance of behavior; what organizational factors of treatment contexts are pertinent to the constructive delivery of services; what are the requisites for the adequate evaluation of treatment programs, and what are the characteristics of efficacious therapeutic programs for anti-social children. Throughout the manuscript relevant future research issues are reviewed.

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## Introduction

Many social work researchers, theorists, and practitioners have called for the establishment of social work services on a more rational basis and for the empirical evaluation of services in order to assess whether anti-social children's needs are being adequately met (Brown, 1968; Fisher, 1973 a, b; Geismar *et al.*, 1972; Handler, 1975; Henderson and Shore, 1974; Lipton, Martinson and Wilks, 1975; Meyer, Borgatta, and Jones, 1965; Mullen and Dumpson, 1972; Lundman, 1976; Lundman, McFarlane, and Scarpitti, 1976; Reid and Shyne, 1969; Sarri and Selo, 1974; Schwartz, 1966 and 1971; Voit, 1975; Wodarski and Pedi, 1977). A review of the literature, however, reveals little consideration of steps involved in the planning and implementation of treatment programs and their subsequent evaluation. It is more unfortunate that steps involved in the evaluation of treatment programs tend to be elaborated without regard to the procedures involved in establishing and implementing them. Indeed, implementation and evaluation are interrelated. Adequate evaluation of services is not practicable without meeting key requisites for the establishment and implementation phases of social work treatment programs. Thus, the central aim of this paper is to discuss basic requisites for planning, implementing and evaluating social work treatment programs for anti-social children.

Recent research investigations provide data to suggest that many treatment contexts are inappropriate for the provision of services. For example, in most treatment programs for anti-social children there occur critical dysfunctions as a result of homogeneously grouping anti-social children together for the purposes of treatment. Moreover, most programs provide treatment in social contexts other than those where the problematic behaviors first, or most frequently, occur. Thus, even if pro-social behaviors are learned during the course of treatment, the capacity to generalize such learned behaviors to the open environment is unduly limited. Likewise, in such treatment contexts the labeled anti-social client typically receives services along with others who are similarly defined, thereby increasing the likelihood that the child will acquire a more negative and stigmatizing label. As some researchers suggest, this may lead toward establishment of a deviant self concept and/or deviant identity. Also, in such settings the client is less likely to be provided the opportunity to view adequate role models. Interaction with normal peers is severely constrained and role models provided in segregated treatment milieus may be more deviant than those provided in other treatment settings, thus diminishing the likelihood of positive reinforcement from peers for pro-social behaviors (Feldman, Wodarski, Flax, and Goodman, 1972; Feldman, Wodarski, Goodman, and Flax, 1973; Lundman, Sykes, and Clark, 1978; Wodarski, Feldman, and Pedi, 1975 and 1976 a, b; Wodarski and Pedi, 1977).

This presentation focuses initially on ascertaining the level at which change efforts should be directed, i.e., individual, group, organizational, or societal. Next, the discussion addresses a series of major treatment considerations. What is the appropriate context for behavioral change? Who should act as the change agent? What characteristics should he/she possess? What are the rationale for service provided? How long should treatment continue? How does one prepare for the termination of treatment? How does one ensure that behaviors acquired in treatment are maintained, and so forth? The discussion also will focus on the organizational factors of contexts of treatment which are pertinent to the creation of services, structural components and the training of staff. Finally, the paper reviews the characteristics of efficacious therapeutic programs for anti-social children and a number of requisites for the adequate evaluation of these programs. Specific items discussed are: securing an adequate pretreatment baseline of behaviors, specifying the behaviors to be changed, specifying workers' behaviors in terms of relationship formation and intervention, measures of worker and client behavior, specification of criteria for evaluation of treatment efficacy, monitoring of treatment implementation, reliability of measures, designs and statistics applicable to clinical evaluation, follow-up, implementation of findings, and so forth. Throughout the manuscript relevant future research issues are reviewed.

#### Implementation of Change Strategy: Level of Intervention

Social work has been characterized historically as a profession that emphasizes a one-to-one relationship with clients in order to achieve behavioral change (Glenn and Kunnes, 1973; Ryan, 1971). The profession has seldom addressed itself adequately to the appropriateness of the various service delivery mechanisms for certain types of clients, however. Few empirical studies have delineated the parameters or criteria for determining whether one-to-one or group level treatment is best for achieving behavioral change in a given anti-social child.

#### Individual Treatment vs. Group Treatment

Even though recent years have witnessed a growing emphasis on group treatment for anti-social children due to various conceptualizations that place a heavy emphasis on the roles the children's peers play in the causation of delinquency, relatively few clients are treated in this manner as compared to those treated in casework. Yet there are a number of obvious deficiencies in placement of clients in casework services. The casework relationship is unlike many situations we face in daily interaction. In contrast, the provision of services in groups offers the following

benefits. The group interactional situation more frequently typifies many kinds of daily interactions. Services which facilitate the development of behaviors which enable people to interact in groups are likely to better prepare them for participation in larger society; that is, will help them learn social skills necessary to secure reinforcement (Feldman and Wodarski, 1975). From a social learning theory perspective, it is posited that if a behavior is learned in a group context, it is likely to come under the control of a greater number of discriminative stimuli; therefore, greater generalization of the behavior can occur for a broader variety of interactional contexts. There are additional substantiated rationales for working with individuals in groups. Groups provide a context where new behaviors can be tested in a realistic atmosphere. Clients can get immediate peer feedback regarding their problem-solving behaviors. They are provided with role models to facilitate the acquisition of requisite social behavior. Groups provide a more valid locus for accurate diagnosis and a more potent means for changing client behavior (Meyer and Smith, 1977; Rose, 1977).

These theoretical rationales indicate that treating children in groups should facilitate the acquisition of socially relevant behavior. However, criteria need to be developed concerning who can benefit from group treatment. Such knowledge will only be forthcoming when adequately designed research projects are executed in which children are assigned randomly to individual and group treatment to control for confounding factors such as type of anti-social behavior, age, sex, income level, academic abilities, and so forth.

In instances where an individual does not possess the necessary social behaviors to engage in a group, a one-to-one treatment relationship may provide the best treatment context. For example, many anti-social children would be lost quickly in a group simply because they do not have the essential social behaviors for interaction. Likewise, with hyperactive children it may be necessary to work on an individual basis until their dysfunctional behaviors are brought under sufficient control to allow them to participate in a group context. However, as soon as they develop the necessary social skills therapeutic changes are likely to be further facilitated if they can be placed in a group (Jacobs and Spradlin, 1974).

#### Larger Social Units for Change

Even broadly defined social policy decisions can directly affect the behaviors that will be exhibited by children. For example, certain economic policy decisions (e.g., those pertinent to teenage employment and other social phenomena) have a determinate effect on behaviors that children will exhibit in the future.

A decision to adopt a full employment policy will obviously affect children. Additionally, a national children's rights policy would ensure that each child is provided with adequate housing, education, justice, medical and social services, and so forth.

If, following a behavioral analysis, a change agent decides that a child is exhibiting appropriate behaviors for his social context and he determines that a treatment organization or institution is not providing adequate reinforcers for appropriate behaviors, or that it is punishing appropriate behavior, the change agent must then decide to engage in organizational or institutional change. This may involve changing a social policy, a bureaucratic means of dealing with people, or other strategies. In order to alter an organization the worker will have to study its reinforcement contingencies and assess whether or not he has the power to change these structures so that the child can be helped. In social work practice the primary focus has been on changing the individual. Future conceptualizations should provide various means of indicating and delineating how human behavior can be changed by interventions on multilevels. The obvious question that will face social workers is how to coordinate these multilevel interventions. Thus, following such a framework of human behavior, an "inappropriate" behavior exhibited by a client must be examined according to who defined it as inappropriate and where requisite interventions should take place.

Such interventions at the macro-level are increasingly more critical since follow-up data collected five years later on anti-social children who participated in a year-long behavior modification program, which produced extremely impressive behavioral changes in the children, indicate that virtually none of the positive changes were maintained (McCombs, Filipczak, Rusilko, Koustenis, and Wodarski, 1977; McCombs, Filipczak, Friedman and Wodarski, 1978). Possibly, maintenance could be improved when change is also directed at macrolevels.

Implementation of Change Strategy: By Whom, Why, and How Long?

#### Context of Behavioral Change

Unfortunately, if a child exhibits a problematic behavior in a social context such as a school, the behavioral change strategies all too frequently are provided in another social context, such as a child guidance clinic, family service agency, community mental health center, and so forth. Such procedures create many structural barriers to effective intervention (Kazdin, 1977; Stokes and Baer, 1977). Therapeutic change should be provided in the same contexts where the problematic behaviors are exhibited. If therapeutic strategies are implemented in other contexts the

probabilities are reduced that newly learned behaviors can be sufficiently generalized and maintained. Considerable study is needed to delineate those variables that facilitate the generalization and maintenance of behavior change. These may include substituting "naturally occurring" reinforcers, training relatives or other individuals in the client's environment, gradually removing or fading the contingencies, varying the conditions of training, using different schedules of reinforcement, using delayed reinforcement and self-control procedures and so forth (Kazdin, 1975). Such procedures will be employed in future sophisticated and effective social service delivery systems.

#### By Whom Should Change Be Delivered?

We have little evidence to suggest what personal characteristics of change agents facilitate the delivery of services to children. One could propose some general hypotheses, e.g., workers should be reinforcing individuals with whom children can identify; they should possess empathy, unconditional positive regard, interpersonal warmth, verbal congruence, confidence, acceptance, trust, verbal ability, physical attractiveness; and so forth (Carkhuff and Berenson, 1967; Carkhuff, 1969 and 1971; Fisher, 1975; Suinn, 1974; Truax and Carkhuff, 1967; Wells and Miller, 1973; Vitalo, 1975). Likewise Rosenthal (1966) and Rosenthal and Rosnow (1969) have suggested the worker's expectations of positive change in clients is also necessary. Additional research suggests that a behavioral change agent should have considerable verbal ability, should be motivated to help others change, should possess a wide variety of social skills, and should have adequate social adjustment (Gruver, 1971; Berkowitz and Graziano, 1972). Even though other social science disciplines are beginning to gather preliminary data concerning the attributes and skills of helping agents, there is virtually no literature in the field of social work to indicate what type of characteristics a worker should possess in order to help children. Presently such decisions are made quite arbitrarily. The notion that professional training enables all workers to be equally effective in producing behavioral change is yet to be substantiated. Much more research is needed to delineate the characteristics of effective change agents. Thereafter, hopefully, schools of social work will be able to develop more appropriate selection measures and to create more effective educational technologies to facilitate the acquisition of requisite skills and attributes.

If a worker chooses to employ a child's parents, teachers, peers, or others as change agents he will have to assess at the very least how motivated these individuals are to help alleviate the dysfunctional behavior, how consistently they will apply change

techniques, what means are available to monitor the implementation of treatment to ensure that it is appropriately applied, and if the chosen change agent possesses characteristics such as similar social attributes, similar sex, and so forth that could facilitate the client's identification with the worker (Tharp and Wetzel, 1969; Bandura, 1969 and 1977).

#### Rationale for Service Provided

The rationale for offering a program should be based primarily on empirical grounds. The decision making process should reflect that the change agents have considered what type of agency should house the service, that they have made an assessment of the organizational characteristics of the treatment context, and that the interests of agency personnel have been considered in planning the service. A number of additional questions also should be posited. How can the program be implemented with minimal disruption? What new communication structures need to be added? What types of measurements can be used in evaluating the service? What accountability mechanisms need to be set up? What procedures can be utilized for monitoring execution of the program (Wodarski and Feldman, 1974)?

#### Duration

No empirical guidelines exist regarding how long a service should be provided, that is, when client behavior has improved sufficiently, in terms of quality and quantity, to indicate that services are no longer necessary. Such criteria should be established before the service is to be provided and these should indicate how the program will be evaluated. The criteria should enable workers to determine whether or not a service is meeting the needs of the client. Moreover, they should help reveal the particular factors involved in deciding whether or not a service should be terminated. The more concrete the criteria, the less this process will be based on subjective factors.

#### Organizational Factors Pertinent to the Creation of Therapeutic Services for Children

#### Structural Components

Few agencies have considered the key organizational requisites for the evaluation of therapeutic services. In fact, most agencies are physically structured in a sub-optimum manner for the delivery or evaluation of treatment. For example, few agencies provide observational areas with one-way mirrors where therapists can observe each other and isolate effective techniques for working with a child or his family unit. Viewing areas enable the



unobtrusive gathering of samples of a child's behavior and facilitate the recording of interaction between parents and the child. They can facilitate training programs where parents learn to change interactional patterns with their child, and they can provide a means by which parents can view and model behaviors which the therapist exhibits in working with the child. These features also may enable workers to secure necessary data for the systematic evaluation of therapeutic services. The provision of such feedback to workers enables them to sharpen their practice skills, adds to practice knowledge, and provides another vehicle for teaching practice skills.

Another technological advance that will be of considerable help in evaluating the services provided to children is the use of videotapes. Videotapes can document many verbal and nonverbal interactions. They can provide a more effective and reliable medium through which therapeutic services can be evaluated. Likewise, with proper analysis they can help to sharpen practice skills and lead to a better understanding of how verbal and nonverbal behaviors exhibited by clients and workers influence their mutual interactions (Wodarski, 1975).

#### Training of Change Agents

Literature is just beginning to accumulate on the procedures that should be utilized in the training of change agents. One relevant training program has been developed on a pilot basis by the author (Wodarski, 1974). It has evolved as part of an evaluative research project regarding the assessment of a community-based treatment program for anti-social children. The training program consisted of initially presenting to students the basic rationale for using a behavioral model in training change agents, that is, it permits objectives to be clearly operationalized and measured. During the training process the students gained an in-depth knowledge of behavior modification principles through extensive reading. Second, three essential elements were reviewed which form the foundation of the training process: the operationalization of client behaviors to be modified, the operationalization of treatment interventions (behaviors to be exhibited by the change agent), and the acquisition of data to determine if the isolated events chosen to modify the client's behaviors (antecedents and consequences) have influenced the rate of the child's behavior. Next students were exposed to observational scales used to measure client and change agents' behaviors and to experimental designs that they could implement to evaluate their practice behavior. The incorporation of this knowledge in their subsequent training was emphasized. Role playing by various professional change agents was used to demonstrate such techniques as reinforcement, punishment, and so forth. Videotapes of professionals and students

simulating small group interaction where they practiced the application of treatment techniques were used in order to help the change agents acquire requisite practice behaviors. It also was emphasized how periodic feedback from practitioners and students can enhance learning and practice skills. Before work with a client was initiated the students were required to review a tape of clients interacting in a group, to make a diagnosis, to design a corresponding intervention plan, and to specify how the success of the intervention would be determined.

#### Evaluation and Characteristics of an Efficacious Therapeutic Program for Anti-Social Children

##### Adequate Specification of Behaviors and Baselines

An adequate treatment program must take into account the need for reliable specification of target behaviors; that is, those behaviors which are to be changed. For example, a treatment program to alleviate anti-social behavior might employ behavioral rating scales where the deviant behaviors are concretely specified. These could include such observable behaviors as hitting others, damaging physical property, running away, climbing and jumping out of windows, making loud noises and aggressive or threatening verbal statements, throwing objects, such as paper, candy, erasers, chairs, and so forth.

A prerequisite for the adequate evaluation of any therapeutic service is to secure a baseline prior to implementation of treatment. This enables the investigator to assess how his treatment interventions compare with no treatment interventions. The best type of baseline measure is secured by behavioral observers, who generally have learned to establish reliability on behavioral categories through an extensive training procedure. If observations of behaviors cannot be secured by trained observers, there are other less desirable data sources, such as baselines taken by the client himself or by significant others in his environment. Even though less reliable, these baselines many times are necessary due to various organizational or other environmental constraints. Some of these constraints may involve lack of money for trained observers or the investigation of a behavior that occurs at a time when it is not readily observable by others. When the researcher uses baseline data not secured by a trained observer, the data should be obtained from two or more independent sources in order to check on consistency.

The following are various practical considerations that should be addressed before a researcher decides on the exact procedures for securing a baseline. The first consideration involves where the baseline should be taken. A context should be chosen in which

the individual's behavior occurs at a high frequency. If the behavior occurs in more than one context, baselines may be secured for the various contexts. This enables the assessment of a broader range of contexts where the behavior occurs, contributes to the determination of whether or not behavioral changes in one context are analogous to those in another, and provides a more accurate measure of behavior. Additional considerations pertain to where the behavior occurs. If the behavior is readily accessible to observation, there will be no problem. If it is inaccessible, such as a behavior that occurs late at night or in contexts where observation is not possible, the investigator will have to use reports by the client, or others who are present when the behavior occurs, to secure the data. As previously mentioned, it is preferable to have a trained observer secure data. In any case, an individual who is consistent and reliable should be chosen. Finally, whether the person who secures data is a trained observer or someone else, a necessary requisite for evaluation of the service is the execution of periodic reliability checks to ensure that the data being provided are consistent (Nelson, Lipinski, and Black, 1975).

#### Conceptualization and Operationalization of Treatment

Appropriate conceptualization and operationalization of treatment interventions are imperative for the development of effective programs. A worker must be able to specify what behaviors he will implement in order to apply a given treatment strategy. This represents a difficult requirement for many, if not most, theoretical frameworks. Usually therapeutic services are described on a global level and are assigned a broad label such as transactional analysis, behavior modification, family therapy, and so forth. However, such labels are valuable only so long as they specify the operations involved in implementing the services. For instance, the global label of behavior modification can be separated into the following distinct behavioral acts: directions, positive contact, praise, positive attention, holding, criticism, threats, punishment, negative attention, time out, application of a token economy, and so forth (Wodarski, Feldman, and Pedi, 1974; Wodarski and Pedi, 1978). Moreover, essential attributes of the change agent that facilitate the implementation of treatment should be delineated.

#### Measures of Therapist and Client Behavior

Various measures, such as checklists filled out by children and/or significant others (e.g., group leaders, parents, referral agencies, grandparents, and so forth) and behavioral time sampling schedules, can be utilized to assess change in children. Likewise, behavioral rating scales can be used to assess the behaviors exhibited by a change agent. There are excellent texts available

which describe the various measures that can be used.<sup>2</sup> They specify particular items measured and the appropriate clientele, types of data provided, reliability, and procedures involved in administration. The type of measurement process selected generally will depend upon the behaviors chosen for modification, the availability of technical equipment, the cost of securing various types of data, the context of measurement, and the frequency, duration, and intensity of the target behavior (Bijou et al., 1969).<sup>3</sup>

The literature over the last decade has called for the utilization of multi-criterion measurement processes for the evaluation of therapeutic services. However, the few investigators who have utilized multi-criterion measurement indicate that many changes secured on certain inventories do not correspond necessarily with results of other measurement processes utilized. For example, in studies by Wodarski et al. (1975, 1976 a, b and 1977) it was found that little correlation exists between self-inventory and behavioral rating scales. In many instances, a change can occur on one of the measurements and not on another. The strongest data are derived from behavioral observation scales simply because observers are trained for long periods of time to secure reliable and accurate data. If an appropriate behavioral observation scale is not available, then the investigator can develop his own scale by observing children systematically and then accurately defining the relevant behaviors so that two people can consistently agree that they have occurred.

Both self-inventories and behavioral scales have certain drawbacks. Self-inventories have low reliability but they cost less; also, they may measure behavioral tendencies that behavioral scales do not measure. Behavioral scales provide highly reliable data but are more costly and, depending on the breadth of observation, they may provide data that are limited to a specific social context. The decision to utilize a particular measurement process rests on the aims of the research project.

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<sup>2</sup>Such texts include Orval G. Johnson (ed.) Tests and Measurements in Child Development: A Handbook (in press), and Paul McReynolds (ed.) Advances in Psychological Assessment, Vol. 3, 1975. Both are Jossey-Bass publications.

<sup>3</sup>For an excellent discussion of measurement techniques see: Bijou, S. W., Peterson, R. F., Hames, F. R., Allen, K. E. and Johnston, M. W., "Methodology for Experimental Studies of Young Children in Natural Settings, The Psychological Record, 19, 1969, pp. 177-210; Thomas, E. J. (ed.) Behavior Modification Procedure: A Sourcebook, Chicago, Aldine, 1974.

### Specification of Criteria for Evaluation of Treatment Efficacy

Any therapeutic program should specify the criteria by which the service will be evaluated. This should be done before the treatment is implemented. For example, evaluation may occur by means of behavioral observations provided by trained observers and/or through the use of checklists filled out by children and significant others. In view of the multi-dimensional nature of human behavior it seems necessary for professionals to evaluate more than a single criterion in order to develop a comprehensive and rational basis for the provision of services. Moreover, highly sophisticated treatment programs will endeavor to quantify the extent of behavioral change targeted and actually achieved and the social relevance of changes that have occurred; that is, do they really matter in terms of the client's ability to function in his environment (Kazdin, 1977).

### Treatment Monitoring

Having met all prior prerequisites, it then becomes necessary to monitor the implementation of treatment. Such monitoring should take place throughout treatment so that necessary adjustments can be made over time if the quality of treatment varies. If behavioral change is obtained and if the investigator can provide data to indicate that treatments were differentially implemented, the change agents can claim with confidence that their treatment has been responsible for the observed modifications in behavior. However, if such data cannot be provided when client change has occurred, many rival hypotheses can be postulated to account for the results (Wodarski and Pedi, 1977).

### Reliable Measures

Reliability must be secured for all measures utilized in evaluating a program. Without this basic scientific requisite, evaluative efforts may be ill-spent and there can be no assurance of consistency in the data secured. The reliability requirement often is disregarded in evaluative research thus allowing for the postulation of rival hypotheses to account for the findings (Wodarski and Buckholdt, 1975).

### Designs

Frequently it has been assumed that the only way that therapeutic services can be evaluated is through the employment of classical experimental designs, e.g., those where participants are assigned randomly to one or more experimental or control groups. However, such designs may have many deficits and may not be the most appropriate for the evaluation of services. They may be

expensive in terms of money, energy required to implement them and administration (Wodarski and Buckholdt, 1975). Moreover, the criterion of random assignment of subjects is usually hard to meet in the evaluation of services provided to children. New designs, however, are emerging from behavior modification literature. These can be easily implemented in social work; they are economical in terms of money, energy required to implement them, and administrative execution. Above all, they provide data which will enable a worker to determine if his interventions have had an effect on client behaviors.

It is interesting to note that the emphasis in the evaluation of services in social work has been on the use of traditional experimental designs which involve grouping clients into experimental and control groups. This research philosophy is diametrically opposed to a basic practice assumption, namely that every individual is unique and needs to be considered in his own gestalt. The single case study, which has been championed in recent behavior modification research, may alleviate many of the measurement problems discussed. In this approach the client serves as his own control, and a client's change is evaluated against data provided by himself during a baseline period which precedes the application of treatment. This type of methodology also alleviates the moral and legal aspects of placing a client in a no-treatment control group. It is too early to predict the effects of various legal decisions on the use of traditional control groups in evaluative research. The use of these may be challenged in the future on two legal bases: (1) denial of the right to treatment, and (2) denial of equal protection.<sup>4</sup>

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<sup>4</sup>For a detailed discussion of these issues see Birnbaum, M. The rights to treatment, American Bar Association Journal, 46, (1960), 499-505; Harris, R. W. Note: Implementing the right to treatment for involuntary confined mental patients: Wyatt vs. Stickney, New Mexico Law Review, 3 (1973), 338-351; Note: A right to treatment for juveniles?, Washington University Law Quarterly (1973), 152-196; Practicing Law Institute, the Mental Health Law Project, Legal rights of the mentally handicapped. Vols. I and II, Practicing Law Institute, New York, 1974; Rastatter, P. C. Note: The rights of the mentally ill during incarceration. The Developing Law, 25 University of Florida Law Review, (1973), 494; Martin, R. Legal Challenges to Behavior Modification. Champaign, Illinois: Research Press, 1975; Wodarski, J. S., Recent supreme court legal decisions: Implications for social work practice. Paper presented at 103rd Annual Forum, National Conference on Social Welfare, Washington, D.C., June, 1976.

The data presented in Figure 1 provide an example of a time-series design used to evaluate group work service provided to 10 five- and six-year-old anti-social children. In this figure percentage frequencies of pro-social, non-social, and anti-social behavior are graphed for a group of children who met for two-hour sessions over a period of 14 weeks at a community center. This classical design in behavior modification consists of four basic phases and is commonly referred to as the ABAB design. In the first phase the children are exposed to a baseline period. During this period the group worker does not rationally plan interventions that are likely to influence the pro-social, non-social, or anti-social behavior within the group. This is analogous to a traditional diagnostic technique postulated by Sallie Churchill (1965) where the group worker refrains from interventions so that he can more accurately determine the treatment needs of the group. After the children's observed incidences of anti-social behavior have stabilized, treatment is begun (Phase II). Members' behaviors are monitored until they once again stabilize, whereupon a baseline condition is reintroduced (Phase II, or the reversal period). The procedure enables the therapist and others who evaluate the treatment program to determine whether the treatment itself was responsible for the various changes in behavior. Immediately after it becomes evident that the treatment has been effective in reducing anti-social behavior the treatment procedures are applied once again.

In some situations the ABAB design may not be feasible due to the types of behaviors being modified and/or for various ethical reasons. The primary reason for utilizing an alternate design is that in the ABAB design the modified behavior usually will not reverse itself and, in many instances, reversals would be too damaging to the client or significant others. For example, when fighting is brought under control in a home it would not be feasible to do a reversal of this behavior since, in the past, undue physical harm may have been inflicted on others. A design that may be utilized in lieu of the ABAB design is the multiple baseline design, where a series of behaviors for modification are operationalized. Predictions are made regarding how the various techniques will affect different behaviors. Each behavior is then modified according to a time schedule. Usually one or two behaviors are modified at a time. For example, the worker might want to decrease such behaviors as yelling, fighting, throwing objects, or straying from the group, and to increase pro-social behaviors, such as task participation, appropriate verbal comments, and so forth. The worker in this instance might choose first to ignore the yelling and to use positive reinforcement to increase appropriate verbal comments. Once the yelling decreases and the appropriate verbal comments increase he would sequentially modify the second, third, and fourth behaviors. In Table 1 an outline

is provided regarding how such a process operates. The technique being employed becomes more efficacious each time the behaviors change in the direction predicted for each child. This replication of results increases the practitioner's confidence in his techniques and is necessary in evaluative research since the conclusions gained from any one study or interventive attempt are always considered tentative.

Another design which can be used is the AB design. In actuality it is the first half of the ABAB design. It involves securing a baseline and introducing treatment after the behavior to be altered is stabilized. This is a minimum prerequisite for evaluating the effectiveness of interventive attempts.

In summary, all of these designs can be easily implemented in social work. Above all, they provide data which will enable a worker to determine if his interventions have had an effect on client behaviors (Wodarski and Buckholdt, 1975). It is not practicable to indicate what particular designs should be used at a given time because this depends on the context of the social work practice situation, the behaviors to be modified, time considerations, administrative concerns, and so forth.<sup>5</sup>

#### Statistics

Evaluation will involve several means of assessing whether or not significant change has taken place. Evaluation of therapeutic services will entail the construction of tables and graphs of client and therapist behaviors. Usually graphs are constructed from measures of central tendencies such as the mean, mode, or the median. A common error in social work practice is to focus solely on what is to be changed in the client and to proceed only to measure that. Sophisticated evaluation programs will measure the behaviors of the client and the change agent simultaneously in order to enable the assessment of what effects the change agent's behavior has had on the client. Guidelines regarding acceptable levels of change are being developed. They will indicate whether or not a

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<sup>5</sup>For a detailed description of the various designs that might be used to evaluate social work practice interventions see Gottman, J. M. "N-of-one and N-of-two research in psychotherapy," Psychological Bulletin, 80 (1973), pp. 93-105; Browning, R. M. and Stover, D. P., Behavior modification in child treatment, Chicago: Aldine-Atherton, 1971, pp. 75-110; Barlow, D. H. and Hersen, J., "Single case experimental designs: uses in applied clinical research," Archives of General Psychiatry, 29 (1973), pp. 319-325; Hersen, M. and Barlow, D. H. Single case experimental designs, New York: Pergamon Press, 1976.



program has had a positive effect in terms of the investment of professional effort, financial resources, and significance for the client (Gottman and Lieblum, 1974; Wodarski, Hudson, and Buckholdt, 1976). To aid in the evaluation endeavor, computer programs are now available that will summarize, graph, and place data in tabular form.<sup>6</sup>

#### Follow-up

The proper assessment of any therapeutic program with children involves follow-up, a procedure employed by surprisingly few investigators. Crucial questions answered by follow-up include whether a therapeutic program has changed behaviors in a desired direction, how long were these behaviors maintained, and to what other contexts did they generalize. Pertinent questions remain as to when and where a follow-up should occur, for how long it should last, and who should secure the measurement. Empirical guidelines for these are yet to be developed. Failure to provide an adequate follow-up period is a major deficiency of many evaluative studies executed in the social sciences.

#### Implementation of Findings

It is necessary for evaluators to relate their results to practitioners if social work practice knowledge is to be advanced. Formal and informal channels of communication can be employed to communicate the evaluation of therapeutic services. Formal channels may consist of professional newsletters, conferences, and journals. However, research indicates that these channels are not utilized frequently, or that they do not influence practice behaviors as much as informal channels, e.g., indigenous leaders and peer relationships (Kolevzon, 1977; McNaul, 1972; Rosenblatt, 1968; Weed and Greenwald, 1973). Thus, the social work evaluator must assess indigenous leaders in the profession and determine what peer relationships influence practice behaviors most. He must then utilize these to communicate his research results and thereby influence practice.

#### Summary

The establishment, implementation, and evaluation of social work treatment programs for anti-social children is an interrelated

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<sup>6</sup>The following computer program packages summarize, graph, and place data in tabular form: NYBMUL, Finn, J. D., Buffalo, N.Y.: Computing Center Press, 1969; SPSS, Nie, N., Bent, D. and Hull, C. H., New York: McGraw-Hill, 1975; BMD, Dixon, W. J. (ed.), Berkeley: University of California Press, 1970.

process. It has been emphasized that considerable time should be spent in dealing with the items reviewed here in order to establish a program which is relevant to client needs and which can be implemented in such a manner that enables a proper evaluation. Sufficient time spent in the planning and establishment phases greatly facilitates implementation and evaluation.

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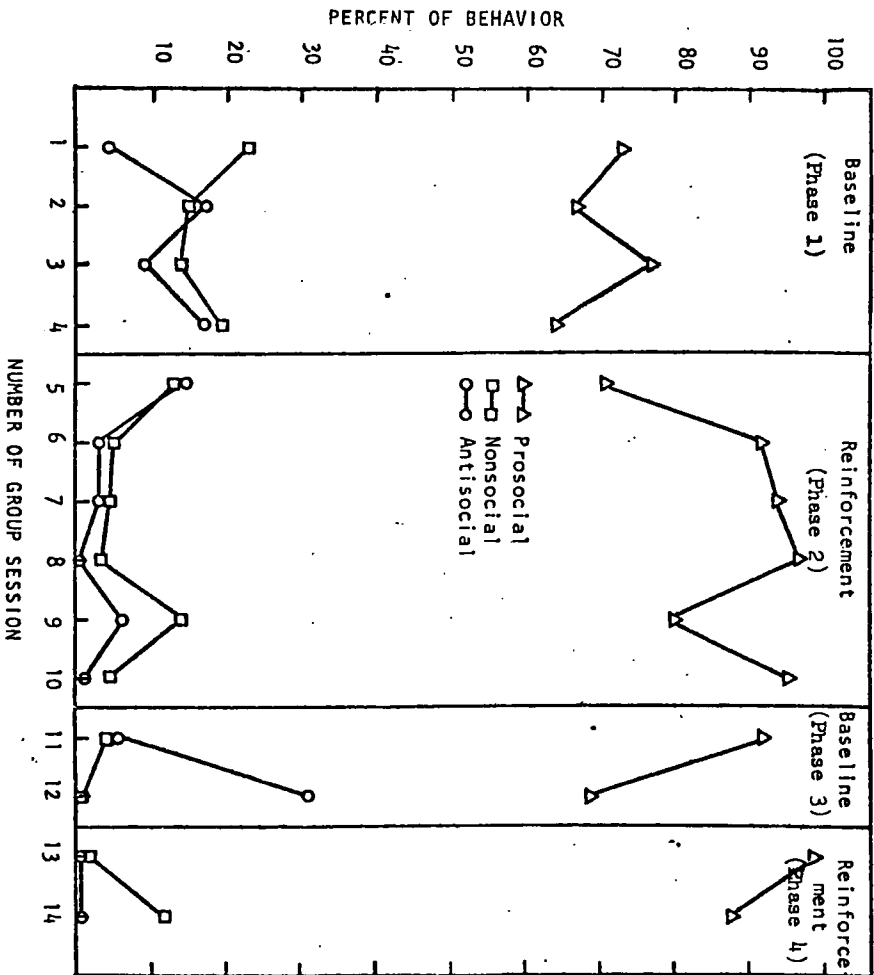


Figure 1: Average percentage of pro-social, non-social, and anti-social behaviors exhibited by ten children, according to number of group sessions.

Example of Procedure for Multiple Baseline Design, Using Extinction to Decrease Anti-Social Behavior and Positive Reinforcement to Increase Pro-Social Behavior

Table 1

Behavior to be Modified	<u>I</u>	<u>II</u>	<u>III</u>	<u>IV</u>
1. Not staying with group - task participation	Modification plan instituted			
2. Yelling - making appropriate verbal comments		Modification plan instituted		
3. Fighting - increasing helping behaviors, such as sharing and working together on a task			Modification plan instituted	
4. Throwing objects - cleaning up after group meeting				Modification plan instituted

NOTE: --- Lengths of time periods are not specified; these will depend on the rigor desired for showing the effects of the modification plan. A typical period lasts until the behavior stabilizes at a variance of less than 10% for three to five days.



PUBLIC MONITORING OF CONTRACTS WITH NONPROFIT  
ORGANIZATIONS: ORGANIZATIONAL MISSION  
IN TWO SECTORS<sup>1</sup>

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ABSTRACT

Public officials in the human service delivery system must wrestle with complex decisions regarding utilization of agencies in the nonpublic sector to deliver publicly funded services. Data from a survey of 167 agencies in a major metropolitan area suggest that there are still substantial differences in priorities and service approaches of public and nonpublic agencies. These differences suggest that public officials may need to devote more resources to ascertaining whether and when public agencies should themselves deliver publicly funded services and to strengthening public monitoring of contracts in the private sector.

A crucial policy choice that must be made by public agencies and officials is whether and when to provide publicly funded services themselves or to utilize nonprofit or profit-oriented organizations in the private sector. There has been a plethora of speculation regarding the relative merits of public and private organizations, speculation that has led to competing ideological camps that support one or another sector (e.g., Friedman, 1962; Kramer, 1966; Titmuss, 1971).

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There may be a danger, however, that the "grand debate" has led to disinclination to gather empirical information about agencies in the public and private sectors. Public officials who must decide whether to utilize a specific non-profit or profit-oriented organization require specific and empirical methods for assessing whether that organization will provide services in a manner that is consistent with public intent. There are few guidelines in existing literature for development of criteria to assist in making these decisions. (Franklin and White, 1975; Wedel, 1974).

There are at least two approaches that may be used in assessing the capabilities of organizations in the private sector. The first or management capability approach is not discussed in this article and involves analysis of the technical or management capabilities of an organization.<sup>2</sup> Public officials clearly must know whether an organization possesses the capabilities to oversee, monitor, and properly account for expenditures under specific grants, contracts, or third party vendorship payments.

The second or organizational mission approach involves analysis of the distinctive niche of an organization within the human service delivery system in the context of its service priorities and decision-making patterns. (Perrow, 1961). An organization that has management capabilities to administer public funds in an efficient manner may nonetheless direct public resources toward goals that are not consistent with public intent. Public organizations often may wish, for example, to target resources to members of ethnic and minority groups; an agency in the private sector with public contracts that "creams" extensively or that does not aggressively seek to locate unmet needs in communities may be violating public intent. Similarly, organizations that do not utilize planning program, evaluation, or citizen inputs may not conform to public intent, if public

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<sup>2</sup>Rubenstein notes how some public agencies may err in scrutinizing only the efficiency of nonpublic agencies when monitoring contracts. See Rubenstein, 1975.

legislation mandates use of these contributions to decision making. It is more difficult to obtain information about organizational mission than about organizational management capabilities because organizational participants may not readily volunteer sensitive information regarding priorities and decision processes. (Perrow, 1961).

Do public agencies in fact differ from nonprofit agencies with respect to organizational mission? It has recently been speculated that demarcation between public and private sectors has become blurred in recent years because of the sheer volume of public contracting. (Boulding, 1973; Brilliant, 1973). If public agencies do in fact have distinctive priorities, service approaches, and decision-making processes that emanate from their source of funding and legislative mandate, a good case can be made that they should seek to discover whether nonprofit or profit-oriented organizations also utilize these approaches and priorities--otherwise, they would through contracting abandon their public mission. (If nothing is distinctive about public agencies, there is no apparent rationale for preserving them.)

Data gathered in a survey of top executives from 167 social agencies in Los Angeles County indicate that there are in fact important differences between public and nonprofit agencies, differences that suggest that public officials may need to scrutinize the organizational mission of nonprofit organizations that receive public funds. (No data unfortunately is available concerning profit-oriented organizations, since it was not feasible to include them in this sample.) Data was gathered in a two-year survey of the executives who were interviewed in each of two years. In order to guard against potential bias that might derive from over or under-representation of a field of practice, the sample included proportional representation of agencies from health services, child welfare, community mental health, residential treatment, and family counseling agencies.<sup>3</sup>

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<sup>3</sup>There are 108 nonpublic agencies and 59 public agencies in the sample. On some questions some executives did not know pertinent information; in those cases, percentages are computed on the basis of the numbers of executives who did respond.

While it is acknowledged that interviews with executives may produce information constrained by their desire to project a positive image, the interviewers were generally impressed by the candor of the administrators as reflected in willingness to participate in two lengthy interviews.

Public and Nonprofit Social Service  
Agencies: Are They Different?

Data was obtained about clientele, service approaches, and decision making of public and nonpublic organizations as well as the level and kind of dissatisfaction by executives with a range of organizational policies.

Who is Served. A much larger percentage of clientele of public agencies is likely to consist of persons from minority ( $X^2 = 18.55$ ;  $df\ 4$ ,  $p = .001$ ) and low income groups ( $X^2 = 20.49$ ;  $df\ 4$ ,  $p < .001$ ). Only 30% (17) of public agencies report that less than 40% of their clientele are members of minority groups in contrast to 59% (58) of nonprofit agencies; conversely, more than half of the public agencies (52% or 29) report that more than 60% of their clientele are members of minority groups compared with only 19% or 19 of nonprofit agencies. Similarly, only 16% (9) of public agencies report that less than 40% of their clientele come from families with less than \$6,000 annual income in contrast to 48% (49) of nonprofit agencies.

Consumers of public organizations are more likely to consist of self-referrals than referrals from other agencies or community sources ( $X^2 = 22.83$ ;  $df\ 2$ ,  $p < .001$ ); one-half of public agencies (29) report that more than 50% of their clientele consist of self-referrals compared with only 15% (16) of nonprofit agencies. Further, 95% (56) of public agencies report that they have geographic catchment areas that define service boundaries in contrast to only 60% (65) of nonprofit agencies ( $X^2 = 21.35$ ;  $df\ 1$ ,  $p < .001$ ). Clientele of public agencies, then, are far more likely to come from the immediate catchment or community area; more than 80% of consumers of most public agencies (85% or 50) reside in neighborhoods immediately surrounding the agency compared with only 46% (49) of nonprofit agencies ( $X^2 = 23.47$ ;  $df\ 2$ ,  $p < .001$ ). The community or catchment service orientation of public agencies may be further reflected in

their greater use of part- or full-time community organization staff. Eighty-six percent (51) of them report they employ such staff in contrast to only 57% (61) of nonprofit agencies ( $X^2 = 14.18$ ;  $df\ 1$ ,  $p < .001$ ). Public executives are also more likely to report that services are provided wholly or partly in the community rather than simply in the agency building ( $X^2 = 6.50$ ;  $df\ 2$ ,  $p < .05$ ); 40% (43) of nonprofit agencies provide services exclusively in the agency building in contrast to only 24% (14) of public agencies.

Public agencies, then, are more likely to serve consumers who come directly to the agency, who come from geographic areas proximate to the agency, and who derive from minority or low-income groups. Public agencies are expected to serve consumers who approach them and who qualify for their services in contrast to nonprofit agencies that rely heavily upon referrals and who appear able to a greater extent to select consumers who fall within their services priorities.

Nature of Service. Public agencies are more likely than voluntary agencies to extend organizational resources by providing relatively nonintensive services to a relatively large number of consumers. (Neugeboren, 1970). Executives were asked to rank agency services on a continuum extending from 1 ("agencies should attempt to provide intensive services to relatively few clients") to 6 ("agencies should serve as many clients as possible even if it is necessary to provide less intensive service to particular clients"). Sixty-one percent (35) of public executives ranked their agencies at points 5 and 6 on the continuum in contrast to only 18% (19) of nonprofit executives ( $X^2 = 34.73$ ;  $df\ 2$ ,  $p < .001$ ). When asked to indicate their personal preference, public executives were far more likely to choose extensive rather than intensive services ( $X^2 = 16.42$ ;  $df\ 2$ ,  $p < .001$ ); 42% (24) of public executives chose points 5 and 6 compared with only 23% (25) of nonprofit executives. Public officials clearly must stretch limited resources to meet existing needs more than nonprofit executives because they operate under a public mandate to serve all claimants who meet official eligibility requirements.

Decision Making. In public agencies decisions are more likely to be made in the context of multiple and contending interests in contrast to a simpler decision environment of nonprofit agencies in which personal preferences of executives are more likely to prevail. Public executives report that internal planning often has relatively little impact on final decisions. On a continuum extending from 1 (major planning processes during the past several years influenced final decisions "very much") to 6 (they influenced final decisions "not at all"), only 22% (13) of public executives chose point 1 compared with 57% (60) of executives from nonprofit agencies ( $X^2 = 23.97$ ;  $df\ 2, p < .001$ ).

Public executives also are more likely to report they are subject to external forces mandating that they utilize citizen participation, program evaluation, and planning projects in agency decision making. When executives who thought that agency planning would increase in the next three to five years were asked to indicate why, only 26% (15) of public executives chose "desire by the administrator to improve services" as the most important factor in contrast to 54% (57) of nonprofit executives; public executives were more likely instead to mention pressure from funders, staff, community, or other sources ( $X^2 = 10.60$ ;  $df\ 1, p = .001$ ).

Inputs to the Decision Process. Public and nonprofit agencies appear to utilize different sources of information to facilitate decision making. Public agencies are more likely to use program evaluation ( $X^2 = 6.49$ ;  $df\ 1, p = .01$ ), formal program planning projects ( $X^2 = 2.90$ ;  $df\ 1, p < .10$ ), and extensive data during program planning ( $X^2 = 5.21$ ;  $df\ 2, p < .10$ ). They are also more likely to allocate staff and budgetary resources to planning functions as indicated by comparing scores of public and nonprofit agencies on an index formed from questions probing the extent the agency assigns staff other than the executive to hold specialized planning functions, the technical training of planning staff, and whether funds are earmarked for planning in agency budgets ( $X^2 = 15.21$ ;  $df\ 2, p < .001$ ).

Nonprofit agencies, by contrast, are more likely to make use of administrative boards in the decision process in part because of legal incorporation requirements and because

nonprofit agencies use boards for legitimation and fund raising purposes. (Glaser and Sills, 1966). They are far more likely than public agencies to have administrative boards in the first instance; 97 (89%) report such boards in contrast to only 26 (44%) of public agencies ( $X^2 = 30.44$ ;  $df\ 1, p < .001$ ). It is important not to overemphasize the extent nonprofit agencies utilize boards in the decision process, however, because nonprofit executives are not more likely than public executives with boards to indicate that their boards influence agency policies. There is no difference between public and nonprofit agencies with respect to utilization of nonadministrative boards such as advisory boards, task forces, and boards composed of consumers. Further, executives of public agencies, when asked to describe composition of an ideal board, are more likely than nonprofit executives to advocate a "very important" role for consumers of service ( $X^2 = 3.77$ ;  $df\ 1, p = .05$ ), persons from poverty backgrounds ( $X^2 = 4.58$ ;  $df\ 1, p < .05$ ), racial minorities ( $X^2 = 2.89$ ;  $df\ 1, p < .10$ ), and professionals in areas related to agency services ( $X^2 = 5.38$ ;  $df\ 1, p < .05$ )-- and they are less likely to perceive businessmen as occupying very important roles ( $X^2 = 4.64$ ;  $df\ 1, p < .05$ ).

Personal Orientations of Executives. Executives were given a series of eight policy and decision-making dimensions that portray common and competing policy options. At one end of each continuum, a specific policy was placed that is supported by those who seek to make organizations more responsive to community need (e.g., outreach, focusing of services upon members of ethnic or poverty groups, decentralization of agencies, use of preventive services, use of innovation, use of citizen inputs to decision making) or to increase knowledge of "what works best, where, and with whom" (i.e., use of research and program evaluation). The extent administrators personally favor more use of each of the above policies was determined by examining their choices on the various continua. An administrator who chose "2" on a continuum extending from 1 ("agencies should attempt primarily to prevent the incidence of social problems") to 6 ("agencies should concentrate resources upon treating or helping persons who currently experience pressing problems") favors extensive use of prevention. Further, it is possible to determine the extent executives are dissatisfied with

existing policies by comparing personal and agency rankings; an executive who chose 2 on the prevention continuum but ranked as 5 existing policy favors greater use of prevention.

Nonprofit executives on seven of the eight dimensions exhibit less dissatisfaction than public executives with agency efforts to meet unmet needs or the adequacy of agency knowledge despite the fact that there is little evidence that they outperform public executives other than in use of boards. Indeed, it would appear that public executives are more inclined to promote program evaluation, planning, and focusing of services upon racial and ethnic minorities and yet, paradoxically, are as or more dissatisfied with agency achievement in these areas. These findings are important to decisions by public officials regarding contracting, for they suggest that nonpublic executives may often be resistive to greater use of many of the eight policies even when contracts with public agencies suggest or require greater use of them.

#### Policy Implications

There are important differences between public and nonprofit organizations, differences that indicate that distinctions between the two sectors remain despite dramatic increases in use of public funds by nonprofit agencies during the past 20 years. (In this sample 29% or 31 of nonprofit agencies receive more than 80% of revenues from grants, contracts, and vendorship payments and 24% or 26 obtain between 34% and 80% from these public sources.)

What stance to take toward differences between organizational missions of public and nonpublic agencies? It is not necessary to glamorize public agencies in order to argue that many of the characteristics of their mission should be preserved. Public agencies are charged with administration of public revenues; they must serve those who come for service, they often must focus upon specific catchment or community areas to assure coverage, they must provide non-intensive services in order to stretch scarce resources to meet existing demands, they often must target resources to persons with the most pressing problems or to persons who cannot afford alternative services in the private sector, and they often must use program evaluation and planning methodology in order to convince legislators that they are



using public resources efficiently and effectively. In this sense public mission is a natural response to strategic necessities imposed by source of funds, tasks, and community pressure. Further, a good case can be made, quite apart from the causes of differences between public and nonpublic agencies, that agencies in the human service delivery system should generally direct more resources toward members of ethnic and minority groups, that organizations should make greater use of outreach, prevention, and other techniques to locate and service unmet needs, and that planning, evaluation, and representative citizen inputs should be used in decision making. All nonpublic agencies, of course, do not have to utilize public approaches in their service delivery; few would argue that there is not room for pluralism in the field of social welfare. But a good case can be made that when nonpublic agencies use public resources that they should use these resources in a manner that is consistent with public intent.

There are two important tasks for public officials. First, it is necessary to attempt to predict in the case of new grants or contracts whether an organization is likely to conform to public intent; such predictions are possible only if public officials conduct a broadly based examination of priorities, service approaches, and decision making of specific organizations. Second, data gathered in this study strongly suggest the need to conduct aggressive monitoring of nonpublic organizations during the course of contract or grant implementation. Such monitoring must include analysis of organizational service patterns to ascertain whether members of poverty or minority groups are discouraged from using service whether inadvertently or through obvious patterns of exclusion. The extent and nature of agency efforts to provide service to persons not normally using agencies should be analyzed as well as decision-making approaches.

As important, public officials may increasingly need to ascertain whether and if nonprofit (or profit-oriented) agencies are willing to participate in interorganizational planning and evaluation efforts. Data from this study indicate that many executives in nonprofit agencies may not be accustomed to "external pressures" and so may resent intrusion of external planning bodies. (Gilbert and Specht, 1977: pp. 76-7). Similarly, nonprofit agencies make

relatively little use of program evaluation, are less likely to devote resources to planning or evaluation, and may lack requisite knowledge or familiarity with monitoring techniques.

The preceding discussion suggests the need to develop specific techniques for estimating the costs that are associated with use of particular nonpublic organizations. Goal deflection costs occur when organizations use public funds in a manner that contradicts public intention regarding service approaches and priorities. Accountability costs occur to the extent that organizations do not use a range of inputs to the decision process that are intended by public officials including representative citizen inputs. Coordination costs occur as organizations do not contribute to and participate in efforts to develop referral, joint programming, and other devices to develop agency linkages. Monitoring costs rise as there is resistance to or nonparticipation in data gathering and evaluation undertakings. Consumer utilization costs occur to the extent that specific kinds of consumers are excluded from service that are mandated to receive service by public authorities.

The basic problem with computation of these costs, of course, is in ascertaining which agency is associated with the least costs. In some cases it may be difficult to determine whether any agency reduces certain kinds of costs; if all agencies, public and nonpublic, are "creaming" when providing a service intended for the hard-core unemployed, for example, it is difficult to choose which agency should administer services. It is also difficult to decide how to weight the various costs (are coordination costs more or less important than certain goal deflection costs?) and to develop techniques for assessing the magnitude of costs. Data from this survey suggest nonetheless that agencies can be compared and that they do differ with respect to priorities and decision making. Effort to operationalize such computations may lead to needed improvements in the public sector because relative performance of public agencies can be compared with alternative nonpublic organizations. If public officials are serious about promoting public intentions, there is no recourse other than to operationalize assessment techniques that probe organizational mission.

Perhaps far more difficult than case-by-case analysis of specific actual or proposed contracts with nonpublic organizations, however, is identification of fragmentation costs that derive from the sheer complexity of American social welfare institutions. Is there a critical threshold of direct public delivery of services and public initiation of planning that should be exceeded in order to provide some central direction and coordination of services? Some authors maintain that contracting decisions depend upon local needs and capabilities; in one jurisdiction services may be entirely contracted with the private sector, while in others public organizations may directly provide most services. (Brilliant, 1973). Others argue that public authorities (or private agencies) should deliver virtually all services. (Friedman, 1962; Titmuss, 1971). Perhaps the strongest case can be made for a compromise position in which public authorities take responsibility for certain basic functions and services that are defined and funded nationally with remaining services delivered either by public or nonpublic organizations. (Kahn, 1972). American social programs already are fragmented by categorical definitions, by cleavages between different units of government, and by patterns of eligibility; such fragmentation frustrates efforts to provide some semblance of central thrust and direction in addressing basic social problems. It would seem unwise to augment this existing fragmentation by splitting responsibilities between public, nonpublic, and profit-oriented agencies so that none take the initiative in promoting central direction. (Roemer et al., 1975). At a minimum, public authorities should provide initial "gatekeeper" functions (i.e., information and referral service), should provide assistance to those who need support in navigating the system, should directly provide enough services to allow the public sector to be able to assume a leadership role, and should provide basic planning and resource development direction. (Kahn, 1972). For those services that are delivered by nonpublic agencies, data from this study suggest a need for ongoing monitoring that is attuned not only to "nuts and bolts" administration but to the basic goals and priorities of contracting agencies.

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THE RESEARCH COMPONENT OF DOCTORAL  
PROGRAMS IN SOCIAL WORK: A SURVEY

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The doctoral program in social work has traditionally been viewed as encompassing a predominantly research-oriented, knowledge-building emphasis. It is acknowledged that if social workers are to be prepared to competently understand, utilize, participate in, and produce practice-relevant empirical studies, research must constitute an integral component of the educational process at the doctoral level. The rapid increase in doctoral programs, heightened confusion over the function of the Ph.D. and DSW, current trends to reconceptualize the structure of social work education, and the obvious consequences posed by the progressive erosion of master's-level research curricula, this is an area strongly in need of immediate attention.

Few attempts have been made to systematically analyze the development and experiences of social work doctoral training and few (if any) studies have been published that focus on the research component of doctoral programs in social work.<sup>1</sup> Thus, the purpose of this article is to present the results of an empirically-based research study that investigates the research objectives, research content, and educational objectives of doctoral programs in social work.

## METHOD

### Instrument and Population

For pretest purposes, a three-page opinion questionnaire was distributed in early February, 1975 to the chairpersons of the thirty social work doctoral programs offered in the continental United States.<sup>2</sup> This instrument was designed to elicit factual and subjective information concerning the current structure and operational characteristics of the research component of the doctoral-level curriculum. All of the programs had responded by July, 1975.

The data and comments obtained from the pretest instrument were subsequently utilized to formulate a second instrument, which improved upon the first considerably by permitting a more accurate assessment of the status of the research component of social work doctoral programs. No attempts were made to check for the reliability or validity of the final instrument. In late September, 1975, a final, five-page opinion questionnaire was forwarded to the thirty doctoral programs. Once again, a 100% response rate was obtained, with all thirty chairpersons replying by mid-March.

### Characteristics of Population

Of the thirty programs, 15 offered the DSW and 14 the Ph.D.; 1 offered both the DSW and Ph.D. For purposes of the following data analysis, the school offering both degrees was categorized--by means of the closest approximation of responses--with the 14 schools offering the Ph.D. The schools had an average of 11.9 full-time and part-time faculty members teaching in their

doctoral programs. Breaking this down further, the DSW programs showed an average of 11.1 and the Ph.D. programs an average of 12.5 faculty members.

The doctoral programs showed an average enrollment of 23.0 full-time (excluding ABD) students. More specifically, the DSW programs' average full-time student enrollment was 23.4, while the Ph.D. programs' was 22.7. The doctoral programs showed an average of 9.3 part-time (excluding ABD) students. Breaking this down further, the DSW programs averaged an enrollment of 9.9 part-time students, while the Ph.D. programs' enrollment was 8.7.

## FINDINGS

### Research Objectives

A series of items on the instrument requested the schools to rate, on a three-point scale, the importance of four research objectives in the doctoral curricula. Table 1 displays these four objectives, along with the outcome of the schools' responses. It should be noted that the schools were more concerned that their graduates become competent in understanding, producing, and participating in research than in teaching it.



Table 1

IMPORTANCE OF PREPARING DOCTORAL  
STUDENTS IN FOUR OBJECTIVES OF THE  
DOCTORAL RESEARCH CURRICULUM (N=30)

Objective	Importance Range		
	High	Medium	Low
Understand Research	29	0	1
Produce Research	26	4	0
Participate in Research	25	4	1
Teach Research	6	15	9

These findings show a slightly greater emphasis on participating in research and a considerably greater emphasis on producing research than was demonstrated in a similar study conducted at the master's level.<sup>3</sup>

Research Content

A total of four items requested the specification of the average percent of the current and ideal total minimum research content of the doctoral program curricula. The total minimum research content was broken down into statistics and methodology, with the classroom constituting the primary vehicle for their

presentation. No attempts were made to operationally define these two terms on the instrument. The data analysis revealed that the total minimum research component (excluding the dissertation) currently comprises a total minimum average of 34.4% of the total doctoral curricula. However, the schools would preferably raise this total minimum average to 40.6%. At first glance, this might appear to be a rather low percentage in view of the widely held assumption that the doctoral program in social work encompasses a decidedly research-oriented emphasis.

Table 2  
 AVERAGE PERCENT OF CURRENT AND IDEAL  
 RESEARCH CONTENT IN THE DOCTORAL CURRICULUM

Research Content	Current Percent	Ideal Percent	Difference
Statistics	11.42	13.96	-2.54
Methodology	22.93	26.68	-3.75
Total	34.35	40.64	-6.29

Further analysis revealed differences between the minimum requisite percent of current (Table 3) and ideal (Table 4) research content by the type of program. The Ph.D. programs currently require approximately 6.7% more total research content in their doctoral curricula than the DSW programs.

Table 3

AVERAGE PERCENT OF CURRENT RESEARCH CONTENT  
IN THE DOCTORAL CURRICULUM BY TYPE OF PROGRAM

Research Content	Total (N=30)	Program		Difference
		DSW (N=15)	Ph.D. (N=15)	
Statistics	11.42	7.92	14.92	-7.00
Methodology	22.93	23.07	22.80	.27
Total	34.35	30.99	37.72	-6.73

Doctoral programs offering the Ph.D. degree would ideally like to have a minimum of 6.5% more total mandatory research content in their doctoral curricula than would the DSW programs.

Table 4  
 AVERAGE PERCENT OF IDEAL RESEARCH CONTENT  
 IN THE DOCTORAL CURRICULUM BY TYPE OF PROGRAM

Research Content	Total (N=30)	Program		Difference
		DSW (N=15)	Ph.D. (N=15)	
Statistics	13.96	10.46	17.46	-7.00
Methodology	26.68	26.93	26.43	.50
Total	40.64	37.39	43.89	-6.50

**Educational Objectives**

The schools were requested to indicate which of the five educational objectives listed in Table 5 currently apply to their programs. All the schools designated preparation for careers in social work education as a program objective. Of the schools, 29 declared they prepare their students for careers in research and 23 for careers in administration. Finally, 16 designated practice as a program objective and 8 preparation for careers in policy. Ten of the DSW programs listed practice as an educational objective, only 5 of the Ph.D. programs listed the same.

Table 5  
 AVERAGE RANKS FOR CURRENT AND IDEAL  
 EDUCATIONAL OBJECTIVES OF DOCTORAL PROGRAMS

Educational Objectives	Current Rank	Ideal Rank	Difference
Education	1.45	1.77	-.32
Research	2.41	2.18	.23
Administration	3.30	3.17	.13
Practice	4.12	4.19	-.07
Policy	4.63	4.50	.13

The schools were also requested to designate which of the five educational objectives they would ideally consider as applicable to their programs. Once again, preparation for careers in social work education was considered a program objective by all thirty schools. Of the schools, 29 declared preparation for careers in research and 26 for careers in administration as ideal educational objectives. Finally, 17 of the schools viewed practice and 8 policy as ideal program objectives.

A series of items on the instrument asked the schools to rank the current and ideal educational objectives of their doctoral programs. Table 5 displays these objectives and the ranking outcome. It should be noted that the current and the ideal

ranks of the educational objectives remained the same. The schools affirmed that while research should ideally be given a higher intra-rank position as an ideal educational objective, education should ideally be given a lower intra-rank position.

#### CONCLUSIONS

The findings suggest that social work doctoral programs devote approximately one-third of their curriculum to research courses. In view of the virtual nonexistence of a research component in undergraduate social work education--and its dramatic, progressive erosion at the master's level--the study findings provide a measure of welcome relief. While the research component has been moving toward--or has already reached--the "twilight zone" in certain spheres of social work academia, its integrity at the doctoral level would still appear to be intact.

#### NOTES

1. See, for example, Richard T. Crow and Kenneth W. Kindelsperger, "The Ph.D. or the DSW?," Journal of Education for Social Work, Vol. II (1975), pp. 38-43; Esther Sales, "The Doctoral Student Experience: A Preliminary Study," Journal of Education for Social Work, Vol. II (1975), pp. 102-108; Max Siporin, "Doctoral Education for Direct-Service Practice in Social Work," Journal of Education for Social Work, Vol. 9 (1973), pp. 78-87; Frank M. Loewenberg, "Doctoral Students in Schools of Social Work" (New York: Council on Social Work Education, 1972); and John J. Baldi, "Doctorates in Social

Work: 1920-1968," Journal of Education for Social Work, Vol. 7 (1971), pp. 11-22.

2. Council on Social Work Education, Schools of Social Work with Accredited Master's Degree Programs (New York: Council on Social Work Education, 1974).

3. Sidney E. Zimbalist, "The Research Component of the Master's Degree Curriculum in Social Work: A Survey Summary," Journal of Education for Social Work, Vol. 10 (1974), p. 120.

THE STABLE POOR AND CRITICISM  
OF POVERTY AREA AGENCIES

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ABSTRACT

International and cross-cultural research concerning populations living in poverty have uncovered similarities in attitudes and behaviors associated with participation in society's institutional systems. One of these similarities is that feelings of alienation are an inevitable "reaction of the poor to their marginal position in a class-stratified, highly individuated, capitalistic society" (Lewis, 1966:21). These feelings, in turn, have led poor people in general to withdraw from participation in community life, including the community's institutions charged with the task of delivering services associated with physical welfare. The central task of this paper is to report findings that suggest that the degree of social stability among a poverty sample is inversely associated with favorable attitudes toward a public clinic's nurse practitioner program charged with the task of treating infants.

CLASS-ALIENATION AND HEALTH SERVICE USE

A number of studies and theoretical papers have noted the relationship between lower class life and/or alienation, and the utilization of health services. For example, Morris, et al. reported that mothers who feel alienated are less likely to have their children vaccinated than mothers who are not alienated. Bullough found that alienation was negatively related to obtaining pre- and post-natal care and well-child care, including immunizations (cf., also, Gray, et al., 1967; Nakagawa, 1971). A basic assumption of studies on alienation and health care behavior reported thus far is that underutilization is one manifestation of the general estrangement of the poor from the mainstream of middle-class society and its



social institutions. Researchers following the "culture of poverty" argument noted that:

Utilization, then, becomes the direct result of the culture and values of the poor and presumably little or nothing can be done to improve health conditions for the poor without a change in these values. The policy implications of this interpretation of the medical behavior of the poor are clear. Short of full participation and integration into American life, policy guidelines would stress the importance of education in reducing...cultural impenetrability... (Goering and Coe, 1970:310-311).

Other researchers adhering to a "structural", rather than "cultural" approach to poverty, have also noted the poor's alienation from society's health-care delivery systems. Strauss (1969:155) contends that among lower-class persons the "pervasive problematic character of life tends to make unreal the careful and solicitous attitude toward health held out by the health professions, and by and large subscribed to by the higher income groups." Strauss further suggests that the present structure of medical care "is so alien to lower-class individuals that they cannot intelligently or sanely take advantage of its services" (Chalfant, 1974:230). Further, the highly personalized world view of many lower-class persons (Gans, 1962) makes it difficult for them to understand or cope with the bureaucracies involved in the delivery of health care.

The way the poor think and respond, the way they live and operate, has hardly ever (if ever) been considered in the scheduling, paperwork, organization and mores of clinics, hospitals and doctors' offices (Strauss, 1967:8).

The sense of powerlessness of feeling that one has no effective control over one's destiny engendered by a lower-class existence is verified in medical settings where the lower-class patient is "markedly subordinate" in his relations with health care personnel. Sjöberg, et al. (1965:395-96) have noted that "bureaucratic systems are the key medium through which the middle class maintains its advantaged position vis-a-vis the lower class".

Regardless of cultural and national context, a wealth of research findings and analytical writings point to the suggestion that the lower-class in society differs from the middle class in both

life style and perception of the social environment. Middle-class residents, for example, are more prone than their working class counterparts to perceive themselves as living within a manageable environment. The middle-class child learns he can expect to plot his life's history in terms of a steady progression "upward" from secondary school to college and on to professional or managerial occupations. Middle-class environment is thus predictable in that it provides the resources necessary for the individual to shape his own destiny (Rainwater, et al.), and it can be manipulated to one's advantage for career advancement. The middle-class world is also predictable because it consists of a legitimate set of occupational and residential positions. Middle-class individuals participate in community life because such participation makes sense in a stable life world that implies an identification of oneself in terms of others within the system, and a perception of a stable and on-going set of roles defined as legitimate within the community itself (Farber, 1971). The middle class of the 1970's may be less certain about the state of its society and institutions than it was in the 1950's. However, the idea of the society providing the resources for one's career advancement and placement within the community status system continues to be an entrenched middle-class fact of life.

Lower-class residents do not have the luxury of such a life view. Their social universe is unpredictable at best. Life is not perceived in career terms. Life is seen as a series of jobs interspersed by periods of unemployment and crises. Even for the wage earner with a steady job, the threat of lay-off hangs over his head as a threat to the economic security of both him and his family. Indeed, the basic life conception surrounding lower-class existence is clearly stated by Rainwater, et al. (1959:44) in their description of the working-class woman's perception of herself in the world:

A central characteristic of the working-class wife is her underlying conviction that most significant action originates from the world external to herself rather than from within herself. For her, the world is largely unchangeable, a kind of massive, immovable apparatus that is simply there.

And again:

This feeling of smallness before the world is not restricted to a specific context, but is pervasive in... (the workingman's wife's)...outlook...She tends to see the world

beyond her doorstep as fairly chaotic, and potentially catastrophic (Rainwater, et al., 1959:45).

Research findings from several investigations (some of which are cross-cultural) tend to suggest that, regardless of the culture studied, people located in the lower recesses of society tend to share a number of central characteristics (Gans, 1962; Prince, 1969). Of special interest here are the cross-cultural findings that working- and/or lower-class members tend to: (1) define the entire social world outside peer group and family as "them", with a concomitant distrust of all "them" and "their" institutions; (2) perceive the outer world as chaotic and fear its unpredictable and catastrophic qualities; (3) seldom participate in community life; and (4) surround themselves with a family circle consisting of both immediate and secondary relatives.

It is argued here that lower- and working-class people "seldom participate in community life", and "surround themselves with a family circle consisting of both immediate and secondary relatives" because such behavior patterns make sense given the nature of the environment in which they live. There is little perceived reward for participation in community life among lower- and working-class populations. The catastrophic nature of the world ruled by "them", and the stigma associated with lower-class occupations and areas of residence lead to a shunning of community involvement. In an unstable social structure involving an environment in which modes of identification of individuals with others in the structure do not exist, positions within the structure do not endure, and those positions that do not endure (e.g., "laborer"; "the little people") are not legitimated; community participation becomes at best a painful reminder of one's inferior station. To the extent that activities are perceived to be "community" organized and run, lower- and working-class populations will hold their involvement in these activities to a minimum. Emotional and physical needs will be satisfied where possible on an informal basis through interaction with kin and friends--people with whom the individual has sentimental attachments and has established trust relationships.

#### POVERTY AND CLASS: THE STABLE VS. UNSTABLE POOR

Although agreeing in general with the "life in poverty" conceptualization summarized above, S. M. Miller (1964) notes that the poor

do not comprise a homogeneous population. Miller makes a distinction between the "stable" and "unstable" poor. Stable poor populations are steadily employed and are characterized by stability in other phases of their daily lives. Unstable poor people are characterized by rapid changes in employment, are more likely to be on welfare, and are less likely than the stable poor to live organized lives in general.

### Hypotheses

No attempt is made here to refute the fact that all poor people are structurally alienated from society in general. It is argued, however, that the stable poor are more likely, than are their unstable counterparts, to possess the emotional strength necessary to criticize the activities of a bureaucratic agency involved in distributing services and commodities to the poor. Specifically, it is hypothesized that: Social stability among a poor population is directly related to that population's tendency to criticize an agency's methods of servicing poor populations.

### DATA AND MEASURES

Interviews with mothers of infants enrolled in the nurse practitioner program of a Southwestern city's "well-baby clinic" were conducted between June and August, 1977. A major purpose of this survey was to ascertain clients' evaluations of the program's overall effectiveness. Other research goals included surveying the extent to which the clinic provided a vital medical need for its clients, and clients' knowledge concerning the role of nurse practitioners in the practice of contemporary medicine.

The well-baby clinic studied is an agency whose main purpose is to make available medical facilities which promote good health in babies from infancy to age five and to offer these facilities and services to families of low income. A secondary purpose is to immunize children. The clinic also acts as a referral agency. The family nurse practitioner program of the clinic involved the teaching of young mothers of high-risk infants the importance of early detection of illness and especially the importance of regular physical examinations in addition to the regular immunizations. The nurse practitioner (and an LVN) was also charged with instituting a home visit program in which infants were seen in their homes several times during the first year of life.

Because of financial limitations, a nonrandom sample of sixty-one of the 150 mothers enrolled in the nurse practitioner program were interviewed in a private room at the clinic. These mothers ranged in age from 14 to 40 (med. = 23.5), possessed an approximate median income of \$500. per month and a median 9.5 years of schooling. Fifty-nine percent of the sample were Mexican-American, 26 percent were Black and 15 percent Anglo.

### Measures

Questions on the interview schedule were designed to measure respondents' attitudes toward the clinic (the study's dependent variables) and respondents' social stability. Attitudes toward the clinic were measured by questions concerning (1) the clinic in general; (2) the clinic's home visit program; (3) time spent in the clinic's waiting room before the doctor could be seen; (4) how comfortable respondents felt in dealing with the clinic's personnel; and (5) whether or not respondent felt the clinic was effective in dealing with the child's medical problems.

Social stability was measured by asking respondents (1) whether or not they had a regular source of medical care (whether public or private); (2) whether or not they had a family doctor, (3) whether or not they had any alternative source for their child's medical care other than that provided by the clinic, and finally, (4) years of formal education was used as an indicator of respondents' integration into the larger society. Actual wording of interview measures can be found in Figure 1.

### Findings

Table 1a-1d shows the relationship between respondents' feelings about the clinic in general and the four measures of social stability. It can be seen that three of the subtables in Table 1a-1d possess scores running in the hypothesized direction. It should be noted that only two of the gamma values show any meaningful degree of association. When education is used as a social stability measure, results are obtained which are contradictory to those predicted. "Unstable-poor" respondents were more likely, than were their "stable" counterparts, to note needed improvements in the clinic's operation.

Stronger results were obtained in Table 2a-2d. The first two subtables show moderately strong degrees of association (G's = -.57 and -.47, respectively) between respondents' social stability and his tendency to criticize the length of time spent in the clinic's waiting room. Strangely, social stability measured in terms of

whether or not respondents possess an alternative medical source to that provided by the clinic demonstrates results opposite to those found in the first two subtables. It should also be noted that education (subtable 2d) again led to results contradictory to those predicted.

When satisfaction with the clinic is measured by respondents' feelings about personnel (Table 3a-3d), all four social stability measures provide gamma values running in the predicted direction. Education, however, again provides no important degree of association when linked to respondents' satisfaction with clinic's personnel.

Table 4a-4d shows the relationship between respondents' perception of the clinic's ability to deal with infants' medical problems by social stability. Gamma values in three of the four subtables tend to support the study's hypothesis. In these three subtables (4a, 4b, and 4d), social stability is inversely associated with satisfaction.

Finally, the four subtables of Table 5a-5d tend to support our hypotheses, although only subtables 5b and 5c have gamma values of moderate strength. In summary, results in the five tables tend to support the study's major hypothesis that social stability among a poor population is directly related to that populations' tendency to criticize an agency's methods of serving the indigent. It should also be noted, however, that many of the gamma values are relatively weak, and that five of the 20 gamma scores actually ran in the opposite direction from that which was predicted.

## CONCLUSIONS

The nonrandomness of our sample and its meager sample size renders, at best, a pilot study. Nevertheless, data presented in the study's five tables tend to support our original hypothesis. In each case where indigent respondents are categorized by whether or not they possess a regular source of medical attention (whether public or private), satisfaction with the clinic, its operations, or its personnel is negatively related to social stability. However, when social stability is measured by respondents' degree of education, or by whether or not respondent possesses an alternative source of health care to that provided by the clinic, mixed results are obtained. Clearly, more data is needed before anything definitive can be said about the relationship between stability and the tendency to criticize a health care delivery agency. The overall findings, however, do support the study's hypothesis. It would perhaps be beneficial to

expand the study to include respondents who are members of the clinic, but who are not part of the clinic's nurse practitioner program. We would predict that results would be stronger in such a group.

Figure 1. Survey Questions Used to Measure Variables  
Summarized in Tables 1a-1d through 5a-5d

#### Dependent variables

1. Satisfaction with clinic  
"...what are some of the things you think could be better in the clinic?"
2. Satisfaction with time spent in waiting room  
"...thought you would have a long time to wait in the waiting room?"
3. Feelings about clinic's personnel  
"Sometimes doctors and nurses, without meaning to, talk down and treat patients like children. Have you ever noticed this happening with the staff at the Well Baby Clinic?"
4. Satisfaction with clinic's ability to ameliorate infant's problem  
"...thought clinic people wouldn't do anything for the condition?"
5. Satisfaction with clinic's nurse practitioner home visit program  
"Home visits have recently been added to the Well Baby Clinic. Some clients like this practice of having Dora (the LVN) visit in private homes; others do not. How do you feel about these home visits?"

#### Independent variables

1. Regular source of care  
"Is there a physician that you and your family see more often than others? Where do you see this doctor?"
2. Family doctor  
"Do you now have a "family" doctor?"

Figure 1, continued.

3. Alternative Source  
 "...how would you have handled your baby's problem if you had not been able to come to the clinic?"
4. Education  
 "0-9 years vs. 10+ years."

Table 1a, 1b, 1c, 1d. Respondents' satisfactions with clinic by the four social stability measures.<sup>a</sup>

1a. Satisfaction with Clinic by Social Stability: Regular vs. No Regular Source of Medical Care			1b. Satisfaction with Clinic by Social Stability: Family Doctor vs. No Family Doctor		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP <sup>b</sup>	15 (54)	21 (64)	USP	17 (61)	21 (64)
SP	13 (46)	12 (36)	SP	11 (39)	12 (36)
Total	28 (100)	33 (100)	Total	28 (100)	33 (100)
Gamma = -.20			Gamma = -.06		

1c. Satisfaction with Clinic by Social Stability: Other Source vs. No Other Source of Treatment of Child			1d. Satisfaction with Clinic by Social Stability: 10+ Years of Education vs. 0-9 Years of Education		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP	10 (36)	18 (58)	USP	15 (54)	12 (36)
SP	18 (64)	13 (42)	SP	13 (46)	21 (64)
Total	28 (100)	31 (100)	Total	28 (100)	33 (100)
Gamma = -.43			Gamma = .34		



Table 1a, 1b, 1c, 1d, continued.

<sup>a</sup>See Figure 1 for exact wording of questions

<sup>b</sup>USP (unstable poor)      SP (stable poor)

Table 2a, 2b, 2c, 2d. Respondents' Satisfaction with Length of Time Spent in Clinic Waiting Room by the Four Social Stability Measures

2a. Satisfaction with Time Spent by Social Stability: Regular vs. No Regular Source of Medical Care			2b. Satisfaction with Time Spent by Social Stability: Family Doctor vs. No Family Doctor		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP	4 (33)	31 (65)	USP	5 (42)	32 (67)
SP	8 (67)	17 (35)	SP	7 (58)	16 (33)
Total	12 (100)	48 (100)	Total	12 (100)	48 (100)
Gamma = -.57			Gamma = -.47		

2c. Satisfaction with Time Spent by Social Stability: Other Source vs. No Other Source for Treatment of Child			2d. Satisfaction with Time Spent by Social Stability: 10+ Years of Education vs. 0-9 Years of Education		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP	8 (67)	20 (43)	USP	15 (54)	12 (36)
SP	4 (33)	27 (57)	SP	13 (46)	21 (64)
Total	12 (100)	47 (100)	Total	28 (100)	33 (100)
Gamma = .46			Gamma = .33		

Table 3a, 3b, 3c, 3d. Respondents' Feelings about Clinic Personnel by the Four Social Stability Measures

3a. Feelings about Personnel by Social Stability: Regular vs. No Regular Source of Medical Care			3b. Feelings about Personnel by Social Stability: Family Doctor vs. No Family Doctor		
Class	Comfortableness		Class	Comfortableness	
	Low	High		Low	High
USP	11 (50)	24 (63)	USP	12 (54)	25 (66)
SP	11 (50)	14 (37)	SP	10 (46)	13 (34)
Total	22 (100)	38 (100)	Total	22 (100)	38 (100)
Gamma = -.26			Gamma = -.23		
3c. Feelings about Personnel by Social Stability: Other Source vs. No Other Source for Treatment of Child			3d. Feelings about Personnel by Social Stability: 10+ Years of Education vs. 0-9 Years of Education		
Class	Comfortableness		Class	Comfortableness	
	Low	High		Low	High
USP	15 (68)	13 (35)	USP	9 (41)	17 (45)
SP	7 (32)	24 (65)	SP	13 (59)	21 (55)
Total	22 (100)	37 (100)	Total	22 (100)	38 (100)
Gamma = .60			Gamma = -.08		

Table 4a, 4b, 4c, 4d. Respondents' Perception about Clinic's Ability to Ameliorate Problem by the Four Social Stability Measures

4a. Satisfaction with Clinic's Ameliorative Ability by Social Stability: Regular vs. No Regular Source of Medical Care			4b. Satisfaction with Clinic's Ameliorative Ability by Social Stability: Family Doctor vs. No Family Doctor		
<u>Satisfaction</u>			<u>Satisfaction</u>		
Class	Low	High	Class	Low	High
USP	13 (50)	22 (65)	USP	14 (54)	23 (68)
SP	13 (50)	12 (35)	SP	12 (46)	11 (32)
Total	26 (100)	34 (100)	Total	26 (100)	34 (100)
Gamma = -.29			Gamma = -.28		

4c. Satisfaction with Clinic's Ameliorative Ability by Social Stability: Other Source vs. No Other Source for Treatment of Child			4d. Satisfaction with Clinic's Ameliorative Ability by Social Stability: 10+ Years of Education vs. 0-9 Years of Education		
<u>Satisfaction</u>			<u>Satisfaction</u>		
Class	Low	High	Class	Low	High
USP	13 (52)	15 (44)	USP	8 (31)	18 (53)
SP	12 (48)	19 (56)	SP	18 (69)	16 (47)
Total	25 (100)	34 (100)	Total	26 (100)	34 (100)
Gamma = .16			Gamma = -.43		

Table 5a, 5b, 5c, 5d. Respondents' Satisfaction with Nurse Practitioner's Home Visit Program by the Four Social Stability Measures

5a. Satisfaction with Home Visit Program by Social Stability: Regular vs. No Regular Source of Medical Care			5b. Satisfaction with Home Visit Program by Social Stability: Family Doctor vs. No Family Doctor		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP	11 (50)	22 (61)	USP	10 (46)	25 (69)
SP	11 (50)	14 (39)	SP	12 (54)	11 (31)
Total	22 (100)	36 (100)	Total	22 (100)	36 (100)
Gamma = -.22			Gamma = -.46		

5c. Satisfaction with Home Visit Program by Social Stability: Other Source vs. No Other Source of Treatment of Child			5d. Satisfaction with Home Visit Program by Social Stability: 10+ Years of Education vs. 0-9 Years of Education		
Class	Satisfaction		Class	Satisfaction	
	Low	High		Low	High
USP	9 (41)	18 (51)	USP	8 (36)	18 (50)
SP	13 (59)	17 (49)	SP	14 (64)	18 (50)
Total	22 (100)	35 (100)	Total	22 (100)	36 (100)
Gamma = -.21			Gamma = -.27		

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INTEGRATING CHILD CARE SERVICES: OVERCOMING STRUCTURAL  
OBSTACLES TO COLLABORATION OF INSTITUTIONAL  
AND COMMUNITY AGENCY STAFFS

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ABSTRACT

Social Work practice settings are so diversified that different perspectives inevitably develop among practitioners. These may undermine collaborative efforts between agencies. Child care services afford an example of a field requiring diversified agency settings and therefore vulnerable to development of contrasting perspectives. Some of the sources of an "institutional perspective" and of a "community perspective" are identified, as well as problems originating in lack of a shared perspective. Proposals for overcoming these problems and promoting integration of services comprises the final section of the paper.

Within a profession as wide-ranging as social work differences of perspective inevitably emerge among practitioners. Unifying influences such as a common core of norms and values, a generic knowledge base, and shared interventive skills promote a common viewpoint. However, these unifying influences may be at least partially nullified by attributes of the various settings in which social workers pursue their careers.

For certain clients effective service necessitates integration of institutional and community facilities. Substance abusers, the mentally ill, adult offenders, and some classes of dependent children exemplify the need for deployment of dual (institutional and community) resource systems. This paper seeks to identify obstacles to effective service generated by varied "definitions of the situation" developed by institutional and community agency staffs. There follow some suggestions which may promote more unified service delivery.

SOME ELEMENTS IN DEVELOPMENT OF THE  
"INSTITUTIONAL PERSPECTIVE"

When an individual is hospitalized, imprisoned, or otherwise "placed" for sustained care in an institution alterations occur in the person's social status, i.e., the relative prestige and authority accorded him by others; self-definition also changes, usually in a negative direction. To be institutionalized is to be less in control of one's destiny, more helpless, more in need of being "looked after." Goffman (1961), among others, has pointed out how the fact of being institutionalized, in itself, entails a reworking of perceptions of the self based upon definitions pertinent to the new environment. Self-labeling appropriate to this new identity reciprocates staff definitions of the identity and status of the institutionalized person.

These redefinitions of status and identity are abetted by physical removal from anchoring contexts. Not only is the individual separated from his usual social milieu, the sources of his customary self-affirmation, (family, school or work, etc.), he is also removed from his accustomed physical environment. Efforts in recent years to make the person's new surroundings more "home-like" and to locate institutional facilities closer to the communities they serve have been only partially successful. In most urban areas institutions are still regarded as less than desirable neighbors. Thus, imposed isolation readily leads to an acquired feeling of "apartness."

Other factors have contributed to the defensive posture into which many institutional workers have been maneuvered. Emphasis on institutional care of the indigent, the disabled, the disturbed, the "rule breaker", the immature has a history in this country dating to colonial times (Trattner, 1974). But this social arrangement for control of deviance has been under more or less sustained assault in this country for many years. It goes back at least as far as Clifford Beer's (1948) compelling autobiographical memoir of his ordeal as a mental hospital patient, first published in 1906. It produced strong reformist sentiment for modifying institutional practices and for finding alternatives to mental hospitalization (and culminated in the founding of what is now the National Association for Mental Health).

Another significant force for change came from the field of psychology. A more sophisticated understanding of the emotional needs of children emerged following the penetration of psychoanalysis into the American marketplace of ideas. Thus it appeared, in the aftermath of World War II, that institutions for children were doomed. Family environments were seen as the indispensable contexts for meeting basic intellectual, social and emotional needs of children. The traditional



institution seemed passé. Its constricting effects on personality caused by the emphasis on regimentation, conformity and isolation from community life, and its inability to individualize children because of inordinately large staff to children ratios, seemed a logical target for attack. A family environment (it was believed) should be found for every child in need of substitute care.

The infatuation with abolition of children's institutions ran its course, only to find a reawakened echo in the mental health movement and, more recently, in the field of corrections. Indictments of the shortcomings of prisons which fail to rehabilitate led some critics to an abolitionist position: close the prisons. Of equal concern to those still endeavoring to make prisons work was the position adopted by other critics: abandon (allegedly) futile rehabilitation efforts and use prisons strictly for containment and punishment. When the director of the Federal Bureau of Prisons pronounced rehabilitation a failure (as reported in the press) it became more difficult for institutional workers to avoid defensive, if not cynical, reactions.<sup>1</sup>

A third significant element affecting the institutional perspective stems from the institution's inherent complexity as a multi-disciplinary setting. The modern child care residential facility includes staff members who may dichotomize themselves as "professional and non-professional", or "treatment and custodial", or "service and administrative"; also, the staff may be organized as treatment teams which embrace various disciplines, or it may be organized by professional departments which guard their individual identities as social workers, psychologists, health workers, etc. Status problems vis a' vis other disciplines, issues involving maintenance of professional identity and autonomy in the face of pressures which tend to blur professional roles, competing loyalties - to the organization or to one's perceived professional values when the two seem to be in conflict - may produce unremitting psychic strains.

These psychic strains are resolved in various ways. Many "solutions" bode ill for high quality service to clients. One such resolution is to find a less personally fragmenting job, and many institutions are plagued by high staff turnover. Another is to "sleepwalk" one's way through the job, becoming the very model of a modern bureaucrat whose primary concern is to obey the rules and thereby avoid making decisions, or exercising choices, or having to individualize clients. Still another solution is the "paranoid" response, i.e., to see the world of the institution in "black and white", "we and they" terms. This leads to alliance-making; shifting coalitions of staff members, or sometimes of staff and clients, line up vs. "the administration", or "the medical staff", or "the cottage parents." The institution is perceived as under seige from an actively hostile or uncaring community without and as beset by civil war within.

This description seems rather graphic; actually, the issues in most cases exist in covert or "sub-clinical" form. Participants may not be overtly aware of, or willing to acknowledge the existence of issues concerning internal relationships. Their existence might be validated by collecting certain data from staff members, e.g., asking them to identify institutional goals, priorities or purposes, or asking them to identify those on the staff they consider most important to the fulfillment of institutional objectives. Responses may indicate the presence of coalitions, covert norms, goal conflict and other signs of institutional stress.

#### SOME ELEMENTS IN DEVELOPMENT OF THE "COMMUNITY PERSPECTIVE"

Community social workers are obliged to negotiate placements of children while simultaneously mediating demands for service from several constituencies. These constituencies include the family in distress (and in some instances the child as a separate entity), the community demanding "action", and the institution which is supposed to serve as a resource for both family and agency. Problems arise when the various constituencies perceive their needs as disjunctive, or when they cannot agree on priorities. Indeed, whom is the agency under primary obligation to serve? Can the agency hold at bay an irate community, while it explores alternative courses of action with parents and child and seeks their participation in planning? Can it risk estrangement from its community financial base in order to satisfy not always well defined criteria of good service to clients?

The community, acting through one of its agencies, may use the institution as a "dumping ground" for certain children. The institution is perceived as a repository for "undesirables", however this term may be defined in a specific community.

The persistent "problem child" sometimes falls into the category of community reject. The institution's function is perceived as holding the child indefinitely or diverting him elsewhere at time of discharge. If this perception of institutional function persists, the community agency staff lets go with dispatch, severs its ties with child and family and displays a thorough reluctance to engage in further dialogue with institutional staff.

If community agency staff, reacting to community or family pressures, sees placement of the child as of overriding importance, it can truncate planning or even abort it. This is seen, for example, when the community social worker presents the child (and family) a glossed-over picture of what institution life will be like. The community agency staff, anxious

to overcome any resistance the child or his parents may feel about the placement, neglect to mention what it presumes may be discouraging information concerning some of the constraints of institutional life. This mismanagement is compounded when, at the same time, nothing of the family stresses and community pressures relevant to the child's requiring institutional placement is shared with the staff of the receiving institution. These data, of course, are indispensable to comprehensive and effective long range planning.

#### SOME PROBLEMS ORIGINATING IN LACK OF A SHARED PERSPECTIVE

Mutually inappropriate expectations of what agency and institution can accomplish in their respective roles have contributed to relationship problems. Community agencies may have magical anticipations of what institutional treatment staffs will achieve in modifying chronically maladaptive behavior problems of some children. On the other hand, an institutional staff may assume that a child's failure subsequent to discharge is due to the "unrealistic" demands the community agency has made on the child and his family. And both may be so preoccupied with symptomatology, that is, the specific behaviors which brought the child to the community's attention, that they sometimes participate with the child and his family in avoiding what is of greater relevance: the family-centered nature of the problem.

Information concerning family interplay, shared between institution and community agency staffs, provides the knowledge base upon which ongoing planning must be based. Family interviews may be an important means of resolving parent-to-parent and parents-to-child issues, thus leading to family re-integration. This assumption, however, requires drastic modification at times. In some instances so much has happened in the relationship between parents and child that further contacts, at least during the current interval, would simply reinforce difficulties and heighten tensions. The best course of action may be a suspension of the mutually corrupting interactions between family members. The institution thus can provide a "breathing spell" for all concerned. Only a thorough and shared knowledge of the family situation can provide the basis for this difficult decision to suspend or terminate further child-family contacts.

An inventory of potential sources of inter-agency discord would disclose additional factors. One such item would be referrals from the institutional staff to the community agency requesting that the latter continue some highly specific treatment measure begun in the institution. This is essentially an effort to promote institutional goals, post-release, and without regard to the agency's own definition of its areas of competence. A community agency may be asked to provide "intensive

therapy" to its prospective client, soon to be discharged from the institution. The agency may justifiably reject this referral as inappropriate if its treatment armamentarium does not include such a capability. No doubt it belabors the obvious to point out that knowing what the agency receiving the request for service can and cannot provide is a sine qua non of thoughtful referrals.

Sometimes it is the institutions which receive a less than appropriate response to their referrals. Child and parent may not appear strongly motivated to seek agency help at the time they appear for their initial post-release community agency contact. (Some agency files of the past are replete with records bearing the notation: "Case closed . . . client uncooperative.") If the response of agency staff to less than enthusiastic clients is half-hearted in return, the referring institution may reasonably object to this lack of affirmative effort on the part of the community agency.

Many families who have so-called problem children come to the agency encounter reluctantly or only at the instigation of external pressures; perhaps some type of legal coercion may be involved. Some of these clients appear impervious to engagement except when a crisis is at hand. They may keep appointments only when in need of concrete services such as child placement or financial aid. Beyond these needs, they may seem indifferent to agency efforts to plan on any long-term basis. With such clients, the frustrations are many. When staff efforts to help finally bog down in feelings of failure, the temptations to find a scapegoat are compelling. Other than the clients themselves, the handiest objects for displacement of these feelings of failure are likely to be the institution staff or the community agency staff. The choice depends upon the particular vantage point from which the problem is viewed.

#### PROMOTING EFFECTIVE INTEGRATION OF SERVICES

One set of rules to follow which may promote understanding would stipulate: avoid professional jargon; never say in a complicated way what can be said simply; written communication should be as much like conversation in language and style as possible; make maximum use of a vocabulary common to both parties; question immediately what is not clear in another's message. The quicker ambiguity is identified, the easier it is to dispel it. These rules do not guarantee effective interagency planning. They do, however, encourage a pattern of candid interaction, awareness of where each participant stands, and respect by each for the integrity and straightforwardness of the other half of the planning equation.

One removable impediment to productive inter-agency planning has been lack of knowledge of each other's program, and limited experience of each other. To overcome this, agency budgets should include as a standard item funds to enable staff members to visit each other's facilities regularly. Such support would, for example, allow community agency staffs to visit an institution prior to a child's discharge. The visit would enable participation in pre-discharge case planning with institution staff and child, and enable the latter to meet the person who will be following through with him. This is especially important if the community agency worker is new to the child. Such visits also afford the opportunity for the respective staffs to get acquainted (or reacquainted) and to see "how the other half lives": to verify that each staff operates under certain constraints which the other may not fully appreciate.

For example, community agency workers may not keep in mind that an institutional climate of stability is essential to effective carrying out of its program. Every institution has limits to the behavior it can (or should) tolerate. In placing a child because of "acting-out" behavior dangerous to himself or others, community agency staff may assume the institution, as a "closed system," has a virtually limitless capacity for containing any degree of behavioral deviance. However, this is hardly the case.

The institution would indeed seem better equipped than the community-at-large to contain deviant behavior. It has well-defined physical boundaries and a control of the total environment and living experiences of its residents which gives it considerable power to resocialize them (Goffman, 1961). However, the institution itself is a society with its own norms and behavioral codes. Some of these are handed down by fiat, some are traditional in origin and some are evolved out of the interactions between the two major institutional sub-systems: the caretakers (staff) and those being cared for (clients). (Thus staff behaviors are both contingency-shaped and rule-governed.) Because it is a relatively closed system the possibility of infectious institutional unrest, generated by even one or two charismatic individuals committed to deviant behavior, can be a threat to the orderly care of all others. This is not meant to condone an institution's refusal to engage in the treatment of "difficult" children, but to recognize that a resident's effect on other residents is one important variable among the several which determine the limits of institutional tolerance of exceptional behavior.

To have seen the institution as it actually looks and "feels" and to have seen it actually in the process of carrying out its tasks can

be most enlightening. It also prepares the community social worker for a forthright answer to a child and his parents who may ask, "What is this place like, to which I am going?" Of course, the reciprocal is true. Institutional workers should visit agencies to which their clients will be discharged, for the same reasons.

The necessity of ready access to each other makes highly desirable an additional budgetary commitment: child welfare workers engaged in interagency planning in which the collaborating staff is in another city or state should have access to a WATS line or some other arrangement for "unlimited" telephone communication. To be able to talk long distance whenever desirable is essential to clarify points at issue, clear up ambiguities, and confront emergencies. It also provides one of the necessary tools for coping with "wedging" or "triangulation." This is the maneuver by which the hard-pressed child or parent seeks to pit one agency against the other, in order to divert from themselves the pressures for needed change to which they are being subjected.

Virtually all staff members on the direct service level, whether on the institutional or community agency staff, get caught in wedging at some time(s) in their careers. Their genuine concern for the child's welfare makes this development almost inevitable. Such concern occasionally leads to over-identification with the child against his "detractors," real or presumed. (Usually these "detractors" are identified as parents or the other agency.) To be "taken in," however, is better than to be so armored against involvement that the worker maintains an unblemished record of never being fooled, because he or she never got close to people in need. It is essential these problems of wedging be dealt with quickly and forthrightly. Budgeting for travel and for long distance telephone service helps everyone to do this.

Though each agency may focus on different aspects of the case situation and emphasize work with different individuals, institution and community agency must agree on the identity of the client. In the writer's view the most satisfactory generalization would be that the client is the family. There are several reasons:

This view is consistent with what research and clinical experience have demonstrated in a variety of problem areas, including the treatment of mental illness (Jackson, 1961), "character disorders" (Reiner and Kaufman, 1961), and in family therapy (Ackerman et al, 1961). The defined patient, the identified client, the symptomatic member both experiences and expresses the family conflict and it is the family as an entity which may require workers' attentions.

Since in most cases the child will, or should return to his family it is the better part of wisdom to regard him as a temporarily absent member and it is family reintegration on a more mutually satisfying and productive level that must be sought.

If the child's return to his family is a generalized goal then to protect the integrity of the plan the social worker must secure active engagement of family members in ongoing planning. This forestalls family members prematurely closing ranks, sans child, in an understandable effort to reestablish the family system equilibrium which had been disrupted by the child's departure.

Much remains to be learned and tested concerning the forces impelling change in personal and family functioning. Much remains to be learned and tested concerning effective application of helping techniques with troubled people. Nevertheless, if we can overcome some of the obstacles to integration of services described in this paper, we can create helping environments which will improve our prospects of success.

#### FOOTNOTE

1. Without doubt these criticisms of facilities and programs had some validity, and they have helped produce needed changes. Institutions have developed more permeable boundaries, allowing a greater flow of in and out traffic: relatives and representatives of community organizations in, and residents out - to schools, to part-time jobs, and to participate in community-based functions. Alternatives to prolonged institutional care have been developed, for example, foster homes for mental patients, expanded probation and parole services and community treatment centers for offenders. These developments should be acknowledged in order to balance the picture.

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LONELINESS AND DEPRIVATION:  
THE CASE OF ROMAN CATHOLIC PRIESTS

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Abstract

Using Roman Catholic Priests as a test in order to control for deprivation in relationships of intimacy while maximizing the need for social network relationships, an examination was made of their differential experience of loneliness.

The evidence suggested repeatedly that priests were more likely to experience loneliness as a serious problem when they perceived that the social network which they regarded as most significant in their lives (the Church) placed some kind of structural limitation on the extent of their involvement in it. Factors, for example, which help determine the individual priest's place in the structure of the Church are: type of assignment, length of time ordained, and degree of integration into the network through mutual commitment; all of these factors correlate significantly with the experience of loneliness.

For priests experiencing serious loneliness, there were further significant correlations with a perceived deficit in intimacy, an expressed need for sexual intimacy, a desire to marry, and more frequent dating behavior.

While causal sequences could not be established with certainty, the use of Guttman scaling techniques and a logical ordering of the variables suggests strongly that an emotional response (in this case an exaggerated search for intimate relationships) may have been triggered by social deprivation (network exclusion) rather than by an emotional deprivation (in intimacy) as might have been expected.

Such a possibility has far-reaching implications and calls for further research. If an exaggerated search for intimate relationships can be triggered by social network

deprivation, that might shed light on a variety of other phenomena such as promiscuity and rape, especially in urban, industrialized societies whose character is such that secondary relationships become more pervasive and achieve such great importance in the minds and daily lives of the people.

#### LONELINESS AS A DEFICIT CONDITION

According to Weiss (1973:9-27), loneliness occurs when one experiences a deficit in the fulfillment of one or the other or both of two human needs. The first of these is the need for human intimacy or "bonding" or attachment. The second is the need for engaging social networks or socially integrating relationships. Research of these "causes" has been almost non-existent, however (c.f. Fromm-Reichman, 1959:1), and thus far Weiss' thesis remains in the realm of highly appealing conjecture.

In this paper we address Weiss' question by (a) holding emotional deficits constant and (b) applying some critical tests which, if the results are negative, would markedly diminish further consideration of network exclusion as a cause of loneliness. If the results of the tests are positive, however, then further examination of social network exclusion as a cause of serious loneliness is justified. As an added contribution, we propose to show the prevalence of loneliness among the members of one professional group and certain concomitants of that experience for those members.

#### DERIVATIVE ASSUMPTIONS

If Weiss is correct, the risk of loneliness is considerably lessened if both the need for intimacy and the need for an engaging social network are fulfilled. When a deficit occurs in either one, however, the risk is increased even though compensation may be attempted by the over-development of the other. One who is deprived of a relationship of intimacy, for example, may find "escape" in work. Similarly, one who is deprived of an engaging social network may attempt to compensate by over-reliance on some

strong emotional bond. Deficits in the fulfillment of both makes loneliness a high risk.

The element of personal valuation would be important in both instances. If a particular social network is to provide relief from loneliness, it must be valued as significant. Thus, the attempt to fill the hours of the widowed with activity would be fruitless unless the widowed person regards that activity as meaningful. By the same token, it follows that not just any relationship would satisfy the need for intimacy.

Even when an individual regards a particular network as significant, there is no guarantee that the network will be open to participation (c.f. Sorokin, 1947:175). The forced retiree may want to continue with work but is prevented from doing so. We have, then, what we would call "empirically open" and "empirically closed" networks. Going a step further, the perception of the individual is once more an important consideration. Even if the "significant" network is "empirically open," the individual may perceive it as closed. Though it is a misperception, like other perceptions, it is real in its consequences. Similarly the individual may misperceive an empirically closed network as being open.

#### PRIESTS AS A TEST CASE

Roman Catholic priests provide a convenient test case for the study of loneliness because of the variables that can be held constant. Few priests are ever permitted the benefit of emotional intimacy or bonding. There are broad restrictions and effective sanctions against the development of close personal associations with individuals of either sex. It is not explanatory, therefore, to suggest that priests are lonely because of restrictions against emotional attachments alone. The restrictions are universal, but loneliness is not. Moreover, the extensive anticipatory socialization procedures carried on by seminaries prepare candidates for the priesthood for this kind of deficit. Prospective priests know in advance, have practiced and accept the fact that mandatory celibacy will lead to intimacy deprivation.

Priests, then, have evaluated significance in advance. They trust that the social network to which they are committing themselves will provide them with the kinds of integrative significant relationships that will at least minimize if not prevent loneliness.

Study of priests, then, enables us to focus more specifically on deprivation in socially integrative relationships by holding relatively constant their deprivation in emotional bonding.

#### DATA

This study is based upon survey data from the 1774 Roman Catholic priests who responded to a study supported by the National Federation of Priests' Councils and conducted by John P. Koval and Richard Bell. The number of respondents represents a 63% response rate from the original national sample of 2830 priests who received questionnaires.

#### INDICATORS OF OPEN AND CLOSED NETWORKS

In an attempt to specify what might be potential indicators of open and closed networks and thus critical variables, the notion of career stages or career patterns offered a starting point. The development of a career through successive stages and the process of following particular patterns inherent in the career seemed to suggest some ways in which the specific social network might be opened up or closed off to its members as well as its aspirants. Lee Taylor (1968:292) has said that the notion of career patterns involves the elements of (a) longevity; (b) specificity of function; (c) commitment and (d) hierarchy.

#### LONGEVITY

Following Taylor's lead and developing logically the first of the list, it makes sense to suggest that for the

most part the longer one has been in a profession, the greater the likelihood of integration and the less the risk of social isolation. This occurs in part because the network holds its youngest aspirants "on trial" until they have proven themselves. It occurs, also, because longevity tends to produce greater commitment on the part of the individual to which the network responds favorably (c.f. Grusky, 1968:188-190).

Too much stock should not be placed in longevity alone as an indicator of network inclusion, however. The fact that some members may have been in a profession for a considerable length of time may mean only that they have become increasingly adept at adjusting to the stress of being excluded from meaningful participation. It is only as one of several indicators that longevity might prove useful. It is in that sense that the question of its correlation with loneliness is raised. If longevity does not correlate significantly and negatively with loneliness, then whatever inferences we might make about longevity, being a potential indicator of the kind of network exclusion that produces loneliness (c.f. Weiss) would immediately be discredited. Table 1 shows the relationship between longevity and the experience of loneliness among Roman Catholic priests.

It is quite clear from the table that there is a significant difference in the experience of loneliness depending upon one's length of time in the priesthood. Fifty percent of those who have been ordained four years or less experiencing loneliness as a serious problem. The percentage of those experiencing serious loneliness decreased with each advanced tenure grouping.

The use of longevity as a solitary indicator of network exclusion, however, is further diminished when age of respondents is correlated with loneliness. Table 2 shows that age, too, correlates negatively with loneliness, so that older priests tend to be less lonely than younger priests.

Again, alternative explanations are as viable as the one to which we are giving special attention. It is possible, for example, that as priests grow older, they

learn to live with and adjust to loneliness, so that it is no longer a problem for them. It is also possible that those for whom it has been a serious problem simply left the priesthood while they were young.

Whatever the reason, the experience of priests is different from the experience of the general population with regard to loneliness. Among priests, as Table 2 shows, there is a linear trend from the youngest priests who are the most lonely to the oldest priests who are the least lonely. In the general population (as reported by Weiss, 1973:29), the relationship of age with loneliness is curvilinear with the younger members and the older members experiencing the greatest loneliness and those in the middle years experiencing the least loneliness.

The strength of the negative linear relationship between loneliness and age suggests that age might be a confounding variable, and that in any further examination of possible indicators of network exclusion, the age of respondents ought to be controlled. Only if subsequent variables can be shown to correlate even when age is controlled, can any confidence be placed in their value as potential indicators.

#### SPECIFICITY OF FUNCTION

Specificity of function suggested to us either that the importance of the tasks one performs within the group may affect the degree of social integration or that the degree of social integration might affect the importance of tasks one is called upon to perform. In either case, it is a potentially useful indicator. In the first instance, specificity of function would provide a direct measure of network inclusion. In the second instance, it would provide an indirect measure of the same phenomenon. We examined, therefore, the different kinds of work assignments of priests as they correlated with the experience of loneliness.

One of the problems in doing so was to establish some rank order of importance of assignments. Normally there is a considerable amount of subjective evaluation (both

individual and collective) in establishing the importance of work tasks, but that evaluation is not without its standards. Functional stratification theory points to at least one of those standards (c.f. Tumin, 1963:19-26). According to this standard, those whose work assignments represent a contribution to the whole network rather than to segmented parts of the network are those that would be most highly valued.

The more segmented the task, then, the less importance to the whole and hence the less valuable and lowest ranked. Using a criterion of evaluation based on the assumed contribution to the whole church and employing the categories in the questionnaire, the rank ordering of importance of work assignments for priests from most important to least important was as follows: (1) Chancery official; (2) Parish priest; (3) Seminary assignment; (4) Health and welfare agency; (5) Educational assignment and (6) Military chaplain.

Table 3 shows the relationship between work assignment and loneliness while controlling for age.

Though there is a definite pattern in that those whose work assignment is most important for the total network (chancery officials) experience the least loneliness, while those whose work assignment is most removed from and least important for the total network (military chaplains) experience the most loneliness, the pattern is affected in all cases by the age of the respondents. The younger the military chaplain, for example, the more likely he is to experience loneliness as a serious problem, but the older the military chaplain, the less likely he is to experience loneliness as a serious problem. This was true even though military chaplains of nearly every age group experienced considerably more loneliness than parish priests or chancery officials of the comparable age groups.

#### COMMITMENT

The third indicator of integration into a social network proposed earlier was commitment. Though commitment may be measured by the degree of conformity or deviance

that the individual manifests toward its goals, norms, and basic orientation, recognition must be made of the fact that commitment is both reciprocal and dynamic. Responses from the network affect subsequent responses of the individual which affect subsequent responses of the network, etc.. If individual overtures toward greater integration into the network are rebuffed, movements away from the network will often begin. As Merton (1957:270) has indicated:

What the individual experiences as estrangement from a group of which he is a member tends to be experienced by his associates as repudiation of the group, and this ordinarily evokes a hostile response. As social relations between the individual and the rest of the group deteriorate, the norms of the group become less binding for him. For since he is progressively seceding from the group and being penalized for it, he is less likely to experience rewards for adherence to the group's norms. Once initiated, this process seems to move toward a cumulative detachment from the group, in terms of attitudes and values as well as in terms of social relations.

Following this proposed pattern by Merton allowed us to suggest that in a network such as the priesthood which involves and regulates the sentiments and behavior of members in almost all of their selves and roles (what Merton called a "totalitarian group"; 1957:311), factors which initiate and further the cumulative detachment from the group might promote greater loneliness of the priest.

We examined tendencies to deviate, therefore, to see if they served as further correlates of loneliness, assuming that the individual who believes himself to be at odds with the basic orientation of the group (whether he is or not) is most likely to also assume he is excluded from the network and experience more loneliness. Establishing causality was again impossible, however, because of the alternative explanation that loneliness might have preceded deviant behavior, and that the specific deviant attitudes and behaviors might be further adjustment mechanisms to loneliness. Because of the dynamic referred to earlier (c.f. Merton), however, we could at least conclude that in



the absence of any significant correlations between deviant orientations, behaviors and loneliness, a social network exclusion explanation for loneliness would be further called into question.

In a matter as simple as social or political orientation, the correlations with loneliness among those who as individuals deviate from what they believe to be the social and political orientation of the network are significant. Priests generally believe that the Roman Catholic Church tends to be a "conservative" or "traditional" institution, oriented to and often defending the status quo regarding social and political issues (c.f. Gerassi, 1963:11-12; our data also show this to be true, though there is no need to repeat Gerassi's results). What is ironic here is that a substantial majority of priests in our sample identified themselves as liberal. Though they were a numerical majority, they believed that they held a minority orientation.

Priests who consider themselves to be conservative, then, believe that they fit in, while those who consider themselves liberal do not. If there is any substance to a social network exclusion explanation for loneliness, then the latter should be experiencing more loneliness. Table 4 shows the significant linear relationship in that direction, even with age controlled.

Though older liberals again tend to be less lonely than younger liberals, liberals are more likely to be lonely in all age groups than conservatives. Moderates are less likely to experience loneliness as a serious problem than liberals in all age groups but more likely to experience it than conservatives. Similarly, those who admit to being conservatives are more likely to indicate that loneliness is no problem whatsoever than those who consider themselves moderates or liberals.

It was not possible from our data to establish time sequences to show that specific acts of deviance either preceded or followed isolation and loneliness. It was possible, however, to demonstrate that there is a correlation between not only basic orientations and loneliness but also between specific actions and

loneliness. Those who deviate from what they perceive to be the accepted norms are more likely to experience loneliness as a serious problem and those who experience loneliness as a serious problem are more likely to deviate from what they perceive to be the accepted norms. Table 5 presents a summary of significant correlations between perceived deviant activities and the loneliness of priests. Once again, there is an irony in the fact that in at least two of those activities, the "deviants" are a sizeable proportion of the whole.

Those most likely to engage in such activities as speaking out against the Church's position on celibacy, going out socially with a woman friend or counseling on contraceptives experience loneliness as a serious problem. Once more the results held even when controlling for age.

#### HIERARCHY

The hierarchy dimension suggested to us that the higher one is placed authoritatively in the network, the greater might be the integration (c.f. Dreyfuss, 1968:146). A bureaucracy does not normally place "outsiders" in its critical power positions. Data at our disposal, however, did not allow us to investigate this dimension.

#### LONELINESS AND SELF-REPORTED STRESSES

Thus far we have dealt with a series of variables that taken together could potentially connote relative inclusion or exclusion from a significant social network regardless of the perception of the individual member. Early in this paper, however, it was indicated that if individual members perceive even an open network as being closed, the effects of that perception may be as real as if the network were empirically closed to their contribution or participation. We examined, therefore, a number of the priests' self-reported stresses of the kind that can be said to be related to their perception of themselves as social network "outsiders." A list of the stresses and the correlation between each and the experience of loneliness is included in Table 6.

Even though the correlations are significant, caution must once more be observed in imputing the direction of causality. It is every bit as probable, for example, that loneliness could have precipitated a perception of a lack of support and encouragement from fellow priests as it is that the perceived lack of support and encouragement from fellow priests brought about a feeling of loneliness. Guttman scaling techniques applied to these stresses, however, provided at least a basis for some kind of a logical analysis. The ordering of the variables using those techniques is given in Table 7.

Analysis then suggested that nearly all who are frustrated in their efforts to work also experience a lack of support and encouragement from their fellow priests, though not all who experience a lack of support and encouragement from their fellow priests are frustrated in their efforts to work.

Since Guttman scaling does not permit temporal ordering, an appeal must be made to logic and reason to understand the relationship between the stresses and the report of loneliness. It is not difficult, however, to construct from these results a reasonable and logical progression clearly paralleling the increasing isolation outlined in the Mertonian hypothesis quoted earlier, terminating in a marked tendency toward loneliness as a serious problem. Such a construction might take the following form:

The young fledgling priest who has not yet been accepted into the inner circles of the new social world to which he has committed himself experiences structural exclusion that he interprets as a lack of support and encouragement from his fellow priests. As a consequence he becomes frustrated in his efforts to work--a not uncommon experience when one's best efforts seem to be unrewarded. He is alone and put on trial with the burden of proof on him that he has a contribution to make to the religious network. He interprets its failure to include him as intransigence and rigidity reflected in the Church's slow pace of change and its outmoded social and moral stands. Those in positions of authority and leadership are blamed

for this inflexibility, and the young priest considers himself alone in his efforts. This aloneness, especially in the absence of any other social supports, quickly assumes the form of loneliness.

The fact that the youngest priests experience the most loneliness supports the logic of this progression of stresses. The fact that liberals in a structure that they perceive to be conservative experience more loneliness than those who are conservative supports it. The fact that those who engage in non-conforming activities experience more loneliness supports it.

The whole of the progression is a kind of "sociopathic individuation process" carrying the young priest along by the responses of his one significant community from primary non-conformity to a non-conforming career and from exclusion to estrangement to loneliness.

If the logic of this explanation is appropriate, then it might also be suggested that it is after the priest experiences the loneliness of estrangement from the social network that he becomes most acutely aware of a deficit in intimacy or bonding. Guttman scaling demonstrated that a valid scale exists when loneliness is considered in connection with the intimacy stresses: (a) the need for sexual intimacy and (b) desire to marry. These results are reported in Table 8.

The presence of a valid scale tells us that those who desire to marry are almost certain to admit to a need for sexual intimacy and a feeling of loneliness. Those priests who admit to a need for sexual intimacy are almost certain to be experiencing loneliness but do not necessarily desire to marry. Those priests experiencing loneliness do not necessarily admit to either a need to sexual intimacy or a desire to marry. Attempts to reverse the order did not produce a valid scale.

A desire to marry sometimes occurring without an expressed need for sexual intimacy, and an expressed need for sexual intimacy sometimes occurring without an admission of serious loneliness, but serious loneliness occurring often enough without either an expressed need for

sexual intimacy or a desire to marry suggests logically that the prevalent form of loneliness may be the result of a deficit in integrative social relationships rather than a deficit in emotional bonding.

#### BEHAVIORAL CORRELATES OF THE EXPERIENCE OF LONELINESS

Table 9 shows that the greater the experience of loneliness among priests, the more likely it is that they are engaging in dating behavior.

To appreciate the importance of this behavior, one must be aware of not only the commitment to celibacy which each priest has made, but also the intense pressure for avoidance of close personal friendships that is placed upon the Roman Catholic priest. That it is decidedly deviant is attested by the fact that 73% of the priests answered that they had never engaged in dating behavior since the time that they were ordained. Given the implications associated with dating behavior and its association with courtship, for a priest to admit (even in the anonymity of a questionnaire) that he is dating must mean that he has faced up to some rather crucial identity questions and could well mean that he now perceives himself as a secondary deviant. It can hardly be argued that the priest misunderstood the meaning of "dating" when the questionnaire carefully distinguished between dating and "going out socially with a woman friend" as a separate category of behavior.

The pattern of responses to this question as correlated with loneliness and reported in Table 9 is again consistent. Those who experience loneliness as a serious problem are those who are much more likely to be engaging in dating behavior. The tendency to engage in dating behavior even occasionally or seldom is very slight among those who experience no problem with loneliness. Those who experience loneliness as annoying are more likely to be dating than those who experience loneliness as no problem, but less likely to be dating than those who experience loneliness as a serious problem.

While it still cannot be established which came first,

either way the results are supportive of a call for further examination of social network exclusion as a strong contributor to serious loneliness. If loneliness came before dating behavior, then one must still ask what was the source of the loneliness. If loneliness came after dating behavior, that could provide evidence that engaging in deviant activities further excludes the priest from his significant social network.

#### SUMMARY AND CONCLUSIONS

It has been shown that in a population group where emotional bonding can be held constant, the experience of serious loneliness characterizes a large number of the members. Further, it has been shown that this experience of serious loneliness correlates with deficits in integrative relationships within significant social networks. Further correlating with loneliness and the deficit in integrative relationships is a perceived deficit in intimacy.

Using Roman Catholic Priests as a test case, it was discovered that those factors which help determine the individual priest's place in the structure of the Church such as length of time ordained, type of assignment, and commitment, all correlate significantly and negatively with loneliness. Guttman scaling techniques helped to establish that nearly all Priests who are concerned with a deficit in intimacy are experiencing loneliness; though of priests who are experiencing loneliness, not all are concerned with a deficit in intimacy.

Loneliness of priests correlates significantly with a desire to marry and an expressed need for sexual intimacy and is accompanied by more dating behavior than characterizes the non-lonely priest.

The paper, then, consisted of examining a series of variables in such a way as to rule out further consideration of social network exclusion as a cause of loneliness, if possible. In all cases, this procedure failed which suggests that exclusion from significant social networks and not merely a deficit in emotional

attachments is worthy of further research as a cause of serious loneliness. This is especially important, not only in the hope of greater understanding of a widespread condition in urbanized and industrialized society, but also in view of what it might portend for planners.

The practical implications of what this study has suggested are many. For those concerned with problems of the priesthood in our day, this analysis offers the possibility that alterations in the Church's structure which could incorporate the young priest into the Church's work in a meaningful way early in his career, might relieve many of the stresses that correlate with serious loneliness and the desire for the development of specific interpersonal relationships.

In a wider application, this analysis suggests that examination should now be made of the possibility that our efforts at overcoming loneliness in the general population have been partially misdirected. Neither busy-work (which is not a "significant" contribution) nor attempts to provide opportunities for the lonely to meet and develop intimate bonds may suffice. It would probably not take a massive reorganization of society to provide opportunities for the young and the old (who are the most lonely) to be meaningful contributors to significant social networks.

If it is true, as this study hueristically suggests, that an emotional response (exaggerated search for intimacy) may be triggered by a social deficit (network exclusion) rather than only by an emotional deficit (intimacy deprivation), this could certainly throw some illumination on a variety of other phenomena in industrialized society such as rape, the search for "affairs" and promiscuity as exaggerations of the need for intimacy to compensate for social network exclusion, or even upon suicide as a response to what is going on outside the individual's reach rather than emanating from a defect in personality.

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Table 1. Relationship Between Length of Time Priests Have Been Ordained and Their Experience of Loneliness (Percents)

Loneliness	LENGTH OF TIME ORDAINED							
	(N=239) 4 years or less	(N=319) 5-10 years	(N=263) 11-15 years	(N=231) 16-20 years	(N=157) 21-25 years	(N=157) 26-30 years	(N=112) 31-35 years	(N=102) 36 years or more
(1) No Problem for me	18	20	33	39	43	48	62	64
(2) Annoying	32	34	35	35	39	39	28	25
(3) A Serious Problem	50	46	33	26	18	12	11	11
TOTAL	100	100	100	100	100	99	101	100

p < .001

Gamma = -.402

AGE

LONELINESS	AGE				(N=154) 60 or older
	(N=153) Under 30	(N=545) 30-39	(N=483) 40-49	(N=303) 50-59	
(1) No Problem for Me	16	22	35	47	66
(2) Annoying	28	34	34	35	24
(3) A Serious Problem	56	45	31	18	10
TOTAL	100	101	100	100	100

p < .001      Gamma = -.476

Table 2. Relationship Between Age of Priests  
and Loneliness (Percents)

Table 3. Relationship Between Work Assignment of Priests and Loneliness with Age Controlled.

LONELINESS:	AGE Under 30					
	Military	Educational	Health & Welfare	Seminary	Parish	Chancery
No Problem	0	0	0	0	12	0
Annoying	0	44	0	0	34	0
Serious Prob.	0	56	100	100	55	0
Total	0	100	100	101	101	0
"N"	0	9	1	4	121	0
LONELINESS:	AGE: 30-39					
	Military	Educational	Health & Welfare	Seminary	Parish	Chancery
No Problem	0	0	0	0	12	0
Annoying	0	44	0	0	34	0
Serious Prob.	0	56	100	100	55	0
Total	0	100	100	101	101	0
"N"	0	105	15	25	296	15
LONELINESS:	AGE: 40-49					
	Military	Educational	Health & Welfare	Seminary	Parish	Chancery
No Problem	21	34	21	38	41	31
Annoying	36	26	32	28	28	39
Serious Prob.	43	40	47	34	31	31
Total	100	100	100	100	100	101
"N"	14	62	19	32	276	13
LONELINESS:	AGE: 50-59					
	Military	Educational	Health & Welfare	Seminary	Parish	Chancery
No Problem	50	55	50	0	62	100
Annoying	50	25	30	33	27	0
Serious Prob.	0	20	20	67	12	0
Total	100	100	100	100	101	100
"N"	4	20	10	3	234	1
LONELINESS:	AGE: 60 & older					
	Military	Educational	Health & Welfare	Seminary	Parish	Chancery
No Problem	0	50	25	100	79	100
Annoying	0	50	75	0	14	0
Serious Prob.	0	0	0	0	7	0
Total	0	100	100	100	100	100
"N"	0	8	4	1	112	1
Correlation Coefficient With Age Not Controlled,						r = .120 (p < .001)
Correlation Coefficient With Age Controlled,						r = .071 (p < .01)

Table 4. Relationship Between the Social and Political Views of Priests and Loneliness with Age Controlled.

LONELINESS:	AGE: Under 30		
	Liberal	Moderate	Conservative
No Problem	6	19	0
Annoying	31	33	50
Serious Prob.	63	48	50
Total	100	100	100
"N"	100	48	2
LONELINESS:	AGE: 30-39		
	Liberal	Moderate	Conservative
No Problem	7	26	50
Annoying	32	38	23
Serious Prob.	61	36	27
Total	100	100	100
"N"	307	205	26
LONELINESS:	AGE: 40-49		
	Liberal	Moderate	Conservative
No Problem	13	49	67
Annoying	34	29	14
Serious Prob.	54	22	19
Total	101	100	101
"N"	187	242	36
LONELINESS:	AGE: 50-59		
	Liberal	Moderate	Conservative
No Problem	34	62	81
Annoying	32	30	16
Serious Prob.	34	8	3
Total	100	100	100
"N"	53	203	37
LONELINESS:	AGE: 60 & Older		
	Liberal	Moderate	Conservative
No Problem	50	81	88
Annoying	35	16	3
Serious Prob.	15	3	9
Total	100	100	100
"N"	26	88	32

Correlation Coefficient With Age Not Controlled,  $r = .450$  ( $p < .001$ )

Correlation Coefficient With Age Controlled,  $r = .369$  ( $p < .001$ )

Table 5. Relationship Between Deviant Activities and the Loneliness of Priests With Age Controlled.

LONELINESS :	<u>Age Under 30</u>			<u>Age 30-39</u>			<u>Age 40-49</u>			<u>Age 50-59</u>			<u>Age 60 &amp; Older</u>		
	Have Decided To Do	Considering Doing	Too Improbable To Consider	Have Decided To Do	Considering Doing	Too Improbable To Consider	Have Decided To Do	Considering Doing	Too Improbable To Consider	Have Decided To Do	Considering Doing	Too Improbable To Consider	Have Decided To Do	Considering Doing	Too Improbable To Consider
<u>"GOING OUT SOCIALLY WITH A WOMAN FRIEND"</u>															
No Problem	6	0	18	10	11	25	21	18	45	38	50	66	55	50	79
Annoying	38	11	32	30	23	39	27	21	30	34	25	27	18	50	16
Serious Prob.	57	89	50	60	66	36	52	61	25	28	25	8	27	0	5
Total	101	100	100	100	100	100	100	100	100	100	100	101	100	100	100
"N"	69	18	54	243	35	226	125	18	282	47	8	215	11	2	124
Correlation Coefficient With Age Not Controlled, $r = .345$ ( $p < .001$ )															
Correlation Coefficient With Age Controlled, $r = .243$ ( $p < .001$ )															
<u>"COUNSELING COUPLES ON THE USE OF CONTRACEPTIVES"</u>															
No Problem	7	0	55	11	27	48	18	24	69	36	70	72	50	80	85
Annoying	33	33	18	33	46	34	35	40	18	40	30	22	34	10	12
Serious Prob.	60	67	27	56	27	18	47	36	13	24	0	6	16	10	3
Total	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
"N"	133	3	11	427	26	67	277	25	144	98	10	171	32	10	97
Correlation Coefficient With Age Not Controlled, $r = .513$ ( $p < .001$ )															
Correlation Coefficient With Age Controlled, $r = .373$ ( $p < .001$ )															
<u>"SPEAKING OUT ON CELIBACY"</u>															
No Problem	6	0	18	8	5	26	10	11	49	15	33	65	80	50	77
Annoying	25	33	42	23	31	41	33	18	29	39	33	27	0	50	17
Serious Prob.	59	67	40	68	64	34	57	71	22	46	33	8	20	0	6
Total	100	100	100	99	100	101	100	100	100	100	99	100	100	100	100
"N"	39	24	65	179	77	257	101	45	299	26	12	246	5	2	131
Correlation Coefficient With Age Not Controlled, $r = .411$ ( $p < .001$ )															
Correlation Coefficient With Age Controlled, $r = .313$ ( $p < .001$ )															

Coefficient	*
.526	Lack of Support and Encouragement from Fellow Priests
.486	Frustrated in Efforts to work
.475	Slow pace of change since Vatican II
.438	Disappointment in Church's stand on social and moral issues
.417	Lack of leadership from those in authority
---	Loneliness

\* Correlation Coefficient used is Pearson's "r".

Table 6. Correlations Between Loneliness and Social Network Stresses

1. Lack of Support and Encouragement from fellow priests
2. Frustrated in Efforts to work
3. Slow pace of change since Vatican II
4. Disappointment in Church's stand on social and moral issues
5. Lack of leadership from those in authority
6. Loneliness

Table 7. Order of Social Network Stresses  
Besetting Roman Catholic Priests

1. Loneliness
2. Need for Sexual Intimacy (.565 Correlation with Loneliness)
3. Desire to Marry (.586 Correlation with Loneliness)

Coefficient of Reproductibility = .910

Coefficient of Scalability = .692

Table 8. Order of Intimacy Stress  
Using Guttman Scaling Technique



Frequency of Dating	(N=519) Priests for Whom Loneliness is No Problem		(N=499) Priests for Whom Loneliness is Annoying		(N=528) Priests for Whom Loneliness is Serious Problem	
(1) Never	86		77		56	
(2) Seldom	5		12		16	
(3) Occasionally or often	8		12		28	
TOTAL	100		101		100	

$p < .001$

Gamma =  $-.464$

Table 9. Frequency of Dating Since Ordination Among Priests Differentially Experiencing Loneliness (in percent)

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