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# JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

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# Profits, Welfare, and Class Position: 1965–1984

MARCUS D. POHLMANN

Rhodes College  
Department of Political Science

*The study utilizes an extended version of a Charles V. Hamilton paradigm in order to estimate yearly income transfers between classes in America's system of "welfare state capitalism." Analyzing the period from 1965 to 1984, what becomes most obvious is the substantial annual transfer from the middle/working class to the owning class. The transfer rose to more than \$150 billion by 1984—a full 10% of middle/working class income. Yet when looking at the implications, an interesting paradox emerges. Although the amount of transfer has increased some over the period, it has not grown nearly as fast as the after-tax income gap between the two classes. Those at the top have gotten sizably richer, while those beneath them have actually been witnessing a real-dollar income decline. Ultimately, this is attributed to both a postindustrial income bimodality within the non-elite population as well as a redistribution downward within that group. Frustrated by their own declining economic status, however, middle Americans at least temporarily turn a good bit of their wrath towards welfare recipients and not the owners of capital—much as Hamilton predicted.*

This study concludes that the rich are getting richer and the poor poorer in the United States. That will come as no real surprise to the more than three-quarters of the American public who are already convinced of that (Harris, 1983). The study also concludes that the average American pays a sizable share of his or her paycheck to government each year and is not pleased about having that hard-earned money go to many of the present welfare recipients. What is somewhat less obvious, though, is that a significant portion of those paychecks also goes to the owners of corporate capital—as a sort of "tribute" for the privilege of living in the country they own; and, government, welfare recipients, and this owning class interrelate to create that

reality. The documentation and explanation of how that happens are the primary foci of this study.

By utilizing an extended version of the "conduit colonialism" model first developed by Charles V. Hamilton (1972), the study attempts to provide a relatively unique perspective on the functioning of America's liberal-capitalist political economy. But where Hamilton focused on the systemic functions of the poor as welfare recipients, this study extends his model to focus on the systemic functions of the middle/working class as well. What is found is that the owning class is enriched at the expense of the middle/working and lower classes. This runs directly contrary to the prevalent contemporary notion that if the rich are allowed to get richer, most everybody else will benefit by virtue of a "trickle down" effect.

The primary goal is to estimate yearly income transfers between classes over the period from 1965 to 1984. Analyzing the functioning of the American political economy during that period has a number of advantages. For example, those living in "poverty" were not regularly singled out for systematic study by the Census Bureau prior to 1965. In addition, the period encompasses both economic slumps and booms as well as significant variations in governmental taxing and spending orientations. Before beginning, however, three more methodological notes are in order.

First, the operation of the economic system is a dynamic process. Corporate profits, for example, generally are not hoarded away in the vaults of the owning class. Instead, they are often spun back into the economy in the form of investments, bonuses, and the like. What this study provides, on the other hand, is a year-end snapshot of this process; and when viewed over time, these year-end snapshots should provide a reasonable indication of which class groupings have been gaining and which have been losing in the course of this dynamic arrangement.

Secondly, some of the operational definitions have been dictated by data availability, e.g., the "owning class" will be operationally defined as the top 5% of American families in terms of income; although for a measure of their wealth, an estimate of the wealth held by the top 5% of adults has been used. In actuality, the author would have preferred to use the top 1% of

wealthholders for both operationalizations, but there was simply not enough parallel data available over time.

Lastly, some of the developments are analyzed over slightly different time periods, e.g., wealth concentrations are only measured through 1982, and not 1984, because the most recent comparable data were available for those periods.

Such is the crudity often involved in working with others' data. Nevertheless, this study should provide some empirical guideposts.

### The Conceptual Model

#### *Government*

At least in domestic policy-making, it can be argued that government (meaning federal, state, and local levels combined), has come to play three basic roles: allocation, stabilization, and redistribution. Allocation is the provision of maintenance, or "housekeeping," services. These include police and fire protection, educating the young, keeping the streets and highways paved, and so on. Stabilization involves government using fiscal and monetary policies to help maintain a healthy, growing economy. If successful, these actions will have helped secure adequate numbers of jobs, goods, and services for an ever-increasing American population. Lastly, through redistribution, government attempts to compensate those who suffer significant economic hardship in the course of this process. It does so by using tax revenues to provide assistance in such forms as Aid to Families with Dependent Children (AFDC) and unemployment compensation.

#### *Owning Class (Hamilton's "Welfare Beneficiaries")*

These are the people who assume the chore of accumulating the bulk of the nation's wealth; and in the process, it is hoped that they will create relatively stable patterns of capital investment. Their discretion in the latter regard adds considerable economic and political power to the personal and familial security their wealth provides (Pohlmann, 1986, pp. 150–285).

As operationalized in this study, this group is defined as the top 5% of American families in terms of income, which in 1984



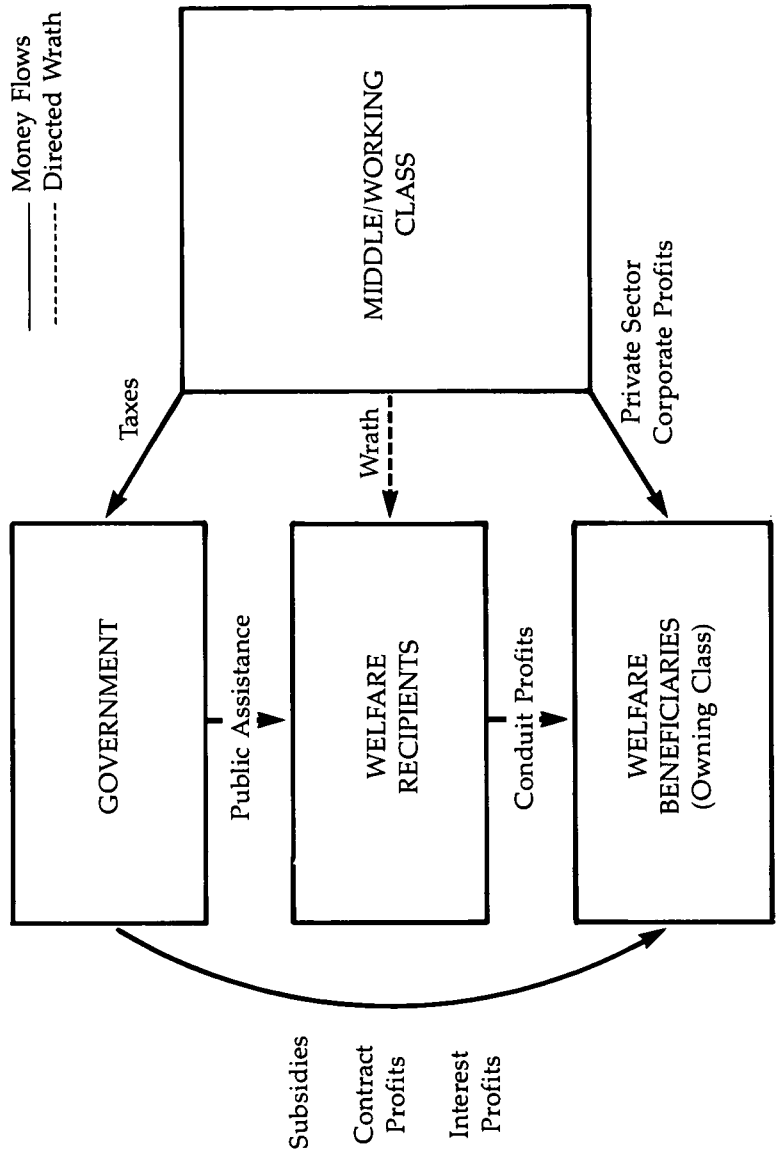


Figure 1. Welfare state capitalism: A model.

had incomes exceeding \$73,200. Each of these families generally had assets of at least \$200,000, stock valued in excess of \$50,000, and received more than one quarter of their incomes from business investments. As a group, they have consistently owned nearly two-thirds of the nation's stock or more (IRS, 1929–1986; New York Times, 1986; Edwards, 1978, p. 306; Smith and Franklin, 1974).

Besides wages, gifts, and inheritance, their income is derived from at least three other sources: the exploitation of employees, as well as direct and indirect governmental aid. The exploitation of employees involves making profits from investments of their capital by charging more for products and services than employees are paid to produce and distribute them (Marx, 1935). Direct governmental aid includes government subsidies like low interest loans and tax abatements, besides profits derived from contracts with government for building highways, bombers, housing, and so on. Indirect governmental aid is the profit attained when selling goods and services to the publicly subsidized indigent, persons who will be called “welfare recipients” from here on.

### *Welfare Recipients*

For the purposes of this study, this group has been operationally defined as the bottom 20% of American families in terms of income, those who have generally been eligible to receive one or more forms of “public assistance” from the Welfare State. Their 1984 incomes were less than \$12,489 and they owned virtually no assets whatsoever (IRS).

### *Middle/Working Class (MC/WC) Work Force and Tax Base*

These people, the remaining 75% of American families whose incomes fall between \$12,489 and \$73,200, also find themselves caught in an economic predicament. They work in either the private or public sector to produce the nation's goods and services. Most are employees of the owning class, working for a wage that is less than the market value of what they produce. In addition, taxation deprives them of a significant portion of their incomes, while billions of dollars of their tax payments end up in the hands of the owning class.

What is left for those who work for a living? If, for example, the 1977 average tax rate is applied to the 1977 median family income, that typical family was left with \$9,380 at a time when the Bureau of Labor Statistics estimated that it would cost such a family \$11,367 to meet an "intermediate budget" for food, shelter, clothing, transportation, and personal and medical care (Information, 1979, p. 60; Sherman, 1972, pp. 50–51). And without a cushion of wealth to fall back on if times get significantly worse, these middle/working class people find themselves quite economically vulnerable. A five-year University of Michigan study, for example, concluded that seven out of ten American families have at least an even chance of spending some years of their lives in "economic distress," most likely the result of a family losing the paycheck of one of its breadwinners (New York Times, 1977b; Levison, 1974; Shostak, 1969).<sup>1</sup>

Much of this should become clearer by examining "Welfare State Capitalism" in the United States. The model contains seven junctures where money is transferred from one group of participants to another. These have been labelled: private-sector profits, personal taxes, direct subsidies, contract profits, interest profits, public assistance, and conduit profits. Lastly, there is the venting of pent-up frustration that is termed "directed wrath." (Domhoff, 1967; Hamilton, 1972; Harrington, 1984; Piven and Cloward, 1971; Millband, 1969; O'Connor, 1973; Parenti, 1983).

### Welfare State Capitalism

#### *Private-Sector Profits*

When the owning class invests its money in corporations it expects something in return. What it gets in return are profits. These, as mentioned above, derive from paying the workers less than the market value of what they have produced. In other words, this is a return to capital, not to labor.

These corporate profits have accounted for at least 10% of all national income throughout most of this century. In the period under study, they rose from 119.7 to 124.4 in billions of constant 1984 dollars, after subtracting the owners' taxes, profits from transactions with government, and adjustments for inventory valuation and capital depreciation (See Table 1). There was sig-

nificant fluctuation over the period, but profits have now reached their highest level in 20 years and appear to be climbing to new heights.<sup>2</sup>

### *Personal Taxes*

By 1984, Americans were paying nearly \$700 billion in taxes every year. And when looking at this tax burden imposed by federal, state, and local governments combined, it is quite clear that the United States does not have a progressive tax system.

In 1980, for example, economist Joseph Pechman (1985, p. 52) found the poorest one-tenth of American families made 1.3% of all adjusted family income before taxes, and still had only 1.3% of it afterwards. While at the other end of the income spectrum, the wealthiest one-tenth made 33.1% of all adjusted family income before taxes, and had 33.9% of it after all taxes had been paid.

In 1965, the middle/working class paid some \$2597 (1984 dollars) per capita in taxes. That figure grew to a peak of \$3528 in 1978, and was still \$3178 by 1983—despite a major federal income tax cut between 1981 and 1983. Thus, as a group, the middle/working class was paying some \$559 billion in taxes by 1983.<sup>3</sup>

How government chooses to spend its revenues will be considered next.

### *Direct Subsidies*

Each year the *Survey of Current Business* compiles the amount of governmental subsidies paid to non-governmental enterprises—primarily in the agricultural, construction, and transportation industries. Converted to 1984 dollars, the owning class' share of those subsidies amounted to \$11.8 billion in 1965. That figure then grew to a peak of \$17.5 billion in 1983, and was \$16.1 a year later. (See Table 1.)<sup>4</sup>

### *Contract Profits*

The owning class is also reaping after-tax profits from their business transactions with government, although these profits declined somewhat between 1965 and 1984. At the beginning of that period, as the Viet Nam War raged, the after-tax profits



from sales to government were estimated to be \$7.4 billion in 1984 dollars. That figure dropped below \$4 billion in the early 1980s but was \$4.3 billion in 1984.<sup>5</sup> (See Table 1.) Yet, it should be remembered that these are quite conservative estimates when considering that many of government's biggest purchases—e.g., most of its defense equipment—are made without competitive bidding from industries within which profit rates are often considerably higher than the average corporate profit rates used in the calculations for this paper (New York Times, 1985a, 1985b).

### *Interest Profits*

Governmental indebtedness continues to mount, and thus government continues to pay more and more interest to its lenders. This has meant an increase in real-dollar after-tax profits for the owning class. From a 1965 figure of \$4.5 billion, for example, it is estimated that they have recently begun to make over \$6 billion a year. (See Table 1.) That is a 40% rate of increase.<sup>6</sup>

### *Public Assistance*

Public assistance refers to the host of governmental programs designed to ease the load of being poor in America, e.g., AFDC, Medicaid, Food Stamps, Rent Subsidies, and Supplemental Aid for the Aged, Blind, and Disabled. They provide the poor with money and vouchers with which they can purchase necessities of life like food, shelter, clothing, and medical assistance. Beginning primarily with Franklin Roosevelt's New Deal and accelerating dramatically during Lyndon Johnson's Great Society era, such relief payments have grown to quite sizable proportions, e.g., 74 need-based programs provided millions of indigents with over \$134 billion worth of "relief" in 1984 (Burke, 1984). The Congressional Research Service refers to these programs as the "welfare system." Yet, this story does not end here, for the poor do not eat, wear, and live under these checks and coupons. Instead, they spend them; and in the process, they provide additional profit for the owning class.

### *Conduit Capitalism*

Charles V. Hamilton (1972) was one of the first to note the "conduit" function played by most all relief recipients. As in-

dicated earlier, this occurs when various proportions of their governmentally funded purchases flow on to the owning class—e.g., wealthy landlords, nursing home operators, and the stockholders of pharmaceutical companies—as profits from these transactions. Although it is much more difficult to determine which of these vendors is making precisely how much money by serving the poor, it is possible to estimate what the owning class vendors as a group have made. For example, applying the average after-tax corporate profit rates to the billions spent on need-based public assistance programs, there was nearly a tripling of real dollar vendor profits flowing to the owning class between 1965 and 1984. The figure had risen to some \$1.4 billion by the latter date. (See Table 1.)<sup>7</sup>

### *Summary*

America's political-economic system does seem to reinforce existing class relationships. This becomes even more obvious when the above figures are compiled. (See Table 1.)

In 1965, the American political economy transferred more than \$143 billion (1984 dollars) from the middle/working class to the owning class. That amounted to some 14% of the income of the middle/working class.

Although fluctuating with the owning class' private-sector profits in the years that followed, the total transfer had risen to more than \$150 billion by 1984—still a full 10% of increased middle/working class income. translated, that means that the average American is now working more than one month out of every year in order to supply increased income to the owning class.

Government was directly involved in about one-fifth of this transfer, and it was indirectly involved in the rest by means of its non-progressive tax system, economic regulations, many of its maintenance services, and so on.

### *The Bottom Line*

As indicated by Figure 2, the rich are indeed getting richer by the end of this entire process. For example, the poorest owning class family made \$54,961 (1984 dollars) in 1965 and \$73,230 by 1984. At the same time, the average American family was clearly better off than in 1965, but has witnessed a real-dollar

Table 1

*Money Transfers From Middle/Working Class to Owning Class,  
1965-1984*

	Private Sector Corporate Profits (after taxes) (1)	Govern- ment Subsidies (2)	Govern- ment Contract Profits (after taxes) (3)	Govern- ment Debt Interest Profits (after taxes) (4)	Conduit Profits (after taxes) (5)	Total MC/WC "Tribute" Paid (6)	% of MC/WC Income (7)
1965	119.7	11.8	7.4	4.5	0.5*	143.9	14
1966	113.0	13.0	7.3	4.4	0.8*	138.5	13
1967	103.2	10.5	7.6	4.6	1.0*	126.9	12
1968	96.0	10.4	7.0	4.5	1.1	119.0	10
1969	81.3	10.7	5.5	4.9	1.0*	103.4	9
1970	72.1	11.1	4.4	5.4	1.2*	94.2	8
1971	74.6	10.8	4.6	6.3	1.2*	97.5	8
1972	94.0	15.1	5.5	6.6	1.5*	122.7	9
1973	91.5	12.6	4.6	5.3	1.3	115.3	8
1974	61.6	6.7	2.7	4.4	0.9*	76.3	6
1975	76.8	6.4	3.9	4.6	1.3	93.0	7
1976	84.6	6.4	3.8	4.1	1.4	100.3	7
1977	101.6	8.2	4.6	4.5	1.7	120.6	9
1978	110.6	9.7	4.7	4.5	1.8	131.3	9
1979	104.4	9.3	4.0	4.3	1.5	123.5	8
1980	80.1	9.5	3.0	4.0	1.1	97.7	7
1981	83.2	10.2	3.5	3.9	1.3	102.1	7
1982	74.2	12.7	3.4	4.5	1.2	96.0	7
1983	101.6	17.5	3.8	5.3	1.3	129.5	9
1984	124.4	16.1	4.3	6.3*	1.4	152.5	10

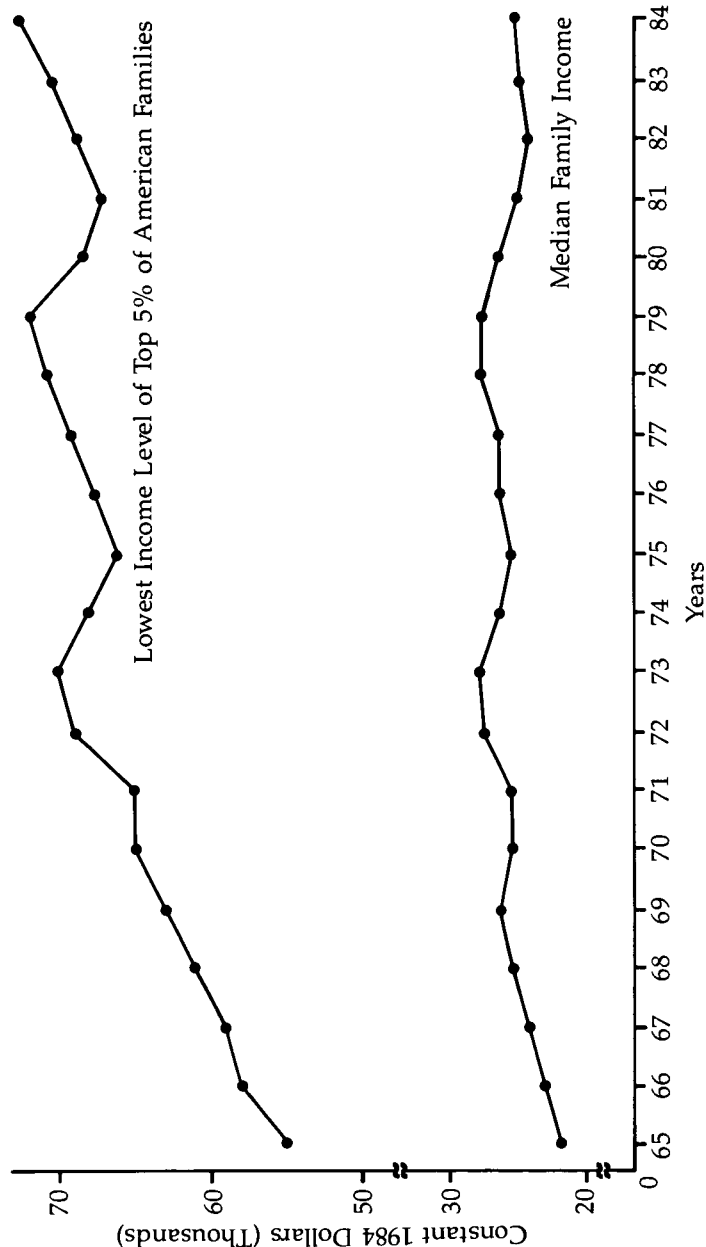
All money figures in constant (1984) billions of dollars.

All data are the most recent estimates available in government documents below.

\*extrapolation

Sources: Survey of Current Business, Statistical Abstracts of the United States, and Congressional Research Service Report 85-194 (1984).

Figure 2. Income levels for the middle/working and owning classes, 1965-1984.



Source: Current Population Reports P-60 series.



income loss of more than \$1000 since the late 1970s. Lastly, lower-class families saw their average real-dollar income increase between 1965 and 1973 as the Great Society welfare programs took effect. Nonetheless, those incomes dropped an average of over \$1500 per family between 1973 and 1984.

In terms of corporate stock, it is estimated that the owning class held more than three-quarters of it in 1965, and still possesses nearly two-thirds of it at very least.<sup>8</sup> As for the rest of the stock, much of it is owned in relatively small amounts, and the average dollar value of these share-holdings has shrunk dramatically. For example, the median portfolio was \$6,200 in 1985, less than one-third of what it was a decade earlier; and, it should be remembered that a growing amount of this investment is tied up in small tax-sheltered Individual Retirement Accounts, e.g., approximately \$75 billion worth in 1986 (Christian Science Monitor, 1985; New York Times, 1986).

As for corporate control, Edward S. Greenberg sums it up this way,

Ironically, the slight dispersal that has occurred has probably enhanced the position of major stockholders, who now require a lower percentage of voting stock to exercise control in a corporation than they did in the past. When one considers the coalitions of large stockholders that in fact occur, the vaunted dispersal of stock ownership begins to appear less significant (1983, p. 136).

There have been two important parallel phenomena, however. The first is the infusion of foreign capital into the United States. The second is the growing amount of corporate stock being purchased out of private pension funds.

Although it is difficult to gather reliable data on the amount foreign capitalists have invested in this country, the Federal Reserve Board estimated foreign holdings to be 2% of corporate stock in 1965 and 5% by 1983 (Federal Reserve Board; U.S. News, 1977). This does complicate the Welfare State Capitalism model a bit. In the end, however, this simply tends to make the estimates more conservative for at least three interrelated reasons. First, some of the profits garnered by foreigners do not appear in U.S. governmental statistics on taxable private-sector profits; and thus the amount of money being extracted from the middle/

working class is even greater yet. A second point is that these foreign investments help explain why a smaller share of all domestic corporate stock is presently held by the top 5% of Americans—a fact which has led to reduced profit totals in the government-assisted transfers calculated above, even though the additional money is still being extracted from the pockets of the American middle/working class and flowing to owners of capital. Third, it means that the American owning class holds an even larger share of corporate stock if one focuses only on that which is held domestically.

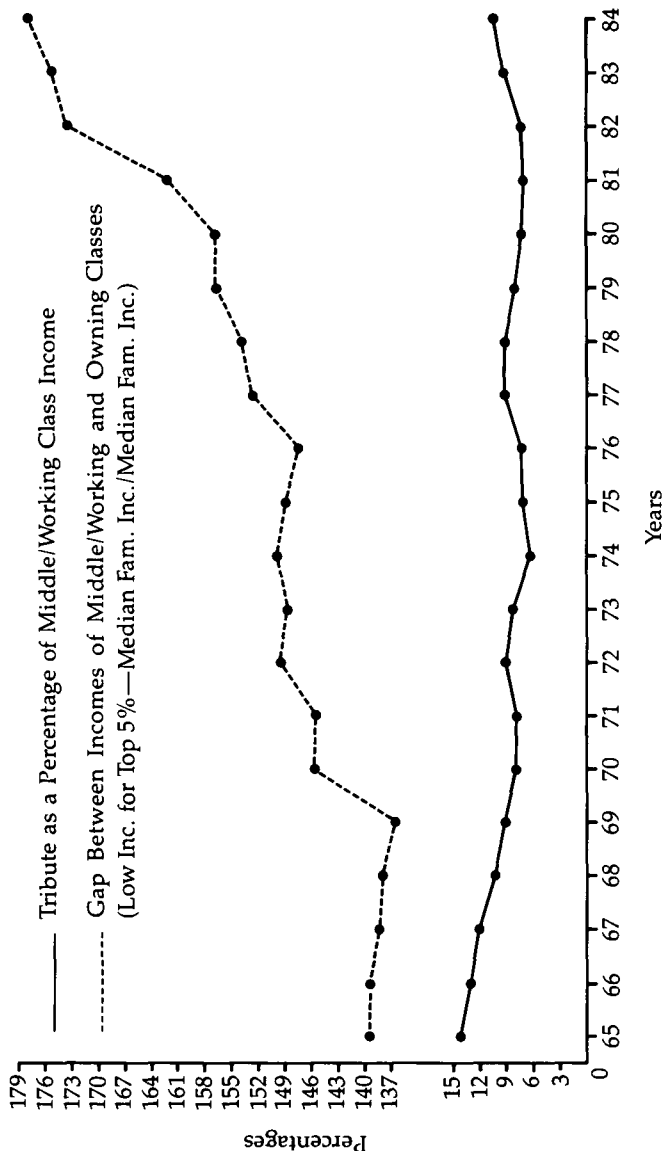
A far more significant development is the fact that greater than 10% of all corporate stock is now held for the middle/working class by means of their pension fund accounts (Federal Reserve Board, 1984).<sup>9</sup> For the individual employee, however, these are relatively small portfolios, are indirectly held and voted for them, and such investments are often governed by regulations which limit the investment discretion of their trustees. Nevertheless, should organizations like the AFL-CIO ever succeed in politicizing their control over these funds—some \$608 billion in 1983 (Federal Reserve Board, 1984), a significant power shift could be in the offing (Drucker, 1976).

On the other hand, one should be very careful not to interpret the decline in the proportion of stock held by the American owning class to suggest a decline in their economic well being. Although they do indeed own less of the nation's stock, their share of overall national wealth has remained relatively steady at more than 40% of all national wealth throughout the period under review.<sup>10</sup> Thus, those in the owning class have simply been more inclined to choose investments other than stock.

Yet, a paradox is beginning to emerge. The after-tax income gap between the middle/working and owning classes has continued to widen, whereas the wealth gap has not. But beyond that, their respective shares of all family income have remained relatively steady too. The top 5% of American families have consistently made some 16% of that income, while the middle three-quarters of the families have been making 79% of it (Census Bureau; IRS). And just as mystifying are the trends apparent in Figure 3.

The growth in the after-tax income gap is most apparent

Figure 3. Corporate tribute and relative position of middle/working class, 1965-1984.



Sources: Current Population Reports, Survey of Current Business, Statistical Abstracts of the United States, and Congressional Research Service Report 85-194 (1984).

here. First, however, there was some modest levelling in the latter 1960s during the Great Society period; and, this did seem to correspond to a decline in tribute payments and can also be seen in the lessening of the owning class' share of all stock and general wealth discussed above. Yet, thereafter, these trends reverse until owning class tribute, stock, and wealth reach plateaus of sorts, while the income gap literally soars after the mid-1970s. But how can the income gap between the classes be widening, while income and wealth shares and tribute have remained relatively steady?

Focusing on the relationship between the middle/working and owning classes, there are at least four viable explanations, each of which will be discussed below. The first two are essentially mathematical in nature; and although the most obvious, they simply do not explain one of the crucial phenomena. The other two have greater potential for explaining that latter phenomenon, but they are more tentative.

By simple mathematics, with the owning class receiving more than three times its income share over time (5% receiving 16% of all income), and the middle/working class only slightly more than their own (75% making 79% of all income), the income gap is bound to grow as the pie expands. In addition, as the owning class has received billions of dollars in tribute, the total family-income pie has expanded in 16 of the 20 years under study, and each class has maintained its share of that expanded pie. That would seem to support the trickle-down concept. The owning class continues to get its disproportionate share and thus grows relatively richer. Nevertheless, the non-owning classes, by pulling down a steady share of an expanding pie, find an overall growth in real-dollar income as well. Or do they?

It is at this point that the first explanation falls short. Although it helps explain the real-dollar increase in the gap between middle/working and owning-class incomes, it should be recalled that the real-dollar income of the middle/working class has actually been declining. As measured by median family income, it fell by \$1,026 real dollars between 1978 and 1984. Consequently, something else must be going on.

A second mathematical approach also appears to hold out some explanatory hope. It should be remembered that the Wel-



fare State Capitalism model revolves around the ownership of corporate capital. Therefore, as the owning class has come to own a smaller share of the nation's corporate stock, its share of private-sector profits have declined, reducing "tribute" as calculated by the model. Nevertheless, the fact that they have shifted their savings into other forms of wealth does not mean that they are no longer acquiring income from such investments. As a matter of fact, one can only assume that they would not have switched investments if they did not feel that that would be a financially lucrative move. In the end, then, the owning class appears to be garnering some of their increased income from "non-capitalist" investments outside the model used in this study, e.g., certain personal real estate ventures, or whatever. Yet, that does not explain the real-dollar decline in middle/working class income either.

Although more difficult to measure given limitations of available income data, there are two additional approaches which offer greater hope for resolving the paradox.

First of all, amidst the shift from an industrial-dominated to a service-dominated economy, there is mounting evidence that a bimodality is developing within the middle/working class. Skilled technicians and professionals continue to do well in the more highly technological era, while much of the rest of the work force is slipping into the "secondary labor market" (Pohlmann, 1986, pp. 14–83, 150–230, 333–378).

George Sternleib and James Hughes note the general phenomenon when looking at constant dollar income distributions between 1973 and 1982. During that period, there was a growth in the proportion of the population making \$35,000, a clear shrinkage of the \$15,000–\$35,000 group, and a growth in the percentage making less than \$15,000 (Sternleib and Hughes, 1984).

The growth at the top reflects the increase in managerial and professional positions integral to an expanding service economy. But why the loss of income in the rest of the middle/working class category? Consider the fact that between 1973 and 1982, for example, the United States lost 1.3 million manufacturing jobs which paid an average of \$17,000 per year, while adding an even larger number of service positions which paid an average of

only \$12,000 per year. More Americans had come to be employed by McDonalds than by either General Motors or U.S. Steel. The unionization rate for the overall workforce had slipped below 20%—and was lower yet if government workers were excluded. Meanwhile, roughly one-half of all new jobs created between 1976 and 1985 paid a family head poverty-level wages, while the number of persons without health insurance rose 32% (Sternleib and Hughes, 1984; New York Times, 1987a, 1987c; Memphis Commercial Appeal, 1986, 1987).

As further evidence of this intra-class division, the income share of the second lowest quintile of American families has fallen by a full 1% since the mid-1970s, while the middle quintile has fallen one-half of 1%. Conversely, the second highest quintile has increased its share by 0.4%, and the highest quintile by a full 2%—with only one-quarter of that gain accounted for by the owning class. On the face of it, those figures may appear rather miniscule; however, they take on added significance given the tremendous consistency of the distribution in the prior decade. Thus, although the entire group's overall income share remains the same, the majority of the middle/working class may have been losing ground because of the on-going change in the labor market. Thus, the group's median income could decline while its overall income and income share remained steady, propped up by the earnings of the top of this class grouping.

To make matters worse, these figures actually understate the trend for at least two reasons: (1) the large Baby Boom generation has begun to reach its peak earning years; and (2) the number of multiple-income families has been growing markedly. Thus, the present does not appear as bad as it has become, and the future looks even less promising for the next generation of middle/working class families (Sternleib and Hughes, 1984).

Lastly, as spending on public assistance programs has increased by more than 700% in real dollars since 1965, the bulk of the middle/working class may well have spent most, if not more than, their share of the income expansion to help the poorer 20% of American families retain their post-transfer 5% of overall income. The average owning class family, on the other hand, would have received enough from their disproportionate share

of the increased income so that they could pay their proportion of the tax bill and still emerge with a sizable increase in income.

### *Directed Wrath*

Tax money is collected from the upper-lower and lower-middle classes (Black and white)—whom I call the “middies”—and funneled through the conduit system to private hands in another segment of the economy. And all of the while the ignorant, unsuspecting “middies” think their money is going to help “shiftless, lazy welfare cheats.” Both the middies and the conduits are being pillaged (Hamilton, 1972, pp. 42–43).

As they have watched their own standard of living decline since the mid-1970s, it should come as no surprise that the middle/working class has become frustrated. It is instructive, however, to note who ended up as a primary target of their wrath.

The words “welfare recipient” seem to conjure up one of two images in the minds of many middle Americans. The first is the black female-headed household with numerous small and/or adolescent children, having lived somewhat comfortably on the dole for years, and probably receiving more aid than it is legally entitled to receive. The second, even more resented, is the shiftless black male hanging out on the street corner when he could actually be working.

Yet, there is a considerable difference between public assistance myth and public assistance reality. The modal relief-receiving family is white, with one child under 6 years of age, and has been on relief less than 1 year. More than 60% have been on less than 3 years, while only about 15% are truly chronic—staying with the system for 8 years or more (SAUS, 1986, p. 382; New York Times, 1987b; Marable, 1983; Harrington, 1984).

Focusing on AFDC, the bell-weather of the relief package, more than 70% of the recipients are children. As for the heads of these households, only a small minority are deemed to be “able-bodied” (12% in 1977), and most of these are mothers who are the sole resident-parents of small children. The number of able-bodied adult males receiving such relief has been estimated at 1.5% of the caseload (U.S. News, 1972, p. 57); not a particularly high figure in a period when 5–10% of those actively

seeking work could not find it. And it has been estimated that some 90–95% of all recipients are legally eligible, with nearly half of the ineligible receiving benefits due to administrative errors (New York Times, 1977a). The Department of Health, Education, and Welfare actually found less than 3% of AFDC cases “suspected of fraud” in 1973, 1.6% with “possible questions of fraud,” and 0.8% with “sufficient facts to support” such charges. Less than 0.2% were ultimately prosecuted (JEC, 1973). Overall, then, the amount of middle/working class money going to “welfare abusers” is miniscule compared to the amount of their paychecks that are transferred to the owning class in the form of tribute each year.

Nevertheless, polls conducted during a particularly telling period reflect the average American’s increased animosity toward “welfare.” Amidst the real-dollar levelling of the mid-1960s, such attitudes were relatively favorable. For example, a majority of Americans felt that spending on “welfare and relief programs” was either not enough or about right (Gallup, 1964). Yet, once those programs proliferated and the real-dollar incomes of middle/working class citizens began to decline, this tone changed considerably. In the latter 1970s, for instance, 58% of Americans now disapproved of most government-sponsored “welfare” programs; and two out of three respondents mistakenly believed public assistance costs even made up a major part of their locality’s expenditures (New York Times, 1977c, 1978b).

How, then, does one move to counteract these lazy, coniving, overly promiscuous welfare chiselers? The majority of Californians, for example, cited a desire to reduce “welfare expenditures” as their primary reason for supporting Proposition 13 (New York Times, 1978a). While nationwide, more than 40% of Americans favored cutting relief programs “alot,” and an “overwhelming number” of those favoring service cuts cited “welfare and social services” as clearly their most preferred target (New York Times, 1978a, 1977c, 1978b; Gallup, 1979). As part of the rationale, more than one-third of Americans incorrectly believed the majority of recipients were receiving more than they were legally entitled to (Gallup, 1978); and thus when asked which welfare reforms were most needed, the majority of Americans called for “better screening methods.” The second most common

response was to get those who can work off the welfare rolls (Gallup, 1977).

These attitudes were soon reflected in governmental policy. The amount of real-dollar expenditures on public assistance levelled out in the 1980s, and the post-transfer income of the bottom one-fifth of American families declined 4.4% in real dollars.<sup>11</sup>

Thus, in absolute terms, the rich are getting richer and the poor are getting poorer—a reality that is both reinforced and enhanced by "Welfare State Capitalism." And as the middle/working class got poorer as well, it tended to focus its blame on highly visible public assistance monies flowing to the poor rather than the less visible "tribute" flowing to the rich. However, public opinion toward "welfare" seems finally to have begun to moderate as Reagan-era austerity measures, combined with the economic polarization occurring during deindustrialization, have left hundreds of thousands homeless and long lines at the soup kitchens (AuClaire, 1984). Whether such wrath will now be directed toward the owning class remains to be seen.

### Conclusion

This study began by asking in what ways and how much does the American political-economic system function to transfer income between classes. To begin to answer that question it utilized a "Welfare State Capitalism" model and focused on income transfers between 1965 and 1984. What it found was a system that exploits the middle/working class, struggles to maintain the poor at subsistence, further enhances the dominant position of the capital-owning class, and leads to an at least temporary diversion of middle/working class wrath.

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### Footnotes

1. Are there significant class divisions within the "middle/working class"? For example, is there not a significant difference between the Safeway store manager and the check-out clerks? Clearly the former does have a degree of power over the latter. However, that manager has been hired to maximize profits for Safeway stockholders. Thus, decisional leeway is limited; and the manager's personal interests are subordinated to those of the company's owners in virtually the very same way the clerk's are. They are playing different roles, but the bottom line is the same for both.

They must do what they can to turn acceptable profits for those who own the institution. And if they fail, they lose their jobs.

As for the self-employed, the proportion of the American population in that category, with no non-family members working for them, has shrunk steadily since the nation began and is now less than 8% (Reich, 1972). Yet, this is still a sizable number of people, and as a group they remain difficult to categorize. They are clearly not capitalists, as they are not extracting profits from the labor of others. By the same token, they are not really workers either, as they are not having their labor exploited by a capitalist. Thus, they end up as a group in between; but in fact, they can be seen as small-scale glimpse of a socialist-type economic arrangement in which all would control the businesses within which they labored.

2. As for specific methodology, I took after-tax corporate profit figures from the *Survey of Current Business* and converted them to constant 1984 dollars using the Consumer Price Index. I then subtracted the constant-dollar Contract Profit, Interest Profit, and Conduit Profit amounts calculated and discussed in the sections below so as not to double-count them. Lastly, I used estimates of the percentage of corporate stock held by the top 5% of American adults (see note #8) in order to calculate the share of these profits garnered by the "owning class." Now, all of this excludes profits made by partnerships and proprietorships; but, they tend to be small firms with relatively few employees, and as a group only account for approximately 10% of all sales. Nonetheless, in as much as a number of their owners would fall into my "owning class" category, ignoring their profits from these firms simply makes my "private-sector profit" figure a more conservative measure by understating the total.
3. Methodologically, I took the *Statistical Abstracts of the United States* figures for all taxes paid each year, and multiplied each by that year's middle/working class percentage of national income. I then converted the resulting figures into real 1984 dollars using the Consumer Price Index. The results were as follows: 1965-\$2597, 1966-\$2810, 1967-\$2879, 1968-\$2936, 1969-\$3263, 1970-\$3197, 1971-\$3011, 1972-\$3278, 1973-\$3341, 1974-\$3286, 1975-\$3112, 1976-\$3155, 1977-\$3445, 1978-\$3528, 1979-\$3507, 1980-\$3343, 1981-\$3443, 1982-\$3277, 1983-\$3178. The latter figures are conservative estimates, however, not only for the reason cited in the text but also because the recent reduction in the federal income tax burden has most likely made the overall tax structure regressive. If that is true, the middle/working class is no doubt paying even more of the nationwide tax burden today.

It should also be noted that federal Social Security payments are not being included as "taxes" in this study, even though that is a payment that is not optional.

4. See note #2 for an explanation of how I estimated the share gained by the owning class and how such corporate figures are conservative estimates in that they ignore partnerships and proprietorships. Also, it should



be noted that these figures include both direct cash payments and the calculated value of "benefits-in-kind."

5. To arrive at these estimates, I took *Survey of Current Business* figures on federal, state, and local government purchases of services and durable and non-durable goods and structures. I then subtracted all money going to employee compensation—conservatively assuming no income was accrued by the owning class in such transactions—and converted each yearly figure to constant 1984 dollars using the Consumer Price Index.

But at that point I needed to derive an appropriate after-tax average corporate profit rate for each year, which would then be applied to governmental purchase figures in order finally to estimate after-tax corporate profits from these transactions. Thus, I calculated such a profits-to-sales ratio by taking the after-tax corporate profit figures calculated above and dividing them by *Survey of Current Business* figures on "corporate receipts" from sales and services less allowances, rebates, and returns (excluding capital gains/losses and investment income not associated with taxpaying businesses).

Corporate profits were then calculated as a proportion of governmental purchases each year; and the share captured by the owning class was calculated as in note #2.

6. These after-tax profit estimates were calculated by first establishing a functional investor profit rate on loaned money. Given that banks do most of the lending to government and that roughly 90% of bank revenues come from interest payments, banks' net (after-tax) income was divided by their current revenues—all using Federal Reserve Board figures. These calculated "profit rates" were then applied to total interest paid on governmental debt each year. The resulting after-tax profits from lending to government were then reduced to the share gained by the owning class—as calculated in note #2.
7. In terms of methodology, I took the public assistance figures for years 1968, 1972, 1973, and 1975–1984 (Burke, 1984); and I made estimates for the years 1965–1967, 1969–1971, and 1974 using both Burke's figures as well as *Statistical Abstracts of the United States* totals for AFDC, Supplementary Aid for the Aged, Blind, and Disabled, Medicaid, Food Stamps, and "General Assistance" in order to guide my extrapolations.

I am focusing on cash paid to the welfare recipient and items/services purchased for them, e.g., school lunches and medical care. Specifically, where approximately one-half was cash and one-third medical payments in 1968, by 1983 only one-quarter was cash, one-third was still medical payments, 15% was food, and 10% was housing payments. It is, of course, presumed that the cash is spent and not saved and/or invested.

These public assistance totals are then multiplied by the average corporate profit rate for each year (see note #5), and the share going to the owning class is calculated in the same way it was in note #2.

It is also being assumed that the administrative portion of these governmental expenditures is being offset by the higher than average

profits gained in many of these transactions. In addition, there are some indications that the administrative costs of these programs are actually relatively low (Social Security Administration, 1972, p. 57), where it is estimated that the administrative costs for the Supplementary Aid to the Aged, Blind, and Disabled program were only 1.8% of its budget in 1972.

Lastly, there is some definite overlap between the "conduit profits" and the "contract profits" discussed earlier. Nonetheless, the earlier figures are considered conservative enough to more than compensate for that.

8. Here I took the figures for the top 1% of Americans (Smith and Franklin, 1974) and estimated figures for the top 5%. I accomplished the latter estimate by first taking Smith and Franklin's calculation for the top 1% in 1962 and dividing that figure by a calculation for the top 5% (Federal Reserve Board, 1962, pp. 110–114). The resulting ratio was then applied to Smith and Franklin's other figures in order to attain the corresponding estimates for the top 5%. I then extrapolated for the years skipped over in the Smith and Franklin article. A 1983 estimate was derived by using dividends reported in 1983 tax returns (IRS, Summer 1983). I then extrapolated around that figure as well.

Stock is defined as common and preferred issues, domestic and foreign firms, certificates/shares of building and loan and savings and loan associations, federal land bank stocks, accrued dividends, and other investments reporting equity in an enterprise, as well as stock held in trust (though understated). And, it is being assumed that the top income recipients and top stockholders are essentially the same group of people at any particular point in time.

My final estimates for the proportion of stock held by the top 5% of American adults were: 1965–78%, 1966–77%, 1967–76%, 1968–75%, 1969–74%, 1970–77%, 1971–79%, 1972–81%, 1973–75%, 1974–69%, 1975–64%, 1976–59%, 1977–60%, 1978–60%, 1979–61%, 1980–61%, 1981–62%, 1982–62%, 1983–63%, 1984–63%.

For examples of significantly higher estimates, see Butters (1953, p. 400) and Parenti (1983, pp. 11–12).

9. With 18% of all stock held by a combination of public and private pension funds in 1983 (up from 5% in 1965), it seemed safe to estimate that more than half of that pension-owned stock was held by the middle 75% of American families.
10. To arrive at my estimates, I began with the 1969 figures compiled by the Internal Revenue Service (1983). I took their figures for the share of wealth held by the top 1% and top 5% of American adults. I divided the former by the latter and applied that ratio to 1965 and 1972 estimates of the share held by the top 1% in those years (Lampman, 1962; Smith and Calvert, 1965; and Smith). I also applied the ratio to 1976 and 1982 estimates of the share held by the top 1% in those years (IRS, 1976, 1982).

My resulting estimates for the proportion of the nation's wealth pos-

essed by the top 5% of American adults were: 1965–48%, 1969–42%, 1972–44%, 1976–44%, and 1982–42%.

“Wealth” is defined as all corporate stock, trusts, bonds, savings, life insurance, and real estate—less liabilities.

11. To arrive at this figure, I took the high-income cutoff point for the bottom 20% of American families. In 1980, it was \$13,058, but it had declined to \$12,489 by 1984—all in 1984 dollars (Bureau of the Census).

It should be noted, however, that I have not attempted to make adjustments for “benefits-in-kind” transfer income. First, it is not disposable income, and thus it ought not to be counted in the same way. Secondly, such calculations open a real methodological “can of worms.” For example, if we calculate the disproportionate benefit the poor receive from Medicaid, why not also calculate the disproportionate benefits the wealthiest gain from national defense, State Department trade efforts, domestic infrastructure, and so on? Lastly, even if such benefits are included (Browning, 1976), they are still funded largely by the middle/working class.

# Behavioral Impacts of the Fear of AIDS: A Sociological Model

RAGHU N. SINGH

East Texas State University

N. PRABHA UNNITHAN

Colorado State University

JAMES D. JONES

East Texas State University

*The paper demonstrates the conceptual meaning and utility of a sociological model for identifying correlates of the fear of AIDS and its consequent changes on peoples' behaviors. A sociological notion of levels of analysis is employed for classifying correlates of AIDS' fears under structural and individual categories. A tentative list of these correlates and their projected relationship with peoples' fears is suggested to illustrate the model.*

The fear of contracting an infectious disease, such as Acquired Immune Deficiency Syndrome (AIDS), often generates a number of changes in individual and social behavior. The major objective of this paper is to propose a sociological model that may aid in the research and analysis of the impact of such fear. The model demonstrates the usefulness of identifying factors, at various analytical levels, that affect individual behavior and orientations in relation to the fear of AIDS.

AIDS infection, which causes devastation in every major organ system of the body (Saxton, 1985), or an "immunological anarchy" (Fetter & Check, 1984), is presumed to be largely transmitted through semen, blood, or to fetuses in the uterus (Batchelor, 1984). Recent statistics from the U.S. Centers for Disease Control indicate that AIDS' victims have largely been homosexual or bisexual men, relatively young (90% are 20–49 years of

age), white (60%, versus 25% black, 14% Hispanic), and mainly urban dwellers (Centers for Disease Control [CDC], 1986).

Overall, reports from six European countries (Denmark, France, Netherlands, Federal Republic of Germany, Switzerland, and the United Kingdom) reveal a "constant increase in number of AIDS cases" (CDC, 1986). Recent estimates also indicate that due to a stigma of homosexuality attached to AIDS disease, there are actually 50% more cases of AIDS than are reported (Feldman & Johnson, 1986). With the long-hoped-for "flattening of the epidemiological curve" still elusive, some have suggested that AIDS cases are likely to multiply very rapidly in the future (Bayer, 1985; Clark, 1985). As far as exposure to the AIDS virus is concerned, recent estimates in the U.S. range from one million people (Fetter & Check, 1984) to two million (Adler, 1985), along with a trend indicating that the number of cases is increasing steadily (Clarke, 1985).

A phenomenon with such widespread social impact should attract the attention of a variety of disciplines. Research delineating the etiological chain of events and factors leading up to the disease, as well as analyzing the consequent social changes, needs to be carried out (Institute of Medicine, 1986). Reviews of the literature on AIDS indicate that, so far, mainly medical scientists, along with a few psychologists and journalists, have rigorously studied the phenomenon. In 1984, for example, Simpkins and Eberhage maintained that their search of the literature did not yield any systematic social science research on AIDS and, therefore, related policy decisions seemed to have been based upon anecdotal evidence or polls conducted by the media. Martin and Vance (1985) point out that the social sciences have been slow in researching AIDS because of the lack of awareness of the role psychosocial factors play in the spread of the disease. A recent commentary on the sociological study of AIDS (Kaplan, Johnson, Bailey, and Simon, 1987) acknowledges that studies that explicitly address research questions relating to the onset and course of AIDS frequently consider too narrow a scope of explanatory factors. Feldman and Johnson (1986, p. 36) point out that, "only recently has there been a grudging acceptance on the part of some biomedical researchers that AIDS cannot fully be understood solely from a biomedical perspective; understanding requires additional input from social and behavioral

scientists." Other authors have urged social and behavioral scientists to get involved in AIDS research as their studies "would be translatable into intervention" (Kaplan et al., 1987), and "could be the only hope for stopping the spread of AIDs through prevention" (Batchelor, 1984). This research gap is even more noticeable with regard to the impact of AIDS on society, particularly the widespread fear it appears to have generated.

### The Impact of AIDS

Epidemic diseases are terrifying both in the suddenness with which they can sweep through a community and in the apparent arbitrariness with which they strike their victims. Diseases like AIDS have "stigma potential" driving their victims into "closets" and the general public into mass hysteria (Schneider & Conrad, 1985) through the contagion of hysteria and anxieties (Gehlen, 1977) as well as epidemics of "exaggerated fears" (Kapp, 1972). Several recent studies have declared AIDS to be a unique lethal disease "becoming a source of terror throughout every segment of society" (Batchelor, 1984, p. 1279). In Britain, AIDS has been reported by the media as the new "plague" and a "terrible tragedy" in today's world (Fisher, 1985). Various scientists have labeled AIDS as an "epidemic" in the U.S. in spite of relatively few known cases (Altman, 1984; Morin, Charles, and Mayon, 1984). A *Newsweek* Poll in August 1985 reported that 41% of Americans feared AIDS (Adler, 1985), and the *Texas Poll* of 1000 adults in October, 1985 reported that 45% of the respondents had fears or worries of AIDS infections (Dyer, 1986). Schmidt (1984) considers the disease as an epidemic with public fears comparable to fears of leprosy in the Middle Ages. Batchelor (1984) feels that AIDS is creating a psychological emergency in the Western World, and Clarke (1985) states it is causing irrational fear, paranoia, and apocalyptic statements among the public. The media have been criticized for sensationalistic reporting that promoted widespread fear and panic (Feldman & Johnson, 1986). Some have favored a quarantine of AIDS patients in order to stop them from spreading the disease (Albert, 1984), and there have been other threats to homosexual civil rights (Rubinow & Joffe, 1987) as well as social shunning (Christ & Wiener, 1985).

The study of how diseases affect human groups and the ways

in which groups react to disease have been important concerns in history (Cartwright, 1980), anthropology (Malinowski, 1944; Rothschild, 1981), epidemiology (Dever, 1984; Morris, 1970; Vogt, 1983) and sociology (Fabrega, 1974; Suchman, 1963). While several studies in the past have examined the impact of a disease in general (Dever, 1984), more recent ones have made efforts toward specifying and even quantifying these impacts (Kleinbaum, Lawrence, and Morgenstern, 1982; Cleary & Kessler, 1982; Finney, Mitchell, Cronkite, and Moose, 1984). Some studies have also focused on various behavioral consequences of epidemics. Schofield (1970) for example, studied behavioral changes among hermit monks in Ethiopia due to leprosy and tuberculosis. Since the 1960's, several sociologists have explored the preventive health behaviors of people as related to the prevalence of various illnesses (Langlie, 1977). Overall, studies of the impact of AIDS on individuals and their behavior may be grouped under the following categories. First, many popular media accounts and commentaries have talked about the effects of AIDS on society in general (Adler, 1985; Fisher, 1985; Seligmann & Grosnell, 1985). Second, a few writers have chosen to focus on the problem of AIDS epidemic in specific urban communities (Brown, 1985; Perlman, 1984). Third, some studies have assessed the impact of AIDS on special populations, particularly homosexual males (Ebbeson, Melbye, and Biggar, 1984; Kotarba & Lang, 1986; Klov Dahl, 1985; Geis, Fuller, and Rush, 1987). Fourth, other psychological studies have recently been concerned with the impact of AIDS on its victims (Dilley, 1985; Hess, Markson, and Stein, 1985; Lessor & Katarin, 1984; Lopez & Getzel, 1984; Rubinow & Joffe, 1987). Fifth, a few studies have begun to report behavioral changes (such as precautions related to "safe sex") in the general population that may have been prompted by AIDs (Riesenbergs, 1986; Callero, Baker, Carpenter, and Margarigal, 1986; Silin, 1987; Leukefeld & Fimbres, 1987). From these diverse sources, it may be implied that a variety of changes are taking place in specific areas of behavior due to an underlying fear of exposure to AIDS and/or contact with those who could be touched by the disease (i.e. the 'at risk' groups).

It should be noted, however, that the existing literature on

the impact of AIDS appears to have been largely descriptive, selective and limited. While more studies are needed to delineate the nature and extent of AIDS-related problems, important questions, such as which social groups and institutional areas are more or less susceptible to behavioral changes and the modes by which fear of this disease is transmitted in the public, also need to be investigated.

Sociologists have long questioned the validity of etiological analyses (Graham, 1964; Kurtz & Chalfant, 1984) utilized by various epidemiologists in attempting to identify the causes and consequences of diseases. The natural and social sciences have traditionally been deterministic and reductionistic in their approaches, concerned more with the "isolation of independent relationships than with the understanding and predicting of behavior" (Yinger, 1965, p. 19). It has been recently stated that a significant limitation of the literature is that all the known or suspected predictors of risk for HIV infection and/or immune deficiency states have not been considered simultaneously within an overarching theoretical framework; nor has there been sufficient consideration of the factors that influence the experience of AIDS-related stress or the modes of response to such stress (Kaplan et al., 1987). There is a need to consider a complex phenomenon such as the fear of AIDS and its consequences beyond the etiological chain of events. Ideally, explanatory variables at various analytical levels should be used to study the impacts of AIDS on peoples' behaviors.

This paper is a first attempt in this direction. We use traditional sociological notions of levels of analysis and associated structural and individual factors to propose a model of the antecedents and consequences of the fear of AIDS.

### Explaining the Fear and Its Impact

The fear of AIDS should not be assumed to have caused a uniform set of social and behavioral changes. Fear, rational or irrational, may result in complex responses. Kotarba and Lang (1986, p. 128) contend that the prototypical model in this regard is the "smoking-and-cancer" phenomenon, and that "the turnaround associated with the Surgeon General's report and the



decrease in cigarette smoking has been gradual and has varied according to gender, age, and other factors." Further, the well-known health belief model (Becker, 1974; Janz & Becker, 1984) suggests that service utilization is based on the (a) perceived susceptibility of the individual to the disease, (b) perceived seriousness of the disease, (c) perceived benefits and barriers of taking action against the disease, and (d) the cues that motivate the action process in the individual. Wolinsky (1980) adds that the individual's perceptions are modified and developed as a result of his or her sociocultural background. Thus, depending on numerous structural and individual factors, behavioral changes due to the fear of AIDS, can vary widely. It would appear that fear of AIDS can result in behavior that attempts to reduce the risk of exposure as well as to behavior that is essentially reckless and fatalistic. Our purpose here is to provide a heuristic model for analyzing the factors affecting the fear of AIDS and the resulting behavioral changes. The specific direction of these changes needs to be established empirically.

Explanations of a phenomenon may be sought at either macro or micro levels of study. The issue is whether the study should be focused on the micro actions and interactions of individuals or the macro social structures that such actions and interactions create. Macrosociology looks at the total size, shape, structures, and processes involved *at large*, studying the character of the forest, independently of the trees which compose it. Microsociology, on the other hand, deals with small-scale social phenomena, the *social atoms* of experience, seeing "social structure as nothing more than the processes of action and interaction among individuals" (Turner, 1986, pp. 436–437). Actually, there need not be differences or contradictions between macrosociology and microsociology—it is simply a matter of the starting point that one wishes to take. While macro-holistic theories such as the Parsonsian model of the social system start with "society in general" and then come down to the "units-subsystem of society", the micro-atomistic perspective starts with the "individual-group in particular" and from there draws implications for the total society (Cohen, 1968).

A number of conceptual approaches identifying phenomena

at various analytical levels have been advanced in the literature. One such approach is to divide a study into several categories or areas of focus. For example, Durkheim's classical study (1965) attempted to analyze various components of primitive religion at three levels: (1) societal beliefs, (b) institutional rites, and (c) individual actions. A systematic treatment using a similar approach was given by Parsons (1951) who analytically divided the study of the "system of social action" into (a) the personality system, comprising the actor's motives and goals, (b) the cultural system, consisting of the values, beliefs, and symbols which pervade a society, and (c) the social system, involving a network of social interaction. In order to explain an individual's behavior, Wallace (1983) considers two categories of sociological explanatory variables, the first consisting of the individual's "internal strains" exerted mainly by his/her own body or own mind, and the second consisting of "external constraints" exerted mainly by people or things in their environment. Lewin (1951) recommends a relatively comprehensive and gestaltic approach in which a "field" of study is viewed as a "holistic interaction nexus," meaning that the parts influence one another and include both causes and consequences of focal objects or events. Following that logic in the "field theory of behavior," Yinger (1965) suggests that the study of human behavior be carried out at four levels—biological, individual, cultural, and social. Kaufman's (1959) analysis of social phenomena includes four levels: (1) ecological or demographic, (b) cultural or institutional, (c) social or interactional, and (d) individual or psychological. Johnson (1981) has proposed an appealing model consisting of the following levels for the study of social reality: (a) the individual level subdivided into the behavioral versus the subjective levels, focusing in either case not so much on the individual as such but on units of behaviors, motives and attitudes; (b) the interpersonal level, involving interaction between individuals with all that this means in terms of symbolic communication, mutual adjustment, negotiations, interpersonal cooperation or conflict, and joint or interlocking patterns of adaptation to the larger environment; (c) the social structural level, in which the focus is not the individual but the patterns of the action and networks of interaction that

are inferred from observation of regularities and uniformities over time and space; and (d) the cultural level represented by meanings, values, symbols, artifacts, and norms.

### *A Proposed Model*

An etiological model identifying a series of variables in order to explain the fear of AIDS and its behavioral consequences is not likely to be a simple one. Epidemiologists are increasingly recognizing the complexity of health disorders, their sources, as well as consequences (Cockerham, 1986). The suggestions made below are examples of efforts that are needed toward developing an understanding of the sources and impacts of the fear of AIDS.

First, two types of etiological factors in the fear of AIDS may be differentiated at the levels of analysis identified earlier. The first set include social structural variables such as environmental and demographic characteristics, institutional arrangements, and social groupings and relationships relevant to the AIDS' epidemic. The second set includes biological, psychological, and social behavior characteristics of the individual involved.

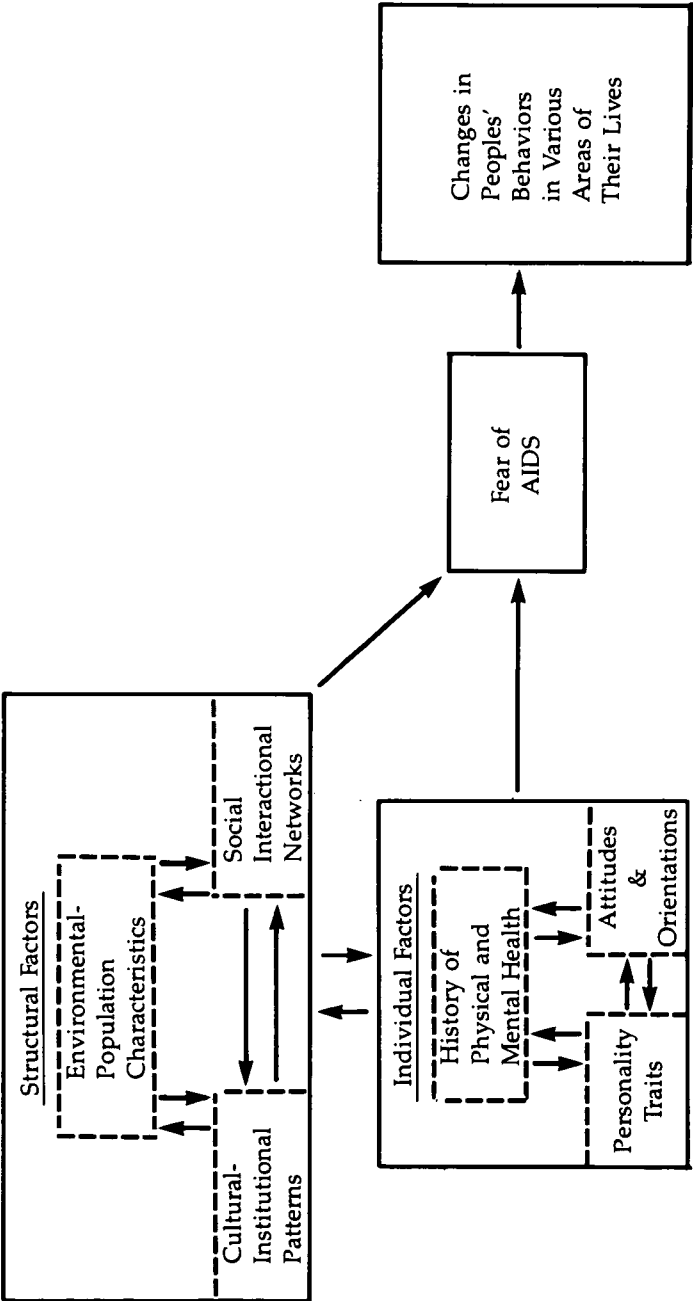
Second, the epidemic and the consequences it brings about, including fear, have to be conceptualized as a social process. A social process may be defined as "a sequence of interactions through time, with general continuity of goal or direction, and with step-by-step emergence of one state or stage of social relationship from another" (Wilkinson, 1970, p. 312). Thus the phenomenon of fear of AIDS, its correlates, and consequences have to be viewed in terms of a temporal sequence of various events, activities, and relationships involving environmental and institutional structures as well as individuals. An ideal design for the investigation of an epidemic as a process would consist of a longitudinal study identifying various causes and consequences of the disease, or fear of it, over a period of time.

A model based upon the principles stated above postulating the relationships among different sets of variables is sketched in Figure 1. The structural and the individual variables are considered here as initial antecedent factors affecting the growth of AIDS' fears. The antecedent (structural and individual) variables are shown as interacting with each other. (The double arrows are used to suggest interactional effects.) This reflects the as-

sumption that for many forms of social behavior and attitudes, instead of assuming causal priority of either structural or individual factors, these could more usefully be conceptualized as reciprocal and mutually interdependent. The fear of contracting AIDS is considered to be an intervening variable and the behavioral consequences of that fear constitute the dependent variables. Though not shown in Figure 1, the intervening and dependent variables in turn would also affect the structural and individual variables in the long run bringing about changes in them. We are thereby implying not only a sequential and interactive causal model, but also a circular one. However, the model illustrated in Figure 1 is neither meant to be exhaustive nor final. It merely represents an example of possible relationships whose value depends on future empirical tests. It is thus tentative, and needs to be operationalized, studied and revised if necessary.

The dependent variables consist of changes in peoples' own behaviors caused by their concern for contracting AIDS. However, the model's focus is on those behavioral impacts which relate to reducing risks of infection rather than the full range of private and public responses to the fear of AIDS. Changes in behavior as a result of the fear of AIDS should also be conceptualized as a continuum. In other words, individuals may position themselves differently in modifying behaviors in various areas of their lives, or deciding not to do so. Examples of various areas of their lives in the context of which their behaviors may be examined include: (a) sexuality (involving modifications of sexual behaviors such as kissing, touching, number of sex partners, using condoms); (b) physical and mental health related behaviors (utilizing health services by getting frequent check-ups and antibody tests, creating private blood bank sources, developing emotional stress); (c) family and marriage related behaviors (deciding to stay married or get married, feeling strains in marital adjustment or in relationships with growing children and their socialization and schooling); (d) job-related behaviors (making adjustments in business or the work place, changing jobs, having problems of hirings and firings); and (e) social interaction behaviors (feeling increased social distance with people, curtailing leisure and recreation activities such as eating out

Figure 1. A model showing the fear of AIDS and its correlates affecting behavioral changes.



and travelling, having to move from one place to another). In addition, there may be other private and public behavioral responses to the fear of AIDS such as social shunning of, and attacks on, gays, support of AIDS testing and quarantining of people with AIDS.

The intervening variable consists of the fear of contracting AIDS. A scale measuring it should be indicative of both degrees of intensity as well as the substantive nature of the fear, e.g., in which areas of social life the individual feels most threatened by AIDS, and which individuals or groups are identified as most likely to evoke such fear.

Examples of explanatory variables at the structural level would include: (a) population composition, density of population, type of community, incidence of AIDS in the immediate environment; (b) nature and types of existing institutional structures (health care, mass media, norms for sexual preferences); and (c) social interactions (social support, networkings among homosexual groups). Examples of individual-level variables would include peoples' attitudes, perceptions, activities, and socioeconomic characteristics relevant to selected areas of their lives. These are: (a) own and partners' sexual preference (heterosexual, homosexual, or bisexual); (b) attitude toward homosexuals and bisexuals (e.g., homophobia); (c) degree to which one is sexually active; (d) level and nature of drug use intravenous or not; (e) perception of own health/well-being as well as of those known to him/her personally (particularly if anyone has AIDS infection/exposure); (f) knowledge of the AIDS problem, including access to and sources of information used; (g) use of unknown sources of blood donations in the past; (h) whether an individual has tested positive for AIDS or AIDS-related complex; and (i) social background, such as socio-economic status (in terms of occupation, education, and income), measures of class mobility, age, gender, race/ethnic identity, and marital status.

### *Suggested Hypotheses*

Based on this model it is possible to state a few hypotheses predicting the relationships of the explanatory variables with the intervening and dependent variables. These hypotheses are meant to be illustrative and tentative, and their validity is to be

tested by social researchers. It should also be noted that these hypotheses have much in common with ideas implicit in the health belief model mentioned earlier although we conceive of health service utilization as only one possible behavioral outcome of the fears of AIDS. Our suggested hypotheses do imply that structural and individual factors act as a means of affecting "perceived susceptibility" to AIDS, of "perceived seriousness" to the disease, and as "perceived benefits of and barriers to taking action" against the disease, as well as "cues that motivate the action process" in the individual. They should thus be read in the context of whether or not the various factors cited serve to heighten or reduce the perception of being "at risk" and the motivation for some kind of consequent action.

The following are examples of hypotheses at the two levels of analysis.

*Structural level.* (a) Urban dwellers who live in high population density areas are more likely to have fears of AIDS as compared to people residing and working in open country sides. This is based on the assumption that metropolitan areas involve an extensity of social interactions that generate and spread epidemiological fears. (b) People who reside in communities that have a known or publicized "above-average" or frequent incidence of people with AIDS are more likely to experience a fear of that disease and attempt to change their behaviors as compared to those living in geographical regions and communities with fewer incidents of AIDS cases. (c) Similarly, people who live in an ecological area which has a preponderance of singles and relatively younger population are more likely to have AIDS' fears as compared to those who live in neighborhoods of married and middle-age to older people. Physical proximity to those who are generally believed to be "more susceptible" to AIDS virus may generate anxieties among people inhibiting social interactions and neighborhood ties. (d) People who live in communities whose health care systems are known to be inadequate in dealing with treatment and prevention of AIDS' epidemic are likely to have fears of that disease more than ones in those communities where special efforts have been made with regard to handling the epidemic. It is assumed that the poor quality health management leads to insecurities among people about their own vulnerability to diseases. (e) People who have been exposed to competitive and sensationalistic mass media sources of information on AIDS are more likely to have fears of the

disease as compared to those who are knowledgeable about AIDS through relatively scientific sources. (f) People who have adequate social support and sources of networking, including those who are "at risk" groups, tend to have fewer fears of AIDS as compared to those whose intimate group supports are lacking.

*Individual level.* (a) Homosexual and bisexual males (including females who think that they have been exposed to bisexual males) are likely to have greater fear of AIDS and consequently make changes in their behaviors than those who are strictly heterosexual. (b) Males and females who have been promiscuous in sexual encounters with others (including those who feel that they have been sexually interacting with persons whose other sexual partners are either unknown or might be suspected to be promiscuous as well) are likely to have greater fears of AIDS than those who are relatively monogamous in sexual relations. (c) Individuals who personally know someone/others who has/have contracted AIDS are more likely to have fears of the disease as compared to those who are impersonally aware of the problem. It is assumed that the knowledge of AIDS related problems experienced by someone personally known may generate fears about ones own well-being. (d) Persons who use IV drugs and share needles with others tend to have greater fears of AIDS as compared to others. (e) Individuals who have received blood from unknown sources during the past eight years or so are more likely to be fearful of AIDS than others. (f) Individuals who have a history of illnesses during the past few years and are generally "worried well" or preoccupied with health are likely to experience fears of AIDS than those who have been feeling generally healthy. (g) Individuals in middle to upper socioeconomic strata tend to have a greater degree of AIDS' fear as compared to ones in lower strata. It is assumed that levels of knowledge of the epidemic and degrees of rationality in dealing with it are higher among people in middle and upper classes as compared to lower class.

It may also be speculated that the fear of AIDS and consequent behavioral changes will in turn have an impact on individual's psychological make-up and ultimately on social structural factors. For example, there may be increases in paranoia and prejudice leading to more spatial mobility (leaving areas perceived to be AIDS-prone, say from urban to rural areas), and segregation and institutional social control (e.g. requiring AIDS testing as a prerequisite for employment). Hypotheses suggest-



ing interactions among all sorts of factors will need to be carefully stated as the conceptual model stated above is tested and refined. Various research and policy implications of the model will also need to be delineated. For now it does appear that the identification of the etiological factors at various analytical levels assists in sorting them out, specifying their interconnectedness, and assessing their relative effects on people and their behaviors. The approach utilizing "levels of analysis", therefore, may be seen in this context as a heuristic device, enhancing our understanding in a relatively comprehensive manner.

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# Strategic Planning in Human Service Agencies

STEPHEN A. WEBSTER

Webster Associates  
Madison, Wisconsin

MARY WYLIE

University of Wisconsin-Madison  
School of Social Work

*Recent public policy initiatives including deinstitutionalization, deregulation, decentralization, and privatization have resulted in: (a) rapid growth in the number of private not-for-profit organizations; and, (b) competitive environments. These conditions have forced agencies to examine their planning processes to determine if agency goals are appropriate for meeting market demands. An exploratory study of 154 human service agencies examined if and how strategic planning was used to respond to these conditions. The Chief Executive Officers for those agencies reported that strategic planning was replacing incremental planning as a preferred planning model. However, the choice resulted because of pressure from outside influentials not because of a perception of increased competition. Despite this, agencies choosing a strategic planning model were generally rigorous in its application. One-half of the sample reported a "major" change outcome for the agency as a result of the planning process but broad participation by stakeholders impeded substantial change. Questions are raised about using strategic planning when major change is not sought and/or broad participation by stakeholders is important.*

During the last twenty years, the number of private, voluntary, service organizations (PVSOs) increased dramatically. The vast majority are operated as not-for-profit (as opposed to for-profit and governmental) organizations under the Internal Revenue Service Code. Although growth in this third sector (Weiner, 1982) of the nation's economy reflects a range of concerns, e.g. promotion of the arts and protection of the environ-

ment, it is particularly apparent in the social service field where a multitude of new agencies were organized to provide supportive services to maintain independent community living for persons previously institutionalized including the elderly and persons with physical, developmental, or mental disabilities. Few would dispute the notion that an increase in the number of PVSOs coupled with a public policy stance promoting local decision-making and less regulation substantially alters the organizational environment. Stripped of the protection previously afforded by governments' categorically specified funding patterns and non-competitive purchase of service awards, PVSOs now also face a fast-growing number of for-profit health and social service organizations offering services attractive to middle class "private pays." In short, PVSOs find themselves in an increasingly competitive environment.

Today, both public administrators and PVSO management are searching for an optimum mixture of competition and regulation. Furthermore, government agencies are placing more responsibility on PVSOs to gauge the needs of their constituencies and demonstrate organizational effectiveness in meeting those needs. Therefore, it is important to examine this sizable sector of our economy to determine how PVSOs are responding to the challenges of their new market conditions. One area that can be expected to change is management's planning function. Of particular interest is the extent to which PVSO management has forsaken planning decision structures based on a monopolistic, regulated environment and incorporated in their stead decision structures designed to deal with a competitive environment. Other responses are, of course, possible. For example, agencies may abandon the search for an independent niche. An early report from a nationwide study of the influence of competitive and cost containment forces on health and social service agencies serving the elderly recommends voluntary homemaker/chore agencies merge with large home health agencies (Wood & Estes, 1986-87).

Historically, PVSOs relied upon a "disjointed incrementalism" (DI) decision model, first labelled and elaborated by Lindblom (1959). Incrementalism, also referred to as "partisan mutual adjustment" or "muddling through" urges practitioners to analyze policy choices which are successive "limited comparisons"

with existing procedures. The model assumes the best solution for any given problem is the one which inspires the most consensus, a consensus achieved through a partisan mutual adjustment process. Praised for its ability to describe decision making behavior in the "real" planning arena of pluralistic politics, DI is nonetheless criticized for its reliance on consensus-building and existing policy thrusts, its relative neglect of contextual considerations, the short-time frame perspectives it embodies, and the small degree of change which usually results when it is adopted. Lindblom's original article spawned numerous critiques of both incremental and rational comprehensive planning processes. The main themes of the debate are captured by Dror (1969), Etzioni, (1967, 1986), and Lindblom (1979).

Until the mid-1970's, PVSOs thrived in an environment especially congenial to the consensus, coalition, domain consensus values featured in the DI model. During that period, Federal social policy attempted to create an efficient system of service delivery through the design of comprehensive delivery systems without gaps and duplications—in short, a subsidized monopolistic system which sought to dampen competitive forces. Because the DI model mandates a collapsed time frame, limited solutions and accepts a limited environmental analysis, it is an appropriate planning choice in a stable, highly regulated non-competitive environment.

Today's new and more competitive environment is stimulating PVSO management to adopt a "strategy planning" model which was developed in the corporate sector to select future directions. In 1980 the United Way of America, following the corporate example, changed the name of its planning division to "Strategic Planning." Of the 800 member organizations with full-time staff affiliated with the United Way of America, 62 percent had completed a strategic plan development process by 1984. Franchise systems such as the Red Cross, Boy Scouts, Family Service Associations and the Girl Scouts have also adopted strategic planning (SP) and provide technical assistance to their affiliates to help them develop strategic plans.

Strategy planning, deeply rooted in such "synoptic traditions" (Hudson, 1979) as rational, comprehensive and long-range planning, is the term used by private sector management theor-



ists to describe those planning processes "which one did to counteract what a competitor did or was likely to do" (Steiner, 1979). Hofer and Schendel (1973) suggest strategy planning is an appropriate response to environmental change. Clearly, it is seen as a management tool to gain competitive advantage.

There is general agreement that strategic planning encompasses those processes and tasks required to choose organizational goals and develop and implement a plan to achieve them. Strategic planning assumes complex social phenomena can be understood, that means can be connected to ends and their relationships predicted, that alternative means can be identified, and that a "best" means can be selected, implemented, and evaluated. Strategic planning's emphasis on long-range perspectives, comprehensive environmental analysis, and on extensive solution search lends itself to informing management decision processes in a competitive environment. The model is praised for its capacity to identify a broad range of solution options and its potential for promoting fundamental change. It is criticized for its tendency to support elite decision-making and unwillingness to admit knowledge limitations on achieving comprehensive perspectives and predicting the consequences of alternative means. Limitations notwithstanding, SP is widely used in the corporate sector. There is a considerable literature concluding that strategic planning and formal strategy analysis do have a positive impact on the performance of business organizations as measured by profit and market share (Beard & Dess, 1981; Herold, 1972; Schendel et al., 1976; Schoeffler et al., 1974; Thompson & Strickland, 1983).

It has often been the case that management innovations are developed for private for-profit firms. As these innovations become more widely known they are adopted by the not-for-profit sector. In order to determine the degree to which this is occurring with respect to strategic planning three principal questions were defined to guide an exploratory study of PVSO management planning activities:

1. What prompts PSVOs to use SP?
2. What planning process variations occur when strategic planning is undertaken by PVSOs?
3. What affects strategic planning outcomes?

Because the study was primarily interested in SP processes within PVSOs, the sample was purposely constructed to net a large number of SP users. Three urban areas (two Southwestern and one Eastern) were selected which were identified by the United Way of America as receiving SP emphasis from the local United Way. Each of the three United Ways supplied a complete list of all organizational affiliates, and it is that list which comprised the total sample.

Data were solicited by mail questionnaire from the sample's Chief Executive Officers (CEOs). The eight page mail questionnaire sought detailed information on a number of organizational and environmental characteristics including size, funding sources, planning capabilities of the staff and CEOs, services offered, affiliation, perceived environmental changes, and data on planning activities, knowledge and use of planning aids, planning outcomes, and satisfaction with the planning endeavor.

The 154 responding organizations represented 56% of those receiving the survey instrument. Eighty-eight (57%) had selected a strategic planning process, 93 percent of those within the last six years. All of the PVSOs are human service organizations, but do differ in services provided, target populations, and annual budgets. Included in the sample are such agencies as advocacy organizations, family service agencies, neighborhood and half-way houses, hospitals and community based health and mental health agencies, residential care facilities, etc. Annual budgets ranged from under \$100.00 for a volunteer management assistance organization to over \$100 million for a large hospital.

### What Prompts PVSOs To Use SP?

To examine just what influences an organization to adopt SP, differences were explored between PVSOs that used SP and those that did not. Three types of factors were posed as potentially influential: funding sources, organizational characteristics, and market conditions.

1. Funding Sources: sources of operating revenues for the agency.
2. Organizational characteristics: organizational size; management trained in SP; new management; national or state affiliation; past planning experiences; staff-board planning

resources; availability of agency data to guide planning; perceived mission flexibility.

3. Market conditions: changing clients, pressures to plan from funders or affiliates, increased direct competition (competition with organizations offering similar services/products) or indirect competition (with organizations offering different services/products but dependent on same sources for capital); changing service products; pressure to expand or contract; perception other organizations are using SP; conflict re-growth/cutback.

Factors selected were culled from a combination of sources including the author's experiential convictions based on previous consulting activities, interviews with key informants, and reports in the literature.

A regression analysis (using dummy variables) was conducted with factors identified in a preliminary bivariate analysis which suggested a predictor effect on PVSOs use of SP (Table 1). (Note: The equations used do not conform to standard Ordinary Least Squares assumptions. Therefore, a sample of the estimated equations was reestimated using Probit analysis, and the size of the coefficients and tests of significance did not vary.) The regression analysis produced a set of predictors accounting for a modest amount of variance (25%) distinguishing between those PVSOs using SP and those that do not. Obviously, those organizations required to adopt an SP model by an external source do so. The remaining factors, although significant, individually account for a very small amount of the variance. Data do not support the hypotheses that managers in the sample choose strategic planning because they perceive competition in their environment. Managers use SP because, put quite simply, they are required or encouraged by an external source to do so.

Further confounding the issue of choice in the selection of SP is the fact that an awareness of increased indirect competition was negatively associated with SP use. Additionally, the negligible effect of an awareness of direct competition in the organizational environment (which did not achieve significance in the regression) suggests SP appears to occur for reasons largely unrelated to the purposes for which it was created. If indeed CEOs choose SP primarily because of external pressure, then there is

Table 1

*Regression Analysis of Decision to Do Strategic Planning*

N = 154

Dependent Variable = Choosing to Develop an SP

Variable	b (unstandardized)	F Value	R Square Change
The plan was required	.41	21.1*	.13
The agency received funds from the United Way	.21	7.5*	.06
The agency was large	.17	5.2*	.03
The agency received funds from membership dues	.15	4.4*	.02
The agency was experiencing indirect competition	-.13	3.3*	.02
The agency had limited staff/board resources to devote to planning	-.14	3.3*	.02
R Square	.28		
Adjusted R Square	.25		
Constant	.39		

\*Meets test of significance at .05 level.

reason to expect PVSOs using SP will blend some aspects of the old way of doing things (DI) into their SP decision models.

#### What SP Planning Process Variations Occur in SP?

The extent to which a "pure" SP model or a "blended" SP-DI model is used is explored by examining variations in the planning process within the sample PVSOs reporting SP use (N = 88). A pure SP process would encompass, for example, completion of the entire set of prescribed tasks (see below), high echelon stakeholder (e.g., board members and the CEO) participation and control, the use of technical consultants, and/or de-

cisions made on the basis of technical merit as opposed to reconcilable differences. A blended model would be in evidence if some model tasks are not completed, where CEO support is stronger than CEO involvement, and where widespread stakeholder participation, the use of process facilitators, and consensus decision making are present.

### *Completeness of Tasks*

Strategic planning commonly specifies a series of direction-setting tasks that must be accomplished before management's implementation and monitoring activities can occur. Although variously termed in the literature, the menu of planning tasks requires a determination of desired organizational purpose, an audit of internal capacities and external markets, a forecast of opportunities and threats, and the selection and documentation of an appropriate plan of action which will enable the organization to accomplish its stated mission. To facilitate examination of the SP process in the sample organizations, six planning tasks were identified:

1. Mission Analysis (purpose)
2. Internal Audit (organizational strengths and weaknesses)
3. External Audit (market conditions)
4. Forecasting (major trend analysis)
5. Strategy Identification and Selection
6. Plan Document Development

Fifty-six percent of the PVSOs choosing SP completed all six SP tasks. Only 7% completed three or fewer. Mission Analysis, Forecasting, and Plan Document Development were each completed by at least 90% of the organizations. The task receiving the least attention was the External Audit (75%). Customarily, the External Audit and Mission Analysis are considered to be essential tasks for gaining strategic advantage (Drucker, 1974; McConkey, 1981; Wechsler and Backoff, 1986). The lesser attention to environmental scanning and analysis suggests external environmental considerations were relatively neglected and call into question the bases used for strategy identification and selection. The data here suggest PVSOs have yet to give equal parity to the external environment, a prerequisite to the achieve-

ment of the comprehensive view of organizational choices required by SP. The SP task structure did, however, force more environmental surveillance than would be expected from organizations accustomed to using DI planning procedures.

On the whole, the number of tasks completed by the SP user organizations suggests a rather faithful adherence to SP model recommendations. So does the attention to Mission Analysis by organizations belonging to a sector which has earned a considerable reputation for ambiguous organizational goals and objectives (Demone & Harshbarger, 1974; Drucker, 1977; Newman and Wallender, 1978; Lewis & Lewis, 1983). On the other hand, a hint of lingering comfort with DI analysis is suggested in the lesser attention devoted to the External Audit.

### *Stakeholder Participation*

The sample PVSOs reported widespread involvement by high echelon stakeholders including CEOs, board members, and management staff; much less involvement by non-management staff and outsiders. CEOs were involved in all six tasks in 70% of the planning efforts; comparable figures for board members and other management staff are 51% and 48% respectively. Contrast that with direct service "front-line" staff who were involved in all tasks in only 11% of the cases. Outsiders and clerical staff participated in all tasks in less than 5% of the cases. A picture emerges of an elitist planning process.

Table 2 details stakeholder participation by SP task, controlling for the number of tasks completed. Elites participate most frequently in the principal decision-making phases—Mission Analysis and Strategy Identification and Selection. Management staff and non-managerial service staff participate most often during the Internal Audit. External stakeholders are most involved during the External Audit, but the relative paucity of participation points to the earlier observation concerning the lack of attention devoted to the External Audit. The degree to which processes are elite controlled is confirmed in the mean participation scores demonstrating all non-management stakeholders are involved much less than powerful stakeholders. A process which is structured to minimize the required number of decision actors is compatible with rational, comprehensive

Table 2

*Percent of Organizations With Stakeholder Participation by Task*

Stakeholder	Mission Analysis	Fore-Casting	External Audit	Internal Audit	Strategy Selection	Plan Document Development	Mean Participation SCORE
Elites							
CEO	98	87	81	88	99a	87	90
Board Members	91	77	71	78	97a	77	82
Insiders							
Other Management Staff	72	79	72	80a	77	63	74
Direct Service Persons	47	50	46	53a	52	32	47
Clerical Staff	21	18	33a	28	27	12	23
Outsiders							
Community Rep	25	29	43a	25	30	13	28
Clients	20	23	40a	30	29	10	25
Affiliates	17	24	35a	23	24	12	23
Funders	15	18	33a	20	21	6	19

a = Stakeholder High

models and considered to be desirable in promoting change-oriented decisions (Rein & Morris, 1965).

*Role of Consultants and CEOs*

Forty-five percent of the organizations reported using consultants during the SP process. The most frequent use (42%) occurred during the External Audit, historically a relatively unfamiliar task for PVSO managers. Forty percent reported relying on consultants to help design an SP process—in essence to provide the nuts and bolts of the “how to.” Finally, 23% used consultants for formal documentation of the final plan. Thus,

consultants were used for substantive, technical contributions to the planning process. Less than one-fifth of the sample PVSOs reported using consultants as facilitators—those persons skilled in providing environments which stimulate contribution and decision making. Facilitation was most often used in the initial phase—Mission Analysis. However, only one-third of the organizations using facilitators credit use of facilitators as important to planning success.

The high degree of involvement (participation) by CEOs throughout the planning process was shown in Table 2. A similar percentage of the responding organizations reported strong CEO support (encouragement) for SP. Thus, the CEO role included equal doses of involvement and support. Since the majority of the questionnaires was completed by CEOs, the support figure may be suspect. Thompson and Strickland (1983) suggest that the most important task of management is direction setting and argue, as does Steiner (1979), that CEOs have a responsibility to be involved deeply in SP processes. PVSO managers apparently agree. In any case, CEOs are the most active actors in the SP process, and appear to be shouldering much of the responsibility for conducting SP within their organizations.

### *Decision Strategies*

Ninety-one percent of the organizations reported using consensus as a basis for planning decision-making. The response raises a number of conceptual issues regarding SP-DI orientations. Because 75% of the organizations indicated that SP helped them resolve conflicts, it is not unlikely that consensus masks a considerable measure of negotiation, persuasion, and even confrontation to set the stage for the final consensual agreement. However, an elitist, top-down planning process—the predominant mode in this sample—would suggest a higher probability of achieving an early consensus than a planning process giving equal weight to opinion from several hierarchical levels or horizontal constituencies. As suggested earlier, the DI model is most closely associated with a consensus decision criterion. If agreement is reached because technical, non-political criteria are met, a consensus strategy begins to shade into the strategies implied in the SP model. However, because CEOs so overwhelmingly



valued consensus as a decision strategy, it is probable that a commitment to DI planning processes is carried over to SP activities.

### What Affects Planning Outcomes?

A final area of concern was the relationship, if any, between planning process variations and the types of outcomes proposed by the plan. The DI model is most closely associated with producing a recommended set of minor, incremental changes. The SP model promises fundamental, major change outcomes. The two outcomes, major or minor change, were defined by the respondents. In those cases where the respondent concluded that the plan proposed major changes, at least three of the following were proposed: (a) change in mission; (b) addition of new service; (c) elimination of existing service; (d) change in staff; (e) change in organization structure.

One-third of the PVSOs reported that their plans proposed only minor changes; a similar percentage reported only major change outcomes; 17% indicated both major and minor outcomes; and 10% indicated their plans proposed no changes for agency operations. Clearly, SP is causing organizations to seriously challenge accepted ways of doing business since nearly one-half of the agencies report major change outcomes. Additionally, failure to propose major changes does not necessarily mean that the process was a failure because it is conceivable that SP will affirm that existing goals are appropriate and should be continued. However, failure to identify major changes during the SP process does raise questions regarding the appropriateness of using a time-consuming, expensive process (SP) where no change or only minor change outcomes result, as occurred in almost half of the cases in this sample.

Table 3 identifies the influence of SP planning process variations and organizational and market conditions associated with plans that propose major changes for the organization. Forty percent of the variance is explained. Completing all the required tasks and the use of consultant expertise to develop planning processes were positive influences. Widespread stakeholder participation, a carryover from the DI model, detracted somewhat from securing major change recommendations. Neither a con-

sensus strategy nor CEO involvement influenced outcome one way or another.

While few of the organizational or market conditions were related to the decision to adopt SP, several factors were associated with plans proposing major organizational changes. Size is the only organizational characteristic predicting a major change outcome. However, all but one of the market factors made a difference in plan outcome. One of the important predictors defining a competitive arena, experiencing indirect competition, was negatively associated with the achievement of major change. All other market factors had a positive influence on a major change result, confirming the hypothesis that changing market conditions will influence the degree of organizational change.

Funders and affiliates believing so strongly in SP that they are disposed to require its adoption can take comfort that an external requirement produced plans promoting major change. Organizations did not just "go through the motions" to satisfy funders.

### Conclusions

PVSOs are in a period of dramatic change. National commitments to deregulation, deinstitutionalization, and decentralization provide a climate in which organizations, though operating in an increasingly competitive and risky environment, have endless opportunities to add products and penetrate new markets. Champions of strategic planning suggest that all organizations will benefit from developing a strategic plan and that benefits are especially great for organizations experiencing competitive conditions.

Although two-thirds of the large organizations (budgets over \$750,000) and one-third of the smaller organizations (under \$750,000) reported experiencing direct and/or indirect competition, that fact had little to do with a decision to use SP. The overriding characteristic of those organizations developing a strategic plan is that they are required/encouraged to do so. Once an SP process was engaged, however, the organizations generally adhered to SP model requirements with a considerable steadfastness. The organizations most judiciously honoring the "how to" manuals produced plans resulting in major changes.

Table 3

*Regression Analysis of Factors Associated With Plans That Propose Major Changes*

Dependent Variable = Major Changes Proposed by Plan  
N = 88

Independent Variables	b (unstandardized)	Fstat	R2 Change
<i>Planning Process Variation</i>			
Completed all Tasks	.21	5.3*	.112
Used Consultant to Develop Process	.31	12.4*	.045
High Stakeholder Participation	– .19	4.1*	.021
Contextual Factors			
<i>Organizational</i>			
Large agency	.22	6.1*	.027
<i>Market Conditions</i>			
Pressure to Expand	.27	6.8*	.023
Pressures to Plan	.22	5.1*	.017
Pressure to Contract	.46	4.6*	.020
Perceive Others to be Doing SP	.18	4.5*	.035
Conflict re Growth/Cutback	.20	4.3*	.059
Increased Direct Competition	.18	4.3*	.079
Changing Clients	.18	3.3*	.019
Increased Indirect Competition	– .173	3.2*	.018

Constant – .33, R Square .49, Adjusted R Square .40

\*Significant at .05 level

Little attention has been focused on identifying the conditions suitable for SP use rather than incrementalist methods. Although most of the publications addressing the merits of various planning models do incorporate or imply conditions in their critiques, none claim comprehensiveness. Clearly SP is an expensive process, requiring a considerable investment of resources including time and money. If the process yields only incremental adjustments, questions need to be raised about whether SP is necessary.

From the perspective of the CEO, the implications are somewhat troublesome. If managers wish to propose major changes, then this study suggests the planning process should be structured to assure that all SP tasks are attended to, that consultants are used to assist in process design and analysis of the external environment, and that broad participation be held to a minimum. Many CEOs are unaccustomed to methods for conducting the External Audit task. The tendency has been to use general forecasting techniques such as census analysis as substitutes for more definitive market analyses. Until market analysis models for PVSOs are developed, a productive analysis of environmental conditions (an SP requirement) will continue to be problematic for many PVSOs.

Finally, many CEOs in human service organizations have been strongly influenced by human relations theorists who value broad participation for, among other reasons, the probability that plan implementation will be enhanced when those who carry out the plans are involved in formulation. The finding pointing to a negative relationship between broad participation and a major change outcome may cause discomfort if managers believe they must choose between the two goals of promoting innovations and increasing stakeholder commitment to the organization. The dilemma can be somewhat tempered if managers are careful to identify the who, when, and why of appropriate stakeholder participation in particular SP tasks rather than assume an individual's participation is needed throughout the process. Again, managers may choose to sequence the major change/stakeholder commitment, using SP when major change is needed and turning to an incremental analysis with broad stakeholder involvement once the change is secured.

There is no reason to believe that competitive forces will wane. The more likely case is that competition will increase for all PVSOs in both their capital and client markets. The risks associated with changing organizational direction that may result from adopting SP methods must be evaluated in light of risks of doing nothing different and relying on what worked in the past.

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# Challenging the Proposed Deregulation of P.L. 94-142: A Case Study of Citizen Advocacy

JAMES G. McCULLAGH

University of Northern Iowa  
Department of Social Work

*Public Law 94-142, The Education for All Handicapped Children Act of 1975, considered by many to be the most significant federal legislation for children in need of special education, was proposed for deregulation by the Reagan administration in 1982. This study examines actions taken by citizen advocates—consumer/advocacy/parent (CAP) organizations and groups, parents, and other advocates for exceptional children—who gave testimony in opposition to the proposed changes at public hearings held by the United States Department of Education in late 1982. The most controversial proposed rules were withdrawn on September 29, 1982, while the remaining proposed changes were not implemented. Citizen advocates' overwhelming presence at the hearings and their other activities were instrumental in defeating the administration's efforts at deregulation.*

Widely acknowledged as the most significant federal legislation for children in need of special education, P.L. 94-142, the Education for All Handicapped Children Act (1975), signified a continuing commitment to maintain a major federal presence in guaranteeing all children a right to a free appropriate public education (Abeson & Zettel, 1977). Congress noted in the law that of the "more than eight million handicapped children in the United States . . . more than half . . . do not receive appropriate educational services . . . [and] one million of the handicapped children . . . are excluded entirely from the public school system" (Sec. 3). Signed into law by President Ford on November 29, 1975, albeit reluctantly, final regulations were approved in 1977, thus setting the stage for the nation's public schools to open its doors to all children in the fall, 1978.

The proposed rules were published on August 4, 1982 (U.S. Department of Education, 1982b), ending the long awaited and



often delayed regulatory rewrite. The Council on Exceptional Children (1982), for example, fearing that the "public comment period will occur during the summer when the profession as well as parents are away from their communication linkages", urged its membership to send letters to Secretary Bell requesting that hearings be held in the fall, 1982 (p. 1). The many national human service and education organizations with headquarters in or near Washington, D.C. had anticipated the proposed rules and were especially alert and suspicious of the administration's intent. Sensitivity had been heightened when Jack Anderson (1982) had exposed the "bureaucratic bullies of the 'New Federalism' " and had drawn attention to Joe Beard, a lawyer in the Department of Education's Office of the General Counsel, who had devised a strategy to "divide the enemy" and "trick" Congress by submitting proposed rule changes for their consideration over an extended period.

Hamilton and Smith (1982) of the Children's Defense Fund, in a letter to "Friends of Special Education", detailed how the proposed revisions would have an adverse impact on children in need of special education and related services. They indicated that the proposed changes would

restrict parental rights and involvement, including elimination of the current requirement of parental consent for preplacement evaluation and an initial placement; reduced requirements to ensure parental participation at IEP meetings; elimination of parents' right to open due process hearings to the public and to have access to all evidence before a hearing; and authorization for educational agencies to charge parents for a portion of the services a child receives while placed in a residential program.

In addition, the Administration has proposed new restrictions on related services; abolition of the timelines now mandated between determination of eligibility and IEP meeting, and removal of the requirement that schools provide handicapped children with a continuum of placements and services. Other changes include deleting the requirement that a child be placed as close as possible to home; allowing administrators to circumvent the IEP process in making crucial placement decisions in regard to disciplinary matters; and abandoning existing requirements that tests and evaluation materials be validated and administered by properly trained personnel and that evaluation personnel attend the initial IEP meeting (p. 1).

The proposed changes dramatically affected parents and their children with special education needs, but they also impacted school boards, teachers, administrators, related service providers, and numerous organizations who represented parents or professional groups. Who then acted to speak against the proposed rules? The editors of *The Exceptional Parent* (Klein & Schleifer, 1982a) could rightly take pride in their observation that:

The power of individual parents, parent organizations, organizations of disabled people and other individuals and groups who are advocates of people with disabilities has been dramatically evident in the current proposed regulations change process (p. 16).

### Purpose

The purpose of this paper is to document the advocacy efforts of CAP organizations and groups, parents, and other citizen advocates who testified on behalf of handicapped children at one of the eleven public hearings held by the United States Department of Education. It was their time to be heard by then Secretary Bell and the Reagan administration. Citizen advocates—CAP organizations, parents, and other concerned advocates—are a relatively new political force in advocating for a strong federal presence in shaping educational policy. This group, mobilized to engage the administration in a specific, time-limited action, dominated the hearings.

This paper does not address the role of organizations representing school boards, related service professionals, provider agencies, educators, administrators, other interested professionals nor representatives of public agencies or elected officials. While a diversity of concerned organizations and agency personnel testified primarily against one or more proposed rules, this paper is a case study of citizen advocacy to prevent the deregulation of P.L. 94-142. It is an illustration of "individual and broader-based efforts by members of the public to effect changes in both the formulation of policies and their implementation" (Hudson, 1982, p. 109).

### Federal Role in Special Education

The challenge to the federal role in special education was evident. Advocates for a strong federal presence envisioned a

return to state supremacy and a return to an earlier period when many children were denied or received an inappropriate education. Klien and Schleifer (1982b), in anticipation of the proposed changes, expressed the dominant view voiced at the hearings, when they asked their readers to "argue strongly for continued federal presence in the area of compliance. The Federal government must continue to monitor programs throughout the country and cajole, encourage, or if necessary, require local leaders to obey the laws" (p. 10).

Congress held oversight hearings on August 10, 1982, in the Senate (U.S. Congress. Senate, 1982) and in late September in the House of Representatives (U.S. Congress. House, 1982). The outrage felt by the Congress was best expressed when the House Subcommittee on Select Education "unanimously adopted a resolution disapproving of the full set of proposed regulations" (Hunter, 1982). Though a "lone vote was cast [by one House member apparently] as a favor to the Administration" ("House recall," 1982, p. 388), the message had been sent.

Senator Weicker, Chairman of the Subcommittee on the Handicapped, related the "success story almost without parallel in history" (U.S. Congress. Senate, 1982, p. 1) regarding what the Act had accomplished for the formerly excluded, ignored, and inadequately educated handicapped children. Senator Weicker, however, in his opening statement on oversight of the proposed regulatory changes, noted that "the only proposals we have seen from this administration have sought to gut special education" (p. 1). Senator Weicker recounted the administration's efforts to "decimate the law [P.L. 94-142] and to slash funding" and then questioned if the proposed changes were the administration's attempt to "eliminate our Nation's system of special education" (p. 2).

Some were concerned about excessive paperwork, an intrusive federal role in an area previously reserved for the states and local communities, ambiguity of definition of terms, and increased involvement of schools in areas they believed were better left to community agencies. They saw an opportunity to shape a return to more state and local control. The stage was set for a dramatic confrontation which could shape the direction of special education for decades to come.

The Department of Education's Office of Special Education (1981), consistent with President Reagan's January, 1981, Executive Order 12291, in a briefing paper, proposed that four general areas—definitions, grants administration, services, procedural safeguards—comprising "16 sets of regulatory sections" (p. 1) become "targets of opportunity for deregulation" (p. 1). Subsequently, the Department (1982b), in its notice of proposed rulemaking, stressed then Secretary Bell's belief that the proposed changes

will result in regulatory requirements which will adhere more closely to the language of the statute and its legislative history. The proposed regulations are designed: (1) To reduce fiscal and administrative burdens on recipients . . . , and (2) to address various problems that have arisen in the implementation of the program (p. 33836).

To juxtapose, one witness, after paraphrasing the above mentioned statements, then went on to comment:

Many parents, educators and advocates would ask at this point, and I quote, "Where do the needs of the child fit into the reasons for the proposed regulations?" Or, perhaps the question should be, "Are the proposed regulations addressing the children's needs, or those of the system?"

The Department's (1982c) position on deregulation, a dominant theme that permeated the conflict which was voiced in testimony at the hearings, was expressed by Shirley Jones, Special Education Programs. At the public hearing held in New York at the World Trade Center on September 15, 1982, she stated that the Department's definition of deregulation is the "act of identifying highly prescriptive regulatory provisions, reducing such burdens by eliminating or modifying those provisions and whenever possible placing authority and responsibility at the state or local level" (p. 8).

### Review of Related Literature

Advocacy as a strategy to stand up for another was established as an active component of the arsenal of professional, citizen, and provider organizations. Numerous books and pamphlets directed to citizen advocates had been written by 1982

and detailed rights and advocacy strategies (e.g., Biklen, 1974; Bowe & Williams, 1979; Children's Defense Fund, 1978, 1979; Des Jardins, 1980a, 1980b; Fernandez, 1980; Turnbull & Turnbull, 1978; Weintraub, Abeson, Ballard, & LaVor, 1976). Parents and professionals were well prepared when they came together to advocate on behalf of children in need of special education and related services.

### Methods and Procedures

The Department of Education held public hearings in Washington, D.C. and ten regional sites to obtain public comment to the proposed changes. The Department received over 30,000 written comments, including letters, petitions, and postcards. The data source for this analysis was the written testimony of the 1,426 witnesses. The testimony, on file with the Department of Education, is a loose-leaf, bound multivolume set for each public hearing.<sup>1</sup> The site, dates, and number who testified in 1982 follows: Washington, D.C., September 8–9, 114; Portland, Maine, September 13–14, 161; Chicago, September 13–14, 163; Atlanta, September 15–16, 117; New York, September 15–16, 118; Denver, September 20–21, 109; Los Angeles, September 20–21, 151; Seattle, September 22–23, 144; Dallas, September 22–23, 139; Philadelphia, October 4–6, 127; and Kansas City, Kansas, October 5–6, 83.

Categorization of the 1,426 witnesses was difficult. Each witness' testimony was coded by gender, parental status, and special education classification of children (if applicable) and type of representation (e.g., organization, profession, parent). Witnesses who identified themselves as leaders in CAP organizations were coded without regard to professional (e.g., attorney) or employment status. Instead they were coded as follows: (1) by scope of the organization—international, national, regional, state, local; (2) by highest leadership position when representing two or more organizations at the same level (e.g., two national organizations); and, when necessary, the organization related to the type of child's disability. Finally, witnesses' general position on the proposed changes were coded. Many who testified were parents of special education children, while also holding leadership positions in one or more advocacy, profes-

sional, and provider organizations or public agencies. They were coded by organizational status. The information provided by the witnesses is not always complete. For example, many did not indicate parental status nor type of children in their care.

## Findings

### *Witness Categories*

The largest category of witnesses were those from organizations and groups that primarily represented children and adults with various types of disabilities (36.5%). The next largest group consisted of parents, including some who were lay advocates (17%). Adults and children with disabilities, relatives of individuals with disabilities, and concerned citizens represented almost 3%. School representation included state departments of education (2.0%), school boards and associations (2.1%), teachers (2.6%), teacher associations and unions (2.5%), school administrators (4.3%) and associations (1.4%), related service professionals (2.7%) and associations (6.5%), and other associations (1.7%). Provider agencies and associations (4.9%), elected officials (1.6%), university students (0.4%), and attorneys (2.2%) also testified. Representatives from various state and local councils and offices (e.g., Office of the Handicapped, Protection and Advocacy, Developmental Disabilities, P.L. 94-142 Advisory Panel) accounted for 6.5%. Others who could not be identified or classified into one of the above categories represented 2.2% of those who testified.

### *Testimony*

While almost all citizen advocates opposed the proposed rules, testimony varied. Some advocates addressed each proposed change. Others addressed major points of contention. Still others related personal horror experiences and the experiences of others they knew as they detailed the need for services, the lack of services, difficulties with school personnel, and fear of loss of needed educational programs and necessary related services. Some shared positive experiences while expressing anger, hurt, fear, and shock regarding impending loss. Often, the testimony was intensely personal. In addition, many witnesses

spoke not only on behalf of their organization or organizations but also as parents or relatives of exceptional children.

Certain themes or issues emerged during testimony which underscored the objections of most. These witnesses testified to the paramount importance of the federal government as a standard setting body and watchdog. The question of trust—or really lack of trust—of the Reagan administration was raised continually. Regardless of the type of testimony almost all expressed opposition: “I urge you to leave Public Law 94-142 alone”; “We are opposed to the proposed regulations to PL 94-142 in their entirety. We find them totally unacceptable and believe they should be withdrawn completely”.

Specific regulatory proposed changes most addressed by citizen advocates pertained to due process including prior notice and parental consent thereby weakening parent involvement, timelines and procedures for the development of an individualized educational plan (IEP), opportunity for children to be placed in the least restrictive and most appropriate placement, and accessibility to needed related services provided by qualified professionals. The right of children to a free appropriate education with opportunity to become a meaningful and productive member of society was echoed in many forms. The specific objections to the proposed rules were numerous and cannot be recounted here except to briefly touch on major issues. As one witness testified

Even if the time frame permitted an itemized examination of the proposed amendments, I would consider that inappropriate. Because to belabor the specifics is a little like complaining about plugged up salt shakers on the Titanic.

*Role of Federal Government.* A national law applicable to all children in all states with its provisions safeguarded by the federal government underlie the concerns of many witnesses. Some, for example, gave specific expression to the importance of a federal presence:

Stability, reliability, is a scarce commodity to families of retarded and developmentally disabled citizens. The assumption of a positive leadership role by our national government brought new and immeasurable hope and promise of stability to our frightening and uncertain world.

We parents look to the federal government, through its laws and regulations, to protect these children and to provide the statutory and regulatory framework with which state and local school districts and agencies must comply in order to carry out their responsibilities to these young citizens.

Loosening federal requirements, rather than spurring states to set and/or maintain their own specific standards, will instead result in a wholesale move to weaken the requirements of state laws for full educational services for handicapped students.

The Reagan Administration is dedicated to ending the federal government's involvement in protecting the rights of the handicapped.

*Parent participation.* Witnesses questioned the absence of consumer involvement in the proposed changes. One contrasted the proposed changes with the earlier 1977 implementing regulations. Another, for example, asked for meaningful representation of many groups to start all over again.

The 1977 regulations also boasted of the massive involvement of community groups, parents associations and professionals in writing the regulations. The 1982 proposed regulations are strangely silent about consumer and community involvement in their preparation.

I beg you to burn this document and start anew with a council of knowledgeable representatives chosen by members of the following groups. . . .

*Welfare Dependency.* The possibility of inadequate or no educational programming coupled with the awareness of what the lack of educational opportunity was like prior to 1975 made parents and advocates painfully aware of the possible dependence of children and later youth and adults on family, welfare and institutions. Parents stated:

I didn't ask for this job. I was given it. And all I want out of anything is for my son to be a functioning member of society, not in a welfare line waiting for a handout.

What's it going to cost to institutionalize my son when I'm not around to take care of him anymore because he didn't have an education, and education that he is entitled to now?

*Fear, Frustration, Fight.* Parents clearly expressed their anger, fear, and frustration with the "system" and they also clearly in-



dicated their willingness to fight. They believed they had little to lose by standing up to the Reagan administration, and everything—their child's right to an education—to gain. And they did express themselves:

It's my entire life that's on the line, and I'm a little nervous. I'm the parent of a multiply-handicapped son.

We have nowhere else to go and no more important cause than to fight the administration each step of the way.

I'm scared. You back me into a corner, and the only thing I know to do is try to fight my way out, and that's what I feel now.

### *CAP Organizations*

Many national organizations with state and local affiliates, state organizations, local groups, and coalition groups came together to defeat the proposed rules. CAP representation, constituting the largest category of witnesses, was a major force at the 11 public hearings. Table 1 lists organizations or groups by disability. Advocacy, parent, and some groups in the "other" category were not specific to a particular disability. Some organizations who had representatives at the hearings are listed in Appendix 1.

One CAP organization, for example, the Association for Retarded Citizens (ARC), was represented by at least 9% of those who gave testimony. ARC's *Action Alert* (1982) called for a "massive response from ARC'ers . . . to secure changes in the rules" (p. 1). In addition to the need for generating "thousands and more thousands of written comments" (p. 1), ARC stressed the importance of a "huge turnout" (p. 2) at each hearing. ARC's plea continued:

Please make every attempt to attend the hearings. We hope that so many individuals and organizations will seek to testify that there will not be enough time to hear all witnesses. In that case, media attention will be enhanced and an excellent opportunity for good publicity against the proposed rules will become available. Each should plan to bring busloads to the regional hearing nearest you. (p. 2)

The *Action Alert* also included an "initial analysis" of the proposed changes. The *Alert* informed and educated and then called

Table 1

*Representation of Advocacy Groups by Disability*

Disability	Number of Groups					
	Local*	State	National #	Total	Female	Male
Mental Retardation	74	52	9	135	86	49
Learning disabilities	18	35	7	60	50	10
Autism	13	15	5	33	26	7
Disabilities	15	13	4	32	16	16
Cerebral Palsy	12	12	4	28	19	9
Persons with Handicaps	7	16	4	27	20	7
Blind/Visual Impairment	10	7	7	24	15	9
Deaf/Hearing Impairment	11	7	5	23	13	10
Spina Bifida	2	2	7	11	4	7
Mental Health	4	5	1	10	9	1
Physical Handicaps	2	5	0	7	5	2
Severe Handicaps	1	1	4	6	5	1
Parent groups	92	13	0	105	84	21
Advocacy	5	5	1	11	10	1
Other	2	4	2	8	7	1
Total	268	192	60	520	369	151

\*Includes members.

#Includes regional and international representatives.

on its leaders and members to act. The ARCs activities have been described in detail to illustrate how effective one national organization with state and local chapters consisting of thousands of members can be in opposing changes that are detrimental to its membership. Similarly, numerous other organizations were sending memoranda, alerts, and letters to its membership with calls for action.

*Parent Groups and Coalitions.* The diversity of parent groups, coalitions, and combined parent and professional organizations, councils, and groups that spoke against the proposed changes included state and local coalitions, parent-teacher groups, local advisory councils, parent support groups, parent advocacy groups, task forces on special education groups, and school parent groups. These groups included the Oregon Coalition to Save Special Education, "a group of parents, educators, professionals, consumers and advocates committed to maintaining without re-

vision the current Public Law 94-142 regulations"; Philadelphia Coalition for Equality Special Education, "counsel of a number of advocacy groups"; Washington State Special Education Coalition, "representatives of 31 organizations, parents and professionals, who share a common concern about the quality of education for handicapped students"; Promise, ""a statewide coalition of organizations and individuals concerned with special education in Virginia"; Caddo Parish Special Education Advisory Council, mandated by state law in Louisiana; Mt. Diablo Unified School District's Community Advisory Committee for Special Education, "a state mandated group of parents . . . designated under California's Master Plan"; and, Parents Advocating for the Handicapped (PATH), "a newly-formed group in . . . Tennessee. . . . [because] there have been many children receiving inappropriate, inadequate programs and some receiving no programs at all."

### *Parents*

At least 41% of those who testified were parents of children with handicaps. Only 4% stated they were not parents. The remainder did not indicate parental status. Just 466 of the 583 who stated they were parents indicated their child's specific handicap. Some had two or more children with handicaps. Most were children with mental retardation (33%), followed by children with learning disabilities (19%), multiple handicaps (8%), autism (8%), hearing impairments (6%), cerebral palsy (6%), severe handicaps (5%), visual handicaps (4%), deafness/blindness (4%), and physical disabilities (4%).

Parents who did not represent any organization comprised 17% of those who testified. Almost all were biological parents, while a few were foster, adoptive, or surrogate parents. Some parents also identified themselves as lay advocates. Most were female (80%). Almost all parents indicated opposition to the proposed changes, while most insisted on complete withdrawal of the proposed rules. A few selected statements from parents' testimony may suggest the strength and intensity of feeling and expression: "It is near-criminal if any changes occur in P.L. 94-142"; "Do not regulate or loosen the reins, but, rather, strengthen these laws. Implement these laws".

### Concerned Citizens

Adults and children with disabilities (27), relatives of individuals with disabilities (8), concerned citizens (7), and university students (7) also testified. At least 45 witnesses identified themselves as having disabilities, but most were classified under other categories. Some excerpts from relatives may reflect the concern expressed at these hearings. A grandmother stated: "I don't think that Washington always knows what the average human being has to go through. At the local level, we're going to have school districts that's not going to do nothing." A sister who has two brothers with handicaps commented: "I wish that all school districts would obey the law, but even I know they don't. And unless it's written down what they have to do they won't do it." A 12-year-old boy whose brother has mental retardation spoke against changes in related services because of his fear that the speech services which his brother "needs on a daily basis" would be limited. The potential pain resulting from the imminent loss of necessary education and related services was evident as relatives and others cited example after example of the present and future gains for children brought about by the law and current regulations.

### Discussion

CAP organizations as well as related service professional associations, state departments of education and a variety of state councils, and school boards and associations were informed of the impending changes. They alerted and then mobilized leadership at the state and local levels, while reaching out to its membership and consumers of special education and related services. Mobilization was dramatic. Many perhaps became involved for the first time. For others the fight was a continuing struggle which had begun with their entry into advocacy efforts because essential educational opportunities had not been available for their children. This brief mobilization of thousands, led by national and state organizations, reaffirmed the right to appropriate education for those children who had been denied such an education or served inadequately by local and state public education programs.

The message to save P.L. 94-142 was not only directed at the

Department of Education but also aimed at the Congress, the President, and state officials. CAP organizations—from the national to the local, from the newly formed to the long-standing, from those with memberships of dozens to those of thousands, from those with no budget nor membership dues to groups with large budgets and many staff—rallied to defeat the proposed changes. These organizations represented untold numbers of exceptional children and adults. The actual number of persons directly and indirectly involved, including those who signed petitions, may never be known. This issue may have mobilized more parents and CAP organizations than any other issue in the field of special education.

The most controversial proposed rules were withdrawn on September 29, 1982, by the Education Secretary Terrell Bell (U.S. Department of Education, 1982a); the remaining proposals died a quiet death in the Department of Education ("ED abandons," 1982). Secretary Bell acknowledged the outpouring of protest by parents and especially mothers who acted by writing letters, gathering signatures on petitions, and testifying at the scheduled public hearings. The Director and Assistant to the Director of Special Education Programs, Department of Education (Sontag & Button, 1982) noted that the "written comments and the information presented at the public hearing . . . represented nearly unanimous disapproval of several positions proposed by the Department" (p. 13) which led to Secretary Bell's decision.

Parents and children had much to lose—a free, appropriate public education and necessary related services. Professionals who provide related services could have been stricken from the new regulations while services could have been drastically reduced. Jobs for many in the field of education could have been eliminated. The federal government's role, and particularly the Congressional role, in education would have been curtailed. If the Reagan administration had been successful in this effort, other initiatives to reduce the federal presence and increase state responsibility would have been forthcoming. It was a test of political power. The intent to divide and conquer the enemy, espoused by Joe Beard, a departmental attorney, did not succeed.

Local, state and national CAP organizations and coalitions, many organized by disability, represented groups who had been

denied adequate public education prior to the historic passage of P.L. 94-142. The CAP groups of the 1970s and 1980s have learned that

politics affects in one way or another almost everything that happens to exceptional children, that individually or together people can affect political events, and that unless more people become involved it may be doubtful that the goals of educating all exceptional children will be achieved (LaVor, 1976, p. 259).

Perhaps this case study of citizen advocacy—CAP organizations, parents, and friends of the handicapped—has demonstrated Hudson's (1982) belief "that the greater the volume and intensity of citizen advocacy, the greater the likelihood that positive program outcomes will follow" (p. 120). Citizen advocates were ready; they were involved, voiced strong opposition, and they made a difference. The educational rights and resources so desperately needed by so many exceptional children had been saved by an outpouring of protest against cutting back services to this special and vulnerable constituency.

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### Footnote

1. Copies of the testimony presented at the 11 public hearings are available from the Department of Education, Office of Special Education Programs, Room 3086, Switzer Building, 300 "C" Street, SW, Washington, D.C., 20202.

### Appendix

#### *List of Selected Organizations Represented at the Public Hearings*

Alexander Graham Bell Association for the Deaf  
American Coalition of Citizens with Disabilities  
American Foundation for the Blind  
Arthritis Foundation  
Association for Children and Adults with Learning Disabilities  
Association for Retarded Citizens  
Association for the Blind and Visually Impaired  
Association for the Rights of Children with Handicaps  
Association for the Severely Handicapped  
Coordinating Council for Handicapped Children  
Cornelia de Lange Syndrome Foundation  
Council for Children with Mental Disorders  
Down's Syndrome Congress  
Epilepsy Foundation of America  
International Association of Parents of the Deaf  
International Institute for Learning Disabilities  
National Alliance for the Mentally Ill  
National Association for Down's Syndrome  
National Association for the Parents of the Visually Impaired  
National Association of the Deaf  
National Easter Seal Society  
National Federation of the Blind  
National Network of Learning Disabled Adults  
National Society for Autistic Children  
National Society for Children and Adults with Autism  
National Society for the Deaf  
Spina Bifida Association of America  
United Cerebral Palsy Associations  
Women with Disabilities United





# Mental Health Treatment Refusal in Correctional Institutions: A Sociological and Legal Analysis

RUDOLPH ALEXANDER, JR.

The University of Minnesota  
School of Social Work

*Recently, the courts have recognized the right to a minimum level of mental health treatment for individuals confined in both mental and correctional institutions, utilizing a different rationale for each system. As mental health administrators in state mental hospitals accepted that they were responsible for providing an increased level of mental health services, they were disappointed that courts had subsequently ruled that individuals in state hospitals had a right to refuse treatment. The purpose of this paper is to elaborate, sociologically and legally, upon treatment refusal in the correctional system since most of the attention on treatment refusal has focused on individuals in state mental hospitals and since the legal status of inmates in correctional systems is different. An analysis of the literature revealed that inmates in correctional institutions, similar to individuals in the state hospital system, have a limited constitutional right to refuse mental health treatment, and this right is unlimited when the treatment provided is considered by the courts to be in fact punishment.*

Within the last twenty years there has been a steady development of case laws supporting the right to treatment for persons confined primarily in mental institutions (*Johnson v. Solomon*, 1979; *Rouse v. Cameron*, 1966; *Scott v. Plante*, 1981; *State in the Interest of R.G.W.*, 1976; *Welsch v. Likins*, 1974), and some professionals have argued that, under appropriate circumstances, there is a right to mental health treatment for inmates confined in correctional institutions as well (Alexander, 1987b; Brenner & Galanti, 1985). As a result of this newly established right, institutions, both mental and correctional, had to strengthen their treatment services to inmates. About the time that significant changes were being made, there began the as-

sertion, much to the chagrin of mental health professionals, that institutional mental health recipients had the right to refuse treatment. Psychologists and psychiatrists lamented that it is impossible to have a right to treatment and at the same time also have the right to refuse treatment (Hassenfeld & Grumet, 1984). Yet, advocates for inmates insist that some mental health treatments (i.e., psychotropic drugs, psychosurgery, aversive therapy) cause irreversible bodily damages (Herr, Arons, & Wallace, 1983) or in the case of correctional inmates are in fact punishment in disguise. When this is the case, there is a right to refuse treatment. Given that there is a right to refuse treatment for individuals in state mental hospitals (Beis, 1984; Bonnie, 1982; Brant, 1984; Brotman, 1982; Hoge, Gutheil, & Kaplan, 1987; Norris, Carroll, & Watson, 1980; Plotin, 1978; R.M.R., 1981), there practically should be the right to refuse treatment for inmates in correctional institutions. The purpose of this paper is to explain the right to refuse mental health treatment for inmates confined in correctional institutions. Admittedly, case laws arising from the mental health and correctional fields tend to be separate and distinct bodies of law (Churgin, 1983). But the United States Supreme Court has indicated that felons do not automatically lose all of their rights, and the Constitution, albeit hesitantly, follows them behind the walls of the penitentiary (*Pell v. Procunier*, 1973). The elaboration of the right to refuse mental health treatment, defined here as that treatment which is designed to alter the behavior or mental functioning of a prisoner, will be done from both sociological and legal perspectives.

### The Right to Mental Health Treatment

Before discussing the right to refuse treatment in a correctional institution, there needs to be an illumination of how the right to treatment developed in the first place.

Recognition of the right to treatment was first announced in 1966 when Judge Bazelon ruled that a man institutionalized for four years in a mental hospital had a statutory and constitutional right to treatment (*Rouse v. Cameron*, 1966). Finding treatment in Alabama state mental hospitals superficial, Judge Johnson wrote that "to deprive any citizen of his or her liberty upon the altruistic theory that the confinement is for humane therapeutic reasons and then fail to provide adequate treatment violates the

very fundamentals of due process" (*Johnson v. Solomon*, 1979, p. 279). One state court ruling in a case involving a juvenile that had implications for the mental health system stated that "when mental patients are committed for treatment purposes they *unquestionably* [emphasis added] have a constitutionally reinforced right to receive such individual treatment as will give each of them the realistic opportunity to be cured or to improve his or her mental condition" (*State in Interest of R.G.W.*, 1976, p. 1376). In these cases the courts were simply saying that if a person's liberty is taken away for the purposes of treatment, then that person had a constitutional right to treatment. Subsumed in this argument is the acknowledgement that a quid pro quo tacit agreement arises between the state and the individual. That is to say, the state takes something from the individual (his or her freedom) and thus owes to that individual something of value (treatment). When treatment is nonexistent, the person's constitutional right to due process has been violated.

In the matter of convicted offenders, the right to treatment is medically based. Courts have held that the denial of medical care to an inmate while imprisoned is a violation of the Eighth Amendment right to be free from cruel and unusual punishment (*Estelle v. Gamble*, 1976; *Medcalf v. State of Kansas*, 1970). Taking this lead, other courts have ruled that the right to medical care includes both physical and mental illnesses (*Bowring v. Godwin*, 1977; *Rogers v. Evans*, 1986; *Ruiz v. Estelle*, 1980). In a Texas case in which the entire prison system was held to be unconstitutional, a federal judge restated the right to minimally adequate mental health treatment in a prison setting and reaffirmed that "a prison inmate is entitled to psychological or psychiatric treatment if a physician or mental health care provider, exercising ordinary skill and care at the time of observation, concludes with reasonable medical certainty (1) that the prisoner's symptoms evidence a serious disease or injury; (2) that such disease or injury is curable or may be substantially alleviated; and (3) that the potential for harm to the prisoner by reason of delay or the denial of care would be substantial" (*Ruiz v. Estelle*, 1980, p. 106).

### Sociological Discussion of The Right to Refuse Treatment

One of the essential concerns of sociology is social control. In its infancy, sociology understood social control as societal

responses for managing members of society. Later, sociology began to conceptualize social control more concisely as the control of deviant behaviors and the promotion of conformity (Conrad & Schneider, 1980). There is a consensus among most members of society that without social control, society will quickly disintegrate into chaos (Cockerham, 1981). Generally, the institutions that helped to maintain social control primarily were the family and the church. Scheff (1984), further, contended that social control operates internally and externally to mold individuals' behaviors, perceptions, thoughts, and feelings. Sanctions to nonconformists by social control agents for nonconformity are applied inconsistently and are sometimes negotiable. Scheff also said that societal reaction to deviance is usually in excess to what is actually needed. Sensitive to this framework, studies of crime, delinquency, and mental illness sought to explain deviancy but equally important sought to explain the societal reactions to deviancy. Consequently, dependent variables that measure the severity of societal response are of central interest to investigators.

From a sociological perspective, mental illness is viewed as a social status and not a disease. The evidence for this view comes from studies which have shown how prevalent the symptoms of mental illness are in the general community and how imprecise the defining symptoms are. Moreover, the status of being mentally ill is ascribed by the societal reaction and not really achieved by the person designated as mentally ill (Scheff, 1984; Shah, 1980). The issue of social control of the mentally ill perturbs some professionals because of the imprecision of psychiatric diagnosis. Physicians specializing in internal medicine can generally reach consensus on diagnosis of a heart attack, appendicitis, or kidney failure, but mental health problems do not present for psychiatrists a concrete set of symptoms for diagnosis that will lead to a consensus of what the problem is. Oftentimes, it is the subjective opinion of the psychiatrists that is the determining factor in labeling one as mentally ill (Cockerham, 1981). The Diagnostic and Statistical Manual (DSM), of course, has helped to eliminate some of the subjectivity in psychiatric diagnosis, but vagueness of symptoms is still a problem. For example, as a neophyte social work intern in a psychiatric

unit of a major teaching hospital in Houston, Texas for indigent citizens, the author observed a psychiatrist explaining to a medical student why a woman he had examined deserved a particular diagnosis. The psychiatrist, in accordance with the DSM III, emphasized one criterion in the diagnosis as impulsiveness, which was determined by family reports that the woman had recently gone shopping and bought ten dresses. However, affluent people frequently buy clothing in bundance. This is an example of why sociologists, such as Lemert and Becker, believe that the symptoms of mental illness are imprecise and vague.

Despite these imprecisions, Conrad and Schneider (1980) averred that "medicine, especially psychiatry, has replaced religion as the most powerful extralegal institution of social control" (p. 241). Medical social control seeks to minimize, eliminate, or normalize deviant behavior. If something is defined as a psychic illness, it automatically becomes within the province of psychiatry to cure regardless of the efficaciousness of its intervention. At the same time, Conrad and Schneider suggest that there are positive benefits to the medicalization of deviance, such as viewing alcoholism or mental illness humanitarily. However, they identified seven negative byproducts. These are: (1) dislocation of responsibility; (2) assumption of the moral neutrality of medicine; (3) domination of expert control; (4) medical social control; (5) individualization of social problems; (6) depoliticization of deviant behavior; and (7) exclusion of evil (Conrad & Schneider, 1980).

Turning to the correctional institution, Waldron stated that modern correctional organizations' two essential functions are treatment and custody or control. The custody or control function of a correctional institution refers to establishing secure housing, safety for the staff and inmates, and a controlled environment. To be sure, some treatment activities, such as classification, also serve a custody and control function. Imperative to the control function is the establishment of rules for inmates to follow. Waldron, in addition, wrote that "although most of these rules are legitimate requirements for maintaining control, in some prisons and jail situations they are also used as a means of repression and punishment in the mistaken belief that control demands complete regimentation in all areas of prison life"

(Waldron, 1984, p. 371). On the other hand, Nassi argued that despite the manifest goal by some states that imprisonment is in part for rehabilitation or treatment, the overriding goal is always the punishment of the offender. As a consequence, prison psychologists and psychiatrists compromise precepts derived from their professional training in order "to be consonant with the punitive function of the prison." Moreover, Nassi indicated that "to the extent that psychiatrists and psychologists adhere to the precepts of their profession, they will have to adjust these precepts to function in harmony with the physical and social environment of the prison. Alternatively, they may attempt to reconstitute the organization and redirect its goals so that they are more consonant with their belief system. However, to the extent that the individual adjusts to the prison regime and alters the professional orientation, this orientation may become so distorted that it does not even resemble the traditions of his discipline. It is in this way that treatment becomes indistinguishable from punishments, except by name" (Nassi, 1980 p. 327).

As a matter of fact, most inmates are diagnosed as having a character or personality disorder. Mental health professionals believe that these inmates have accepted values that are contrary to the dominant society. Generally, the inmates are hostile and suspicious and feel that there is nothing wrong with their behavior (Silber, 1980). By way of illustration, inmates from one Georgia prison, who probably were thought by psychologists to have personality disorders, refused at one time to participate in their treatment because the feeling was that the mental health unit was an instrument of the prison administration to wage psychological warfare against them. For some mental health officials this view may be evidence of paranoia, but the possibility exists also that this view may be accurate and represents one of the tools of institutional social control. Alternatively, it could be an illustration of conflict between institutional and inmates' goals. Halleck wrote insightfully about this conflict when he said:

The conflict between the interest of society and the interest of the individual offender can be illustrated most powerfully by considering the "political prisoner". Some men violate the law out of conscience or as part of a deliberate effort to change the society. If we "rehabilitated" these men and trained them to behave in a

manner which the mass of citizens might find desirable, we would be negating their freedom to dissent and depriving the society of one important channel for social change. Consider, for example, the impact on our society if our prisons had succeeded in rehabilitating such convicted offenders as Henry Thoreau, Eugene Debs, Martin Luther King, or Malcolm X. [To this list could be added the Honorable Elijah Muhammed who went to prison for refusing to serve in the armed services and later built the Nation of Islam and the Berrigan Brothers who were jailed for activities protesting the Vietnam War.] These examples dramatize that the issue of rehabilitation must be considered not only in terms of our capacity to change human behavior but also in terms of under what circumstances and to what extent we should be allowed to do so (Halleck, 1980, p. 337).

This represents an example of one of Conrad and Schneider's concerns that medical social control could facilitate the depoliticization of deviant behavior. Offenders, as a practical matter, are sent to prison as punishment for violating criminal statutes. Hence, the loss of liberty for a specific period is the prescribed punishment, and one could assert that any attempt to take away what one believes is beyond the statutory requirement (Vetter & Rieber, 1980) and an issue for litigation.

### Legality of The Right To Refuse Treatment

Sharipo (1974) theorized that the first Amendment to the United States Constitution "protects a person's power to generate thoughts, ideas, and mental activity." He called this protection a person's freedom of mentation and based it on the following analysis: (1) The First Amendment protects communication of virtually all kinds, whether in writing, verbal, pictorial or any symbolic form, and whether cognitive or emotive in nature; (2) Communication entails the transmission and reception of whatever is communicated; (3) Transmission and reception necessarily involve mentation on the part of both the person transmitting and the person receiving; (4) It is in fact impossible to distinguish in advance mentation which will be involved in or necessary to transmission and reception from mentation which will not; (5) If communication is to be protected, all mentation regardless of its potential involvement in transmission or rejec-



tion must therefore be protected. Having established the basis for the protection of mentation, Shapiro posited that as a corollary the next two propositions form a right to be free from coercive organic therapies: (6) Organic therapy intrusively alters or interferes with mentation; and (7) The First Amendment therefore protects persons against enforced alteration or interference with their mentation by coerced organic therapy. It appears that there has been some recognition of First Amendment violation when drugs are administered against an individual's will (Shavill, 1981; Torrey, 1983), and some court decisions have recognized a limited right to refuse treatment in the absence of an emergency (Brooks, 1980; Brotman, 1982).

Seeing it a little differently, Beyer theorized that individuals have two types of freedom—freedom to and freedom from. He believes, for example, that “freedom to tattoo one's body involves a freedom from state constraints upon tattooing; freedom from compulsory state tattoos involves a freedom to keep one's body untattooed. Yet there remains an important conceptual distinction between freedom to tattoo oneself if one wants and freedom from the state compelling one to be tattooed if one does not. Freedom to (tattoo oneself, have an abortion, smoke marijuana) may conveniently be called autonomy, freedom from (compulsory tattoos, police searches of the rectum, unwanted blood transfusions) may conveniently be called integrity. When one wants to tattoo oneself and the state will not let one, autonomy is abridged by a state constraint; when the state tattoos one against one's will, integrity is invaded by a state compulsion” (Beyer, 1980, p. 502).

Others have recognized the right to refuse treatment based on the longstanding practice of informed consent as a prerequisite to treatment. At common law, any medical procedure that is not consented to by a person is a battery. Broadening the concept of consent, the court established the principle of informed consent. Informed consent not only requires that a person consent to a medical procedure but the person must be given information on the possible risks and likely benefits. Additionally, the person must be told of alternative procedures, if any. The reason for these explanations to a person is to respect his or her right to autonomy or self-determination (Rodenhauser,

1984). Granted, a doctor possesses more knowledge than a lay person but the final treatment decision must lie with the individual (Annas, Glantz, & Katz, 1977; Rhoden, 1980; R.M.R., 1981). Everyone has a fundamental right to determine to be helped or left alone—the right to privacy (Middleton, 1980). Even if the person's death is impending, an individual still has the right to refuse treatment (Schwitzgebel, 1979).

Although most mental health professionals now concede that there is a right to refuse treatment in a state mental hospital, they know as a result of *Rennie v. Klein* and *Rogers v. Orkin* that this right is limited as it can be overridden with procedural safeguards in place. That means that the refusing patient must have an independent review, assessment of the risks and benefits, perhaps involvement of an advocacy group, and an appeal process (Parry, 1984).

The rationale for the right to refuse treatment is different depending if a person is institutionalized based on *parens patriae* (intervening for the protection of the individual) or police power (intervening for the protection of society). The state's authority to intervene under *parens patriae* assumes that the person is incompetent to give informed consent or refused treatment. In the absence of competency, the state can force treatment if it is believed to be in the best interest of the individual and if less restrictive therapies are unsuitable. On the other hand, persons institutionalized because of police powers are not assumed to be incompetent and their mere confinement neutralizes their threat to the community (Wexler, 1976). Therefore, a person who is competent to make treatment decisions who is institutionalized under police powers has a stronger basis for refusing treatment than one has who has been institutionalized under *parens patriae* and is deemed incompetent. Unlike mental hospitals which have both individuals committed under *parens patriae* and police powers, all correctional inmates are institutionalized under police powers because they have been convicted of crimes against society.

### The Right To Refuse in a Correctional Setting

Most of the above discussions referred to individuals institutionalized in mental hospitals. However, there are implications

for inmates incarcerated in correctional institutions. In 1973 the United States Supreme Court affirmed that prisoners retain all rights enjoyed by free citizens except those necessarily lost as an incident of confinement (*Pell v. Procunier*, 1973). What is considered an incident of confinement is the recognition by the legal system of valid penal objectives of deterrence (specific and general), rehabilitation, and institutional security (*Pugh v. Locke*, 1971). As a result, rights which do not interfere or clash with these objectives are kept by inmates. As a specific example, a federal appeals court ruled the dual commitment procedure in New York state as illegal because a person convicted under a criminal statute was entitled to the same rights that a civilian enjoys (*Schuster v. Harold*, 1969).

Initially, the right to refuse treatment emerged from the criminal justice system. Lawsuits initiated by individuals judged incompetent to stand trial, judged insane, and convicted under the general penal statutes reached the courts alleging that they were subjected to abusive "treatment" (Shobat, 1985). For example, an inmate of a New York prison system who accused the administration of being corrupt in 1941 was diagnosed as paranoid and transferred to the Dannemora State Hospital For The Criminally Insane for an unspecified period although he was close to serving his original sentence. In 1969, a federal court ruled in his favor and said in effect that his treatment had to end (Talbot & Kaplan, 1983).

Further, it is not uncommon for prison officials to use drugs as a means of social control. Mattocks and Jew researched aversive therapy on California prisoners in 1967 and wrote glowingly of its efficacy. They suggested that innumerable assaults, stabbings, self-mutilations, and suicidal attempts probably were reduced by the use of Anectine, a drug used in aversive treatment, and that 57 percent of the treated prisoners were able to get further treatment in a psychiatric unit or suitable for transfer to other prisons for "programming" (Mattocks & Jew, 1982). The court began to look at aversive therapy and found programs in California and Iowa in violation of the Eighth Amendment prohibition against cruel and unusual punishment (*Knecht v. Gillman*, 1973; *Mackey v. Procunier*, 1973; Shapiro, 1974). Labeling a practice treatment does not bar scrutiny to determine if it is

in violation of the Eighth Amendment prohibition against cruel and unusual punishment. It is the intent, the actual procedure, and the results that are important, not whether the state calls a practice treatment instead of punishment (Schwitzgebel, 1979). The court noted in the Iowa case that "whether it [the treatment] is called aversive stimuli or punishment, the act of forcing someone to vomit for a fifteen minute period for committing some minor breach of the rules can only be regarded as cruel and unusual unless the treatment is being administered to a patient who knowingly and intelligently has consented to it" (*Knecht v. Gillman*, 1973, p. 1140). Implied in this decision is the right to refuse treatment.

Correctional treatment which is designed to change the mind of thought processes of inmates can be rightfully refused as being violative of their right to free speech. Recent case laws have established the right to "mind freedom" and "privacy of the mind." There is a fundamental right of people to be secure in their private thoughts. Ordinarily, courts are reluctant to interfere with this right unless the state advances a compelling interest (Vetter & Rieber, 1980). Thus, the right of an individual to have, for instance, delusional thoughts is protected from alteration by the state. To comprehend this principle it is important to understand that many delusional thoughts are not harmful to the state or the individual. An inmate who believes he is Jesus or has thoughts, realistic or unrealistic, of grandeur is not threatening to institutional order, and it would be difficult for the state to persuasively argue that a compelling state interest exists in seeking to alter such thoughts.

In *Rummels v. Rosendale* the issue was a purely medical issue but had implication for mental health. In this case, Rummels was operated on for a hemorrhoidectomy against his will. The court ruled that "allegations that prison medical personnel performed major surgical procedures upon the body of an inmate, without his consent and over his known objection, that were not required to preserve his life or further a compelling interest of imprisonment or prison security, may foreshadow proof of conduct violative of rights under the Fourteenth Amendment sufficient to justify judgment under the Civil Rights Act" (*Rummels v. Rosendale*, 1974, p. 735). In a later case a man named

Scott was held incompetent to stand trial in 1954 and also was held to be mentally incompetent. Scott began habeas corpus action claiming that he was forced to take drugs and treatment against his will. The court suggested that in the absence of an emergency unconsented treatment of a drug that affects the mind is a tort and actionable under the Civil Rights Act of 1871 (*Scott v. Plante*, 1976).

Besides psychotropic drugs, the state possesses a wide array of medical tools, such as electrical stimulations of the brain by implantation of electrodes, psychosurgery, and organic conditioning techniques, with which to control the behavior of inmates in both correctional and mental institutions. Use of psychotropic drugs can alleviate the symptoms of mental illness, but the misuse of them, as well as the other interventions, fore-shadows an abridgement of personal freedom for inmates (Shapiro, 1973).

The United States Supreme Court examined the transfer of a Nebraska prisoner to a mental hospital and ruled that Vitek had a right to a hearing because of the substantial change in condition of a transfer to a mental hospital. The court wrote

"While a conviction and sentence extinguish an individual right to freedom from confinement for the term of his sentence, they do not authorize the state to classify him as mentally ill and to subject him to involuntary psychiatric treatment without affording him additional due process protections. Here, the stigmatizing consequences of a transfer to a mental hospital for involuntary psychiatric treatment coupled with the subjection of the prisoner to mandatory behavior modification as a treatment for mental illness, constitute the kind of deprivations of liberty that requires procedural protections. . . . Although the state's interest in segregating and treating mentally ill patients is strong, the prisoner's interest in not being arbitrarily classified as mentally ill and subjected to unwelcomed treatment [emphasis added] is also powerful, and the risk of error in making the determinations . . . is substantial enough to warrant appropriate procedural safeguards against error" (*Vitek v. Jones*, 1979, p. 481).

While the court did not specifically say that Vitek had an absolute right to refuse treatment, there are fairly strong references that a prisoner could not be capriciously treated against his will.

For example, some of the procedural requirements for a Vitek hearing are the opportunity for the inmate to present witnesses in his or her behalf, to cross-examine state witnesses, and to have an independent decision maker. These safeguards suggest that an inmate has the right to refuse treatment that is not in his or her best interest. Having the right to challenge state witnesses and the right to an independent decision maker will stop unnecessary treatment decisions. Hence, there is a latent pronouncement of a right to refuse or reject treatment that is unwarranted in this decision.

Similarly, another federal court ruled that the Federal Bureau of Prison's START (Special Treatment and Rehabilitation Training) program was reviewable as possibly being violative of the Eighth Amendment prohibition against cruel and unusual punishment despite the assertion of the prison officials that the program was treatment. START consisted of placing problem inmates on a level system with just the bare essentials and allowing them to move up depending upon improved behavior. However, some critics charged that the initial level of deprivation was too low and unconstitutional. The issue became moot when the program was terminated and the court did not make a ruling (*Clone v. Richardson*, 1974). Like aversive therapy, the START program could be reasonably construed as being punishment and subject to the test of whether it was cruel and unusual punishment.

Similar to their counterparts in state mental hospitals, prisoners have a limited right to refuse treatment which can be overridden. For instance, at the Federal Medical Center at Rochester, prisoners who are transferred there for psychiatric treatment are sent back to their sending institutions if they refuse treatment. However, if it is determined that the prisoner is dangerous to himself or others, he can be forcibly treated following an adverse ruling from a hearing at the institution before a federal magistrate. In like manner, the Oak Park Heights Correctional Institution has a mental health unit that is responsible for treating all of the mentally ill male offenders in the Minnesota system. By statute, it has the authority to forcibly treat a psychotic inmate following a hearing before a judge (Alexander, 1987a). Hence, one can see similar types of safeguard procedures in the prison system that exist in the mental health system.

### Conclusion

The essential focus of this paper was the elaboration of the right to refuse mental health treatment in correctional institutions. This is an essential right given that the dominant penal philosophy is to punish offenders and given that medical technology may discover more effective behavior controlling drugs or innovations. It is quite easy for institutional treatment officials to stray, as some examples in this paper have shown, from their helping philosophy and adopt practices that are punishing. Perhaps, this is an inevitability given the environment of a total institution. It must be remembered that antipsychotic drugs, which sound helpful, do not cure mental illness and have serious side effects. The primary benefit of psychoactive drugs is to temporarily make a person more manageable, and they do not produce any permanent changes (Bartol & Bartol, 1986). Moreover, as major tranquilizers, they can be used as an effective means of social control in an institution. Churgin (1983) cited a study in his article which showed that inmates in one prison system were transferred to mental hospitals for being disruptive and not for being mentally ill. Occasionally, one hears snide references about the Soviet Union who reportedly put some of their dissidents in psychiatric hospitals as a means of stifling dissent. But the same type of practice can be done to citizens in the United States who are powerless and despised, like prison inmates are, if the right to refuse treatment is unavailable. Whenever something of a treatment nature is planned for an inmate, the following question needs to be asked "is it really for the inmate or is it for the institution"? While institutional social control is not per se opprobrious, it can be if allowed to go unchecked. The courts have offered some fairly sound guidelines spelling out when psychiatric or psychological treatment is indicated (*Ruiz v. Estelle*, 1980), and all are focused on the inmates' needs rather than institutional. Allowing inmates the limited right to refuse questionable therapies and drugs is necessary in order to protect against institutional abuses.

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# "Our Town": A Case Study of Ideology and the Private Social Welfare Sector

WILLIAM M. EPSTEIN

Management Consultant  
Washington, D.C.

*This case study explores the relationship between ideology and the performance of the voluntary social welfare sector in Western New York. Data were collected from the directors of 22 of the largest and most important voluntary social welfare agencies relating to their own social attitudes and those of their boards. The common expression of similar agency attitudes toward a variety of social policies were in narrow conformity with the conservative values of the current national administration. The common core of conservative values, suggesting that the agencies perform an ideological role within the community in addition to their service role, may explain much of their decision to ignore great and growing social needs. Yet most troubling for the possibility of liberal reform, the ideological commitments of the voluntary social welfare sector and the social preference voiced through its social service programs may be the widely-shared and regnant values of the contemporary United States.*

Currently at issue in the debate over social welfare services, is the degree to which the United States shall satisfy the needs of lower socio-economic groups, in part through social work and its agencies. The past five national administrations, covering almost 17 years, have structured a social service system that does not seem to be responsive to growing social problems. If these emergent needs, as well as other longer standing deprivations, are going to be addressed, then the preferences that control national politics will also have to change. This change will probably come about, if at all, only through a competition in which organizations with stakes in the current distribution of goods and services give ground to organizations pursuing a different pattern of rewards. If lower socio-economic groups are to achieve greater welfare, then political organizations will have

to contend for their interests. This is axiomatic of social welfare politics: welfare gains in proportion to political success.

The ideological commitments and service roles of an important portion of social work's institutional base—the voluntary social service sector—influence the politics of social services. When voluntary social service agencies serve lower status clients, they champion both their clients' claims and the programs to serve them. When, to the contrary, the voluntary sector is animated by other interests, then its program justifications tend to weigh those heavier claims against the claims of lower status clients. In any event, private social service agencies take a variety of sophisticated steps to form public attitudes and opinions in support of their missions. These steps are political.

The ideological roles of private social service agencies in developing public opinion may be more frequent determinants of their own success than their apparent social service function. In spite of claims that current practice is scientific, few agencies and few social work services have ever credibly demonstrated cure, prevention or rehabilitation. Even the efficacy of case-work's "nuclear" technique, psychotherapy, is still indeterminate, (Wootton 1959; Epstein 1984a; Epstein 1984; and Bergin, 1971). Nevertheless, voluntary social service agencies seem to be refunded, year after year, without scientifically defensible service histories.

This puzzle of agency continuity is solved when an agency's value lies more in its symbolic and ideological role than in its service function (Meyer and Rowan, 1977). In this event an agency's principal role is to form or to confirm political tastes through the voice that it addresses to the community in support of its selection of clients, services and organizational forms. In turn, its service designs tend to reflect the preferences of its auspices more than any objective standard of social need.

In a provocative case study written over twenty years ago, Cloward and Epstein implicated the professionalization of social work in the voluntary sector's disengagement from the poor. The authors described a private agency whose "structured incapacity" to serve lower socio-economic groups reflected a "strategy of help which (was) neither practicable nor congenial to" the needs of poor people (Cloward and Epstein, 1967); Sosin, 1985).<sup>1</sup>

Yet, notwithstanding their criticisms, they tacitly shared the belief that institutional social work could still be bent toward more client-oriented ends. The key to this reform lay in the political malleability of agency auspices, that is, the degree to which private boards could be reconstituted first to more closely represent client populations and then, to give voice to client aspirations.

In support of these goals, a descendent literature created a heroic practice role for the social worker and the private social service agency. It cast the social worker and his agency in the role of a catalyst, a "change inducing system", a provocateur to develop a latent social constituency into a political tool for the redirection of practice (Warren 1977; Henderson and Thomas, 1983; Piven and Cloward, 1971). The field's scholars began to model this heroic process in terms of the stakes, the rewards, the flashpoints and the structural weaknesses of contemporary society. The summary assumptions were made, and may even have been tested by the Great Society programs, that a social will existed to serve the unserved and that social work and its allies were capable of converting that will into the enforceable claims of social policy. This reform literature evoked a nostalgic myth—social work's Brandesian vision—that the poor, who stood as proxy for all socially deprived groups, had been better served by social work during prior periods.

In contrast to the reform tradition, another body of thought has granted to social work far less freedom either to plan its own destiny or to modify social policy. In particular, Leiby has concluded that social work's historical role was performed neither in service to the poor nor as a champion of reform. . . . "Social welfare institutions and the profession of social work did not grow into their present prominence because of their theoretical elegance or practical success" (Leiby, 1978). Social workers typically rendered personal care, screened clients for welfare eligibility and most importantly, personified the virtues of social conformity. Moreover, these roles were usually performed on behalf of social elites, themselves customarily drawn from among the wealthier commercial classes.

In further support of this view of the profession's historical orthodoxy, many modern social welfare historians seem to agree

first that cultural forces determine welfare practice to a far greater extent than social welfare practitioners and secondly, that the power of the charitable impulse to affect social policy—altruism as a political force—has been negligible (Garrity, 1978; Mencher 1967; Lubove, 1965; Himmelfarb, 1984.)<sup>2</sup> In further support of the futility of heroic reform, an influential sociological tradition, exemplified by Nisbet (1969) and Lapierre (1954), defines social maintenance, not change, as the causal motive of society. Strongly held cultural attitudes inexorably perforce social institutions. In this sense, social work as a cultural institution will inevitably reflect the dominant attitudes of society. Therefore any strategy of agency change that challenges dominant social attitudes and beliefs, will fail if it is contingent on social acceptance, expressed perhaps through charitable or public funding.

The reform tradition in social work, hard pressed to find a legacy of program success, does not seriously reject the controlling influence of social maintenance on agency behavior. Rather, it holds that the terms of accommodation can be negotiated through a constituency for client oriented reform. As a component of this negotiation, the reformers define institutional social work potentially if not historically, as an early mediator of social change and as an advocate for marginal groups. In contrast, social work may have a much more deferred role—one of only providing service and not contending for the conditions of its provision. The social worker may have a more passive professional function: to implement board preferences through agency policy.

### The Study

Specific concern with the ideological and political behavior of voluntary agencies emerged out of a broader study of the feasibility of an alliance between the unions and the voluntary social service sector in Western New York. With an unemployment rate that reached over 15% in November of 1982, Western New York has been one of the hardest hit of the Northeast's rust-belt regions. Buffalo, a city of approximately 320,000, is the urban center of the two counties that comprise the SMSA of Western New York. Western New York's population, having declined more than 10% since the 1970 census, numbered just over one

million by 1980. All of the large agencies and most of the smaller agencies were located in Buffalo itself although almost all of them provided extensive services through out the metropolitan area.

Western New York has been losing population and jobs for the past two decades, suffering a decline of 49,500 jobs or 9.6% of its total employment between 1979 and 1983 alone. As a consequence of economic distress, social needs have increased. Yet the capacity of the people remaining in Western New York to meet those needs has declined.

Through a case study of one metropolitan area, this paper explores the general issue of the voluntary sector's role in mediating social needs.

### Method

The contemporary roles of the larger and more dominant voluntary social welfare agencies in Western New York were studied through interviews with their executive directors. Information was collected from the agency directors through semistructured interviews, designed to last approximately 75 minutes. The respondents were encouraged to express themselves freely on a range of topics related to agency practice and structure, to their own social and political attitudes and to those of their boards (Table 1). Where appropriate, interviewers probed

Table 1

*Information Gathered from the Directors*

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Respondent characteristics
Agency characteristics
Auspices characteristics
Respondent's report of his own political and social attitudes
Respondent's report of his board's social and political attitudes
Agency problems
Social problems generally
Agency plans
Perceived need for support
Experience and attitudes toward organized labor
Attitudes toward the future

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the respondents in order to obtain coherent and complete statements.

Voluntary social service agencies were selected on the basis of their large human service budgets, their historical prominence and their centrality to social work practice. A core of traditional voluntary agencies was supplemented with a number of additional programs to better reflect the range of service roles fulfilled by voluntary agencies in the community. The sample, however, clearly overrepresented traditional, large agencies. Of 27 agencies initially selected for interviews, 22 (81%) were successfully completed.

The sample covers the private sector's presence in: counselling; residential and outpatient care for the deinstitutionalized mental health client and for people with developmental disabilities; traditional recreational and character building services; vocational rehabilitation; emergency shelters; and planning and funding.

In all but one instance, the respondent was the agency's chief administrative officer. The sample included: the local chapters of the American Red Cross, the United Way, Catholic Charities, Goodwill Industries, the Blind Association, Jewish Family Services, Child and Family Services, the Boys Clubs, the Lutheran Service Society, and the YMCA; three mental health programs for "deinstitutionalized" clients; a Meals-on-Wheels program; three programs for people with developmental and mental disabilities; a shelter for battered women; the local mental health association; two additional counselling programs; and a local shelter for homeless men.

The author and six graduate social work students interviewed the directors of the voluntary social welfare agencies during the Winter of 1985. The author also interviewed the graduate students in order to compare their attitudes with those of their interviewees. No consistent pattern of bias was apparent. Indeed the range of social attitudes and political preferences among the students was greater than the range among the agency directors. Liberal students recorded conservative opinions, and the few conservative students recorded liberal responses.

Yet by and large the students tended to be liberal. This may have been the directors' perception with the result that they may

have tended to liberalize their reported views or to suppress some contradictory conservative views of their boards. Indeed, the directors' response rate to the more sensitive questions probing their auspices' social and political views, were consistently lower than the response rates of labor leaders in describing their memberships. Yet the directors' low response rates to a number of items may also reflect the small degree of informal association between directors and their boards and the extent to which directors may have been guarded in making any critical appraisal of their employer. Therefore the final estimates of attitudes probably underreport conservative views.

### *Characteristics of the Sample*

The combined unduplicated budgets of the 22 agencies total more than \$60 million, of which more than half comes from public sources (Salamon and Abramson, 1982).<sup>3</sup> Six agencies draw more than 90% of their budgets from private sources. The agencies contained a mean number of 148 staff; six of the agencies contained more than 100 staff members, while only six had fewer than 50.

The directors had been in their positions for a mean of 9.3 years and earned a mean salary of \$41,600. Nine had social work degrees. Eighteen of the 22 were male. While ten of the agencies had advisory boards, the administrative and legal responsibilities for all of them were vested in nonprofit boards of directors. In one case, the legal and administrative responsibilities were vested in separate bodies.

In a classic juxtaposition, wealthy high-status boards ran agencies for poor, low-status clients. Through intuitive classification, three (13.1%) of the 22 boards were characterized as predominantly upper class, 12 as predominantly upper middle, and only seven had middle-class or very mixed boards. Typically, board members were drawn from business and the professions.

### Findings

Both the directors and their boards clearly perceived the depth of local social problems. Yet, they had not modified their agencies to address these problems. Apparently, the emergent

needs of the recently unemployed as well as many of the long-standing problems caused by chronic unemployment fall outside of the narrowly defined roles of the voluntary social welfare sector in Western New York. Agency plans to expand their roles when they did exist, were modest in scope, and usually prepared the agency to compete for a greater share of some fixed resource. Therefore one agency's plans to expand its service role entailed an attenuated role for some other, similar program.

In spite of the directors' near universal belief that their agencies deserved greater funding, they had not been moved by a live budget threat to take the first step and identify operational obstacles to additional resources. No respondent defined a new agency role to extend services to large pools of unmet needs. No agency defined a social advocacy role. No agency planned to organize a new constituency to secure additional resources for emerging needs. No agency planned to develop different auspices or to expand their current one. Instead, managerial energies and the policy priorities of the boards were focused inward to standardize services for an already demarcated client population.

The voluntary sectors' refusal to serve unmet community needs, its comfort with current agency functions, implemented the boards' conservative social and political perspectives and the directors' compliance with that mood in carrying through agency policies.

### *Social Problems*

All but one of the agencies recognized that the failure of the local economy has produced poverty and unemployment. Table 2 suggests the directors' broad agreement on the prevalence of major social problems. Fully eighteen of 21 respondents felt that their boards would agree with their characterization of current social problems in Western New York. The remaining three respondents felt that their boards would "somewhat agree". No respondent felt that his board would disagree with his description of the nature of current social problems.

### *Agency Problems, Obstacles and Remedies*

The directors' definitions of their own agencies' problems (Table 3) seemed to be only superficially related to their defini-

Table 2

*General Social Problems. Number and Percent of Sample Reporting Each Social Problem*

Social Problem	Number	Percent
Poverty and unemployment	21	95.5
Family (abuse, neglect, break-up, etc.)	6	27.3
Substance abuse	5	22.7
Health and mental health	2	9.1
Lack of education	2	9.1
Others	9	40.9

Table 3

*Problems Faced by Agencies. Number and Percent of Sample Reporting Each Problem*

Problem	Number	Percent
Financial (total)	19	86.4
Funding	17	77.3
Staff salaries	1	4.5
Local economy	3	13.6
Management (total)	6	27.3
Director's time	1	4.5
Staff morale	1	4.5
Service design	5	22.7
Data	1	4.5
Other (total)	14	63.6
Conflict with public agency	3	13.6
Control of agency	1	4.5
Competition with other agency	3	13.6
Unmet social needs	2	9.1
Insurance	1	4.5
Too much growth	1	4.5
Transportation	1	4.5
Negative public attitudes	2	9.1
Preaching	1	4.5
Stealing (of residents)	1	4.5

tion of the region's social service needs, especially those related to unemployment and poverty. Indeed, only two of the 22 respondents reported that "unmet social needs" came within the scope of their agency's current mission. Although 17 (77.3%) of 22 respondents stated that their agencies faced "funding" problems, these reports tended to be reflexive and superficial. Directors described few live funding threats resulting, for example, from the program cuts of the Reagan years. To the contrary, many of these agencies had actually prospered. They were neither dependent upon appropriations in the areas of the major social welfare declines (Food Stamps, CETA, and so forth), nor were they involved at a policy or political level in pressing for program restorations on behalf of affected clients. Some of the agencies even seemed to welcome those service cuts, especially where they diminished the direct service role of the public sector in deference to private contracts.

The directors reported a range of managerial activities characteristic of organizations that are in the process of routinizing a well defined role rather than in the process of modifying their agency mission to address new problems. Only three of 22 agencies felt that the effects of the local economy or the politicalization of unmet social needs might imperil their budgets and thus create pressures for new goals and roles (Table 4).

In spite of the directors' near unanimity in placing poverty and unemployment at the root of most other social problems, no

Table 4

*The Principal Obstacles to the Success of Current Agency Plans. Number and Percent of Sample Reporting Each Obstacle.*

Obstacle	Number	Percent
General or local economy	8	36.4
Public agency intransigence	5	22.7
Internal agency resistance	3	13.6
Bad public image	2	9.1
Worn-out physical plant	1	4.5
Other obstacles	5	N/A
No obstacle reported	2	9.1

agency planned any major expansion of its current mission either to address the needs that were emerging from these problems or to call more public attention to them. Nevertheless many agencies steadfastly maintained the priority of their current counselling programs. Meanwhile no agency claimed, even implicitly, that the scope of its current role was sufficient for local social needs, including those that fell within the boundaries of its current service function.

While the directors acknowledged the desirability of expanded agency roles to handle unmet social needs, no agency had taken serious steps to realize those hopes. Typically, plans to increase an agency's role entailed a minor renovation, the addition of a staff person, a small amount of research, regulatory relief from a public agency, entry into a new but limited service for existing clients, or an internal reorganization of staff or services.

Reports of more assertive agency plans—"political action," "social action," or "advocacy"—referred in practice to more parochial tactics: follow-up to a referral agency and agency advocacy in the sense of kindred organizations coming together to seek relief from the reporting burdens and heavy handedness of their supporting public agencies. Only four of the 22 respondents planned political action and this usually meant petitioning a state legislator to pump a public agency for greater moneys. No agency planned any standard community outreach event to publicize emerging needs. Not surprisingly then, 18 (90%) of 20 respondents felt that much of "the needed political and social influence required to realize their goals had already been achieved."

The two most frequently reported remedies (Table 5)—management consultation and private fund raising, each mentioned by eight (36.4%) of 22 respondents—are both narrow in scope and consistent with inward-looking managerial attention to the efficacy of agency operations. In these cases, the directors faced staff problems, or they had the ear of a local philanthropist or they hoped to increase their appropriations from the local United Way.

Agency ambitions were so modest, especially in the face of emergent social needs, and their planned remedies were so tame

Table 5

*Steps Currently in Place to Remedy the Problems Faced by Agencies.  
Number and Percent of Sample Reporting Each remedy*

Remedy	Number	Percent
Management consultation	8	36.4
Private fundraising	8	36.4
More services and other administrative changes	5	22.7
Political action	4	18.1
New staffing	3	13.6
Board training	2	9.1
Staff training	1	4.5
Restructure the board	1	4.5
Legal redress	1	4.5
No remedy	1	4.5

that only four of 22 respondents felt pessimistic ("little" or "no" chance of success) about "the steps that (their) agency had taken to remedy the problems that it faced." Moreover only 6 (27.3%) of 22 respondents predicted an ominous future in which economic failures, political insensitivities, or social preferences for continuing in a conservative policy direction jeopardized the continuity of their agencies. Fully 18 (85.9%) of 21 respondents, secure in the prestige of their boards and the apparent worthiness of their clients' claims on service, were "very confident" of the success of their low risk-low reward agency strategies.

#### *Social and Political Attitudes*

Agency complacency reflected the conservative social views of their boards and the agency directors' easy acceptance of the limits on agency operations that those values implied. Thirteen (72.2%) of eighteen respondents guessed that a majority of their board members had voted for President Reagan in the 1984 elections. Thirteen (61.9%) of the 21 respondents characterized the general political orientation of their boards as either "conservative" or "moderately" conservative, while only 3 (14.3%) of the 21 respondents characterized their boards as "liberal" or "moderately" liberal.<sup>4</sup>

The basic conservative political orientation of the boards was consistent with their specific policy views toward taxes, the role of government, organized labor, welfare and abortion. The directors characterized ten (50%) of their boards as having decidedly negative feelings toward taxes, accepting the trade-off (or double benefit, perhaps, in their eyes) between lower taxes and lower services. Only six boards (30%), tending to control the smaller agencies, were willing to sustain higher taxes in order to pay for more services.

Fourteen (66.7%) of 21 respondents reported that their boards were decidedly negative toward the current role of government, characterizing it as intrusive, impersonal, too large, inflexible, inept, inefficient, and ineffective. While they acknowledged some role for government in funding services, they felt that the private sector, through boards such as theirs, had the principal responsibility to administer the funds. Yet all but one of the agencies accepted public moneys and all of them fulfilled traditional welfare functions. Nevertheless, 11 (55%) of the 20 respondents felt that their boards had antagonistic or mixed attitudes toward the provision of public welfare itself (in addition to the perceived inefficiency of the welfare system).

Twelve (54.5%) of 22 directors were willing to estimate their boards' view toward abortion and free choice. Yet only six (50%) of those 12 respondents reported views that either endorsed free choice or the Cuomo position (against abortion personally but for its legal availability).

In contrast to their boards' attitudes, the directors described themselves as somewhat more liberal with slightly more expansive views toward taxation and the provision of welfare, and much more positive pro-choice views toward abortion. Moreover, far fewer directors characterized their own general political orientation as "conservative" or "moderately conservative." Yet 10 (45%) of the 22 responding directors stated that they had voted for President Reagan in 1985.

In one other important regard the directors and their boards were in substantial agreement: both groups had similarly hostile views toward organized labor. Even though 11 of 20 respondents felt that organized labor should be represented on their boards, this marginal inclusion was made only in reluctant deference to



the potential of the unions to secure agency goals. Still 12 (57%) of the 21 respondents reported no current "relationship (formal, social, political or other) with any union or union leader."

Fourteen (66.7%) of the directors felt that the unions were not currently a progressive social force (seven "maybe," none said "yes"). Citing their earlier legislative successes at securing minimum wages, child labor laws, and so forth, many directors felt that there was not a strong current need for labor unions. Moreover they felt that many unions had been acting irresponsibly, especially in terms of unreasonable wage demands. No director characterized the unions as an important working class institution to be courted for their social meaning. Only two of the 21 responding directors felt that the future success of their agencies might be dependent in any large way on the support of organized labor. Fifteen (71.4%) of 21 respondents predicted gloomy futures for organized labor.

Only one (5.6%) of 18 respondents felt that his own board would hold more positive attitudes toward organized labor (and this respondent's views toward the unions was among the most antagonistic), while half (9) felt that their boards would respond in "virtually the same manner." In short, the boards and the directors evaluated the unions as an unimportant and sometimes hostile constituency for their agencies.

Their common hostility toward organized labor suggests that voluntary social welfare agencies were very unlikely to seek support for unmet social needs in Western New York—assuming for a moment that they would want to—through an alliance with the unions. It appeared that such an alliance would be premature, and surprisingly, not for the reluctance of local labor leaders to pursue allies in the social welfare community. Rather, the voluntary social welfare sector itself—its boards and its directors—presented the principal barrier to the development of a common front with labor in support of expanded social services (Epstein, unpublished).

All in all, the directors report that they are substantially in agreement with the social views of their boards, especially as they affect the policies of the agencies. In no instance was the difference between the views of a director and his board characterized as "very great." Rather, nine directors report "no dif-

ference" or "little difference" with the views of their boards. Only one director saw his differences with his board as "great" and eleven directors perceived "some difference" with their boards.

Still ten directors felt that their boards' social views should change to be more in line with their own (and these were views with direct impact on the role of the agency). However only three of these directors had any formal mechanism in place, and only one director was attempting informally, to achieve this change. These tactics usually involved only the passive introduction of information. While 14 of 22 respondents perceived a need to change the composition of the board, not one of these 14 argued that the change would be needed to better represent unmet populations of need. Usually the board changes were motivated by more mundane managerial concerns: needed technical skills (an accountant, a lawyer) or the functioning of elderly board members. In short only 4 (19%) of 21 respondents were in any way contesting their boards' conservatism.

The directors' relations with their boards seemed to be narrowly circumscribed by agency operation. Few directors either interacted socially with their boards or thought that informal interactions were desirable. In spite of their more "liberal" and avowedly humanistic commitment to broader welfare entitlements and services, the directors passively fulfilled a narrow managerial function, implementing their boards' restrictive social views through agency operations.

### *Agency Missions*

In line with their conservative boards and their passiveness, no respondent defined the mission of his agency or the perspective of his board within the structure of a modern welfare state: a core of social services broadly provided on the basis of right. Moreover, there was no reference, in justifying their agency's missions, to the egalitarian tenet of a welfare state that public solutions were proper for shared risks. To the contrary and reminiscent of the characteristic theme in American welfare legislation that public provision is only temporary, the voluntary sector held a strong belief in the "exceptional" nature of all publicly underwritten social services.

Board members were reportedly motivated to serve: by a desire to be associated with helping programs; by the sense that participation on voluntary boards was a devout charitable obligation of their social position; by their strong sense of voluntarism and localism; by a belief in their skill to monitor and to manage social services; and, by their orientation to the ethos of the business community. The toughening experience of competitive private enterprise seemed to justify their deaconship of social services and their position on the boards.

Although 12 (55%) of the 22 agencies (and usually those with the largest budgets) received more than 50% of their funding from public sources, the boards still identified their agencies strongly with sectarian purposes, temporary service roles, and the personal altruistic impulse. Agencies took up posts on the shores of social need to manage a reduced public commitment with a receding tide of popularity for social services and to act as a flood wall against a rising popular appetite for greater public service (and taxes). The agencies defined themselves as cherished private organizations: they expressed little commitment, at any time, to the institutionalized public sector in the provision of social services.

Table 6 approximates the distribution of agencies and budgets by their service missions. Although an agency's entire budget is assigned to the single category that best describes its mission, in practice most agency budgets cross into more than one area. So, for example, much of the budgets of the "counselling" agencies are actually expended on "surrogate care," especially for foster children. Notwithstanding this failure to disaggregate budgets, the mission priorities of the voluntary sector are quite clear, and would probably have been even more apparent if detailed budget allocations had been possible. "Manifest impairments" and the programs of the social service infrastructures nearly excluded concern with the more "social" needs. Indeed, it is apparent that the direct needs that arise out of economic and social failures were not considered at all by the voluntary sector until they may have produced manifest behavioral disabilities or a life-threatening condition in which an individual cannot care for himself any longer.

Taken together, the agencies had narrowly refined their prin-

Table 6

*Type of Agency Mission by Number and Percent Distribution of Agencies and by Dollar Amount (in millions) and Percent Distribution of 1984 Budget Totals.*

Mission	Agencies		Budgets	
	N	%	N	%
<i>Direct Service</i>				
—Mental and Physical				
Community mental health and outpatient psychiatric	5	22.7	9.05	11.6
Physical and vocational rehabilitation	4	18.2	13.95	17.0
Extremely mixed	1	4.5	19.60	24.2
Total	10	45.4	42.80	52.8
—Infrastructure: recreational, informational, athletic and cultural	3	13.6	14.50	17.7
Total	3	13.6	14.50	17.7
—“Social” needs				
Surrogate care	3	13.6	1.67	2.0
Counselling	3	13.6	8.30	10.1
Total	6	27.2	9.27	12.1
—Other	1	4.5	.06	*
Total Direct Service	20	90.7	67.33	82.6
<i>Funding, Planning and Advocacy</i>				
—Funding	1	4.5	14.00	17.1
—Advocacy	1	4.5	.32	*
Total Funding, Planning and Advocacy	2	9.0	14.32	17.1
Total All Missions	22	99.7 <sup>a</sup>	81.85	99.7 <sup>a</sup>

\* = less than 1.0%

<sup>a</sup> = total may not reach 100% due to rounding

cial mission priorities: first, to justify and to manage intensive direct services for a relatively small number of very impaired clients (the physically or psychiatrically debilitated, or both); secondly, to provide thinly staffed recreational, informational and cultural programs for a large portion of the community. In the first instance, the emotional and self-validating claims of impairments resulting from mental retardation, schizophrenia, cerebral palsy, polio, birth defects and so forth were seen as sufficient to secure public and private resources. In the second instance, the apparent desirability of at least a modicum of a largely self-supervised (by users) municipal social service infrastructure was sufficient to justify recreational, informational and cultural agencies. The legitimacy of these residual service roles have historically been acknowledged outside of work-related marketplace considerations.

The third and smallest mission priority was to provide service for "social" clients. Their debility was not manifestly physical or psychiatric yet they required frank financial support or the relatively intensive attentions of expensive personnel (as for example, the "child and family service" outpatient client who pays for counselling on a sliding fee scale) to resolve an emotional or behavioral disorder. These services were justified along criteria of cost efficiency. That is, timely services for "social" clients might prevent more expensive physical and psychiatric care and might possibly allow "social" clients to partake of far less expensive infrastructure services. Yet few counselling services were funded, and these were customarily for the surrogate care of "social" clients who passed an implicit work test. In this regard, abused, abandoned and neglected children and battered wives, accounted for much of the "social" expenditures in the voluntary sector. Almost all of the foster care services were publicly underwritten.

Even while watching their numbers grow, the Western New York voluntary social service sector was in the process of deepening the distinction between the physically and mentally impaired and the socially deprived by concentrating its service efforts on the obviously worthy impaired client. In effect, by refusing to address the current conditions of Western New York's "stern necessity," the agencies—even those serving "social

clients"—tacitly complied with the continuing erosion of services to unemployed and marginal working class groups.

A common theme was being championed by the voluntary agency boards. The national economic emergency (the recession and the need to reindustrialize) together with a growing national deficit justified the superordinate claims of both impaired clients and the community's infrastructure over subordinate claims growing out of unemployment and poverty. The voluntary sector's near total refusal to give voice or otherwise attempt to legitimize the claims on resources of the physically unimpaired but still needy client constituted agency policy consistent with their own conservative mindset.

### Conclusions

The voluntary social welfare sector in Western New York may not be hospitable to a representative range of social attitudes. The high prevalence of similarly expressed agency attitudes constitutes a social perspective that is characteristic of the voluntary agencies. Voting patterns, the social and political views of the boards and their attitudes toward both the government's role and the missions of their agencies are generally in line with the conservative philosophy of the present national administration.

Their preferences for a small service agenda, a small tax burden and the avoidance of redistributive impulses are given more specific expression through agency policies: their choice of private control over public auspices; rejection of a civil service or unionized work force in favor of a much less institutionalized and lower-paid, nonprofessional staff; preference for a volunteer-rich staff mix; narrow eligibility for services as opposed to broader entitlements; temporary, task specific services instead of a more permanent and general commitment to social welfare; and a residual agency role relative to social need rather than a proactive approach to the seemingly permanent imperfections of the social and economic system.

The harmony between the social views of their boards and agency policy suggests that in addition to the provision of services, voluntary welfare agencies also fulfill a strongly ideological role. This ideological role is performed in a narrow context when

an agency justifies its program choices in terms of cost efficiency.

The ideological role is also performed more broadly when an agency interprets to its community, the value of program outcomes in terms of social conditions and social responsibilities. Therefore in fulfilling the broad obligations of its ideological role, an agency evaluates, at least for itself, the social distances among groups and thereby contributes toward a political decision either to change or to maintain those distances. In another sense, this judgment constitutes a brief for the fairness of current economic conditions and thus speaks to the issue of whether policy should pursue benefits for some groups at the expense of others.

While its direct service function is an obvious element in an agency's mission, its greater importance is expressed through the voice that it directs toward the community in order to justify its choice of services, of clients and of organizational patterns. This voice is controlled by its board of directors. Historically, the boards of directors have frequently articulated the values of dominant commercial community elites.

The pervasive "isomorphism" with conservative values among voluntary social service agencies in Western New York explains much of their decision to maintain a passive and narrow service role in a community with great and growing social needs. The voluntary sector has clearly chosen not to champion the claims of unserved groups. In conformity with this preference, agency directors are screened far more closely for their compliance with board preferences than for their prior training or experience.<sup>5</sup> Therefore the quality of a director's managerial skills may miss the ideological boat; agency success will be determined less by the ability to choose rationally among program alternatives than by the ability to proselytize board values.

In effect then, social service agencies in the private sector are powerful voices of political education that reinforce a selected and usually conservative range of social values. The selection of an agency's board of directors may have a more trenchant meaning in determining social welfare outcomes than the actual operations of the agency itself.

The obvious conclusion of this analysis is that agency ideology must first change if voluntary social service agencies are

to better serve large pools of unmet needs. This may imply too, that the composition of voluntary sector boards must change to better represent those unmet needs. Yet in order for agencies to change their service missions, the claims of the unserved must first be legitimized politically and socially. This process of legitimization becomes an implicit institutional responsibility, if social work is going to align itself with the needs of lower class clients. In this case, its intellectual outlets, most notably, the schools of social work, must take prominent roles in ennobling service to the needy. Yet social work may currently be moving in precisely the opposite direction.

Academic social work's narrow attention to an indeterminate psychotherapeutic practice and to an improbable scientific model of research may have begun to crowd out the service needs of lower income groups. Together with the current professional expansion into employee assistance programs and private practice, the field is moving quickly toward a market based ideology that deflects social policy away from the structural issues of class to the issues of personal adjustment.

Yet the most provocative challenge of this case study to the egalitarian welfare expectations of social work, its reformist ideology, may also be the most obvious one. The ideological commitments of the voluntary social welfare sector and the social preferences voiced through its social service programs are the widely shared, popular and regnant values of the contemporary United States. In spite of the recent neoconservative political victories that infused new vitality into the voluntary social welfare sector, current social welfare policy expresses widely shared preferences for voluntary and minimalist responses to social distress. The national mood seems to reject a more "universal" welfare state.

Even while accepting the notion that the Reagan Administration's success at social welfare budget-cutting is "less than meets the eye," this nation may have reached a watershed of agreement on the social service conditions of its welfare state at levels far lower than the egalitarian reformers have urged during the past few decades (Glazer, 1984). The privitistic, market-oriented social values of the current conservative administration have deeply perfused social institutions, social work among them.



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### Footnotes

1. Sosin maintains that the discussion of the relationship between agency auspices and agency function is "at a preliminary, speculative stage" (76). Indeed, the literature has not unravelled the causal conditions of agency outcome: whether ideology causes function or the reverse and the ways in which both might be related to other factors. It is clear however that little systematic attention has been given to any of the organizational characteristics that may be associated with the performance of private social welfare agencies.
2. This is a tiny selection from a vast literature that searches for the determinants of social policy among the broad social, economic and environmental conditions of society and not in the individual acts of will that constitute the premises of heroic deeds.
3. This compares closely with the 58% of private social service agency budgets that are reported by Salamon and Abramson to come from Federal programs.
4. The respondents were asked to score political views along a five point scale: 1-liberal; 2-moderately liberal; 3-moderate; 4-moderately conservative; 5-conservative. The means were: Directors = 3.0; Boards = 3.8; Labor leaders = 2.3; and Union members = 3.1.
5. During the few months that elapsed between the data collection and this write-up the directors of two of the most important agencies, each an MSW social worker, were replaced by nonsocial workers. (One retired and the other changed jobs. Neither were forced out.) The replacements are in greater conformity with the entrepreneurial individualism of the local Chamber of Commerce.



# Recisions, Organizational Conditions and Job Satisfaction Among Black and White Human Service Workers: A Research Note\*

R. L. McNEELY

University of Wisconsin-Milwaukee  
School of Social Welfare

Despite the growing attention evident in the human services literature on the related topics of job satisfaction and burnout, virtually none of the empirical studies published to date have examined the possible influences of recent federal and state cutbacks in human service funding levels on the job satisfaction of human service workers. One outcome of these cutbacks has been the curtailment of services offered by county welfare departments, often achieved by reducing the number of public welfare workers through hiring freezes, attrition, layoffs, etc. The remaining public welfare workers often have then been placed in the unenviable position of trying to maintain, as best they can, previous levels of service with fewer staff and smaller budgets.

McNeely and Schultz (1986) have suggested recently that these conditions adversely impact the satisfactions received from county welfare work. However, their contentions were based largely upon a content analysis of extemporaneous remarks made by 481 subjects participating in a national survey (N = 1500) that was designed to identify predictors of job satisfaction among public welfare workers. Data presented in this report were obtained from the national survey: They offer a basis for assessing the degree to which empirical support is provided for McNeely and Schultz's hypothesis. The data have been collected over a period of several years from 1,500 county welfare workers located in geographically disparate areas of the nation. Data ob-

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tained for the study, fortunately, include information on the racial status of respondents. The inclusion of race is important because, due to having less seniority, Blacks and Hispanics often have been more vulnerable than Caucasians to cutback-inspired threats of layoffs or terminations. Published reports of previous findings generated by the broader study may be found elsewhere (McNeely, 1983; 1984; 1985; 1987; McNeely, et al., 1986).

Data were collected in Wisconsin from the Racine Comprehensive Human Service Department (RHSD) in 1981. Data were obtained in 1983 from the Dade County (Fla.) Department of Human Resources (DDHR). Employees of the Genesee County (Mich.) Department of Social Services (GDSS) and the County of Sacramento (Calif.) Department of Social Welfare (SDSW) were surveyed in 1984. The variety of conditions present in the four county departments offered an opportunity to examine whether or not job satisfaction levels varied in accord with the severity of retrenchments experienced during the periods surveys were conducted.

In brief, the onset of recisions began in 1981 following the Reagan administration's efforts to curtail spending for social service programs. Since then, reductions in federal funding for human service programs have become increasingly pronounced.

Anticipation of the initial wave of federal budget recisions resulted in a 5% reduction in RHSD staff during 1981 (McNeely, 1985). Consequently RHSD staff were forced to accept increased workloads and diminished job security. By 1983, when DDHR was surveyed, the cycle of erosion in federal spending had worsened, forcing progressively sterner conditions in county welfare work. However, DDHR was less impacted by these conditions than many other county departments due to its location in a state with a comparatively thriving economy. Although some retrenchment had occurred, new programs were being implemented, new staff were being hired, new support equipment was being purchased, and funds were available for miscellaneous projects. In contrast, SDSW not only had felt the brunt of many recisions by 1984, it had been victimized previously by the passage in 1978 of Proposition 13. Social services staff were reduced by 12% during 1981. Although passed in 1978, the effects of Proposition 13 were not felt by the Department until

1982 following the failure in court of a suit challenging the legality of Proposition 13. Beginning in 1983, 34 additional employees, primarily those in managerial positions, were demoted as yet another response to trimmed budgets.

The conditions under which SDSW operated in 1984, unquestionably, were more stressful than those experienced by RHSD in 1981, or those experienced by DDHR in 1983. RHSD had not suffered a twin onslaught in 1981. Nor had RHSD staff witnessed the continuation of federal retrenchments that was to follow soon. As indicated previously, DDHR was comparatively unaffected.

GDSS, perhaps, operated under the most stressful conditions of all. Due to the sudden menacing decline of Michigan's automobile industry and the corresponding shortfalls in state tax revenues, in 1980 Governor William Milliken declared that state employment rolls would have to be cut. The situation was exacerbated in the human services sector with federal recisions, resulting in the elimination of some programs and the merger of others. Mr. Charles Williams, GDSS executive director, estimates that between 15 and 20% of GDSS staff were lost. To make matters worse, thousands of employees were being laid off by the many automotive plants located in Genesee County. Thus, the number of needy individuals clamoring for social services was increasing markedly at the same time the number of staff providing services was decreasing.

Unfortunately, a precise measurement of the impact of recisions on the four departments cannot be provided. For example, assessing the impact of demotions versus the threat or reality of layoffs was beyond the scope of data collected for the survey. Additionally, had the study been a laboratory experiment, the effects of exacerbating factors, such as those resulting from the enactment of Proposition 13 recisions in Sacramento County and recisions resulting from the dramatic downturn in Michigan's economy, could have been controlled. Thus, an exclusive examination of the "pure" effects of federal recisions could have been undertaken. Too, as the questions examined in this article were not among the primary research objectives of the parent study no method other than a ranking, based on the research team's judgment, of the severity of conditions experienced by

the departments could be achieved. On this point the ranking presented in this article was subjected to review by executive administrative staff in the county departments surveyed, with all of them concurring that the ranking of conditions experienced in the four departments was accurate. In fact, there was no disagreement whatsoever that the conditions experienced by GDSS and SDSW were more stressful than those experienced by RHSD and DDHR.

One hundred and five subjects from RHSD participated in the survey in 1981. In 1983, 337 respondents from DDHR returned questionnaires. In 1984, 303 questionnaires were returned from GDSS and 755 questionnaires were returned from SDSW. Altogether, 3,027 questionnaires had been sent out to valid home addresses of respondents. The survey yielded a total of 1500 replies, amounting to a response rate of 49.6%.

Data were collected via a structured mail questionnaire consisting of 115 items. Two job satisfaction indices were imbedded into the questionnaire. These were the Index of Job Satisfaction (Brayfield and Rothe, 1951) hereafter referred to as the IJS, and the Morse Index of Intrinsic Job Satisfaction (Morse, 1953), hereafter referred to as the MI (only the four MI items relating to intrinsic satisfaction were employed in this study). The IJS focuses upon employees' subjective assessments regarding whether or not a job is unpleasant, boring, like a hobby, more enjoyable than one's leisure time, etc. It consists of 18 items. IJS scores were used to determine overall work satisfaction levels. The MI allowed an assessment of what Herzberg (1959) referred to as intrinsic job satisfaction. Intrinsic factors refer to those aspects of the job that satisfy what has been described as the fundamental need of workers for creative and challenging work (O'Toole, et al., 1973).

The corrected odd-even product-moment reliability coefficient for the IJS is  $r = .87$  (Miller, 1977). No test-retest or split-half reliability coefficients have been reported for the MI, but the scale has been found to be highly related to scales measuring other aspects (such as pride in group performance) of one's overall job satisfaction (Miller, 1977). F-tests were used to analyze the data.

Presuming a relationship exists between budgetary conditions and the job satisfaction of welfare workers, one would

Table 1

*Overall (IJS) and Intrinsic (MI) Job Satisfaction by Departmental and Population Groups*

Departmental and Population Groups	N	$\bar{X}$	Sd	F-Value	Significance
<i>Index of Job Satisfaction</i> 1453*					
RHSD	104	66.8	8.4	28.8	.000
DDHR	331	66.0	10.1		
SDSW	747	60.3	11.6		
GDSS	271	56.6	12.6		
<i>Morse Index</i> 1459*					
RHSD	105	16.0	3.1	24.5	.000
DDHR	335	16.1	2.9		
SDSW	747	14.5	3.2		
GDSS	272	13.7	3.7		
<i>Index of Job Satisfaction</i> 1247**					
Blacks	260	63.4	10.8	9.6	.000
Hispanics	111	63.5	10.9		
Caucasians	876	60.2	12.2		
<i>Morse Index</i> 1251**					
Blacks	262	15.5	3.1	11.4	.000
Hispanics	112	15.4	3.0		
Caucasians	877	14.5	3.4		

\*Subject totals do not equal totals reported for response rate due to missing questionnaire data.

\*\*RHSD respondents are excluded because data on racial status were not collected for subjects employed at RHSD. Individuals reporting their racial status as "Other" are excluded.

expect RHSD and DDHR staff to report higher satisfaction levels than those reported for SDSW and GDSS.

Table 1 indicates that job satisfaction levels on both overall and intrinsic satisfaction conform to the predicted pattern. RHSD and DDHR employees report significantly higher satisfaction on both indices than SDSW and GDSS employees. However, a further examination of the data, as may be evidenced in Table 2,



Table 2

*Overall (IJS) and Intrinsic (MI) Job Satisfaction by Departmental Population Groups*

Groups	N*	$\bar{X}$	Sd	N*	$\bar{X}$	Sd
	<i>Index of Job Satisfaction</i>			<i>Morse Index</i>		
DDHR	259			262		
Blacks	167	65.0	10.4	170	15.8	3.1
Caucasians	92	67.3	9.8	92	16.5	2.9
SDSW	619			618		
Blacks	63	59.8	11.1	62	14.6	3.1
Caucasians	556	60.5	11.8	556	14.5	3.3
GDSS	258			259		
Blacks	30	62.2	11.1	30	15.2	3.2
Caucasians	228	56.8	12.7	229	13.5	3.7

\*RHSD respondents, Hispanics and "Others" are excluded.

yielded a serendipitous finding. (Data on racial status were not collected for subjects employed at RHSD; thus RHSD was not included in this portion of the analysis. Similarly, there were too few Hispanics employed in GDSS to permit the inclusion of GDSS Hispanics; therefore all Hispanics were removed.) While the job satisfaction scores of Caucasian employees fit the pattern of recisions, with DDHR and SDSW Caucasians being the most satisfied and GDSS Caucasians being significantly less satisfied, the pattern of satisfaction recorded for Black employees was unrelated to the severity of cutbacks.

Instead, the satisfaction of Blacks fit a different pattern. The most satisfied Blacks were in GDSS and DDHR. The least satisfied Blacks were in SDSW. At the time of the surveys, the executive directors of GDSS and DDHR were Black; the SDSW director was Caucasian. These observations tended to suggest that the racial status of an executive director may have a substantive effect (cf. Fox and Lefkowitz) on the satisfaction of Black employees, but is virtually unrelated to the satisfaction of Caucasian employees.

A two-way analysis of variance was performed to examine the hypothesis. As indicated in Table 3, once the effects of county location are removed, there is no overall difference between the

Table 3

*Two-Way Analysis of Variance of Job Satisfaction Indices by County and Race*

Effect	F-value	d.f.	Significance
<i>Index of Job Satisfaction</i>			
<i>Main Effect</i>			
County	35.74	2	.000
Race	.01	1	.919
Interaction (County x Race)	4.16	2	.016
<i>Morse Index</i>			
<i>Main Effect</i>			
County	35.21	2	.000
Race	.04	1	.847
Interaction (County x Race)	4.54	2	.011

racial groups on either job satisfaction measure. However, there are interaction effects wherein satisfaction between the races within the counties is patterned very differently. Thus, race differences observed in Table 1 are attributable to differences in the counties (e.g., Blacks are less satisfied in two of three counties on overall satisfaction despite registering higher aggregate satisfaction), with the satisfaction of Blacks and Caucasians within these counties adhering to significantly different patterns, as evidenced by the test of interaction effects. In the case of Caucasians, the pattern of satisfaction conforms to recision patterns, with those in the most severely affected programs being least satisfied. Black satisfaction conforms to the expected pattern with Blacks in departments managed by Black executive directors being significantly more satisfied than other Blacks. Nevertheless, the overall effect of race is insignificant.

The statistical insignificance of race was puzzling, and warranted further examination in an effort to account for the finding. Several explanations were explored; the best of these was rooted in situational organizational conditions peculiar to SDSW.

The twin onslaught imposed on SDSW by Proposition 13 and the effects of continued federal recisions served to inspire increased union activity seeking to protect workers' jobs. Thus, the United Public Assistance Workers (UPAW), the independent

union representing SDSW staff, began a highly visible campaign in 1981 to force the county board to grant protections ensuring immunity from layoffs. The high visibility of union activity seeking job protections, which the county was unable to grant, served to exacerbate job insecurity fears among SDSW staff. Under these conditions some employees began to debate who among them should be laid off first. Some believed that a relatively new group of employees, known as "special skills" workers, should be among the first to go if extensive layoffs occurred. Special skills employees were those hired to work with Blacks, Hispanics, Native Americans and Asians (primarily Laotian, Vietnamese and Chinese). As a group, they had less seniority than many other employees. Ultimately, a suit was filed to settle the question.

Special skills employees are required to be members of the client populations they serve. Consequently, the identification of special skills employees as those that should be laid off first targeted many of SDSW's minority employees for employment jeopardy. The earmarking of minority employees for layoffs fostered negative conditions within the organization, resulting in widespread claims of racism, and reverse racism. Given this climate, it is understandable how Blacks employed at SDSW were less satisfied than Blacks employed elsewhere. Nonetheless, they were more satisfied than GDSS's Caucasian employees, and nearly as satisfied as SDSW's Caucasian workers, both of whom appeared to be reacting to the effects of budgetary retrenchments.

Data presented in this report are suggestive of the need to take into account the possible influence of funding retrenchments in future job satisfaction studies involving human service workers (cf. McNeely and Schultz, 1986). The satisfaction levels of these workers may be as reflective of the presence or absence of adequate funding as it is of more static, situationally less sensitive factors such as job challenge, autonomy, facilitative leadership, job rewards, etc. The latter factors are among those often identified in the human services literature as predictive of job satisfaction, but virtually none of these studies have examined budgetary conditions. One recent exception has shown that predictors of satisfaction are modified during periods of funding retrenchment (McNeely, 1985).

Too, the racial status of respondents warrants examination. Again, virtually none of the human service job satisfaction studies have taken race into account as a possible explanation of, or influence on satisfaction. One exception is the work of Wright, Wesley-King and Berg (1985) who concluded that Blacks represent a distinct subpopulation of the larger human services population. Some race-focused studies involving other types of workers have found substantive differences between Blacks and Caucasians (cf. Forgionne and Peeters, 1983; Gold, Webb and Smith, 1982; Bartell, 1981).

In summary, data presented herein are suggestive of possible methodological limitations in the bulk of the human services job satisfaction literature. Due to the small N (only four county departments), the findings of this study must be viewed as both tentative and speculative. In addition, there may be other influences explaining the differences observed between the races that were not taken into account in this study. Thus, the findings have been presented for heuristic purposes in an effort to encourage future examinations that consider the possible influence(s) of fiscal conditions, and the possible mediating or confounding effects of race, or race-related conditions existing within the organizations being investigated.

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