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Varda Muhlbauer
N.O.R.A. Institute

Claire Rabin
Tel Aviv University

Nadine Hollander
N.O.R.A. Institute

THE DEFINITION OF SOCIAL PROBLEMS: DIFFERING PERCEPTIONS OF ISRAELI SOCIAL WORKERS AND WOMEN

Varda Muhlbauer, Ph.D
N.O.R.A. Institute
Tel Aviv, Israel

Claire Rabin. D.S.W.
Tel Aviv University
Israel

Nadine Hollander
N.O.R.A. Institute
Tel Aviv, Israel

ABSTRACT

Recent social changes have intensified and created special problems and needs among women. However, social work schools have not included women's studies as part of the overall curriculum. This Israeli study examined the congruence of women's needs as perceived by women clients and as perceived by social workers, to see whether a specialized training program is needed. Fifty low-socioeconomic status women, 141 women selected from the general population, and 16 social workers from the same community were presented with a list of 21 problem areas known to be pertinent to women. The group of 50 women equally represented homemakers, divorced, widowed, elderly and battered women. Half of this group received treatment by social workers. Results indicated an incongruence between the needs and problems as detailed by women and the ways social workers perceived their needs. It was found that social workers gave priority to family problems, whereas women gave priority to developing individual interests. The dif-

ferent groups form women were found to be similar in defining their needs and problems and ordering their priorities.

A comparison among the different subgroups of women, revealed the battered wives to suffer from the most severe problems and the homemakers to have the least.

Social work has been known as a "women's field", because most clients and the majority of social workers are women.[1] Recently, and perhaps belatedly social workers are awakening to women's issues and their impact on the profession. The November 1977 issue of Social Work was devoted to articles showing how sexism determines the structure of social work. For example, males have more status in the field and most social work executives, administrators, supervisors and educators are men. Women in the social work profession receive lower salaries than their male counterparts. [2]

An important direction has been to examine the effects of conditioning on social workers and their sex-role biases in treatment. Research has accumulated documenting the therapist biases concerning women. The now classic Broverman, et. al. study [3] has shown that therapists apply different standards of mental health to males and females, and that health for women may be perceived as including traits devalued in our society. Data has shown that sex-role discrepant behaviors are judged by therapists to be more maladjusted [4]. Wesley [5], noted the need to train therapists to be effective in helping women achieve their individual potential and the need for therapists to be aware of their won social conditioning and biases.

Kravetz noted that theories influence the way problems are perceived, the strategies by which they are addressed and treatment goals. She points out that the social work curriculum is based on theories which reinforce the traditional view of women and which tend to see women within the context of her social roles [6].

Women in our society have traditionally been defined, and have defined themselves, in terms of family roles. Women receiving services in the health care system are often pressured to assume more family responsibility than they may desire, [7] while women who receive help in situations of sex counseling [8] or who seek marriage counseling [9] are faced with institutions which view the maintenance of the family as a top priority. Social work curricula may encourage these trends by not stressing this basic conflict for women and by teaching family treatment theories which ignore these issues [10].

The social work profession has come under attack for its overall lack of concern with women's issues. To date there have been few need assessment surveys pertaining to various populations of women. Little research has been generated about whether social work practice meets these needs. Many of the innovative programs for women, such as the battered wife or rape victims, have not resulted form the mainstream of the social work establishment. Rather these women have found help within alternative services, often initiated and staffed by non-professionals and paraprofessionals. Gottlieb, in her book on alternative services for women, stresses that women are negatively effected by the institutional sexism found in traditional social service practice [11]. One way in which women may be harmed would be if their need for help in breaking out of traditional roles and their need for help in personal development are

unmet within traditional social work practice, or if these needs are viewed as less important than concerns related to family issues.

In sum, it would seem important to study the problem areas and needs of women who are normally seen by social workers. One question of interest would be whether the population of women seen by social workers and the general population express similar types of needs. Another issue of concern is whether social workers perceive the same priority of needs as their women clients. For example, women are often in conflict between their personal needs, such as for advancement in their work, and their family roles. It is of interest whether social workers perceive this area as a problem for women.

This study will assess needs of different populations of women known to social workers and in the general population. In addition, it will examine the priorities that social workers set in their perceptions of which problem areas are of concern to women, and will look at the degree of match between social workers' and women's perceptions.

Method

Subjects

Subjects were from three different population of women. fifty of low-socioeconomic status, 142 women from the general population, and 16 social workers constitute the sample of this study. All subjects live and/or work in a small town in Israel (population = 30,000).

The group of 50 low-SES women equally represented homemakers (n=10), divorced women (n=10), elderly women (n=10) and battered wives (n=10). Half of this group was in treatment during the study in the local social

welfare agency, while the other half were not in treatment but had been in social treatment at some point and all lived in a low-income community. The average of the total group was 38 (not including the elderly women). All of them were mothers (3.6 was the average number of children). Only three were university graduates and these three were divorced. For the total group, the educational level was: no education (n=10), elementary education (n=21), and high school (n=16). Only 15 of these women worked outside the home, although 31 subjects reported having some work experience.

In the general population sample the age ranged from 20 to 70 years, with an average of 37. The majority of women (n=19) were married, and with children. Their level of education was: university (n=35), high school (n=50), and elementary education (n=42). Fifty-nine were homemakers and the rest worked outside the home.

Selection of Subjects

The low-SES group were located by the local social workers and by health professionals in the community (public health nurses and doctors). In the general population group, selection was made by randomly approaching women who were visiting local community agencies (not social welfare), supermarkets, social clubs, well-baby clinics, health clinics and social clubs. The 16 social workers represent the total number of social work professionals working in the government social welfare agency of this town. Data was collected in 1983.

The Instrument

A review of the current research and theoretical literature on women revealed 13 problem areas of concern to women. These areas were chosen due to their frequency of appear-

ance in the literature, and do not constitute an exhaustive list of all problem areas. These areas of concern to women include:

1) Role conflict: Women have to face problems of different and often conflicting behavioral demands from different role positions in society, such as conflicts between wife-mother roles and worker roles [12].

2) Life Stress: Women face more life events viewed as stressful [13].

3) Mental health: Women have been found to face difficult mental health problems, such as depression and agoraphobia. In addition, they have to deal with noxious stereotypes from mental health professionals about what constitutes mental health for women [14].

4) Lack of time for oneself: Women have been expected primarily to nurture others and to put their won needs as secondary to those in their social environment. This creates lack of time to devote to themselves in pursuing their won interests [15].

5) Physical health: Women face many physical health problems related to childbearing and problems in negotiating the health delivery system related to stereotypes about women and paternalistic behavior from medical staff [16].

6) Loneliness: Women often face living and raising children alone, including the financial stress of maintaining a family and the emotional stress of facing life tasks without partners [17].

7) Family conflicts: Women have been viewed and often view themselves as responsible for the well being of their families. In addition, they have been blamed by the helping professions for children's symptoms and mar-

riage difficulties [18].

8) Unclear life goals: Women have not been encouraged to take charge of their lives and plan their future goals. This has resulted in minimal career plans and limited planning for financial crises after a spouse dies [19].

9) Dependency: Women have been trained from an early age to be financially and emotionally dependent on others, resulting in the lack of development of adequate self-esteem [20].

10) Sex: Women have suffered from stereotypic behaviors and expectations in the area of sex, including lack of correct information about sexuality (i.e., the myth of the vaginal orgasm), and inhibitory expectations (i.e., "nice" girls don't enjoy or initiate sex) [21].

11) Contraceptives: Women have been traditionally held responsible for the area of contraceptives and have had to cope not only with the selection and use of contraceptives, but with the results of not using contraceptives [22].

12) Non-traditional roles: Women have been confined to a limited selection of life roles and styles, which in the past has made it difficult for some, such as singles and lesbians, to pursue alternative life styles [23].

13) Guilt feelings: Women have faced societal and internalized guilt feelings due to their extreme sense of responsibility for areas relating to human relations [24].

This list represents a first attempt to generate a generic questionnaire that may be used in comparing different populations of women.

The 13 problem areas were given in two

different formats to the different populations. The first format involved a checklist of problem areas, with the instructions: Do you, as a woman, feel some difficulty in any of the listed areas? Please check any area that is a problem for you. This format was given to the general population. A similar checklist was given to the social workers, with the instructions: "Which of the following problem areas are problematic for your client? Please check any area that you consider to be a problem for your clients".

A second format of the questionnaire was used as an interview schedule. Problem areas, listed in the same order as the checklist, were used as stimuli for discussion with the low-SES group. This group was asked about each area: "Some women say that (problem area) is a problem for them. Is this true for you? If so, please give us some details about how this area is a problem to you".

Procedure

The questionnaire for the general population was completed on the spot, wherever the women as approached. As the check list required only a few minutes of their time, women generally cooperated by filling out the questionnaire immediately. The social workers completed the checklist at their place of work. Interviews with the low-SES women usually lasted about two hours each and took place in the morning hours, or after work. During the interviews, a wealth of information about the lives of these women was gathered. This study presents only the quantitative information showing whether or not the problem areas were of concern to these women.

The interviewer waited for a "yes/no" answer from each subject before discussing further details in an attempt to make the

interview conditions more similar to the checklist questionnaire method. However, one possible bias cannot be overlooked. For the low-SES group there was an opportunity to request clarification about the meaning of an item, while this possibility did not exist for the other groups. Thus a problem would be the degree to which the interviewer "explained" an item and created additional input. However, the interviewer had no hypothesis as to which items would be frequently endorsed. As the same interviewer was used throughout the study, all clarification attempts to the low-SES group were similar.

Results

Results were analyzed in terms of the number and percent of subjects endorsing each item for each of the three groups: low SES women, general population shows their major concern (92%; n=46) to be lack of time for themselves. Table 1 shows the results for this group, separately.

While homemakers, widowed, elderly, divorced and battered women are similar in their mutual concerns about lack of time for themselves, some differences between the subgroups are also evident. Life stress is of major concern to all the subgroups except the homemakers. In general, the subgroup of homemakers endorsed fewer problem areas than the other subjects.

Homemakers' five major concerns, in order, were: lack of time for self, physical health, family conflicts, mental health and non-traditional roles. For the widowed group, the major areas of concern were; lack of time for self, life stress, loneliness, unclear life goals, physical health, role conflict and dependency. for the elderly women, the major problem areas were: lack of time for self,

life stress, physical health, loneliness, mental health and role conflict. This group is characterized by its relatively high percentage ratings of problem areas, as opposed to the group of homemakers. Divorced women ranked as problematic: life stress, loneliness, lack of time for self, mental health, role conflict, family conflict, dependency and lack of time for self. This group also demonstrated higher rankings in general that the other groups, with four of the items ranked as problematic for 100% of the women, two as problematic for 90% and two as problematic for 80%, This was also the only group that ranked sex as a major concern.

Comparison between the three samples shows a moderate correlation of ranking between the low SES women and the general population (Spearman rank order correlation = 34, p). However, there was a low correlation between the social workers' perception of the low SES women rank ordering of problems and the true rank ordering by the low SES women group (Spearman rank order correlation = 17). Table 2 summarizes the results for the three groups.

In reviewing the results of this analysis, it can been seen that social workers assesed the following variables as less problematic for the low SES women than these women assessed the same variables: lack of time for one's self, life stress, mental health, physical health, role conflict, unclear life goals and guilt feelings. For all these items, except guilt feelings, the social workers underestimated the seriousness of the problem area for the women. With regard to guilt feelings, the social workers overestimated this item's seriousness.

The top five items seen as problems for these women by social workers were: Family conflict, guilt feelings, dependency, loneliness and physical health, whereas the top five

items the women themselves ranked were: lack of time for self, life stress, mental health, physical health and role conflict. Thus, social workers correctly perceived as problematic only one item (physical health) in the top five items ranked by both samples. Of special note is the finding that guilt feelings were seen as second in importance by the social workers and yet was last in the list of 13 items ranked by the women themselves.

While the general population was similar in ranking to the low SES women, it may be noted that the degree to which problems were rated is considerably lower in the general population. The items rated as less problematic were: life stress, mental health, physical health, role conflict, loneliness, family conflict, dependence and contraceptives. Interestingly, the general population group rated guilt as more problematic than the low SES group.

Discussion

This study has looked at the problem areas perceived by different populations of Israeli women and perceived by social workers as characterizing their clients. It has been a first step in determining needs of women and their assessment by social work professionals. Social Work has recently been concerned with effectiveness and improving delivery to clients, many of whom are women. Social work practice can only be improved by more clarity as to goals and by better matching between client expectations and social workers' expectations for therapy and therapy goals. Such matching can occur when social workers correctly perceive the needs of their women clients.

This study has shown that social workers in this sample did not correctly perceive

their clients' needs. The primary finding of interest is that low socio-economic women, the bulk of social workers' clients, desire more time for themselves and their own interests. Women in the general population also view time for themselves as top priority. this similarity is especially important in light of the different data collection (questionnaire versus interview) methods used. Social workers did not view this area as an important problem, but rather they perceive the major problem of women as family conflicts. This discrepancy may be based on social workers' stereotypes in which the family roles are seen as major life concerns for women. This finding may also be a result of social workers training. However, it is crucial to note that while social workers believe women need help within their nurturing roles, the women themselves (and the general population of women) need help in giving more to themselves and not necessarily to their families.

Overall, there was little correlation between social workers' perceptions of low socio-economic women's problems and women's own view of their problems. Social workers view guilt as a central concern, while the women themselves placed guilt as last in the list of problem areas. Again, it may be that social workers have been trained to treat problems of an emotional nature, such as guilt or that they themselves (being all women) suffer from guilt feelings and/or stereotypes about guilt in women. The finding about guilt should alert social workers to the possibility of expectancy, in which they may inadvertantly reinforce guilt feelings of clients due to their expectation that women clients suffer from guilt feelings. In genera, the list of top items generated by social workers shows a stress on feelings, such as loneliness, guilt and dependency, while the top items listed by their client population related more to life

stress, role conflicts and time for self. While mental health was of concern to these women, other areas of real-life stress was more problematic.

These data are a first attempt to give social workers a view of the problems perceived by different groups of women. While in General there was a high correlation between low socio-economic women and the general population, as well as similarities between the needs felt by different types of women in the low SES group, differences of interest did emerge. The general population of women has similar problems but to a lesser extent than the low SES group. These findings would be expected due to the more difficult life situation faced by low SES women. For the low SES group, life stress was the second item rated (84%) while for the general population this item ranked number 13 (15.5%). Thus the degree of life stress experienced by low SES women is significantly greater than for the general population of women. While mental and physical health were of primary concern for both populations of women, it is interesting to note that the general population mentions guilt as a far more important area of concern that low SES population. It may be that low SES women are too involved with daily life struggles to be concerned with guilty feelings. The general population of women ranked non-traditional roles as fifth in their list of concerns, while this was ranked as number 11 by the low SES women. Low SES women, due to their social class, may not consider non-traditional roles as options to the same extent as the general population.

Finally, in looking at the differences within the low SES sample group, it appears that battered wives experience problems to a greater extent that the other subgroups, while homemakers experience less problems that the other subgroups. There is no doubt that the

battered wives group are exposed to far greater stress than the average homemakers, while the homemaker as the protection of a husband's financial and emotional support Loneliness was experienced especially by the widows, elderly and divorced. Physical health problems were especially noted by the elderly, as was dependency for them and for the battered wives. For the battered wives, sex and contraceptives were more problematic than for the other groups.

It would be important to replicate these findings across cultures, as currently it is impossible to generalize these results to an American sample. However, these findings will hopefully challenge social workers to examine their assumptions about women clients. It may be that more emphasis should be placed in helping women articulate their needs more clearly. There is no doubt that social workers should be more aware of service to women that women want.

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TABLE 1

RATING OF PROBLEMS BY THE LOW SES GROUP WITHIN GROUP VARIABILITY AND OVERALL ENDORSEMENT BY LOW SES WOMEN OF PROBLEM AREAS

H = Housewives W = Widowed E = Elderly
D = Divorced B = Battered

Variables	No	%	H	W	E	D	B
1. No time for self	46	92	9	10	10	8	9
2. Life Stress	42	84	3	9	10	10	10
3. Mental health	41	82	6	7	9	9	10
4. Physical health	39	78	7	7	10	7	8
5. Role conflict	39	78	5	7	9	8	10
6. Loneliness	36	72	4	8	10	9	5
7. Family conflicts	36	72	7	6	5	8	10
8. Dependence	32	64	3	7	8	5	9
9. Unclear life goal	28	56	5	8	0	7	8
10. Non-traditional roles	19	38	6	5	3	5	0
11. Sex relations	17	34	2	3	0	4	8
12. Contraceptives	16	32	4	5	0	1	6
13. Guilt feelings	7	14	2	1	1	0	3

TABLE 2

COMPARISON OF AREAS RATED PROBLEMATIC BY LOW SES WOMEN, GENERAL POPULATION WOMEN AND RATING OF CLIENT PROBLEMS BY SOCIAL WORKERS

L = Low SES (N=50)
G = General Population (N=142)
S = Social Workers (N=16)

Variables	NUMBER			PERCENT		
	L	G	S	L	G	S
1. No time for self	46	81	5	92	60	31
2. Life Stress	42	20	5	84	15.5	31.1
3. Mental health	42	20	5	84	15.5	31
4. Physical health	39	67	6	78	48.3	37.5
5. Role conflict	39	41	5	78	31.5	31
6. Loneliness	36	38	6	72	29.5	37.5
7. Family conflict	36	49	8	72	40.5	50
8. Unclear life goals	28	59	1	70	45	6
9. Dependence	32	28	7	64	22	44
10. Sex relations	17	30	4	42	26	25
11. Contraceptives	16	26	2	40	23	12
12. Non-traditional roles	19	53	3	38	44.5	18
13. Guilt feelings	7	48	7	14	39	44