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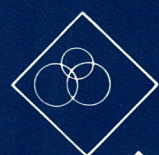
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A Framework for Analyzing Knowledge Utilization in Social Work Practice

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Methodological and conceptual limitations have resulted in knowledge being defined so narrowly that we accept the inaccurate conclusion that social workers fail to utilize knowledge. This article seeks to rectify this problem by clarifying the concept of knowledge utilization in social work practice. Toward this end a framework is proposed that makes explicit the philosophy of science and practice assumptions germane to the use of knowledge in practice.

In the last 10 years there has been much discussion of knowledge utilization and its impact on the profession (Brekke, 1986; Heineman, 1985; 1983; Hudson, 1982; Schuerman, 1982). The pivotal question in these discussions has been: do social workers use knowledge in their practice? However, these discussions have ignored the assumptions underlying rival perspectives on knowledge and on practice. In addition, the profession has lacked appropriate conceptual tools for integrating perspectives of knowledge with perspectives of practice. Furthermore, the philosophical underpinnings of the different conceptualizations of knowledge and practice in social work have not been examined in a systematic fashion. This situation is surprising since social work has always had a long standing commitment to knowledge-guided practice (Gordon, 1962).

¹The authors would like to thank Bob Moroney and Bob Leighninger for their suggestions on an earlier draft of this paper.

The advancement of the profession will be limited until social workers value and use knowledge in their practice (Gordon, 1962; Reid & Smith, 1981). Since the utilization of knowledge is essential to the professionalization of social work, it is important that we understand how social workers use knowledge in practice (Ashford & LeCroy, 1988). This understanding is not easily achieved because of different philosophical views of what constitutes knowledge. Indeed, an understanding of knowledge must take place within the context of practice, but social workers adhere to diverse conceptualizations of practice.

The purpose of this article is to clarify existing conceptualizations of knowledge utilization in social work practice. Knowledge utilization is currently conceptualized in too narrow of a fashion which has resulted in a lack of clarity regarding the extent of knowledge used in practice. In order to rectify this problem, a framework is described which is designed to organize the complex assumptions underlying the use of knowledge in social work practice. The framework provides a mechanism for critically analyzing competing perspectives of knowledge and practice in social work.

Past Studies

Perhaps the most cited study of knowledge use in social work practice is the 1968 study by Rosenblatt (1968). He argued that research findings are of critical importance to practitioners. Rosenblatt (1968, p. 53) states: "if research holds little or no value for practitioners, the activities of social work researchers lose much of their purpose, for social welfare research is essentially applied research: its primary purpose is to improve services." The results of his study indicated that practitioners rarely used findings from published research to inform their practice. Casselman (1972) followed up on Rosenblatt's inquiry and found similar results; practitioners are unlikely to read research articles. Using better research methodology, Kirk, Osmalov and Fischer (1976) pursued the topic further only to conclude on a similar note—social workers do little producing of research, consuming of research, or consulting of research.

The results of the prior studies have led many people to conclude that social workers are failing to uphold the profession's

commitment to use knowledge in practice. However, this conclusion subscribes to a narrow understanding of knowledge appropriate for practice. It equates research utilization with knowledge utilization. If we want to advance the profession by enhancing knowledge use we must recognize the complexities involved in integrating knowledge with practice. Marsh (1983, p. 2) comments on recent studies of research utilization pointing out that "they reveal a simplistic understanding of what research can provide the practitioner as well as what information the practitioner needs to make decisions in practice."

Methodological Limitations

Most research has defined utilization in a narrow way giving the misleading conclusion that social workers fail to utilize research. The utilization of research or knowledge is a complex phenomenon that is difficult to measure. For example, Weiss and Bucuvalas (1980, p. 35) in studying the topic of research found that "its meaning is so unclear, its referents so foggy, that people who are asked to describe their use of research discuss vastly different behavior." Similarly, in examining knowledge utilization, Larsen (1980, p. 429) states "studies limited to a single indicator of utilization, and one which is action-based, measure one narrow dimension and may be expected to miss conceptual utilization entirely". When Caplan, Monison & Stambaugh (1985) studied research utilization, defined as the direct influence of research findings on programs or decisions, it was rare. However, when the concept of utilization was extended to include consideration of research-based concepts and generalizations in formulating questions, setting goals, and planning activities, it was found to be common. We must recognize that the decisions of social workers may be influenced by countervailing knowledge generated from experience or research and filtered down to practitioners.

Because research utilization has been measured in such a narrow manner, it is unclear as to how much *knowledge* utilization there is among social workers. Social workers may make knowledge-based decisions but may not remember the source of their knowledge or distinguish when they are relying on other means for decision making that would not be considered knowl-

edge-based. While the process of research utilization is being increasingly studied, it is the task of social work educators to begin inquiry into how research findings can be both more relevant and accessible to social work practice (Burkart, Holzner, & Fischer, 1979; Rein & White, 1977; Weiss & Bucuvalas, 1980). Marsh (1980, p. 2) in discussing research and practice decision making, states a similar point about research utilization which she claims "has suffered from exaggerated claims of the value of research and from conceptually weak definitions of use." Indeed, it is important to recognize that utilization results will undoubtedly be a function of the way in which utilization is operationally defined. The conclusions that can be drawn are limited in light of the narrow definitions frequently used in utilization studies.

Conceptualizing Utilization in Social Work Practice

Most authors who support research utilization differentiate it from intuition or practice wisdom as if social work practice were based on either one or the other. However, we must ask the question, how do we come to know something. Perhaps we need a philosophy of science framework in order to improve our understanding of the use of knowledge in practice. Is scientifically-based practice predicated on the reading of research articles? Yet, practice wisdom and other forms of knowledge can be useful and necessary parts of social work practice (DeMartini & Whitbeck, 1986). In discussing practice wisdom, Bloom (1975, p. 66) highlights its importance, "I believe that the issue of systematic formulation of practice wisdom is one of the unrecognized critical issues of the helping professions. Vast numbers of individuals and agency innovations are effectively lost to others who might profit from this knowledge."

Indeed, practitioners come to know things other than from research—there are many ways of knowing, some better and some worse. Without this realization we are painting an unrealistic and misdirected picture of what social work practice is and can become. Furthermore, if we posit increased *research* utilization as a desired goal what measure do we use to determine a reasonable level of research utilization? Is it reading three research articles a day? Two a week? Or five a month? What exactly does the knowledge-based, research-utilizing social

worker look like? Until we have some idea of our goal, it is difficult to assess any progress in that direction. Failure to read research studies does not necessarily point to the demise of the knowledge base of social work. Knowledge is transferred in numerous ways. In fact, practitioners may well be using knowledge-guided or research-based interventions without having read research articles.

Referring to only scientific research as usable knowledge creates a perceived gap between practice and knowledge which may not necessarily exist. We cannot have a scientific conclusiveness outside of "ordinary knowledge" (Emmert, 1985), or in the case of social work, practice wisdom. If we recognize a continuum of knowledge available for informing social work practice then the strain between these two activities becomes weakened. This does not detract from the goal of social work to create scientifically valid knowledge but places this goal within the context of refining current practice theory. Writings on research utilization make too sharp a distinction between practice wisdom and research-based decision making. As Thomas (1978) points out, there are a variety of sources of basic information useful for the process of developing human service technology. These sources range from basic research to practice experience.

In a similar manner, Chambers (1975) argues that social science is inadequate and a poverty-stricken body of knowledge. He believes we must recognize how incomplete science is and that we have only this poverty-stricken body of knowledge from which to work. He states "scientific knowledge is a necessary but not sufficient knowledge base for deriving practice behaviors. Science is incomplete and practitioners will be without a guide to action in many instances" (Chambers, 1975, p. 38).

The conceptual and the methodological limitations attributed to the research utilization literature in the prior sections of this paper suggest that researchers need to broaden their conceptualizations of knowledge-guided practice. In addition, it is argued that many researchers need to forego adhering to overly simplistic constructions of professional practice. Towards this end, a framework is described which is designed to organize complex assumptions underlying the issue of knowledge usage in social work practice.

Framework For Evaluating Assumptions in Knowledge and Practice

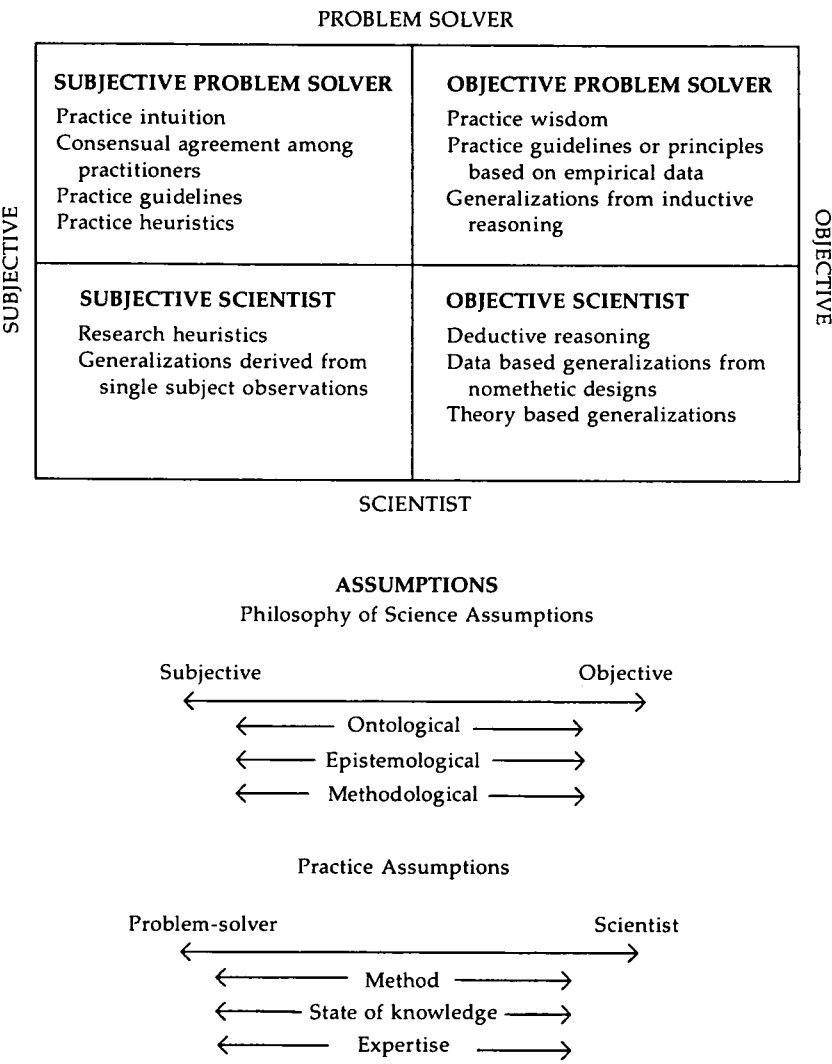
A framework is presented which assumes that any perspective on knowledge utilization is based on a philosophy of science and a theory of practice. This framework identifies two dimensions relevant to understanding knowledge usage in social work practice: subjective-objective and problem solver-scientist. These dimensions incorporate a range of philosophy of science and practice assumptions underlying existing perspectives on knowledge utilization. The subjective-objective dimension conveniently collapses the range of philosophy of science assumptions into three sets of fundamental assumptions (ontological, epistemological, methodological) presented in the form of polarities. In a similar manner, the problem solver-scientist dimension is collapsed into three sets of fundamental assumptions (method, state of knowledge, expertise) also presented in the form of polarities (See Figure 1).

The two dimensions in the framework define four quadrants for evaluating knowledge in practice: subjective problem solver, objective problem solver, subjective scientist, and objective scientist (See Figure 1). Each of these quadrants describe approaches to knowledge usage based on different philosophy of science and practice assumptions (Burrell & Morgan, 1979). In essence, a framework is presented that organizes competing assumptions about knowledge and practice in social work.

The Subjective-Objective Dimension

The first set of assumptions incorporated in the subjective-objective dimension address the perennial debates in the social and the behavioral sciences surrounding reality and its measurement. In fact, these assumptions are of an ontological nature and apply to the very essence of the phenomenon under scrutiny (Burrell & Morgan, 1979). Embedded in most ontological disputes is the controversy between Nominalist and Realist perspectives of reality. A nominalist perspective assumes that social reality is not independent of cognition or of mind. That is, the external world is nothing more than the names or the labels used to structure that social reality. Whereas the realist perspective assumes that there is an external social world or reality

Figure 1. Framework for Evaluating Knowledge in Practice



independent of the mind. These alternative views translate into rival positions on what is often referred to in the literature as theories of truth (Smith, 1983). Nominalist often subscribe to "coherence" theories of truth and realist subscribe to "correspondence" or "copy" theories of truth. In coherence theories of

truth, confirmation is based on the intersubjective processes of consensual validation. In copy theories of truth, confirmation is established on the basis of empirical validation (Smith, 1983). In practice situations, heuristics or rules of thumb derived from consensual validation are highly consistent with correspondence theories of truth; whereas data-based generalizations are tantamount to that of a copy theory of truth.

The second set of assumptions germane to this dimension are of an epistemological nature. This set of assumptions confronts the controversy between anti-positivism and positivism (Burrell & Morgan, 1979). In a positivistic epistemology, it is assumed that the duty of a researcher is either to discover regularities in reality or to test the validity of hypothesized regularities. In fact, a central assumption in this epistemological perspective is that there are regularities in reality. As a consequence, knowledge is viewed in this epistemology as data-based generalizations. The function served by these generalizations is to either predict or explain some facet of human activity. On the other hand, an anti-positivist epistemology assumes that there are no regularities in social realities and as a result researchers should not seek to identify them. In this epistemological perspective, the goal of the social sciences is to understand (*verstehen*) rather than to explain or to predict human activity.

A dimension that is closely associated with ontological and epistemological assumptions is that of methodology. In this framework, the methodological set of assumptions reflect the major polarities in the field of methodology between ideographic and nomothetic approaches (Burrell & Morgan, 1979). The ideographic approach places the focus of scientific inquiry on the individual. In addition, this approach stresses either explaining or understanding the individual (depending on one's epistemological assumptions) rather than either the general or the universal. It is also important to note that practice methods may also adhere to similar assumptions which are often ignored by researchers in their evaluatory efforts. Lastly, it is assumed in the nomothetic approach that researchers should seek to explain or understand the general. As a consequence, the major focus in a nomothetic approach is on making representative generalizations.

The Problem-Solver-Scientist Dimension

The problem solver-scientist dimension in this framework has assumptions that are consistently ignored by researchers involved in the study of knowledge utilization in social work practice. The first set of assumptions relates to the long-standing method controversy (LeCroy, Ashford & Hudson, 1986) in social work practice. In this debate, practice is predicated on assumptions derived from either the pragmatic method or the scientific method (Compton & Galaway, 1979). In the pragmatic method, it is assumed that knowledge is best conceived of as an activity. That is, knowledge is not conceived in this method as concepts or ideas; instead, knowledge is defined as any activity which results in consequences that resolve problems in living. Beyond that, it is not assumed in this method that knowledge is a fixed substance or a static set of concepts. Instead, it is assumed in this practice method that social workers should not take for granted that what "works" in one situation (which is considered truth in the philosophy of pragmatism) will also "work" in other situations (Stumpf, 1966). In essence, it is posited in this practice method that social work is a process without fixed or verified solutions to problems. On the other hand, it is assumed in approaches to practice based on the scientific method that there are verified solutions to problem situations and that it is the professional responsibility of social work practitioners to seek verified solutions.

The second set of assumptions in the problem solver-scientist dimension involve state-of-knowledge concerns. In a sense, these assumptions refer to the qualitative characteristics of the knowledge available to decision-makers in problem situations. These qualitative characteristics are conceptualized in this framework as a continuum which moves from uncertainty to certainty. The mid-point in this knowledge continuum is that of risk. These levels of knowledge are defined by Geurts, Hart & Caplan (1985, p. 337) as follows:

1. Certainty: all relevant variables regarding a problem and the relationships among them are considered known.
2. Risk: all relevant variables regarding a problem are considered to be known but their relationships can only be estimated.

3. Uncertainty: all relevant variables regarding a problem are considered to be known but some cannot be measured and the relationships among others are unknown.

Another issue that is closely associated with state of knowledge assumptions is that of practice expertise: inductive versus deductive expertise. In a closed system, it is appropriate to assume that the situation is certain and that practitioners make decisions and predictions based on principles from deductive reasoning. These deductive reasoning assumptions are associated with what might be termed a deductive model of practice expertise. In such a model, practitioners begin with verified axioms or theories from which specific predictions about behavior or about interventive strategies are derived. Alternatively, practitioners make predictions and decisions in open systems based on an inductive model of practice expertise. In this model, it is assumed that practitioners make their predictions in situations of risk or in situations of uncertainty. As a consequence, they adhere closely to principles from inductive modes of reasoning. That is, they generally use systematically gathered observations, coupled with relevant contingencies inferred from their experience and their training, to make their predictions (Helmer & Rescher, 1959).

Four Quadrants For Evaluating Knowledge in Practice

The four quadrants in the framework are labeled subjective problem solver, objective problem solver, subjective scientist and objective scientist (See Figure 1). These labels categorize forms of knowledge and styles of information usage in the practice of social work. Each of these quadrants also incorporates different philosophy of science and practice assumptions.

The subjective problem solver quadrant represents a label that describes information used to solve problems in practice that have not been subjected to scientific verification. In fact, intuition, phenomenological reduction, and consensual modes of agreement are typically the procedures used in developing knowledge for this quadrant. It is also assumed in this quadrant that knowledge cannot be generalized to other individuals or situations. The need for generalizations is more characteristic of the subjective scientist label. The subjective scientist seeks to

generalize across persons and situations by systematically observing subjective phenomena. They often employ single subject observations to make sense of subjective or private (introspective) phenomena as well as test the validity of theoretical hypotheses germane to subjective phenomena (Rychlak, 1981). For example, single subject observations can measure internal processes like subjective feelings or cognitive processes. Single subject observations that measure external phenomena are more characteristic of the objective scientist. The range of scientific method assumptions are integrated within each scientific approach to knowledge usage. That is, it is important to recognize that the subjective scientist may use either ideographic or nomothetic methods to study introspective phenomena. In summary, the framework seeks to make an important distinction between the subjective scientist and objective scientist quadrants because they each have different perspectives on appropriate data sources, i.e., internal versus external.

The objective problem solver quadrant includes knowledge based on observable experience that is subjected to inductive reasoning processes and the pragmatic method. This quadrant includes practice wisdom and practice principles derived from observable experience. This observable experience is validated by appealing to rational processes (reflective reasoning) rather than to the scientific method. The objective scientist relies on observable experience that is subjected to deductive reasoning processes and the scientific method, i.e., ideographic or nomothetic. Data and theory-based generalizations are common forms of knowledge found in this quadrant. Lastly, the objective scientist presumes that theoretical abstractions can be made that are generalizable and verifiable.

To clarify the distinctions between the quadrants consider the following practice situation: a practitioner is working with a family that has been referred because of difficulties with their teenage child. The subjective problem solver might make the decision to confront the father with his lack of involvement. The practitioner makes this decision on the basis of an internal feeling about the family at that moment. The form of knowledge directing the intervention is based on an intuition stimulated by the encounter with the family. The subjective scientist may make

a similar decision, however, the decision may be based on either repeated observations of the individual disclosures of the father or theoretical constructs. For example, the use of repeated observations enables the practitioner to make generalizations consistent with inductive scientific principles and single system technology. On the other hand, verified knowledge about disclosures of disengaged families may direct another subjective scientist to confront the father and the child to share their experiences with each other. This subjective scientist is guided by deductive reasoning and employs theory to direct the intervention; whereas the first subjective scientist is guided by data obtained from systematic observations of the family system and inductive reasoning. The objective problem solver may observe that every time the father was confronted about his lack of involvement he expressed more feelings toward the child. The practitioner infers after observing the consequences of confronting the father that confrontation may be a successful strategy for helping this father pay attention to his teenaged child. This approach is consistent with objective problem solving since the emphasis is on making inductive inferences from successful experiences that achieve desired consequences. The objective scientist observes the family's interaction and classifies the family according to its high rate of negative reciprocity. Upon making this observation the practitioner decides to have the members agree to exchange high rates of positive interactions. This decision is based upon a nomothetic research generalization that suggests *quid pro quo* exchanges can have a positive impact on negative reciprocity. The quadrants and dimensions in this framework are a beginning attempt to understand a continuum of knowledge and of practice underlying various perspectives on knowledge utilization.

Unless we understand fully the concept of knowledge utilization, evaluations of knowledge use by social workers will remain narrow and misleading. This framework emphasizes the differences between types of knowledge used and various conceptualizations of social work practice. It can be an aid to educators in evaluating the meta-theoretical and meta-philosophical assumptions underlying practice and explanatory theories. By using the two dimensions in this framework, educators can also

classify types of knowledge used in practice. Furthermore, the use of the framework makes explicit philosophy of science and practice assumptions previously ignored in efforts to understand knowledge utilization in social work practice.

Difficult distinctions were made for the purpose of putting knowledge use into a continuum. For example, data-based generalizations were assigned to the subjective scientist and objective scientist quadrants to take into account different methods (ideographic and nomothetic), however, it is also appropriate to assign data-based generalizations to the objective problem solver and objective scientist quadrants based on different reasoning processes (inductive and deductive thinking). The value of this framework is that it offers two dimensions (subjective-objective and problem solver-scientist) that allows for a more critical analysis of knowledge and practice than currently exists in the profession.

Summary

Specific issues have been presented in order to reassess the relationship between social work practice and knowledge utilization. An examination of utilization concepts and activities has highlighted the difficulties in evaluating the profession's progress toward utilizing knowledge in social work practice.

The social work profession is struggling with different notions concerning the nature of knowledge and the ways in which knowledge is utilized (See, e.g., Brekke, 1986; Heineman, 1985; Hudson, 1982; Schuerman, 1982). These conflicts are grounded in epistemological as well as normative and conceptual differences. Many researchers have a hard time conceptualizing the ways in which professional social workers use "knowledge" in practicing social work. It is only considered knowledge when it conforms to familiar conceptualizations. The dilemma in defining knowledge is summarized by Benne (1976, p. 167): "western epistemologists, working for the most part, in modern times, in universities, have not drawn their models of valid "knowing" from the methods and products of thinking men and women of action who guide, direct, and conceptualize the practical "makings" and "doings" of culture and society".

In order to recast knowledge utilization, taking into consid-

eration epistemological and practice differences, a framework was presented. It provides a mechanism for evaluating various ways of knowing from pragmatic practice wisdom to scientific research generalizations. It should also enable practitioners and researchers to organize widely held conceptualizations of knowledge and practice. Only if we grapple with the complexities of knowledge and practice can we make progress toward our societal mandate, a profession guided by knowledge.

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Considerations in the Development of a Scientific Social Work*

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A key issue in social work's struggle to develop a legitimate and distinct knowledge base is the development of a scientific model suited to the needs and objectives of the profession. Although various approaches have been proposed, they have tended to dichotomize the issues into one of science versus nonscience. In response to this situation, this paper presents an integrative approach to the development of a scientific social work. In addition, it is argued that values can (and should) be an integral part of a scientific approach and that they are legitimate criteria for the evaluation of social theories.

During the last 25 years there has been increasing interest in the application of scientific principles and research methodology to social welfare policy and social work practice. Faced with a world of diminishing resources, accountability demands, competitive professional groups, and client advocacy, social workers have attempted to secure their legitimacy by increasing the "scientific" dimension of their profession (e.g., Bloom, 1978; Fischer, 1981; Karger, 1983). Through this same period, social work's adherence to a set of values has continued as a principal source of direction and guidance for those identifying with the profession. While both science (as represented by social research) and social values are of great significance to social work, they have often been portrayed as incompatible or discussed as distinct and separate. This distinction is illustrated in the long tradition of seeking a balance between science and art in social work practice (Greenwood, 1955; Gyarfas, 1969; Thomas, 1967).

*An earlier version of this paper was presented in part at the annual meeting of the *Society for the Study of Social Problems*, August, 1985, Washington, D.C.

Within this tradition, science is assumed to be the source of true knowledge and art the expression of skill and judgment.

In this paper we attempt to transcend this division by conceptualizing science as a cultural product (cf. Habermas, 1981; Kuhn, 1970). From this perspective, social work research is viewed as an expression of cultural, historical, and political factors. Consequently, an important task in the development of a scientific social work is the explication and analysis of its underlying presuppositions and value positions. Based on this analysis, the compatibility between a particular scientific approach and the objectives and values of social work can be assessed and alternative conceptualizations considered.

A second manifestation of the attempt to develop a scientific social work is seen in the debates between proponents of traditional research and those advocating alternative approaches (e.g., Heinemann, 1981; Heinemann-Pieper, 1985; Hudson, 1982). While these debates have helped clarify the contrasting arguments, the respective positions tend to be exclusionary rather than integrative and the major points of contention simplified to a choice between a scientific or nonscientifically based profession (See Mullen, 1985, for an exception). For instance, Wodarski states, "The salient issue is whether social work practice should be based upon data or upon a philosophy of life" (Wodarski, 1981, p. viii).

In our view, reducing these issues to an "either/or" question creates an artificial bifurcation which obscures the important contributions of different forms of social science inquiry. Furthermore, the failure to recognize these multiple "ways of knowing" seriously retards the advancement of knowledge development in social work.

Social work and science are social endeavors influenced and shaped by historical, cultural and political forces. Both interpret, legitimize and implement certain values reflected in societal ethos. Although science does not have an explicit value-promoting agenda, it tends to support and preserve the status quo (Raskin & Bernstein, 1987). In contrast, social work is integrally value-based and the expression of these values are a defining feature of its mission. Moreover, rather than maintaining the status quo, social work values encourage societal change to pro-

mote greater individual freedom and social justice. If science is to serve the needs of the profession (rather than the other way around) there must be an accommodation to the important value positions of social work.

The relationship between science and society is reciprocal. The assumptions, theories, and methods of scientific systems have important implications for societal beliefs, values and practices. In other words, science not only reflects the world, but creates it. This balanced view can be incorporated into a social work science by recognizing these implications as legitimate, evaluative criteria. The example below illustrates this point.

Research on Handicapped Children

The traditional conceptual model utilized in research on handicapped children defines their abilities in terms of their deviation from the norms of able-bodied persons (Gleidman and Roth, 1980). This deviance model leads to developmental research which focuses on how handicapped children differ from their able-bodied counterparts, i.e., what they cannot do. Such research produces data that "confirm" the deviation of these children and the "abnormal" way they are developing.

An alternative approach, more consistent with social justice, would be to view development from the perspective of the handicapped child. That is, to see development in terms of the child's unique capacities to adapt to different situations and expectancies. To the extent that certain handicapped persons share similar adaptive strategies, it may be possible to formulate a developmental theory of these individuals. This theory would be based on the perspectives, capabilities and adaptations of disabled persons themselves rather than in terms of their deviation from a criterion group which popularly and scientifically has been legitimized as normative. Moreover, a theory which recognizes the legitimacy of different processes and forms of adaptation (as opposed to seeing one as a deviation from the other) is more likely to stress the capabilities and talents of persons rather than their so-called limitations.

The difference between the two models in the above example is primarily conceptual rather than empirical. In fact, the same empirical data could be used to support proponents of both

perspectives. This is possible because the meaning of such data is the result of cultural, moral and political assumptions which cognitively precede the very statement of the research problem and, therefore, usually remain implicit.

Although the truthfulness of these theories may be ambiguous, their social justice implications offer more clearcut choices. A deviance model of handicap produces practitioners who view the handicapped child as a small deviant and implement strategies designed to reduce this deviation (Gleidman and Roth, 1980). To the extent that these strategies are unrelated to the developmental path of the child, her liberty is reduced. In contrast, a theory of handicap grounded in the experiences of disabled individuals and consistent with social work values recognizes the uniqueness of these persons as well as their right to have the same basic choices as others.

It is important to note that generating scientific support for this alternative view would also require expanding our conceptualization of legitimate methods. The research strategy would have to allow, or even encourage, the active involvement of the disabled person in the research process as well as extensive dialogue among all research participants (i.e., subjects and investigators).

Science as Human Product

Science constitutes a systematic attempt to explain human experience. It is an entirely human activity. Science does not arise from nothing, but from what G. H. Mead termed "the world that is there," (cited in Kaplan, 1964, p. 86) a world already colored by a complex web of assumptions, beliefs and values, and by a particular structure of consciousness. Consequently, scientific truths will change not only because of direct advances in the scientific enterprise, but also because of changes in historical, cultural, and moral understandings.

All models of science are based on a set of taken-for-granted assumptions, or ideologies, about the nature of "things" (ontology) and the criteria by which these things may be known (epistemology). These assumptions, which precede any and every scientific undertaking, tend to be immune to validation by the very epistemological criteria which the scientific model pro-

poses. However, while the very ubiquity of these assumptions render them somewhat transparent to the practicing researcher, their impact can be far reaching.

At least two types of assumptions form the context of social research: substantive assumptions and methodological assumptions. Substantive assumptions consist of implicit beliefs about the general phenomena of interest (e.g., human behavior). They provide researchers with a cognitive map of the content area under investigation. Accordingly, this map helps researchers to ask meaningful questions, discriminate data from "noise," interpret data, and discuss findings. For example, a study of male-female differences may be based on several assumptions about masculinity and femininity (their relationship to various psychological dimensions) that predispose researchers to ask questions and draw conclusions which confirm cultural stereotypes (e.g., Morawski, 1985).

Methodological assumptions are a system of rules for conducting a legitimate (i.e., scientific) study. They constitute an operational manual of methods consistent with the substantive assumptions. Thus, in addition to knowing what questions to ask, researchers know how to ask the questions (e.g., make inquiries in a way that does not reveal to subjects the true nature of the research). Similarly, guidelines are provided on the proper form of data, methods of data collection, and how to decide if findings meet acceptable criteria.

The abstract substantive and methodological assumptions which undergird social research and limit and shape its scope are not restricted to a specific model or method of inquiry. They are an inescapable starting point for diverse forms of inquiry and have important implications for the development of knowledge.

First, the scope and complexity of these world views (paradigms or metatheories) make their "objective" evaluation (in the sense of simply pointing to data in agreement or disagreement with them) impossible. Indeed, even what constitutes "data" is dependent on theory. Additional nonepistemological criteria such as the promotion of social justice are required (Witkin & Gottschalk, 1988).

Second, science is always interdependent with other areas

of knowledge. At the very least, any view of science must include some notion about the relationship of science to nonscientific knowledge. These judgments are based in significant part on existing core values and beliefs within a particular social-historical context. For example, calling astrological explanation of human behavior unscientific, means that the evidential criteria of astrology do not pass the speaker's test of a "legitimate" science (e.g., empirical data). This is not something which is proven but accepted. In fact, until recently astrology was viewed as a legitimate form of science. That our contemporary criticisms benefit from the vantage point of historical and anthropological hindsight makes our current science no less susceptible to changes in future generations.

If science is interdependent with other areas of knowledge, then it follows that the assessment of scientific beliefs must include their relationships to these other areas (Laudan, 1977). Thus, while the current empirical status of a theory may be invoked as one measure of its scientific adequacy (i.e., its truth), it is equally rational to assess the theory in terms of its consistency with important and widely held "nonscientific" doctrines. For example, despite the claims of researchers who point to racial differences in I.Q. scores as the basis of a theory of the genetically-based, intellectual inferiority of one racial group relative to another, such claims may be rejected justifiably not only on methodological and substantive grounds, but because of their inconsistency with crucial moral, religious and legal understandings in contemporary Western society.

Those who would lay claim to the preeminence of scientific "truth" in the case of I.Q. tests are making a political rather than a scientific claim, i.e., these scientific procedures and their results should be evaluated socially as more important than contemporary concerns of social justice. This is a value laden choice; it is an act of legitimizing the preeminence of technique over informed judgment (Bittner, 1983).

The eighteenth century philosopher Leibniz formulated the dictum, *nihil est sine ratione*, there is nothing without reason. Inspired by this dictum, modern empirical science has set itself the task of exploring the why, the calculable cause, of everything. An increasingly utilitarian and pragmatic Western world

has largely excluded from its scientific understandings all concern for purpose and meaning, a realm traditionally assigned to poets and novelists, not scientists (Kundera, 1985). To the extent that this limitation is placed upon social science, and most especially social work research, it constitutes a denial of the value-based, humanistic underpinnings of the profession.

Physical Science and Social Science

Important differences exist between the physical and social sciences with respect to the phenomena investigated and the effects of different research strategies on the results obtained. Unlike the relatively immutable properties of most physical phenomena, (e.g., the molecular structure of wood) human social life seems to be characterized by *potentialities*. That is, the meanings of such behavior are always numerous and equivocal. As a result, the nature of the social reality which emerges is significantly determined by the focus and methods of the investigation. For example, a significant issue in marital research is how to partition and analyze a couple's interaction (Rogers, Millar, and Bavelas, 1985). Researchers studying the same couple but focusing on different units of analysis (e.g., individual utterances versus dyadic interchanges, or sentences versus "thought units") define the interaction differently and may come up with disparate results.

Put another way, a great deal of social science research generates the phenomena it claims to discover. It does this by imposing a particular conceptualization or structure on an ambiguous array of potential activities. These activities create the experiences discovered in investigations. Even such basic categorical distinctions as internal-external can only be shown to exist logically rather than empirically (Weick, 1977). Assigning objects to such categories (e.g., an organization and its environment) represents only one way of organizing experience, other ways may be equally possible.

The communication theorist, Paul Watzlawick (1976) has pointed out that shuffling a deck of cards and turning them face up one by one will reveal a pattern which, in most cases, will be considered "random". If, after a thorough reshuffling, the cards should appear in the order of ace through king according

to their respective suits, one might suspect that some illegitimate tinkering has occurred to produce this obviously nonrandom pattern. Upon reflection, however, it becomes obvious that this particular ordering is no more or less probable than any other ordering of the 52 cards. The only difference is in the special meaning assigned to the ace through king ordering. Similarly, observing and partitioning a pattern of behavior and calling it nonrandom (e.g., abnormal) is, in part, a function of the meanings ascribed by the researcher and his or her method of investigation.

Failure to recognize the equivocalness of social reality leads social scientists into treating their categorizations as real and studying the properties of the entities created by their partition. A false sense of discovery may result due to the scientists' "underestimation of the ways in which individuals contribute to the worlds they think they see" (Weick, 1977, p. 278). This position becomes restrictive if it leads to a lack of inquiry about the existence of the categorization itself and the nonpursuit of alternatives.

A number of related implications of this view have relevance for this discussion. First, determining the truth or falsity of propositions about human behavior is problematic. In fact it may be that an overemphasis on right and wrong has hampered our understanding of science in general (Laudan, 1977). Since social phenomena are in part generated, rather than discovered, by researchers, even competing theories can usually offer supporting data for their respective positions. Where differences in such findings seem to exist, they can often be reinterpreted by an alternative theory to mean something other than what the original researcher intended (Gergen and Gergen, 1982) or the research problem itself may be viewed as nonexistent or trivial.

Another reason for ambiguity about the truth status of competing theories is that complex social behavior appears to be multiply determined as well as subject to multiple interpretations. For instance, confirming the presence of variable *x* in an individual who seems depressed may not rule out the possible presence of numerous other factors, some of which may be necessary for *x* to have any impact on the individual's affective state. Social scientists have been quick to recognize this situation,

producing numerous studies which support their particular hypothesized determinants of behavior. Taken to its logical extreme, we would finally arrive at the point of concluding that everything is related to everything else which, of course, tells us nothing.

Recognition of science as a social product leads to the acknowledgement of truth as socially constructed. Differentiating among competing theories therefore requires an awareness and judgment of their differential moral and ethical implications, of what is good and what is right (Rawls, 1971).

Developing a Social Work Science

The strong commitment of the profession to a basic set of core values (Gottschalk, 1974) forms an important contextual dimension against which social work research must be assessed. The data rarely "speak for themselves." Rather, their meaning and significance include a reference to values (Kaplan, 1964) as well as a complex of culturally, historically and socially determined cognitive traditions.

Social workers are frequently faced with situations that require action based on moral and ethical principles. Should adult children have the right to withhold essential medical treatment from dying parents? Is it right for a social service program to have restrictive eligibility criteria? Under what circumstances should parental rights be abrogated? Questions such as these are important for the practicing social worker as well as the future course of social welfare policy. If the only legitimate approach to these questions is through a narrowly defined methodology, then these issues are likely to be distorted or ignored as being outside the purview of legitimate science.

It has long been argued that value neutrality in social science is a myth (Gouldner, 1963). Similarly, it has been our contention that social science theory and methodology contain and support ethical and ideological assumptions which have important social implications. This does not mean, however, that since values cannot be scientifically validated "anything goes". Truth may not be the only criterion that should be considered in evaluating our theories and hypotheses, but it should certainly not be discarded as an important yardstick (Homans, 1978). Furthermore,

the communal nature of science requires that certain norms and assessment criteria be employed to communicate information and ideas.

A more sensible approach, in our opinion, is to broaden the context within which various forms of science can conduct legitimate inquiry. A starting point might be to explicitly recognize the value implications of different perspectives. Thus instead of futilely attempting to suppress values, the social work scientist can "confront more openly and honestly the valuational implications of his or her work" (Gergen, 1978, p. 1365).

What must be added to all perspectives is an explication of the ideologies implied or expressed by the models they employ (Gottschalk and Witkin, 1988). Understanding these ideologies, their impact on core social work values and the investigation of new and revised forms of inquiry can help move the profession towards a meaningful science and the development of a relevant knowledge base.

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"When Is Statistical Significance Meaningful? A Practice Perspective"

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Statistically significant relationships may be quite small in the absolute sense. The practitioner who faces the issue of when to utilize a finding for practice must consider more than mathematical arguments. The place of practice considerations in decision making for utilization is discussed.

When a report of empirical research states that the relationship between two variables was found to be statistically significant, there is a normal tendency to be impressed. After all, the researcher has scientifically and objectively demonstrated that the variables are related and has generated knowledge that can be used. For the social work practitioner, the finding can form the basis for an important behavioral change. However, a statistically significant relationship between variables may or may not be worthy of note or of implementation. The relationship is believed to be real, but it may not be very strong.

The difference between relationships that are merely statistically significant and those that are statistically significant but also are strong enough to be considered meaningful surfaced in the social work professional literature several years ago. It took the form of a heated debate between educators. Gould and Kim (1976, p. 50) reported their research findings on "the effects of sex on salary differentials" between social work faculty. In a critique of the Gould and Kim research as well as other research that examined the possibility of sexual discrimination within social work, Allen Rubin reminded journal readers that statistically significant relationships are not necessarily strong ones. He noted that: A caution all too often ignored in the social work literature is that statistically significant relationships need not be strong enough to be meaningful for practical purposes. Triv-

ial relationships can be statistically significant if based on large samples (Rubin, 1981, p. 22).

Rubin's unfortunate use of the words "trivial" and "minuscule" (p. 23) to describe the differences between salaries of male and female educators resulted in a response of outrage that tended to obscure a very important message for the social work practitioner. In a rebuttal, Gould (1983, pp. 34–35) focused most of her attention on defense of her research methods and on discrediting Rubin's. What might have been an important and useful dialogue on the distinction between "statistically significant findings" and "meaningful findings" quickly degenerated into a question of whose research methods were better and whose biases may have been showing.

The typical social work practitioner is unlikely to read research reports on a regular basis, or to use them for practice decision-making (See, for example, Rosenblatt, 1968; Kirk & Fischer, 1976). If this unfortunate condition is to change, practitioners will need to become knowledgeable in ways to critically evaluate the findings of research reports. This should entail, among other things, the assessment of whether a finding is of sufficient importance to incorporate into one's everyday decision making and professional behavior. The decision is not one that requires a high level of sophistication in either research knowledge or statistics. It does, however, require that practitioners assume a position of healthy skepticism toward statistical significance and be prepared to apply common sense in evaluating whether a statistically significant relationship between variables is meaningful for them. A review of both the concept of statistical significance and how it is achieved is helpful in making this important distinction.

The term "statistical significance" is especially problematic for the social worker with a mindset that is more within practice than within statistics. In a social work practice context, we become conditioned to think of significance as synonymous with importance. For example, we talk of "significant others" or "significant relationships," communicating the idea that a person has played an important role in the life of another. To the statistician, however, significance is quite independent of importance.

The conclusion that two variables reflect a statistically significant relationship is a mathematical determination based upon nothing more than the laws of objective probability. The computer that performs the statistical operation has no insight into the nature of the variables or of the importance in human terms of any relationship that may exist between them. It cannot know whether the degree of the relationship uncovered is of practical value to the practitioner or, if it is, just how valuable it might be. To say that the two variables reflect a statistically significant relationship to each other is little more than a statement of a reasonable assurance. In most instances it means nothing more than that researchers are comfortable in concluding that the variables are related. They have demonstrated mathematically that, in drawing this conclusion, there is an acceptably small chance of being wrong. They are reasonably certain that they will not commit a Type I error; that is, they will not conclude that the variables are related when they really are not. It is a calculated gamble that, by convention, we believe to be justified in the interest of bringing the always provisional knowledge of science to light.

Of course, bias or the presence and influence of other variables (in addition to chance) also may have caused an apparent relationship. But, even if all competing explanations were controlled or ruled out by rigorous research design and/or statistics and we are left with the conclusion that the relationship between or among variables is probably a true one, the issue of the value of the finding must still be addressed. Whether the relationship identified is one of cause and effect (resulting from a tightly controlled experiment) or the more common association or correlation resulting from less rigorous designs often seen in social work research, it still might be "no big deal," at least not one suggesting a change in a practitioner's behavior.

The issue of whether a statistically significant relationship is meaningful or trivial is one of both strength of the relationship and one of professional values and priorities. Rubin's (1981, p. 22) perception of meaningfulness focused on the former. He pointed out with compelling mathematical logic that the mean salary differential between men and women (after controlling for certain variables) was \$301, "only" a difference of 1.1%. Others

might have viewed the finding differently while focusing on values. They may have believed that insufficient attention was given to the fact that the profession of social work is committed to elimination of sexism within its ranks. The \$301 may not have been trivial to them; in this sense, a difference of even \$10 might have been meaningful. (Mathematically, such a difference could be statistically significant, given a large enough sample). The point is, there was a difference, as demonstrated by statistical analysis. Whether this was a finding worthy of behavioral change was a matter of individual perception and opinion.

The phenomenon of statistically significant but weak relationships between variables with large samples is real, and should not be ignored. It has been demonstrated (Weinbach and Grinnell, 1987, pp. 124–125) that, for example, a crosstabulation that results in a significance level of $pp > .20$ (not statistically significant) quickly jumps to $p < .01$ (significant) if the frequencies in all cells are multiplied by ten. Similarly, large samples can result in correlations that are statistically significant, yet the correlation itself is so low as to be of little worth in its ability to predict the value of one variable from knowing the value of the other for a given case. Clearly, there is a threshold where a statistically significant relationship between variables becomes trivial for the individual social worker. But where is that threshold? Rubin and Conway (1985) suggested one possibility. They proposed a mathematical solution to the dilemma experienced by the consumer of research who is attempting to separate the meaningful from the trivial. While a step in the right direction, their proposal still suggests that the issue and its solution lie primarily in the world of statistics.

The presence of a relatively large sample size should alert the reader familiar with statistics that further inquiry is needed. It may indicate that a situation of a statistically significant but trivial relationship may exist. But it also may not. Only practitioners, not statisticians, can make the final decision as to whether the relationship between variables and the strength of the relationship are meaningful to them, i.e., suggest the need for behavioral change.

The critical evaluation of research may require more infor-

mation than is currently reported in some professional journal articles. If practitioners are to make intelligent and informed decisions regarding whether a finding is meaningful for them, they must know more than just whether a relationship between variables was statistically significant. They must also be told the sample size and the strength of the relationship in a readily comprehensible style, for example, percentage difference or actual correlation. Rubin and Conway (1985) argued for the inclusion of some indicator of relationship strength. They recommended that "researchers routinely report and interpret a magnitude-of-relationship statistic of every statistically significant relationship." To save the reader the time of looking up a description of the appropriate usage of a statistical test, a statement of whether the sample size fell within the usual size range for which the test is best suited should also be included. If not, some explanation of why the test was used is probably indicated. The ethical researcher who invites replication and feels comfortable in use of statistical testing should not object to any of these requirements. Editors may require explanation in order to recognize that these details are anything but superfluous.

Given sufficient information about the research sample and the results of statistical tests, how do practitioners decide when a statistically significant finding is sufficiently meaningful for their practice utilization? The decision is an individual one based on considerations that include economics, time considerations, professional judgement and other factors inherent within the practice environment. A statistically significant finding may be trivial within Agency X, but substantive within Agency Y.

A hypothetical research finding may help to illustrate the point. Suppose a research report or article based on a study using a relatively large sample were to report that a new treatment (B) was associated with a higher level of self concept among depressed adolescents than was the usual treatment (A). The relationship between the dependent and independent variables was statistically significant with a mean score of 79 for B on a standardized self-concept index as opposed to a mean score of 75 for treatment A on the same index. Readers of the report are sufficiently impressed with the rigor of the design. They are convinced that the relationship reported is a real one and that

the magnitude-of-relationship between variables is sufficiently large. However, the finding may still be considered trivial to them. Why? If the hypothetical readers are administrators, they must consider the cost and consequences of utilizing the finding. After some thought they conclude that:

1. A four point difference is not really much in the absolute sense (on a self concept index with a range of 100).
2. It would use most of the current annual continuing education budget to provide assistance to professional staff to "retool" to be able to use treatment B.
3. Some key and valued staff members may have a heavy investment of time and reputation in using Treatment A and would resist using Treatment B. They might, e.g., become fearful over loss of status if Treatment A is no longer used, sabotage implementation of Treatment B or even quit their jobs.
4. Within the agency, problems of effectiveness are far less severe in treatment for low self-concept than they are for treatment of other problems. Improvement of effectiveness in this area of treatment is a low priority.

The decision that the statistically significant relationship was not meaningful was based only in part on the statistical report of findings. The final determination was made on data that were derived from insight into the current work environment and from common sense and practice logic. Other practitioners in another practice environment might consider the findings and decide that they are meaningful and therefore, worthy of implementation. Perhaps, these practitioners can afford the continuing education cost. They may also have a staff that is actively seeking effective treatment methods for addressing a perceived severe problem of ineffectiveness in working with clients who possess a low self-concept.

Both hypothetical practitioners used the same finding for decision making, but they arrived at different decisions. They were aware that relationships between variables can easily be statistically significant with large samples. They made an informed judgement as to whether or not the relationship was meaningful for their practice needs. The decision not to implement the findings was as sound as the one to implement; both were empirically based, but both also took into consideration the world of practice.

The reminder that statistically significant relationships may be trivial in the absolute sense is, on one level, a small but useful piece of information for the practitioner who aspires to utilize research. But a second reminder that professional judgement is essential to decision-making regarding research utilization may be of greater importance. Research utilization occurs best when it entails a practical mix of knowledge of the scientific method and sound practice judgement. In an environment that fosters research utilization, researchers, sensitive to the decision-making needs of practitioners, will conduct research and communicate findings in a way that they can be used by practitioners. Practitioners will be more likely to read research reports and to utilize them when they can see the place of practice knowledge in the utilization process.

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Work, Violence, Injustice and War

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This essay explores links between work, societal violence, social and economic injustice at home and abroad, and the propensity to resort to war. It clarifies the concept societal violence and traces its roots to coercively established and maintained exploitative modes of work, exchange and distribution. It suggests that overcoming violence in human relations requires transformations of work, exchange, and distribution in accordance with egalitarian, democratic, humanistic and ecological values in order to eliminate obstacles to human development. Social policies and political strategies toward these ends are discussed in the concluding sections of the essay.

Sources of Violence: Nature vs. Culture

There is a widely held assumption that violent interactions among individuals and human groups are biologically determined and, therefore, inevitable. Advocates of social justice and nonviolence need to confront this position. It is undoubtedly true that the human species does manifest physical, psychological and social capacities for violent attitudes and behaviors. In this sense violent interactions are, indeed, an element of human nature. However, these natural capacities are not actualized continuously in human behavior, but only at certain times and under certain conditions. There is also ample evidence that the human species has physical, psychological and social capacities for nonviolent, caring, loving and nurturing attitudes and behaviors (Kropotkin, 1956). These capacities too are not actualized continuously but only at certain times and under certain conditions. They too are elements of human nature in the same way as the capacities for violence. Which of the species' natural capacities are actualized by individuals and groups at different times and places, and in different social relationships and circumstances, seems to depend on the prior experiences of those involved, and on the historic and contemporary contexts of these

experiences. It seems therefore valid to assume that while both violent and nonviolent attitudes and behaviors are definitely part of human nature, their expression is never an inevitable biological function but is always socially and culturally conditioned.

Societal Violence and Counter-Violence

The concept societal violence refers to systemic obstructions to human growth, development and self-actualization inherent in a society's institutional order, its policies, practices and human relations, its circumstances of living and quality of life, and its values and ideology. Societal violence inhibits the unfolding of people's innate potential, their spontaneous drive to become what they are capable of becoming, by interfering with the fulfillment of their biological, psychological, and social needs. Simple illustrations of societal violence are such aspects of "normal" social life in the United States as unemployment, poverty, hunger, homelessness, and overt and covert discrimination by race, sex, age and class.

Implicit in the concept of societal violence is an assumption that humans, like seeds, are born with a tendency toward spontaneous growth and development of innate capacities. Seeds will grow into healthy plants only when imbedded in nutritious soil, and when exposed to adequate amounts of sunshine and rain. Analogously, human development will proceed healthily only when people live in natural and social environments compatible with their developmental needs. Consistent frustration of these needs "violates" human development, blocks constructive, developmental energy, and transforms it into destructive energy. Fromm described these dynamics insightfully: ". . . The more the drive toward life is thwarted, the stronger is the drive toward destruction; the more life is realized, the less is the strength of destructiveness. Destructiveness is the outcome of unlived life" (Fromm, 1947).

Societal violence tends to set in motion chain reactions of counter-violence from its victims. However, counter-violence will usually not be aimed at the powerful sources of societal violence in the institutional order of society, but will be displaced into helpless and powerless victims. Domestic violence and other

forms of violent crime, as well as suicide, addictions, and mental ills are direct and indirect expressions of counter-violence. Violent, destructive, and self-destructive attitudes and behaviors of individuals and groups will often seem senseless and irrational to observers of isolated episodes. However, when such episodes are viewed in the context of individual and social history, they seem no longer senseless and irrational, but reveal their inner logic as "counter-violence" to violent societal practices and conditions.

Journalistic treatment and public debate of violence, as well as many scholarly studies, tend to obscure rather than unravel the underlying dynamics of violence when they focus exclusively on the counter-violence of violated individuals and groups, while disregarding the socially structured violation of the developmental needs of these individuals and groups. Such fragmented studies of moments in the cycle of violence tend, however, to serve the interests of privileged, dominant social classes, for they deny by implication the causal dynamics of societal violence. Society is thus absolved of guilt, and the necessity of fundamental structural changes toward nonviolent institutions is discounted, while individuals and oppressed groups are being scapegoated.

Societies whose violent policies and practices give rise to counter-violence on the part of violated individuals and groups tend to respond by disregarding the actual causes, "blaming the victims," and steadily increasing repressive violence. The tragic, vicious circle of societal violence, counter-violence, and repressive violence will continue as long as its roots, systemic societal obstacles to human development as an aspect of the normal workings of everyday life, are not acknowledged and transcended within and among societies and nations.

Work and Exchange and Distribution of Products of Work

History reveals that societal violence which has obstructed human development over several thousand years, and which has caused violent interactions and wars from local to global levels, can be traced to the use of coercive measures concerning the organization of work and the exchange and distribution of products of work.

Humans must work to secure life-sustaining and enhancing resources from their natural and social environments. The organization of work and the exchange of work products, as well as ideas concerning these processes, are therefore key elements of human cultures. The extent to which human needs can be satisfied, the scope of individual and social development, and the quality of life in a society depend always on its organization of work and the terms of exchange and distribution of work products.

Work is an essential ingredient of all the goods and services, and all the ideas, knowledge, and skills, which the human species has developed throughout its history. Work is not a series of individual acts, but an inter- and cross-generational process, involving ever new combinations of physical, mental, emotional, and spiritual capacities of people with nonhuman elements of nature, and with concrete and abstract products of earlier human work. The aggregate of human creativity and productivity is therefore contained in every newly created concrete or abstract product.

In psychological and social terms, people's work could be a means for discovering their capacities, and a source of their social and individual identity. Furthermore, work could be an important medium for individual development and self-actualization as well as for mutually enriching social relations and societal development. Humans seem to have an innate need to be active in the world, i.e., to work, and they seem self-motivated to engage in work when it meets their perceived needs and furthers their well-being. In this sense, work is a rational human activity. On the other hand, the frequently observed tendency to avoid work does not seem to be an innate human tendency but a defensive reaction to socially evolved, oppressive and alienating conditions of work and to exploitative terms of exchange. Under such conditions, work avoidance makes sense (Marx, 1844, 1975; Pope John Paul, II, 1981).

Work and Peace or War

Whether or not the organization of work and the exchange of work products involve coercion, domination, and exploitation, it has been throughout history a major determinant of conflict and harmony within societies, and of war and peace

among them. During long stages of preagricultural societal evolution, exchanges among members of small, communal societies tended to be essentially balanced, i.e., nonexploitative. In the course of their lives, most people contributed to, and received from aggregate social production about as much as others. Also, occupational differentiation was linked mainly to age and sex, but not to caste and class. These essentially egalitarian modes of work, exchange, and distribution may not have required coercion. For, under these conditions, people were likely to have been self-motivated to work, as their work was linked directly to their perceived interests, the satisfaction of their basic needs.

Imbalanced, i.e., exploitative, modes of work and exchange, in which most people routinely contribute more than they receive, while social elites routinely receive more than they contribute, were established by many, but not all, human societies during the last 10,000 years as a result of the following interacting processes: population increase and resulting scarcities of land, food, and other needed resources; discovery and development of agriculture, crafts, science, and technology; production of economic surplus and struggles over its distribution, use and control; spatial and social differentiation into rural and urban communities; social division of labor between manual and mental work and establishment of social and occupational castes and classes including peasants, craftsmen, traders, priests and scholars, soldiers, civilian administrators, and ruling elites.

Transitions from early, egalitarian, communal, cooperative, and relatively harmonious cultures to later inegalitarian, selfish and competitive ways of life, modes of work, exchange of products and distribution of rights are unlikely to have been accomplished through voluntary, harmonious processes. Rather, these transitions seem to have involved coercive and violent processes and relations within and between societies. Moreover, once inegalitarian structures and principles were established coercively concerning work, the division of labor, the exchange of products, and the distribution of statuses, prestige and rights, they required continuous coercive measures, i.e., societal violence, for their maintenance and reproduction. For under conditions of injustice, self-motivation to work seems to have declined in proportion to the increase in domination, oppression and exploitation, and work discipline had therefore, to be main-

tained by overt and covert force. Coercive measures became institutionalized as regular, overt and subtle aspects of socialization and of religions and ideologies which interpreted and justified established, inequalitarian conditions of life and work. Socialization and indoctrination were backed by elaborate systems of conformity-inducing rewards and sanctions, and by secret and open police and military forces, the instruments of "legitimate violence" within inequalitarian societies and among nations of inequalitarian global systems.

Human history over the past 10,000 years is essentially a series of variations on the themes of imbalanced, inequalitarian, grossly unjust, coercively instituted and maintained modes of work, division of labor, exchange of products and distribution of rights. This history of social-structural violence is a tragic one, indeed. The mere mention of inequalitarian work systems such as ancient and recent slavery, feudal serfdom, and early and contemporary industrial and agricultural wage labor, brings to mind images of toiling people, transformed, not by their own choices, into dehumanized "factors of production," dominated and exploited by masters, lords, and individual and corporate employers. Such work systems could never have been established and perpetuated without the massive coercion of societal violence in the form of war, genocide, murder, torture, imprisonment, starvation, destitution, discrimination, unemployment, and the ever-present threat of these and other violent measures.

Yet human history is also a record of resistance and counter-violence by oppressed and exploited peoples, social groups, and individuals against domination and injustice, and of struggles for human liberation and a renaissance of social orders based on egalitarian, nonexploitative modes of work and just and balanced terms of exchange and distribution of the products of human work. Accordingly, conflicts within societies and wars among tribes and nations can usually be understood when viewed in the historic context of societal violence and counter-violence concerning the organization of work and the exchange and distribution of the products of human work.

Institutional Justice

Since societal violence has been used throughout history to establish and maintain different types of unjust social orders,

the establishment of just social orders depends on the eradication of societal violence and the vicious circle of counter- and repressive violence. Institutional justice means therefore transcendence of societal violence and attainment of nonviolent social orders free of coercive practices and conditions.

Societies are just when institutional practices concerning the organization of work and the exchange and distribution of work products facilitate satisfaction of people's basic material, psychological and social needs and the development of everyone's innate capacities. This conception of institutional justice applies to every level of social relations and organization, from local to global. Institutional justice is assumed to result in gradual termination of counter-violence, as people's innate developmental energy would no longer be blocked by societal violence and transformed into violent attitudes and behaviors, but could be actualized freely in constructive directions. This means that such intractable social problems as intergroup, interpersonal, and domestic violence, and violent crimes, and rape, are likely to decline and eventually cease under conditions of institutional justice.

Implicit in this conception of institutional justice is a value position according to which all humans are intrinsically of equal worth in spite of their differences, and ought, therefore, be entitled to equal consideration, rights and responsibilities. As used here, social equality is not a mathematical notion, implying monotonous sameness and enforced conformity. Rather as suggested by Tawney, it is a philosophical notion implying equal rights for all to develop their individuality. Freedom is likely to increase rather than decrease, when socially structured inequalities will be reduced, and genuine freedom for all, rather than freedom for ruling classes to dominate and exploit, will become possible only when institutional justice and equality are attained by a society (Tawney, 1931, 1964).

Toward Genuine Peace Through Institutional Justice

Genuine peace, as distinguished from coercively maintained "pacification" such as the ancient "pax Romana," can be attained only by transcending societal violence and establishing in its place institutional justice, from local to global levels, within and among all human societies. This means that attainment of real

peace necessitates comprehensive institutional changes in the organization of work and in the terms of exchange and distribution of goods and services, as well as corresponding changes in the consciousness, values, perceptions of interests, and motivations of people everywhere. Achieving such major institutional and ideological changes requires organization, on local and global levels, of social movements committed to intense, nonviolent, political action over many decades. Long-term commitment seems necessary, because the movements would have to overcome violent institutional dynamics and ideologies which have evolved over many centuries and are now permeating most established social orders. Obviously, the institutional and ideological products of centuries of social evolution cannot be reversed easily and quickly. Intense activism seems necessary, because working for fundamental social changes against tremendous odds, would require the secular equivalent of missionary work. And nonviolent approaches seem necessary, because the vicious circle of societal violence and counter-violence cannot be broken and transcended by participating in it and thus actually reinforcing it.

Yet, while promoting genuine peace requires the building of movements for fundamental transformations of existing social orders and human relations all over the globe, it is also necessary to work simultaneously for immediate reductions of injustice and suffering and for prevention of "hot wars," provided such relief is not mistaken for the necessary fundamental social transformations and presented as a real solution to current human dilemmas. Limited amelioration of social conditions and peace based on a balance of terror among armed, institutionally violent and unjust societies make possible a modicum of survival and provide time for building movements committed to fundamental social transformations. Hence, they are preferable to more intense levels of oppression and to open warfare.

Peace movements in the United States have usually worked for peace and nuclear disarmament but have been reluctant to work for fundamental social change which alone can reverse the dynamics of societal violence, injustice, counter-violence and war. They have done so in order to mobilize the broadest possible support for their immediate goals and to avoid alienating

potential constituencies who support the established social order. As a result, these movements are trapped in a tragic contradiction of struggling for peace while not opposing the causes of wars. By failing to link their work for peace to comprehensive struggles against societal violence and injustice at home and abroad, peace movements actually support, the maintenance of practices and conditions which result inevitably in more conflicts and wars.

Liberating Work Life: Essential Steps Toward Genuine Peace

If indeed, the usual function of societal violence and wars, at home and abroad, has been to establish and maintain exploitative systems of work and unjust terms of exchange and distribution of goods and services, then violence and wars will continue as long as dominant social classes strive to ensure for themselves privileged positions in the organization of work and privileged shares in the distribution of goods and services. To be effective, peace movements should therefore confront the historic, causal links between exploitative, imbalanced modes of work and distribution, and societal violence and wars. For there can be no magic shortcuts to genuine peace while domination and exploitation at work, and privilege in the distribution of goods, services and social rights are preserved.

What then are the main features of nonviolent, liberated systems of work, exchange, and distribution which peace and social justice movements should promote in order to be effective beyond short-range goals? Such systems should facilitate optimum individual and social development all over the globe, and should therefore be designed to meet the biological, psychological, and social needs of all people through humane reorganization and redesign of work and through equitable distribution of the aggregate global product. These systems would have to be shaped by values of social equality, freedom and self-direction, cooperation and mutualism, community orientation and human solidarity, rather than social inequality, domination and control, competition, selfishness and rugged individualism. Workers would have to be in control of their work as "masters of production," rather than as "factors of production," used and

exploited by individual and corporate employers. They would have to determine, design, and implement the goals and processes of work and receive fair shares of the products.

Nonviolent modes of work would also have to be in harmony with nature and adapted to the reality of population increases involving a doubling of the globe's population to about ten billion by the middle of the next century (The World Bank, 1984). Such ecologic and demographic considerations suggest avoidance of waste in relation to the environment and to natural resources, commitment to high-quality, durable products, and rejection of practices such as built-in obsolescence and wasteful, marginal product changes promoted through advertising, all of which tend to be widespread in capitalist economic systems.

To sum up, nonviolent systems of work and distribution would be democratically controlled; nonhierarchical, decentralized, and horizontally coordinated; egalitarian, cooperative, humanistic, universalistic, and ecological; and oriented to serve the interest of everyone living now and in the future.

The Transition Process

Established modes of work, exchange, and distribution are very distant from the nonviolent approach sketched here. An extended process of reexamination of consciousness and political action is therefore necessary to bring about the desired transformations. During this process, visions of, and experimentation with, alternative models of work and distribution can serve as a frame of reference for peace and social justice movements as they develop strategies and policy proposals for the transition from structurally violent ways of life and work toward structurally just, nonviolent alternatives.

An important theoretical requirement for the transition process is a conceptual redefinition of work. If the purposes of human work are to be the maintenance of life, the enrichment of its quality, and the futhering of individual and social development, then work should be defined as activities designed to meet biological, psychological, and social-cultural needs of people. A corollary of this definition is that activities which threaten or endanger life, reduce its quality, and inhibit individual and social development should not be considered work but "counter-

work," a concept akin to the notion of violence as developed in this essay. Implicit in the definitions of work and counter-work are criteria for the design and evaluation of human-development-oriented systems of work and production, as well as criteria for including and excluding activities into and from a revised concept of "Gross National Product" (GNP). Activities necessary for and conducive to human development and well-being should be included in the GNP, and should be recognized socially and rewarded materially, while activities which obstruct or are harmful to human development and well-being, should be excluded from the GNP, should not be recognized and rewarded, and should eventually be terminated.

An essential first step in the transition to a nonviolent, human-development-oriented system of work is the elimination of the societally violent and wasteful practice of excluding people from socially necessary employment through "unemployment" and "under-employment," at the discretion and in the self-defined interest of owners and managers of means of production. The elimination of unemployment could be achieved by an amendment to the U.S. Constitution guaranteeing to every individual rights to suitable employment and adequate income. Congress could implement an employment guarantee by modifying periodically the legal length of the work-day (week, month, or year), in order to match the number of workers with the number of positions in the nation's work-system and with changes in the volume of aggregate production. A mandated reduction of the average workday by just one or two hours, and mandated prohibition of overtime, would make possible the absorption of nearly all currently unemployed and underemployed workers, assuming the scope of current production were not changed. Congress could also establish appropriate and meaningful work programs to provide additional work when needed and to meet major gaps in real needs of the population, not supplied by the market, in housing, health, education, transportation, conservation, etc. Such publicly financed work programs could be carried out by worker cooperatives, sponsored by communities and regions, as well as by more conventional enterprises (Gil, 1987).

Establishing unconditional rights to work for all is an essen-

tial, though not sufficient, measure toward solving eventually many social problems such as poverty and discrimination by sex, age, race, social class, handicaps, etc. It is also a precondition toward phasing out socially useless and harmful "counter-work," such as military production, built-in obsolescence, "feather-bedding," etc., which workers, understandably, are reluctant to forego in the absence of assured, alternative, meaningful work. In short, guaranteeing work to everyone is necessary, in order to develop a rational, equitable, efficient, and effective economic system, conducive to human development and well-being for all, at home and abroad.

The redefinition of work would lead to a further important transition policy, the inclusion in the GNP of parental childcare, and similar caretaker tasks in people's homes, as socially necessary components of the work system. Such an approach was endorsed in 1985 by the United Nations World Conference on Women in Nairobi and ratified subsequently by the U.N. General Assembly which asked the governments of all countries "to include women's unwaged work in the GNP." Were the Congress to enact such a policy, women and men preferring this kind of work to employment outside their homes, should be entitled to receive adequate wages out of federal revenues raised through appropriate modifications of income tax rates (Gil, 1973; Bonnar, 1987; Hawryshkiw, 1987).

Redefining parental childcare and other caretaker tasks as work, and paying for it adequate wages out of public revenues, would enhance the physical and mental health, the social prestige and the political power of people performing this work. One further benefit of such a policy would be the phasing out of the dehumanizing Aid to Families with Dependent Children (AFDC) program. Altogether, the proposed transition policies of employment guarantees and parent and caretaker wages would, when fully implemented, eliminate nearly all poverty and its multiple correlates in our society, no small feat, indeed, considering the limited success, on this score, of the New Deal, the War on Poverty, Model Cities, and several other well-intended, yet inadequate efforts. A residual group of the population who are unable to work because of age or handicaps, would have to be protected against poverty through a guaranteed ad-

equate income policy. Also, all people would have to be entitled to comprehensive, preventive and curative health care, childcare and education, and suitable housing, all provided through federally funded and locally administered programs.

The transition policies sketched here are compatible with values rooted in the history and culture of the United States. Early European settlers brought with them a work ethic which originated in the biblical injunction ""to earn bread by the sweat of one's brow." They believed that everyone had obligations and rights to be self-reliant through hard work. They also thought that people were entitled to use natural resources to satisfy their needs by working on and with these resources. These ideas originated in ancient Judeo-Christian traditions according to which the earth belongs to God, is available to humans to derive their livelihood, and no one was to be excluded from using God-given resources for self-support. This ancient ethic of European immigrants is similar to the ethic and practices of Native American tribes as well as of African tribes, the roots of black Americans.

Catholic theology concerning work and workers' rights contains similar themes. Pope John Paul II's Encyclical "On Human Work," asserts the "priority of labor over capital," stresses the worth, dignity and inalienable rights of workers, and concludes that unemployment is incompatible with human dignity, needs, rights and responsibilities (Pope John Paul II, 1981). The Catholic bishops of the United States applied the same premises to an analysis of the established economic system in a recent pastoral letter. They, too, declare unemployment and poverty unacceptable on moral grounds and recommend policies that would guarantee dignified work and adequate income to all, similar to the transition policies suggested here (National Conference of Catholic Bishops, 1986). Many Protestant and Jewish clergy have voiced similar positions.

In view of correspondence between values upheld by some people and groups in the United States and the transition policies suggested here, it may be possible to mobilize political support for these policies, in spite of likely opposition from propertied and managerial classes and their privilege-pursuing allies. The proposed policies could actually be enacted and im-

plemented without structural transformations of prevailing capitalist institutions. The limits of these institutions would, however, be tested and strained, for these policies involve major challenges to the customary rights of owners and managers, as well as constraints on "free enterprise" similar to the ones prevailing in capitalist democracies such as Sweden. In Gorz's terms, these policies involve "nonreformist reforms" since they are conceived "not in terms of what is possible within the framework of a given system and administration, but in view of what should be made possible in terms of human needs and demands" (Gorz, 1967).

Shifts in power from propertied and managerial elites to majorities of working people, and corresponding shifts in the distribution of social, psychological, and economic goods, which would result, were the proposed transition policies implemented, could gradually open up opportunities for expanding democratic control by workers, consumers, and communities over society's productive resources and capacities. Of course, such social transformations would not happen automatically. Rather, they would require the emergence of broadly based liberation movements which transcended conventional interest-group politics and promoted instead a unifying, humanistic consciousness and a corresponding, nonviolent, political practice.

The gradual unfolding of a comprehensive democratic renaissance, initiated by such liberation movements, could eventually lead to efforts to redesign work processes and products in accordance with humanistic values, enhancing their quality and bringing them into harmony with the intrinsic needs of people and the natural environment. At that stage, it would also be possible to tackle deep-seated conflicts in human relations, including sexism, ageism, racism, and class antagonism at home, and economic injustice and wars abroad. These issues, i.e., the organization and design of work, the nature of products, and relations of humans to one another and to the environment, defy fundamental solutions as long as unemployment and poverty are ever present possibilities. For in the absence of employment and income security, people tend to protect whatever employment they have, whether or not their work is compatible with their intrinsic needs and development, and satisfying and meaningful

in personal, social, ethical, ecological, and international terms. Nor will people be committed to the protection of the needs, rights, and interest of oppressed and deprived individuals, classes, and nations, when such protection could threaten their own employment and income security.

If peace and social justice movements could achieve implementation of the transition policies sketched here, and if they then focused their efforts on qualitative transformations of work, products, and human relations, they would set in motion counter-cycles of institutional justice in place of the prevailing cycles of societal violence which for millennia have coercively maintained domination and exploitation at work, and polarities of privilege and deprivation from local to global levels. This approach would seem to be a feasible, long-range strategy toward real peace and human liberation, as it aims to overcome institutional obstacles to individual and social development—the ultimate sources of oppression and wars.

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Street Children Programs in Latin America*

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The growing problem of street children is among the most important child welfare problems today. Estimates are that there are as many as 25 million street children in Latin America alone. This paper, which is based on over five months of fieldwork in Latin America, is a study of the problem of street children. Life on the streets is described in relation to the developmental stages of street children. The paper emphasizes the types of programs that have emerged as the countries of the region seek to ameliorate and prevent this social problem. A program typology is developed and discussed.

One of the more pressing problems in child welfare is the growing number of children throughout the world who are working and even living on the city streets. After famine, perhaps no other global child welfare problem is as significant as the loss of human potential experienced by millions of children who are being reared outside of the institutions of family and education in the often perilous street environment.

Although the phenomenon of street children is becoming evident in many cities, including those of the industrialized nations, it is in no region more pronounced than in Latin America where millions of children support themselves by working long hours on the streets of urban centers. The United Nations Children's Fund (UNICEF) has estimated that there are between 25 and 40 million children living and/or working on the streets of Latin America (Tacon, 1982; UNICEF, 1981). In Brazil, the region's largest nation, estimates are that between seven and ten million children work on the streets—many of them abandoned

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and without family support (Hoge, 1983; Tacon, 1982). In Mexico City there are approximately 650,000 children who work with no legal protection and 200,000 children whose workplace is in the streets (UNICEF, 1985). The social welfare implications of this problem are enormous as the developing nations of Latin America and other regions seek to meet existing human needs and plan for the future.

This article addresses the nature and significance of the street children phenomenon in Latin America with a focus on emerging programs and policies designed to prevent or ameliorate this pressing social problem. Brazil and Colombia are given the greatest emphasis because the problem in these two countries has been more acute and they have been pioneering new approaches to its resolution. The purpose of the paper is to describe the nature of street life and to analyze street children programs in the region.

An assumption of the paper is that the ways in which a social problem is defined by a constituency will be a major factor in determining the policies and programs which are designed to address the problem (Longres, 1981). In this sense, the programs investigated during this research are seen as rooted in varying definitions of the street children problem. Some assumed a correctional approach, others a rehabilitative, and in a few cases radical explanations prevailed. Therefore we sought to understand the underlying assumptions and perceptions of street kids by the various interested parties so as to provide a context for the analysis.

The field study was based on a combination of key informant interviews, document analysis, and direct observation. The findings of the article are based on over five months of interviews and ethnographic fieldwork in Brazil, Colombia, Bolivia, Peru, and the Dominican Republic. Other countries visited for background material and interviews on a short term basis were El Salvador, Jamaica, and Guatemala. Key informants included government officials, project staff, social workers, volunteers, church workers, sociologists, psychologists, slum dwellers, police officers, and most importantly—street children. Field observation and interviews were conducted simultaneously by two researchers to improve validity. Program and policy documents

and research reports were reviewed from public and voluntary organizations. Finally, the study relied upon extended direct observation of treatment programs, slum life, and street children as they lived and worked in the urban environment. The methodology was modeled on that of Elliot Liebow's *Tally's Corner* (1955) and W. F. Whyte's *Street Corner Society* (1943) as flexibly structured interviews and field observation are among the most appropriate for understanding human behavior and sub-cultural groups in natural settings (Chadwick, Bahr, and Albrecht, 1984).

Background

Throughout the larger Latin American cities, boys and girls can be seen working and living on the streets unsupervised by parents or other adults. They can be observed as they engage in a wide variety of economic activities such as shining shoes, selling food, stealing, washing windshields in traffic, begging, carrying groceries, and otherwise earning a living. As visible as their work are the other activities of daily living undertaken in public—sleeping, eating, playing, and bathing in park fountains.

Evident since at least the 1950's, their visibility has continued to grow with the region's rapid pace of industrialization and urbanization. Few, if any, major Latin American cities are unaffected by the problem. It is estimated that in Rio de Janeiro alone, 100 kids under three years of age are abandoned each month to street life (Brazil's wasted generation, 1978). There are possibly as many as 130,000 *gamines* (abandoned street children) in Bogota, Colombia and another 6,000 working street kids in Quito, Ecuador (UNICEF, 1985).

Statistics regarding the number of children on the street vary considerably. While UNICEF (1981) estimates the population at 25 million "de facto abandoned", the Inter-American Children's Institute of Uruguay places the figure at twice that amount (Saraiwa, 1984). In another report, a demographer approximates the street children population at 30 million (Fall, 1986). Part of the discrepancy in the figures is related to the lack of a clearly agreed upon definition of street children. For purposes of this research the United Nations' definition of a street child is used:

. . . any girl or boy . . . for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has

become his or her habitual abode and/or source of livelihood; and who is inadequately protected, supervised, or directed by responsible adults. (ICCB, 1985)

This classification includes those children who continue to have some linkage to a family unit while working on the streets on a full- or part-time basis as well as the more hard core cases of individuals who have no family contact and reside on the street full-time. Researchers who have done fieldwork on street children in the region have found that the vast majority of the group maintain at least a tangential link to their family (Felsman, 1981a, 1981b, 1984; Conally, 1983; Pereira, 1985). In Brazil, our interviews of program coordinators and children revealed that approximately 90% had occasional or regular contact with their family. Only a small fraction, therefore, could be classified as the hard core *gamin*—the classic street urchin who by reason of abandonment or running away has been severed from the home. Given the large percentage of working street children who do retain such familial contact or even live at home, the higher estimates of the total population of street kids do not seem unrealistic.

Life on the Streets

To reside or work on the streets as a minor is to be exposed with little or no protection to the harshest elements of the physical, social, and economic environments. Life on the streets can be characterized by hunger, violence, marginal employment, and exploitation. It also consists of a nearly complete absence of privacy, supervision, education, nurturance, and security.

Few children expose themselves to this setting by choice. In a study of hard core *gamines* who live on the streets of Bogota, Colombia, the most commonly cited reason for leaving home was poverty (36%) followed by family disintegration (27%), and physical abuse or neglect (20%) (Pineda et al. 1978). A "desire for adventure" was cited as a reason by only 10%. Those who are on the streets to work consistently cite the need for income—either for themselves or their families.

The pattern of street life varies according to the type of child. A Colombian typology (pre-gamin, gamin, and largo) classifies street children into three groups based upon the stage of their

development (Dorfman, 1984; Shifter, 1985; Escobar, 1986). A *pre-gamin* is a barrio (ghetto) child who spends at least part of his time on the streets in order to supplement income but who lives at home. These children are relatively pro-social although they may violate labor laws, use drugs, and engage in petty theft. A *gamin* is a street urchin who resides on the street at least part of the time and whose family link is declining or absent. Typically this type of child lives with other gang youth either outdoors or in a *barraco* (a shack or flat owned or rented by the kids or an adult patron). These children are school drop-outs and are self-supporting—often through illegal activity. Finally, the *largos* (older gang members) are the adolescents who have fully taken on the street life and ethic. They are enmeshed in hardcore street life, sometimes involved in violent crime, often linked to older criminals, and do not work in any conventional sense. The *largo* may have a relationship with a younger *gamin* as his simultaneous protector and exploiter.

This typology reflects the somewhat harsher experience of Colombian street youth vis-a-vis their counterparts in other Latin American nations. While this pattern of development can be seen outside of Colombia, other representations more accurately reflect the vast majority of street youth who are there primarily to work.

The Regional Director of UNICEF has grouped the youth into three broad categories: children-at-high-risk, children-in-the-street, and children-of-the-street (Pinilla, 1986). The largest category, *children-at-high-risk* is defined as boys and girls who live in absolute poverty (see Figure One). This group lives at home in a highly deprived environment without the basic necessities of life. These children generally receive inadequate parental supervision due to the "latchkey" phenomenon of working parent(s) who have no access to daycare. Most live in slums without public services, adequate local schools, or community programs.

The size of this group is substantial. To illustrate, in Brazil the GNP per capita is \$1,880 and the bottom quintile of the population earns only 2% of total household income (IBGE, 1985; World Bank, 1985). Of the 138 million people in Brazil, children under 18 make up almost half of the total population (about 60

million) and more than half of those are below the poverty level (Pereira, 1985; Riding, 1985). About 40% of Brazilian children are in need of basic health and education services, almost 12 million are without birth certificates, 7 million have dropped out of elementary school, and 17% have significantly reduced potential due to inadequate diet (UNICEF, 1985a; World Bank, 1979). In the UNICEF typology it is from this group of 36 million Brazilian children that the street kids emerge (Pinilla, 1986).

The second category, *children in the street*, consists of those boys and girls who are in the street primarily as workers. Similar to the *pre-gamin* of Colombia and often referred to in Brazil as the *tigueres* (tigers), these youngsters spend a substantial portion of their time in the street environment. They retain family contact but are not attending school regularly. Because of the distance between their home and the urban workplace, many will occasionally sleep on the streets in doorways, parks, under bridges, or in abandoned buildings. Often they work in a "remittance economy" wherein they supplement their family's income after they have covered their own expenses such as food, busfare, and job-related costs such as shoeshine wax. In some cases they are not admitted into their homes until a quota of income has been met (Larmer, 1988).

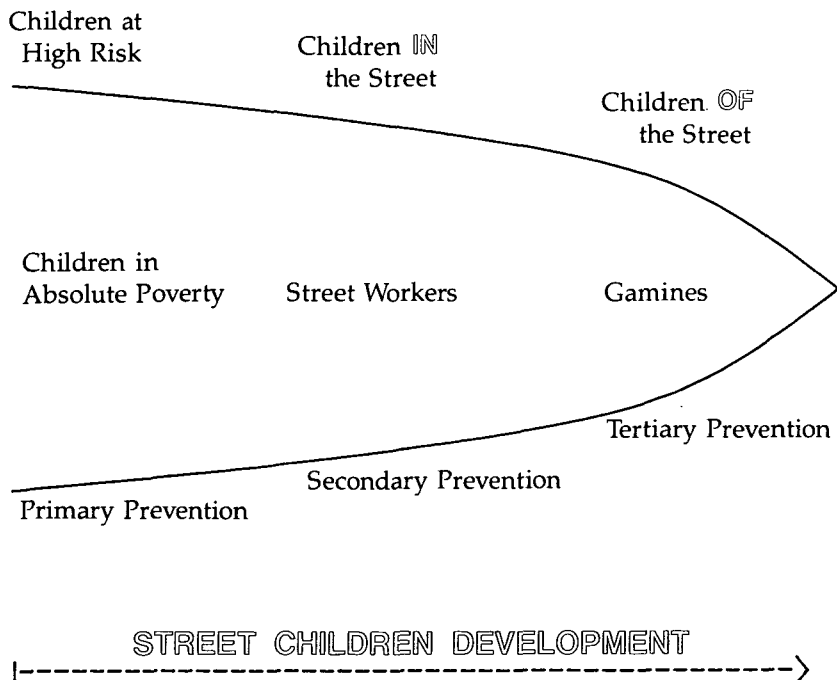
Children *in the street* can be best understood in the context of their work activity and there is very little that these young entrepreneurs cannot be seen doing to support themselves. A UNICEF study (1985b) of street children in Quito, Ecuador found that most are in food or candy sales (61%). About 15% work as *betuneros* (shoeshine boys). Also in sales work are another 14% who are hawking nonfood items. The products will vary considerably from country to country and even from one city to another given the demands of the local urban market. Goods proffered for sale are as varied as souvenirs, keychains, combs, inexpensive watches, illegal drugs, telephone tokens, and lottery tickets.

A segment of children in the street will develop toward the third category—*children of the street*. UNICEF and social workers who are involved with this group describe them in a way similar to the Colombian *gamines* (Pinilla, 1986; Pereira, 1985; Tacon, 1986). Boys and girls who are "of the street" have made the locale

their primary environment. They are the children who were either orphaned, abandoned by their parents, or more commonly have run away from their families. More than working there, the street has become their "home" and it is where their values are shaped into a "street ethic". In this context the kids are being reared utterly outside of the two most important institutions of socialization—the family and the school.

This final stage of development can be characterized by a fundamental break between the child and society. To the extent to which interactions between the children of the street and members of the larger society occur, they are usually exploitive or predatory. Nonetheless, while the larger portion of children in this group are engaged in chronic drug abuse and usually support themselves at least in part through illegal means, their behavior is still often very resilient and positively adaptive (Escobar, 1986; Pineda, 1978; Felsman, 1981a).

Figure 1. Street children development



It is important to emphasize that the "children of the streets" group represents a minority of the total street child population. In a study of street children in Cali, Colombia, Felsman (1981a) found that 61% had continued relations with their families. The remaining 39% consisted of orphans and children who had either been abandoned by parents or who had run away from home. Only 2½% had been abandoned by their parents. Boyden (1986) has estimated the total number of children who work on the streets of Lima, Peru on a full- or part-time basis at about 200,000 and the number of abandoned children who live on the streets or in institutions at only 6,000 (3%). Again, the problem of a clearly agreed upon definition clouds our interpretation of the numbers. Peter Tacon of UNICEF (1982; p. 31) sets the total number of street children in Latin America at "30 to 40 million" of whom 10% are completely abandoned. Virtually all of the key informants interviewed in the five primary countries of this study stated that the category of children of the streets, which as defined by UNICEF includes orphaned, abandoned, and run-away children who *live on the streets*, represented between only 5% and 20% of the total number of street children in their program areas.

Regardless of the typology of street children used, it must be emphasized that the street child phenomenon exists in the larger context of "street society". As in the industrial world, the cities of Latin America are occupied by millions of homeless people. While most street children come from ghetto homes, some are linked to families of street people (Pineda, 1978). In Recife, Brazil, we met with dozens of families who had migrated to the city from the drought-stricken *sertao* agricultural region after being displaced from their work as sharecroppers by repeated crop failures. Parents and children lived in plastic tents in the parks and plazas as well as in makeshift dwellings on sidewalks. In San Salvador, El Salvador, interviews were conducted with refugee families who have been displaced by the civil war in the countryside (Lusk, 1986). Thousands live perilously in shantytowns on the fringes of the capital or alongside the banks of creeks. Few are employed and so they are subsisting on food provided by Catholic Relief and other voluntary agencies. In Guatemala City, one can talk with families of street

vendors. These families are usually Native Americans from the highlands who have come into the capital for an extended stay to sell textiles, handicrafts, or street-prepared food items. Reliable estimates of the number of homeless people who are living in the cities of Latin America are difficult to obtain. What is clear, however, is that a portion of street children are linked to homeless families.

While street children generally band together in groups formed from their peers, they do not live in isolation but rather are embedded in the larger milieu of street society which consists of homeless adults, the police, street workers, gangs, and transients. It is also important to note that the types of street children do not function in isolation either. To a large degree the various subgroups of street children overlap and interact (Felsman, 1981a).

Problems of Street Children

Street life can be hazardous. Studies of street children consistently report that the kids are exposed to physical violence from other children, older boys, the police, and adults who would exploit their vulnerability (cf. Pineda, 1978; Felsman, 1981a; Pereira, 1985; Fall, 1987). Our interviewees complained the most about police brutality. Paradoxically, given their role as child protectors, the police in Brazil and Colombia have often perceived street youth as delinquents in need of correction (Saraiya, 1986). The level of violence toward street children by the authorities reached such a level that at the First National Conference of Street Boys and Girls held in Brasilia in 1986, the children attending the conference demanded that government officials reduce police harassment and abuse. Brazilian child welfare policy under the current administration is emphasizing the education of judges and law officers on the rights of children and alternatives to institutionalization.

In addition to the perils of physical violence faced by the kids, most are exposed directly to drug abuse. Street children in most urban settings report that they use drugs varying from marijuana to inhalants such as glue or gasoline (cf. Felsman, 1981b). In a study of Bogota street children, Granados (1976, p. 35) found that 93% had used inhalants. In a later study of

Bogota *gamines*, Tyler, Tyler, and Echeverry (1986, p. 8) found that 52% of their sample admitted to illegal drug use. Although the more commonly reported drugs of choice are glue and gasoline, children in Colombia, Peru, and Bolivia also smoke *coca* paste (a crude and inexpensive form of cocaine). In frontier towns such as Tingo Maria, Peru where the drug is cheap and readily available, the level of abuse has led to malnutrition and drug overdose deaths (Guillermoprieto, 1986).

Throughout the major cities of Latin America, street children can be seen using and in some cases selling illegal drugs. In San Salvador, El Salvador the level of inhalant abuse by streeturchins is such that they are referred to locally as *huelepegas* (glue-sniffers). Some children rationalize their drug use as an appetite suppressant while others openly admit to their enjoyment of the intoxicating effects. Social workers with the Bosconia Project in Bogota report that many of their newly admitted clients are seriously ill due to the effects of sleeplessness, anorexia, and reduced sensitivity to cold caused by chronic drug abuse. Workers in Bolivia, Brazil, and Colombia reported a contemporary version of Oliver Twist's plight. In what we might call the "Fagan Syndrome", children are often used by adults as thieves, purse-snatchers (*trombadinhos*), or as couriers or vendors of drugs for which they are paid cash or in-kind. Children in Cochabamba, Bolivia (often from families of displaced and unemployed tin miners) were observed selling cocaine in the city parks—reportedly they are working for adult traffickers. Child drug dependency is so common a problem that the local Catholic sponsored street children project in Cochabamba and the Bosconia Project in Bogota require de-toxification as a precursor to subsequent levels of program involvement.

Fieldwork in sections of Rio de Janeiro frequented by street children resulted in the observation that a "second shift" of child workers emerges after dark. During the day the vast majority of street children are boys engaged in shoeshining, car washing, or vending. At night the percentage of street girls and adolescents increases while the number of street families (children working with their parents) declines sharply. Solicitation for prostitution by both girls and boys is commonplace.

Street life can be illustrated by two representative cases of

boys interviewed in the heart of downtown Rio de Janeiro in a "rough" area of town called *Nova Catedral*. It is here that the Catholic Church runs an open door outreach project—the *Pastoral do Menor*. Downtown Rio, for all of its former beauty, has been changing rapidly, prompting one columnist to describe its slums, beggars, drug dealers, and street children as "Misero-polis—the Calcutta of Brazil" (Spinola, 1986).

Sergio, 13, is a blonde-haired, dark skinned boy whose family migrated from Nova Iguasu in the interior. He has glue stains on his cheeks. Sergio lives on the streets where he works six days a week with a small group of boys his own age. He takes a bus to visit his parents on the outskirts of Rio every Sunday. His mother and stepfather have 14 children, 11 of whom live at home. His older sister works as a live-in maid and his older brother has a job in a brewery. Sergio, the third oldest, remits part of his income to help out his family, but keeps most of it for himself to buy food and supplies. Since he was 6 he has been selling candy for a living—buying the candy directly from the factory outlet. His group of four boys rely upon each other for protection. Older adolescents have robbed him and beaten him up anyway. Sergio has never been to school and cannot read or write. He has lived on the street away from home on a full-time basis for slightly over a year. Twice he has been arrested—once for sleeping on the streets for which he spent one night in a child welfare institution (FUNABEM). A second arrest was for stealing money from a sleeping man for which he spent five days in the FUNABEM institution. Once when he was very ill with pneumomonia, church social workers took him to the hospital for treatment. When asked about what he wanted to do as an adult, he thought a while and said, "I don't know."

Alexandre, 15, is a very small and talkative boy who is very frank and interested in people around him. He has disfiguring scars on his face from a burn suffered working near the stove at his mother's house. He has other scars on his arms from fights with other boys. He lives on the streets full-time except for occasional weekend visits to his family's house which he describes as crowded. He has five brothers and five sisters who live at home with three nephews in a *favela* (slum) outside of Rio. Four of his older brothers work as laborers in construction and one is unemployed. His five sisters are day maids. He does not know where his father is. Alexandre sleeps and works in a movie theatre district called Cinelandia. He sleeps in front of a bar on the plaza where

he is harrassed almost nightly by police or security guards. Presently he is shining shoes for a living—he has been doing this for two months. He left home at 12 to work as a street acrobat's assistant doing tricks and stunts for tips. Alexandre dropped out of school after the first grade because he thought it was boring. He does not plan to go back. Although he is now using *cola* (industrial glue), he says he is using less—he used to spend all of his shoe-shine money on glue and begged for food. He has been arrested twice—once for hitting a man with stones, another for demanding his change from a grocer. Each arrest brought him two months in a FUNABEM institution. He is a member of a group of five boys who work, beg, and sleep together. He has been working and living on the streets for five years and does not share his income with his older siblings or his mother. He wants to be a garbageman when he grows up.

Street Children Programs

It is easy to imagine how difficult it can be to work with this clientele. Not only are many of the children experiencing serious problems such as malnutrition, infectious disease, and mental illness, they are also suspicious of adults and those who purport to be working on their behalf. Because many of their relationships with adults have been violent or exploitive, street children are not voluntary clients in the conventional sense. Most street children programs have to use incentives such as hot meals or safe sleeping quarters to attract the kids into rehabilitative environments. Once in the treatment setting, the children can be violent, untrusting, and unwilling to relinquish the lifestyle of the streets. Whether the program is emphasizing on-the-street education or twenty-four hour residential care, each must confront a social problem that is multifaceted and often intractable.

Longres (1981) has observed that interventive strategies and programs aimed at addressing a social problem are fundamentally related to the assumptions and ideologies which shape the view of that problem. He has developed factors to identify the normative basis of social intervention. These factors were developed to describe practice norms with racial minorities, but have relevance for understanding social intervention with street children or other so-called "problem" groups (Lusk, 1984). It is argued that the analytic level and method of defining a social

problem will greatly influence the preferred strategy of intervention. The factors Longres identified can be arranged on a hierarchy of conceptual levels from the more abstract structural norms which imply social reform to the concrete individual norms which suggest individual change. The levels he identifies are: (a) macro-deficiencies such as racism or class exploitation, (b) social service issues such as access to services, (c) individual empowerment as in civil rights advocacy, (d) skills deficiencies or human capital deficits, (e) subcultural problems like the culture of poverty or self-depreciation, and (f) personal pathology.

Underlying the factors is a continuum running from a focus on "public issues" to "private troubles"—a span of analytic styles ranging from a "progressive" preoccupation with underlying social structural inadequacies to a "conservative" emphasis on personal inadequacies and adjustment problems (cf. Mills, 1959). The preferred levels of intervention for a social problem correspondingly reflect a normative and ideological bias. Longres' factor analysis of social worker's preferred intervention strategies identified a scale of five: (1) social action (e.g., legislative reform), (2) use of community resources (e.g., program improvement), (3) economic system adaptation (e.g., job training), (4) micro-environmental intervention (e.g., groupwork) and, (5) individual counseling (therapeutic or correctional).

Intervention strategies are therefore classified on a continuum from social change to social control—a span ranging from a preoccupation with adapting socio-economic systems to individuals' needs to an emphasis on adapting individuals to social system requirements. Street children program perspectives can be grouped using the Longres continuum. On the basis of understanding the social problem from a perspective of personal pathology up to macro-deficiencies, programs can be ordered: (a) the correctional approach, (b) the rehabilitative perspective, (c) outreach strategies, and (d) the preventive outlook.

The Correctional Approach

Initially, street children were seen in Latin America as a matter for juvenile justice and youth corrections. Such kids had gone astray and turned to the "attractions" of street life: freedom from school and parents, drugs, and the romantic life of a vagabond criminal career. While many new programs and policies

are in stark contrast to this orientation, a correctional vision of the street children phenomenon still dominates the thinking of most police officers and juvenile judges who must work with street kids. It is also influential in the thinking of much of the public who perceive the children as delinquents (Saraiva, 1983, 1984, 1986; Cavalcante, 1985).

The result of this perception is that thousands of street children in Latin America are housed in institutions. In Brazil, for example, the National Foundation for Child Welfare (FUNABEM) operates twenty treatment centers and reform schools around the country for abandoned and delinquent youth. Conditions in the federal FUNABEM and state-level FEBEM institutions can be crowded, abusive, unsanitary, and dangerous (Queiroz, 1984). In response to the growing recognition that the correctional orientation can be counterproductive and even damaging to youth, the current Director of FUNABEM has been leading a campaign to reorient national policies and programs along three lines: prevention, deinstitutionalization, and decentralization (Saraiva, 1986). Working with the assistance of UNICEF, the federal government is now supporting programs to train juvenile workers and provide community-based treatment alternatives. In addition, the large centralized institutions are reducing populations through the use of regional and local treatment centers. Finally, some experimental preventive programs such as the Rural Youth Agricultural Education Project are being set up to prevent urban migration by teaching viable farming skills and improving rural incomes.

FUNABEM, founded in 1964 under the military government of Brazil, has had little in its previous history to reinforce a social services approach, but with the *abertura* (opening) of the society under recent democratic rule, social policy has been moving toward a more progressive orientation.

Using Longres' framework, the correctional approach to dealing with street children is normatively based on assumptions of personal pathology and the resulting interventive strategy has been clinical at its best and punitive at its worst.

The Rehabilitative Approach

The influence of social workers, clergy, and sociologists on street children policy and programs has been significant enough

that a correctional perspective is now far less influential than a focus on rehabilitating street children. Professionals have been arguing for decades that street kids are not delinquents as much as they are victims of child abuse and neglect, extreme poverty, and untenable home conditions. Pineda (1978), for example, found that in the case of *gamines* who had fled their homes permanently, most cited poverty and physical abuse as their reasons for leaving. Because street children are seen by many workers as children who have been harmed by their environment, hundreds of church and voluntary programs have emerged in the region which are based on a rehabilitative approach.

No Latin American street children program has been more influential, copied, or publicized than the Bosconia Project of Bogota, Colombia (cf. Shifter, 1985). Representative of the best funded rehabilitation-type programs, the Bosconia Project incorporates a four stage, multiyear, residential treatment program. Under ideal circumstances the program is designed to transform hard core street boys into skilled, prosocial secondary vocational school graduates.

Founded by a priest from Italy, Padre Javier de Nicolo, Bosconia stresses the Salesian philosophy of creating a new person through work and values education. Well funded by international foundations and by the City of Bogota, the Bosconia Project utilizes several residential facilities and work centers to gradually phase the street child through environments in which his lifestyle becomes further removed from that of the streets. At each of the four treatment stages, the boys assume greater responsibilities. At the final stage, they live in a boys' city which is self-governed by an elected mayor and legislature. Graduates of the final stage have earned the technical high school degree and possess job skills.

The first stage of treatment is based in the heart of downtown Bogota in a district where most of the street kids are concentrated. Here at the Club de Externos, boys and girls can visit a walk-in center where they can take a shower, wash their clothes, use clean bathrooms, eat a hot lunch, play soccer, and visit with project counselors. At this stage the children are still living on the streets full-time, but have access to a safe alternative environment where social workers (all former street children themselves) can "recruit" them into enrolling in the next project stage.

A second stage is based on twenty-four hour residential treatment at one of two boys' houses and a separate center for girls. During a two month stay, the kids are involved in classroom, recreation, group discussion, and work activities. Counselors emphasize detoxification, motivation, and the elimination of street ethics and behavior. The participants, all of whom must volunteer for the program, must get used to daytime work schedules, sleeping at night, cooperation, and limited self-government.

If the children are judged by staff to have undergone a pro-social change, they can attend school full-time at La Arcadia School on a campus in the outskirts of Bogota. It is at this third stage that the link to the streets is ruptured and participants, who now live in attractive dormitories, can learn to read, write, garden, and manufacture items for sale. Instruction is learner-paced and is strongly tied to the Kohlberg model of values education (Kohlberg, 1979). For lack of funding, the third and fourth stages do not involve girls, although this is projected to change.

The final stage is based at yet another campus, the boys' city at La Florida. This is a self-governing city of 500 boys who live in 32 houses while they attend school and vocational training at Industrias Bosconia. The city has its own currency paid to all boys for required work on daily chores and project activities. The cash is redeemable at campus stores for clothes and supplies or can be exchanged for Colombian pesos at the project bank. Disciplinary problems, such as stealing or drug use, are administered by a boys' court which handles honor code referrals. Sanctions include peer pressure, withdrawal of privileges, and loss of pay as physical discipline is prohibited. Personal lockers, which are left open to instill mutual trust, are evidence of the success of the project in changing behavior.

The educational advisor of the Project, Dr. Magdalena Angel, has said that the central dilemma of Bosconia and other rehabilitative programs is that they produce competent, moral young men and women who must graduate into a society which is unjust, prejudiced, and discriminatory. Few of the graduates find jobs outside of the project community because employers reportedly distrust former street children. Those who do find

work are troubled by the employers' expectations of docility and obedience when Bosconia teaches its clients to speak out and to be fair when others are not. Many have become disillusioned and have "backslid" into former habits.

Observers at the UNICEF Regional Headquarters in Bogota and Brasilia have pointed to another dilemma of the rehabilitative programs. They note that such programs are costly and do not reach the vast majority of street kids. While one can laud the achievements of programs like Bosconia in transforming the lives of several hundred boys, the failure of rehabilitative programs is that they rarely reach out to the millions of *working* children who also call the streets their home.

Using the Longres framework, most street children rehabilitative programs are based on assumptions of personal pathology and skills deficiencies. As their own staffs have frequently noted, such programs fail to address the larger issues of working children or the social forces which produce them.

Outreach Strategies

The institutional capacity and resources of most street children programs cannot begin to match needs within their service areas. In Sao Paulo, Brazil, for example, urban poverty is enormous with the result that the city has among the highest number of street children of any city in the region. The Archbishop of Sao Paulo's office estimates that 4½ million of the city's 12 million residents live in slums. Social workers with the Archbishop's youth project estimate that there are at least 60,000 street children in Sao Paulo, 10% of whom live on the streets full-time. In such a context the model of choice has been to provide services to street children through outreach programs.

One such effort which has received some international attention is the Archbishop's project of *educadores de rua* (street educators). Project staff think that attempts to resocialize children in residential settings are too costly and too removed from the environment in which the children have been reared (i.e., the streets). Therefore the Catholic church supports young lay workers who provide educational, counseling, and advocacy services to children in the street setting.

Working out of a small office in downtown Sao Paulo, the

street educators work 24 territories where they can get to know all or most of the children who work within a district. While there are no classrooms and the teachers have no power over the "students", the *educadores* form pedagogical relationships. Drawing from the Catholic concept of "base communities" (cf. O'Gorman, 1983), the workers seek to form pastoral groups of children who seek solutions to problems using their own resources. Project staff state that it is through "conscientization" (cf. Lusk, 1981) and the development of self-reliance that kids will find the solutions to their problems, not through conformity to an unjust society. Children, in addition to being taught basic hygiene, business skills, and literacy, are encouraged to resist injustice and degradation and to form themselves into pastoral study groups.

The methodology of the street educators closely parallels the work outlined in Brazilian educational theorist Paulo Freire's *Pedagogy of the Oppressed* (1973). Dr. Freire, who has been an advisor to the Project, has advocated for an education that is proactive and liberationist wherein the student changes the world while learning about it. This revolutionary vision of education has been adapted to the children by the street educators as an alternative to "domesticating" them (FUNABEM, 1985).

Using Longres' framework for classifying interventive strategies, the street educator model of outreach programs is based on an assumption of macro deficiencies in society and on individual empowerment as the best avenue toward the remediation of social problems. However, upon close inspection the street educator model is somewhat ideological and does not provide a pragmatic method by which many of the street children's immediate physical and safety needs can be met while they are taught to pursue a more just social order.

The Preventive Outlook

Proportionately, the number of street children is overshadowed by the number of children who are at high risk or who live in absolute poverty (see Figure One). In Colombia, for example, five million children live in what UNICEF defines as extreme poverty. Of these, 2½ million are employed as workers in urban or street settings. Of this group, about 100,000 are

estimated to be hard core *gamines* who live on the street full time as *de facto* abandoned children (UNICEF, 1985b; Pinilla, 1986). Thus, UNICEF, through its regional offices in Bogota and Brasilia has articulated a strategy that seeks to remediate the street children problem at the most fundamental level by addressing the issue of childhood poverty in Latin America.

This approach to understanding the street children issue emphasizes that the problem's origin is not in the children themselves but is linked to larger social forces. Among these is the rapid rate of migration from the rural sector to the cities—a pattern that has left the major cities of the region incapable of providing the housing, employment, or social services necessary to offset abject urban poverty. It is in the cities that the rural extended family decomposes and the support system of shared labor and subsistence farming is replaced by chronic unemployment and dependency (UNICEF, 1985b).

The family structure often breaks down under such forces. In Kingston, Jamaica, for example, 82% of all poor children live in female-headed households. Only 7% of street children in that city have two parent families (Brown, 1987). Children are forced by economic and familial factors to become supplementary breadwinners. In a study of Quito, Ecuador street children, 88% of the sample said that they were in the streets to work to help support the family (UNICEF, 1985b). Thus many policymakers are arguing that street children are only one highly visible element of a much more fundamental issue—childhood poverty.

The UNICEF regional initiative on street children exemplifies the new preventive strategy. Regional Directors for UNICEF have argued that the institutionalization of street children, abandoned youth, or child prostitutes is inappropriate and that community based alternatives having a preventive element will provide the best option (cf. UNICEF, 1986). In conjunction with the child welfare agencies of Latin American governments, UNICEF is conducting research on various community programs which may show promise. Model programs are selected and supported with seed funding and information about successful programs is disseminated through publications and consultation (cf. Medeiros, 1986).

In addition, UNICEF is conducting a major education cam-

paigned to alert policymakers to underlying causes of the street children phenomenon. Apart from fundamental causes such as high unemployment, low wages, and inadequate housing, which are the most difficult to address, considerable attention is given to the intermediate causes of child displacement such as the lack of community day care for working parents and the failure to protect the rights of working children (Pinilla, 1986).

Programs providing daytime activities, schooling, and employment for high risk children are seen as alternatives to street work, abandonment and institutionalization. Other services such as community kitchens, cooperative day care centers, artisan cooperatives, family planning clinics, or small business services support the family system in such a way as to prevent its disintegration.

UNICEF thus pursues a twofold strategy. On the one hand, the agency is providing governments in the region with technical assistance and policy advocacy. Also at the macro level, UNICEF stresses education regarding the precursors to child labor and abandonment. At the local level, UNICEF is assisting community projects that support local employment, strengthen the family, and mitigate against child street labor. Using Longres' framework, the preventive strategy is based on norms which assume that there are macro deficiencies and social service issues at the heart of the street children phenomenon which can be corrected through education, advocacy, technical assistance, and the design of community-based programs.

Conclusion

The vast majority of street children in Latin America continue to have regular contact with their family. Most are in the street environment as workers who supplement their family's income. A small minority are abandoned or runaway youth who have lost contact with their family and are being socialized in the streets. Two emphases in program development logically grow out of the demographics of street youth. Rehabilitative and outreach programs are needed for those children who have severed their link to society's institutions and preventive programs would help those who are placed at risk by their family's socio-economic condition. A juvenile justice orientation toward the

issue is appropriate only to a very small group of hard core *gamines*. By and large, efforts to confront this social problem in Latin America will be most successful when providing social and economic supports to maintain the autonomy and integrity of families.

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The Limits of the Welfare State: New York City's Response to Homelessness

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This research examines New York City's response to the growth of the homeless population. Reviewing the six policies that constitute the city's response, it identifies two patterns. These patterns—cost-reduction and preparation for work—are then explored as examples of the constraints on the development of policies for the homeless. Finally, three theories of the welfare state are advanced to analyze these constraints and illuminate New York City's behavior.

Homelessness has become a prominent social problem. The population has grown rapidly, and this growth has been accompanied by a proliferation of policies, as different localities, states, and the federal government seek to shape a response. New York City's response has been one of the more intricate and complex. New York has the largest homeless population; its government provides the vast majority of beds. Yet despite having made the best effort of any unit in the American public sector, the number of homeless continue to increase. New York is certainly different, and care should obviously be exercised before any comparisons are made. Nonetheless, a case study of the inadequacy of New York's response is well worthwhile. By reviewing what the city did and did not do, it is possible to examine how political and economic factors constrain the welfare state and impede the development of social policy in this country.

New York City's homeless population first began to grow during the 1970s. The economy slowed; low-income housing became harder to obtain; and in the absence of adequate mental health services, many deinstitutionalized people walked the streets. Together, these three causes seem to have had a synergistic effect. As a result, homelessness, an urban phenomenon that had once been confined to the Bowery, was pushed over the

threshold into the category of a compelling social problem. New York City was then forced to respond.

New York City's Six Policy Responses

Analysis suggests that the city's response consisted of six policies. These policies are (a) resistance to the implementation of a court decree granting a right to housing; (b) a preference for large over small shelters; (c) an emphasis on temporary rather than permanent housing; (d) encouragement of the work ethic, if not actual work; (e) partial differentiation of the homeless population; and (f) together with New York State, street outreach rather than long-term bed provision for the homeless mentally ill. Each of these policies must be more completely described in order to clarify some patterns in the welfare state's behavior.

Resistance to the Implementation of a Court Decree Granting a Right to Housing

In 1979, the Supreme Court of the State of New York issued a preliminary injunction ordering New York City to provide shelter to every man who requested it. Two years later, the city signed a consent decree in which it promised to provide minimally decent shelter if the advocates for the homeless would drop their demand that men's shelters be community-based (Hopper and Cox, 1982).

New York City has subsequently resisted the full implementation of this decree. As a consequence, advocates have had to go to court more than 30 times to enforce its terms (Daley, 1987). They have sued about overcrowding, the city's transportation policy, and the adequacy of shelter services. In addition, they have also had to wage a long battle so that the consent decree for men could be used as a legal precedent for the shelter rights of women and families (Coalition for the Homeless, Undated, p. 3; Koch, 1987, p. 22).

The city's reluctance has effectively undermined much of the decree's value. New York's homeless won a victory when they secured a right to shelter. yet the value of that right is significantly diluted when the city seeks to fulfill its responsibilities by housing 700 people in a shelter intended for a smaller number. The court may award rights, but it is only the city that, by allocating funds, can give those rights any real meaning.

A Preference for Large Shelters Over Small Ones

New York City has regularly demonstrated a preference for large rather than small shelters. In July, 1986, for example, only 2 of 21 shelters—the Park Slope and Kingsbridge Armories—had fewer than 100 residents. In contrast, the largest shelter—the Fort Washington Armory had a nightly census of 784 men, and 9 other shelters averaged more than 300 people (HRA, July, 1986). New York City secured the right under the consent decree to house its homeless in large shelters. It has fought the implementation of plaintiff's rights obtained through this decree. But it has exercised its own right to the fullest.

Even widespread community opposition has not deterred it. Some neighborhoods have expressed their willingness to accept a small community-based shelter (Hopper et al. 1982; Biber, 1984). Yet virtually everyone becomes adamantly opposed when faced with the prospect of a large institution. Any large institution changes the character of a neighborhood. When that institution is full of homeless men, the change is usually resisted with all the political resources the community can command.

New York City's commitment to this policy has been the subject of much speculation. The Koch Administration maintains that it would be politically impossible to scatter enough small shelters to house the population (Human Resources Administration, 1984). But since living in a large institution is less attractive to the homeless, many critics suspect that its deterrent value is one reason the city continues to insist upon them (Hopper and Hamberg, 1985; Hayes, 1985).

An Emphasis on Temporary Rather Than Permanent Housing

Closely related to the city's preference for large shelters is its attempt to use temporary facilities to address the homeless' need for housing. Armories and welfare hotels are the best examples of these temporary facilities, but the city has also converted schools, hospitals, and factories into housing that is equally makeshift. Temporary facilities for a "temporary population": well into the 1980s, New York operated on the assumption that the growth in the homeless population was merely a passing emergency.

More recently, though, the problem's persistence has compelled the municipal government to alter this assumption. The

clear need for some better temporary housing has resulted in innovative programs such as Andrew Cuomo's Brooklyn apartment building for 200 homeless families (Schmalz, 1987). This transitional facility has better living conditions than a typical welfare hotel, and the relative stability of its environment should help the residents in their search for permanent housing.

Their prospects, though, are not good. There are more than 5000 homeless families in New York City, an overall vacancy rate of just slightly over 2%, and an especially acute shortage of low-income housing. New York City public housing, for example, has a wait of 18 years: if you wanted a larger apartment in public housing because you were bringing an infant home from the hospital, that apartment would be available about the time the infant—now a teenager—had left for college. Transitional facilities like the Cuomo apartments obviously serve a vital need. But they cannot fulfill their intended function unless their residents can find adequate housing.

A Policy of Encouraging the Work Ethic, If Not Actual Work

Another major city policy revolves around the enforcement of work norms. The Koch Administration has implemented two kinds of programs for this purpose. One, the Work Experience Program, pays \$12.50 a week to 3000 homeless residents for 20 hours of maintenance and janitorial work in the city's shelters, parks, and subways. A second, typified by the Shelter Employment and Housing Project, found 727 jobs for the homeless in the competitive labor market over 2 years (Valleau, 1987). Virtually no money has been allocated for job training.

The omission of job training leaves a revealing policy mix. Either the residents are kept busy on a minimum stipend, or they get a SEHP job placement. SEHP jobs usually pay less than \$5 an hour (Shelter Employment and Housing Project, 1986). Very few people will be able to find housing outside the shelter on this salary.

Job training would undoubtedly be expensive. But it would also upgrade their employment skills. Without job training, there is too little real paid work for too few people. New York City says that its policies are designed to make the homeless self-sufficient. Yet what its policies really show is that there is a big difference between work and the enforcement of work norms.

A Policy of Partial Differentiation of the Homeless Population

Since the late 1970s, New York City has gradually moved from an undifferentiated to a partially differentiated conception of the homeless. Its policies illustrate this shift. What was once seen as an amorphous and undifferentiated mass is now subdivided into a number of subpopulations, each with its own special characteristics. Most of this differentiation has occurred through the development and more careful targeting of services. By distinguishing between the employable and nonemployable subgroupings, work programs provide for one cross-section of the population. Shelter-based Community Support Systems for the homeless mentally ill provide for another. Inasmuch as both of these initiatives are relatively new, they demonstrate the city's recognition that some benefits flow from making these kinds of distinctions.

Yet this change has had its limits. In the work programs, for example, the city merely separates the nonemployables and the employables. Without a job training program requiring specific skills, however, it makes little attempt to classify them further. Similarly, while it is aware that the homeless mentally ill are scattered throughout the shelter system, it has placed CSS teams in only about one-third of the city's shelters (Barbanel, 1987).

Further evidence of this pattern is found in the city's 1986 shelter initiative (New York City, 1986). On the one hand, the city proposed a shelter system with a relatively high degree of differentiation, one that offers separate housing for the elderly, employables, substance abusers, and the mentally ill. On the other, all this housing is to be provided in shelters whose size do not enable staff to develop a helping relationship. Subsequently, the city cut shelter staff for its FY' 87 budget, leaving only understaffed large shelters to implement the plan. Significant differentiation cannot occur under these circumstances.

A Policy of Street Outreach rather Than Bed Provision for the Homeless Mentally Ill

Another distinct pattern is evident in the city's mental health policy. With hospital psychiatric wards at 100% of capacity, there is a shortage of acute care beds. New York State also has only about one-third of the 10,000 long-term supportive residences it needs (Barbanel, 1985). And while the city has used

Community Support System funds to provide mental health services to some shelters, its street outreach teams are clearly the most innovative programmatic development for the homeless mentally ill.

Evaluations of these programs have generally arrived at a consensus. While these programs were considered quite effective in engaging homeless people on the street, several studies have found that once they were off the street, there was a dearth of long-term services to which they could be referred (Barrow and Lovell, 1982, 1983). It is significant that the mental health system should have evolved in this particular manner.

Together, all these policies epitomize crisis management and a residual approach. Resisting the implementation of court orders, New York City has waited until the immediate needs of the homeless became absolutely critical. Then, emphasizing their transient status, it has opened large, temporary shelters, often against the community's will. Without job training, its work programs address the symptoms rather than structural dimensions of the homeless' unemployment; without other referral options, its street outreach teams remove only the most conspicuous evidence of the homeless mentally ill. True, New York City has moved toward greater differentiation of the homeless population. But undermined by staff reductions, its own policy of crisis management has remained intact.

The Policies Reconceptualized

Laying out the attributes of these policies enables us to explain them at the next level of abstraction. From this perspective, the city really has two sets of policies. One set is directed at reducing the cost of maintaining the dependent population. The other set is intended to keep the potentially employable part of the homeless population ready for work and to place some small fraction of them in competitive jobs.

Reduction of the Cost

All the policies except those that are explicitly work-related can be identified as part of the effort to reduce the cost of maintaining the dependent population. Resistance to implementation of the court order granting housing represents an attempt to slow

the development of an increasingly costly program. Similarly, the city prefers large over small shelters because large shelters achieve some economies of scale and are cheaper to operate. By keeping the homeless in armories and other large, temporary shelters, the city has effectively deterred both the homeless *as well as* other poor people from relying on the public sector for permanent housing. And while New York City began to differentiate among the homeless, it had to fall back on a cheaper, less differentiated policy when, despite all the extraneous social costs, it could not afford the necessary shelter staff. Lastly, in the category of cost reduction and savings, there is the city's policy toward the homeless mentally ill. Within the context of the state's inadequate financing for acute and chronic care beds, the city has certainly funded programs that get the most disruptive of the homeless mentally ill off the street. However, its failure to provide sufficient long-term services suggests that once they are off the street, the principle of cost-reduction still holds.

Work-Ready and/or Working

The driving force behind these five policies is the desire to save money. The city's work programs, by contrast, seem to be otherwise impelled. If the purpose of the Work Experience Program is to keep the homeless who are potentially employable job-ready, the function of programs like the Shelter Employment and Housing Project is to increase the competition for low-paying jobs. Hence, in this interpretation, the city's policies keep a sizeable portion of the homeless population primed for the demands of the labor market and prepared to work. But by increasing the total supply of labor, they also serve to deflate the cost of wages, especially among low-paying jobs.

Minimizing the Cost, Maximizing the Use

New York City's management of the homeless may therefore be described as a push-pull mechanism. This push-pull mechanism consists of an effort to manage the relationship between the underclass and the working poor. New York City's policies of deterrence keep the cost of maintenance down and push some of the homeless into the labor market; its employment programs exist to tug at those who demonstrate both a capability and a

willingness for work. If the purpose of these policies is to manage the relationship between the underclass and the working poor, its net effect is to reduce both the cost of maintenance and the cost of labor.

Minimizing the cost of the homeless and maximizing their use: this is, in essence, what New York City has done in response to the growth of the homeless population. In some ways, of course, such a response is not unusual. Social policies have always intervened in the relationship between nonworking poor and the labor market. By giving more or less in response to changing political and economic conditions, they have sought to alter the equation of factors that incline some people to choose work or dependency. The elements of this choice are never work or dependency alone, but rather their comparative benefits. Thus, New York City may have had to grant a right to shelter in order to address the problem of homelessness. But when the shelter population grew dramatically, work programs were necessary to bring the comparative benefits of work and dependency back into line.

Theories of the Welfare State

This analysis of the relationship between homelessness and social policy has significant implications. It suggests that there are limits to social reform—limits to what the American welfare state can, and cannot, do. In fact, there are several theories of the welfare state that reenforce and enrich this interpretation. Three, in particular, are especially relevant. They are (a) the need to maintain business confidence, (b) the concept of relative autonomy, and (c) the notion that maintenance of the dependent population and reproduction of the labor force constitute one of the welfare state's primary functions. Each of these theories will be discussed in turn.

The Need to Retain Business Confidence

The first theory is predicated on the need to retain business confidence. It is derived from the premise that the policies of the municipal government toward the homeless are rooted in the relationship between that government and a private enterprise economy. As an institutional entity, New York City's govern-

ment depends for its functioning on the economy's health. This statement is true both generally and as a matter of practical politics. In a general sense, of course, taxes from the economy finance the government. Beyond that fact, though, as a matter of practical politics, a failing economy is likely to result in an electoral debacle for the city's political leadership. For this reason, New York must always retain the confidence of business (Block, 1977).

Yet the need to retain business confidence creates its own conflicts. For, as James O'Connor argues in *The Fiscal Crisis of the State* (1973), the welfare state performs two essentially contradictory functions, namely, accumulation and legitimization. While the state, he suggests, must foster conditions favorable to the accumulation of capital, it cannot function in a manner that casts doubt on the legitimacy of the society.

Obviously, there is a lot of tension between these two responsibilities. Too much attention to the issue of accumulation undermines social harmony. But social harmony won at the price of many social benefits can limit the potential for capital accumulation. The state must therefore balance these responsibilities, shifting its attention from one to the other as the occasion demands.

This need goes a long way toward explaining the city's choice of policies. In an effort to compete for investment with other cities, New York sought to change its image as a welfare capital. In an attempt to create a hospitable climate for business, New York tried to reduce dependency upon the government. Thus, when New York City responded to the homeless, it opened shelters that would get the population off the street. These shelters were the cheapest, temporary solution to the problem. They were the solution demanding the fewest tax dollars relative to the problem's size.

This cost-effective method of managing the homeless population is part of New York City's "accumulation" function. New York must create a favorable environment for the conduct of business, and it must create this environment in an economy where some other locales can offer stiff competition. By providing a service to the homeless while sharply circumscribing its nature and extent, the public sector's response to the problem

squashes any expectation of further dependence upon it. Hence the delivery of the service implies its own limit: a shelter bed is no harbinger of permanent housing.

If these constraints on the size of the public sector are necessary for the purpose of accumulation, they are counterbalanced by pressures for fairness and social harmony. This is the legitimization side of the equation, whose expression in New York City took a somewhat rarefied form. There was no mass protest demanding services for the homeless. Instead, an inequity was redressed by a ruling of the judiciary in favor of the advocates' legal arguments. Popular opinion was also an important factor, because the homeless' disruption of public space made people feel that something had to be done about them.

The Relative Autonomy of the Welfare State

The second important theory that helps to explain New York City's behavior is the concept of the state's autonomy. Business, obviously, is not merely one undifferentiated interest. The requirements for retaining business confidence may therefore be quite different for New York City's fading industrial plant than they are for the real estate sector. Industries want a labor force that can obtain affordable, local housing; the real estate sector wants the very kind of freedom in the marketplace that drives up the cost of housing and creates homelessness. A measure of state autonomy is required to reconcile these different business interests, as well as looking out for the system's long-term stability by, among other things, knowing when there is a need to enact a social reform.

This concept can even be carried a step further. When a significant degree of autonomy is granted to the state, it becomes so detached from the direct influence of the business class that it appears to be acting out of its own self-interest (Block, 1977; Skocpol, 1980). According to this view, business is not conscious of its interests as a class: businessmen may be conscious of their own individual interests, but they do not know how to reproduce the social order. Since state managers possess this skill, the interests of business and the state converge. Business needs the state to reproduce the social order, and the state needs business because it is dependent on a healthy economy.

This perspective has direct implications for New York City's

response to the growth of the homeless population. While the municipal government's policies flow from its relationship with the private sector, it is not necessary to argue that it enacted these policies at the explicit direction of the business class. Instead, New York City's policies are clearly the product of a basic political and economic constraint that limits the possibilities of the American welfare state. As a result of the strength of business relative to the forces opposing it, too much cannot be given to those who do not succeed on the market's terms, and the standard of social benefits for housing, health care, and income security is set comparatively low. Because this constraint is so profoundly structural, any response to homelessness as a social problem will surely run up against it.

Maintenance of the Dependent Population, Reproduction of the Labor Force

The third theory that helps to illuminate New York City's response ascribes yet another function to the welfare state. This function can be formulated most accurately as the reproduction of labor and the maintenance of the nonworking population (Gough, 1979; Moscovitch, 1980; Dickinson and Russell, 1986). All social programs, except those for the permanently retired, help to reproduce labor. Some, such as a health program for those who are now working, reproduce current labor, while others reproduce a future labor force, either by helping children or maintaining a part of the dependent population until jobs are available. In a welfare state organized around universal rather than selective principle—one where full benefits and services are provided even if the recipient is working, some programs may even do both.

Since New York City's response to homelessness is hardly modeled on universal principles, its maintenance of the nonworking population is evident in the social benefits it provides to the homeless. This is especially true of the city's programs for homeless individuals, whom the benefits sustain until some fraction return to work. Consequently, these benefits to individuals serve to reproduce labor, much as assistance to homeless families both maintains them and preserves the possibility of their children participating in a future workforce.

These three theories of the welfare state share an emphasis

on the importance of business' role, but they are not perfectly coterminous. Arguments about business confidence differ in the degree of autonomy that they grant to the welfare state, an issue that is rarely treated by most theories of state's role in reproducing the labor force. Yet because the latter usually analyze how labor is reproduced, they generally provide a more systematic analysis of the functions of specific social programs. It would be wrong, therefore, to collapse these interpretations into one "theory" of the welfare state. Despite their shared outlook, each has its special emphases and concerns.

Homelessness and Social Policy

Thousands of homeless people have been helped by the policy developments of the 1980s. Without these developments—without the shelters, without the hotels, without the outreach programs, many homeless would still be on the streets. This reality should be noted and given its due weight. But other perceptions intrude, for New York City did not merely address a need: it sought to handle a social problem in a particular economic and political context. This economic and political context was constraining, and these constraints permeated the making of social welfare policy even as that policy helped the homeless.

This point is perhaps the real conclusion of this study. Although homelessness is a conspicuous problem whose very prominence raises serious questions about the organization of American society, the public sector does not have a free hand in choosing its response. Rather, as this research shows, there are constraints placed on its development of policy. Analyses of homelessness should stress this fact. The homeless get some benefits in order to defuse the most unsettling questions about wealth and poverty. But they do not get more because a truly adequate response would conflict with powerful forces in the American political economy.

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Official Documentation of a Sexually Transmitted Disease (STD): An Empirical Assessment

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Using data from clinic records of patients examined and treated at a public health facility, the reporting of unconfirmed cases is examined and the correspondence between public health profiles of patients at risk to sexually transmitted disease and the data are discussed. Implications relating to the findings and to public health policy are also discussed.

The use of official morbidity reports to determine the prevalence of particular behaviors has long been questioned by behavioral scientists (e.g., Douglas, 1967; Henderson, 1975; Kitsuse and Cicourel, 1963; Maris, 1969; Nye et al., 1958; Porterfield, 1943). Much of this literature suggests that underreporting of the true extent of various phenomena is due to a lack of recognition of the symptoms by officials. More recently it has been suggested that the documentation of official statistics reflect the organizational exigencies operating in the various bureaucracies charged with reporting on their activities (Altheide and Johnson, 1980; Peck, 1983; Peck and Rubin, 1983). Thus, according to some analysts (e.g., Curtis, 1974; Maxwell et al., 1980; Peck, 1983-1984), the validity of official statistics as indicators of morbidity is questionable due to the formal and informal norms operating within organizations which affect data gathering and reporting. In other words, there may be good organizational reasons why official data do not correspond well to the actual social reality (Altheide and Johnson, 1980). In this paper the reporting discrepancy issue is further explored with regard to a sexually transmitted disease (STD), gonorrhea.

Gonorrhea is particularly crucial for analysis in that it is one of the most prevalent sexually transmitted diseases, and it has long been recognized as the most commonly reported communicable disease (Kellogg, 1973; Mascola et al., 1983; Millar, 1971; Wiesner, 1980; Zaidi, et al., 1983). Moreover, the whole range of sexually transmitted diseases have been recognized as a major public health problem, and reports of their incidence should be subjected to critical analysis (Holmes, 1981; Knox et al., 1981; Peck, 1986). Although explanations for the magnitude of the gonorrhea problem vary, inadequate control methods (Peck, 1981), official neglect (Wiesner, 1980), and public apathy and ignorance all play major roles. Corollary reasons often cited include the persistence of negative attitudes toward people who have contracted a sexually transmitted disease (Fox and Edgley, 1983); STD control in general has been a low priority; health care delivery systems are so rigid as to make treatment difficult for many individuals; possible control techniques have not been implemented even in demonstration programs; and, educational efforts have not been appropriately directed to the groups with the highest risk of infection.

Other explanations have also been proffered for the persistence of the gonorrhea problem in the United States. Darrow (1975; 1976) argues that increased sexual activity and the breakdown of traditional sexually-related norms lead to the spread of the disease; permissiveness, promiscuity, and the pill are all partially responsible. He also argues that asymptomatic females constitute the major "reservoir" of the infection. Henderson (1975; 1977) suggests that, instead of asymptomatic females, certain homosexuals, bisexuals and heterosexual females may have knowledge that they have the disease, but they are less likely to seek treatment. Despite knowledge of their infection, they continue to have sexual relations with multiple partners, thus spreading the disease.

Finally, another significant reason for the continued high reported rate of gonorrhea may have little or nothing to do with actual sexual activity or broad, population-based social norms. As was suggested previously, bureaucratic requirements of the organizations most responsible for identifying and reporting gonorrhea may be a primary agent. Such factors as state guidelines, local politics, attitudes of the community, attitudes of pub-

lic health officials, or organizational exigencies (such as needs for continued funding) may cause an overreporting of official epidemiological reports.

Specific cases of overreporting are difficult to identify. However, one source of information available, which allows some assessment of the problem, can be found in clinical medical records which contain the official morbidity reports submitted to state agencies when gonorrhea is reported. In many instances, these reports are based on clinical diagnosis rather than the results of laboratory tests. Therefore, comparison of medical diagnoses with test result outcomes can provide a valuable indicator of any reporting bias, as well as some indication as to the nature of that bias. However, because of the fact that medical records are confidential, evidence must be developed in a more eclectic fashion, using the case study approach. In the following sections the results of analysis of the official epidemiological reports from one major intake and diagnostic clinic are described.

Method

The data for this analysis were drawn from diagnostic and treatment records (763) generated over a one-year period in a major East Coast clinic. Based on information documented in these records, most patients sought assistance from the clinic for a "routine checkup" or because they may have been exposed to a sexually transmitted disease. Located in a regional health department the clinic was opened as part of the nationwide effort to control sexually transmitted diseases. Data were derived from patient records and included such details as the reason for the examination, clinical symptoms, diagnosis or probable diagnosis, treatment administered, and basic demographic information. Also included were the results of laboratory testing for STDs. Data generated from these files were analyzed using both univariate and multivariate techniques. The uneven *N*s reported in the tables result from the elimination of cases in which one or more of the variables under consideration were unavailable.

Findings

Of the 763 patients who visited the clinic during the year, 401 were male and 362 were female. Most patients were young, 75% were under age 25, and 90% were under age 30. The vast

majority of patients also were white ($n = 694$) and single ($n = 533$). Fifty-eight percent of the patients sought attention due to some symptom of a possible STD, either real or imagined. The most prevalent symptoms were discharge ($n = 296$), the presence of lesions ($n = 64$), and burning sensation ($n = 40$).

Overall, 51.4% of single patients and 51% of the married patients examined were diagnosed clinically as having gonorrhea. By age, 53.3% of those under 25 and 52.1% of those age 25 and older have been clinically diagnosed as having gonorrhea. A total of 146 males and 152 females (39.1% of the patients) were clinically diagnosed as having gonorrhea. Of this number, only 145 (48.7% of those diagnosed) were confirmed by the laboratory test to have the infection. Thus, in this clinic over a twelve month period, over twice as many cases were reported to state officials as occurred in the patient population.

Patterns in Laboratory Test Results and Treatment

Although an approximately equal number of males ($n=72$) and females ($n=73$) were confirmed by laboratory tests as having gonorrhea, nearly 71% of all patients who were clinically diagnosed as having gonorrhea and were treated for this infection prior to the return of the laboratory test ($n=298$) were female. Treatment was administered to the remainder of patients, but the reason for this treatment response was to guard against possible transmission of the infection to others.

Most infected persons were 13–34 years of age. The data reported in Table 1 show that when marital status is controlled the highest proportion of gonorrhea patients, who are married or separated/divorced, are 20–24 years of age. It is also noteworthy that the proportion of infected separated/divorced persons in this age group is substantially larger than for married persons (percentage difference = 15.8) and single persons (percentage difference = 25.4). With the exception of widowed persons ($n=3$), a category too small to consider for this analysis, the highest proportion of infected gonorrhea patients for the first four age groups (ages 13–34) is found among the separated/divorced group. When the 20–24 single and married groups are compared a larger proportion of married persons are found to be infected (percentage difference = 9.6), while only minor vari-

Table 1

Clinical Diagnosis by Age Controlling for Marital Status (n = 562)¹

AGE-GROUP	SINGLE					MARRIED				
	Normal	GC	SY	Other ²	N	Normal	GC	SY	Other	N
13-19	19.8	50.5	4.3	25.2	186	37.5	37.5	12.5	12.5	8
20-24	20.0	51.5	6.6	21.8	165	19.4	61.1	—	19.4	36
25-29	10.3	55.1	10.1	24.1	29	19.4	51.6	9.6	19.3	31
30-34	10.0	50.0	20.0	20.0	10	16.7	50.0	8.3	25.0	12
35-39	—	75.0	—	25.0	4	20.0	40.0	—	40.0	5
40-44	—	—	—	—	—	—	—	—	100.0	2
45-65	—	33.3	33.3	33.3	3	75.0	25.0	—	—	4

AGE-GROUP	SEPARATED/DIVORCED					WIDOWED				
	Normal	GC	SY	Other	N	Normal	GC	SY	Other	N
13-19	33.0	66.6	—	—	3	—	—	—	—	—
20-24	3.8	76.9	11.5	7.7	26	—	—	—	—	—
25-29	10.0	65.0	10.0	15.0	20	100.0	—	—	—	1
30-34	—	60.0	—	40.0	5	—	100.0	—	—	1
35-39	42.9	42.9	—	14.2	7	—	—	—	100.0	1
40-44	—	100.0	—	—	2	—	—	—	—	—
45-65	100.0	—	—	—	1	—	—	—	—	—

1. The diagnosis for gonorrhea is designated by the acronym GC, whereas SY is used to represent syphilis.
2. The other category includes non-specific vaginitis and urethritis, rash, crabs, and various forms of female infections.

ation in the proportion of infected single and married persons is found for the 25–34 age groups.

Factored Results

The social background information contained in the patient files, reason for seeking an examination, symptoms, possible exposure, clinical diagnosis, treatment, if any was administered (either preventive or in response to an active case of gonorrhea) and test results were subjected to a factor analysis.¹ A principal components analysis was applied to the correlation matrix; the Scree Test (Cattel, 1966) revealed that three factors should be retained for rotation. All factors also met the Kaiser-Guttman criterion of the minimum eigenvalue equal to unity. A Varimax Orthogonal Rotation was applied to the factors followed by a

Table 2

Factor Pattern

<i>Variables</i>	<i>Factors</i>		
	Social	Medical	Exposure
Age	.94	.10	-.01
Sex	.81	-.11	.00
Race	.57	.07	.16
Marital Status	.60	.113	-.29
Reason	.16	.43	.01
Symptomology	.92	.14	.04
Exposure	.01	.04	.95
Diagnosis	.02	.78	-.01
Treatment	.66	.53	.02
Test Results	.18	.60	.07

Promax Oblique Rotation. All variables loading at .35 or greater were used to interpret the resulting oblique factors.

The key issues of interest in this study involve the clinical diagnosis, test results, and the nature of the rationale for treatment of gonorrhea. Interestingly, the variable "treatment" loads on both Factors I and II, while test results loads only on Factor II, as does clinical diagnosis.

Factor I appears to be largely a social characteristics factor. Variables loading on this factor include the patient's age, sex, race, marital status, presence of symptoms and nature of treatment. When these variables are viewed from a multivariate perspective, patients who receive high scores on Factor I would be most consistently coded highly on each variable. Starting with the treatment variable, patients who received medical treatment for gonorrhea would be young, white males who would show some symptoms of the illness. Conversely, single, nonwhite women showing no symptoms would be most likely to receive preventive or epidemiological treatment to ensure against the possibility the disease was incubating.

The second factor appears to represent a medical response. Variables loading on this factor include reason for visiting the clinic (regular checkup or symptomology), clinical diagnosis of

the disease, type of treatment, and results of laboratory tests. In this instance, patients who visited the clinic due to possible symptoms of gonorrhea, who were also diagnosed as having the disease and also tested positively in laboratory tests, were reported by the clinic as having been treated for medical, rather than for being in contact with a possible carrier of gonorrhea. Therefore, Factor II seems to represent a much stronger medical model than does Factor I.

The third factor is also of interest in that it is a unitary factor which loads on possible exposure. Apparently, patients' statements of possible exposure to the disease through sexual contact are a distinct dimension in this particular data set. It is also noteworthy that, despite the Promax rotation, each factor remained virtually orthogonal with interfactor correlations of .007 to .060.

Discriminant Analyses

The factor analysis revealed that the variables can be empirically organized into social, medical, and exposure dimensions. A second critical question involves the uses of sociodemographic and experiential variables as predictors of the behavior of practitioners in the clinical setting. In particular, answers to the questions concerning the relationships among reasons for seeking treatment, nature of the diagnosis, type of treatment administered, and outcomes of test results all provide significant data on the actual functional assessment of gonorrhea.

Below, the results of multivariate analyses of these issues are reported. In each instance, data were subjected to canonical discriminant analysis using the Wilks' method described by Klecka (1980). A significant reduction in the value of Wilks' lambda (interpreted through an analysis of variance conversion) was used as the criterion for variable inclusion (with F significant at .05). Also, functions were reported where the Wilks' lambda indicated that the function explained significant variance in the residual correlation matrix, based on the same F-test criterion. To assure that the functions derived represented the best "goodness of fit" with the data, all functions were subjected to orthogonal varimax rotation. Though all variables included in the analysis are weighed in the classification of individual cases,

variables loading at .30 or greater are included in the interpretation of the results.

The effects of each function were determined by examining the plots of the group centroids on each dimension. These centroid plots allowed visual estimation of the discriminatory effects of the various functions.

Reasons for Treatment

Clients were classified into five categories according to the predominant reason they gave for seeking treatment (asymptomatic, possible contact with gonorrhea, possible contact with syphilis, a discharge, referral by a health care provider, and self-referral). Independent variables used in this analysis include age (under 20, 20–24, 25–29, 30–35, 36 and over), sex, race (white, black, and other) marital status (single, married, and other), symptomatology, diagnosis, test results for gonorrhea, and type of treatment (none, epidemiological, or specific treatment). The results are shown in Table 3.

Analysis of the data in Table 3 reveals that Functions 1 through 4 remained significant discriminators after rotation. The first function is fairly straight forward in that it is defined by the variable "nature of treatment administered." Examination of

Table 3

Rotated Standardized Discriminant Function Coefficients Predicting Reasons for Examination (N=373)

<i>Variables</i>	<i>Function</i>				
	I	II	III	IV	V
Treatment	.93	.10	-.15	-.00	.01
Diagnosis	.09	.88	.06	.01	.00
Symptoms	-.09	.04	.85	.02	.01
Test Results	-.04	.06	.11	.66	.02
Sex	.22	-.39	.33	.60	-.26
Age	-.09	.02	-.42	.58	-.37
Race	-.07	-.17	.31	-.31	.04
Marital Status	.11	.02	.09	.01	1.12
Wilks' lambda	.27	.71	.82	.94	.98*

*Not significant at $P < .05$

the group centroids on this function revealed that those clients seeking treatment for exposure to either gonorrhea or syphilis were distinguished from those being examined for other causes. That is, clients who suspected they had possible exposure to either of these diseases were reported more often to have received preventive treatment.

Function 2 represents a more complex dimension than Function 1 in that both diagnosis and client gender exert substantial effects. Examination of the plot of the group centroids on this function reveals that it clearly differentiates clients who may have been exposed to gonorrhea from those who may have been exposed to syphilis; other groups are clustered near the midpoint of the axis. Diagnosis loads in the expected direction with a high positive relationship between declared possible exposure to each disease and the clinical diagnosis of that disease. Inclusion of the gender variable indicates that this function particularly describes the multivariate differentiation between females who may have been exposed to gonorrhea from males who may have been exposed to syphilis.

The third function discriminates those patients who were referred to the clinic by medical practitioners from those clients who indicated that they may have been exposed to syphilis. In this instance, referrals seem to be most affected by the appearance of physical symptoms. The positive end of the function is most closely defined by nonwhite, younger females who exhibited symptoms, whereas the negative end is defined by the asymptomatic, older, white males who may have been exposed to syphilis.

Function 4, the last significant function, separates those clients reporting a urethral discharge (negative end of the function) from other groups. In this instance, nonwhite, younger, males whose test results were positive for gonorrhea were the most likely to be in the group defined. Other categories of clients were clustered at the positive end of the function.

Overall, the magnitude of Wilks' lambda reveals that the nature of the treatment received is the best discriminator among the variables and the function which it defines (Function 1) explains 81.23 percent of the variance in the correlation matrix. The canonical correlation between the reason for seeking ex-

amination and the first function is .78 ($p < .001$). To this point it can be suggested that clinical personnel most closely articulate a course of treatment based on a declaration by the client that he or she may have been exposed to a sexually transmitted disease. The other functions and relationships among variables, though statistically significant, are not of the same magnitude in terms of quality of prediction.

Diagnosis, Test Results, and Treatment

Clinical diagnosis and information for all independent variables were available for 417 clients (see Table 4). The diagnosis variable was treated as the dependent variable and cases were grouped according to diagnosis as "non-STD," "probably gonorrhea patient," or "other STD." The discriminant analysis based on these groupings resulted in two Varimax orthogonally rotated functions. Both functions were significant beyond the .01 level, though both showed only moderate capability to discriminate among the categories (canonical $r = .36$ and $.20$ respectively). Elimination of the plots of the group centroids revealed that Function 1 discriminated gonorrhea patients from others and that Function 2 best discriminated between the non-STD diagnosis and "other STD."

The independent variables shown in Table 4 having the greatest effect on Function 1 include test result and type of treat-

Table 4

Rotated Standardized Canonical Discriminant Function Coefficients for Diagnosis (N=417)

<i>Variables</i>	<i>Functions</i>	
	Function 1	Function 2
Test results	.89	-.00
Reason for Examination	-.11	.83
Treatment	-.38	.50
Sex	.10	-.46
Symptoms	.26	.29
Wilks' lambda	.84*	.96**

* $P < .001$

** $P < .01$

ment, though test results have by far the greatest effect. On the first function, the centroid for the diagnosed gonorrhea patients is at the negative end of the continuum. Thus, given the direction of coding (positive gonorrhea =0; negative =1), positive test results coupled with treatment tended to be typical of clients who were diagnosed as having gonorrhea (and vice versa). This function, therefore, tends to fit a medical model with one major limitation: clients on the high side of the function, those either with no venereal disease or a nonspecific infection, tended to be treated for gonorrhea on epidemiological grounds. Thus, the positive side of the function is predicted more clearly by negative test results coupled with epidemiological treatment.

Examining more closely those clients who were treated for gonorrhea upon intake, the data ($n=699$) were divided into two categories: patients who received preventive and those who were treated due to the expectation that they had gonorrhea (see Table 5). In this instance, the one resulting discriminant function is highly significant and is a reasonably strong predictor of group membership (canonical $r = .53$). The centroid for the epidemiologically treated clients also is positive while the centroid for those treated due to diagnosis is negative. The two best predictors variables are sex and reason given for the examination. Thus, females who were referred to the clinic tend to have been listed as "treated for the disease" while males who indicated they may have been exposed were given preventive treatment.

Table 5

Standardized Canonical Discriminant Function Coefficients for Treatment (N = 699)

<i>Variables</i>	<i>Function 1</i>
Age	.17
Sex	-.60
Reason for Examination	.62
Symptoms	.17
Test Results	.18
Wilks' lambda	.72*

* $P < .001$

Table 6

Standardized Canonical Discriminant Function Coefficients for Test Results (N = 388)

<i>Variables</i>	<i>Function 1</i>
Diagnosis	-.75
Race	.60
Treatment	.33
Symptoms	.24
Wilks' lambda	.94*

* $P < .001$

Finally, examination of the predictors of whether clients would test positively for gonorrhea are reported in Table 6. This function is only a moderate predictor of test outcome (canonical $r = .26$; Wilks' lambda = .94, $p < .001$). Clients who tested positively for gonorrhea obtained a centroid on the positive side of the discriminant function. The primary predictors included on this function include diagnosis, race, and treatment. Thus, clients who were diagnosed as probably having a venereal disease other than gonorrhea, were white, showed no symptoms, and tended to test negatively for the disease. Nonwhites with physical symptoms, who were diagnosed as having gonorrhea, tended to test positively. Both clinical diagnosis and race load highly on this function, while mode of treatment is a much less viable predictor.

Discussion and Conclusion

The purpose of this study was to illustrate empirically that the validity of extant public views of individuals at risk to STDs and gonorrhea in particular, and the correspondence between these views and official STD data may be questionable. Some differences among infected and noninfected patients were found in the sample. In general, however, the data tend to support the conclusion that the characteristics of infected and noninfected patients are similar. In addition, it was found that the relationship between clinical diagnosis and laboratory confirmation of active cases of gonorrhea is considerably lower than might be

expected. The findings further suggest that clinical data may be insufficient for evaluating the extent of the STD problem and that these data hold limited utility for evaluating which populations are at greatest risk to sexually transmitted diseases.

These findings tend to support the conclusion that information recorded in clinical records represent inadequate measures at best. Standard, zero order analyses revealed no differences in characteristics among the sample of clinic patients evaluated. What is noteworthy, however, is the probable difference between the official data reported and the perceptions of patients at risk to STD upon which public health models are based. Thus, one question that can be raised is: To what extent can the views of public health officials be generalized to populations at risk to STD? Perhaps a more important issue pertains to the validity of the morbidity data reported.

Two of the issues raised in this report appear to have important public policy implications. First, official STD statistics may be skewed toward overreporting the proportion of the population at risk since official STD statistics are based on clinical, not laboratory diagnosis. Thus, based on the findings reported for this public health clinic, a major discrepancy exists between the actual number of gonorrhea cases and the number of positive reports filed with the State Department of Health.

Historically, investigators of social phenomena have been restricted in their development of methodologies used in their evaluations because of the recording procedures employed by official agencies. In the past a major problem encountered was that of underreporting. But overreporting of data may be cause for more contemporary concern. Either way it can be argued that a discrepancy exists between the public world of fact and its relation to the actual world.

Similar to underreporting, overreporting begs the question regarding the validity of official data. This issue has been raised previously, and a corollary may exist in the recording procedures relating to STD data as well. By law, all positive cases of gonorrhea are routinely reported to State Health Departments. But in their enthusiastic efforts to respond to this mandate, clinicians may be overreacting by officially reporting noninfected patients as a case of probable gonorrhea, which subsequently become a

part of the public world of fact. At minimum, it can be suggested that overreporting of STD statistics represents an important albeit a quantitatively unknown factor.

A relatively straightforward solution to this problem of overreporting would be to base official statistics on laboratory test results rather than clinical diagnosis. By substitution of test results, known error factors can be controlled to provide a more statistically valid measure of positive cases and those brought to treatment. Moreover, comparison at a state level of differences between diagnoses and test results would provide parameter estimates of the official reporting error which could then be used to adjust population estimates. Collecting both sets of data (clinical and laboratory) might have the additional effect of spurring a review of clinical procedures involving direct patient care. Minimally, such data could highlight to public health officials where clinics are experiencing difficulties in establishing effective and efficient intake and treatment procedures, thus allowing for better management of the health care facility.

In part, this first problem may be related to the second issue, generally accepted profiles of patients at risk to STD. That is, public health providers undoubtedly are aware of what a typical patient with a venereal infection should look like since they read pertinent literature distributed by appropriate government agencies. The brief descriptions of patients at risk to STD were drawn from publications written by individuals who, at the time their articles appeared in print, were employed by the Public Health Service, Centers for Disease Control. This is an agency charged with the responsibility for controlling the STD problem in the United States. Although it is not our intent to generalize from a single clinic, the results of this study clearly support the contention that the models of typical STD patients, especially gonorrhea patients, do not correspond well with the data.

Another issue of significance highlighted by the data reported is that many clients were treated for possible gonorrhea prior to the return of clinical test results. Although there may be practical health related reasons for this procedure, it seems to represent an overkill which may expose people unnecessarily to strong antibiotics. While this exposure may be minimally problematic in terms of specific contraindications of the medication administered, recent medical research has demonstrated that

many micro organisms are becoming increasingly resistant to antibiotic treatment. Thus, over the long run, epidemiological treatment of patients prior to the return of positive laboratory tests may speed the compromise of the medication's effectiveness.

Finally, to summarize, the various univariate, bivariate, and multivariate analyses employed suggest that clinicians seem to be responding to client sociodemographic characteristics (such as race, age, sex and marital status), and client claims of possible exposure in their diagnosis and treatment of STDs. This combination of variables, while possibly having utility for problems encountered in the applied setting, has been shown to represent only a fair set of predictors of actual infection. Indeed, the most satisfactory discriminant function was obtained for the classification of clients who were treated for the disease, as would be expected given the time sequence involved. However, even for this function, predictors are a complex of socio-demographics and client biography. Actual laboratory test results, while statistically significant, were a poor predictor (loading at .18). Thus, it appears that procedures within the clinical setting should be reexamined to assure that clinical practice and laboratory evidence are made more consistent to allow both appropriate treatment and accurate reporting of morbidity data.

We began this discussion by suggesting that organizational exigencies may affect the overreporting issue raised in this paper. Within this context one final observation is noteworthy. Official reports which show a great variance in reporting categories may be liberally documented under the category that is popular at the time. That is, the prevailing community or organizational attitude, which is dominant at one point in time, will affect recording practices simply because it is a frame of reference for those charged with the responsibility of reporting. Thus, extant profiles of those at risk to sexually transmitted diseases may not correspond well with the actual reality.

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The World According to NAMBLA: Accounting for Deviance

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The North American Man/Boy Love Association (NAMBLA) is a pedophile organization that advocates adult sexual behavior with male children. Given the considerable consensus in this society that such sexual behavior with children is exploitative and victimizing in nature, the techniques that NAMBLA uses to justify, rationalize and normalize its philosophy and its members' practices in order to avoid or neutralize censure and stigma, are of particular sociological interest. This paper uses Scott and Lyman's (1968) concept of "accounts" as a theoretical framework for the analysis of these techniques that are found in the publicly disseminated literature of the NAMBLA organization.

*Look tenderly on little boys
Their softness as fleeting as a flower,
The cheeks like petals such a little hour,
The deepest dimple theirs so transiently . . .
Look tenderly on little boys.*

The transience of childhood innocence is an enduring theme in literature and poetry, however the "Little Boys" poem from which those verses are taken did not appear in a literary anthology, but in the monthly *Bulletin* of NAMBLA—the North American Man/Boy Love Association. Organized in 1978 in the wake of the arrests of 24 prominent Revere, Massachusetts professional and business men for sexual activities with adolescent males, NAMBLA is a political, civil rights and educational organization that advocates and promotes adult sexual behavior with male children.

The taboo against adult-child sex indeed is consistently and ardently held in this and other cultures (Murdock, 1949), yet when NAMBLA was formed there already was an international network of organizations of self-proclaimed pedophiles that

served as organizational models. Norway, as an example, claimed two such groups: the Norwegian Pedophile Group, and Amnesty for Child Sexuality, an international organization based in Oslo. An arm of the Netherlands Association for Sexual Reform, the Werkgrupp Pedophilie was one of the earliest and most politically active of the European pedophile organizations. Both the Studiegroep Pedofilie in Belgium and the Paedophile Information Exchange in England enjoyed a long and lively tenure as they advocated for liberalized sex laws and provided legal defense and counseling for individuals criminally charged with sexual offenses against children.

Inspired by their European predecessors, two pedophile organizations which predated NAMBLA also were formed in the United States. The Rene Guyon Society, created in 1962 by a group of seven laypersons after attending a conference on sexuality in Los Angeles, took its name from the French jurist and Freudian psychologist who had been an outspoken advocate of adult-child sex. It also adopted his motto as its slogan: "Sex by year eight, or else it's too late." The Society advocates the abolition of statutory rape and child pornography laws, and encourages what it claims to be its 5,000 members to give their own children, and others, early sexual experiences with loving adults (O'Hara, 1981). While still maintaining a mailing address in the Los Angeles area, the Society is no longer politically and socially active in promoting its cause. Believing that affection transcends age differences, the Childhood Sensuality Circle was founded in San Diego in 1971 to champion sexual self-determination for adults and children. It also advocated the abolition of age of consent laws, promoted the early initiation of young children into sexual behavior with family members, and encouraged children to use their own standards in the selection of adult sexual partners (Davilla, 1981). The organization stopped publishing and mailing its *Nusletter* in 1984 because of the failing health of its elderly founder, Valida Davilla, a former student of Wilhelm Reich.

NAMBLA, then, is the only pedophile organization that remains active in this country, and has withstood the legal harassment that has closed down many of its European counterparts as well. Due to their beliefs and practices all of the pedophile organizations, in fact, have experienced a considerable amount

of legal interference ranging from searches of their headquarters and their members' homes, to seizures of materials for evidence, to the arrests and incarceration of their members. Social stigma also has been sustained by organization members. Some have lost jobs when their organizational affiliation was discovered; others have been forced to use pseudonyms to protect their identities; and still others have been ostracized by their professional colleagues and social companions (O'Carroll, 1982).

These pedophile organizations and their members consistently have come up against an unusual degree of consensus on the part of the larger society that adult sexual behavior with children indeed should be taboo, that it is victimizing and exploitative, and that its redress properly falls within the purview of the law. Although not uniform in extent, the strength of the consensus that does exist should not be underestimated. It continually has been demonstrated in studies of attitudes toward crimes and the law held by various ethnic and socioeconomic groups in this country (Finkelhor, 1984; Rossi, 1974; Sellin & Wolfgang, 1964), as well as in cross-cultural surveys (Newman, 1976). It may very well be that in the consciousness of the larger society, quite nothing is more repugnant than the sexual abuse children (Finkelhor, 1984).

And that raises an important question. In the light of that strong consensus that adult sexual behavior with children is victimizing and that it is reprehensible, how does NAMBLA justify and normalize its philosophy and practices? In other words, how does NAMBLA account for its deviance? It is the purpose of this paper to explore an answer to that question by reviewing the 1982 through 1985 newsletters, booklets and brochures published for public dissemination by NAMBLA. This paper does not provide a systematic analysis of the content of these publications; rather, it utilizes a data-reduction technique (Weber, 1985) by which textual material is classified into content categories generated by a larger theoretical framework. For the purposes of this paper, that framework will be Scott and Lyman's (1968) theory of accounts.

Accounting for Deviance

Sociologists have long noted that individuals and groups can and do commit acts and hold beliefs they realize are considered

wrong by others and that in doing so, they create a problematic situation that calls for resolution, or at the very least for explanation. The problematic nature of the situation arises because the behavior or the beliefs of these individuals deviate from the expected, the routine, or what the larger society may even consider the normal. In that problematic situation, then, the deviating individuals or groups are motivated to avoid or to reduce public censure and stigma by engaging in behavioral or verbal conduct that justifies and normalizes their deviance vis-a-vis the expectations of others and the norms of the larger society (Mills, 1940; Scott & Lyman, 1968).

Psychologists would refer to this conduct when it is verbal in nature as rationalization, but sociologists offer a broader framework for its interpretation. Such verbal behavior, or its correlate in written form, is considered an "aligning action" (Stokes & Hewitt, 1976). That metaphor of alignment is both descriptive and explanatory. By examining various techniques and strategies, it describes *how* deviating individuals and groups attempt to align their lines of conduct with others and with the norms of the larger social structure; and it explains *why* they do so. The techniques of alignment are varied, but the motivation for engaging in them is consistent: successful alignment will justify and normalize the deviant behavior or belief, thus reducing, if not eliminating, social censure and stigma.

Scott and Lyman (1968) refer to these various aligning actions as "accounts," those "linguistic devices employed whenever an action is subject to a valuative inquiry" (p. 46), and they propose two different types. The first, excuses, are those accounts in which the individuals or group admit the behavior or the belief in question is wrong, bad or inappropriate, but deny full responsibility for it. Excuses generally take the form of "appeals." An "appeal to accident" redefines the offending conduct or belief as the product of unforeseen or uncontrollable circumstances; an "appeal to defeasibility" insists that it occurred only because the individuals or the group were not fully informed or fully aware. An appeal to "biological drives" presents the deviant behavior or belief as the product of innate drives that cannot be predicted or controlled; and an "appeal to scapegoating" blames others for it.

The second type of accounts, justifications, are those in which

the individuals or group accept responsibility for the deviant behavior or belief, but deny the pejorative, or stigmatizing quality of it. This category of accounts has generated a great deal of research within the sociology of deviance. Based as it is upon the criminologic concept of "techniques of neutralization" (Sykes & Matza, 1957), it has been used as a theoretical framework for analyzing the verbal accounts of compulsive gamblers (Cressey, 1962), social dropouts (Polsky, 1967), moral offenders (Hong & Duff, 1977), and murderers (Levi, 1981). And in recent years, it also has been used to analyze the verbal and the written accounts of sexual deviants. In two interesting studies, Scully and Morolla (1984, 1985) used the concept of accounts to examine the justifications and excuses of convicted incarcerated rapists; a similar framework was used by McCaghy (1968) with child molesters. Writings by sexual deviants also have been scrutinized through this particular theoretical lens. Taylor (1976) reviewed the works of the so-called "Uranian poets," those pedophilic writers whose ranks included such notables as F. E. Murray, W. B. Nesbitt and Ralph Chubb, and discovered examples of the "uses of artistry as a motive-formulation resource for the justification and possible enactment of guilt-free sex" (p. 100). In a content analysis of the publications of the three pedophile organizations in this country, deYoung (in press) found persistent themes that could be categorized as justifications.

Justifications, then as a category of accounts, have demonstrated considerable utility as a theoretical framework for the analysis of the language and writings of deviant individuals and groups. It is this framework that will be used in this paper's examination of the publications of the NAMBLA organization. Justifications generally involve six different strategies (Scott & Lyman, 1968), four of which will be used in this paper: denial of injury, condemnation of the condemners, appeal to higher loyalties, and denial of the victim. Each of these will be explained as to its style and intended purpose and will be illustrated with selections from the publicly disseminated literature of NAMBLA.

Denial of Injury

With this justification, the individuals or the group acknowledge responsibility for the deviant act or belief but insist that

it is permissible because no one is injured or harmed by it. For NAMBLA, this justification involves the admission that the organization advocates adult-child sex, and that its members engage in that behavior, and the justification that neither the behavior nor the philosophy is in any way injurious to children.

This assertion is contrary, of course, to the strong consensus that adult sexual behavior with children is indeed harmful. The child sexual abuse literature is rife with empirical research and case studies that bolster that consensus (deYoung, 1985, 1987). Even the language that is part of the lexicon of both the lay public and professionals in the field—words like “abuse,” “victimization,” “exploitation,” and “trauma”—attest to what most people believe are the deleterious effects on children of adult sexual behavior.

In the face of that strong consensus, then, NAMBLA must redefine the impact of both its philosophy and its members’ behavior so as to stress the positive, rather than the injurious effects of adult-child sex. Its publications, therefore, are filled with anecdotal accounts, letters, poetry and articles that proclaim the benefits and advantages to children of having a sexual relationship with an adult male. Some of those advantages are very specifically detailed. Accounts of children having been rescued from lives on the streets, of children finding a loving alternative to an abusive home, or of discovering in the pedophile someone to talk to or to help them during periods of distress are prominently featured in every NAMBLA publication. Yet when examples of the benefits to individual boys are set aside, the more general advantages of man/boy love are much less clear. The rather esoteric tenor of these explanations is illustrated by the following examples from NAMBLA publications:

Man love is also something which has helped thousands of boys discover their own sexuality and get in touch with what they really feel (Lotringer, 1980, p. 1).

If sex is an expression of shared love (as man/boy love is), then it is beneficial to both partners, regardless of age . . . Nothing is more beneficial than to feel a sense of security in the love of another. It creates a euphoria. The (pedophile) take the young boys from the streets, give them a good home and material needs, and loves them (*Bulletin*, April 1985, p. 6).

NAMBLA, however, does acknowledge that harm may follow the adult-child sexual encounter; in the face of such overwhelming clinical and case study evidence, it can do little but acknowledge that. The organization, however, is quick to place the culpability for that harm on others who, it insists, respond inappropriately or prejudicially to adult-child sex. By displacing that blame, NAMBLA implies that there is nothing deviant about the sexual behavior, *per se*, but only in the public's reactions to it.

Why can't we here in America do as those in the Netherlands have done? That is, EDUCATE the public to see that, in proper context, a man/boy relationship can be of benefit to the boy and the trauma that the police so quickly point out as connected to such relationships are caused not by the relationship, but by what the police themselves subject the boy to? (*Bulletin*, December 1984, p. 4).

In no study known to us is there any suggestion that pedophile contacts are harmful in themselves. But in our culture we usually cannot consider just the actual contacts. If they lead to *other* things there might well be a lot of damage. First is the damage that can be done by the parents of a child who had contact with a pedophile. On discovery they often react in panic. They become furious or outraged. Such a reaction . . . is very harmful to the child . . . Then there is the damage caused by contact with the police and the courts . . . The reactions of society can cause great damage to the child (deGroot, 1982, p. 6).

Another tactic for denying injury is the publication of youngsters' accounts of the benefits they have experienced from sexual relationships with adult males. Here are the very persons the larger society views as victims adamantly disavowing that label and, at least by inference, rejecting the care and protection that would be afforded them because of that status. The NAMBLA *Bulletin*, for example, featured a column for some period of time by "The Unicorn," an eleven year old self-described "faggot" whose column was a testimony to the erotic superiority of sex with adult males as he described his various lovers and the positive effects each has had on his physical, emotional and even spiritual development (*Bulletin*, November 1983, p. 10). The organization also published a pamphlet titled, "Boys Speak Out on Man/Boy Love" (1981) which features short anecdotal

accounts by boys of the positive effects of their sexual experiences with adults males. A perusal of the titles of the selections in this pamphlet suggest the tone of the testimonials: "Thank God for Boy Lovers," "If It Weren't for Mark, I'd Probably be Dead Today," "I Need My Lovers," and "The Best Thing That Ever Happened to Me."

The NAMBLA *Bulletin* also publishes letters from youngsters that describe the benefits they receive from sexual relationships with men.

I am a boy of 13 and I hope you will read this letter. The spelling and stuff isn't too good . . . I wish I was one of the kids (in the stories featured in the *Bulletin*) with someone to love me like that . . . And I think it's wrong for people like police to bother men and boys who just want to love each other (*Bulletin*, April 1983, p. 3).

There are enough of us young people in the country to stand up and put our foot down. To tell our feelings in the way we want to be understood and the way we want to be loved . . . What we need is communication, peace, love, joy in our hearts, and happiness for people we are in love with. (Signed) Lover Boy Joe, age 13 (*Bulletin*, September 1984, p. 5).

The denial of injury, then, is a justification that redefines adult sexual behavior with children in positive terms. As a rhetorical strategy, it is used to convince those of the larger society who will read its literature, that contrary to what is popular belief, no injury or harm is incurred by children from engaging in sex with adult males; that the harm that has been stressed by other sources is really due to the inappropriate and prejudicial reactions of ignorant people and systems; and that even the children who have experienced this behavior will eschew the label of victim and proclaim the beneficial effects of sexual behavior with adults if only asked. The insistence of this justification is that there is nothing really deviant in adult-child sex, therefore any censure of the NAMBLA organization and its membership is undeserved.

Condemnation of the Condemners

The second justification is the condemnation of the condemners, a rejection of those who would reject. The utility of this strategy is that in redirecting the condemnation and censure it

has received from the larger society back on the society itself, NAMBLA can normalize its philosophy and the behavior of its members by demonstrating that they do not differ noticeably from that of the larger society. The condemners, real and potential, are thus characterized as hypocritical and as deserving condemnation themselves.

Since the censure given to adult sexual behavior with children is so strong, the condemnation of the condemners found in the publications of NAMBLA is equally strong. Much printed space is taken up with what are often sustained polemics against professionals in the field of child sexual abuse, and against the criminal justice and the mental health systems. Individuals are listed by name, cases are dissected and analyzed, and flaws in decision-making, and errors in judgment are highlighted, all in a tone that is more often mockingly derisive than not. The following illustration demonstrates the width and the depth of that condemnation:

Con men who once made their livings selling snake oil are now surfacing as "experts on child sexual abuse." They have deliberately confused expressions of love and affection with violent physical abuse . . . Police departments suffering from a bad public image due to internal corruption, excessive use of force, and for poor management have turned to boy-lovers as easy prey . . . District Attorneys needing a dramatic case for the voters to remember and psychiatrists needing public funds to build a private practice have turned to boy-lovers as the answer to their prayers. Demagogues in state and federal legislatures have also found the anti-boy-love hysteria tailor made for raising campaign funds and increasing name recognition through the sponsorship of laws pandering to the public's misconceptions (*Bulletin*, May 1983, p. 4).

(The children) continue to seduce adults and call those who reproach them for it "silly fools." The children had learned a bit about psychoanalysis. They said. "For every objection they were forced to abandon, these funny ladies and gentlemen immediately produce another. Could it be that they are really only unconsciously hiding the secrets of their own inner souls? Isn't it just that they are a little bit afraid of sex itself?" But nobody bothered to listen to what they said, for how could the truth ever be heard from the mouths of children? (*Bulletin*, March 1983, p. 9).

The intent of this justification strategy is both straightforward and clear: if the condemners can be reconceptualized as

engaging in the same or even more victimizing or exploitative acts as those for which NAMBLA members are accused, then their censure of the members is irrelevant at best, and hypocritical at worst. The sting of any subsequent criticism from them, then, is effectively precluded.

Appeal to Higher Loyalties

The third justification that can be found in the publications of NAMBLA is the appeal to higher loyalties, a strategy by which the organization and its members normalize their behavior and philosophy by insisting the interests of a higher principle to which allegiance is owed is being served. That higher principle, for NAMBLA, is the liberation of children from what it characterizes as the repressive bonds of society; the sexual liberation of children, then, is presented as a necessary step for achieving that larger goal. The following excerpt illustrates that point:

Members of NAMBLA are committed to the protection and development of the young. Our beliefs and activities have their foundation in values which say that all people are important and should have the inherent right to conduct themselves as they wish as long as the rights of others are not abused. Children are our special concern. We seek their freedom from the restrictive bonds of society which denies them the right to live, including to love, as they choose (*Bulletin*, December 1984, pp. 6–7).

We recognize that children need more than sexual freedom and self-determination; they need economic self-sufficiency and the right and power to control all aspects of their lives, with help from but without interference by adults. NAMBLA favors the empowerment of young people in our society. Children should be treated as full human beings, not as the private property of their parents and the state ("What is NAMBLA?" undated: 1).

This espoused higher loyalty has the character of what Hewitt and Hall (1973) refer to as a quasi-theory, an "ad hoc explanation brought to problematic situations to give them order and hope" (p. 367). Because it has structure and consequence, a quasi-theory permits otherwise deviant situations and philosophies to be perceived by others as meaningful and even normal in light

of commonsense notions of human behavior and social arrangements.

That children need to be treated "as full human beings," that their protection and development are preeminent concerns falls well within the rubric of commonsense and common-interest. It is both meaningful and normal to hold such an ideal, and on these issues alone, NAMBLA would not expect disagreement from the larger society. That larger society also may agree on some of the fundamental objectives that must be accomplished in order to achieve that goal, such as the empowerment of children, but when NAMBLA adds what would be considered a deviant objective, the "sexual freedom" of children to that logic, the appeal to higher loyalty takes on the character of a quasi-theory. It espouses a hopeful goal, the development of children into "full human beings," and develops a structure, that is a set of objectives for achieving that goal, and includes within that set an objective that the larger society would not under other circumstances accept.

Another facet of this appeal to higher loyalties involves the affinity NAMBLA has with the goals of other, nonstigmatized organizations and with social welfare concerns. The organization, as an example, has expressed a great deal of sympathy and support for the women's movement as well as loyalty to the gay rights movement, and views its own struggle for credibility and acceptance as analagous to their struggles. NAMBLA has also taken on such social welfare concerns as sexism, ageism, racism, nuclear warfare, abortion, unemployment, and the military draft, as well as esoteric concerns such as circumcision, and clitoridectomy (*NAMBLA Journal*, 1983, p. 3). This partnership with other legitimate organizations and with social issues that are concerns of the larger society as well is a strategy for aligning the organization of NAMBLA and its membership with that larger society.

These appeals to higher loyalties and the affinity with the goals of other legitimate organizations and with pressing social welfare concerns, allows NAMBLA to assume a mantle of legitimacy. That mantle, if successfully worn, further protects the organization and its members from the censure of the larger society.

Denial of the Victim

The final justification found in the publications of NAMBLA is denial of the victim. Here the victim, the child in this case, is reconceptualized as having deserved or brought on the deviant behavior; due to the victim's culpability, therefore, the responsibility of offending individuals for the behavior and its consequences is diminished.

This justification involves the conceptual transformation of children from victims of adult sexual behavior into willing partners. This transformation can only occur if NAMBLA is successfully able to convince the disbelieving larger society that children are able to give full and informed consent to sexual acts with adults. But this issue of consent is a thorny one. Long after the debate about the morality of adult-child sex has been aired, and long after the uncertainties about the effects of such behavior on children has been satisfactorily addressed, the issue of consent will remain the most basic and fundamental problem that larger society has with adult sexual behavior with children (Finkelhor, 1979).

And it is a persistent and difficult problem for the NAMBLA organization as well, and one that has engendered great dissension within its ranks. As an organization, NAMBLA has made such general statements on the consent issue as these: "If a child and adult want to have sex, they should be free to do so. Consent is the critical point . . . force and coercion are abhorrent to NAMBLA" (*Bulletin*, December 1984, p. 3); and, "NAMBLA is strongly opposed to age of consent laws and other restrictions which deny adults and youth the full enjoyment of their bodies and control over their lives" (*Bulletin*, September 1984, p. 7).

The problem, however, is not really with the definition of consent, the law spells that out quite clearly, but with the *age* at which it can be given in a free, knowledgeable, and informed manner. NAMBLA asserts that the current age of consent laws in this country which *pro forma* make its members' sexual behavior with youngsters illegal, are anachronistic and repressive. It strongly advocates for their repeal, as the following excerpt illustrates:

NAMBLA does not simply wish to repeal age of consent laws; rather, we have never accepted the validity of the frame of reference

on which such laws are based. Under the circumstances, we cannot name an age of consent . . . NAMBLA will not participate in an abstract, narrowly defined and ultimately pointless game of "pick an age" . . . Sex does not require highly developed "cognitive tools;" it ought to come naturally (*Bulletin*, April 1983, p. 1).

Does sex require highly developed "cognitive tools"? If the act itself does not, the consent to engage in the act certainly does, so despite the organization's resistance to engage in a game of "pick an age," the age at which a child can give full and informed consent to sexual acts must be determined if this justification is going to be successful in normalizing the behavior of NAMBLA members and avoiding public censure.

And the very debate over that age still wages within the ranks of NAMBLA. In a position paper created by the steering committee of the organization, consent was defined as "both informed (understood and accepted in advance) and with the intent and spirit of love" (Proposal, undated). Since understanding and acceptance at least imply some "cognitive tools," the committee backed off from its original insistence that it would not pick an age, and selected nine as the age of consent. Some members argued that it should be lower. One insisted that "a five year old aware of sexual feelings can act upon them at any time of his choosing. There are many five year olds who understand the meaning of sex more than many 35 year olds" (*Bulletin*, July/August 1983, p. 4). Other members, perhaps predicting how the larger society would respond to these proposed ages, advocated that the age be raised to thirteen or fourteen. Even while the NAMBLA organization vehemently argued this issue, one of its founding members went on record to defend all consensual sexual relations, "regardless of the age of the partners" (Lotringer, 1980, p. 21).

Obviously the issue of consent and the age at which children can freely and intelligently render it continues to be a problem for the NAMBLA organization. It is for the larger society as well as evidenced by the fact that the age of consent established by law tends to vary from one state to another. While the larger society may find some value in debating whether that age should be uniform across the country, and may find some interest in deciding what that age should be, the same attitude studies that

demonstrate such a strong consent that adult sexual behavior with children is harmful and exploitative, also show an increase in that consensus where very young children are concerned. In other words, the debate about whether that age should be thirteen, fourteen or fifteen may be lively, but there is little demonstrated acceptance of lowering that age, and virtually none for removing it.

Denial of the victim, predicated as it is upon this issue of consent, is unlikely to be a successful justification; indeed, it may be this single issue of consent and the failure of this justification that will always keep the deviant label on this organization and its members, therefore keeping them out of alignment with the larger society.

Conclusion

In the face of a strong consensus that adult sexual behavior with children is abusive and exploitative, and that its effects are negative at best and traumatic at worst, the North American Man/Boy Love Association has a vested interest in justifying and thereby normalizing its philosophy and its members' practices. This paper has utilized the sociological framework of accounts, with a special reference to justifications, to examine how that process is accomplished in the publications of NAMBLA.

The use of accounts by deviant individuals and groups is an area of research that has the potential of generating insights into deviancy. And in the area of sexual deviancy, where myth and misunderstanding abound, the study of these aligning actions may increase knowledge as to how individuals and groups labeled deviant attempt to negotiate and reconceptualize their beliefs and their behavior in the face of society's censure.

If the imputation of deviance is indeed a product of an interactive process between the individuals or group so labeled and the labelers (Schur, 1979), then the study of accounts may also lead to an understanding of that process. How accounts are given in terms of their manner and their style, and how accounts are accepted and the consequences of their acceptance are researchable hypotheses, and studies designed to address these issues and others will make rich contributions to the sociology of deviance.

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Marginal Women Unite! Organizing the DisAbled Women's Network in Canada*

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This paper discusses the Disabled Women's Network's (DAWN) history, issues, goals, structure, organizing tactics and ongoing problems. DAWN is an example of the ability of oppressed people to organize and advocate for their rights against overwhelming odds.

Canadian disabled women are getting "uppity!" Over the years, disabled women have become increasingly frustrated with being treated as second class citizens, and have taken steps to ensure that their needs and specific concerns are addressed. In 1983, for example, two women from COPOH (Coalition of Provincial Organizations of the Handicapped) attended the annual general meeting of Canada's largest feminist organization, the National Action Committee on the Status of Women (NAC) "to establish liaison between NAC and . . . COPOH" (Kome, 1983, p. 78), and begin the groundwork needed to bring the concerns of disabled women to the fore. In 1985, women at the annual COPOH conference met and brought forward two resolutions. "One called for a half day workshop to be held on women's issues at the next conference and the other called for an investigation of women's participation within the COPOH structure" (D'Aubin, 1987, p. 1).

Also in 1985, four disabled women activists met with representatives of the Secretary of State Women's Program to discuss the possibility of organizing a national meeting of disabled women to discuss their issues (the Secretary of State took the initiative to call this meeting). They developed "a plan to con-

*I would like to thank Joanne Doucette for providing me with some of the information in this paper.

vene a small group of women in late Spring, to examine options for collective action" (Pelletier, 1985, p. 2). This meeting led to the formation of the DisAbled Women's Network (DAWN).

In this paper, I discuss DAWN's history, issues and goals, structure, organizing tactics and ongoing problems. My intent is primarily descriptive, although I also argue that DAWN's existence is an example of the ability of oppressed peoples to organize and advocate for their rights, even against overwhelming odds.

Getting Organized

In May, 1985, one of the women who had been at the meeting called by the Secretary of State Women's Program met with three other disabled women activists to draw up an agenda and compose a list of potential delegates for the national meeting. They selected delegates based on their ability to empower others to organize, and involvement in disabled women's issues. Regional and minority representation was sought, as well as women who represented cross disabilities. These four also met with a representative of the Secretary of State Women's Program to finalize the grant application.

The Secretary of State representative then worked almost full-time to prepare for the meeting, and finalized the attendance list. Two nondisabled women were hired to assist with the planning, chairing and reporting. The four day meeting was scheduled for June, 1985 in Ottawa.

Called the "Women with Disabilities Networking Meeting," the event brought together 17 women representing a variety of disabilities, and representing all 10 provinces as well as the North West Territories. The delegates agreed to form the DisAbled Women's Network (DAWN). A core committee of eight was formed (selection based on whether a delegate had access to a computer to communicate with others) to coordinate activities. All delegates agreed to return home to organize local and/or provincial networks of disabled women. DAWN Canada was born.

After that meeting, DAWN groups began to form around the country. Disabled women first met in Prince Edward Island in July, 1985, promoting DAWN in a radio interview. DAWN Toronto first met in September, 1985. Later DAWN Ottawa was

formed. DAWN Halifax met and presented a brief to the provincial government on disabled women's issues. DAWN Montreal (*L'Action des femmes handicapées*) became active, holding monthly meetings and a self-defense course. In March, 1986, DAWN British Columbia (B.C.) had its founding conference, attended by 50 women. In Manitoba, the Consulting Committee on the Status of Women with Disabilities (CCSWD), although not formally a DAWN member, early linked with DAWN to share information and cooperate on common concerns. In November, 1986, 72 women met to found DAWN Ontario. To date, DAWN groups have yet to form in Alberta, Saskatchewan, New Brunswick, Newfoundland, the North West Territories and the Yukon.

Except for infrequently exchanged letters between groups, communication between delegates to the Ottawa meeting soon broke down (due primarily to a lack of follow-up funding). All the original delegates never met again, but in May, 1986, four of them (one from DAWN B.C., one from DAWN Montreal, and two from DAWN Toronto) attended a NAC conference, and discussed the necessity of getting funding for another national meeting. They met with representatives of the Secretary of State Disabled Persons' Participation Program (the Women's Program was no longer directly involved) to discuss plans and apply for funding.

Funding was not received until four months later. In November, 1986, they met again to further plans for a second national meeting. A fifth woman (from CCSWD) who had been at the original Ottawa meeting was included in this ad hoc planning committee. The date was set for February, 1987 and the meeting was to be hosted by DAWN Toronto.

Also in November, however, DAWN Toronto hosted the DAWN Ontario conference. The work of organizing that conference was shouldered by only two DAWN Toronto members—the same two who volunteered to organize the national meeting. The tremendous amount of work proved to be too much, and as a result, one of these women became ill (the illness lasted several months). The Toronto group was therefore unable to continue as host of the event. In January, 1987, CCSWD agreed to host the meeting in Winnipeg.

In March, 1987, the ad hoc committee dissolved as 20 dis-

abled women gathered for DAWN Canada's second national meeting in Winnipeg (delegates represented the North West Territories and all 10 provinces). To coordinate DAWN Canada's activities, they elected a Board of Directors representing the various regions of the country, a Chairperson, Secretary and Treasurer. A constitution and by-laws were passed. As with the first national meeting, delegates agreed to return home to work for the birth and/or development of local and provincial DAWN groups.

Issues and Goals

In general, DAWN works for the full equality and integration of disabled women into the mainstream of Canadian society. DAWN also seeks, like other minority action groups such as those composed of blacks or natives, to foster a sense of identity and pride in members. This positive sense of identity and consciousness can be difficult to sustain within male-dominated organizations, or organizations dominated by nondisabled feminists. Disabled women need their own organization, their own space, just as nondisabled women need to meet separately from men: "That's why groups run by and for women are so important to us. They are our psychic turf; our place to discover who we are, or could become, as whole independent human beings" (Steinem, 1986, p. 231).

Disabled women are doubly oppressed. As disabled people, they are denied things most people take for granted, such as employment, accessible housing or transportation. As women, they are oppressed by a sexist society. Asch and Fine (1988a, p. 15) suggest that "the disabled woman may be viewed as more dangerous than a similarly disabled male, more morally suspect, or more deserving of her fate."

Disabled women have concerns not shared by disabled men. For example, studies indicate that the incidence of violent assault against disabled women (incest, child abuse, wife assault, rape or medical assault) are much higher than among nondisabled women (Aschand Fine, 1988a; Doucette, 1987; Kome, 1983).

One experience that most women want is to become mothers, and disabled women want it too. Sexuality, menstruation, contraception, pregnancy and childbirth all have social as well as medical

complications for disabled women. Sexuality tends to be inconvenient for institutions. Disabled women have been sterilized surgically without their knowledge and/or consent, or injected with Depo-Provera, the three-month contraceptive that stops menstruation completely (less fuss) but has been linked with sterility and cervical cancer. . . . [Nor is it] uncommon to see hysterectomies performed on girls of 12 or 13 for hygienic reasons (Kome, 1983, p. 80).

At DAWN's founding meeting, six broad issues were selected for focus: (a) accessibility to the women's movement and women's services; (b) violence against disabled women; (c) affirmative action; (d) assertiveness, awareness and self-image; (d) sexuality (choice, homophobia, reproductive rights); and (e) parenting and child care (see Pelletier, 1985, p. 21–30).

Also, delegates produced a list of actions necessary to build DAWN. They needed to build grassroots links between disabled women, raise the consciousness of disabled women, educate the feminist and disabled consumer movements, lobby politicians, develop local groups, reach out to rural and urban women as well as ethno-cultural minorities, engage in peer support, share skills, gather and distribute information, and undertake their own research projects (Pelletier, 1985, pp. 31–32). They agreed that, upon returning home, they would contact local women's groups regarding accessibility, contact disabled consumer groups asking them to survey women's groups for accessibility, write letters and articles about the status of disabled women, lobby disabled consumer groups regarding women's issues, and establish local DAWN groups and local forums for disabled women to discuss their concerns and interests (Pelletier, 1985, pp. 33–34).

In its brochure, DAWN Toronto translated these priorities into the following goals:

- (a) to make women's services and the women's movement accessible to all disabled women;
- (b) to be a bridge between the disabled consumer movement and the women's movement;
- (c) to be role models for disabled girls;
- (d) to address the issues of affirmative action, poverty, violence, parenting, sexuality, health, etc.;

- (e) to do outreach to all disabled women, including native women, black women, Asian women, south Asian women, and other women of colour, immigrant women, lesbians, women in institutions and single parents;
- (f) to work in coalition with others who share our concern for social justice;
- (g) to provide information on disabled women and our concerns; and,
- (h) to be the voice of disabled women.

Implementing the Goals

Originally, DAWN was to operate as a collective. Rather than a hierarchical organization with formal positions, DAWN was envisioned as a network of equals. To function, however, networks require constant communication amongst members. And as mentioned above, communication after the Ottawa meeting soon broke down. In retrospect, an observation from that meeting appears ominous: "It is remarkable that often, networks fail because members neglect the most basic, elementary factor in the life of a network: feeding information into the system" (Pelletier, 1985, p. 39).

Several local groups discovered that the collective approach did not work for them. At DAWN Toronto (approximately 60 members) and DAWN Montreal (approximately 15 members), for example, one or two women found themselves doing all of the work without formal recognition, and no one was accountable to anyone else. This led to frustration and burnout (see Fisher, 1986).

It also led to a phenomenon well-known amongst feminists who attempt to work in collectives—the "tyranny of structurelessness" (Freeman, 1973). In her important article, Freeman argued that there is no such thing as a structureless group working for social change. All such groups have leaders, even when leaders are not formally recognized as such. She argued that hidden leadership is more manipulative and less democratic than formal, visible leadership. She urged groups to adopt formal structures to make leaders accountable, and called for the distribution of authority.

During DAWN's first year, there was no formal leadership. Instead, power was concentrated in the hands of those who did

the most work, and those workers were acutely uncomfortable with both the workload and the power. This situation was in opposition to the original intent of empowering other disabled women and sharing responsibilities. DAWN Toronto addressed the problem by electing a Board of Directors, and adopting a constitution and by-laws in 1986, on its first anniversary. DAWN Montreal did the same. DAWN B.C. and DAWN Ontario bypassed the problem by holding elections at their initial meetings.

Meetings are key to DAWN's success. Whether at the local level (in monthly meetings) or at the provincial and national levels (in semi-annual or annual meetings), meetings are essential for DAWN to develop goals, strategy and policy. More than anything else, they help foster a sense of group identity and pride. They are fundamental for consciousness-raising and empowerment. As remarked after the 1986 DAWN B.C. conference:

The conference was very powerful. It was the first time that disabled women had a chance to talk with other women about . . . intimate topics. . . . Several of the women who participated spoke of the importance of having their experiences and feelings validated (Pollock and Meister, 1986).

Another wrote after the 1987 DAWN B.C. conference:

What happens to a disabled woman attending her first conference of DAWN . . . ? For me, it was culture shock. Instead of being the only special needs person in my household and immediate neighbourhood, I was just one of many. That at first was scary, but within hours it became liberating as I began to feel the bonds of unity and the stocks of shared interest. Now I am a part rather than apart (Brooks, 1987, p. 4).

Meetings and the ability to meet are often taken for granted by nondisabled people. Yet, for disabled women, even monthly meetings are significant achievements to be celebrated. Socially and physically isolated, disabled women must work hard just to meet. They must consider the logistics of transportation, attendant care, sign language interpretation and other special needs, services such as child care, and the expense.

In Toronto, for example, where DAWN meets monthly, disabled people who rely on public transit must book one week in advance for a special bus to pick them up and return them home.

Last minute changes to meeting date or time are therefore impossible. Nor is there any guarantee that a bus will arrive at the specified time, or arrive at all. Those who are able to negotiate crowds and stairs prefer to use the regular transit system. There is also the problem of poor health, which forces some to attend meetings only sporadically when they would rather attend regularly.

Member Recruitment

At the 1987 DAWN Canada meeting, delegates discussed promoting membership. Ideally, they wanted every disabled woman in the country to be aware of DAWN. They realized, however, that this was easier said than done, especially since they lacked funds for publicity and outreach.

In Toronto, DAWN advertises meetings in a local women's newsletter. Services and organizations for women as well as those for disabled people have been asked to tell disabled women about DAWN. Also, DAWN Toronto has a brochure distributed at events such as International Women's Day celebrations. In spite of these outreach efforts, however, most members are recruited through personal contact.

It is difficult to draw in isolated women. Disabled women tend not to go to public events (few are accessible) so do not get to hear or read about DAWN. Also, disabled women often tend to be extremely passive. Socialized into a situation of learned helplessness, many are unaware of their rights, or if they are aware, are afraid to assert themselves. They learn not to ask questions or express displeasure with the status quo. This means, for example, that they are unlikely to telephone an agency to ask about groups for women (for moving accounts of how and why disabled women learn to keep quiet and appear grateful, see Rooney and Israel, 1985).

Learned passivity means that when women do come to a DAWN meeting, they are likely to sit back and let others do the work. Self-confidence is so low that it is often difficult even to find volunteers to telephone others about an upcoming meeting. At the 1985 Ottawa meeting, one delegate declared that she was "overwhelmed about how to organize at home" (Pelletier, 1985, p. 36). At the DAWN Ontario conference, a delegate expressed her reluctance to help others organize, while another expressed

resentment at the expectation that she would return home to organize a DAWN group (Doucette, 1986b).

Member recruitment is hampered by DAWN's support for minorities, and in particular, the visible presence of lesbians and natives. At the DAWN Ontario conference, two delegates left because lesbians were allowed to speak about their concerns. Later, a large charity challenged DAWN Ontario's claim to be role models for disabled girls, since lesbians were members. The most bitter disappointment came, however, when delegates to a CCSWD conference in May, 1987 rejected the motion to join DAWN Canada (which means that although some CCSWD members support DAWN, a DAWN group remains to be officially formed in Manitoba). At that conference, some disliked the inclusion of minority rights on DAWN's agenda. Racist and homophobic remarks were openly expressed towards the natives and lesbians present. Many were reluctant to join an organization which they perceived to be too radical and a front for lesbians (personal communication). As Hooks (1984, p. 23) has observed: "Large numbers of women see feminism as synonymous with lesbianism; their homophobia leads them to reject association with any group identified as pro-lesbian."

DAWN is an explicitly feminist organization, and this scares many disabled women. For example, one delegate to the 1985 Ottawa meeting refused to call herself a feminist, preferring the term "humanist." Also, a large number of women active in the disabled consumer movement would rather work on relatively safe issues that affect all disabled people, such as transportation and accessibility, than threaten men by talking about issues such as violence against women. Regarding disabled women who do not identify as feminist, Rooney (1985, p. 66) said:

Their priority is the rights of disabled people, not women's rights or the rights of women within the disabled movement. Several of the women I've talked to seemed to me, and I heard through the grapevine about others, afraid of the term 'feminism,' even though they live their lives in ways that are very feminist.

Funding

Funding is a problem for any social change group, and for disabled women the problem is severe. Private donors, if at all

interested in disabled people (and few are), are more inclined to give money to "respectable" people (i.e., men) such as wheelchair athlete Rick Hansen, who raised money for the "worthy" cause of spinal cord research.

Local monthly meetings are not that expensive. If special services are required, volunteers can usually be relied upon to donate a few hours of their time. Provincial or national meetings, on the other hand, are extremely expensive. In addition to the costs associated with organizing any conference, such as building rental, there are expenses such as special services and transportation. Most nondisabled conference organizers expect their delegates to pay for their own transportation and accommodation, but this expectation is unrealistic for disabled women.

Disabled women are among the poorest of the poor. In a survey of DAWN Ontario members, 74% had annual incomes of less than \$11,000, while 50% received less than \$5,000 annually (Doucette, 1987). Unless given money to get to a conference, few disabled women are able to attend.

Attendance numbers at conferences are more a reflection of how much money is available, than an indication of interest. For example, the 1985 Ottawa meeting which brought together only 17 disabled women, cost \$25,000 excluding the salary of the Secretary of State organizer. The DAWN Ontario conference, which was organized by volunteers, cost \$45,000. Funding for that conference came from the provincial government (Ontario Women's Directorate, the Directorate for Disabled Persons, and the Ministry of Community and Social services). For the 1986 DAWN B.C. conference, funding was provided by the federal government (the Health Promotion Directorate of Health and Welfare Canada, and the Secretary of State Department).

Without government funding, it would be impossible for DAWN to organize conferences. It would also be impossible to undertake research projects, such as the survey of DAWN Ontario members for a report on violence against disabled women (Doucette, 1987). To date, DAWN has been fortunate that the government is showing interest in disabled women. There is no guarantee, however, that this interest will continue. If it disappears, DAWN will be in serious trouble.

Dawn and Others

Feminists

In the early years of the current wave of feminism, activists largely ignored the specific oppressions of minority women, including disabled women. Even today, feminists are slow to take notice of disabled women:

If the National Action Committee on the Status of Women can be seen as representing mainstream feminism in Canada, then the absence of disabled women is almost total. This indicates a critical need for able-bodied Canadian feminists to start examining disability issues and their own prejudices against people with disabilities (Tait, 1986, p. 447).

By and large, the feminist movement and women's services have not been accessible to disabled women and, until recently, have shown little awareness of the need for accessibility or little inclination to do anything towards opening their doors. For example, CCSWD (1986) surveyed women's organizations in Winnipeg, finding that when the needs of hearing, visually or mobility impaired women were taken into consideration, not one was accessible. Women's groups and services have a multitude of excuses for why they are not accessible, chiefly centered around funding. "It is a fact that many women's organizations are underfunded but . . . statistics very clearly show the LOW priority given to the needs of visually and hearing impaired women" (Tait, 1986, p. 10).

The lack of accessibility to women's services prompted DAWN Toronto to write an open letter to the feminist movement. It says, in part:

At this point, maybe your heads are shaking and your finance committee is yelling, "IT'S NOT COST EFFECTIVE." (Perhaps the rest of you are simply saying, "It's too expensive").

BEING DISABLED HAS NEVER BEEN COST EFFECTIVE AND IT NEVER WILL BE. The same school of nonthought that calmly slaughtered millions of Jews, feminists, socialists, gays and lesbians and other minorities, fed us disabled people to the ovens because we "cost too much." Right here, today, in Canada, disabled women are being sterilized without consent because we

"cost too much." The same argument is used to deny us jobs, decent incomes, housing, health care and everything the nondisabled take for granted—because it "costs too much."

But costs too much to whom? Why?

So forgive us if we retch when we hear the same argument from feminist groups who have not put accessibility at the top of their agenda. And don't tell us that we're unreasonable, bitter, twisted and even strident when you shut us out and can't cope with our rage (Doucette, 1986a).

This letter was widely circulated. It was reprinted in several women's newsletters. The Canadian Research Institute for the Advancement of Women reprinted it in an attractive manner and included it as a separate piece in a regular mailing to members. NAC reprinted it in its newsletter and also distributed it to delegates at the annual meeting in 1987. It remains to be seen, however, whether it will have any meaningful effect.

While more organizations are making efforts, the history of inaccessibility, lack of understanding and unwillingness to prioritize access leaves many disabled women angry and disillusioned. Many other women become acutely uncomfortable with their anger. An angry disabled woman defies and confounds stereotyping and expectations.

Abortion rights, or freedom of choice, has been a rallying call for the modern feminists, and many disabled women actively support a woman's right to choose. Yet the insensitivity of many abortion rights activists towards disabled people has aroused criticism. An American disabled activist, for example, saw feminists as ". . . quick to take a knee-jerk stand in opposition to right-wing and anti-abortion forces, without considering it from the perspective of a disabled person" (Anne Finger in McDonnell, 1984, p. 89).

Finger is not alone in her mistrust of pro-choice activists. Indeed, many disabled women are drawn to the anti-abortion movement because it believes ". . . that to allow abortion cheapens the value of human life and opens the door to active mercy-killing, infanticide and a general readiness to dispose of "unproductive" or "undesirable" elements in society (McDonnell, 1984, p. 90).

Feminists have not proven eager to embrace their disabled sisters. Increasingly, they are willing to include disabled women in their coalitions (DAWN is a member of the Canadian Coalition on Depo-Provera, the Pay Equity Coalition, NAC, and in Toronto, has been part of International Women's Day Planning Committees). In NAC, a DAWN member was on the 1986/87 Board of Directors. Even so, disabled women often seem to be included as token afterthoughts.

It has been suggested that because feminists are very aware of how fragile their newly-won status is, they are less than eager to share privileges with other minorities (Tait, 1986, p. 448-449). Fighting to free themselves from the role of sex-bunny, mother or virgin on a pedestal, they have yet to expand the image of woman wide enough to include those different from their physical norm. "Feminists are not immune from . . . feelings of discomfort and rejection directed toward a person who looks or walks or talks 'differently.' [Feminists] remain trapped in a restrictive and restricting image of the body" (Tait, 1986, p. 450). Some feminists say that physical disability or deformity revolts and nauseates them (personal observations). Others, focusing their lives on careers, competition and achievement, proving that they "have what it takes" to succeed, are threatened by the presence of mentally or physically disabled women. Their very existence denies the premise that all women need is an equal chance to compete.

Thus, disabled women have reason to be uncomfortable with feminists, while feminists are all too often uncomfortable with disabled women.

Disabled Men

While many DAWN members also belong to disabled consumer groups, and DAWN actively seeks to work with the disabled consumer movement, here too there are serious problems.

By and large, it is men who are in decision-making positions within the disabled consumer movement. Disabled women activists are too often seen as helpers. Even at disabled rights conferences, women have a hard time getting men to listen to or validate their concerns. For example, at the 1985 Disabled People's International (DPI) conference in the Bahamas, attended

by Canadian women, a scheduled women's plenary was cancelled at the last minute. At the time, women had to struggle just to gain access to the microphone on the floor.

Traditionally, men have seen women as extensions or complements to themselves. Many assume women's lives center on the domestic sphere of kitchen and children, or trivial "women's stuff": make-up, fashion, fluffy curtains. Many disabled men, including some leading the disabled consumer movement, share this inability to see that disabled women have unique concerns. For example, the male editor of the B.C. Coalition of the Disabled's newsletter, *Transition*, wrote: "I never imagined that the views of disabled women and men were separate and antagonistic. This is our frustration with the able-bodied community, not with each other" (Watson 1985, p. 2).

Some disabled men are acutely uncomfortable with the idea of disabled women acting independently. Within COPOH, for example, a women's caucus has been formed, but men demanded and won the right to belong to the caucus. This, of course, defeats the purpose of a women's caucus. Disabled men have sometimes reacted to the idea of DAWN with anxiety and hostility. Some see DAWN as splitting the disabled consumer movement politically, thus reducing its impact. Watson (1985) continues:

So apparently to share experience with the male disabled population is not the intention of the newly formed Disabled [sic] Women's Network. . . . Disabled women of British Columbia cannot expect me, representing the male population, to understand women's issues or support their efforts.

Another disabled man wrote, "I was overcome by some strong feelings [when reading that] 'Men will not be welcome to attend,' " He accused DAWN members of "coldness and anger," drawing a comparison to "the righteous [sic] anger of the late sixties and early seventies feminist movement." He concluded by saying:

The women of DAWN B.C. have the opportunity to start fresh. An opportunity to show the world that *men and women can work together with love*, respect and support for the betterment of disabled women, men, and all disabled people. I implore the women in-

volved in DAWN B.C. to avoid the pitfalls of their able-bodied sisters . . . so as to *create an organization that can deal with the problems of all disabled people* (Elliott, 1986, pp. 5–6, emphasis added).

Elliott was correct to compare the women who formed DAWN to the feminists who became disillusioned with the new left in the sixties. They are having a remarkably similar experience (see Evans, 1979). It is as if history is repeating itself, and no lessons have been learned.

It must be stressed that DAWN was not formed to attack the sexism of disabled men. DAWN was formed to allow disabled women to concentrate on issues which concerned them AS WOMEN. DAWN is not interested in taking over the male-dominated consumer movement, but in complementing it. Advocating female separatism, as Hooks (1984, pp. 70–71) points out, is not necessarily equivalent to taking an anti-male stance.

Disabled Women Helping Themselves

It may surprise some people that disabled women are capable of organizing in their own interest. It is, after all, common to assume that disabled women are helpless. The most popular image is of someone “confined” to a wheelchair. This image says a great deal. To be confined is to be imprisoned or restricted. The image is of a pitiful individual whose life revolves around and is limited to a wheelchair. Yet, wheelchair users are no more “confined” to wheelchairs than drivers are “confined” to automobiles. Just as drivers use their cars to get around, women in wheelchairs use their vehicles to get around. It is more appropriate to speak of women using wheelchairs, since this clearly allows for the conception of self-determined action. Women using wheelchairs can decide to do something other than simply sit in their vehicles. “In fact, humans are nearly infinitely adaptable” (Stone, 1984, p. 189).

Women using wheelchairs are often assumed to be mentally incompetent. They are often patronized, or praised as truly remarkable when they show signs of intelligence and initiative. Using a wheelchair, however, does not prevent one from thinking or acting. A DAWN Toronto member, who recently died, had osteogenesis imperfecta. Yet this did not prevent her from

working hard for the rights of disabled women, including speaking out publicly. Many nondisabled people treated her as a precocious child. She was seen as remarkable because she was a *disabled* woman who did not simply sit "confined" to her wheelchair. She was not, on the whole, seen as remarkable because she was a *woman* with a unique personality.

Another common assumption is that all disabled women, if not "confined" to a wheelchair or using crutches, must be either deaf or blind (deafness and blindness also seem to be grounds for assuming mental incompetence). These are the only "valid" grounds for claiming the status of disabled according to the popular mind. This denies the reality of the countless women who have mobility problems not immediately apparent, have chronic or severe pain, or have other invisible disabilities such as epilepsy or heart disease (on living with invisible disabilities, see Charmaz, 1986; Koolish, 1986; Lloyd, 1987; Stone, 1984). In fact, disability is manifested in a myriad of ways. Although some disabilities are more severe than others, all disabled women are in some way prevented from living to the fullest in a world which chooses to marginalize them.

Disablement is not considered by disabled activists to be situated in a physical condition or difference *per se*, although this has been the medical model of disability, accepted uncritically by the general public. As V. Finkelstein argues (in Stone, 1984, p. 26): "It is not the fact that [a person] cannot walk that is disabling but that society is organized for walking and not wheel-chair-using individuals. [A person's] disability is not paraplegia but steps, pavement kerbs, buses and prejudiced shopkeepers."

Also, Asch and Fine (1988b: 299) have noted: "Millions of citizens with biological limitations would assert that their main obstacles to fulfilling lives stem not from these limitations but from a society that stresses mental and physical perfection and rugged individualism . . ." Others argue that "poverty and the low status of women are major contributors to disablement" (Tate and Weston, 1982, p. 222).

Disabled women, despite the fact that many of them are able and willing to work, are virtually excluded from the paid labour force due to prejudice, stereotyping and an unwillingness to accommodate special needs. Further, just as when employers

decide to hire minorities, they would rather hire a black man than a black woman, they would rather hire a disabled man than a disabled woman. No one knows for sure the unemployment rate for disabled women, but guesses are as high as 93% (Doucette, 1986c; see also O'Leary, 1983).

Disabled women are among the most marginalized people in society. We live in a society which both devalues women in general and is designed for able-bodied people only. Given this, it is a tribute to the tenacity of disabled women that they have been able to sustain the momentum necessary for building DAWN.

The creation and maintenance of DAWN is also an indication of the seriousness of the problems daily confronting disabled women. DAWN speaks to and validates the concerns of disabled women. For example, when women who have full use of their bodies are afraid of violence, imagine how much more afraid are women who do not have full use of their bodies. There are few disabled women not constantly reminded of how vulnerable they are to attack. And, as Doucette (1987) has found, a majority of disabled women have experienced attack. DAWN tells these women they are not alone, that they do not deserve such violence, and that they can do something about it.

In contemporary social theory, there is a popular model purporting to explain the rise of social movements as a function of resources available, called resource mobilization theory. McAdam (1982, p. 31) explains: "In some cases the claim is direct: deprived segments of the population simply lack the resources to generate and sustain social insurgency."

In his discussion of the American civil rights movement, McAdam documents "the indigenous origins of an insurgent challenge that developed among a group . . . that by any standards would have to be adjudged deprived" (McAdam, 1982, p. 31). He argues, in part, that the ability of southern blacks to organize was facilitated by the existence of networks of communication. In assigning importance to communications networks, he echoed theorists such as Freeman (1975, p. 66), who pointed out that "preexisting communications networks appear to be not merely valuable but prerequisites" for the rise and spread of a social movement.

In considering the growth of DAWN, I emphasize the ob-

servations of these theorists. It is difficult to conceive how DAWN could have been born without the preexistence of the disabled consumer movement and the feminist movement. Both allowed disabled women to meet each other and find their voices. Thus, when disabled women began looking for others to attend the 1985 Ottawa meeting, they were able to draw in women they already knew from their involvement in these movements. Without those preexisting networks, disabled women might have had a hard time finding their voice, or the courage to speak their minds. As it turned out, disabled women have proven that even the most oppressed groups are capable of challenging and resisting their oppressors.

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Injured Workers: From Statutory Compensation to Holistic Social Work Services

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Despite legal and technical advances in assuring safe work settings, on-the-job accidents still occur. These events, which impose emotional and financial hardships as well as physical injury, have been given minimal attention by social workers. Existing services to accident-injured workers include monetary compensation through federal and state programs, trade union negotiation for broader benefits, and counseling and referral provided by Employee Assistance Programs (EAPs). Yet each of these service areas falls short in establishing a holistic, person-in-environment approach to the injury. Here it is argued that an ecologically based social work practice can address many of the shortcomings of existing services for injured employees.

When an employee experiences a debilitating accident at work, the results can be painful and traumatic. Besides the physical discomfort of the injury, emotional, social and financial disruption may ensue. While American industry has come a long way in protecting the welfare of workers, job-related accidents are still a fact of life. In 1984 alone, there were 2.5 million occupational injuries in the U.S., of which 3,740 were fatal, and this resulted in a loss of nearly 43 million work days (ILO, 1986).

Surprisingly, the social work profession has hardly paid attention to the needs of such injured employees. A review of *Social Work Research and Abstracts* from 1975 to 1985 reveals no publications which deal specifically with on-the-job injuries. This, despite the steadily growing interest in "industrial" (occupational) social work practice. As social workers find increasing opportunities to work within occupational settings, they will discover some unanticipated problems which affect clients—such as those created by on-the-job injuries.

Work injuries have typically been regarded as solely *physical* disablements, and this perhaps gives some clue as to why they have been overlooked by social workers. The National Safety Council, for instance, regards an occupational injury as "a cut, practice, sprain, amputation, etc., which results from a work accident or from an exposure involving a single incident in the work environment" (NSC, 1985, p. 4). Yet the physical aspects of an injury are just one part of a wider experience of extreme distress. Whether the injury is temporary or permanent, it affects many psychosocial aspects of the person's life. Injuries may bring up financial worries, may require unexpected changes in lifestyle, impose disruption in family relationships, create anxiety over return to work, or necessitate changes in the job.

Since injuries are so often defined in merely physical terms, a broader definition, one more consistent with social concerns, is needed. Tentatively, this might be expressed as: "An unanticipated physical or emotional impairment which occurs at the workplace, but which also may create related social and financial difficulties." Here, the disruption of the worker's normal routines is recognized, and seen as a legitimate arena for social work intervention.

Should social workers be satisfied in seeing the needs of injured workers as lying outside their professional interest? Or are there compelling reasons to incorporate occupational injuries into the field of industrial social work? This paper presents an affirmative response to the last question. It explores some of the disadvantages of looking at injured workers strictly in terms of their eligibility for established payment plans—or "statutory compensation." It also cites some shortcomings of employee assistance programs (EAP) in addressing the unique circumstances of work accidents. The positive contributions of a holistic, environmentally-based social work practice to this area are emphasized.²

The present array of services for injured workers can be conceived as running along a continuum. At one end, statutory compensations stand as the most compartmentalized in tending to the worker's needs. They prescribe specific financial compensations, through various programs which are independently structured. Negotiated services are somewhat less compart-

mentalized, since they represent the result of union-management bargaining within a specific industry or company. Responsive services of EAPs are located more toward the holistic end of the continuum, as indicated in Table One. Social work interventions, as proposed here, are the most holistic, and are discussed later in the paper. For now, the existing services merit some overview.

Existing Services of Statutory Compensation

Presently, there are very few service programs which treat injured workers as injured *humans*. To a large extent, the accepted response to an occupational injury is one based on the idea of statutory compensation. When an employee sustains an injury, he/she is typically dealt with through an array of legally mandated provisions. Programs such as Social Security Disability Insurance, Unemployment Insurance, and Workers' Compensation set different payment guidelines for such employees.

These kinds of "services" typically end once the last compensation payment has been made. Use of these payments is often left to the discretion of the worker; with little or no assistance in selection of, or referral to, appropriate medical, counseling and social services. The role of the injured worker is clearly one of recipient. Since statutory compensation is made through prescribed federal and state eligibility rules, they are difficult to tailor to the specific emotional traumas induced by an injury, or problems with work and family environments.

Social Security, for example, is set up to regard the injured employee strictly in "dollars and cents" terms. Since it was established in 1935 as a form of retirement protection, it has been expanded to include disability insurance for workers who are injured on the job. This insurance is open to those who meet the general Social Security full insurance requirements, and have sustained an injury of "permanent and total" disability, or one which keeps them out of gainful employment for at least 12 months (Gillespie and Hanenberg, 1983). In 1984, over 244,000 men received DI payments averaging \$512 per month; and over 113,000 women received an average payment of \$344. At least since 1957, both the total number of claimants and the average monthly benefit have been increasing (SSA 1984-1985).

Table 1

Services to Injured Workers

Statutory Compensation	Holistic Social Work Services		
	"STATUTORY"	"NEGOTIATED"	"RESPONSIVE"
MAJOR PROVIDER(S) FOCUS OF SERVICE	Federal and State Pro- grams; Management Specific financial com- pensations mandated by federal and state laws.	Trade Unions Procurement and/or in- crease in specific finan- cial compensations through negotiation with management. Union ben- efits plans.	Employee Assistance Program (EAP) Programs in response to specific employee problems.
			Industrial Social Worker Integration of existing services for the injured worker; assistance in emotional, social & em- ployment adjustment— focusing on relationships between individual, fam- ily and co-workers/super- visors. Preventive efforts.
MAJOR ROLE(S)	Compensator (Federal and State Pro- grams, Management) <i>Recipient (Worker)</i>	Advocate (Union) <i>Recipient (Worker)</i>	Advocacy Industrial Referral Social Counseling Worker Planning/Organizing Enabling/Facilitating <i>Client-in-environment (Worker)</i>
MAJOR PROBLEM(S)	Financial view of injured worker's needs.	Same	Social workers view EAPs as sufficient. Lack of ap- propriate marketing of so- cial work skills <i>vis-a-vis</i> injured workers.

In a similar manner, injured workers may qualify for monetary benefits under the federal Unemployment Insurance Act. These benefits are paid out through state unemployment insurance programs. The injured employee who has lost his/her job, but is nevertheless available for employment, may collect compensation which covers weekly pay loss due to the lay-off. In some states, injured workers are regarded as ineligible to work and may still be compensated. States exercise the right to determine unemployment benefits and duration of payment (Gillespie and Hanenberg, 1983).

In 1984, average payments ranged from \$87.47 per week over 16 weeks in Tennessee to \$158.24 per week over 21 weeks in Louisiana (SSA 1984–85). Like Social Security, such a provision is a financial “stop-gap” measure at best. At worst, it overlooks other service needs which the injury may have created.

Another statutory service for accident-injured employees is found in states’ Worker’s Compensation programs. While these are aimed more specifically at persons who experience on-the-job injuries, they also view workers as recipients of prescribed monetary benefits. While state guidelines for Workers’ Compensation vary, all states have set allowances for workers who experience employment-related injuries, resulting diseases, and diseases otherwise related to job performance. Generally, most states allow a maximum benefit which is at least two-thirds of the workers’ gross income (Masi, 1981). Benefits also vary according to the extent of the disability, and whether it is permanent or temporary. In some instances, severely injured workers may undergo training for new job skills in private or government supported rehabilitation centers (Matwes and Matwes, 1973). States vary widely in providing such services, however, and declining federal support has slowed this rehabilitation movement.

The Occupational Safety and Health Act of 1970 (OSHA) can be regarded as a preventative type of statutory service for the injured employee. Its stated purpose was that, “Employers are to furnish to their employees a place of employment free of recognized hazards that cause or are likely to cause death or serious physical harm” (Matwes and Matwes 1973, p. 169). OSHA established various regulations to encourage safety at the work-

place, such as clear labeling of toxic materials, furnishing of protective equipment, and monitoring of employee exposure to hazardous conditions.

However, OSHA enforcement has become less stringent over the years, and federally funded safety programs have been severely curtailed. Provisions of the Act have gradually come to be regarded more within a context of labor relations law. Injured workers increasingly utilize OSHA regulations to gain access to their company medical records and employers' summaries of work illness and injuries. This information is often used in claiming eligibility for state, federal and company compensation; or in efforts to define certain work as hazardous (Allen and Linenberger, 1983).

Negotiated Services

While management must demonstrate compliance with statutory provisions for injured workers, controversy may still exist over precisely how, and under what conditions, various compensations should be made. When managements' implementation of compensations is perceived as deficient by workers, unions often take on an advocacy role. Unions may seek to procure specific compensations for the injured worker, or bargain for broader coverages within the framework of existing state and federal laws. For example, unions have often sought to have their companies expand Worker's Compensation insurance packages to cover job-related injuries previously uncovered (Zink, 1983).

Whether compensations for injured employees are increased or extended to new areas, these outcomes result from give and take interaction between unions and management. This process can be viewed as one of negotiated services. Like federal and state programs, such services are primarily oriented toward the acquisition of financial benefits for the injured worker.

The general stance of trade unions, especially since the 1960's, has been to negotiate for increases in wages and expansion of employee benefit packages. Sometimes the unions have been willing to trade off anticipated wage increases for improvements in benefit plans. This occurred during the 1970's, when a steep inflationary rise in the cost of health care led many unions to favor improved health insurance over wage increases (Zink, 1983).

The unions have usually attempted to expand the scope of coverage for existing management benefits, increasing their contributions to benefit packages. Their stance on disability benefits has shown a preference for direct monetary compensation, arguing that "benefit amounts should be reasonably equivalent to an employee's spendable income while working and should continue for as long as the employee is sick or unable to work" (Zink, 1983, p. 227).

Rarely have unions negotiated specific services targeted for injured employees. Instead, they have opted to undertake collective bargaining for the improvement of comprehensive benefit packages. Within this area, they have emphasized such concerns as assuring income for members who are sick or unable to work, procuring payment for medical expenses, protecting the job which an injured worker must temporarily leave, and assuring seniority rights of the laid-off worker (Zink, 1983).

Responsive Services of the EAP

Responsive services are seen here as those provided through EAPs. They are so termed because they typically arise *in response* to how management perceives employee problems. While trade unions have begun to play a significant role in the design of EAPs, they usually become involved after management has already identified major types of "troubled employees."³ The unions and management thus respond differently to the EAP initiative. While unions see their role as carrying out a responsibility to the welfare of their members; management's principle interest is to restore troubled workers to full productive capabilities, and thus enhance overall productivity (Emner and Dickman, 1985).

Not surprisingly, most EAPs consist of services specifically designed for problems of alcohol and substance abuse, family difficulties, depression and other emotional problems. Such problems are strongly associated with decreased worker efficiency. Services provided by EAPs therefore tend to reflect the priorities of management, rather than those of unions. Presently, most corporate managers agree that alcohol and substance abuse is the number one hinderance to production. This is reflected in the fact that alcohol and drug counseling is the most common EAP service—found in over 80 percent of existing programs (Weaver, 1984). While the potential for the EAP to serve both

management and worker interests is often cited, the powerful role of management in defining employee problems and structuring resulting services cannot be overlooked. As one managerial perspective asserts:

. . . the needs and concerns of the organization should be determined prior to offering a solution. The EAP, as part of the solution, must be appropriate for the problem. This may mean determining if absenteeism or production problems are present in the organization, and then determining whether the EAP can assist in solving those problems (Weaver, 1984, p. 327).

The EAP does go beyond a statutory view of services. However, it still poses special difficulties in serving the needs of injured employees. For one thing, EAPs are organized around the practical consideration of cost to benefit ratios. Hiring a full-time alcohol and drug counselor makes sense when the number of potential clients is high, and thus the expected benefits. One recent literature review stated that 4,000 to 6,000 company employees are usually necessary to make one full-time EAP position viable (Featherston and Bednarek, 1981). Since the incidence of work injuries is relatively low compared to other problems such as alcohol abuse, counselors trained specifically in work injury issues would be difficult to justify in economic terms.

Nevertheless, when work injuries do occur, the resulting service needs will be acute. Yet these needs are not easily anticipated, and are difficult to incorporate into any kind of planned service program. At best, there are a handful of EAPs which have referral networks for injured employees—attempting to get them appropriate outside medical and rehabilitative services in the most efficient way possible. At worst, the EAP simply overlooks the nonphysical needs of an injury experience; leaving counseling, referral, retraining for alternative work and financial planning to the initiative of the employee and/or his/her family.

Work injuries occur without the luxury of preparation. As such, they will create unanticipated adjustments for the individuals who experience them. For some injured workers, the major concern will be rehabilitation and return to the same job. Others will require assistance in making social and psychological adjustments to a new job when it becomes clear that they can no longer perform previous tasks. Still others will not be able to

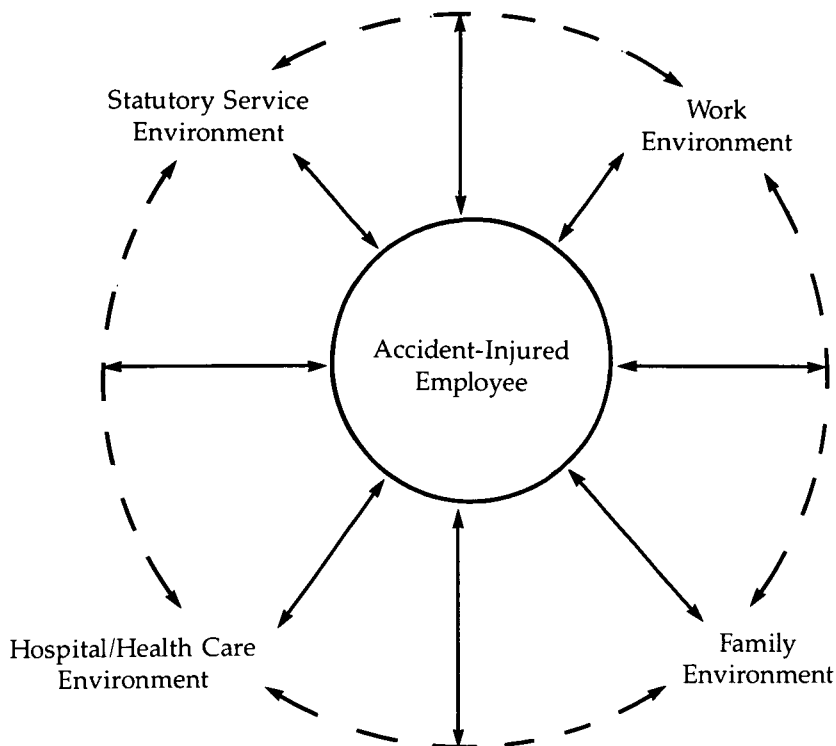
return to work at all, and will face major stresses in adapting to a new life style. The range of applicable services to the injured employee is wide indeed, and is further complicated because the need for a service may not be apparent until much time in the accident recovery process has passed.

From the perspective of the injured worker, another problem with the EAP is that it may be regarded as an "extension of management." If the accidental injury has a bearing upon future work performance, the worker may be reluctant to fully describe his/her disablements. Physical, psychological and social problems may be downplayed by the employee who is apprehensive about EAP personnel communicating with management. Such withholding of information can impede progress in making satisfactory adjustments. Whether or not such employee suspicion is justified, it is likely to have an adverse effect on the rehabilitation process.

In summary, existing services reflect a piecemeal philosophy when it comes to the needs of injured employees. Statutory programs provide various sorts of financial reimbursement, but offer no direction in such matters as rehabilitation, readjustment to the work or family environments, or coping with personal trauma. Negotiated services are largely aimed at improving statutory compensations, company benefits, and the union's role in administering benefit programs. Responsive services of EAPs are typically organized around managerial perceptions of how distinct categories of troubled employees affect production goals. None of these services adequately address the holistic relationships between the injured worker and the overall environment.

Social Work and Industrial Accidents: An Ecological Approach

The accident-injured employee rarely interacts with somebody who can integrate existing services to more effectively match her/his environmental circumstances. With the exception of EAP counseling services, emotional and social repercussions of the injury are overlooked, or left to the worker's own coping skills. The worker thus faces a seemingly disjointed array of services, each touching upon only a limited aspect of the entire accident experience. This is especially distressing, since persons who are injured at work must often act quickly upon their sit-

Figure 1. Ecological view of the industrial accident

Levels of industrial social work practice:

————— "Person-Environment" Adjustments

----- "Interenvironment" Adjustments

uation while their physical and emotional duress is ignored by others.

What is needed is a service approach which can assist the employee in addressing the full range of adjustments which the injury precipitates. Social work, more than any other profession, appears capable of meeting this challenge. Having been trained within a "person-in-environment" tradition, social workers are sensitive to the interacting forces of a person's environment, and how these all impinge upon his/her immediate physical, social and psychological welfare.

Figure One outlines the ecological framework which industrial social workers can apply to practice with injured employees. Such workers face any number of special problems in adapting to their environmental surroundings. These surroundings most typically include the network of applicable statutory services, the work setting, the medical treatment facility, and family. An ecological view asserts that each environmental area does not make an independent impact upon the accident experience. Instead, they are intricately linked to each other. Often, this notion is overlooked by nonsocial work practitioners, as they are trained to frame the problems of the injured worker strictly within their own practice settings.⁴

The industrial social worker can assess the entire environmental matrix which affects the recovering employee. Applying ecological insight, the injured worker is seen as more than a passive "recipient" of statutory services, and more than a "client with a problem." Rather, she/he is recognized to have unique needs, to be capable of establishing constructive influences upon different environmental areas, and to benefit from the harmonious interaction of these areas. This person-in-environment approach also encourages a "pro-active" attitude for the injured worker, meaning that he/she learns to recognize and act upon those environmental adjustments which facilitate financial, physical and emotional recovery.

As Figure One indicates, social work with on-the-job injuries can aim at two distinct levels of ecological practice. First, specific adjustments between the individual worker and any environmental factor warrants attention. These "person-environment" concerns are represented by solid arrows. They incorporate such practice tasks as: assisting the worker in determining statutory eligibility, enhancing positive relationships with supervisors and co-workers upon return to the job, counseling for physical and emotional distress, helping the family adjust to the disrupted routines caused by home care, and counseling the recovered worker in reentering the work force.

Second, practice can strive to achieve certain changes on an "interenvironment" level, as suggested by the dashed arrows. Conditions in different environmental settings may work against each other, hindering the full recovery from an injury. For example, family tensions arising from prolonged home care can

lower the self-esteem of the employee. This, in turn, may result in poorer work performance upon return to the job. Similarly, the learning of new job skills demands time and effort which detracts from usual family activities. In either case, social-worker directed adjustments within both work and family environments can help prevent stressful experience.

In a broader sense, social workers can also direct their efforts towards inter-environment changes that promote the general interests of accident-injured employees. Extending their practice roles, they can work for making institutional settings more responsive (and responsible) to the needs of injured workers. This notion of Industrial Social Work Intervention at the organizational and institutional levels has been suggested elsewhere. Akabas, (1983) for example, recently argued that industrial social workers are beginning to adopt a "comprehensive service" view of practice, and should strive to make inroads into organizational and community-level interventions. Kurzman and Akabas (1981) appropriately emphasized that employee problems can also be traced to "troubled organizations" which tolerate "the presence of workplace hazards, speed-ups, or discrimination to meet goals of organizational maintenance . . ."

In the context of job-related injuries several issues for advocacy readily come to mind. Many hospitals will delay certain services until a clear picture of a payment plan emerges. Social workers can assist both employers and hospital administrators in keeping informed of how various injuries are covered by statutory programs, company programs, and private insurance. They can work towards establishing better linkages between company EAPs and the families of injured workers, incorporating more family counseling into practice. Social workers can also serve as advocates for the interests of disabled employees who are yet capable of productive work. The establishment of company-sponsored retraining programs would be a significant goal, especially since state and federal programs in this area continue to experience budgetary reductions. A large part of accident prevention efforts would involve integration of work and statutory environments. OSHA regulations are not always followed by industries; persistent interpretation of guidelines and monitoring for compliance can be better assured with the involvement of industrial social workers.

The environmental adaptations surrounding industrial accidents spell out a variety of roles for the social worker. Social workers also bring numerous skills into their practice with injured employees. Skills and roles, however, must be selected and coordinated with constant reference to the unique environmental conditions of the clients' injury. Such environmentally appropriate application of social work methods is an important skill in its own right.

Scenario

A better grasp of how the ecological concerns of social work practice can be applied to industrial accidents can be attained through an illustrative example. The following scenario is based upon a composite of some actual cases:

Bob is a 35 year old construction worker who is married to Rita. They have two sons aged two and four. One day, while loading equipment onto a flat truck, a crate fell on Bob's leg, causing a severe compound fracture. Doctors were able to pin the bone fragments together, but could not say whether Bob's leg would return to normal use. Time and response to therapy would eventually tell.

For the first few weeks after surgery, Bob battled several bouts of depression. He recalled the moments before the accident, blaming himself for being careless. Once, when the pain in his leg was particularly acute, he told Rita that he would have been better off if the crate had simply killed him. After a month, Bob's leg caused less pain, but remained immobile in a cast.

Bob and Rita were relieved to learn that Worker's Compensation would pay him 80 percent of his salary for up to a year. However, Bob was becoming extremely anxious staying at home. When Bob's leg was taken out of the cast, he was dismayed over the limited mobility. He expressed hostility towards his doctors—especially for their inability to cite a specific recovery date. Nevertheless, Bob talked about returning to work "once this leg gets going again."

Meanwhile, Rita began to worry about Bob's changing behavior. Bob expressed higher than usual irritation with his sons, and his verbal abuse of them seemed to be increasing. He had also taken to watching television most of the day, often consuming a six-pack of beer. Rita expressed dismay over the possibility that Bob's leg would not return to normal. She worried that Bob hadn't taken any steps toward preparing for other kinds of employment. Every

time she expressed this concern, Bob seemed to respond with increased irritation and more drinking.

The above scenario suggests a holistic, ecological approach to Bob's recovery. Here, the treatment of Bob's injury was limited to necessary hospitalization, employers' insurance for medical costs, and Workmen's Compensation allowance. However, Bob's immediate family life was dramatically disrupted. He was also isolated from his coworkers, who had formerly provided meaningful social contact. Further, Bob had developed a dangerously narrow perception of his own recovery. He saw return to work as the ultimate solution to his frustrations, while refusing to acknowledge that his leg might not permit him to resume his old job. Rita's attempts to get Bob to consider other long-range plans were met with further drinking. Deteriorating relationships within Bob's family were largely overlooked, his isolation from coworkers continued, and Rita began to feel more distant from Bob.

Lacking the services of an industrial social worker, Bob was unable to perceive his injury within a broad environmental context. He simply saw his recovery as a medical problem, and made no constructive plans for dealing with the possibility of alternative employment. Bob communicated individually with his physicians, his work supervisor, the company personnel department, and his family. Yet none of these parties could assess Bob's overall environment and how different areas of his life were being affected by the work injury.

A social worker could have established some important links between various subsystems of Bob's environment. Serving as a counselor, the relationships between Bob, Rita, and the children could have been explored. Indeed, Bob's sons had experienced confusion over their father's extended stay at home. They were also becoming uneasy about the growing friction between Bob and Rita. Through counseling, a social worker could have at least encouraged recognition of different family members' reactions to the injury, and how these affected their interactions.

As an advocate, a social worker could have approached Bob's supervisor, offering progress reports on Bob's recovery, and pro-

moting the idea that, even if Bob's leg remained partially disabled, he might offer valuable service in an alternate job with the company. It might have been suggested that some of Bob's coworkers visit him at home, offering Bob the chance to create a network of social support. Since Bob lacked a sense of diplomacy in dealing with his physicians, a social worker could have served as a liaison, clarifying Bob's emotional condition as well as seeking medical clarifications that might calm his anxieties.

In working directly with Bob, a social worker could have provided empathic understanding, offering him encouragement to cope with the possibility of partial disablement. The positive consequences of such "contingency planning" could have been pointed out, along with suggestions for the most appropriate services for various outcomes. Available statutory benefits could have been similarly mapped out. Such realistic planning might have helped reduce Bob's anxiety about regaining full use of his leg. Certainly, it would have made any transition to a disabled status less traumatic and more pro-active.

In short, Bob needed assistance in formulating a positive, constructive approach to his injury experience. He needed to realize that his recovery was not a simple matter of waiting for his leg to heal, but rather a challenge to environmental reorganization. While physicians and company personnel were helpful, they did not perceive Bob's problems with reference to the many new adjustments he would have to make to his surroundings. A social worker who incorporates an ecological orientation would structure practice around three important assumptions: 1) the employee must respond to the demands of distinct environmental areas within his/her ecosystem, 2) significant components within the ecosystem will affect each other, and in turn, the employee, 3) the employee and his/her ecosystem are in the process of changing, presenting new adjustment demands along the way.

Conclusion

Unfortunately, many injured employees continue to find themselves faced with predicaments similar to Bob's. While social work practice in industrial settings has been a recent de-

velopment, work-related injuries seem to warrant little serious attention. There is presently no body of social work skills which specifically addresses the needs of injured employees. Yet, as it has been suggested here, existing social work skills can benefit the injured worker—if applied in an ecological manner.

More attention focused on work injuries would pose some interesting questions about the emerging role of industrial social workers. As this paper has argued, such injuries demand a broad, ecologically-oriented social work practice. This stance might also be desirable for other problems peculiar to industry. It appears, for example, that alcoholism continues to be handled largely within the EAP context; and this means that social work practice aims primarily to help the worker overcome his/her own "problems" with drinking behavior. However, as shown with the case of accidents, the focus of practice can be broadened—seeking specific environmental changes in work and family settings that would minimize stresses contributing to alcohol abuse.⁵

Social workers who deal with work accidents might also turn their attention to matters of prevention. Recognizing how environmental adaptations contribute to job stress and anxiety, they might begin to suggest better ways to organize work and family routines with the explicit goal of accident prevention. In order to do so, however, social workers will need to push for a definition of industrial practice beyond that which is only focused on "troubled employees." Environments, too, have their share of potential troubles.

It has been argued that much of what social workers claim they can do in industrial settings has yet to materialize in actual practice (Wyers and Kanlukukui, 1984). In light of this, on-the-job injuries might serve as a starting point for developing a genuine, ecologically based social work within industry. Because injuries are unplanned, pose unique problems in environmental adaptation, and affect different persons in different ways, they defy classification as a generic kind of employee problem. The ultimate challenge becomes one of planning for, and responding to, the unexpected. And that can only be done with an intimate knowledge of the environments which employees experience.

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Notes

1. The authors prefer to call anticipated worksite injuries "industrial hazards." These differ from industrial accidents because their amelioration requires extensive changes in industrial organization, rather than service provision alone. Other examples of industrial hazards include exposure to known levels of toxic contamination and hearing loss in high-noise worksites.
2. The ecological approach in social work practice has been developed by C. Germain and A. Gitterman (1980). See also, P. R. Balgopal and T. V. Vassil (1983, pp. 20–49), A. Gitterman and C. Germain (1976), C. Germain (1979), and M. Siporin (1980).
3. While some union involvement in identifying troubled employees and their needs has occurred, it has not matched the level of management initiatives. See also, R. Antoniadis and B. Foster (1982), and C. Filipowicz (1979).
4. For discussion of this problem as it relates to occupational disease, see R. Shanker (1983).
5. In this view, social work practice can be seen as relevant to catastrophic industrial accidents also. The general principles outlined in this article are certainly applicable to working with injured clients who have experienced such accidents as the Union Carbide gas leak at Bhopal, India. As industry becomes more technologically complex, the importance of reducing the element of human error increases. Social work can offer a potentially useful contribution towards this end.

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