

June 1997

## Journal of Sociology & Social Welfare Vol. 24, No. 2 (June 1997)

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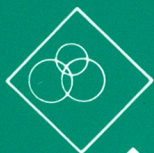
(1997) "Journal of Sociology & Social Welfare Vol. 24, No. 2 (June 1997)," *The Journal of Sociology & Social Welfare*: Vol. 24: Iss. 2, Article 1.

DOI: <https://doi.org/10.15453/0191-5096.2412>

Available at: <https://scholarworks.wmich.edu/jssw/vol24/iss2/1>

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# Journal of Sociology & Social Welfare

VOLUME XXIV  
NUMBER 2  
June, 1997

The JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE is edited and published by the SCHOOL OF SOCIAL WORK, WESTERN MICHIGAN UNIVERSITY, Kalamazoo, MI 49008.

JSSW is sponsored jointly by Western Michigan University, the College of Health and Human Services, and School of Social Work.

The substantial support of Louisiana State University in the publication of the journal is gratefully acknowledged.

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# JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

Volume XXIV

June, 1997

Number 2

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# Indochinese Mental Health In North America: Measures, Status, and Treatments

THANH V. TRAN  
DONNA L. FERULLO

Boston College  
Graduate School of Social Work

*The massive influx of Indochinese refugees and immigrants to North America since the end of the Indochina war, especially to the United States of America, has resulted in numerous multi-disciplinary efforts to document and study their mental well-being. As a group, Indochinese Americans arrived from war-torn countries where many had experienced various forms of trauma, poverty, and oppression. Their pre-migration experiences, and experiences in adjusting and adapting to the new life in the host society have influenced their mental health status and overall quality of life in various ways. This paper analyzes and synthesizes a wealth of multi-disciplinary research on the mental health of Indochinese Americans over the course of two decades. The content of the paper encompasses three important dimensions: measures, status, and treatment. Practical implications are presented and discussed around each dimension of mental health research.*

## Introduction

The end of the war in Indochina in April 1975 resulted in a mass exodus of Cambodians, Laotians, and Vietnamese to the United States of America. The Office of Refugee Resettlement reported that, by the end of 1993, the Indochinese American population had reached 1,072,471 persons. We use the term Indochinese Americans to refer to the people of Cambodia, Laos, and Vietnam who arrived in the United States since 1975 as refugees from refugee camps in Southeast Asia or those who arrived to this country through special immigration programs. However, several authors who are cited in this article have used the term Southeast Asian refugees instead of Indochinese refugees or

Indochinese Americans. These authors refer to Cambodians, Laotians, and Vietnamese refugees who were admitted to the United States from several refugee camps in Southeast Asia. Geographically, the term Indochinese is more accurate than Southeast Asian because Indochina is comprised of the three nations of Cambodia, Laos, and Vietnam. From 1975 to 1979, Vietnamese have made up 90% of the Indochinese American population. During the 1980's and the 1990's, the Indochinese American population has become more diverse because of the arrival of a large number of Cambodian and Laotian refugees. By 1993, the Vietnamese made up 59 percent of the total Indochinese American population, 21 percent were Laotians, 13.6 percent were Cambodians, and 6.4 percent were Amerasian and others (Office of Refugee Resettlement, 1993). Most Indochinese Americans were admitted to the United States as political refugees. Prior to 1970, no Indochinese were admitted to this country as refugees. However, between 1971–80, about 8 thousand Cambodians, 22 thousand Laotians, and 150 thousand Vietnamese refugees had arrived in this country. These populations of refugees have increased.

With the current level of growth in population, Indochinese Americans will soon become one of the largest groups of Asian Americans (Gardner, Robey, & Smith, 1985). While other Asian American groups have achieved high levels of acculturation, Indochinese Americans are still struggling to make their transition to their host society. Among recently arrived refugee groups, Indochinese refugees had a poorer record of economic independence than non-Indochinese refugees. For example, among refugees who arrived in the United States between 1988–1993, 47 percent of Indochinese totally depended on public assistance compared to 29 percent of non-Indochinese refugees (Office of Refugee Resettlement, 1993). Nevertheless, several studies in the past have revealed that the Indochinese have made progress in their economic adjustment and identified factors that contributed to their economic adjustment (Caplan, Whitmore, & Bui, 1984; Strand & Jones, 1985).

Interest in the mental health status of Indochinese Americans has proliferated among academics, social services professionals, and others in the last two decades. Research on the mental health of Indochinese Americans started when the first wave of refugees

arrived in the United States from Vietnam in the mid 1970's. Since then, this population has increased rapidly in both Canada and the United States. Researchers from different disciplines have studied the status of mental health of this population. However, there has been no effort to synthesize existing published literature into a systematic and coherent theoretical framework. In response to the growing demand for knowledge on this issue, we have put together an analysis of the best papers published in several journals from different disciplines that reflects the state-of-the art in the field of mental health of Indochinese Americans.

The selection of papers for inclusion in this analysis was based on many criteria. It was decided that the analysis would focus on Indochinese Americans; that it would address several areas in mental health; and that it would include only journal articles. In order to provide a broad overview of the topic, an historical perspective, and recent developments in the field, a twenty year time frame was chosen. The materials that are analyzed were published between the years of 1975 and 1994. Once the parameters were defined, the next step was to identify what resources would be used to locate the necessary information. A combination of electronic sources including the Internet and paper abstracts and indexes were chosen. Before the research was conducted, appropriate terminology for the field of mental health had to be selected. This was accomplished through the use of electronic and paper thesauri. After all of the components were gathered and combined, resources in the disciplines of social work, psychology, sociology, medicine, social sciences, education, political science, and law were researched. The documentation that was retrieved was once again checked to make sure that it complied with all the established criteria. The results were then scrutinized even more closely and narrowed further before being selected for inclusion in this article.

This paper is organized around four major topics: Measurement Issues of Mental Health and Psychiatric Disorders, Mental Health Status of Indochinese Adults, Mental Health Status of Indochinese Children, and Issues in Mental Health Treatments. We provide a critical in-depth analysis of the content of each section and offer our suggestions for future research or services in mental health among Indochinese Americans.



### Measurement Issues of Mental Health and Psychiatric Disorders

In cross-cultural comparative research, the issues of measurement equivalence are of great importance. Mental health researchers or evaluators must assure that diagnostic measures of mental health status inventory scales and indexes used in a research or evaluation project must have cross-cultural reliability and validity. Establishing both valid and reliable measures of mental health status is the fundamental step in all research or evaluation projects. In the past two decades, many attempts have been made to develop measures of mental health for Indochinese Americans. The work by Eyton and Neuwirth (1984) raises a serious question on the fundamental task of cross-cultural research in health and mental health among Vietnamese Americans. That is the cross-cultural validity of research instruments and measures. Researchers should pay more attention to their efforts to develop cross-cultural measures of health and mental health among recent immigrant and refugee communities.

The work by Fabrega and Nguyen (1992) reveals that good psychiatric diagnoses must take cultural and social structure of patients into consideration. They used a case study of a Vietnamese patient to illustrate how the cultural background of the patient and his social structure contributed to his psychiatric disorders. In making diagnoses for patients from different cultures, clinicians should always pay attention to their patients' cultural background and social systems. Furthermore, Eisenbruch (1991) asserted that clinicians should not use Western categories in diagnosing psychiatric disorders among non-Western refugees. The Western criteria of psychiatric disorders may not be culturally appropriate in making a valid diagnosis of psychiatric disorders among non-Western patients. His work with Cambodian refugees suggests that clinicians should consider their patients' cultural definitions of mental health as important in the diagnostic process. Krener and Sabin (1985) also raised serious questions on the application of DSM-III diagnoses to Indochinese immigrant children. They asserted that DSM-III diagnoses lack cultural comparability and they should be refined to improve their cross-cultural comparability. Kinzie and associates (1982) made a first serious attempt to construct a depression scale for

Vietnamese refugees. They took cultural definitions of depression into consideration in the process of instrument construction. Nevertheless, they administered their Vietnamese depression scale to a relatively small sample of patients and a comparable small sample of non-patients. Thus their findings on some psychometric properties of the scale are not sufficient to consider it as a good standardized measure of depression for Vietnamese Americans. Beiser and Fleming (1986) developed a measure of psychiatric disorder for Indochinese refugees. They selected items from previous scales which were developed for non-Indochinese populations. Although their data revealed the selected items of psychiatric disorders had high internal consistency reliability, their methods of cross-cultural validating need further improvement. Another important attempt was made by Mollica and his associates to develop a measure of torture, trauma and posttraumatic stress disorder in Indochinese refugees (Mollica, Caspi-Yavin, Bollini, Truong, Tor, & Lavelle, 1992). They named the measure the "Harvard Trauma Questionnaire." Although the researchers were thoughtful in their attempt to make the scale culturally valid and reliable, its efficacy remains questionable and requires further refinement and data collection on the scale items.

One major problem of previous studies is the lack of a systematic procedure to develop or to apply an existing measure of mental health among Indochinese populations. We suggest that future studies should take the following points into consideration in developing instruments.

1. Researchers should involve prospective Indochinese subjects in conceptualizing a research variable or defining psychiatric disorders.
2. Researchers should be aware that the Indochinese American population is culturally diverse. Each group has its own culture, history, language, and unique experience of acculturation. Therefore, one should not view this population as homogeneous. Cultural comparability of research instruments should be achieved if one plans for a comparative analysis among these groups.
3. If an existing instrument or diagnostic procedure is used, then it should be evaluated for its cross-cultural comparability with each Indochinese culture.

4. Researchers should not depend solely on the use of traditional back-ward translation procedure. A good cross-cultural translation team must involve an equal number of female and male translators who have some training in mental health. A translation must be evaluated by prospective subjects through in-depth interviews or focus groups before it can be used.
5. A research team should have trained Indochinese persons as co-investigators or consultants to improve the project's cross-cultural efficacy.

Authors cited in this section have raised important questions on cross-cultural comparability and validity of measures and diagnostic procedure of psychiatric disorders used among Indochinese Americans. Their concerns, however important, should not be used to discredit previous studies of mental health of Indochinese Americans.

### Mental Health Status of Indochinese Adults

This section includes an analysis of papers on various aspects of the mental health status of Indochinese American adults. The selected papers represent efforts of researchers from different disciplines who were interested and concerned about the mental well-being of Indochinese refugees. Several of the selected authors had first-hand experiences with Indochinese as clinicians or mental health services providers. This section does not intend to provide an historical view of mental health research on Indochinese adults, but to present to the readers major mental health problems commonly found in this population. Our goal was to select papers representing all Indochinese ethnic groups. Unfortunately, researchers have not given equal attention to all Indochinese groups. Therefore, the readers may find more research on one group than others.

It appears that the two major typologies of psychiatric disorders commonly found among Indochinese patients are post-traumatic stress disorder (PTSD) and depression. Kinzie and associates (1990) found that Indochinese patients had the highest rate of PTSD compared with other groups that were reported

in the literature. Females and older patients had more psychiatric disorders. This study of a sample of psychiatric patients reveals that psychiatric disorders varied among the patients' ethnic groups. For example, highland Laotian (Mein) patients had the highest rate of PTSD and the Vietnamese had the lowest. This fact should refute any assumptions about the homogeneity of psychiatric disorders among Indochinese groups. The authors also acknowledged problems of collecting data on traumatic experiences from the patients because of cultural differences.

In a study with a small sample (52) of Indochinese psychiatric patients, Mollica and associates (1987) found that Indochinese patients often experienced multiple traumatic events. The majority of the patients experienced affective disorder and PTSD. Spouseless Cambodian women experienced more psychiatric disorders and social impairments than other Indochinese patients. This also pointed out cultural diversity in Indochinese patients. For example, Cambodian patients had fewer informal supports than other Indochinese patients.

In a small but not-clinical survey of randomly selected 50 Cambodian refugees, Carlson and Rosser-Hogan (1991) found that a significantly high proportion of respondents experienced PTSD and clinical depression. More specifically, Cambodian respondents who experienced multiple and severe traumas tended to have more severe psychiatric symptoms. The findings suggest that many refugees who suffered from PTSD have not been treated. One may argue that the absence of treatment for many refugees with severe psychiatric disorders can be attributed to cultural differences, language, social barriers, and lack of community mental health services.

Westermeyer, Neider, & Callies (1989) reported findings from the only longitudinal community survey of a sample of 100 Hmong refugees. Overall, Hmong refugees interviewed in the study have made substantial changes in their acculturation and mental health status. Unlike other groups of Indochinese refugees, the Hmong came to the United States from a tribal society with an extremely high rate of illiteracy. However, within a period of between 7 to 10 years, they have acquired more acculturative skills such as education and English language ability. Many reported fewer psychological problems and psychiatric



symptoms. Nevertheless, depressive symptoms remained considerably high among individuals who were unemployed, older, widowed, divorced, uneducated, socially isolated and had no English speaking ability. This study revealed important findings concerning the Hmong's ability to acculturate into mainstream American life. It also indicates that the majority of Indochinese refugees have made an extraordinary effort to adjust and adapt to American society even among those who came with obvious social and cultural disadvantages such as the Hmong.

Hinton and associates (1993) conducted health screenings with a sample of 201 newly arrived refugees from Vietnam. The screenings reveal that as a group, Vietnamese refugees tended to be resilient to traumas because only 18% experienced one or more DSM-III-R disorders. The authors were aware of the fact that although Chinese-Vietnamese and Vietnamese refugees shared historical and geographical similarities, the two groups do have different cultures and even languages. They found ethnic Vietnamese refugees had a relatively higher rate of psychopathology such as depressive symptoms than ethnic Chinese-Vietnamese. Ethnic Chinese-Vietnamese refugees were immigrants in Vietnam or descendents of immigrants. As a group, they have had more experiences of coping with uprooted situations than their ethnic Vietnamese counterparts. This study also found that refugees who had traumatic events, were married, and veterans were more likely to have one or more psychiatric disorders. Although this non-clinical survey reveals a small proportion of Vietnamese refugees suffering from psychiatric disorders, its findings confirmed that traumatic experiences are associated with psychiatric disorders. Therefore, mental health screenings and services should be available to newly arrived refugees from war-torn or disaster areas.

One issue that has raised concerns among clinicians and services providers is whether stress resulting from living conditions and length of confinement in refugee camps would cause psychological disorders among refugees when they are resettled in the host society. Interestingly, findings from a community survey of Indochinese refugees in Canada, by Beiser, Turner, & Ganesan (1989), reveal that refugee camp stress was associated with psychiatric symptoms among recently arrived refugees. However the

association diminished with time of resettlement. That is after the initial phase of resettlement, refugees tended to forget or cope with the past successfully. This should be noted that many Indochinese refugees risked their lives to seek freedom and a better life outside their homelands. These people were very selective and willing to accept hardships and even death to find a better life. As a result, many should be able to overcome stressful experiences from refugee camps after arriving in a safer society.

In another paper, Beiser, Johnson and Turner (1993) found that unemployment and underemployment are risk factors of depression among Indochinese refugees. More important is the link between depression and employment. Although job loss is a significant risk of depression, individuals who were depressed were less likely to hold on to their employment than non-depressed individuals. The authors also noted for non-refugee Cambodians, job loss often led to lower self-esteem and loss of social contacts. However, for Indochinese refugees, the major stressful consequence of job loss was the loss of income. This is typical among recently arrived immigrants and refugees. Among other things, financial stability is one of the most important protective factors of psychological distress. For most refugees and immigrants, their major source of financial support is their job.

Chung and Kagawa-Singer (1993) found in a large sample of non-clinical respondents that Indochinese refugees who had pre-migration traumas were more likely to experience a higher level of psychological distress controlling for the length of residence in the United States. They noted that premigration traumas still had an inverse effect on psychological well-being after the initial phase of a refugee's resettlement. Similarly to other studies, this study found that Cambodian refugees were more likely to report higher levels of psychological distress than their Laotian and Vietnamese counterparts.

The papers selected for this section are about the mental health status of both clinical and non-clinical populations of Indochinese refugees. The major risk factor of psychiatric disorders and psychological distress found in both clinical and non-clinical studies has been the refugees' traumatic experiences. The good news is that many refugees were able to overcome their traumatic experiences after a few years of arriving in their host communities.

For the most part, beside premigration traumatic experiences, researchers have focused on risk factors of psychiatric problems including the lack of acculturative skills (e.g., English language ability, education), marital status, age, employment, and ethnicity. It should be noted that most studies were local in terms of sample selection. Researchers used translated versions of measures of psychiatric disorders or psychological distress as outcome measures. By doing so, researchers have assumed that concepts of psychiatric disorders and psychological distress were equivalent in American cultures and Indochinese cultures. In reality, one would argue that these concepts might not have cross-cultural comparability. Moreover, cultural diversity among Indochinese refugee groups was not addressed sufficiently in most studies. We suggest that future studies should consider the following points:

1. Attempts should be made to gather data from various mental health clinics or institutions that have provided treatments and services to Indochinese refugees. This kind of information is useful for researchers and service providers to identify common typology of mental disorders and treatments among Indochinese refugees.
2. Key concepts related to mental health or refugees such as acculturation, adjustment, adaptation, and acculturative stress should be developed and made standardized for future studies.
3. There is a need to conduct a nationwide need assessment of mental health services to determine the needs for mental health services among Indochinese refugees and the availability of appropriate mental health services and their quality.

### Mental Health Status of Indochinese Children

The selected papers in this section are concerned with the mental health status of Indochinese children. We found previous studies did not give adequate and equal attention to all Indochinese groups. More studies were conducted with Cambodian and Vietnamese children but not with the Laotian. We want the readers to know this fact because it is not our intention to exclude any group from this article.

Clarke, Sack and Goff (1993) reported a study of a non-clinical sample of 69 Cambodian adolescents who were survivors of the Pol Pot regime. Their study revealed that traumatic events were associated with resettlement stress and PTSD. However, the authors found that recent stressful events were more likely to associate with the children's depression. This finding in a sample of adolescents is similar to findings among Indochinese adults. It appears that premigration traumatic experiences have left a prolonged negative impact on the mental well-being of both refugee adults and children. Another non-clinical study of 47 Cambodian adolescents revealed that a high proportion of Cambodian children suffered from PTSD. The study also found that older children tended to report more traumatic life events and no gender difference was found in the recollection of trauma exposure (Realmuto, Masten, Carole, Hubbard, Groteluschen & Chhun, 1992). Sack and associates (1993) reported findings from a follow-up study of Cambodian refugee adolescents. They noted that PTSD persisted overtime, but depression was decreased. An important finding of this study was the influence of time on the intensity of PTSD. Although the children continued to suffer from PTSD, its intensity tended to be weakened over time. Furthermore the children did not suffer from comorbid conditions of PTSD and depression. Nevertheless, children with PTSD tended to suffer from other forms of stressful life events.

The process of refugee resettlement involves at least three phases: flight from home country, temporarily living in a refugee camp, and arriving in a host society. The length of living in a refugee camp varies among refugees. Not all refugees left their home country with family members or significant others. A noticeable number of Indochinese refugees, especially Vietnamese refugees, were adolescents or young adults who arrived in refugee camps without accompanied parents or relatives. Felsman and associates (1990) reported a study of psychological distress in a sample of Vietnamese unaccompanied minors, adolescents who arrived in refugee camp with parents and young adults. All three groups of young Vietnamese refugees experienced high anxiety and poor health status. However, young Vietnamese adults experienced a significantly higher level of depression and anxiety than other groups. These findings are understandable because both



adolescents and unaccompanied minors received formal social service programs in refugee camps. Many young adults arrived in refugee camps without parents or relatives. They were not eligible for many services designed for adolescents and unaccompanied minors. Moreover, many faced an uncertain future of being on their own in a strange environment. No follow-up study was reported on this sample to determine change in psychological distress after the subjects had arrived in their host society. Fortunately, findings among adult refugees have revealed that stressful events in refugee camps tended to diminish after refugees were in their host society for a period of time (see Beiser et al., 1989, Chapter II). For Vietnamese unaccompanied minors who were placed in foster homes after arriving in the United States, Porte and Torney-Purta (1987) found that those who were placed with their own ethnic foster homes experienced lower depression and had better academic performance than those in Caucasian foster homes or group homes.

The selected papers in this section indicate the paucity of research and knowledge on mental health among Indochinese American children. For the most part, previous studies were more concerned about premigration experiences and current psychological status. There are several timely and important issues that remain to be examined. The following is a list of a few urgent issues that demand attention from both researchers and services providers:

1. There is an urgent need to study the impact of family conflicts on psychiatric disorders of Indochinese children. Many Indochinese American families are faced with conflicts due to differential acculturation between parents and children. Indochinese parents, especially those who are less acculturated, often feel powerless in their relations with their children. The inevitable crash between traditional and host culture has led many families to the brink of disruption and distress.
2. Many Indochinese teenagers who grow up lacking appropriate role models in their family and community find themselves alienated from their own culture and the host culture.

3. Acculturation stress related to school and socialization can lead to psychiatric disorders among Indochinese adolescents and young adults.
4. Parental premigration stress and PTSD can affect family relations and the psychological well-being of children.

In designing future research on Indochinese children, researchers must take cultural differences among different ethnic Indochinese groups into consideration. Although we do not advocate that researchers must develop new measures or diagnostic tests of psychiatric disorders and related concepts in studying Indochinese children, it is, however, imperative to develop standardized procedures to evaluate the cultural appropriateness of research instruments developed in other cultural groups. Longitudinal study of acculturation and mental health is an ideal design to study the causal relationship between acculturation and psychiatric disorders among Indochinese children. A study should follow children long enough to examine interaction effects between maturation and acculturation on psychiatric disorders. Because there are several waves of Indochinese arriving in America at different times, researchers also need to distinguish between American born-children and Indochina born-children.

### Issues in Mental Health Treatments

The papers selected for inclusion in this section represent various efforts to treat psychiatric disorders among Indochinese patients. Niem (1989) reported his experiences in treating psychiatric disorders among Vietnamese refugees. As a Vietnamese himself, Ton was able to address the important roles of a psychiatrist as perceived by Vietnamese patients. The author discussed a combination of psychotherapeutic and pharmacotherapeutic treatments for Vietnamese patients. Moore and Boehnlein (1991) acknowledged that psychotropic medications were not effective in treating the Mien refugees from highland Laos. This group of Indochinese refugees often experienced major depression and PTSD. They suggested clinicians use psychosocial and psychotherapeutic treatments for this group. In addition clinicians may combine Western treatments and patients' traditional healing approaches in treating major depression and PTSD among Mien

Laotians. Lin and Shen (1991) raised several important issues in providing psychiatric treatment to Indochinese patients. They warned clinicians of the difficulties of making valid clinical evaluations of Indochinese patients due to their cultural and language barriers. The communication between clinicians and patients, the compliance of patients to treatment requirements, cultural belief of treatments, influences of family and social network, and ethnic differences in psychotropic responses can interfere with the outcome of psychiatric treatments. Clinicians also need to pay attention to the use of drugs in psychiatric treatments for Indochinese patients. Kinzie and Leung (1989) reported the effectiveness of using Clonidine to treat PTSD among Cambodian patients. They noted that the drug did have a promising outcome in the treatment of severely depressed and traumatized patients. Frye and McGill (1993) offered their suggestions to mental health nurses who provide mental health services to Cambodian refugees. The authors emphasize the need to be culturally competent among psychiatric nurses. Psychiatric nursing interventions should consider the cultural aspects of equilibrium and harmony among Cambodian patients. They suggested that group therapy may not be appropriate for treating PTSD among Cambodian patients. Bemak (1989) stressed the importance of cultural sensitivity in providing family therapy to Indochinese patients. The author suggests that therapists should avoid using the Western frame of reference in working with an Indochinese family. Therapists should be willing to accept non-traditional healing approaches in working with Indochinese patients. Nishio and Bilmes (1987) pointed out some differences between Western values and Indochinese values that are considered to be important in working with Indochinese clients. For example the American value of independence can make it harder for the therapist to accept the importance of interdependence and dependence among Indochinese patients. Ko H.Y. (1986) made suggestions on how to work with a Chinese-Vietnamese family to cope with its problem in the new environment. The author emphasized the importance of involving the client's family system in problem solving. Therapists should help the client to discover his/her family and cultural values that can help the client to cope with problems. The extended family should be con-

sidered in planned therapeutic efforts. In addition, the therapists should make efforts to understand the cultural background of the client.

There are two important issues in the treatment of psychiatric disorders among Indochinese patients that are medication compliance and the match between patient-therapist (clinician) ethnicity and language. Current literature reveals that Indochinese patients have a low level of compliance toward medication use and the match between clinician-therapist ethnicity and language does not effect positive outcome. Authors of the two selected papers in this section suggested that cultural background, belief, and attitudes toward psychiatric disorders among Indochinese patients influence their medication compliance and the effectiveness of matching therapist-client ethnicity and language. Nevertheless, both studies were local in terms of sampling and had small sample sizes (Kroll et al., 1990; Flaskerud & Liu, 1990).

### Conclusions

Two decades is a reasonable time frame to evaluate and synthesize the research on mental health of Indochinese Americans. This review of the literature shed lights on the status of research, mental health conditions, and treatments of mental health problems among Indochinese Americans. Although previous researchers have paid attention to the issues of developing and using appropriate diagnostic procedures, and research measures in the study of mental health of Indochinese people, this area of interest needs further developments and concerted efforts among researchers from different disciplines. There is a need to conduct a nationwide survey on the mental health status of Indochinese Americans. This survey should provide researchers and practitioners reliable and valid information on the prevalence of mental illness, coping behaviors, availability of culturally sensitive community mental health services, and mental health services utilization among Indochinese Americans. Clinical research should be undertaken to evaluate the effectiveness and efficacy of different types of psychotherapy for specific mental disorders among Indochinese clients.

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# An Afrocentric Perspective on Social Welfare Philosophy and Policy

JEROME H. SCHIELE

Clark Atlanta University  
School of Social Work

*Although much of the literature on American social welfare philosophy and policy is progressive and sincere in its objectives to dismantle poverty and economic oppression, the literature is limited in two important areas: 1) identifying American social welfare philosophy and policy as primarily Eurocentric in its worldview, and 2) applying the cultural values of people of color as a conceptual base to advance and diversify views on social welfare philosophy and policy. To address this gap, this paper draws on the viewpoints of a cadre of social scientists called Afrocentrists and applies the Afrocentric worldview to describe how it conceives social welfare philosophy and what social welfare policies it would support. It is suggested that the Afrocentric perspective on social welfare philosophy is predicated on a collective, spiritual, and morally affirming idea of societal relations and government and individual responsibility that advocates enhanced educational opportunities, guaranteed minimum income, universal health care coverage, and workplace friendly and cooperative atmospheres.*

Social welfare philosophy and policy can be said to reflect the underlying philosophical assumptions of a society or culture (Gill, 1992). In as much as the underlying philosophical assumptions of a society are shaped significantly by those in power, social welfare philosophy and policy in the United States can be described as affirming the cultural themes of the dominant group. Since people of European descent, and their respective cultural backgrounds, are prominent in determining the cultural landscape of the United States, it can be argued that social welfare philosophy and policy validate a Eurocentric orientation to resource distribution, societal relationships, and morality.

Although the concept "Eurocentric" is seldom used to depict social welfare philosophy and policy in the United States,

considerable attention in social welfare policy literature has been devoted to its characteristics such as the value of individualism and the political economy of capitalism (Jansson, 1993; Ehrenreich, 1985; Piven & Cloward, 1971; Trattner, 1989). Moreover, efforts have been aimed at showing how U.S. social welfare philosophy and policy have affected people of color, but rarely—if ever—are the cultural values or worldviews of people of color used as a conceptual foundation to describe how social welfare philosophy and policy would look like. To address this gap, this paper draws on the worldview of traditional African and African American culture (i.e., the Afrocentric perspective) to a) discuss an Afrocentric philosophy of social welfare, b) compare it with what can be called an Eurocentric philosophy of social welfare, and c) examine some possible social welfare policy implications of an Afrocentric social welfare philosophy.

### Overview of the Afrocentric Perspective

Over the last twenty years or so, a new generation of African American social scientists have been increasingly concerned with the hegemony and universalization of Eurocentric theories and concepts in the social sciences specifically and the broader American society generally (see, for example, Akbar, 1976, 1979, 1984, 1994; Ani, 1994; Asante, 1980, 1988, 1990; Baldwin, 1981, 1985; Baldwin & Hopkins, 1990; Boykin, 1983; Cook & Kono, 1977; Dixon, 1976; Hale-Benson, 1982; Hilliard, 1989; Kambon, 1992; Karenga, 1993; Khatib et al., 1979; Myers, 1988; Nobles, 1980). Viewing this hegemony and universalization as deleterious to the expression and validation of social science paradigms emanating from people of color, these social scientists have attempted to challenge Eurocentric hegemony by constructing conceptual paradigms that affirm the history, traditions, and visions of people of African descent. Because they place Africa, or what will be discussed below as traditional Africa, at the center of their analysis, they have been increasingly referred to as Afrocentrists. Critical to an understanding of the Afrocentric perspective is the emphasis on worldviews. Many Afrocentrists maintain that worldviews are shaped primarily by race/ethnicity and reflect a racial or ethnic group's cosmology, ontology, and epistemology. Moreover, they

believe that the differences between and among racial/ethnic groups is greater than the differences within racial/ethnic groups (Swigonski, 1996). Because Afrocentrists are especially concerned with the political and economic effects of Eurocentric cultural hegemony on both people of African and European descent, they have given considerable attention to what they refer to as the Afrocentric and Eurocentric worldviews.

Afrocentrists contend that the foundation of the Afrocentric worldview, which they believe has survived among many people of African descent including African Americans, is found in what is called *traditional* African cultural traditions of the various ethnic groups (e.g., Ashanti, Twe, Nubians, Kemites, Dogon) that predate the advent of European and Arab influences. Several scholars of African history maintain that much of what we see occurring on the African continent today is a direct result of the many years of the colonization and enslavement of Africans by both Europeans and Arabs and does not reflect the essence of the values and mores of traditional Africa (Clarke, 1991; Diop, 1991; Karenga, 1993; Rodney, 1980; Williams, 1993; Zahan, 1979). These writers further maintain that although there was diversity in traditional African values and mores, there were some important similarities in basic philosophical assumptions across the various ethnic groups. These assumptions accentuated an ontological and cosmological framework that emphasized a collective and spiritual worldview. Afrocentrists, who believe that the same form of oppression afflicts people of African descent worldwide, assert that although it is important to acknowledge the diversity among people of African descent, it is more important to underscore the cultural commonalities if people of African descent are to truly advance themselves politically and economically. Thus, the Afrocentric worldview is a set of philosophical assumptions that are believed to have emanated from common cultural themes of traditional Africa and which are thought to be helpful in not only liberating people of African descent but also for facilitating positive human and societal transformation for all (Akbar, 1994; Karenga, 1993; Schiele, 1996).

Just as Afrocentrists believe that there is an Afrocentric worldview, they also believe in a Eurocentric worldview, which they assert provides the philosophical foundation for the U.S. and many

European nations. Afrocentrists recognize the diversity among people of European descent, but maintain that there are some common cultural themes that cut across the diverse groups. These themes primarily are what they see as an overemphasis on a materialistic and fragmentary view of world elements and phenomena. However, for this paper's purpose, European American culture, with its additional feature of individualism, is seen as the quintessence of the Eurocentric worldview. Afrocentrists say that this overemphasis on individualism, materialism, and fragmentation has led to inordinate inequality and exploitation and has devalued the worldviews of people of color generally and people of African descent specifically. From a social welfare perspective, Afrocentrists would identify the Eurocentric worldview as the primary cause for the seemingly uncaring and callous character of U.S. social welfare philosophy and policy, and would maintain that social welfare philosophy and policies based on Afrocentric concepts would foster more humane societal relationships and equitable distributions of opportunities and resources.

### Afrocentric Social Welfare Philosophy

The Afrocentric basis of social welfare has as its basic mission the guarantee of equal opportunities for all people in a given society to maximize their talents and skills. Everyone is believed to have the civil, but more importantly the moral, right to work, descent housing, and adequate food and clothing. As Williams (1993) maintains, Afrocentric economic philosophy contends that the definition of profits implies a surplus only after all human needs of all people in the society have been adequately met. To elaborate on Afrocentric social welfare philosophy, three fundamental assumptions are examined: 1) *individual identity is a collective identity*; 2) *poverty is an intolerable consequence of society's lack of commitment to collective welfare*; and 3) *there is a mutually dependent and morally affirming concept of government and individual responsibility*.

#### *Individual Identity as a Collective Identity*

In the Afrocentric paradigm, individual identity is viewed as a collective identity (Akbar, 1984; Kambon, 1992; Schiele, 1994;

Mbiti, 1970). The notion of isolated or insular identity, characteristic of the Eurocentric worldview, is rejected and replaced with a more fluid and holistic view of identity that sees the individual as embedded in his or her social group. Although the emphasis is on collectivity, the Afrocentric viewpoint does not reject the notion of uniqueness (Akbar, 1984; Gyekye, 1992; Ogbonnaya, 1994); rather, it repudiates the idea that the individual can be understood separate from others (Akbar, 1984; Ogbonnaya, 1994). Whereas heavy emphasis in the Eurocentric worldview is placed on overcoming relationality and dependency, the Afrocentric worldview celebrates and cultivates relationality and interdependence (Gyekye, 1987; Ogbonnaya, 1994).

The focus on collectivity or collective identity in the Afrocentric paradigm also highlights the union of the material with the spiritual self (Myers, 1988; Kambon, 1992; Ogbonnaya, 1994). As Asante (1980) conveys, "the continuity from material to spiritual is the universal basis of the Afrocentric viewpoint" (p. 50). From an Afrocentric perspective, spirituality "can be defined as that invisible universal substance that connects all human beings to each other and to a Creator or a Supreme Being" (Schiele, 1996, p. 287). Collective identity in this regard means that every individual is a composite and a reflection of the spiritual world of ancestors and the material world of the living.

The implication of this collective, spiritual view of human behavior for social welfare philosophy is that 1) insular individualism is believed to be invalid, 2) objectification of human beings is unnecessary, and 3) materialism is brought in balance with that which is spiritual or nonmaterial. Individualism is considered invalid because if human identity is deemed a collective identity, there is less of a need to attribute success or failure to the "lone" person. Success and failure are viewed as collective success and failure. Rather than identifying individual defects within the person, characteristic of Eurocentric individualism, attention is aimed at revealing the elements in the collective, group self that may need to be altered or eliminated to further the collective advancement of all. The Afrocentric paradigm reminds us that the "the total results of one's efforts are due to aids, circumstances, and powers entirely beyond one's own control" (Williams, 1993, p. 156), and, if the lone individual has done her best and still

fails, that failure must be shared by all (Williams, 1993, 1987; Karenga, 1996).

Unlike the Eurocentric worldview's reliance on objectification as a major means of knowing, objectification in the Afrocentric paradigm is unnecessary because it rejects the notion that people can and should be emotionally and spiritually detached from others (Ani, 1994; Kambon, 1992). To acknowledge emotional and spiritual connectedness to others can prevent indifference and passive insensitivity that frequently enables appalling social events such as poverty and human oppression. Though emotions towards others can be unfavorable, when balanced with spirituality, one has greater potential to transform unfavorable emotions into favorable ones, unless the negativity of the emotion is justified. The point here is that if people tap into their inherent capability to connect to others in a spiritual way, the likelihood of condoning or participating in acts that create material injustice decreases.

A last result of the collective, spiritual view of human identity is that materialism is brought in balance with the unseen. Albeit the material needs of people must be met, and their material attributes important, the Afrocentric thrust of spirituality reminds us that much of human self-worth and self-definition transcends the material. When assessing human self-worth, the Afrocentric viewpoint maintains that human attributes such as compassion, peacefulness, and morality, that can exist in spite of one's material acquisitions and attributes, are very essential. Moreover, because the Afrocentric model's concept of collective identity is multidimensional and time limitless, the material realm of the present is viewed as just one of many aspects of human identity and potential. In this regard, the Afrocentric paradigm asserts that a society with abundant material and technological opulence, but with inadequate collective compassion, cannot be considered an advanced civilization (Akbar, 1984).

*Poverty Is An Intolerable Consequence of Society's  
Lack of Commitment to Collective Welfare*

Within the Afrocentric framework, poverty is intolerable. This is because in traditional African philosophy, the emphasis is on securing the collective welfare of everyone in the community (Karenga, 1993; Gyekye, 1992; Williams, 1993, 1987). The collec-

tive rights of the community are believed to supplant the rights of any one individual (Menkiti, 1984; Williams, 1987). However, as Gyekye (1992) contends, the emphasis on collective rights in traditional African thought does not connote that individuals are prohibited from asserting their evaluation or re-evaluation of the community structure. It only means that in traditional African thought, there is absence of a uncompromising and extreme orientation to individual rights that significantly compromises individual obligation to, and consideration of, the concerns and welfare of others (Ani, 1994; Schiele, 1994; Baldwin & Hopkins, 1990).

Unlike the Eurocentric worldview's emphasis on distributing the most rewards and resources to those who are considered to have contributed the most, the Afrocentric worldview maintains that rewards and resources should be distributed equally, so long as everyone in the community has contributed to their fullest potential (Williams, 1993, 1987). Instead of punishing people who may have less resources and talents, the Afrocentric viewpoint ensures that those with less resources and talents can have equal access to the benefits and technology of the entire community or society.

Critical to an understanding of the Afrocentric viewpoint's communitarian focus is the disavowal of the Eurocentric notion that some individuals are more special than others and that since they are special (i.e., appear to excel in valued human work and activity), they should be treated differently from, and afforded more privileges than, others. The Afrocentric viewpoint maintains that despite the variance in talent and abilities, all people who attempt good are special because they are partial manifestations of the supreme goodness and wisdom of the Creator (Mbiti, 1970; Zahan, 1979). As partial manifestations of the creator, each individual can be conceived as a necessary ingredient of human life, especially if their abilities and talents are cultivated by the larger society as well as the more intimate environment of the family and local residential community. In this regard, it is believed that all talents and abilities humans possess are equally important. This is because all talents and abilities are viewed as interconnected and mutually dependent. For example, the ability to read is connected to someone's ability to cut down trees to



develop the paper needed to print written materials. The ability to develop computer software is connected to someone's ability to convert raw materials like silicon into computer chips needed to manufacture computer software. The ability of most of us to go to work and operate in a sanitary physical environment is dependent upon someone's ability in housekeeping. If human abilities are viewed as mutually dependent, there is no need to impose hierarchies on human abilities and to justify a sociocultural ethic that supports distributing rewards and abilities unevenly, thus contributing to poverty, oppression, and inequality.

*There is a Mutually Dependent and Morally Affirming  
Concept of Government and Individual Responsibility*

Within the Afrocentric paradigm, a mutually dependent and morally affirming idea of government and individual responsibility is upheld. The focus on mutual dependency is fostered by the Afrocentric notion of cooperative democracy (see Williams, 1993). Unlike the dichotomous and antagonistic view of government and individual responsibility found in many Eurocentric perspectives, cooperative democracy takes on a more unitary and reciprocal notion of government and individual responsibility. Within this framework, all units of people—individuals to very large aggregates and bureaucracies—play an equally important role in ensuring the welfare of the entire nation or community. With diunital logic (i.e. logic that emphasizes unity in polarity) as its foundation, cooperative democracy conceives that groupings of individuals are linked to each other by social and spiritual intercourse. From this perspective, it is illogical to impose an insular and unilinear view of human behavior and social events because this view negates highly complex, subtle, and polydeterministic ways the actions and thoughts of people are interrelated. A call for individual responsibility in no way diminishes or cancels out a call for government responsibility, and vice versa. Rather, government and individual responsibility are considered to be obligations that are motivated less by self-interest—which is the bases of a conflict-oriented view of government and individual responsibility—than by the essential interdependency of humans as interactive "social" beings (Gyekye, 1992).

The Afrocentric idea of responsibility also is predicated on the belief in the capability, potential, and expectation of human

beings to do good (Gyekye, 1992; Mbiti, 1970; Zahan, 1979). Rather than advancing the idea that humans have an invariable or uncontrollable urge to behave selfishly or mischievously, as is found in much of European American political thought (see Kohl, 1989), the Afrocentric paradigm embraces the concept of humans that, while acknowledging that humans can do wrong, underscores the proclivity of people to behave morally and in ways that consider the welfare of others (Gyekye, 1987; Mbiti, 1970). With this in mind, the Afrocentric idea of responsibility assumes that responsibilities are moral obligations that individuals and governments must assume. There is de-emphasis on a coercive view of responsibility, one that promotes responsibility as an unwanted chore or as an essential criterion to evaluate one's self-worth. Instead, responsibility is seen as a spontaneous human virtue that flows easily and that is aimed at advancing the welfare of the entire community or nation. For government responsibility in a democracy like the United States, this implies that legislators and executives must perceive and execute their role as that of equalizers—those who seek to ensure that every societal member has an equal opportunity to cultivate their talents and skills and to live a life that is free of undue stress related to the competitive acquisition of material resources.

For the individual, responsibility means that one is expected to regulate her behavior in a way that takes into consideration the interdependency of people. With a supportive government and community, and assumptions about human behavior that accentuate the positive potentiality of human beings, people would be less prone to feel alienated from, and suspicious of, others and the social system. They would recognize their stake in life, would feel more positive about themselves, and would have the material sustenance necessary to actualize their full potential. In this way, the Afrocentric paradigm maintains that individual responsibility increases when one feels that she is wanted, needed, and respected by others in both the immediate and wider social milieu. Only when this is achieved can one then point the finger at the individual.

#### Attributes of Afrocentric Social Welfare Policy

The emphasis on collectivity and reciprocal obligation in the Afrocentric paradigm lay the foundation for an Afrocentric social

welfare policy. To a significant degree, Afrocentric social welfare policy would approximate a more socialist system than the one found in the United States. Both Nyerere (1968) and Nkrumah (1970) maintained that traditional African societies were characterized more by a socialist orientation than a capitalist one. Every effort in most traditional African societies was made to equally distribute resources so that no one would go without food, shelter and clothing (Martin & Martin, 1985; Biebuyck, 1964; Nyerere, 1968). Additionally, there has been continuity between traditional African systems of help and the social welfare and self-help traditions of African Americans, which have emphasized mutual aid, status-group cooperation, and the extended family (Martin & Martin, 1985; Pollard, 1978; Ross, 1978). If an Afrocentric social welfare policy were constructed today to address contemporary social welfare needs in the United States, some possible characteristics might be 1) to enhance educational opportunities, 2) to guarantee minimum incomes to working and poor families, 3) to implement universal health care coverage, and 4) to promote workplace friendly and cooperative atmospheres.

#### *Educational Opportunities*

To enhance educational opportunities, the Afrocentric paradigm would advocate a) collective responsibility for the costs of higher education, b) making the high school training more akin to college training, and c) inclusion and affirmation of multicultural curricula. The escalating costs of higher education in the United States is increasingly rendering higher education a privilege for the affluent rather than a civil right for all. Since the Afrocentric paradigm adopts a communitarian perspective on human relations, it would possibly recommend that the costs of higher education be defrayed by citizens of the entire society through not only personal income and sales taxes but also through corporate taxes. These taxes should not be flat or universally proportional, but rather reflect the actual amount of money held by a person, household, or corporation. The higher the actual income or assets, the greater the tax. Corporations should bear a significant share of this revenue generation since they are one of the most frequent beneficiaries of the skills that education and training afford people.

Making high school training more akin to college or post high school training is a way to not only enhance educational and training opportunities for citizens, but also to reduce the cost of training. Afrocentric social welfare policy would advocate the need to make secondary school education more time efficient by rendering the training more specialized. Instead of requiring one to defer a career choice until college or even graduate school, Afrocentric social welfare policy would encourage students to make that decision around the ninth to eleventh grades, if possible. The rationale behind this is that 1) the current secondary school training in the United States can be characterized as too redundant and generalist; 2) to require one to go twelve years of school and then require that they do four (college) or even six to ten years more (graduate or professional school) can be an unreasonable request for some; 3) by the time students are in their teens, they have the capacity for formal operational thought (Newman & Newman, 1991) which enables them to intelligently muse over a career choice; and 4) if secondary school training was more specialized, the amount of money needed for higher education would be minimized and reduced. Of course, in order for this to work, employment and career standards across professions and employment settings would have to be radically altered.

Lastly, there is a need to make educational curricula more inclusive of the contributions and paradigms of cultural groups whose perspectives and traditions have been historically suppressed and absent in public education. In as much as social welfare policies seek to affirm the dignity and worth of all members and groups within a society, social welfare policies should aim to dismantle cultural oppression by insisting on cultural pluralism. Schools are often one of the first institutions in society that formally and repetitiously expose one to views and images of self and others. When views and images of self and one's cultural group are absent or disparaged in the educational process, significant psychological damage such as low global self-esteem, inappropriate labeling, and behavioral resistance can occur (Asante, 1991; Hilliard, 1987; Hale-Benson, 1982). Further, those whose views and positive images are dominant can develop low disregard for the disparaged or *curriculum absent* cultural group and can take on an exaggerated sense of their cultural self (Asante,

1991). The importance of this inequality is that too often, absent or disparaging views of one's cultural self can turn one off early to learning and achievement, thus contributing to future problems in emotional and career development for that person (Boykin, 1983; Kunjufu, 1985).

### *Guaranteed Minimum Income*

An Afrocentric welfare policy would also support a guaranteed minimum income for working and indigent families. The guaranteed minimum income was proposed in 1969 by the Nixon administration under the Family Assistance Plan (FAP), but was never implemented. The problem with FAP, and most other income maintenance programs and proposals in the United States from an Afrocentric viewpoint, is 1) the conservative and restrictive strategies by which eligibility is determined, 2) the reliance on the practice of "less eligibility", and 3) the use of workfare as a form of punishment.

An Afrocentric welfare policy would not rely on conservative and restrictive methods to determine eligibility for assistance; instead, more relaxed strategies would be proposed that would be based on calculations of cost of living and poverty levels that relied on both the assumptions of relative and absolute poverty. Relative poverty estimates are those that assume deprivation to be "relative" to the standard of living experienced by others in a society (Karger & Stoesz, 1990). Relative poverty does not compromise on meeting basic needs of people, but it focuses attention more on equality of income and resource distribution than does absolute poverty estimates that rely on precise and quantifiable standards for survival (Karger & Stoesz, 1990). Although it is noble for any society to establish absolute criteria of poverty, the problem with current U.S. welfare policy, from an Afrocentric perspective, is that criteria used to determine absolute deprivation have been too conservative. In determining criteria for absolute deprivation from an Afrocentric perspective, one would not have to exhaust all or most of their resources, and the remaining citizenry, especially those with copious resources, would be responsible for sustaining the needy. However, if educational and training opportunities are increased early in life, there would be less need for income assistance because people would have stable work that pays them sufficiently.

The reliance on the concept and practice of less eligibility would also be unnecessary in Afrocentric social welfare policy. Less eligibility, which contends that welfare payments should be less than the lowest societal wage, is useless in Afrocentric social welfare policy because wage labor would not be placed in competition with welfare assistance, especially when the wages for labor are excessively low, and it would not be presumed that people are loathed to work or would intrinsically seek to exploit welfare benefits or others. However, given a society like the United States, which endeavors to suppress the power and positive potentiality of many, it is not surprising that people feel cheated and, in turn, seek to exploit the system that has exploited them.

Afrocentric social welfare policy would not use workfare as a means to punish people. There would be no need because Afrocentric social welfare policy would focus more on enhancing the wages of people, their opportunities to find stable employment, and their opportunities, early in their educational experience, to identify and locate a career that would bring them high job satisfaction. When people can find employment that is stable, that remunerates them fairly for the labor they produce, and that brings them considerable intrinsic satisfaction, work becomes an enjoyable activity.

#### *Universal Health Care Coverage*

Another critical feature of Afrocentric social welfare policy would be universal health care coverage. From an Afrocentric viewpoint, no one should have to be concerned that if they got sick, they would not be treated, or that they would not be able to visit a physician or other health care professional regularly. Afrocentric social welfare policy would preclude health care, and human misery in general, from being used as a means for excessive profit. A fee for service system would not be considered inherently unjust in Afrocentric social welfare. However, when profit is deemed a central feature of service delivery, considerable emphasis is placed on efficiency of services as opposed to quality of services. Although efficiency is important and is said to increase quality, quality of care in the U.S. health system is usually given less attention than is cost of and access to health care (Starr, 1994). The Afrocentric perspective would regard cost containment and access to health care as important, but also would accentuate qual-

ity of care, especially a more holistic conception of quality of care such as the relationship between care provider and care receiver, perceived satisfaction of consumer, prevention, and long term rather than short-term effects of treatment. To achieve greater balance among cost containment, access, and quality of care, an Afrocentric health care policy would approximate the National Health Service proposed by Congressman Ron Dellums in the late 1970s. It is based on the belief that health care is a right of citizenship, is a fundamental, moral obligation of society, and that the profit motive in health care compromises quality of care and unnecessarily elevates service costs.

The concept "universal" in health care policy from an Afrocentric viewpoint also would imply diversification of the theoretical models and practitioners of health care so that a "complete oneness" in the delivery of health care services could be achieved. Just as there is Eurocentric hegemony in the social sciences, there is also hegemony in the analysis and treatment of human health. This dominant health care model highlights treatment, not prevention, and a materialistic view of human health. The spiritual or unseen and the social/psychological aspects of human health have traditionally been ignored in the United States and are only recently beginning to receive attention. From an Afrocentric perspective, health care practices wherein a more holistic and spiritual view of human beings is recognized should be integrated in health care policies and practices. In traditional Africa, significant authority in the area of health care is given to spiritualists or mediums whose primary objectives are to use spirits, energy sources, and prayer in treatment (Brisbane & Womble, 1991). Further, since many health problems are associated with life stress, especially around financial insecurity, it is imperative from an Afrocentric viewpoint to never separate the political economy from problems of physical and mental health.

#### *Work Place Friendly and Cooperative Atmospheres*

Afrocentric social welfare policy also would accentuate the need for workplace friendly and cooperative atmospheres. Afrocentrically, work place friendly and cooperative atmosphere means 1) to provide workers with more autonomy, decision-making, and less rigid supervision, 2) to provide ample family

leave and vacation time, and 3) to provide childcare services at the workplace. Studies have shown that when the autonomy and decision-making ability of workers increases, job satisfaction increases (Kadushin & Kulys, 1995; Knoop, 1995). This finding is often explained by the assumption that people feel more comfortable at work when they feel they can be trusted and when they believe what they do is important to the organization. Afrocentric welfare policy affirms this belief and significantly rejects the validity and dominance of McGregor's (1960) theory X, which views humans as inherently recalcitrant, lacking self-regulation, and in need of constant and rigid supervision and monitoring.

Sufficient family leave and vacation time is also essential. With the overemphasis on production and efficiency in Eurocentric organizational theories (Schiele, 1990), it is no wonder that one of the most inimical issues between workers and employers is family leave and vacation time. The overemphasis on production and efficiency, which maximizes profits or conserves costs, can undermine worker health, leisure, and rest. From an Afrocentric perspective, there is a critical need to offset the focus on production and efficiency in the workplace by shortening the work week and by restructuring workplaces—such as staggering work hours—to accommodate the family and vacation needs of workers rather than the avarice of a ruling, capitalist elite.

Lastly, an Afrocentric workplace policy would advocate the provision of childcare at the workplace. With the increase in single parent families, two parent working families, and the erosion of traditional systems of childcare brought on by an ever increasing, geographically mobile workforce, childcare has become more problematic for families. The primary problems are the high costs of childcare and trusting childcare providers. Providing childcare at the workplace can take care of both these concerns. First, if childcare was provided at the workplace, the cost could be absorbed by the organization. The worker should not have to pay, because the worker is already selling his or her labor for, and contributing to, the survival of the organization. Thus, a reciprocal relationship of "service" between worker and company would exist. Secondly, by companies providing childcare on site, this might reduce the level of distrust workers may have of childcare providers and the amount of family leave necessary since the



child/children and worker would be located at the same site during work hours.

### Conclusion

The current model of American social welfare philosophy and policy fails to provide material comfort and life satisfaction for all. Based on individualism, materialism, and fragmentation, this model is heavily Eurocentric in its worldview. Social welfare philosophy and policy based on Afrocentric principles is an additional avenue through which human needs can be adequately met and human possibility maximized. Its basis in a collective, spiritual, and morally affirming viewpoint on human nature and behavior is opposed to the current model and affirms several ideas of progressive social welfare thinkers. More important, perhaps, the model has great potential for dismantling cultural oppression. Because it codifies the cultural values of people of African descent into a paradigm for social welfare philosophy and policy, the Afrocentric perspective helps validate worldviews and traditions suppressed by Eurocentric cultural hegemony.

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# Toward A Sociocultural Context for Understanding Violence and Disruption In Black Urban Schools and Communities

LINWOOD H. COUSINS

Western Michigan University  
School of Social Work

*This article examines violence and disruption in a Black urban school and community. The author argues that an unempowering framework of culture has restricted our understanding of violence and other social issues affecting Black schools and communities. From such a backdrop, a sociocultural framework is presented that captures the strain, solidarity, and contemporary emergences that are a part of school, American and Black culture, and a part of the context in which violence occurs in Black schools and communities. Broad implications are posited for human service policy, research, and direct practice.*

Our actions and feelings are motivated by our perceptions of violence . . . fed by an unrestrained media (Curwin, 1995, p. 72).

The problem with violence is that most people . . . can't say what it is yet claim to know it when they see it. Other than to signal disapproval, the term "violence" makes it hard to discuss important problems calmly. It means too many things to too many people (Rozycki, 1994, pp. 87-88).

## Introduction

Violence and disruption in American schools are long-term, ubiquitous and unrelenting problems (Merton, 1994; Newman, 1980; Tygart, 1980). Many American cities, communities, and schools have inter-related histories of violence and disruption (Friday and Hage, 1976; Hellman and Beaton, 1986; McDermott, 1983; Wallis, 1992). In fact, two important national legislative

events occurring in the last 30 years have situated these problems: first, The Elementary and Secondary Education Act of 1965 as a part of President Johnson's War on Poverty; and second, The Safe Schools Act of 1994, later modified into the "Goals 2000: Educate America Act," (Congressional Quarterly, Weekly Report, Feb. 26, 1994, p. 481; p. 332). Both acts were aimed simultaneously at (black and low income) schools and communities faced with economic and political limitations, low academic performance and school participation, and high rates of crime and violence.

The Acts potentially situate violence as a "different" problem in black schools and communities. By different I mean that violence in black schools and communities is construed as a non-mainstream social and cultural phenomenon. As such, the Acts present a social codification that distorts the relationship between the mainstream and the schooling and community life of black, Hispanic, and other citizens below the middle-class. When such "difference" is central to public policy, it helps maintain ideological, social, and political patterns that subjugate black and poor people. Indeed, violence and school disruption are problems in many minority communities. However, these issues are often disconnected from their participation in the larger mainstream cultural hegemony. In particular is mainstream blindness to its own acts of violence and oppression. Selective blindness renders the mainstream complicitous in maintaining the status quo in society by implicating the subjugated as the site of "real" violence and incivility.

### Purpose

Situated as such, this article presents a critical discussion and interpretation of violence and disruption based on the author's research of a black high school and community. Particularly, I present an interpretation of violence and disruption that invokes their contextual and cultural nature in order to challenge partial and privileged interpretations of culture and aberration regarding black schools and communities. I argue that the violent behavior of any group needs to be interpreted within the context that engulfs their life. To understand and interpret violence in black schools and communities one must be able to comprehend the

situation in several contexts. First is the influence of the historical and contemporary relationship between black communities and the mainstream. Second is the shared meanings among black people which emanate from black people's worldview based on their cultural history and relationships with the mainstream. Third is that beneath the upsetting surfaces of violence are meanings of the cultural psychology of black and American people (Shweder, 1991). The third step also includes developing interpretations that teach about blacks and whites in their American sociocultural predicament, rather than about the moral and social aberrance of a single group. Moral and social aberrance are important subjects for investigation. But in the context of racial and social relations between mainstream and minority groups in America, conducting such investigations in a balanced way is elusive.

Culture is a major feature of social and situational contexts. Culture is the vehicle through which people give and receive meanings in their worlds. It is never absent from social situations, and any psychological or moral interpretation of human actions occur within the brace of culture (*ibid.*). Therefore, the order of this essay begins with a brief presentation of a foundation for a sociocultural context of violence in black schools. This is followed by a brief overview that aims to provide a historical context of the school and community. From there I present excerpts of violence and discourses about it by community residents and others.

This article has important implications for the way human service providers and social scientists "conceptualize" school violence and disruption for black students and communities. Conceptualizations fundamentally bind the assumptions that guide social policy and social programs in issues like school and community violence and disruption. Social injustice and inequality envelope life for many racial/ethnic and economic minorities in this society. Social programs (policy initiatives, program administration, direct practice, research, and education) fail to enlighten, heal, and empower when they are driven by assumptions devoid of the recognition of such issues. Social scientists and human service providers can therefore benefit from the kind of conceptual clarity that allows them to locate and understand their roles in enterprises that reproduce injustice and inequality. A broad view of American culture, society, and the human condition demands



as much because the stubborn social problems that affect black Americans reflect and affect all Americans.

### Foundations of a sociocultural context of violence in black schools and communities

An understanding and interpretation of violence in a sociocultural contexts begins with a definition of culture. Culture comprises maps of meaning which make things intelligible to members of a society or community (Hall and Jefferson, 1976, p. 10). Culture is a "shared organization of ideas that includes the intellectual, moral, and aesthetic standards prevalent in a community and the meanings of community actions" (LeVine, 1985, p. 67). Culture shapes behavioral repertoires and frames of reference by operating like a "tool kit" of habits, skill and styles from which citizens construct "strategies of action " (Swidler, 1986, p. 273).

Culture also comprises symbols and metaphors that a given community utilizes to give meaning to and interpret their experiences (Geertz, 1973; Rabinow and Sullivan, 1987). Symbols in culture "summarize" powerful meanings that citizens possess, draw upon, and express in their daily lives. Symbols also "elaborate" individual and joint categories through which citizens understand and conceptualize the world, and with which they grapple for strategies of action toward culturally defined goals (Ortner, 1973; Swidler, 1986). Similarly, metaphors enrich "the world's meaning . . . [T]he significance of every term [e.g., violence, black urban public school and black community] that participates in a metaphor is transformed into more than itself . . . [It is transformed] into an icon of other things as well. . . . [and has] connotative resonance and affective power" (Rappaport, 1979, p. 127). The variably interpretive nature of life events in culture as a result of symbols and metaphors, strongly implies that violence and disruption in black schooling and community life may be seen differently within and outside of black communities. A sociocultural context must include room for such an understanding.

A sociocultural context entails the meanings and interpretations of experience that emanate from the conceptualization of culture above. It also includes the historical and contemporary social, political, and economic circumstances in which a given

group(s) exists. Cultural practices also occur within the confines of a bounded physical/geographical environment like the delineated territory of a city or neighborhood in relation to a particular institution like school. The physical, social, and sensory environment in which, for example, an ethnic, racial, gender, or social class group exists, interacts with that of outsiders. Such interactions become interdependent and forge the perceptions of all individuals and groups.

Relations with "insider-outsider" reference points, as is the general case between blacks and whites in America, comprise a politically and socially strained process. These processes shape economic, educational, and social relations among and between individuals, groups, and institutions (Ringer and Lawless, 1989). Consequently, a mainstream interpretation of the issues of concern in this article is generally filled with interpretations based on dominant symbols and metaphors that are used to define black people. Consider that *public*, *urban*, and *black* are terms that seem to operate with symbolic and metaphorical meaning in American society. These terms often become linked in daily practice with other terms like *school* and *community*. These linkages result in combinations such as *public schools*, *urban schools*, *black schools*, *urban communities*, and *black communities*. Together, they easily conjure stereotypes of violence, poverty, welfare, incivility, aggression, self-destruction and chaos, among other images of black urban culture. These stereotypes and images are problematic when they represent the entire school and community experience of black students in urban areas (Stark, 1993). And the pervasiveness of images and stereotypes based on such perceptions and stereotypes of black urban public schools and communities suggest mainstream social and cultural homogenization around a "racialized, black, Other." The "black Other" is perceived to largely exist outside of the cultural mainstream of educational and social values and mores in America (Dominguez, 1994; hooks, 1992).

An important conclusion flows from the above discussion. Namely, when violence and disruption are publicly discussed and negotiated as aberrant cultural differences in black schools and communities, the outcome tends to serve the perceptual needs of the mainstream (Feldman, 1994, p. 405). The mainstream detaches

violence from its own history and from the historical, contemporary, and local conditions of inequality that nurture anger, despair and violence in many black urban schools and communities. Mainstream perceptions that nurture such detachment are "conditioned by a perceived cultural distance" from blacks. Perceived cultural distance serves as an "anesthesia" and "fosters the inadmissibility of the sensory experience" of black Americans (*ibid*, p. 406). Consequently, the dominant political and social mainstream is unable to speak the truth about, accurately interpret, or see its own destiny in violence and disruption in black schools and communities.

### Violence

The above conclusions extend beyond a focus on black people and support a reconceptualization of violence generally. To begin, I suggest that violence is a matter of interpretation. Just consider the epigraph at the beginning of this article, especially in the context of recent reformulations of the term violence and what it connotes. Reformulations are outcomes of social changes in meanings and perceptions. One example is violence's reappropriation as a "public health" issue (Brendtro and Long, 1995; Elders, 1994; Prothrow-Stith, 1991; Soriano, et al., 1994). In another example violence is interpreted as representative of generally undesirable, oppressive social, economic, and political practices at the level of the individual, group, institution, and culture (Van Soest and Bryant, 1995).

On one hand, we might all agree to consider violence a "harm-giving act" or an "act of contested physical hurt" (Riches, 1991, pp. 286, 293). On the other hand, inescapable questions such as when, where, who and what—in other words, the context (political, moral and otherwise)—figure seriously into the employment of the term violence. Essentially, even when violence clearly connotes harm-giving, this is not all that is being referenced. One merely need reflect on acts of war—and concomitant justifications of it; or wife-battering (domestic violence) and changes in public interpretation and legal repercussions. Is violence present in a prize fight, fights during a hockey game, hazing in a college fraternity, TV cartoons, and killing in self defense? Are middle

and upper-class boys who destroy property and or engage in group sex with a young woman engaging in acts of violence or are they "boys being boys, benignly sowing their seed"? Contrast that with whether or not working-class boys with the same behavior are "unprincipled oversexed animals, low-life thugs, hoodlums and niggers"? In addition to harm-giving, the examples above suggest that interpretations of violence are often centered on motive, intent, and racial, class, and social status.

In the final analysis, context and circumstance frequently disappear from descriptions and explanations of violence in black schools and communities. Context and circumstance are also frequently absent or distorted in media discourse, social policy, and scholarly research outcomes. For example, while epidemiological statistics reveal alarming rates of violence, many politicians, human service providers, and social scientist are suspiciously numb regarding the complex and variably interpretative nature of violence. Moreover, circumstance and context notwithstanding, it is quite paradoxical that, by and large, most Americans do not consider violence as normative or socially acceptable, yet they continue to believe that violence is increasingly ubiquitous (Thornton, 1990, pp. 227, 223; Just, 1991). Such revelations affirm Feldman's (1994) notion of "cultural anesthesia" cited earlier, and contribute to the following propositions regarding violence and sociocultural context:

- (1) To consider an act violent is to impose or privilege one interpretation among competing interpretations; it is the case of presenting a sort of "commentary" after the occurrence of a particular incident in question (Riches, 1991, p. 286; Thornton, 1990, p. 224);
- (2) Perpetrators generally do not describe their actions as violent, but rather as a response to a perceived injustice, and as goal directed behavior that is meant as justified retaliation, self-defense, or as "just desserts" (Thornton, 1990, p. 225);
- (3) Thus, considering an act violent is often pejorative, for violence is an act without a particular meaning or categorization until one is assigned;
- (4) Yet, we live in a "morally-figured" society that provides a

set of values by which we might determine whether or not an act of harm-giving is normative or socially acceptable;

- (5) Still, skin color, ethnicity, gender and social class and status figure, however subtly, into all evaluations of violence or perceived harm giving acts.

It may seem reasonable to reach consensus that fighting and other acts of harm-giving in black schools and communities are harmful and inappropriate. But it is equally reasonable to consider the full connotation and meaning—sociocultural context—of disruptive and harm-giving acts in these respective settings. To begin flushing out an interpretation of school violence and disruption that recognizes sociocultural context and the construction of meaning as outlined above, I present a brief historical portrait of Community High and Village Park.

#### Sociocultural Context of Community High and Village Park

The basis of these data is an 18 month ethnographic study of a predominantly black urban high school and community—Community High and Village Park (pseudonyms)—which experienced difficulty with violence and disruption during the 1992–93 school year and beyond. Located in Newark, New Jersey, Community High was once the center-piece of Village Park. During the study Community High had approximately 1300 students. Newark is a densely populated northeastern city with approximately 275,000 residents, over half of whom are black (African-American, African, and African Diaspora peoples). Village Park has approximately 58,000 residents, and may be characterized in terms of a sociocultural context constructed from the confluence of race, class, economics and politics. Such a rich alchemy allowed, among other outcomes in Village Park, solidarity and strain in most areas of life: race and class identity; religion—Christianity, Nation of Islam and Orthodox or Sunni Muslims; gender relations and roles; and participation in educational systems (Curvin, 1977; Price, 1980). In this context, during the 1991/92 academic school year, Newark's school system reported 1900 complaints of thefts, drugs, fights, and trespassing. The local school board allocated \$7.5 million for security, and subsequently employed a "Rapid Response Team" of police officers and school

security personnel to respond to violence and disruption in the city schools. During the 1992/93 school year, I observed the presence of the Team on many occasions at Community High.

Until the 1950's, Village Park was the home of predominantly middle and working-class Jews and other Whites (Cunningham, 1988). During a transition period (White flight) in the late 1950's to the early 70's, there was an influx of a great number of middle-class and working-class blacks with high educational and economic aspirations. Among other factors, many blacks were attracted to Village Park by large single and multiple family homes, manicured lawns, clean and safe tree-lined streets, and schools with excellent academic reputations. Official demographics notwithstanding, the community is currently comprised of mostly middle and working-class individuals and families, and an increasing number of individuals and families who are financially dependent upon public assistance.

Despite the tangible presence of a black middle-class, the character of Village Park and Community High was perceived by "outsiders" as largely "lower- and working-class." These perceptions imply limited educational aspirations and achievements, as well as lifestyles and values counter to mainstream standards. Community insiders and outsiders say that such characterizations are associated with increasing poverty, crime, and disruption in the schools and the community. Students painted a mixed picture of Village Park and Community High. Some students said it is a good school and community with lots of friendly people. Others said it is a good and bad place to live and go to school. Several Community High students even referred to Village Park as "a ghetto suburb almost. It's like all black, and it's like everybody 'round here got a little money" (Cousins, 1994, p. 110).

The local particularities that emerged for Village Park residents based on the confluence of factors cited thus far are the simultaneous presence of social and cultural radicalness, ambivalence, and precariousness. Comprising a major tint in the residents' cultural frame of reference, these three features manifest themselves as follows: through activities and attitudes affirming black identity and black culture; through social and verbal assertiveness that often crosses over into aggressiveness and hostility; and, very importantly, through a pervasive sense of mistrust toward "outsiders," who largely comprised white people, but

also black people who are ambiguous on the overlapping matter of their racial and social class loyalty. Residents of Village Park (if not all of black Newark) therefore join with Julius Lester's observation of "the very absence of confidence among African Americans in the solidarity of life itself" (1994, p. 367).

### Students and violence in Community High

Presented below are excerpts of scenes of violence and disruption that were observed by the author while he was a participant-observer in Community High and Village Park. I attempt to interpret these scenes in a manner that demonstrates the sociocultural contextualization of violence and disruption as argued in this article. In addition to approaching violence and disruption as interpretable, the excerpts refer to violence and disruption in terms of behavioral acts that interfere with prescribed routines, and as acts that do, or attempt to do, physical harm to persons or property. Moreover, all acts of violence in the school and community are generally disruptive, but not all disruptive behavior is violent. In the view of the majority of students, school staff, and community members, however, both violence and disruption are nevertheless undesirable.

Violence and disruption are a part of a "Sphere of Trouble" in Community High and Village Park. Violence in this sphere is a powerful tool of youth and symbolizes the power to "discomfit" and the power to "pose a threat" (Hebdige, 1988, pp. 17-18; Cousins, 1994, p. 198). Like Hebdige's observations of youth in the Sphere of Trouble, young people at Community High make "their presence felt by going 'out of bounds,' by resisting through rituals, dressing strangely, striking bizarre attitudes, breaking rules, breaking bottles, windows, heads, and issuing rhetorical challenges to the law" (1988, pp. 17-18):

On any given day one could observe small groups of boys leaning against the walls in the hall, posturing as I have seen them do on their street corners. Some wore dark glasses, black or brown high-top Timberland boots, oversized jeans—without the belts—hanging low on their hips, and a defiant, but cool, demeanor. Adding even more menacing flavor to their appearance was the afro hair style of the 60's and 70's, which was gaining rebirth among young people

in Village Park and Newark at-large. School administrators, most of whom were black, were indeed troubled by the student poses in general, and specifically regarded their manner of dress as the "jail house look."

The scenes above represent a sort of symbolic violence—against norms and standards of "taste"—in addition to being generally disruptive in the school. School staff were not equally troubled by student poses, but all were very concerned about the impact the students' investment in "posing practices" would have on their classroom attitudes and performance. Many teachers therefore required these students to "leave their attitudes (or poses) in the hall" as they crossed the threshold of the classroom. Conversely, many students saw posing practices as simply tryin' to be cool and tough, just simply the way they like to dress and act. They said their behavior and posing practices did not mean that they were trying to be criminals. Many others said that their way of dressing is "simply a trend." Schools scenes continue:

Walking along the hall corridor south of the cafeteria, I noticed several students running toward the opposite corridor. I followed them. I was being pushed and shoved from behind by students who were trying to get a view of a fight that was occurring between two boys. I had met one of the fighters. Both were seniors. The one that I had met, Charlie, was often engaged in conversations about bettering himself and his community. But at the same time, he presented himself as tough—"not a punk," as the students would say. Charlie was not a person to let people walk over him and push him around. Many students shared Charlie's view but not all of them acted on their view as Charlie did.

Charlie and his counterpart were throwing punches at each other, trying to push each other's head against the floor with all the strength that they could muster as they twisted their bodies together like twine. They were encircled by a ring of students locked arm-in-arm as they chanted in unison to the rhythm of the fighters "hee—ho, hee—ho, hee—ho." The ring of students were locked arm-in-arm to prevent any outside intrusion by school authorities into what they considered, according to one student, "a fair fight, [because] it's one-on-one." The employment of rules of fairness ("it's one on one") in an otherwise violent situation seemed contradictory, but all too common. Several minutes passed before the fight was stopped. I was greatly troubled by this entire scene and decided to immediately go



home and think about what all of this meant. I was an outsider of sorts trying to understand the insider view and meaning of things they did and said.

On another day, two girls were observed fighting. I learned that the girls were fighting because one of them had "ran their mouth too much" at the other. This event eventually led to one of the girls and her friends forming a posse of a group of about ten students. They proceeded to chase the other girl around the school so that they could beat her up. They ran through the halls—up one floor, down to another—as several teachers looked on in what appeared to be despair and helplessness. Some teachers yelled for the students to stop, but this was unheeded. The fight was considered "just desserts" by some of the students because, as many girls and boys believed, "you shouldn't say something you can't back up."

As one can see, the students were quite successful in disrupting prescribed norms of school, breaking rules, breaking heads, and posing a threat to authority. They acted within the context of their interpretation and beliefs of what their interpersonal transactions meant and required in social terms. And it is increasingly the case that in schools young women are as involved in violence and disruption as young men.

To be sure, the students posed, fought, and acted with an attitude, as adolescents generally do. Collectively, the students' behavioral practices and attitudes reflect the received social and cultural importance of establishing and maintaining respect in social and interpersonal situations. To an extent, such an ethos is shared by many in the mainstream. However, the particular style and attitude of their actions are resonant of the particular strain, tension, and collective identity of their racial and class-based community. One must add to this the specific flavor that is given to actions and attitudes as a result of living within a bounded geographic space. Finally, the students expressive and aesthetic styles also reflect the taste of their generation. Their tastes mirror popular culture norms or what some community insiders and outsiders consider the current ominous symbols and rituals of mediums like rap and hip hop music and entertainment. Many school staff, however, acted as guardians of personal taste and social norms. They perceived such student tastes and actions as far more pernicious and disruptive than they indeed were in school. In fact, one could say that a class war around taste (i.e.,

dress, language, attitude) ensued for the entire 1992/93 academic year at Community High. We continue this dialogue below with a brief focus on violence and disruption beyond the school walls.

### *Violence and adults in the school and community*

Violent situations are filled with cultural meanings for a given group. One is hard-pressed to find any single meaning that represents the beliefs and values of the entire group. Therefore, through acts of violence one sees the multiple meanings attached to life as it is felt and practiced in the school and community. I turn to brief excerpts from the school and community to expose a variation in thoughts, perceptions, and responses regarding violence in Community High and Village Park. The first discourse occurred at a community meeting of citizens, politicians, police officers, neighborhood associations, ministers and others. They were meeting to discuss the prevalence of violence and some remedies for their community.

One city councilman stated that "if they are old enough to do the crime they have to do the time . . . you can't play with young people any longer." After meeting with applause from the audience, he said, "Don't call me if your son is arrested for hanging-out on the corner at two, three, four in the morning!" A young black minister stated "Do not call me to help your son if he has robbed a church member, stole a car, or whatever. Reclaim your community . . . take a stand against crime!"

One gentleman turned the responsibility for these troubled youngsters back into the lap of the community. He is an older minister who has lived in the community for forty years. He said that "The youngsters giving us problems are *our* youngsters." Slightly aligning himself with this minister was an approximately fifty year old man who said, "We have the clergy, politicians, and the law (the police), all that we need. But what about poverty here? Crime efforts will not bring hope, stop the hurt [that is due to poverty]."

The school staff, like the community members, were not in agreement on the meaning and cause of violence and disruption either. And they consistently cited the permeable nature of the boundaries between school and community life that were penetrated by violence and disruptive behavior. Below is a discourse that represents their view on this matter:

In one discussion, a school administrator, a black man, stated that the violent and disruptive student behavior in school "reflects community norms and how we (black people) don't care about one another at a certain level." Another black administrator, without disagreeing, noted however that the community of Village Park in which the school is located, "is not all that bad" compared to an adjoining community and school.

In another dialogue is a teacher who attended Community High and lived in this community until recently. He was seen by the administration as being too closely aligned with the students. He spent a lot of his personal time working with troubled students. He said to me that "we have to understand the students' situation and help them accordingly. School is where they come to socialize," to hang-out and chill. He went on to say that the students have nowhere else to be, especially with the depleted resources for social programs in this community.

Although the school faculty and community members had various and sometimes competing views about the source and meaning of violence and disruption in Community High and Village Park, they all believed that violence is a problem. Below I attempt to apply a broad sociocultural interpretation to what has been stated about violence and disruption thus far.

Conceptually, I return to the propositions presented earlier regarding symbols and metaphors in culture, as well as the interpretive nature of violence. That is, violence and disruption—in urban black schools and communities as an arena of cultural practice—connote and are interpreted as harm to persons and property. Or the acts could be interpreted as mean-spiritedness and as vulgar and uncivilized behavior and attitudes. Some or all of these interpretations could be applied to most acts of violence in America, depending on who is doing the interpretation. However, black citizens and communities have the additional burden of racial meanings applied to their acts of violence. Interpreting violence through lens coated with racial meanings obscures underlying issues of psychological, social, and economic powerlessness and resistance. Instead, such obscurity contributes to partial understandings that foster the perception of wide-spread aberrance in black communities, black families, and black schools—in essence, black culture.

What could we learn if we focused on violence as one of the ultimate expressions of oppression and powerlessness for groups and communities perceiving themselves as excluded from full society (Trafford, 1992)? We could learn that young black people (and perhaps their communities, schools and families) are invisible except when their presence is a problem. We would learn that although black youth subculture is at play, their subculture derives and shares a substantial amount of meaning with the black community from which it springs. For example, while many black citizens hail and prize social respect, as do the students, not all or even most would predictably engage in a physical fight to defend such possessions. Additionally, although some analysts say black youth dominate American popular culture, not all black citizens, not even in a single bounded community, share the same interpretation and vision of popular culture expressions in music, clothing, and expressive behavioral styles (Patterson, 1994).

Consequently, then, we could learn that a shared racial and class consciousness gives the appearance of the condoning of violence among black citizens in black communities and schools. Such consciousness does indeed contribute to group solidarity but not a monolith of thoughts and beliefs, as inferred above. Again, culture provides a "tool kit" for constructing strategies of action, not necessarily a single "tool" and single "strategy" (Swidler, 1986). Shared consciousness, furthermore, can force a fusion of interests across institutions that might otherwise maintain rigid boundaries—i.e., schools, churches, mosques, family and so forth (Fantasia, 1988; McNall, et al., 1991; Sullivan, 1989). However, an application of a culturally contextual analysis to violence in black schools and communities also contributes knowledge and understanding about mainstream and minority roles and perceptions in the maintenance and functioning of such institutions.

Once more, why is a balanced and culturally informed interpretation of violence important? I offer a final set of examples and their implications in reply. One of the most extreme acts of violence involves the use of guns. Guns simultaneously represent violence as power and powerlessness. As such, guns have increasingly become a part of the "Sphere of Trouble" in Village Park and Community High (Cousins, 1994, p. 201 and Chap. 7). The final excerpts below serve to capture the societal proliferation

of the technology of destruction—guns—and notes how guns have turned an already and always troubling space of adolescent contestation in Community High and Village Park (and urban and rural high schools and communities in general) into “zones of terror and death”:

Arriving at school after a days absence in late September, I was engaged in a conversation describing how school was dismissed early due to the presence of a gun in school, allegedly an Uzi. The halls were buzzing with conversation and anxiety about this shocking but inevitable incident. According to the faculty and students, guns are increasingly showing up in Community High. In the second half of the school year, students were increasingly scanned with metal detectors as they entered the school each morning. One teacher matter-of-factly questioned why I would remain in a situation like this if I had a choice. He made it known that he was getting out as soon as he could and that I should too. Others also expressed their ambivalence about their commitment to these students and this Black community. Their main concern was for a safer and more productive academic environment. More often than not, however, many went about their duties systematically and with flatness of emotion as they hoped for the end of another school year.

In a senior History class, four young men, with other classmates listening in, discussed episodes of shootings that occurred the previous night in their neighborhood and involved young men that they know. The teacher—a firm, consistent and effective woman who was no stranger to this kind of dialogue, but tired of its frequency in her class—asked the boys, “For once, can’t you get your minds off the streets and talk about everyday stuff.” One of the boys responded, “This is everyday stuff where we live.” We all fell silent. She systematically went on with her History lesson.

The above excerpts, combined with the others that preceded it, capture the essence of violence in its subjectiveness as both felt and lived. Violence in such a context confronts reductions of the lives of these residents to narrow terms of morality and racial and social deviance. I end this section with one last piece that symbolically and metaphorically summarizes and elaborates the experience and interpretation of violence and disruption in this school and community.

The outcome of lethal violence in school and the community, and powerlessness in the face of it, are exemplified in the follow-



ing: (1) the daily presence of security guards patrolling the school halls and posted at the front door of the school with medical detectors; (2) administrators mingling intrusively among the students to discourage or prevent fights as the students left school

or lingered in front of the school with their friends; (3) police stationed in front of the school to face the students as school ended each day; and (4), more poignantly, the erection of the "Gone Too Soon Memorial." The first three circumstances constitute almost total surveillance, while the fourth perhaps tells us why.

The "Gone Too Soon Memorial" was dedicated to deceased students and peers. It imbued hope for the end of deathly terror and violence. Hanging on a wall along the east corridor of the first floor of the school, the memorial comprised a 24x36 poster with the names of deceased youths. Their names were hand-written in magic marker in almost every available space. The "Gone Too Soon Memorial" is symbolic and metaphoric. It captures the material and metaphysical results of a school and community caught in the throes of violence and disruption. The Memorial captures these citizens hopes and losses, and, in the broader view of things, simultaneously positions these residents right alongside and at some distance from most other Americans. In more ways than is stated in this article, the issues of black people in Village Park and in America in-general simultaneously share important social and cultural space. This joint condition encapsulates and transcends the social, political, and economic relations of race, class, and ethnicity in or out of the context of violence. Many Americans know that Village Park and Newark do not stand apart from other cities and communities in terms of facing violence and disruption in schools and beyond, as noted in the introduction of this article. However, many more need to know and understand that black schools, communities, and cities exist within a sociocultural context shared in varying degrees by other urban communities (Celis, 1994).

### Implications and Conclusion

I return to the epigraph quoted at beginning of the article (Curwin, 1995; Rozycki, 1994). First, besides signaling complex subjectivities, the epigraph also implicates multiple players in the process of interpreting violence—namely, media, as well as actors-as-participants and actors-as-observers. Schools and communities are likewise complex, interdependent, and subjective sociocultural territory (Allen-Meares, 1993; Giroux, 1992; Mintzies, 1993; Constable et al., 1991; Winters and Easton, 1983). Therefore,

employing culture and a sociocultural context as frameworks in the analysis of violence in black urban schools and communities means embracing Miglore's proposition that "viable solutions to violent behavior must come from a better *understanding of real-life situations* in our schools" (1994, p. 64; Wax, 1993; italics added). Essentially, interventions for school and community violence and disruption that empower must be conceptualized in a manner that capture the contested and fluid social and racial context in which these institutions exist (Swidler, 1986; Foley, 1990; Mickelson, 1994; Wax, 1993).

How are we to proceed with such admonitions? The predicament of violence and disruption requires the construction of social interventions that give greater weight to the realities associated with the strained lived-experience between and among all parties: teachers, students and families; helpers and helpees; as well as school, community, and society at-large (Phelan, Davidson and Cao, 1991; Proctor, Vosler, and Sirles, 1993). Competing social values and immobilizing social-economic-political contexts must be accounted for and reflected in psychological, economic, political, and social interpretations of the experiences and perceptions of citizens like those in Village Park. Such a complex psycho-social-cultural circumstance has been central to the life and work of Harry Aponte (1994), among others (Adams and Nelson, 1995). Based in culture and centered on the recognition of the culture and values dialectic between practitioner and citizen, Aponte recommends that we engage in what I call a "therapeutic confrontation and negotiation ethic" while working in a partnership stance with citizens (see especially chapters 1, 3, 4 and 9 for discussions which render principles of action beyond the narrowly defined micro context of human services). When social action proceeds according to such principles, it effectively nullifies unproven, but generally accepted, social, cultural, and educational notions of difference. These notions of difference are often based on misguided biological, social, cognitive, and geographic or spatial characteristics associated with race, ethnicity, gender and class.

Substantial action requires not only a partnership between human service providers and those with whom we intervene, but also an investment in learning what societal, institutional, and interpersonal meanings are infused in violence and related



features of schooling and community life. Elaine Pinderhughes (1989) offers such a model that easily compliments Aponte's and reaches into the cultural threshold of "difference" at the levels noted here. Several programs aimed at mediating problems of violence in schools have taken these admonitions into account and have learned that peers, parents, school faculty, as well as community/neighborhood members and organizations are very necessary partners in understanding schools and community influences (Greif, 1993; Arons and Schwartz, 1993; Levy and Shepardson, 1992; Tolson et al., 1992; Moriarty and McDonald, 1991). In a partnership stance with schools, communities, and citizens, and in a reflective stance regarding the basis of our commonalities and differences, human service providers can therefore purposively assist in the development and implementation of effective educational and human services.

Finally, educators, researchers, program administrators and policy developers who are involved in human services might continue to engage direct service practitioners in organizing and presenting experiences from their work in schools and communities that suffer with violence and disruption. The inclusion of the grounded experiences of practitioners facilitates the generation of knowledge, as well as relevant research questions and agendas. These outcomes provide relevant content for human service education, curricula, training, policy development, advocacy, and the administration of social programs around issues of violence and beyond. In the end, when violence and disruption in black schools and communities are interpreted in a sociocultural context as espoused in this article, we may all realize that the destinies of all Americans are interwoven.

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# Reconstructing Sex Offenders as Mentally Ill: A Labeling Explanation

RUDOLPH ALEXANDER, JR.

The Ohio State University

*A growing number of states are being pressured to keep incarcerated sex offenders behind bars longer. The response to this pressure has been to look to the mental health system and retrieve civil commitment for sex offenders, a policy largely abandoned in the 1960s. In the 1970s, the courts ruled that civil commitment to a mental institution required that the individual be both mentally ill and dangerous. So legislators, with the support of a few mental health professionals, met this requirement by legislatively reconstructing sex offenders as mentally ill and permitting their indefinite commitment to mental institutions. The author discusses the process of reconstructing sex offenders as mentally ill from a labeling perspective.*

An increasing number of states have sought to control sexual perpetrators through their commitments to the mental health system after these perpetrators served criminal sentences (Erlinder, 1993; LaFond, 1993; Scheingold, Olson, & Pershing, 1993; Wettstein, 1993). This increase occurred within the last decade as numerous states passed legislation permitting civil commitment of sex offenders to mental institutions (Alexander, 1993; Fujimota, 1992). In the past, civil commitment was used for minor sex offenders instead of imprisonment. Now, it is used after a convicted sex offender has served all of his or her sentence. Alexander (1995) reported that 14 states and the District of Columbia had civil commitment statutes, and four states had pending bills in their legislatures. Each year, a new state adds civil commitment of convicted sex offenders to its civil statutes (Dowling & Lovitt, 1995). A recent survey of legal codes showed that 17 states had civil commitment of sex offenders to mental institutions.

In the process of passing civil commitment legislation, legislators had to reconstruct sex offenders as being mentally ill because

civil commitment to a mental institution required that a person be both mentally ill and dangerous (*Foucha v. Louisiana*, 1992). In the 1960s most states repealed civil commitment laws for sex offenders because of a growing consensus that these offenders were not mentally ill (Group for the Advancement of Psychiatry, 1977). In the 1970s, the courts held that civil commitment required that a person be both mentally ill and dangerous (*Foucha v. Louisiana*, 1992). So, legislatures created new definitions of mental illness just for sex offenders.

Sociologists have long discussed society's labeling of deviant behavior and developed the labeling perspective to provide a framework for understanding the process of deviance making. The labeling perspective has been used to explain both the criminalization of deviant behavior and the medicalization of deviant behavior. It provides a framework for understanding the processes involved in states reconstructing sex offenders as mentally ill because it involved medicalizing deviance.

### Deviance, Labeling, and Medicalizing Deviance

Goode (1990) defined deviance as "behavior that some people in a society find offensive and that excites—or would excite if it were discovered—in these people disapproval, punishment, condemnation of, or hostility toward the actor" (p. 24). The most important factor in the study of deviance is the study of people who have the power to disapprove, punish, and condemn other persons. State legislatures and Congress have the power to label officially because these institutions make laws. They are sometimes assisted by the mental health profession when the deviance is viewed as a result of a mental disease. Also, the judicial system (i.e., the trial court and sometimes appellate courts) must sanction the commitment of an individual to a mental institution. As such, it sanctions the process of deviance making and gives legal force to the labeling process.

An intense debate has occurred between persons who believed in the medical model of mental illness (Henderson & Kalichman, 1990) and those who believed in the labeling model (Scheff, 1984). Those who favor the medical perspective state that it is preposterous to believe that labeling creates deviance, and those who favor the labeling perspective state that it is erroneous

to believe that some people have diseased minds which mental health professionals could uniformly discover. Some aspects of both perspective are correct, and a modified version of labeling provides a strong explanation for understanding the process of deviance making (Goode, 1990).

An essential component of the labeling model is that mental disorder is a term for a state of mind that supposedly causes behavior incompatible with one's social environment. The larger society finds this behavior to be troublesome. The labeling model provides that mental disorder is not a disease and is the result of a judgment based on social values. The judgment that someone has a mental disorder is made primarily on extrapsychiatric factors, such as one's race, sex, social class, and amount of power. A large number of persons engage in deviant behaviors, but society specifically targets only a few persons and rationalizes the same behaviors in other persons (Scheff, 1984).

The modified version of labeling acknowledged that some people developed conditions that caused hallucinations and delusions. Edwin Lemert stated long ago that the sociologist was not primarily concerned with the cause of hallucinations and delusions, but what it was about these behaviors that caused society to shun, segregate, and commit to mental institutions some persons who have displayed these behaviors. Stigma, labeling, and societal reactions to behaviors believed to be indicators of mental disorder are "potent and crucial sociological factors to be taken into account in influencing the condition of the mentally disordered" (Goode, 1990, p. 322).

The modified labeling perspective provides that "holding psychiatric conditions constant, the greater the problems the mentally disordered individual creates for others, the greater the likelihood of being labeled as mentally ill and the greater the likelihood of being institutionalized and treated" (Goode, 1990, p. 323). Furthermore, according to Goode (1990), "as a general rule, the more deviant an activity is, the greater the likelihood that it will be medicalized, especially in Western society" (p. 324).

Medicalizing some deviant behavior is not necessarily bad. For instance, mere addiction to drugs was once criminalized, and persons who were addicted to drugs could be fined and imprisoned. The medicalization of addiction caused a policy change,



and addiction was no longer a crime but an illness deserving compassion. However, medicalizing deviant behavior has some negative effects, for example, the depoliticalization of behavior. Political dissenters in Russia were routinely institutionalized in mental institutions for criticism of the Russian political system.

According to Conrad (1980), "defining deviant behavior as a medical problem allows certain things to be done that could not otherwise be considered; for example, the body may be cut open or psychoactive medications may be given" (p. 81). This last effect, the medical social control of deviant behavior, is important for sex offenders. Medicalizing a sex offender as having a medical disease permits his or her involuntary commitment from prison to a mental institution for an indeterminate time.

The preceding discussions regarding deviance, labeling, and medicalizing deviance provide a framework for understanding the processes and decisions regarding sex offenders. Before discussing these processes and decisions, the author describes two civil commitment statutes. One was passed in the State of Washington and the other in Minnesota. These states were selected for several reasons. First, Washington and Minnesota have been the most active in committing sex offenders to mental institutions. Second, some states have used the Washington and Minnesota statutes as models for their statutes. Third, both the Washington and Minnesota Supreme Courts have ruled regarding the constitutionality of civil commitment for sex offenders.

### Civil Commitment Statutes for Sex Offenses

In the late 1930s, Minnesota passed a statute permitting the civil commitment of a person who was assessed as having a "psychopathic personality" and who was sexually irresponsible. The Minnesota legislature defined a psychopathic personality as "the existence in any person of such conditions of emotional instability, or impulsiveness of behavior, or lack of customary standards of good judgment, or failure to appreciate the consequences of personal acts, or a combination of any such conditions, as to render such person irresponsible for personal conduct with respect to sexual matters and thereby dangerous to other persons" (*In re Blodgett*, 1994, p. 919). Because of the broadness of the statute, the

Minnesota Supreme Court narrowed the statute to "those persons who, by habitual course of misconduct in sexual matters, have evidenced an utter lack of power to control their sexual impulses and who, as a result, are likely to attack or otherwise inflict injury, loss, pain or other evil on the objects of their uncontrolled and uncontrollable desire" (*In re Blodgett*, 1994, p. 919).

Commitment under this statute could be indefinite or until the treatment staff at the institution felt that the individual should be released. Initially, the law was used for persons who were caught peeping in windows, persons who exposed themselves publicly, and persons who engaged in consensual homosexual acts (Halvorsen, 1993). Later, it was applied to more serious offenders. However, unlike during its earlier use, it was targeted at prisoners who had been convicted of sex offenses and who were nearing the completion of their criminal sentences (Hall, 1994).

Unlike Minnesota, Washington had to pass new legislation to commit civilly sex offenders. Also unlike Minnesota, Washington called its offenders "sexual predators." The Washington statute was passed after Washington citizens, outraged by two highly brutal sex crimes, demanded that their legislature pass a bill to control offenders who prey on women and children. The Governor formed a task force, which did not have any representatives from psychiatry, to propose a bill to control sex offenders. The task force acknowledged that sex offenders did not meet Washington's civil commitment requirement that was used for ordinary citizens, which required a mental illness and evidence of a current act of danger to self or others. The task force acknowledged that it had to construct a new definition of mental illness that would include just sex offenders (Reardon, 1992). Despite the opposition by the Washington State Psychiatric Association, the Washington legislature passed the bill unanimously and called it the Sexually Violent Predator Statute (Washington Statute, 71.09.020).

As the statute defined it, a sexually violent predator is "any person who has been convicted of or charged with a crime of sexual violence and who suffers from a mental abnormality or personality disorder which makes the person likely to engage in predatory acts of sexual violence." Further, mental abnormality was defined as "a congenital or acquired condition affecting the emotional or volitional capacity which predisposes the person

to the commission of criminal sexual acts in a degree constituting such person a menace to the health and safety of others." Finally, predatory behaviors were defined as "acts directed towards strangers or individuals with whom a relationship has been established or promoted for the primary purpose of victimization" (Washington Statute 71.09.020).

The statute provided that a person who has been found to be a sexual predator by a judge or jury shall be committed to the Department of Social and Health Services until the person's mental abnormality or personality disorder was no longer evident and the person was safe to be in the community. For political reasons, the statute did not cover family members who sexually victimized family members, although statistics revealed that children were more likely to be sexually assaulted by their relatives than strangers (Scheingold et al., 1992).

#### Court Rulings Supporting the Constitutionality of Committing Sex Offenders as Mentally Ill

On appeal to the Supreme Court of Minnesota, the new use of civil commitment was upheld (*In re Blodgett*, 1994), and the U.S. Supreme Court refused to hear Blodgett's appeal (*Blodgett v. Minnesota*, 1994), establishing the constitutionality of this law. Writing for the Minnesota majority, Justice John E. Simonett conceded that psychopathic personality was not medically recognized and could not be found in the *Diagnostic Statistical Manual of Mental Disorders* (DSM-III-R) (American Psychiatric Association, 1987). However, it, according to the Justice, constituted more than a social maladjustment and was a severe mental condition. In Justice Simonett's opinion, it was analogous to the antisocial personality disorder in the DSM-III-R with the additional feature of sexual violence (*In re Blodgett*, 1994).

In like manner, the Supreme Court of Washington upheld its violent sexual predator statute. Writing for the majority, Justice Barbara Durham stated that the Sexual Predator Statute required that the person designated to be committed must have a mental abnormality or personality disorder. Justice Durham observed that mental abnormality was not defined in the DSM-III-R, but the experts for the State testified that mental abnormality was similar

to mental disorder. Because the offender was diagnosed as having paraphilia, he met the statutory definition of being mentally ill (*In re Young*, 1993).

### The Application of the Labeling Perspective to Reconstruction of Sex Offenders as Mentally Ill

Goode (1990) provided a key theoretical proposition in the understanding the medicalization of sexual deviance when he wrote that the greater the problems created, the greater the likelihood of being institutionalized. Highly publicized instances of sexual assaults force a number of citizens to go to their state legislatures demanding more control of sex offenders. In the State of Washington, outraged citizens threatened to defeat any politician who opposed the civil commitment bill (LaFond, 1992). This pressure, or trouble, created a major problem for politicians, who acceded to the wishes of the public.

Goode also indicated that certain practices, and persons who engaged in them, were more likely to be seen as indicators of mental illness. One of the stated aims of civil commitment was to protect women and children from sexual perpetrators. An adult's engaging in sex with a child is deviant behavior and potentially an indicator of mental illness. "Normal" sex involves two consenting adults. Thus, the practice of sex between a child and adult is more likely to be viewed as deviant behavior and a sign of a mental disorder.

Yet, as the labeling perspective suggests, not all deviant behavior will be viewed the same. The Washington legislature purposely excluded parents, grandparents, or uncles who may have repeatedly sexually abused a child relative. These persons were not to be viewed as predators and were excluded from the definition of a predator and indefinite civil commitment in a mental institution.

Another example of how similar sexual behaviors is viewed differently by persons empowered to label and medicalize deviant behavior is illustrated by marriage laws, and this difference supports another aspect of labeling. For instance, a number of states permit adolescents as young as 13, 14, and 15 to marry with the consent of the adolescents' parents or legal guardians (Laws

of Puerto Rico Annotated @ 31-242; Montana Code Annotated @ 40-1-213; North Carolina General Statute @ 51-2; Virginia Code Annotated @ 20-48; Wyoming Statute Annotated @ 20-1-102;). Thus, a 30- or 40-year-old male could marry a 13-year-old female, and sex between them would be normal behavior. However, an unmarried couple of the same ages as the above example could lead to a criminal sentence and civil commitment to a mental institution. The absence of a marriage license could mean that the man had a mental disorder because he was having sex with a child. The labeling perspective explains the differentiation in these situations.

Although state appellate court Justices are supposed to apply the law to a given set of circumstances, they are not above political pressures. The decisions to uphold Minnesota and Washington's civil commitment statutes for sex offenders were not unanimous, but a majority of the Justices of each court supported the reconstruction process. In the trial courts where the civil commitment process began, expert testimonies were offered by both sides. Both states' mental health professionals testified that the sex offenders under consideration were mentally ill. Yet, the defense attorneys for each man produced credible, expert testimony that these offenders were not mentally ill. The majority Justices in each state completely ignored the testimony of the defense and chose to concur with the state's experts. In additionally, the Justices enhanced their conclusions that sex offenders were mentally ill by referring to the DSM-III-R. The majority Justices in both states acknowledged that the DSM-III-R did not support the legislative definitions, but they constructed definitions anyway to support their ruling that sex offenders were mentally ill.

Last, Conrad (1981) stated that medicalizing deviant behaviors permitted the state to do something that otherwise could not be done without the label of mental illness. His conclusion is strongly supported with respect to sex offenders. Convicted sex offenders must be released from prison after serving their sentences. A sex offender who has a ten year sentence must be released at the end of that sentence. By legislators and a few mental health professionals' labeling sex offenders as mentally ill, the state may confine sex offenders indefinitely in mental institution and do not have to release them. Without the mental illness label,

they must be released. With it, they can be confined for the rest of their lives. Thus, Conrad's proposition that medicalizing deviant behaviors permits the state to do something that otherwise could not be done is certainly supported.

### Implications of Labeling Sex Offenders as Mentally Ill

The success of labeling sex offenders as mentally ill has implications for other troublesome, deviant behavior. For instance, the stalking of women has begun to receive considerable attention (Darby, 1995; Ellis, 1995; Stadler, 1995; Zorn, 1995), forcing legislatures to make it a crime (Code of Alabama @ 13A-6-90; Alaska Statute @ 11.41.260; Arkansas Revised Statute @ 13-2923; California Penal Code @ 646.9). In most states, stalking is a felony, and in some states it is a misdemeanor. If some stalkers continued in their behavior after serving a criminal sentence, undoubtedly, calls will be made to do more to keep stalkers behind bars. Prison sentences could be toughened, but civil commitment also becomes a policy choice, provided a psychologist or psychiatrist is willing to conclude that stalking is evidence of a mental disorder.

However, the labeling perspective would suggest that not all stalkers would be civilly committed to mental institutions. As Goode wrote, the deviant label would not be applied to all persons who engaged in the deviant behavior. In situations where the stalkers are former husbands, for instance, legislators are unlikely to pass laws making these offenders eligible for civil commitment for an indefinite period. The reason for this proposition is that these situations involve intimates, and there is a tendency to view their behaviors differently. Legislators would exempt these offenders like that they exempted family members who sexually abused minor relatives. A plausible hypothesis from the labeling perspective is that strangers who stalk are more likely to be viewed as mentally ill than former husbands who stalk their ex-wives or men who stalk their former girlfriends.

The possibility of other criminal behavior being viewed as signs of mental illness so as to continue offenders' incarceration is not remote. For instance, a New Jersey politician proposed that all violent criminals in prison be eligible for civil commitment after they have completed their prison sentences (Wilson, 1994).

For this to occur, all that would be needed are a few mental health professionals willing to diagnose the prisoners as having a mental disorder and dangerous to the public. Then, these offenders could be legislatively constructed as mentally ill like sex offenders have been done.

There are other implications for legislating sex offenders as mentally ill. It retrieves the medical model of understanding criminal behavior for one type of crime. Woman advocates have declared that rape and other forms of sexual assaults are acts of violence, not sex, and should be treated as other violent crimes. Yet, the growing policy of viewing sex offenders as mentally ill challenges this perspective. Another implication is that it may open the door to a new legal defense in sexual assault cases. If some sex offenders have, as Minnesota calls it, uncontrolled and uncontrollable sexual impulses, then these offenders lack free will and should not be sanctioned by the criminal justice system. Some criminal defendants have avoided conviction and punishment under the theory that they had an irresistible impulse to commit their deeds.

### Conclusion

The labeling perspective does not enjoy wide support among academicians. It may not have neatly derived concepts and hypotheses that can be easily tested. However, it provides a useful framework for understanding how some phenomena are viewed. It certainly helps to explain how future, yet to be discovered problems may become medicalized so as the state can exert more social control.

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# Personal Narrative And The Social Reconstruction Of The Lives Of Former Psychiatric Patients

ROBIN M. GILMARTIN

*This study explores ways in which high-functioning former patients integrate the experience of prior psychiatric hospitalization into their lives and find meaning from that event. The narratives of two individuals are presented and discussed in relation to social role theory, social constructionism, and labeling theory. The narratives underscore that the process of integrating and making meaning of important life events such as psychiatric hospitalization occur within a social context. Understanding mental illness and psychiatric hospitalization in familial, social, and political terms was instrumental in helping these individuals to reconstruct personal narratives in order to overcome shame and internalized stigma and to integrate their experiences in meaningful ways.*

This paper explores ways in which high-functioning former psychiatric patients integrate the experience of psychiatric hospitalization into their lives and find meaning from that event. In a broader sense, it illustrates the importance of narrative in enabling individuals to reconstruct critical life events so that they can become meaningful experiences. As a non-normative event, psychiatric hospitalization (the critical event of primary focus here) presents problems and challenges for ex-patients because of the fact that mental illness is often stigmatizing, particularly if it results in hospitalization. As such, it may significantly affect how others regard or behave towards the former patient, the former patient's perceptions of how others regard or treat him or her, and finally the ex-patient's own self-concept and understanding, all of which may be intricately and complexly connected. Formerly hospitalized individuals must somehow negotiate or redefine themselves within the context of family, social networks, and

society at large in light of this non-normative and stigmatizing event in their lives.

The purpose of this article is to present the personal narratives of two high-functioning former psychiatric patients who reflect on the process of making meaning from their experiences of hospitalization and other related critical life events. Loosely structured interviews provided a forum for these individuals to reflect on how these events shaped their lives and influenced their concept of self and sense of place in the world. Several relevant social theories—social role theory, social constructionism, and labeling theory—are also discussed.

There is a notable absence of existing research on the significance and meaning of institutionalization for ex-patients through personal narratives. While the narratives presented here reflect only the personal experiences of two individuals and are not assumed to be representative of the population of ex-patients, these in-depth accounts may tell us something of the processes of coming to new understandings about a non-normative and often difficult life event. In-depth narratives such as these can aid clinicians in working with former patients who seek therapy later in their lives as well as in helping current patients prepare for discharge. The narratives may also remind us of our resiliency and ability to find meaning in painful events or periods of our lives.

### Social Role Theory

Inspired by the work of Mead (1934), who emphasized social interchange and role taking as key to the development of identity and personality, and drawing from Goffman's (1959; 1961) studies, Sarbin and his colleagues (Sarbin & Allen, 1968; Sarbin & Scheibe, 1983) describe a process whereby the individual's identity and self-concept derive from social roles and the valuation of such roles. Three dimensions—status, involvement, and valuation—are key with respect to identity vis-a-vis social roles.

One's status within a social structure may be either granted or attained; granted roles (e.g., mental patient) are ascribed while attained roles (e.g., psychiatrist) are those which are achieved. Involvement refers to the degree to which the individual is involved in the role or "plays the part." When involvement is low, the individual and the role are clearly differentiated. While the

individual's involvement in any given role may vary temporally or situationally, granted roles typically require more total involvement than attained roles which "may be put on and off like cloaks" (Sarbin & Scheibe, 1983, p. 13). According to Goffman, nowhere are granted roles more absolute than in what he termed "total institutions," that is, "a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life" (Goffman, 1961, p. XIII). Cut off from wider society, the individual is not only precluded from assuming other social roles, but his or her identity in the granted role, e.g., mental patient, is secured through a process of acculturation within the total institution. If the individual's stay is sufficiently long in duration, a process of "disculturation," often complicated by social stigma, must occur in order to successfully integrate into life on the outside.

Valuation of social roles bears a close relationship to status and involvement. Importantly, the individual's social identity may be devalued either through a process of derogation or demotion. While demotion is the stripping away of attained status which deprives the individual of previously enjoyed social esteem, derogation involves a devaluation of who the person is by virtue of his granted roles. According to Sarbin and Scheibe:

The most degrading processes are those which combine derogation and demotion. If a person is relieved of all achieved statuses—professional and avocational—and is derogated with respect to all ascribed roles, including sex, age, kinship, and citizenship roles—he or she is reduced to the lowest possible value. (1983, p. 21)

Institutionalization typically involves some degree of derogation and demotion. Even if the individual enters an institution willingly, he or she loses achieved statuses and connected social esteem, as well as certain rights or freedoms ascribed to individuals by virtue of being adults, citizens, or of sound mind. Once released from the institution, individuals may resume or regain their jobs, family roles, and so forth; however, they do so from the standpoint of one whose social identity is most likely changed, whose involvement in roles prior to institutionalization is interrupted, who may need to become "recultured," and whose status may be greatly diminished.

Having been institutionalized perhaps for months or years, individuals may experience certain losses while away as irrevocable and deeply painful, even if the ex-patient regards his or her institutional stay as time well spent in terms of recovering. For example, in the case of a father who was not present to see his children reach important milestones or an adolescent who was unable to graduate with her high school class. Institutionalization which leads to a prolonged absence from active engagement in normal social roles may also result in an ex-patient feeling unpracticed or uncertain in his or her ability to resume those roles. Problems adjusting to normal roles may be compounded by others either expecting the ex-patient to "pick up where he or she left off" on one hand, or disavowing the ex-patient's capacity to resume normal roles altogether on the other hand. How ex-patients manage to negotiate their social roles following discharge is certainly vital to their post-hospital functioning. Finding meaning, however, from the experience of institutionalization is likely more involved and complex than the negotiation of social roles, vital and often difficult though that may be.

### Social Constructionism

Like social role theory, social constructionism derives from the field of social psychology though it differs from role theory in significant ways. While role theory tends to "assign governing or directive functions" as a psychological basis for human behavior, social constructionism offers a broader understanding of the individual in interaction with the environment (Gergen & Gergen, 1983, p. 256). Rather than simply being defined by social roles, individuals are seen as having a reflexive capacity for self-understanding and an ability to build themselves into the world by creating meaning from experience. Language is the vehicle for finding meaning as words themselves help us to "both name and shape our experiences of the world" (Dean, 1993, p. 129). As the keystone of culture, it is through language that we find meanings collectively, for example, through histories and mythology, and as individuals, through life narratives. Language and culture are inextricably a part of who we are and how we as agents build ourselves into the world. While the individual may actively shape

his or her concept of self and world and place within it, culture is seen as providing a fundamental basis for understanding.

Social constructionism offers a meaningful framework for understanding the narratives of former psychiatric patients because these individuals must find personal meaning and self-definition from their experiences within the context of broader social assumptions and beliefs about mental illness and psychiatric hospitalization. How we structure self-narratives, how we order and relate and prune life events in the act of creating a life story, involves a process which the Gergens (1983) refer to as "social negotiation." They argue that social negotiation occurs throughout the process of storytelling through anticipation and articulation. When a person tells a story of his or her life, that person is not simply recounting events one by one in sequence, but he or she is actively engaged in a process of interpretation in which meaning is ascribed to events in relation to one another and in a way which seems intelligible and acceptable to narrator and listener. The narrative takes form and is ascribed meaning through an interactive process of discourse between teller and listener (including oneself as listener) within a larger cultural context of meaning (Cohler, 1994). For ex-patients, social negotiation of narratives may be complicated by several factors. First, institutional living itself differs so significantly from life on the "outside" that the ex-patient may experience a sense of two worlds, a fact which may contribute to a feeling of discontinuity. Second, he or she may be reluctant to talk with others for fear of being misunderstood or stigmatized. Such stigmatization may be subtle and insidious or take pernicious forms resulting in loss of friends, job opportunities, or housing. In addition, the ex-patient may lack contact with other ex-patients with whom to share experiences and explore meanings.

Stories of stigmatized or non-dominant groups often go untold. Laird (1989), for example, talks about the fact that in many cultures, including our own, women's stories have remained largely private as our history consists primarily of the stories of men. In the case of ex-psychiatric patients, the decision to disclose or to do so selectively and judiciously may have more to do with that individual's "reading" of how others might hear the story than with his or her ability to tell it in a meaningful and cohesive

way. Similar to stories of non-dominant groups within society, individuals may experience events which do not easily fit within the dominant stories of their lives. Those experiences which fall outside of the dominant self-narratives—which Goffman (1961) calls “unique outcomes”—are most challenging or problematic for us. One characteristic response to such unique outcomes is to exclude them from our personal narratives. We do this through the structuring of self-narratives which, according to White and Epston (1990), is “a selective process in which we prune, from our experiences, those events that do not fit with the dominant evolving stories that we and others have about us. Thus over time and of necessity, much of our stock of lived experience goes unstoried and is never ‘told’ or expressed” (pp. 11–12).

Because they are so incongruent with the dominant stories, unique outcomes may represent such personal dissonance that it may be necessary for the individual to keep such events unstructured and unincorporated. Conversely, unique outcomes which remain amorphous and unincorporated may, like a burr under a saddle blanket, prove to become problematic over time. Unique outcomes which remain “unstoried” are often accompanied by pervasive but little understood feelings of guilt or shame and personal narratives with unsettling gaps, somehow unclear or deficient in meaning. In structuring self-narratives, we may find it necessary to prune certain events from our stories; however, it is only through examining unique outcomes that they take form and become available to us as meaningful experience. Somehow the experience of hospitalization must be reconciled with the life story in order to overcome feelings of disjointedness and produce a life narrative with meaning and a sense of continuity. How ex-patients incorporate their experiences must take into account broader social beliefs about mental illness and what it means to have been psychiatrically institutionalized.

### Labeling Theory

Labeling theory is a sociocultural model in which mental illness is understood not as individual psychopathology but in terms of social deviancy. Drawing on various empirical studies of psychiatric patients, including Goffman’s (1961) work, Scheff

(1966) made a case that mental illness is, in fact, a label attached to certain individuals who engage in socially deviant behaviors or who are somehow in violation of social norms. Labeling theorists regard mental illness as a social construct with mental health professionals acting as agents of social control in explicating what forms of deviant thoughts and behaviors constitute mental illness. Importantly, Scheff outlined ways in which labeling has particularly dire, self-fulfilling consequences for the individual who, once labeled as mentally ill, is subject to uniformly negative responses from others based on ingrained sociocultural attitudes about mental illness. The behavior of the so-labeled individual conforms to those attitudes and expectations through a process whereby behaviors consistent with those expected are "rewarded" in the individual while behaviors which are inconsistent are "punished," thereby constraining the individual to the role of a mentally ill person. Chronic mental illness is established finally when the individual fully internalizes the role and assumes it as his or her central identity. Chronic mental illness is thus seen as a social role.

One need not reject belief in the existence of psychopathology in favor of the notion of the social construction of mental illness in order to acknowledge the existence and detrimental effects of social stigma on the mentally ill. However, critics of labeling theory have not only tended to hold fast to the notion of psychopathology, but they have also tended to de-emphasize the negative effects of labeling and to question the extent of social stigma. Gove and Fain (1973), for instance, question the extent of social stigma as they found that current and formerly hospitalized psychiatric patients sampled were rarely able to provide concrete examples of social rejection or discrimination. Gove (1982), in a later study, concluded that for the "vast majority of mental patients stigma appears to be transitory and does not appear to pose a severe problem" (p. 280). Other studies (for a summary see Link, Cullen, Frank, & Wozniak, 1987) suggest that any social rejection experienced by the mentally ill is more likely due to odd or deviant behavior they exhibit rather than to the label of mental patient.



While the late 1960s and 1970s saw a preponderance of studies challenging labeling theory, more recent studies have revisited the issue of social rejection of the mentally ill and the negative impact of labeling. Link and colleagues (Link, 1987; Link, Cullen, Frank, & Wozniak, 1987; Link, Cullen, Struening, Shrout, & Dohrenwend, 1989; Link, Mirotznik, & Cullen, 1991) challenge the conclusions of many previous anti-labeling studies, provide new evidence that labels are significant, and, finally, offer a modified theory. Their findings call into question the validity of previous studies which asserted that behavior rather than stigma resulted in social rejection. By "artificially mak[ing] labeling uncorrelated with behavior, [these studies] miss the possibility that labeling may be a more distal cause of rejection" (Link, 1987, p. 110). Internalized negative conceptions about the mentally ill and the expectation and fear of social rejection may lead to the very behaviors (withdrawal, anxiety, depressive symptomatology, etc.) that may cause anyone to be rejected. While modified labeling theorists reject Scheff's (1966) notion that labeling directly produces mental illness, they acknowledge the ill-effects of labeling in decreasing self-esteem and contributing to behaviors which impair social functioning and place individuals at risk for future onset of illness (Link, 1987).

### Overview of Study

A qualitative study was undertaken to explore ways in which high-functioning former psychiatric patients integrate and find meaning in their experiences of hospitalization. The study examined the narratives of five individuals obtained through in-depth interviews using an open-ended interview guide. (Figure 1) The interviews, which were face-to-face, audiotaped, and later transcribed, were each approximately 90 minutes in length. An exploratory study such as this with a small purposive sample seeks depth rather than breadth, that is, richly informative narrative data rather than meaningful quantitative data. This article focuses on only two of the narratives in order to preserve adequate depth. The narratives presented here are those of the two oldest participants. In contrast to the three younger participants, all of whom were in their 20s when interviewed and discharged five to

**Figure 1***Interview Guide*

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1. Could you tell me about your hospitalization(s) and your life since then? How do you think the experience of hospitalization has influenced your life?
  2. Has the way you've thought or felt about your hospitalization changed over time from discharge to the present?
  3. Has the experience of being hospitalized changed or influenced any [other] specific areas of your life, for example: your values, life goals, the way you relate to family members or others, your spiritual beliefs, choice of careers or any other areas of your life?
  4. Has the experience of being hospitalized changed the way you think or feel about yourself or the way you perceive others think or feel about you?
  5. In general, do you feel there is a social stigma associated with psychiatric institutionalization? Have you experienced stigma personally and how have you dealt with it?
  6. Since [last] discharge, have you sought therapy, pastoral or religious counseling or participated in any self-help groups? How has this been/is this beneficial to you?
  7. Is there anything you feel is important for therapists/counselors/pastors/rabbis to know to better understand and work with individuals who are former psychiatric patients?
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ten years prior, these individuals were middle-aged having both been discharged approximately 30 years ago. The advantage of presenting their narratives lies in their ability to articulate the changing meanings of their experiences over time.

Both individuals whose narratives are presented here were referred to me by a mental health professional previously informed about the study's purpose and selection criteria. For the purposes of the study, "high-functioning ex-patients" were individuals who were hospitalized for a psychiatric illness for at least three months, who were last discharged for at least four years, and who were determined to function at a level of 70 or higher

with respect to the Global Assessment Functioning (GAF) Scale at the time of the interviews (American Psychiatric Association, 1994). In addition, an implicit criterion called for selection of individuals who regarded hospitalization as a significant life event which they have sought to incorporate somehow into their lives. It was assumed that those who appeared to split off, compartmentalize, or repress the experience would not only be unsuitable participants, but would, in fact, be unlikely to want to participate in the study. This seems to have been the case as each of the individuals provided thoughtful and informative reflections on their experiences.

Each interview began with two broad questions: "Could you tell me about your hospitalization(s) and your life since then?" and "How do you think the experience of hospitalization has influenced your life?" These two questions elicited from participants personal narratives about their experiences, encouraging reflection rather than simply factual recall, and providing them with the opportunity to highlight personal themes rather than those suggested by the interviewer. Subsequent questions addressed specific themes—changes in self-concept, values, relationships, stigma, and so forth—which in many cases emerged naturally in the course of the narratives. The semi-structured interview format seemed successful in striking a balance, that is, in allowing the interviews to develop in ways which seemed natural and conducive to gathering richly descriptive and informative data while at the same time ensuring that certain themes were raised in each interview which helped to facilitate comparisons between respondents.

The two participants were given the pseudonyms of William and Eva. Selected verbatim blocks of narrative presented here are interspersed with relevant information about their lives including histories of psychiatric hospitalization. Again, although the stated purpose of the study was to explore ways in which ex-patients integrate and make meaning from the experience of hospitalization, these participants also reflected on related life events which occurred both prior and subsequent to hospital stays. These accounts demonstrate the importance of reconstructing critical life events through personal narratives in order to integrate these events into the life story in meaningful ways. The task of selecting

which portions of the lengthy narratives to include and what to simply paraphrase was a difficult one. An effort was made to preserve the integrity of the data as much as possible and to include direct quotations which seemed to best illustrate the participants' understanding of the meaning of hospitalization and related events in their lives.

### William

William is a 51 year-old married white man who is a Vietnam combat veteran. In high school, he was a strong student, a star athlete, and a gifted public speaker, having won a state speech contest his junior year. He planned to enter college following service in the Marine Corps, after which he aspired to build a successful career in real estate and enter politics. William's parents, who both worked as custodians, shared these aspirations for their only child whose drive and talents suggested these dreams were feasible. During his service in Vietnam as a medic, William experienced his first schizophrenic episode. He spent five months in a naval hospital in 1966 at age 22, heavily medicated and on an acute ward. This was a scarring experience which precluded him from seeking needed mental health services for years following discharge.

For me, the hospital and the time I spent in the hospital was such a horrible experience, was such a nightmare. I was supposed to get transferred to the V.A. hospital in Palo Alto which is the one *One Flew Over the Cuckoo's Nest* was written about. So the book was out and I knew I wasn't going there. So I figured I was just better off on the streets of America, maybe fumbling, maybe even dying really, than to go back into any kind of psychiatric care. That's why I've become such a dedicated crusader for psychiatric care.

William returned home briefly following his discharge but, feeling isolated and set apart, he soon began drifting from place to place and surviving marginally on his service-connected pension. He lived as a "bush vet," that is, a recluse, in a remote area of the Southwest for a number of years and also lived for months at a time on the streets of San Francisco. During this time, he was a heavy user of various street drugs, especially hallucinogenics. The drugs masked the symptoms of his schizophrenia and he felt less

conspicuous among others who were also high on substances. His means of coping with the stigma of schizophrenia was adaptive though self-limiting.

Over the years, William was involved in a number of political movements—civil rights, anti-war, migrant farm workers, and so forth. In the middle 1980s, he weaned himself off of street drugs and began taking prescribed antipsychotic medications which enabled him to function at a level at which he could attend college. At that time, he also became involved with physically disabled Vietnam veterans. He soon came face to face with his profound sense of shame at having schizophrenia, a fact which he had carefully attempted to hide from others for nearly 20 years. His affiliation with other people with chronic psychiatric illnesses, and eventually his political activism and work within the mental health consumers' movement, began as he was able to come to terms with his internalized stigma and embrace his own cause.

So I went to school. But he [a veteran's affairs counsellor] encouraged me to go to this peer counseling class with people from the independent living movement, people who are in wheelchairs, people who have physical disabilities mainly. And I was in school the fourth day of a five day training and that day I just broke down and cried and said I just can't hide anymore. I can't hide anymore. I'm tired of living in shame. I'm tired of someone discovering that I have schizophrenia, kind of whispering behind my back and making fun of me. . . . I've just had to hide and cover and act like I'm really not this person for so long that I said I don't want to live like that anymore. . . . In my lifetime, I think that . . . I didn't really choose this movement. As a matter of fact, I kind of avoided this movement. I wanted not to have anybody know I was crazy. Until about eight or ten years ago . . . I feel as though I have a moral responsibility to others that are coming out of institutional care who have been more destroyed by it than I was.

With the help of antipsychotic drugs, William's condition is largely stabilized. He is currently the director of consumer affairs for a large deliverer of mental health services with an annual budget of 42 million dollars. In that capacity, he helps develop supportive residential communities for mental health consumers and advocates for mental health care reform. In this work, he encounters broad community resistance.

I know we're going to be limited by community acceptance in putting up residential facilities. . . . This town's as good as it gets as far as acceptance but it's not the promised land. I've testified at the city council. I mean people scream at me and follow me. Almost cross burning to keep residences out of the community.

William also commented on the fact that it is not necessarily behavior per se that sets himself and others with psychiatric conditions apart in the eyes of society, but it is the label itself. Behavior is interpreted in light of the label of mental illness.

Maybe I will always be spaced out. Maybe I will always ramble. Maybe I'll always be unfocused and maybe I'll never be right on task, you know. . . . It's weird that if I were a college professor, I would be tolerated as an eccentric but if I'm known as a person with schizophrenia, I'm seen as a person who's nuts. You see the difference.

As a person with schizophrenia, he also spoke about society's misconceptions and fear of those with the disease and a failure, in fact, to understand how vulnerable they are to victimization.

With this psych condition I am going to be more spaced out and vulnerable to many of the predators who live in society. In that way, I find that a lot of women and African-Americans identify with that. They've been more victimized by these predators. When I speak of predators in society, they know more of what I'm talking about. They're out there, they're rampant, and they ain't us. They're portrayed in the movies as us. If they are us, they're people who didn't get care or even treatment.

William's first schizophrenic episode profoundly changed his sense of identity and of the world. Building a new identity was a long, difficult process which involved accepting the limitations of his psychiatric condition while at the same time learning to "harness and direct" his creative energy. While reflective of William's acceptance and discovery related to his schizophrenia rather than his hospitalization, the process he described is instructive to others who have undergone a life changing event.

The military is kind of the ultimate example of some kind of external conformity where somebody decides on what the norms are and everyone has to fit into that. And the psych hospital was the same

way, especially the navy psych hospital. So I felt like I didn't really belong anymore. In other words, after you have a psychiatric break, besides the spaciness of the condition, I just knew I was seeing things differently than other people. In other words, I'm not by any stretch of the imagination the same person I was before my break. I'm different but there are some similarities. I was able to regain my life by building my own identity. Like finding out what I could do and exploring that. Trying to do some singing, doing the writing, trying to figure out who I am, what I can do, and what I enjoy. I mean if I can't go back and be a real estate agent like I wanted to be as a kid, and an all-star football player, you know, and having my own agency, and being this tycoon. I mean what can I do today that I really enjoy with this kind of spaced-outness and this kind of acquired sense of humanity. The psychiatric condition works for and against us and I think that that's one thing we never have put into psychiatric rehab. We always see the tragedy. We always see the loss. You know well "William will never play football again." "William will never do this." But there's a lot of—I hate to use a term like "enlightenment"—but there's a lot of illumination that goes into that. . . . I think we really have to look at that. How can that be, for lack of a better word, harnessed or directed. So that's what I tried to do, to harness and direct this new way of looking at things, this new person, and started to move me forward in an exploratory way. . . . Something happened to me which left me in a different position but not necessarily an inferior position. I finally started to put that together. For years, I beat myself up because of that. But when I started to realize that the new William actually had even more potential than the old William then everything kind of fell into place. As long as I was kind of angry and anguished because I had been a failure or hadn't succeeded in being a military leader of men—which sounds kind of strange but my whole life had been geared to that, right. My whole life had been geared to being some kind of military-political figure. . . . Twenty-eight years of coming out of this. I still have the auditory hallucinations. I still have the external voices that come in until I'm enveloped by them. . . . So I still have all that but I'm able to live in a life that's gentle, outside of mainstream America. . . . If I ever wanted to return to what might be considered normal, I would never be able to do that I don't think. And I don't know if it's healthy to do that. Even for the others . . . it's like saying you broke your arm and now you want to go back and be a baseball pitcher, but they're one out of a thousand. The vast majority would probably be better coaching kids or being a school

teacher or maybe teaching people how to take care of themselves. Sure they'd earn less money and have less fame but that's part of accepting life. I think life's more of a learning process.

William talked at length about a profound change in his politics, world view, work life, and philosophy of mental health care as a result of his psychiatric condition and hospitalization.

I had come into the Marines kind of a right-wing young American for freedom—William F. Buckley, Barry Goldwater type of conservative—and it was like at that moment everything I believed in, everything was just gone. . . . They separated me from the unit because all the guys were saying, "Yeah, the doc's right [he was a medic], we're just killing farmers over here." They sent me back to the U.S. and I was hospitalized . . . The break was actually for me much more transformational than even the hospital because after the break I never did see things the same way. . . . In other words, these guys I idolized as a kid have really once again taken over the country. When I was one of them before my psychiatric break, I felt completely powerful. Like "people on welfare should be shot." I really believed even that. Euthanasia for people who were in a worse situation than I was. And then this happened to me and then I had to make the adjustments in my life. That's been the hardest thing I've had to do because it's like losing everything all at once and then having to regain it.

Coming to terms with his psychiatric condition has meant embarking on a path of political and social reform within the mental health consumer movement. A prior sense of self-blame and isolation has given way to a sense of purpose and belonging through a broader understanding. Outside of the mainstream himself, William gained compassion for members of other disenfranchised groups while drawing on their political examples.

In my work with consumers, I used to use traditional psycho-educational approaches. Now I come at it from the perspective of us as a people and our history. That way I've learned from the women's movement, people of color, gays and lesbians. The gay and lesbian papers have articles on identity that I think can be translated to our movement. You talk about stigma. I mean if I were to tell the field of psychiatrists that I'm learning from gays and lesbians. . . . [He laughed.] They'd just be in terror. I garner all this and just try and learn from other people with similar struggles. . . . There's always



been a sense of shame. Nobody's ever said well this happened to this one group of people. Maybe we should look at them as a group and see what happened. Just like you were saying, well what was your reaction to the hospital? Well, the reaction to the hospital is that it is the ultimate denial or the ultimate kind of stamping out of ourselves as a people. Our history, right?

William's experience in the naval hospital and his resultant disenfranchisement from the mental health field for many years have fostered deeply held beliefs which are at the heart of his political activism and vision for mental health care reform.

Our treatment in the past with the hospitalizations has been to shock people back into consciousness, behaviorally shape people rather than to guide the identity of the person that's there, you know. Find out what the identity of the person is and work with that rather than to shape their behavior. You see the difference. It's a totally different way of doing things. Unfortunately most people say "straighten up and fly right." We've set up this system which doesn't work. I even attribute a lot of staff burn out to it. There's no way I'm going to straighten up and fly right. . . . So I would say my whole life has been a kind of reaction to this kind of asylum treatment. I differentiate the world of psychiatry into a time of treatment and a time of care. Before we were in this time of treatment and this treatment was a kind of grisly experimental one-upmanship. . . . So now we're moving into an era of care. When you care for somebody it's not like you're shaping them or anything else. It's like you're working beside them as a companion and developing a sense of companionship. . . . [later] There's this reluctance to have an open discussion about the condition much less about everything else. . . . The secretness and fear of the unknown aggravate the condition. People who have been on back wards for 14 years, consumers we work with say all this. They're able to sit at the table and say these are my needs, these are my resources, and to plan. It's not therapy we're doing. We're just sitting around having popcorn and talking. . . . People in community mental health are learning just be a regular person. Now the rest of the mental health system is learning these same kind of ideas—no barriers. It's like we're on a street corner together kind of mentality. Rather than "I'm the professional, I'm here to help you." Sal, the case manager. . . . It's a hard lesson. You pay a lot of money to go to school. What are you going to say after you get all that schooling? "Hey, I'm just hanging out making pizza

here at the house." People want to have some kind of bigger picture of themselves than they're really going to get out of mental health. Public mental health is going to get a lot funkier, a far cry from setting up a nice private practice somewhere. . . . Drugs and alcohol take behavioral approaches, psychiatric conditions take love and care and hope over time. Society's not prepared for the length of time it's going to take. Schools aren't preparing people for that.

Finally, William reminds us of a simple truth about mental illness. His words are both a call for ongoing, humane care based on societal acceptance of the mentally ill and a statement concerning identity and dignity of those with mental illnesses.

We're just doing everything now just like hoping it will go away. What I suggest is it's here to stay, it's been here for centuries. We are a people, we have a history, and we better build something around that reality rather than someday there will never be mental illness. People with people is going to do more than anything, more than the drugs.

### Eva

Eva is a 47 year-old white woman and mother of two who has come to associate her long struggle with drug and alcohol dependence and depression with her history of childhood sexual abuse and a dysfunctional family situation. Eva's father, a university professor and avowed communist during the McCarthy era, lost his teaching position and abandoned the family when she was young. Eva lived with her physically and sexually abusive mother until age 14. Her older sister, possibly suffering from undiagnosed paranoid schizophrenia, joined with their mother in physically and emotionally tormenting Eva. Later, her family stigmatized her for having been hospitalized, which perpetuated her shame and self-doubt.

I could be dismissed entirely. My mother and sister, who I believe have much more severe psychiatric problems than I do, have never been hospitalized so therefore anything and everything I did became interpreted, not only in hindsight but my current activities, as "Eva the nut." Everything I've done subsequent to that, everything I did prior to that became reinterpreted in light of that label. That's as true today as it was 30 years ago.

Eva left home at age 14 to live on the streets and quickly became involved with illicit drugs and an abusive older man whom she later married. Acknowledging that her way of life and her self identity prior to hospitalization may seem unappealing in many ways, Eva described her rebelliousness as self-preserving and talked about how institutionalization altered her sense of self. After entering a private psychiatric hospital at 16 for observation, she was admitted. Eva believes she was diagnosed in the hospital with depression and an anxiety disorder; her self diagnosis is post-traumatic stress disorder as a result of childhood trauma with related substance dependence. Placed on a ward for adults in recovery from electroshock therapy (though an adolescent and not treated with ECT), adult patients were instructed not to talk to her during the six months she spent on this ward. Everything about this experience confirmed that she was a pariah.

The path that I'd chosen of being homeless, being on drugs, and the criminal activity may have looked dreadful but it didn't look nearly as dreadful to me as the alternative. When I was dressing up in drag and picking up girls in that part of town, it was like myself as Billy Budd or something. I was definitely out there. But it was a way of claiming an identity. That banded identity or that negative identity that pre-dated the hospital was an affirming one, a life giving one, a life saving one for me. Anger and defiance were necessary to protecting the self. There was something worth protecting. Some reason to live, some sense of justice. . . . The hospital was pivotal. It was a profoundly changing experience. I will never experience myself again as I experienced myself prior to that. As I said, I became much more cautious. That sense of jubilation wasn't completely destroyed but it was altered . . . the experience of being a person who was so damaged or so toxic that other people weren't even allowed to carry on even casual conversation with me. That first six months, that experience was fairly shaping in my sense of self. If you know social theory, you know Erving Goffman's work. I think that's true. There is a way in which your self is stripped away in a total institution. And a new self emerges. And sometimes that new self is stronger because of the rules structure, or seems stronger because the rules structure gives you some kind of vessel, some kind of framework in which to function. I don't think the hospital did that for me. I think I was functioning when I went in there and I continued to function after I left, after a fashion. [she laughed]

After six months, she was transferred to an unlocked ward and soon afterward left against medical advice. The following year, she realized that she needed both psychiatric help and protection from her abusive boyfriend and admitted herself to a progressive teaching hospital. She remained in the second hospital for nearly one year until discharge on her 18th birthday. In retrospect, she realized how open she was to receiving help at that time—help coming to terms with earlier trauma, her substance dependence, her bisexuality, and with her need to protect herself and plan for the future. She reports receiving neither the help nor protection she needed.

He [her hospital psychiatrist] totally ignored the battering. He ignored the fact that my mother battered me. He never wanted to talk about that. It was a non-issue with him. I guess he was Freudian. I don't know what his therapeutic technique was but it did me a lot of harm. I had no choice but to respect him as an authority. I had no one else to turn to. My father abandoned us, my mother was drunk and nuts all the time. There was nobody and nothing. . . . They made me go to group therapy as a condition of my release but it was really a bust. . . . Traditional therapy for trauma survivors, for people like me, sexually abused as children, traditional psychotherapy is just a disaster because it invalidates your experience. The notion that you're somehow not okay instead of trying to normalize your experience or put it into some kind of context so it can make sense to you. It just casts you further and further out into the darkness. . . . The one thing I wanted to do was go back to school. I had basically stopped going to school in the seventh grade and I really wanted to finish high school. I'd worked enough in factory jobs by that point that I knew I really wanted to go to high school. With all this IQ testing, he told me that according to the IQ tests there was no point in my finishing high school. I'd be lucky if I did some kind of janitorial work. This did not make me hopeful. . . . It was a juncture where I was open, completely open to being helped where I did not get helped. . . . Also in many ways it set me up for a fall. It set me up to get out and not be able to do well because I wasn't permitted to finish high school. Instead, I was told I had to go to work. I was told I should get married if I was going to be sexually active.

Eva married her boyfriend shortly after discharge from her second hospitalization. Following several years in a troubled marriage which ended in divorce, she raised her two children as a

single mother and continued to struggle with substance dependence and depression. Eva eventually came to understand her problems less in terms of personal failure and shortcomings and more in terms of her familial and social context. During the several years following her discharge in 1965, she became exposed, first through literature, to the women's movement, the anti-psychiatry movement, and the black power movement. She began to understand her life in terms of prescribed roles and applied the concept of internalized oppression to her own internalized stigma of having been hospitalized. In these terms, the specter of stigma that had haunted her could now be understood as discrimination and oppression.

Franz Fanon talks a lot about internalization of oppression so that was my model. I internalized the stigma and I think part of how I stopped doing it was understanding it first through literature and then through the feminist movement. . . . That was all very helpful to me in thinking about myself.

While a number of authors were helpful to her, one writer, Tilly Olsen, was pivotal.

When I was 21 or 22, I encountered Tilly Olsen. She wrote a book called *Tell Me A Riddle* which is a wonderful book. That was really my introduction to feminism. That was my epiphany. I mean I had read Betty Friedan's *Feminine Mystique* which is very centered on the experience of middle class women in the 1950s and I hadn't really been able to relate to it very much. *Tell Me A Riddle* was . . . I don't think I'd ever cried like that, I cried and cried. There was a lot of relief about feeling like I'd found other people like me. . . . What touched me was the fact that we get so chained to a role. The person in the book is a woman, a working class woman with a working class husband who raised a large family. They're an emigrant family of eastern European Jews. It's the story of her final days and her reminiscing. It's the fact that she was so bound by her roles that she was forced to play as a wife, as a mother, as a daughter, as a girl, as a woman, that she never got a chance to develop her humanity. She was this wonderful human being, this full human being. But that was never nourished. That was very astounding to me that other people knew this.

Within this context, Eva's role as a psychiatric patient came into a new perspective.

It was a very jubilant time. I began to see myself as a woman embedded in a social context. When things break down, what happens to you is that men go to prison, women go to mental hospitals. There was an affirmation not of my deviant status, but why my deviant status had occurred. What had happened to me.

Eva was eventually able to obtain her high school equivalency, complete college, and to establish a career in a human services field. She has also been sober for 15 years. Though her own life was changing dramatically for the better, Eva talked about continuing to be haunted by the suicides of fellow patients and the memories of the women who underwent electroshock therapy.

Something I've always wanted to write about and I've never been able to—maybe someday I will. . . . It seems like every year another fragment comes into place. That first hospitalization I had in the shock therapy joint, they were all women. They were all middle-aged women who had outlived their usefulness. Their husbands were out chasing young chicks, their children had left home, and they were just like Muslims or concentration camp victims in so many ways. Even the way they moved. Drugged, numbed out, an other worldly feel to them. There's this grieving I've never really done about that. Of what it was like to be completely surrounded by my future in some way.

In recent years, Eva has come to recognize herself as a trauma survivor and, through therapy and reading, to understand the role of trauma in her life. She has also come to view her experience in terms of a larger social problem and to work with other trauma survivors. She described first becoming aware that she was a trauma survivor during a work-related seminar.

I went to an all day training on emigrants and one of the populations they talked about was Southeast Asians. A psychiatrist did a slide show with a voice over. During this presentation, I started crying and couldn't stop. It was very embarrassing. I realized that I was one [trauma survivor]. That a lot of things that he was talking about were things I had lived through. That was the beginning of my researching my life for what had happened to me, who I was, and how I could make sense of that. How I could make that a part of my story instead of the thing that controlled me. I want to be with other people who have had my kind of experiences and work with them. Be a part of them. That's certainly true with my career. . . . I think

we're at a very hopeful point in our history where we're starting to look at trauma therapy and make all kinds of links and connections as implications for the whole social order if you really look at it. It's a very hopeful thing.

Eva attributes understanding herself in relation to her role as a woman, the dynamics of oppression and internalized oppression, and, more recently, the far-reaching effects of childhood trauma as helping to lift a burden of shame which has enabled her to be more open in disclosing her past to others. As with William, disclosure is a moral imperative for Eva. She stated: "In any situation where I'm able to [disclose], I will because I really think of it as a crusade. People need to know we're here, that we are fully human, that we have something to offer." While she clearly acts from her political convictions, Eva is not involved with any consumer-related political organization. This is, as she acknowledged, due to a wariness of institutions or strong ideologies seated in her past.

I was raised by someone who was a communist during McCarthyism and teaching at an Ivy League school and laid off as a result of that. His fanaticism always frightened me. People who got into very rigid fanatical groups, which was kind of like the Mental Patient Liberation Front—you either bought the party line or you didn't—always scared me. Because I just saw my father as being so nuts and so despicable in so many ways. Someone who could walk off and leave his two children with someone who was so out of control as my mother.

Eva also related the form of her political activism to early childhood fantasies which, born of a sense of helplessness, have now found expression in her adult life.

I used to have very elaborate heroine fantasies. I dreamed about being the heroine and saving a group of people or something. And in fact I've tried to live that out in my adult life too. [She laughed.] It's hard for me to step down from the soap box.

### Discussion

The narratives of both individuals seem to underscore that the process of integrating and making meaning of important life events such as psychiatric institutionalization occur within a social context. The theoretical constructs of social role theory were clearly evident in the narratives. In the years following her last

discharge, Eva was able to come to understand her experiences in terms of her role as a woman—"When things break down, what happens to you is that men go to prison, women go to mental hospitals." Having encountered Goffman's writings in her search for meaning, she reflected on how her roles as a young woman were "stripped away in a total institution" and talked about the gradual emergence of a positive self-identity through achievement of attained roles (college graduate, worker, activist). For William, having schizophrenia has been more central in his life than having been hospitalized, though he certainly described both as pivotal. He described how the onset of his schizophrenia robbed him of the positive roles he enjoyed as a young man—star athlete, strong student, Marine—along with the promise that these roles seemed to hold for his future. At the same time, he was derogated to a new, unwanted role as a chronically mentally ill man. In that stigmatized role, William described battling privately with his shame for 20 years and the process of confronting the shame and coming to accept himself. He was able to redefine the battle in terms of consumers' rights and to embrace a new role as social activist.

The issue of social stigmatization is prominent in both narratives. It is interesting to reflect on the debate concerning the effects of labeling in light of these narratives. First, contrary to traditional labeling theory (Scheff, 1966), neither participant indicated that labeling in and of itself resulted in mental illness though both indicated that the hospital treatment they received failed to normalize or validate or help them adapt to their experiences (childhood sexual abuse, adolescent struggles related to sexuality, and schizophrenia), thereby contributing to depression, substance abuse, low self-esteem, and so forth. In this sense, their narratives appear to support Link's (1987) modified labeling theory. Second, contrary to some labeling theory critics (see summary in Link, Cullen, Frank, & Wozniak, 1987), who believe that behavior plays a greater role than social stigma in the rejection of the mentally ill, in William's experience behavior is, in fact, interpreted in light of the label of mental illness. As he stated: "It's weird that if I were a college professor, I would be tolerated as an eccentric but if I'm known as a person with schizophrenia, I'm seen as a person who's nuts."

Finally, social constructionism provides a framework for understanding and appreciating the narratives. Eva and William's



reflexive capacity for self-understanding within a social context is evident in their ability to find new meanings from their experiences of mental illness and institutionalization. Both found alternative social perspectives and political involvement instrumental in gaining a new understanding about what happened to them and in "restorying" their lives. Involvement in the women's movement helped Eva to place her life experiences within a social context while reading literature about oppression helped her to reframe her internalized stigmatization of psychiatric institutionalization. In reference to coming to terms with her trauma history, Eva emphasized a process important for both participants, that is, making sense of life events through dialogue and affiliation with others with similar struggles: "That was the beginning of my researching my life for what had happened to me, who I was, and how I could make sense of that. How I could make that part of my story instead of the thing that controlled me. I want to be with other people who have had my kind of experiences and work with them. Be part of them."

The fact that William spent 20 years of his life carefully hiding his disease from others and masking the symptoms from himself through drug use is indicative of the fact that schizophrenia is stigmatizing, sudden in onset, and dramatic in its effects, making it particularly difficult to contextualize. He powerfully characterized its impact and the difficult task of coming to terms with this "unique outcome" (Goffman, 1961): "And then this happened to me and then I had to make the adjustments in my life. That's been the hardest thing I've had to do because it's like losing everything all at once and then having to regain it." The process he described, however, was not so much about regaining what was lost as about reconstituting his life—"So that's what I tried to do, to harness and direct this new way of looking at things, this new person, and started to move forward in an exploratory way." As he was able to come to accept and appreciate this new person, he could then draw on his illness and the negative experience of hospitalization as an impetus for his work.

### Implications for Practice

While other ex-patients may not integrate the experience of prior psychiatric institutionalization into their lives and find

meaning from that event in ways similar to these two participants, for example, through social perspectives or political activism, the process of contextualizing the event and gaining new understandings about it through dialogue appear vital. The narratives presented here suggest that social stigma has insidious and powerful effects on ex-patients. Because the event of prior psychiatric hospitalization is often shrouded in secrecy as a result of broad social stigma and resultant feelings of personal shame, ex-patients may not seek out or readily find others with whom to explore alternative meanings. In this sense, stigma not only contributes to shame but impedes ex-patients in overcoming it. Practitioners working with ex-patients may facilitate their clients in drawing on the experiences of others by reading and recommending pertinent literature, for example, related literature about oppression and internalized oppression, facilitating groups for ex-patients, or referring clients to informal groups in the community. Use of bibliotherapy (Hynes & Hynes-Berry, 1994), writing and narrative therapy (White & Epston, 1990), and poetry therapy (Mazza, 1993) can all be used to help individuals reconstruct critical life events such as psychiatric hospitalization. How groups and individual work are able to help individuals overcome shame and shape meaning from their experiences of psychiatric hospitalization represents an area for future research. The value of this research will be in aiding ex-patients and the practitioners who serve them in finding a framework for the experience of prior psychiatric hospitalization so that the event is not simply a "unique outcome" (Goffman, 1961) but can be integrated into the life narrative in a meaningful way which eliminates shame and promotes self-growth.

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Endnote: I am grateful to Joan Laird and to Dr. Benjamin Druss for their input and support.

# Ethics in Field Education: Promise, Pretension, or Practice?

GARY MATHEWS  
SUSAN WEINGER  
MARION WIJNBERG

Western Michigan University  
School of Social Work

*Ethics are the foundation of every profession. Field education is central to the education of professional social workers. There is a consensus among educators that field education should include ethics education. The field education literature pays lip service to the importance of ethics. Ethical practice is being taught in field education in a cursory manner. Reasons for the discrepancy between promise and practice are discussed. Suggestions are made for including ethics education in the field.*

## Introduction

Nowhere is ethical guidance more essential, and nowhere is ethical content less prominent than in field education. Ethics are the foundation of the profession. Professions were initiated on faith. Faith became ideology. Ideology is accompanied by a set of ethics which are binding on the practitioner. These ethics direct the professional to achieve certain values through the practice of the profession (Argyris & Schon, 1974). Yet, as the founding work experience for many students, and as the founding instructional work experience for all students, field education does not include systematic instruction in ethical professional practice.

Attention to ethics is important in field education because ethics are a major building block of the professional paradigm (Schon, 1983). Social work, in particular, touts ethics as a crucial aspect of practice (Greenwood, 1957; Lowenberg & Dolgoff, 1988;

Reamer, 1994). Since field education is the arena in which the values of the profession are learned through supervised practice with an education purpose, it is logical to think that field education is the place to locate an important portion of a student's education in ethics.

There is ample evidence to the contrary. There is scant literature on ethics in field education. For example, between 1983 and 1993 there were forty-nine articles published on field education in the *Journal of Social Work Education* and the *Journal of Teaching in Social Work*. Of these, none had ethics in field education as a topic (Raskin, 1994). Raskin's Delphi study of field instruction found strong consensus that "Students should be prepared to engage in conscience, knowledge, and value guided practice," but no consensus that "Ethical issues are adequately covered in field instruction" (pp. 82-83). In a situation which produces more raw data for ethical argumentation than perhaps any other in the career of a social work student, the opportunity for ethical debate is missed, the conclusions undrawn, and the literature unwritten.

An article "Training Graduate Students to Deal With Ethical Issues" (Swazey, Seashore Louis, & Anderson, 1994) reports that in a survey of 4,000 respondents:

"88 percent of the faculty respondents and 82 percent of the students surveyed believe that such 'ethical preparedness' should be an important function of their academic departments and universities, (but) only a minuscule proportion (4 percent of faculty members and 3 percent of students) think that their departments take a very active role in this area" (p. B2).

There are several reasons for this discrepancy between the need for ethics education in field placements and the absence of same. One factor is the "soft ground" of social work values, in which the profession has yet to clearly enunciate the ethical precepts of social work (Reid and Bilups, 1986). We teach problem solving in our practice courses, and dilemmas which cannot be solved in our ethics classes. Dilemmas must be tolerated. Problems can be solved.

Another important reason is the supposition held by many that the ethical questions of social work are answered in one document. Most social work professionals have a stock answer

when it comes to questions of ethics: Consult the NASW Code of Ethics. This is an inadequate answer based on an inaccurate judgement.

Another reason is the ethical confusion with which field education is itself practiced. Our stated mission is to address the problems of the poor and the oppressed, yet many placements do not address this mission. It is important that social work students be supervised by social work professionals, yet many are supervised by others. It is said that the field instructor knows the student's performance best, yet in many schools the faculty liaison awards the grade. As faculty liaisons, are we bridge builders or gatekeepers? Are the students in the role of apprentice or in the role of customer? The professions system of field education must do more to address the competing values faced by students in a changing practice environment.

### The Place of Ethics in Field Education

Ethics is the art of valuing. It is the process of deciding what is good and what is bad for people in relationship to others. Ethics consists of placing priority on one action over another. According to Frederic Reamer (1993), social work has a long way to go in developing a moral philosophy. This may help to explain why social work students are not being taught to make ethical judgements in field placements. Field instructors may not themselves be clear about what constitutes an ethical decision. "Although social workers now have a reasonably good grasp of the diverse ethical dilemmas that arise in practice, much work remains to be done to appreciate ethical nuance, dissect ethical issues that are embedded in practice, and apply ethical theories" (Reamer, 1993).

Jenkins and Sheafor (1982) identify six components of field education, including knowledge, competence, *ethics* (emphasis supplied), commitment, a personal style of practice, and the agency context. Even though ethics is identified as one of the major components of field education in their introductory essay, the contributors of this edited volume devote almost no space to a discussion of the role of ethics, referring the reader to the NASW Code of Ethics. This is a consistent pattern among field education writers up to and including the most recent publications. Royce, Dhooper,

and Rompf (1993), for example, mention ethics as important in field education, then refer students to the Code of Ethics for guidance.

The teaching of ethics in field education has been reduced to instructing students in the profession's Code of Ethics. Since the message and the unassailable authority of the Code appears self-evident, the mention of the Code moves the agenda on to the next item. It closes the discussion. It masks the presence of conflict. Rather than stimulating debate and encouraging the development and exercise of professional judgement, the reference to the Code may have the reverse effect. Rather than teaching the process of ethical discussion and reasoning, compliance with a Code of Ethics may stifle competence in this area.

### The Place of the NASW Code of Ethics in Field Education

There are serious limitations to the NASW Code of Ethics as a primary reference to resolve ethical problems as they occur in student field placements. The Code reflects two cardinal values; empowerment and social change. In order to achieve the goals of empowerment and social change, certain assumptions must be made. First it must be assumed that the profession of social work produces empowerment when practiced ethically and effectively. Second, that meaningful social change is possible within our existing institutional and political systems.

These values, when combined with these assumptions, give rise to two contradictions which tend to stifle debate among scholars, practitioners and students. Firstly, it claims empowerment as a primary goal. Yet by assuming the current social and political structure, there is no room in the Code to consider the disempowering aspects of our system. By empowering the student through the trapping of professionalism, is the client empowered as well? Our system of government; some would argue, promulgates the disempowering of a substantial portion of the citizenry, yet the Code of Ethics is silent on this issue. The Code fails to provide an ethical and political framework for social work field education. It is of limited practical value in resolving ethical issues. It is misleading because it tried to define a set of unified values in a profession with many competing points of view (Rhodes, 1991).

### Alternative Approaches to the NASW Code of Ethics

The alternative choice for addressing ethical social work issues is the competing values model. Social workers have diverse beliefs which reflect different and sometimes conflicting ethical and political positions and systems of thought. The competing values model is based on dialogue, debate, and the public examination of the process of learning to live with moral ambiguity and ethical decision making in a complex and challenging social environment. Ann Fleck-Henderson (1991) calls these the pervasive and discrete alternatives, one focusing on the development and presence of universal rules or guidelines, the other focusing on the resolution of particular practice dilemmas through the resolution of discrete conflicts.

Ethical dialogue developed by Margaret Rhodes (1991) is a proponent of the competing values/discrete alternative model. This alternative admits to the presence of conflicts in social work practice which are impossible to resolve cleanly and clearly in a manner which pleases everyone. Ann Fleck-Henderson (1991) describes this method in five steps. First, construct a moral dilemma. Next, address the question of responsibility. Third, resolution of the dilemmas is achieved, not necessarily by reaching a clear decision, but by identifying the focus of control as being intrapsychic, interpersonal, or environmental, or some combination of all three. As Fleck-Henderson makes clear, this process is based on the theoretical work of three researchers on moral decision making: The social psychological traditions of Lawrence Kohlberg, Albert Bandura, and Stanley Milgram, respectively. The fourth step is to act upon the dilemma. The final step is to justify the action.

### The Application of Ethical Decision Making to Field Education

As an illustration of ethical dialogue in field education, a case will be offered which presents several difficult problems. While the reader may identify multiple dilemmas in the following scenario, the authors have chosen to highlight two dilemmas in particular. They are the dilemmas of contracting and of grading in field education.



Contracting is familiar to everyone. It is taught in social work practice classes. It is practiced in field education. It holds the promise of rationalizing the process of field education. It can become a battleground for the right to establish guilt or innocence. Contracting holds the promise of accountability.

Grading in field education is the process which determines success or failure. A passing grade means progress to the next level. A failing grade in field education means serious delays in progress toward graduation, and often results in the termination of the student's relationship to the school. A failing grade in field education questions the student's suitability to the profession.

The case for consideration is as follows: *A popular and extroverted first year social work student is placed in a family counseling agency. The field instructor is a seasoned MSW with previous field instruction experience. The faculty liaison is a competent faculty member with extensive clinical experience.*

*There is mild concern about the student's performance expressed by the field instructor at the end of the first semester. At the beginning of the second semester, the field instructor presses the student to begin seeing clients. The student begged off during the first semester, saying that he wanted to be fully oriented to the agency and the nature of the work prior to being assigned clients. He had instead observed several of the field instructor's sessions.*

*The student continues to balk at actually seeing clients, suggesting more observation, this time with other workers in the agency. He also wants to do an analysis of the length of the waiting period and drop out rate of prospective clients in conjunction with the clinical director, and at the urging of his research professor. The field instructor stands firm. One client must be engaged by the student from intake to closure before the end of the semester. This is an item in the student's learning contract.*

*The student continues to decline referrals, and has begun his study of the waiting list with the clinical director and two of the other students at the agency without telling the field instructor. The field instructor discovers the student's involvement in the study. Two months before the end of the semester, the field instructor terminates the placement and recommends a no credit to the faculty liaison.*

*The faculty liaison decides to award an incomplete, with the provision that the student repeat the entire second semester of his field*

placement. The student appeals. The Graduate Professional Review Committee is convened. Testimony is heard from the student, the field instructor, the faculty liaison, and several faculty who wish to testify to the general good character and fine potential of the student. The review committee recommends that the student receive credit for the course, based on a technical point of due process. The student was not warned in writing and given a chance to respond in writing prior to the expulsion from the placement, as outlined in the field education notebook. The Director of the School takes this advisory recommendation and awards the student full course credit.

If the faculty liaison does not support the field instructor in awarding a no credit she runs the risk of alienating the field instructor. The field instructor may refuse to be a field instructor in the future, thus depriving the School and future students the opportunity of working with her. By assigning this student an incomplete and having the case go to a Graduate Professional Review Committee, the faculty member, the field instructor and the School comes under public scrutiny.

Because the student has the right to a faculty advocate, there is at least one faculty member who, by nature of their role, will have a conflicting relationship to that of the liaison and the field instructor. Finally, the process takes the right to assign a grade out of the hands of the faculty member. The grade assigned was not that which was determined to be the proper grade by the faculty member. The faculty member is now in conflict with the Director.

For those who advocate a "student as consumer" stance, it could be argued that the customer is always right, and that the real responsibility should reside with the student to determine what he wants and needs to learn in field placement.

The faculty member is aiming to do the right thing, and must do so based on her own concept of right and wrong. What is right for this faculty liaison is something with which she must live. But what is right for her, in terms of her own values and experiences and her own interpretation of her actions, is only part of the story. She must also do what she interprets is right as interpreted by the actors in the scenario. To do otherwise is to jeopardize her standing in this particular community of scholars. "Professional programs, such as social work . . . have made sufficient progress to develop criteria for behavior and, indeed . . . , there is considerable debate and frustration over the ethics and limits of evaluating

students' values and behavior" (Cobb & Jordan, 1989, p. 91). Also, she must do the right thing according to the policies and procedures of the school.

### Contracting

Contracting is a policy in most field education programs. Every field education program in the country has some form of goal setting and evaluation of student performance as components of the overall program. Contracting is an appealing method for goal setting because it involves the student directly, requires negotiation and compromise between the student, the field instructor, and the faculty liaison, and provides a written basis for later evaluation of student performance. This is in keeping with the role systems model of supervision, which contrasts with previously popular models of apprenticeship and the growth model, as described in Wijnberg and Schwartz (1977).

The apprenticeship model as applied to our example would interpret the problem as a failure to honor the prerogative of the field instructor to exercise professional judgement regarding the student's performance. The growth model sees a therapeutic function in field supervision. Identifying and encouraging the need for change in the personality of the student was, and in some circles still is, seen as a legitimate function of field education. This perspective would view the student as resistant and defensive, and would probably lead to a recommendation that the student enter therapy to resolve her problem. The role systems model recognizes the multiple roles, relationships, and tasks shared by the student, the liaison, and the field instructor. In this model the attempt is made to objectify performance criteria, and place shared responsibility for communication, task completion, and evaluation upon all parties, including the student. While this latest model of supervision has the advantage of acknowledging the dynamic nature of the supervision process, with shifting needs, shifting demands, and shifting skills depending on the stage of the task relationships, it has the disadvantage of obfuscating the locus of authority, the responsibility for assigning student intern tasks and the basis of evaluation.

Is the student equally responsible for developing the learning contract? Can't the student modify the contract later if it proves

unsuitable to her learning needs? Also, if the learning contract is the basis of evaluation, does this nullify all of the other documents and criteria spelled out in other locations? For example, the graduate student handbook, the school bulletin, the syllabus, the field education manual, and the field instructor's written evaluation are just some of the sources that criteria for the evaluation of the field education can be found. Must the student meet all of the criteria in all of these documents? And what happens if they conflict? They often do.

Is it the faculty liaison's responsibility to identify all of the various places that evaluation criteria for performance in field education reside? If the student meets the criteria set in the learning contract, yet fails to meet some other test of performance or ethical standard, should the student fail the placement? Contracting is an effort to identify and establish mutual agreement as to the evaluation criteria that all parties to the field placement experience must meet for the placement to be successful. But unless this process is properly placed in a context of all potential sources of evaluation, and carries the weight of authority, it is nothing but an empty exercise in false pretense.

Learning contracts play a limited, variable role in the evaluation of students and therefore should not be misrepresented to the students as a reliable, binding, mutually agreeable sole source of performance criteria.

In this case, the contract was a factor in the original decision to justify the termination of the placement, but was not a factor in the ultimate decision by those in power. There are multiple and potentially shifting sources of student evaluation in field education. One of the problems with having the responsibility for judging student performance taken out of the hands of the faculty immediately involved in the process is that politics and external pressures are more easily brought to bear. It becomes easy to lose sight of the original issues in the case. As students have gained more power over the grading process through such avenues as learning contracts and appeal procedures with the protection of due process, it becomes more possible for students to overturn the evaluation process by appealing to the administration, external review boards, popular opinion, and ultimately by threatening legal action.

## Grading

Grading is difficult enough to accomplish with accuracy and fairness within the confines of a classroom. In field education, the ability to limit uncontrolled variables is much more challenging. Perhaps the most confounding situation is the field instructor/faculty liaison/student triad. The problem occurs when either the field instructor or the faculty liaison believes it necessary to assign a failing grade. The possibility for alliances between the student and one or the other of the supervisors is high.

What is the goal of grading in field education? Is it to promote learning by contributing to the competency of the student? Is it to protect future clients by being gatekeepers of the profession? Or is it to provide a rating system to future employers?

Assignment of passing, incomplete or failing grades is made difficult by criteria that is soft and variable. In fact, programs often employ a pass/fail rating because there is not enough objective data for differential grading. Even a two dimensional grading system can be inequitable and lax. Subjectivity in grading can be heightened in regard to field placement evaluation because the educational institution often does not clearly specify the specific minimal performance goals that all student must achieve regardless of their placements. Wide variability in the experiences offered student's in their placements combined with the different capacities, teaching styles, and commitments among field instructors suggest an unequal foundation in the determination of field grades.

The moral dilemma here is that grading is a biased, imperfect, inaccurate judgement without reliability and validity.\* It is being applied to an internship environment over which the academic institution has very little control. On the other hand, clients need to be protected from incompetent or unethical social workers.

The faculty are ultimately responsible for the academic integrity of the educational enterprise. Either faculty support each other and the School's field instructors as colleagues, or they

\*Grades are without reliability because every teacher uses different criteria. They are invalid because a grade is a unidimensional representation of multidimensional events.

may be divided by political, ideological and ethical differences. Divisions which result in faculty opposing other faculty on behalf of students, however noble the case, must necessarily have a deleterious effect on the educational quality of the program. Resolution of the dilemma lies in open and public debate of the crucial field education issues and acknowledgement of the limitations inherent in the system.

Other examples of field education dilemmas can be found in Zakutansky and Sirles (1993) who make the point that, "It is doubtful the majority of individuals involved (in field education) are truly cognizant of the ethical and legal responsibilities they assume when entering these (student—field instructor—liaison) relationships" (p. 338).

### Conclusion

It is universally agreed that social work students should be taught the subject of ethics. Ethics are one of the hallmarks of professional practice. It is equally unanimous that field education is and should be an essential component of every social work student's academic career. Why then, is it so far fetched to go just one step further and marry the teaching of ethics to the experience of field education?

The answer is that it is a complicated and daunting task to teach ethics in the contemporary cauldron of health and human services. It takes courage and confidence to reveal problems to students, which upon close examination are seen to be beyond solution, beyond control. One way out of this uncomfortable situation is to fall back on the NASW Code of Ethics as holding the answer to every ethical problem. Another way is to adopt the competing values approach.

The next step is to encourage ethical dialogue between field instructors, students and faculty liaisons. Ethical dialogue requires the suspension of the problem solving process, because honest examination of ethical dilemmas requires the admission that no clear solution superior to all other solutions exists for many ethical issues. Ethical dialogue also requires embracing ethics as an important part of social work field education.

An illustration of the competing values approach has been offered. Once the door is open to focusing on the ethical context of field education practice, the ethical conflicts to which each of us has been exposed come leaping to mind. Schools of social work would do well to consider a process for empowering everyone associated with field education to develop a process for thinking about these conflicts, debating them, and reflecting on them as ethical dilemmas with important consequences.

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Endnote: An earlier version of this paper, entitled "Field Education Failure?" was presented at the CSWE APM, San Diego, CA, March, 1995.





# The Case for Permanent Foster Care

JUDY FENSTER

Cazenovia College

*This article reviews historical developments in the social institution of foster care, leading up to the permanent planning revolution and current family preservation policies in the United States. Success rates of adoption, family preservation, and family reunification programs are examined, and a rationale for the inclusion of "permanent foster care" as an option for children is presented. Permanent foster care has several advantages: 1) it is federally and automatically funded; 2) it can lead to increased supervision of foster parents; 3) it creates more permanence for more children; 4) it promotes attachment through ensuring both child and foster parent stability. Models for permanent foster care already exist, in long-term foster care arrangements for special-needs children, and in subsidized adoption.*

Foster care is always a temporary solution to a crisis of family disruption. The worker plans for a permanent home situation for the child either by reunification with the natural family or through initiating steps to free the child for adoption (Kamen & Gewirtz, 1989, p. 190).

There are more than half a million children in foster care in the United States today (Child Welfare League of America, 1994). Unfortunately, for thousands of them, in stark contrast to Kamen's characterization, foster care has proved to be anything *but* a temporary solution. This paper will discuss the history and efficacy of current programs and policies intended to create more permanence for children, and will explain why we should begin to consider "Permanent Foster Care" as an option for meeting the long-term needs of dependent children today.

### Background

The history of foster care is a long road that spans many centuries and winds back and forth through a number of tried-and-failed methods of caring for children. Slingerland (1919) found the earliest mention of legally placing children outside their homes in the Talmud, which discussed placing dependent Jewish children in selected homes. The main method for caring for dependent children up through the 15th century had traditionally been an informal version of the orphanage. However, the practice of child-placing could be seen in some pockets of the Old Country. For example, through the Middle Ages, the Church placed children whose parents had been killed by the Emperors in the homes of worthy widows, paying for it through money collected from their congregations (Slingerland, 1919).

In 1562, a for-profit system of child placement was created in England and later imported to the Colonies (Costin et al., 1991). Though not called it by name, this was really a form of child indenture, in which poor, orphaned or illegitimate youths were given or sold to a family and a trade taught them in return for their work. Unpleasant as this might be for a child, it was preferable to the alternative, the almshouse, where children lived alongside the insane, criminal, and disabled in horrible conditions. The only other available help, outdoor relief, was not utilized by most families, as it was unpopular with the masses, hard to obtain, and paltry when obtained.

In the 19th century, new approaches to caring for children arose. Institutions for blind, deaf and mentally deficient children set the precedent for the establishment of the more formal orphanage system which dominated for the next hundred years, and in which, for the first time, parents were required to surrender parental rights in order to obtain services for their children. In 1853, a New Yorker, Charles Loring Brace, founder of the Children's Aid Society, declared his intention to "relieve the city of its youthful pauperism" (Brace, 1872, p. 227) by placing children in the homes of Western or Southern farmers and tradesmen, where their labor was needed. Known as the Free Foster Home Movement, this innovation also bore a striking resemblance to indenture. Eventually, Brace's practices were criticized for poor

record-keeping, breaking of family ties, and lack of investigation and follow-up supervision of potential adult caregivers, as well as for insisting that minors be placed only in "good Christian" homes (Costin et al., 1991).

Criticism of the Free Foster Home Movement was productive in that it led to the first national dialogue about the safety and well-being of foster children. State-supervised systems of foster care were set up in the late 1880's, signaling the beginning of the codified foster care system that survives to this day. The Social Security Act of 1935 and subsequent amendments provided funds in the form of entitlements to all children in foster care. During the next three decades the number of dependent children stabilized; between 1933 and 1961, the foster care population increased by only two thousand children, from 242,000 to 244,000 (in point of fact, this was actually a decrease, since the population of the United States as a whole was increasing at a much faster rate during this period). However, the 1960's and 70's saw a dramatic increase, to a peak of 503,000 children in 1977, following the passage in 1974 of the Child Abuse Prevention and Treatment Act, which required health professionals and teachers to report suspected child maltreatment (Pelton, 1989). In 1980, Congress attempted to stem the tide through passage of the Adoption Assistance and Child Welfare Act (PL 96-272). This statute, aimed at restructuring child welfare services through incentive funding, brought into being the movement known as Permanency Planning.

### The Permanency Planning Revolution

Maluccio et al. (1986) have defined permanency planning as "the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish life-time relationships" (p. 5). Essentially, permanency planning meant that agencies now would make it a priority to find each child a permanent living situation. The intention was to decrease the number of children lingering in foster care for long and indefinite periods, elevate their legal status through permanent arrangements, and give them the opportunity to attach to a committed caregiver, be it the natural parent or a substitute.

PL 96-272 also mandated that agencies offer a range of services, so that foster care would be only one, and hopefully, the last resort for dependent children. Thus, for children whose parents retained custody, family support services were created or expanded, in the form of Family Preservation programs (intended to prevent the removal of the child from the home) and Family Reunification programs (intended to expedite and ease the return of the placed child back into the home). For children whose parents had either died, abandoned them, or had their rights terminated, adoption would be more aggressively pursued by the agency than it had been in the past.

### Has Permanency Planning Worked?

At first glance, the above programs, designed to bring more stability to children's lives, might appear to have been successful. Between 1977 and 1982, the median length of continuous time a child spent in foster care was reduced from 2.4 to 1.7 years (Jost, 1991; Tatara, 1993). However, a closer look at each of these programs reveals flaws in design and implementation that lead one to wonder whether the end result has been more stability or more disruption for children.

#### *Family Preservation*

There is no doubt that the number of children in foster care declined dramatically in the five years following the passage of PL 96-272. However, as Pelton (1989) points out, this was the result of agencies returning children to their homes more quickly rather than preventing them from entering foster care in the first place. Rzepnicki (1994), reviewing findings from several controlled studies between 1986 and 1990 concurs with this assessment, concluding that "the promise of placement prevention has not been achieved; comparison group placement rates are typically similar to those of the family preservation programs" (p. 456).

#### *Family Reunification*

Pecora et al. (1992) report that as many as two-thirds of children in foster care are eventually reunited with their families. However, the conditions under which reunification occurs are crucial, as returning children to their homes precipitously can

have unintended consequences. In 1990, the same year that 407,000 children were reported to be in foster care, Tatara (1992, 1993) found that 617,000 children had experienced foster care *some time* during that year. This means that too many children (up to 25% in Tatara's estimate) enter, exit, and re-enter the foster care system within a single year.

Realities of the system itself also impact on quality of care and implementation of policy. When workers are burdened with caseloads of 50–80 children (as opposed to the caseload of no more than 28 cases recommended by the Child Welfare League of America); when they are undertrained (a 1992 examination by Hess et al. of 62 unsuccessful reunifications revealed that half of the workers making decisions about whether or not to reunite a family had six months experience or less with the case); when turnover rates continue to climb (73% of the families in that same study had worked with five or more consecutive workers), professional helpers cannot furnish families with the kind of long-term support and expertise they need in order to turn their lives around.

Instead, caseworkers attempt to live within the guidelines of permanency planning policy, even when doing so is not in the child's best interest. In the study cited above, workers explained the resulting unsuccessful re-entry of many children back into foster care thusly: "We are required to return children home at least one time before we can consider any other plan" (p. 308).

### *Adoption*

Jost (1991) describes the Child Welfare Act as a law "specifically aimed at promoting adoption and reducing the number of children in foster care" (p. 709). Albeit well-intended, the statute has not had the desired effect. Between 1982 and 1988, years in which the foster care population escalated (VCIS, 1992), there was a steady decline in the number of children adopted out of foster care (Tatara, 1992). Even more recently, Brenda McGowan, professor of Social Work at Columbia University, noted that only eight percent of children in foster care are eventually adopted (1991).

The growing disparity between children in need and available adoptive parents reflects a number of demographic factors:

changes in who uses foster care (more parents who are poor, minority, and/or drug-users, and more children with emotional, behavioral and/or physical problems), as well as general socio-economic trends (unemployment, cuts in preventive services, reductions in public housing, and the return of potential foster/ adoptive mothers to the working world). All of these trends combine to contribute to a shrinking pool of available adoptive parents for the neediest population of children.

We also need to consider how agencies have implemented adoption policy in the name of permanency planning. A child is placed in a foster home. Within six to eighteen months, the worker must have a permanent, written plan for that child. To achieve this goal, the caseworker begins to pressure the foster parent to make a decision: do they want to adopt, or risk having the child removed from the home and placed into another, "pre-adoptive" foster home? Foster families forced to make difficult decisions under duress can make choices that result in disaster for the child, whether it be through removal to a pre-adoptive foster family (where the whole cycle begins again) or through a hasty decision to adopt that later ends in adoption disruption. In fact, Pelton (1994), reports that adoption disruption rates increased dramatically from the 1960's to the 1980's.

### The Problem, Restated

The average length of time a child spends in foster care today in the United States is again creeping past the two year mark (some local estimates are even higher; a 1994 New York Times article reported that half of New York State's foster kids had been in care for more than *three* years). When we balance these statistics with studies that show that once a child is in foster care for over 18 months, their chances of being adopted diminish considerably (Mass & Engler, 1959), the urgent question of what to do for increasingly large numbers of unadoptable foster children comes into clear focus.

### The Solution: Permanent Foster Care as an Alternative

Because permanent foster care is not official policy at child welfare agencies today, it is not an option for meeting the long-

term needs of many foster children. (The only population of children for whom long-term foster care is officially sanctioned are those with special needs, an exception I will touch on later). Certainly, permanent foster care has its dangers and drawbacks, not the least of which are valid concerns that it could lead children back down the path towards foster care drift. However, with experts agreeing on the fact, if not the causes, of the failures of family support services, and with more children pouring into foster care every year (VCIS, 1991), we can no longer afford to ignore several advantages to the idea of permanent foster care:

- 1- Budget. Since financing for foster care is provided through Title IV-E, a federal entitlement program, every child who enters the system automatically receives funding. In contrast, funds for family support services, which require congressional approval, have not kept pace (Jost, 1991) and are not likely to catch up given today's political climate.
- 2- Supervision. In permanent foster care, as opposed to adoption or family reunification, the foster family maintains a legal relationship with the foster agency. Thus, supervision and psychoeducation for foster parents are built-in, resulting in better quality care for children.
- 3- Permanence. A child would have more sense of permanence with a foster family with whom they knew they would be placed permanently than they have now in temporary foster homes, or than they would have in cases of adoption disruption or failed reunification. A follow-up study of the Oregon Project (Lahti et al., 1978) indicated that the perception of permanence on the part of the child and the family was the best predictor of a successful adjustment for the child.
- 4- Attachment. Permanent foster care increases the foster parent's sense of control and cooperation with the agency, and deepens their commitment to the child, which will promote attachment and decrease fears of sudden loss on both sides. Attachment can likewise impact on the child's behavior. Boyne (1978) makes this point in describing his experience with older foster care children who had no



identifiable problem behaviors until they were moved to a second placement.

It is time to debunk the myth that long-term foster care necessarily impacts negatively on the child. Researchers who have studied children who remained in foster care until emancipation (Fanshel & Shinn, 1978; Festinger, 1983; Kadushin & Martin, 1988) report that these young adults have about the same success rate as the general population, that they tend to leave care "in relatively good condition", and that those who stayed in one setting fared better than those in multiple placements.

### Conclusion

Permanency planning for children is an admirable goal. In a similar vein, keeping biological families intact should be a chief aim of any child welfare policy. Historically, families have been able to step in to help each other in times of crisis. However, the families of today are not the families of the 1930's, 50's, or even 70's. The current foster care system's ideology is embedded in the past with its faulty presumptions that people with ever more complex lives will want to care for children with ever more complex needs without being paid for it.

A precedent in policy has already been established, in that special needs children *are* permitted to stay permanently with a foster parent who can meet those special needs. Subsidized adoption, wherein agencies make short or long-term payments to adoptive parents, is another alternative which has helped many older, minority, and special needs children to gain more permanence. However, there are still thousands of children in foster care, in need of stability but not yet released for adoption, who fall through the cracks.

In their widely read book, *Before the Best Interests of the Child* (1979), child experts Goldstein, Freud & Solnit posited that a young child has a different sense of time than an older child. Therefore, they noted, if the foster placement continues beyond the time in which the young child can retain emotional ties, separation can be harmful. According to Goldstein et al., a child under three years old is not able to sustain an emotional tie to the original caregiver beyond a period of one year, and therefore

would be better off staying with his or her foster parent, to whom they have already bonded, than reuniting with a natural parent, to whom they no longer have emotional ties.

Between the time it takes to terminate parental rights, have the new, perhaps third or fourth, caseworker get up to speed, and deal with constant court backlogs and reschedulings, most young children today are in foster care for *at least* one year. Right now, through Title IV-E, foster care agencies already have the funds they need to give *all* of these children more permanence. Permanent foster care may appear negative when compared to some idealized fantasy version of adoption or family reunification. But for many of today's kids, it's a lot better than what's going on now.

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# Welfare Plastic: The Transformation of Public Assistance in the Electronic Age

MARK PEYROT  
WILLIAM L. HARRIS  
L. MICKEY FENZEL

Loyala College

JOHN J. BURBRIDGE

Elon College

*Several states have developed electronic benefit transfer (EBT) systems to deliver cash assistance and food stamp benefits. These systems establish electronic account balances which recipients access through the use of a debit card at terminals such as bank automatic teller machines or transaction authorization machines like those that validate credit card charges. We examine the potential effects of such systems on involved stakeholders, including government agencies, benefit recipients, financial institutions, and food retailers. Overall, each stakeholder group benefits from EBT, but some subgroups do not fare as well. Several key issues are identified.*

Economic transactions in modern society are handled increasingly through electronic fund transfer systems such as debit and credit cards, commonly referred to as "plastic," while "paper" transactions (cash, checks) are becoming less common. In addition, this trend is affecting the way that benefits of government programs are being distributed. Traditionally, government programs have used checks to pay welfare and social security benefits and paper coupons for food stamp benefits. But over the past decade there have been a number of efforts to modernize this system using computer and telecommunications technology. These systems use plastic debit cards and personal identification numbers (PINs) at point-of-sale (POS) terminals, as well as automatic teller machines (ATMs).

Electronic benefit transfer (EBT) systems credit benefit amounts to the recipient's account. Cash program benefits can be used like any other debit card, as long as the ATM or POS terminal is connected to the EBT system. Purchases may be made or cash may be obtained. However, food stamp funds are restricted to the purchase of groceries. These funds can be used only at grocery stores equipped with POS terminals which are connected to the EBT system. When shopping in food retail establishments, consumers who participate in both cash and food stamp programs must indicate how much is to be deducted from the food stamp funds and how much from other funds. Unrestricted funds can be used to purchase non-food merchandise.

EBT is not a pie-in-the-sky dream, or a prospect in the distant future. One state (Maryland) has already shifted all public assistance programs onto EBT. Several other states have tested or implemented EBT programs (Cohen, 1993). Cash programs are easily managed because all that is necessary is to establish electronic connections between the EBT system and existing debit transaction networks. Food stamp programs have proved more costly and difficult to implement because food retail outlets must be equipped with POS terminals. However, more outlets are going on-line and EBT will follow shortly. A national food stamp EBT system should be implemented by the end of the decade (Craig-Van Collie, 1991).

In spite of the momentous nature this impending change, there has been little exploration of the advantages and disadvantages EBT has in comparison to the traditional paper system. Will there be winners and losers in this conversion? Who will gain or lose and how? Four main categories of stake-holders can be identified: government payors and social service agencies, merchants, financial institutions, and the recipients of benefits. This paper explores some of the issues involving the impact on these stakeholders of converting from a paper system to an electronic system. This analysis recognizes that there may be conflicts of interest among and within different stake-holder groups and seeks to identify these conflicts as well as commonalities.

#### Federal and State Government

EBT represents several potential benefits to government ben-

efit payors. The most concrete benefit is reduced administrative costs. The costs of printing and distributing checks and coupons are eliminated; the costs of computers, telecommunications equipment, personnel training, etc., are incurred. It is expected that the latter set of costs will eventually be considerably less than the former (Canzian, 1989; Noah, 1991, Sharp, 1994). For example, the state of Maryland has estimated that EBT will save \$1.2 million annually (Messmer, 1992).

Another benefit is that EBT may help benefit programs reach their goals by reducing abuse of the system. The purpose of food stamps, for example, is to enable needy families to purchase nutritious food. Paper coupons, however, are often used as scrip in low income neighborhoods to purchase a variety of things other than food. These purchases include legal goods and services, including rent, clothes, and hygiene products. They also include illegal purchases such as illicit drugs. Furthermore, dishonest merchants frequently purchase food stamp coupons for cash, typically at half of face value. These merchants can then deposit the coupons in their bank accounts for full face value. If EBT can reduce these fraudulent practices, it will enable benefit programs to better meet their goals.

Replacing the paper medium with an electronic system will not eliminate fraud, however. From interviews with merchants and customers in stores located in areas where high concentrations of welfare recipients shop using an EBT system, we learned that two types of abuse are common. One practice involves collaboration of two customers in a supermarket. One will pay for the other's groceries with the EBT card, then be reimbursed in cash at a discounted rate. We were told that the discount rate is lower than the fifty percent typical of direct sale of the stamps to unethical merchants, so recipients retain more of the value of their benefits. Moreover, it is easier to find a customer who will engage in this practice than it is to find a merchant who will do so (both because there are more consumers, and they are more difficult to track). The second method of conversion to cash involves the collaboration of a merchant and the holder of a benefits card. The merchant simply runs up a charge without actually turning over any merchandise to the cardholder, then gives the cardholder cash—discounted, of course. Recently, a Maryland retailer was

charged with engaging in this practice, redeeming over \$800,000 in benefits even though the store sold less than \$25,000 in food during the same period (James, 1996).

Another method of converting food stamps to cash results from the fact that up to 99 cents can be taken as change in cash from a food stamp purchase when coupons are used. This practice is eliminated with the electronic system.

### Merchants

The businesses most affected by the switch from paper to plastic are retail food sellers. Dresser (1991) estimated that it costs \$1.75 to process a check but only \$0.50 to \$0.75 to process a debit transaction. Thus, food merchants stand to gain from the transition to EBT. However, system performance can have a negative impact. If the payment authorization system is slow, the store must either have more lines in operation or incur customer dissatisfaction and the resultant lost business. An electronic system must provide a quick response, and minimum down time to be satisfactory. In the best case scenario, EBT will be more efficient than the paper system. However, with an electronic system, there are more "mechanical" things that can go wrong than with paper.

Eliminating the possibility of getting change from a food stamp purchase may cause some recipients to change from making many small purchases, perhaps at Mom-and-Pop shops near their homes to making fewer, larger purchases at supermarkets. Thus the former would become "losers" and the latter "winners." Moreover, larger stores should experience more use of electronic payment by non-government beneficiaries. Their customers are more likely to be persons with bank credit/debit cards, and the purchases are likely to be large enough to warrant using a card. For these merchants, EBT involves little added expenditure. Smaller merchants must incur the added expenses of training, maintenance, and retrofitting, with the only return being to maintain existing business (and perhaps not all of that).

### Financial Institutions

Banks may incur some additional costs for increased computer and telecommunications capability. However, savings

should result from the reduced need for tellers to handle food stamp coupons and from increased efficiency in clearing activities due to increased automation. Thus, mainstream financial institutions should be winners. On the other hand, "alternative" financial institutions in high public assistance areas should suffer. These institutions serve primarily a check cashing function, in return for which they charge beneficiaries substantial fees. Government program cash recipients, including public assistance beneficiaries, constitute a major portion of their clients and EBT should substantially reduce their revenue. On the positive side, elimination of these fees is a major advantage for benefit recipients.

### Benefit Recipients

We have noted one advantage of EBT for recipients—lower costs (no check cashing charges). A plastic debit card also is more convenient and secure than checks or coupons. It is unlikely that cards will be stolen because use requires knowledge of one's PIN. Conversely, cash or food stamp coupons are liquid assets that can be used by anyone who possess them and recipients generally keep these around the house where they can be stolen. Moreover, if the card is lost or stolen the cardholder can call the agency and freeze the funds. If coupons are lost or stolen, usually there is not much that can be done about it. Convenience derives from funds simply being credited to the account, as compared to receiving a check that then must be cashed (or, rarely, deposited).

EBT recipients may experience a number of inconveniences when a system failure occurs. A person's benefits may not be deposited into his/her account, the terminals may not work, the system may be slow to authorize a purchase, a person may forget his/her PIN, and so on. Some of these problems are unique to electronic transactions (though not unique to EBT), but whether these problems occur and how severe they are is a matter of system performance.

Another type of inconvenience for food stamp recipients concerns the amenability of EBT to proxy shopping. With the paper system a recipient may give someone the exact amount (to the nearest dollar) of food stamps necessary to make a purchase. With



EBT the recipient must give the proxy shopper their debit card and PIN, and hope that the person does not abuse the responsibility. While this may be a minor inconvenience for most recipients, disabled recipients rely on proxy shoppers and may experience more victimization with EBT.

One of the potential benefits of EBT is that it can reduce the stigma associated with being identified as a food stamp recipient. EBT cards will act like any other debit card, and will not identify the user as a recipient of public assistance. EBT also may assist welfare recipients to enter the financial mainstream (Day, 1994; Radigan, 1994). Many do not have checking accounts and exist entirely in a cash/scrip economy. The experience with the financial system through EBT may reduce alienation encountered by welfare recipients in the paper system. Moreover, not having negotiable paper around the house may make it easier to stretch funds through the entire benefit period.

### Summary

This overview of electronic systems for distributing public assistance benefits has identified several stake-holder groups and subgroups. Some groups and subgroups will fare better under EBT and others will fare worse. This situation reflects the underlying conflicts of interest and identities of interest among stakeholders. Recipients will benefit from reduced check-cashing charges, but check-cashing companies will suffer. Large food retailers may gain, while small retailers suffer. Cash recipients stand to gain from the system while food stamp recipients may experience a loss of flexibility, and government agencies may gain from their loss of flexibility. In addition, the government may benefit financially and through increased public confidence if fraud and waste are reduced by turning to EBT.

The electronic age is bringing with it inevitable changes in the ways money is handled. Automation of public assistance benefits and other funds managed by government agencies is one of those changes. The conversion from a paper system to an electronic one will be advantageous to some parties and disadvantageous to others. For stake-holders such as government agencies, merchants, financial institutions, and recipients, tradeoffs are apparent, as in

any choice involving new technologies. At present there seems to be nothing to halt the march of technological progress in this area. Welfare plastic is in our future, the questions are when and what it will look like. Research can help understand the consequences of the change to EBT and shape the way EBT is implemented.

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# Foster Parent Demographics: A Research Note

KATHLEEN M. KIRBY

University of Louisville  
Educational and Counseling Psychology

*Data were collected on a random sample of 218 foster parents in Michigan during Fall, 1991 regarding socioeconomic characteristics, licensure arrangement with placement agencies, foster parenting experiences, life experiences, reasons for entering, and satisfaction with foster parenting. Respondents are predominately female (77%), White (78%), educated beyond high school (63%), with an annual family income (excluding foster care payments) over \$26,000. Most are Protestant (78%), currently married (79%), and married once (71%). The average foster home cares for 3 children with 1.5 foster children currently placed. Median number of placements is 8 with families typically fostering numerous categories of children. Replacement of foster children occurred in 21% of the sample with less than 24 hours notice.*

Foster care is one of the major social services directed to the needs of children in the United States. Two-thirds of children placed outside their natural homes are in foster homes and at least 200,000 children are in foster care on any given day (Saluter, 1993). Direct federal expenditures for foster care are estimated at \$3.4 billion annually (United States Senate, 1990). State and local direct and indirect costs are unknown.

The literature on foster care contains few studies about foster parents (Eastman, 1985). Much of that literature examines psychodynamic factors such as motivation to foster (Hampson & Tavormina, 1980) and coping with loss (Urquhart, 1989). Fewer studies provide a systematic account of demographic characteristics and fostering experiences of providers. Several such studies are dated, limited in breadth of reported data, contain small numbers of respondents, and report characteristics from small geographic areas (Child Welfare League of America, 1991; Fanshel, 1960; Kraus, 1971; Peterson & Pierce, 1974). The need for

current and systematic data is manifold. Answers to fundamental questions about foster parent recruitment, retention and service provision require complete and continually updated information starting with basic socioeconomic, background, and experiential data. This is particularly important since today's foster parents are more likely to care for medically fragile, emotionally disturbed and mentally deficient children previously institutionalized. Federal mandates have shortened the average length of placement. The continuing change and evolution of foster parenting programs further heighten the need for comprehensive data.

This paper reports selected demographic and social characteristics of a random sample of 500 foster parent licenses in the State of Michigan. While licenses are issued to households, gender and age data are respondent based. Two hundred and eighteen responses (48%) were received during the Fall, 1991. The anonymous survey methodology did not permit assessment of response bias.

## Results

### *Socioeconomic Characteristics*

Respondents were predominately female (77%), had an average age of 44, and most were White (78%) or African American (17%) (Table 1). Relatively few households (8%) contained interracial couples. Compared with Michigan residents, survey respondents over-represented African Americans and under-represented other minorities (U.S. Census, 1991).

Most respondents (79%) were currently married. Seventy-one percent of those ever married had been married only once. The average length of most recent marriage was 18 years. The average years of education completed was 13.4. Educational attainment among respondents was higher than the average education of all adult residents in the state.

The median family income, exclusive of foster parenting income, was \$27,145 which was slightly lower than all households in the state (median \$31,020). Notably, one in ten respondents reported an annual family income below \$5,000, and 1 in 3 reported income in excess of \$35,000. Respondents significantly over-represented families at income level extremes.

Table 1.

*Percent of Foster Parents and Michigan Adults or Households by Various Socioeconomic Characteristics.*

SOCIOECONOMIC CHARACTERISTIC		Foster Parents	Michigan Adults/ Households
GENDER	Females	77	52
	Males	23	48
ETHNICITY*	African-American	17	14
	White	78	83
	Other	5	3
EDUCATION	< H.S.	10	23
	H.S.	27	32
	Some College	43	27
	College Graduate	9	11
	Post-Graduate	11	6
HOUSEHOLD INCOME	< 5,000	10	6
	5,000 to 14,999	15	18
	15,000 to 24,999	20	16
	25,000 to 34,999	18	34
	> 35,000	37	26
	Household Median	27,145	31,020
MARITAL STATUS	Currently Married	79	56
	Not Currently Married	21	44

\* Present study classifies respondents among categories of Black, White, Native American, Hispanic, Oriental/Asian and Other. U.S. Census classifies persons by race and Hispanic-Origin separately such that persons of Hispanic-Origin may belong to any racial group. The impact of methodological differences is slight since the majority of foster parents identifying themselves as of Hispanic-Origin are probably also White.

Most respondents indicated a Protestant religious preference (60%). The remaining individuals were divided between Catholic (17%), Other (15% including Jehovah Witness, Islamic, and New Age religions), and None (4%). Notably, no respondents indicated a Jewish religious preference. Seventeen percent of those with a

religious preference did not attend church services. The majority (59%) of churchgoers estimated their church congregation size as 150 or more members. No other studies delineated religious preference.

### *Foster Parenting Experiences*

Table 2 summarizes selected foster parenting experiences. The cumulative number of children fostered ranged from 1 to 603 (mean= 31). With a median value of eight children fostered, this distribution was highly skewed. Ten percent of respondents had fostered more than 75 children while 8% of respondents had fostered only one child. At the time of response, fostering households had an average of .8 male foster children and .7 female foster children. Including natural children, an average of 2.8 children were currently in the home. Average length of placements was ascertained in two ways. The estimated length of stay for the majority of placements was between 22 and 24 months. The average length of placement for the last foster child was slightly more than thirteen months with a range of 2 days to 11 $\frac{2}{3}$  years.

Licensees (65%) had fostered children of elementary school age more than any other age. Among respondents with at least 2 foster child placements, only 14% reported fostering children solely in one age group.

The typical foster family cares for children with a wide variety of problems. Neglected children had been fostered by 86% of respondents; 75% reported fostering physically abused children; 66% had fostered sexually abused children; and 61% had fostered emotionally disturbed children. Less frequent placements included mentally impaired children, children adjudicated delinquent, medically fragile children, and children with physical handicaps. Of foster parents with at least two placements, 63% reported fostering children in four or more of the above groups and 9% reported caring for children in only one category.

All respondents were asked about the circumstances surrounding the last foster child to leave their home. Equal percentages (21%) received less than one day's notice or between one day and two weeks notice. Twenty-nine percent received two weeks to one month notice. Twelve percent were notified of removal prior to placement. Six percent of foster parents requested that

Table 2.

*Characteristics of Children Fostered.*

CHILD CHARACTERISTIC		Percent	Frequency
Age Ranges:	0 to 12 Months	50	106
	1 to 4 Years	56	119
	5 to 11 Years	65	137
	12to 14 Years	56	118
	15 to 18 Years	50	107
Special Needs Children:	Physically Abused	75	155
	Neglected	86	177
	Sexually Abused	66	136
	Emotionally Disturbed	61	126
	Handicapped	22	45
	Medically Fragile	25	52
	Mentally Impaired	36	74
	Adjudicated	27	56

their last child fostered be removed from the home. Older foster parents rated foster children more positively than younger foster parents.

### Discussion

The foster parents were better educated, less affluent, and as racially diverse as the general population. The over-representation of African American licensees appears to be related to the disproportionate presence of African American children in foster care. Fanshel (1960), Jaffe (1970), Petersen and Pierce (1974) and Moore, Grandpre and Scoll (1988) found similar over-representations of African-Americans as compared to the general area population (U.S. Senate, 1990). Nonetheless, a significant shortage of African American licensees continues to plague foster care systems. Initiative within the African American community, e.g., "One Church One Child," are attempts to ameliorate the imbalance in foster care and adoption. However, anecdotal information suggests continued difficulties for African Americans



to become licensed providers and adoptive parents. Authorities may wish to revisit strict licensing standards, particularly with respect to past, minor criminal records.

State policy allowed individuals who were employed outside of the home to be licensed as foster parents. This practice, as well as changing societal values and mores, may have contributed to the present difference in foster parent educational and income level as compared with findings of Fanshel (1960), Jaffe (1970), and Petersen and Pierce (1974). Fostering households at the low income extreme may disproportionately represent kinship fostering, e.g., grandparents fostering grandchildren. Unfortunately, the present study did not capture kinship ties. To the extent that kinship placements are adequately vetted and feature ongoing monitoring, such placements are extremely beneficial in maintaining social and extended family relationships for children.

As assessed by the variety of children placed, special needs and age groupings, little placement specialization appears to occur. Conventional wisdom apparently favors the adage of foster parents being "a jack of all trades—a master of none." The viewpoint of interchangeability of providers appears strengthened by the seemingly cavalier removal of children from homes with little or no notice. Such practices appear to objectify foster children and fostering parents and may lead to disrespect of individual strengths and needs. At a minimum, the lack of notification fails to afford the opportunity to adequately transition children. This is an important area of inquiry.

Areas of further research include: examining aids and barriers to entering fostering, exploring the nature and efficacy of training as it relates to foster parenting and placements of children with special needs, and investigating and ameliorating barriers to the continuing provision of foster care particularly regarding issues of bonding and separation between foster parents and children.

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# Degreed and Nondegreed Licensed Clinical Social Workers: An Exploratory Study

JOHN T. PARDECK

Southwest Missouri State University  
School of Social Work

WOO SIK CHUNG

Indiana State University  
Department of Social Work

JOHN W. MURPHY

University of Miami  
Department of Sociology

*This exploratory study focuses on 155 randomly selected respondents who obtained a clinical license in social work with or without the Master of Social Work (MSW) degree. Ninety-seven of the respondents obtained a license with an MSW degree; fifty-eight obtained a license without the MSW degree. The two groups of respondents completed a survey instrument that explored their basic demographic characteristics, their attitudes and behaviors related to practice, and their philosophical and political attitudes toward practice. The researchers found few statistically significant differences between the two groups of respondents. The article offers implications of these findings for the profession of social work.*

Virtually all states regulate social workers; the majority require a minimum of a master's degree in social work (MSW) for licensure or certification (Garcia, 1990). Many states also require the candidate for licensure or certification to have at least 2 years of practice experience in addition to the MSW degree. It is not uncommon for states to offer various levels of regulation. For example, Massachusetts has four categories of regulation, ranging from a Social Work Associate which requires an AA or BA degree and no experience, to an Independent Clinical Social Worker

which requires a master's in social work (MSW) plus 3 years practice experience (Garcia). Some states also limit their regulation to a broad spectrum of social workers that include a variety of practice orientations, while others limit their regulations to those practitioners conducting direct clinical practice or psychotherapy. It is also common for states to require continuing education credit for licensure renewal. In sum, the laws regulating the social work profession are uneven; Gandy and Raymond (1979) conclude this is largely a result of the political processes and compromises made to achieve legal regulation.

Karger and Stoesz (1994) note that a number of states have only been able to achieve licensure through a process called "grandfathering." This practice is characteristic of new licensing legislation and allows candidates who have practiced professionally to become licensed without first meeting the requirements of licensing legislation.

A recent study by Cohen and Deri (1992) focused on grandfathering. They found in their research that continuing education can improve the skills and knowledge of those who have achieved licensure without the benefit of possessing an MSW degree. However, the Cohen and Deri study may well have been built on a faulty assumption. Specifically, they assumed candidates qualifying for licensure without the MSW degree did not have the appropriate skills, values, and knowledge to conduct successful social work practice. Even though it appears reasonable to assume that such would be the case, there is no empirical evidence to support this assumption. The goal of the present study is to test this assumption by exploring the attitudes and practice behaviors of practitioners who have achieved the status of Licensed Clinical Social Worker (LCSW) without the benefits of the MSW degree. Thus far, no research has been reported in the social work literature on this topic.

### Methodology

The sample for this research was obtained from a survey of 300 randomly selected licensed clinical social workers in a midwestern state. The sample was generated from a list of all licensed clinical social workers, 4,105, in the state. Of the licensed

social workers surveyed, 155 returned usable questionnaires; 10 of the surveys returned were not usable. The return rate for the study was 52%. Of the 155 respondents, 97 were licensed with the MSW; 58 were licensed without the MSW.

### *Demographics*

The average age of the sample was 48 years, and the majority of the respondents lived in urban areas; 72% were female and 28% male. The racial composition of the sample was 92% Caucasian and 8% African American.

### *Survey Instrument*

Content validity of the survey instrument was established with the assistance of three Master's-level social workers and one doctorate-level psychologist. The survey instrument explored basic demographic characteristics of the respondents, their attitudes and behaviors related to their social work practice, and their philosophical and political attitudes toward social work practice.

## Findings

It can be observed in Table 1 that the respondent's location (urban versus rural), gender, and practice setting (for profit versus nonprofit) had no statistically significant relationship with obtaining a clinical license with or without the MSW degree. However, the authors found a statistically significant relationship between race and the two groups of respondents. It can be observed in Table 1 that 69% of the nonwhite group obtained a license without the MSW degree; only 35% of the group with the MSW were in this category.

Table 2 presents the general practice characteristics of the respondents. The authors found no statistical relationship between the groups with helping clients find community resources or their commitment to volunteer work. Statistically significant differences were not observed between the two groups with the number of treatment sessions offered to clients or the treatment approach used. Sixty-one percent of the MSW group saw clients 11 or more times; the non-MSW group on average reported 70% for treating clients 11 or more times. Individual or the use of both individual and group treatment were the predominant treatment

Table 1

*Practitioners' Demographic Characteristics (MSW Degreed vs. Non-MSW Degreed Licensed Clinical Social Workers)*

	Urban <i>n</i> = 92*	Rural <i>n</i> = 53*
Licensed with MSW degree	88%	81%
Licensed without MSW degree	12%	19%
$\chi^2 = .25$ NS		
	$\bar{X}$ Age <i>n</i> = 154	
Licensed with MSW degree	45 years	
Licensed without MSW degree	45 years	
<i>t</i> = .68 NS		
	Males <i>n</i> = 58	Females <i>n</i> = 97
Licensed with MSW degree	72%	71%
Licensed without MSW degree	8%	29%
$\chi^2 = .03$ NS		
	White <i>n</i> = 142	Nonwhite <i>n</i> = 13
Licensed with MSW degree	65%	31%
Licensed without MSW degree	35%	69%
$\chi^2 = 6.13^{**}$		

\*N may vary due to missing data

NS = Not statistically significant

\*\**p.* < .05

strategies used by both groups. Both groups served almost identical clients in terms of social economic class. Finally, the data do report a statistically significant difference between the two groups in the area of political orientation. The MSW degree group had a much higher percentage of respondents who viewed themselves as liberals. The non-MSW degree group had a greater percentage of respondents who were politically moderate and conservative.

Table 2

*General Practice Characteristics of Degreed MSW vs. Non-MSW  
Degreed Licensed Clinical Social Workers*

1. When necessary, do you help your clients/patients find  
community/public resources?

Licensed with MSW <i>n</i> = 95*		Licensed without MSW <i>n</i> = 57*	
Yes	No	Yes	No
98%	2%	96%	4%

$\chi^2 = .27$  NS

2. Have you ever been involved in volunteer work for a  
public social agency?

Licensed with MSW <i>n</i> = 96		Licensed without MSW <i>n</i> = 57	
Yes	No	Yes	No
71%	29%	72%	28%

$\chi^2 = .02$  NS

3. On average, how many sessions do you treat your  
clients/patients?

Licensed with MSW <i>n</i> = 85		Licensed without MSW <i>n</i> = 45	
Number of treatment sessions			
1 to 10	11 or more	1 to 10	11 or more
39%	61%	30%	70%

$\chi^2 = .91$

*continued*



Table 2 Continued

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4. When treating clients/patients, what is your medium of choice?

Licensed with MSW <i>n</i> = 89			Licensed without MSW <i>n</i> = 52		
Treatment approach					
Individual	Group	Both*	Individual	Group	Both
45%	2%	53%	56%	4%	40%

$\chi^2 = 2.13$  NS

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5. How would you rate yourself politically?

Licensed with MSW <i>n</i> = 95			Licensed without MSW <i>n</i> = 56		
Political orientation					
Liberal	Moderate	Conservative	Liberal	Moderate	Conservative
59%	33%	8%	38%	45%	17%

$\chi^2 = 7.18^*$

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6. Which of the following most accurately describes the socioeconomic status of your clients/patients?

Licensed with MSW <i>n</i> = 91			Licensed without MSW <i>n</i> = 53		
Social economic class					
Lower	Middle	Upper	Lower	Middle	Upper
45%	52%	3%	57%	40%	3%

$\chi^2 = 1.95$

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\**n* may vary due to missing data

NS = Not statistically significant

\*\**p*. < .05

The findings in Table 3 are revealing. It can be observed that the treatment modalities used in practice were very similar for both groups, and no statistically differences were found. It would appear to be reasonable to assume that the two groups would have differed in their use of systems theory. Presently, systems theory is the dominant assessment and treatment modality taught in virtually all social work programs throughout the United States. Furthermore, the systems approach to intervention is a very complex theory and demands great skill to apply. Given this situation, one would expect the non-MSW group would have had a statistically significant lower percentage of respondents reporting that they used systems theory, but the data report otherwise.

Table 4 offers findings on attitudes and behaviors toward practice. The findings in Table 4 include items focusing on the importance of changing the client's personality or behavior, changing the client's social situation, the importance of working with the culturally diverse and economically disadvantaged, and political social work. It can be observed that none of the F scores generated through a One-Way Analysis of Variance report statistically significant findings. Both groups of respondents reflected similar attitudes and behavior in their treatment focus, working with

Table 3

*Practice Modalities Used in Practice*

	Licensed with MSW ( <i>n</i> = 96)		Licensed without MSW ( <i>n</i> = 57)		
Modalities used in practice	Yes	No	Yes	No	X <sup>2</sup>
Behaviortherapy	8%	92%	18%	82%	2.92 NS
Psychodynamic therapy	19%	81%	18%	92%	.04 NS
Systems theory	33%	67%	28%	72%	.46 NS
Humanistic therapy	6%	94%	14%	86%	2.61 NS
Cognitive therapy	23%	77%	19%	81%	.28 NS

NS = Not statistically significant

Table 4

*Attitudes and Behaviors Toward Practice*

	Licensed with MSW ( <i>n</i> = 93)	Licensed without MSW ( <i>n</i> = 52)	F score
	$\bar{X}$	$\bar{X}$	
1. Your treatment focus is on the individual and changing his/her personality/behavior.	2.76	2.5	.53 NS
2. Your treatment focus includes changing the client's/patient's social situation (employment, family, community, etc.)	2.1	2.3	1.72 NS
3. It is important to work with culturally diverse populations of clients/patients.	1.9	2.0	.74 NS
4. It is important to help the economically disadvantaged as part of one's practice.	1.7	1.7	.06 NS
5. It is important to be politically active to promote social change as part of one's practice.	2.3	2.3	.05 NS
6. It is important to be involved in professional organizations.	1.92	2.2	.78 NS

NS = Not statistically significant

1 = Strongly agree 2 = Agree 3 = Neutral 4 = Disagree 5 = Strongly disagree

culturally diverse and economically disadvantaged clients, and the importance of being politically active and joining professional organizations. The responses to the Likert type scale ranging from 1 = Strongly Agree to 5 = Strongly Disagree suggest the MSW group versus the non-MSW group appeared to be aligned with the traditions of the profession of social work. For example, both groups generally agreed it was critical to work with culturally diverse populations and the economically disadvantaged. Each group largely agreed that changing the client's social situation and being politically active were important to one's practice. One would assume that those licensed respondents without the MSW would have had much different attitudes and behaviors toward practice; the data report otherwise.

In sum, only two statistically significant differences were observed between the two groups of respondents. The minority group respondents had a much higher percentage of individuals obtaining a clinical license without the MSW degree when compared to the white group of respondents. The MSW group reported a much higher percentage of respondents who were politically liberal versus the non-MSW group. The findings reported no statistically significant differences between the two groups in the areas of practice setting, practice behaviors and attitudes, and treatment modalities used in practice.

### Conclusions

Greenwood (1957) outlined the five attributes of a profession: systematic theory, authority, community sanction, ethical codes, and a culture. According to Greenwood, the power and privileges of a profession are extended to members through acquisition of education designed to prepare individuals for professional life. Freidson (1986) also noted that the unique status of a profession vs. a semiprofession is largely obtained through training in higher education. Freidson concludes:

Such education is a basic credential for professionals; it delineates the foundation of their expertise. This distinction has lain at the root of thinking about professions as a special class or category of occupations. (p. 26)

When licensing or certification of social workers is granted without applicants' possessing a professional degree in social work, the professional status of social work is lessened.

However, much of this dilemma may well have its roots in the lack of clarity concerning the role and function of social work. For example, under various state licensing laws, the definition of social work varies greatly. Colorado's statute defines a licensed clinical social worker as "a person who practices psychotherapy and social work." Delaware defines clinical social work as "the application of social work principles and methods . . . that include counseling and using applied psychotherapy of a nonmedical nature with individuals and groups." Last, the Louisiana statute makes no mention of psychotherapy and simply states "the use of psychosocial methods within a professional relationship" (Thyer & Biggerstaff, 1989). One of the core problems that has prevented social work from achieving full professional status is the lack of clarity concerning what the role of social work is in the human services delivery system. Furthermore, the vast differences one finds among academic social work programs adds to the problem of defining social work. The lack of a clear definition for social work creates the opportunity for various states to pass statutes governing social work that include the "grandfathering clause."

Collins (1975) notes that a profession is an entity that has exclusive jurisdiction to practice a particular skill, admit new practitioners, train practitioners, and judge whether or not the skills are correct and proper. Laypersons, those individuals lacking membership in a profession, are excluded from these rights. The non-MSW respondents in this study who obtained a clinical license through a grandfathering clause would be defined as laypersons under Collins's observations concerning the boundaries of a profession. However, since there are a number of definitions for social work and the role of social work in practice settings is far from clear, the findings in this research make sense. The non-MSW degreed respondents had similar attitudes and behaviors toward practice as found for those in the MSW group. The data suggest that the practice experience of the non-MSW degreed group created similar values, skills, and knowledge as found for those who obtained their clinical license with the MSW degree. This situation appears to reduce social work to the status

of a semiprofession. The following quote by Collins succinctly summarizes the current dilemma in social work when practitioners receive a clinical license without the MSW degree:

If there is no relatively definite and teachable skill, or there is one that depends upon individual gifts or intuition, a colleague group is relatively weak. It is for this reason, for example, that social workers cannot form intrinsically strong collegial organizations. (p. 342)

Collins' position on the professional status of social work helps to explain the numerous contradictions that can be found between various state statutes regulating social work licensing. Furthermore, the politics of social work regulation allowing for the grandfathering clause appears to be related to the lack of clarity found within the field in general that includes but is not limited to defining the field's basic roles and functions. Given this situation, supervisors of those licensed without formal social work education must realize these individuals may well be highly competent practitioners.

Furthermore, since it is unlikely that a clear definition for social work will emerge in the foreseeable future, innovative strategies must be created by the National Association of Social Workers (NASW) and state social work licensing boards that certify or license practitioners. The NASW needs to develop a certification process that allows practitioners without professional social work education to certify their competencies based on practice experience. State boards that license or certify social workers should develop a similar program.

### Implications

The findings in this study have potential implications for supervisors of practitioners who have been licensed under a grandfathering clause, for the NASW, and for the various state boards that certify or license social workers for practice. The results suggest that agencies employing licensed clinical social workers lacking formal academic training should not necessarily assume they lack competence to practice. The data in this research reported only two significant differences between those licensed with or without the MSW degree. These differences were found in the

areas of race and political orientation. The data appear to endorse the position that licensing laws tend to exclude minority groups because these groups often lack access to professional education (Johnson & Huff, 1987). Nearly 70% of the nonwhite group obtained a clinical license without the MSW degree; this was observed for only 35% of the white group. What this suggests is once the grandfathering provision ends in those states that initially allow licensing without professional education, a large percentage of minorities who lack social work education will no longer have access to licensing. This finding strengthens the argument for innovative strategies aimed at certifying competence of practitioners who lack professional education. Finally, the differences found between the two groups of respondents in the area of political attitudes would appear to have little or no impact on the effectiveness of practitioners.

Given the fact that few significant differences were found between the licensed practitioners from the MSW and the non-MSW groups, and that the data appear to reinforce the position that certification and licensing may have the potential to exclude minorities, new and innovative approaches may be called for to certify practice competence.

The International Certification Examination for Alcohol and Drug Counselors offers an innovative approach to assessing competence that might be adopted by the field of social work. This approach to certification is based on practice experience, not professional education (Missouri Substance Abuse Counselors' Certification Board, 1995). The process to certify competence through the International Certification Examination for Alcohol and Drug Counselors is administered at the state level throughout the United States. A core requirement to take the written and oral exams for the highest level of certification (Certified Substance Abuse Counselor II) is the completion of 1800 hours in the field, with 150 of those hours under the supervision of a Certified Substance Abuse Counselor II (Missouri Substance Abuse Counselors' Certification Board). The basic education requirement that one must meet is high school graduation; however, practitioners who have undergraduate and graduate degrees in social work, psychology, and related fields may also be certified if they have the appropriate practice experience.

Once an individual has met the basic practice experience requirements, he or she is eligible to take the written Certification Examination for Alcohol and Drug Counselors and also the oral exam that focuses on the presentation of a case the candidate has worked on. The written exam is comprised of 150 multiple choice questions, and the oral exam focuses on the competence of the candidate in treating chemical dependency. Both the written and oral examinations demand that the candidate for certification illustrate competence in the following clinical areas (Missouri Substance Abuse Counselors' Certification Board, 1995):

1. **Screening:** The process by which the client is determined appropriate and eligible for admission to a particular program.
2. **Intake:** The administrative and initial assessment procedures for admission to a program.
3. **Orientation:** Describing to the client the following: general nature and goals of the program; rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; non-residential program; the hours during which services are available; treatment costs to be borne by the client, if any; and client rights.
4. **Assessment:** The procedures by which a counselor/program identifies and evaluates and individual's strengths, weaknesses, problems, and needs for the development of a treatment plan.
5. **Treatment Planning:** Process by which the counselor and the client identify and rank problems needing resolution, establish agreed-upon immediate and long-term goals, and decide upon a treatment process and the resources to be utilized.
6. **Counseling (Individual, Group, and Significant Others):** The utilization of special skills to assist individuals, families, or groups in achieving objectives through exploration of a problem and its ramifications; examination of attitudes and feelings; consideration of alternative solutions; and decision making.
7. **Case Management:** Activities which bring services, agencies, resources, or people together within a planned frame-



work of action toward the achievement of established goals. May involve liaison activities and collateral contacts.

8. **Crisis Intervention:** Those services which respond to an alcohol and/or other drug abuser's needs during acute emotional and/or physical distress.
9. **Client Education:** Provision of information to individuals and groups concerning alcohol and other drug abuse and the available services and resources.
10. **Referral:** Identifying the needs of a client that cannot be met by the counselor or agency, assisting the client to utilize the support systems and community resources available.
11. **Report and Recording Keeping:** Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries, and other client-related data.
12. **Consultation With Other Professionals in Regard to Client Treatment/Services:** Relating with in-house staff or outside professionals assure comprehensive, quality care for the client.

The 12 areas that the candidate for Substance Abuse Counselor II must illustrate competency in are pertinent to others in clinical practice. In other words, the testing procedures used to certify the substance abuse counselor might be modified to certify or license candidates for clinical practice in social work, as well as specialized fields of practice. This approach would allow those who have substantial practice experience but lack professional entry to the field.

In conclusion, what the data from this study suggest is other avenues may need to be opened to certify practice competence. A process that allows for those with only practice experience to achieve certification or licensing for practice moves the field of social work toward a community-based level; in a certain sense it decentralizes the processes used to assess competence. Such a process, however, will probably be rejected by the gatekeepers who argue the field of social work should be an exclusive profession that only allows entry based primarily on one's professional training and education.

Decentralizing the process of certification and licensing to a community level, moreover, is consistent with the need for community-based interventions. Those who reside in communities should be able to train others, who, in turn, can instruct additional community members in intervention strategies. In this way, the monopoly held by professionals is broken, while communities are encouraged to become self-sufficient.

This decentralization approach is not new but can be found in developing countries and is consistent with the movement toward democratization throughout the world (Murphy, Pardeck, & Chung, 1992). Decentralization challenges the belief that has been perpetrated among professionals that only they have the skills and temperament necessary to remedy social problems. Promoting such privilege increases the cost of services, reduces efficiency and effectiveness, and fosters dependency (Vega & Murphy, 1990). Creating other avenues to certification and licensing for practice that allow one to substitute practice experience for professional education is consistent with the movement toward decentralization and democratization of social services.

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## Book Reviews

Rachelle A. Dorfman, *Clinical Social Work: Definition, Practice and Vision*. New York: Brunner/Mazel Publishers, 1996. \$24.95 paper cover.

Rachelle Dorfman's new book on clinical social work practice lives up to its name. It is an easy-to-read, descriptively-oriented practice book highlighting several aspects of clinical social work practice from its history and common methods to current day practice challenges and activities. Clearly a beginning practice methods text, it also has the flavor of an introductory text which some instructors may find useful as a supplement in introduction to social work classes. It is most impressive as a book that maintains the vision, values, and uniqueness of clinical social work practice but brings time-honored ideas into the present, using vivid descriptions and case examples to communicate to a new generation of social work students the humanitarian values and philosophy behind the methods discussed. The book is successful in capturing the eclectic vision and humanistic philosophy of the early pioneers such as Perlman and combines this philosophy with up-to-date practice wisdom and methods. Current topics covered include timely additions such as working in managed care, brief therapy, practice evaluation, and "things that they did not teach you in social work school." This last topic is especially practical and helpful, covering issues commonly encountered in practice such as suicidal and homicidal clients, sexually seductive clients, what to do when a clinical social worker is sexually attracted to a client, and managing complaints against unethical colleagues.

The book is written with the beginning social work student in mind and is a useful teaching text for undergraduate and first-year graduate students. All social workers, however, involved in direct services may find its contents interesting—especially the chapter on the tradition of social work practice, which provides interesting biographies on historical giants in the field such as Mary Richmond, Gordon Hamilton, Jessie Taft and Helen Harris Perlman, among others. In addition, contemporary contributors

such as Ann Hartman, Bill Reid, Carol Germain, Helen Northen and Francis J. Turner are also discussed.

As a beginning practice text the book covers the array of usual topics encountered in practice methods books such as roles and practice settings, assessment, intervention, and termination issues. It reads like a cook book or an outline of useful practice information but is sprinkled with lively case examples and nuances of practice wisdom which make it interesting reading. I imagine that students will find it useful when they enter their field experience in that it presents, for example, practical descriptions such as 1) covering confidential information with clients; 2) how to write a psychosocial assessment; 3) client information statement forms; 4) word-for-word descriptions on what to say to clients in the beginning of the session; and 5) sensitive topics such as avoiding dual relationships with clients.

Some sections in the book are fairly sparse in detail about the topics covered. For example, some topical sections may only be a few sentences or a paragraph in length. Thus, the book sacrifices depth and conceptual material in favor of breadth and abbreviated descriptions on how to proceed in practice settings. The book is also devoid of in-depth theoretical material. Using instead the descriptive framework of technical and theoretical eclecticism, although these terms are not defined very well nor elaborated on in the book. Information presented in the book, however, is extremely practical and provides students and beginning social workers with useful guidelines to follow. Despite the brevity of some of the topics covered and lack of theoretical emphasis, I suspect that students will find the "step like" advice the book provides about how to practice clinical social work very readable and useful.

One particular strength of the book is that Dorfman uses a broader understanding of clinical social work than is used by some authors, and includes in this understanding practice activities encompassing direct services to individuals, families and groups. By conveying a broader understanding concerning the meaning of clinical social work, Dorfman has accurately portrayed the essence of what clinical social work has become in its contemporary forms. This portrayal matches the current realities of clinical social work practice better than more restrictive under-

standings that limit clinical social work to long-term psychotherapeutic activities. For this reason, Dorfman's book covers clinical social work practice from a broad array of practice settings such as schools, medical settings, child protective services and courts. The book also highlights the many roles that clinical social workers function in, such as broker, advocate, enabler, case manager. Clinical social work and the roles of clinical social workers have grown and expanded. Dorfman's portrayal of clinical social work encompassing several direct practice fields is likely to ring true in the experience of current day practitioners and students. The book provides a useful framework for preparing for the day-to-day practice activities of clinical social workers. Dorfman's approach further adds a broader appeal to the book's contents for those who teach more generalist practice.

To summarize, Rachelle Dorfman has written a useful and "hands on" beginning practice text for social workers who provide direct services. Its brevity and practicality will likely appeal to the student reader. The book is traditional in its approach but current. Dorfman has captured the best of the past traditions in clinical social work practice and integrated them with the current day practice contexts and concerns. The definition, practice, and current vision of clinical social work practice are apparent in its pages. I would not hesitate to use this book as a supplementary text in practice classes.

Cynthia Franklin  
University of Texas, Austin

Lela B. Costin, Howard Jacob Karger and David Stoesz, *The Politics of Child Abuse in America*. New York: Oxford University Press, 1996. \$29.95 hardcover.

Lela Costin, Howard Karger, and David Stoesz have written a lively and persuasive book that condemns the current child welfare system for failing the children it is charged to protect; sheltering adults who assault and batter youngsters; and losing its soul to the shifting styles of public consciousness. In *The Politics of Child Abuse in America*, the authors join the ranks of other scholars who have recently exposed the multiple shortcomings of

standings that limit clinical social work to long-term psychotherapeutic activities. For this reason, Dorfman's book covers clinical social work practice from a broad array of practice settings such as schools, medical settings, child protective services and courts. The book also highlights the many roles that clinical social workers function in, such as broker, advocate, enabler, case manager. Clinical social work and the roles of clinical social workers have grown and expanded. Dorfman's portrayal of clinical social work encompassing several direct practice fields is likely to ring true in the experience of current day practitioners and students. The book provides a useful framework for preparing for the day-to-day practice activities of clinical social workers. Dorfman's approach further adds a broader appeal to the book's contents for those who teach more generalist practice.

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the child welfare system and who have called for the replacement of children's services with a newly developed service structure (e.g., Lindsey, 1994 and Pelton, 1992). Costin, Karger, and Stoesz call their new approach the Children's Authority.

The book was published on the heels of the Elisa Izquierdo case of New York City (Van Biema, 1995), a sad tale of the child welfare system at, perhaps, its worst. A very young child, unable to defend herself against her mentally ill mother, was killed after her circumstances were exposed repeatedly to child welfare authorities. The case typifies child welfare services gone wrong, echoing common themes found throughout the book: (1) child welfare does not have a clear mission to protect children; (2) child welfare does not handle parents as severely as circumstances sometimes warrant; (3) child welfare is inundated with more requests for help than it can possibly handle, resulting in low morale, high staff turnover, and ultimately, faulty judgments; (4) child welfare workers have impossibly large caseloads that do not permit them to accurately assess children's conditions; (5) child welfare services are devoid of well-tested technologies that are routinely effective in reversing long-standing patterns of dysfunctional behavior; and (6) child welfare services are grossly under-funded if the public expects protection for children already harmed by their parents, along with support for all children ever at-risk of harm. Just as Elisa Izquierdo's case may take on mythical attributes as it continues to stir public debate, Costin, Karger, and Stoesz begin their book tracing the history of public attention for child abuse and neglect from the legend of Mary Ellen, to the battered child syndrome, and beyond. The book provides important reading for students of child welfare policy; professionals who are searching for an anchor for their sentiments of dismay in the field will find these authors have given the topic of child welfare practice and politics very thoughtful attention.

The authors cover a variety of topics in this volume. They begin by describing the growing child abuse "industry" that profits from the victimization of others through psychotherapy, legal fees, and media attention. Chapter 2 offers a fresh look at the history of child welfare services in the U.S. Most students of social work are schooled in the lesson of Mary Ellen, a poor girl whose abuse triggered a movement to protect children from



their caregivers. But Costin, Karger and Stoesz point out that the history of child welfare services has been built as much upon a "legend" about Mary Ellen, than upon actual fact. The effects of the media then, as now, helped to exploit public sympathies and largely shaped a social agenda much larger than what could have been accomplished by children's advocates alone.

In later chapters the authors very rapidly take the reader through three decades of intense activity in children's services. The result is a series of conclusions that are rather hastily drawn, and a provocative but not altogether fair treatment of several issues. For example, the authors correctly state that by the 1990s few service technologies had been developed that were well-researched and that definitively changed the life-course for children and families; and they are certainly correct that more should have been done in previous decades to develop better information about effective service strategies, yet their conclusions are strongly overstated. The authors indicate that social work failed to "contain" the deviancy associated with child abuse and neglect as effectively as "the initiatives of the more successful disciplines of the period" (p.131). What initiatives are these? The great majority of social service programs have shown minimal to very modest changes in targeted behaviors in strictly controlled experimental research. These programs point to the intransigence of many social problems; child welfare services, too, are not magic pills that "fix" dysfunctional families.

For a time, family preservation services appeared to be a magic pill, however. With the dawn of intensive preservation services, the authors show how the political left and the right found common ground without intention. The left applauded family preservation for its preventive focus and its effort to maintain children with their parents; the right found favor with the approach because it reduced the intrusive arm of the government in the lives of families. Here, and throughout the book, the authors do an excellent job of portraying the unique confluence of political ideologies that helped to form a fleeting, but important moment in the evolution of child welfare. From the "child savers" of the early twentieth century, to the preservationists of recent years, the political pendulum has swung in both directions. With this book, Costin, Karger, and Stoesz push the pendulum back toward the

center, forcing the profession to critically examine the direction and purpose of child welfare services.

*The Politics of Child Abuse in America* is an important book for child welfare professionals and policy makers on the eve of the 21st century. Recent evidence that shows the confusion prominent in the field can be found in California where legislation was introduced in 1996 to remind child welfare workers about their fundamental mission to protect children from harm and to secure their safety (SB 1516, Solis). When, after almost a century of providing public child welfare services, the mission of the field must be codified in law, books that open debate about the future direction of child welfare must be given serious consideration.

Jill Duerr Berrick

University of California at Berkeley

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Ronald K. Bullis, *Spirituality in Social Work Practice*. Washington, D.C. Taylor and Francis, 1996 \$24.95 papercover

The role of spirituality in social work practice has been extensively explored. This is evident by the large body of literature on the subject. Yet, *Spirituality in Social Work Practice*, written by Ronald K. Bullis, transcends the traditional approach to subject, and offers a unique synthesis of spiritual values and social work practice methods. This synthesis, according to Bullis, is best achieved through the implementation of a cross-cultural approach to the healing process, which includes the knowledge and application of various spiritual values in providing services for clients. Throughout his book, Bullis builds on empirical research to demonstrate ways in which social work practitioners are currently incorporating spiritual techniques in developing assessments and intervention strategies for their clients. He also

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examines the ethical implications raised in implementing spiritual concepts and techniques.

The book is divided into four sections. Chapter one provides an analysis of spirituality in social work practice. It also provides a discussion on the resurgence of spirituality in the United States. Bullis also differentiates between the concepts of religion and spirituality. Provisions for the use of clinical spirituality in practice settings are also discussed.

Chapters two and three provide specific advice on the use of spirituality in social work assessments and intervention. A historical perspective of spirituality themes related to cultural mental health and wholeness are examined. Bullis goes on to develop a system for integrating spirituality in clinical social work practice through the development of a spiritual cosmology, which he defines as one's world view in relation to spiritual matters. He also constructs a spiritual anthropology, which is characterized as the role of spirituality in human functioning.

Bullis describes specific spiritual interventions that determine how to clarify client's spiritual orientations and values as well as ways to record a client's participation in spiritual groups to explore spiritual outlets such as forgiveness, prayer and meditation. This section concludes with an account of the ethical ramifications of utilizing spiritual techniques in fact gathering and the development of intervention strategies for clients. Here, Bullis strongly emphasizes the point that, although many social work practitioners tend to avoid the use of spirituality in the helping process, spirituality needs to be recognized especially when a clients's needs endorses these techniques.

Chapter four outlines the impact of spirituality in public policy issues. Here, the author defines the origins of religious charity that began with the development of social welfare systems from ancient Mesopotamia and Egyptian cultures to religious ideology in American welfare policy today. This chapter also analyzes the implications of two Supreme Court decisions—*Employment Division, Department of Human Resources of Oregon v. Smith* (1990) and *Church of the Lukumi Babalu Aye, Inc. v. City of Hialeah* (1993)—in spiritual jurisprudence and social work practice.

Chapter five provides examples of the diversity of spiritual traditions, which Bullis defines as, "spiritual democratization",

a process in which different cultural spiritual traditions are integrated to create a new, commonly accepted, tradition by members of society. Chapter six discusses the possibility of professional collaboration between social work and spiritual professionals. It discusses the contributions spiritual leaders can make to the social work profession as well as the role of informal and formal networks in establishing the collaborative effort.

Although Bullis attempts to provide a non-threatening multicultural approach to spirituality, he tends to emphasize non-Western religious ideas, which may not, at first, appear to be relevant to the spiritual values of most Americans. Nevertheless, Bullis makes a laudable attempt to provide a readable book, designed specifically for practitioners who, in order to be competitive with other mental health professionals, must begin to systematically incorporate the theory and practice of spirituality in social work settings.

Lolita Perkins  
Louisiana State University

Marian Fatout, *Children in Groups: A Social Work Perspective*. Westport, Ct: Auburn House, 1996. \$49.95 hardcover.

We have now come full circle. Most of the early writings on social work with groups focused on groups for children and youth because in the early settings such as settlement houses and neighborhood centers the bulk of the work was with this population. When group workers began to offer group services in psychiatric, health, and family agencies, among others, a shift took place and the group work writings reflected this by primarily describing work with adults. This led to a dearth of good, up-to-date literature on group work with children. In this respect, Marian Fatout's book is a welcome addition to the group work literature.

Fatout's book follows a logical and predictable format. The first chapters present her view of "theoretical underpinnings". In this part, which consists of two chapters, she reviews the literature on group work with children as well as on child and adolescent development. The group work review includes a description of

a process in which different cultural spiritual traditions are integrated to create a new, commonly accepted, tradition by members of society. Chapter six discusses the possibility of professional collaboration between social work and spiritual professionals. It discusses the contributions spiritual leaders can make to the social work profession as well as the role of informal and formal networks in establishing the collaborative effort.

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phases of group development. Fatout uses language to describe group development that will be very easy for the beginning practitioner to understand and remember. She terms the phases "getting acquainted", "establishing my place in the group", "working on my goals and those of other members," and "prepare ourselves and end the group".

The second, and major, section discusses group work practice with children and youth in detail. The chapters roughly follow the stages of group development although practice in the middle phase is discussed in several chapters devoted to developing a mutual aid system, creating structures, introducing play and activity, using the group process, and interacting with and on behalf of individual members. The last chapter discusses the ending of the group.

A major strength of this book is the richness of the practice examples provided by the author. She knows her subject matter and has obviously had many opportunities to examine the experiences of children in groups. She also knows group work method well and is able to apply such concepts as group development, power, leadership, roles, group structures, and program to helping the reader to conceptualize group events as they occur with young people. She has also chosen excellent examples to portray how these phenomena occur in real groups. These examples cover most of the types of children's groups that are conducted today such as groups for children affected by divorce and other losses, getting into trouble with the law or with important institutions such as schools, difficulties in mastering developmental tasks, and limitations in their abilities to form peer relationships.

I believe there are several limitations in the book, perhaps due to its relatively short length (130 pages of text). The book is somewhat limited by its theoretical focus which is strongly ego-psychological. Fatout uses the term "latency" throughout to characterize the developmental stage of the group members although she agrees with contemporary writers who refer to a "myth of quiescence" during the latency period. She, nevertheless, accepts the idea of children having a capacity to enter into a state of latency as an important assessment issue. Her book, therefore, is strong in describing development from a "latency" point of view. I wonder if it is this theoretical orientation that

causes her to ignore throughout the book the important work on children carried out by Sheldon Rose and his social work colleagues. That body of literature is rich in describing techniques for enhancing the social skills of children through groups, certainly an important task of this phase of life. She strongly recommends single sex groups as the composition of choice although I think the jury is still out on this one.

Having referred to the gender issue, I should also note that gender differences in development is not a strong suit in this book. There is a great deal of important literature being created today that points out that many of our ideas about development has been generated from the study of males and that females' life course is different, especially with reference to how relationships are developed and norms acquired. A danger that we should avoid as group workers is to reinforce, in the very important periods of childhood and adolescence, the sex role stereotypes found in our society. Another issue often found in the kinds of children referred to group workers is that many do not conform to male and female stereotypes and this contributes to their difficulties and this should be discussed in a text such as this one.

Finally, I think that the reader would have been helped if the author had thought more about creating a few more sets of categories within which to consider her recommendations. There are substantial differences among children's groups devoted to such issues as learning social skills, handling traumatic events such as abuse and loss, and relearning behaviors that have gotten them into trouble with social institutions. While all these kinds of groups are illustrated in this book, it is unclear how and whether the worker serves these populations in similar or different ways. It could even be made clearer whether one works differently with children of different ages and how this may be conceptualized. While cultural differences are illustrated in many of the anecdotes, a more extensive discussion of this topic should have been included.

I believe, however, that despite these criticisms that Fatout has produced a basically sound book that can serve as an introductory text for courses dealing with group work with young people. The reader will be helped by these chapters to start such a group and to anticipate many of the events that occur as the group evolves.



As I stated earlier, it would take a longer book to go beyond that and to deal with some of the issues I have noted.

Charles Garvin  
The University of Michigan

Lawrence L. Martin and Peter M. Kettner: *Measuring the Performance of Human Service Programs*. Thousand Oaks, CA: Sage Publications, 1996. \$39.95 hardcover, \$17.95 papercover.

Government entities have historically reacted to fiscal distress and stagnant program performance with a renewed emphasis on program accountability; therefore, it is easy to see how the quest for "accountability" led to it becoming the turnkey phrase of the 90's. As a result, unsuccessful attempts to define, operationalize, apply, and measure the concept of accountability have been made by various institutions. Perhaps the difficulty lies in the not-so-obvious revelation that accountability is more of a process than it is a concept. One should be discouraged from thinking of accountability as the final end product of a program but rather as a process to ensure a valid end product.

A well deserved shift in paradigms, as illustrated in Lawrence and Kettner's book, suggests that accountability should be thought of as a ways to a mean rather than a end. Lawrence and Kettner offer a non-intimidating and quite refreshing approach to measuring the performance of human service delivery programs using the accountability movement as their canvas. An overview of the recent accountability movement is described with confidence and accuracy and includes a well warranted discussion on its moral and legal importance. The inclusion of contemporary legislative reforms which command performance measurement is a forceful catalyst and factual justification for future cooperation among human service providers.

The book contains text which is well written, logically structured and easy to follow. The text is arranged by chapters which are highly inclusive, well organized and outline performance measurement cleverly supported by everyday relevant examples. It is genuinely inspiring to see a discussion on measurement which appeals to both the beginner service provider and the

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expert practitioner. A clearly positive feature is the way in which the text is concept driven and is consistently applied throughout using the Service Efforts and Accomplishments (SEA) model.

The authors expand their thoughts by visually depicting performance measurement within the context of a model. The systems model is used to demonstrate how human service programs operate but is expanded to include three popular accountability perspectives (efficiency, quality and effectiveness) which effect performance measurement. While the systems model has been around for more than twenty years, the application of the "inner" and "outer" loop process is a novel illustration of the outcome measurement mechanism which has all too often been neglected. The visual display of both intermediate and ultimate products and processes is essential to improve understanding of how service delivery programs can maintain accountability thorough performance measurement.

Perhaps the most impressive area of the text and certainly most well received, is that which addresses the underlying social problems and corresponding assumptions about the cause of the social problems which the human service programs are attempting to remedy. All too often, human service programs provide a battery of support services without truly understanding the complexity of the social problem. It is essential that human service delivery programs construct their services to effectively address the nature of the social problem. In many cases, performance measurement suffers because programs and services are not sufficiently designed to address the real root of the problem. Some practitioners refer to this phenomena as a problem with "service delivery alignment", where the service contradicts the underlying philosophy of the social problem it attempts to remedy. The writers are to be commended for not only recognizing the importance but including a discussion on understanding prevalent social problems and assumptions and how their relationship to service interventions effects successful performance measurement.

The authors also do an excellent job of introducing the concept of quality performance measures as an outcome and provide great detail on the dimensions of quality. In their presentation of the four types quality performance measures they introduce and apply a set of seven assessment criteria which is very insightful,

but perhaps is a bit advanced in application for the beginner evaluator.

It is quite obvious that this text will contribute greatly to the ever growing field of performance measurement. The text comprises a wonderfully appreciated, straightforward approach to understanding and applying performance measurement in human service programs. The text is relevant, accurate, concise and reader-friendly. It is also worth noting that the information presented is very easy to comprehend and is never misconstrued by lengthy confusing terminology. However, the work could benefit from a glossary of terms. Overall, Lawrence and Kettner have done a splendid job, but should probably consider writing a second text in the near future for the more advanced practitioner. In this text discussions of more advanced methodologies could be explored.

Shana Schuyten  
Louisiana State University

## Book Notes

Mimi Abramovitz, *Under Attack: Fighting Back: Women and Welfare in the United States*. New York: Monthly Review Press, 1996. \$26.00 hardcover, \$13.00 papercover.

The idea that governments have a responsibility to promote the well-being of their citizens through extensive social programs has been under sustained attack since the early 1980s. The attack has perhaps been most vigorous in the United States where significant retrenchments in the nation's welfare system have taken place. Although less dramatic changes have occurred in other countries, developments in the United States are currently influencing policy decisions in these nations, and it is clear that the fundamental principles on which the welfare state have been based are being undermined.

These trends have evoked different responses. While some are pessimistic believing that little can be done to counteract the anti-welfare tide, others are more sanguine rejecting the idea that the welfare state is facing a serious crisis. Despite recent retrenchments, they believe that the welfare state has not been significantly altered. Yet others contend that new ideas which can invigorate social welfare debates are required. They point out that altruistic appeals to the electorate and political leaders are being ignored because people no longer believe in the welfare system. New proposals, suited to the needs of a post-industrial economy, are needed.

Mimi Abramovitz rejects these ideas and injects a new urgency into discussions on the future of the welfare state. She argues that the attack on the welfare state is essentially an attack on poor women waged in an increasingly polarized classist and racist society. It is an attack which must be counteracted not by esoteric academic discussions but by a renewed activism in which women themselves fight back. Abramovitz points out that activism among middle class women played a critical role in the creation of the welfare state in the early decades of this century. During the 1970s, women welfare recipients organized effectively through the welfare rights movement to make the system work for them. Today, a similar approach is needed to resist the attack

on welfare. Revealing an impressive knowledge of the history of welfare organizing, Abramovitz argues that various women's and welfare organizations are already challenging the attack on the welfare state. They need to be supported and joined by progressives everywhere to ensure that the needy and most vulnerable are protected.

This lively and informative book deserves to be widely read. It provides an excellent history of AFDC and the activities of various women's groups who have campaigned hard over the years for improvements in services to the poor. While it remains to be seen whether popular movements can indeed resist the powerful anti-welfare forces at work in American society, the book's message is a powerful one.

Vic George and Peter Taylor-Gooby (Eds.), *European Welfare Policy: Squaring the Circle*. New York: St. Martin's Press, 1996. \$49.95 hardcover.

There is much more recognition today of the complex interactions that take place between social welfare and the economy. While social policy analysis previously paid little attention to economic issues, the dramatic changes which have taken place in the Western industrial nations over the last few decades demand a new analysis of the way social policy decisions affect and are affected by economic events. A discussion of this kind is needed everywhere but especially in Europe where high rates of unemployment, increased global competition and disagreements about the economic implications of a single currency require extensive debate and new perspectives.

In their introduction to this book, the editors emphasize the need for a proper understanding of the way economic and social policy concerns relate to each other. However, the book does not succeed in providing an incisive analysis of the issues or in presenting any significant new ideas. Rather, it offers country case studies of social welfare in seven European countries. In addition to the usual emphasis which is placed in comparative studies on Britain, France, Sweden and Germany, there are informative accounts of developments in Italy, Greece and Spain. While these accounts do touch on the costs of social programs, taxation and increasing demands for efficiency, the book could have addressed

on welfare. Revealing an impressive knowledge of the history of welfare organizing, Abramovitz argues that various women's and welfare organizations are already challenging the attack on the welfare state. They need to be supported and joined by progressives everywhere to ensure that the needy and most vulnerable are protected.

This lively and informative book deserves to be widely read. It provides an excellent history of AFDC and the activities of various women's groups who have campaigned hard over the years for improvements in services to the poor. While it remains to be seen whether popular movements can indeed resist the powerful anti-welfare forces at work in American society, the book's message is a powerful one.

Vic George and Peter Taylor-Gooby (Eds.), *European Welfare Policy: Squaring the Circle*. New York: St. Martin's Press, 1996. \$49.95 hardcover.

There is much more recognition today of the complex interactions that take place between social welfare and the economy. While social policy analysis previously paid little attention to economic issues, the dramatic changes which have taken place in the Western industrial nations over the last few decades demand a new analysis of the way social policy decisions affect and are affected by economic events. A discussion of this kind is needed everywhere but especially in Europe where high rates of unemployment, increased global competition and disagreements about the economic implications of a single currency require extensive debate and new perspectives.

In their introduction to this book, the editors emphasize the need for a proper understanding of the way economic and social policy concerns relate to each other. However, the book does not succeed in providing an incisive analysis of the issues or in presenting any significant new ideas. Rather, it offers country case studies of social welfare in seven European countries. In addition to the usual emphasis which is placed in comparative studies on Britain, France, Sweden and Germany, there are informative accounts of developments in Italy, Greece and Spain. While these accounts do touch on the costs of social programs, taxation and increasing demands for efficiency, the book could have addressed

economic issues more directly and made a much more significant contribution to the limited literature on this subject. It will, of course, be a useful resource for those who are interested in international developments in social policy.

Margaret Gibelman and Philip H. Schervish, *Who We Are: A Second Look*. Washington, DC: NASW Press, 1996, \$27.95 papercover.

Social work is today well established in the United States where its leading professional association, the National Association of Social Workers (NASW), now has no fewer than 150,000 members. While this number is less than a quarter of the country's estimated 650,000 professionally qualified social workers, the association's membership data base provides a useful opportunity to study those who belong to NASW and to draw wider inferences about the profession's characteristics.

This informative book presents the results of an in-depth analysis of NASW members. It reveals some very interesting trends. Because it only covers NASW's membership, it does not claim to provide a generalized account of the social work profession as a whole. Nevertheless, its findings are instructive and suggest that significant changes are taking place in social work today.

The book's findings are presented around four major topics. Firstly, it analyses who the members are. Next, it reports on the settings in which the members are employed. Thirdly, it analysis the tasks and functions NASW members perform, and finally it reports on their earnings. A concluding chapter contains a particularly useful discussion of the major trends and issues facing the profession today. The authors note that while social work has become increasingly feminized over the years, it has not become more ethnically diverse. They point out that the vast majority of NASW members are white and that the association has not been very successful in recruiting more people of color. The authors found that more and more social workers are employed in mental health settings. Social workers are engaging more frequently in private practice and fewer than ever before are employed in statutory agencies. In addition, the numbers of social workers employed in for-profit agencies is increasing. These data are indicative of a gradual trend within social work to work with middle class clients rather than the poor. They also



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pose a major challenge to the profession's leadership to identify ways in which social work can renew its commitment to the most vulnerable groups in society. This useful book should be read by all social workers and by anyone else who is interested in the field of social work today.

Daniel Patrick Moynihan, *Miles to Go: A Personal History of Social Policy*. Cambridge, MA: Harvard University Press, 1996, \$22.95 hardcover.

Daniel Patrick Moynihan knows a great deal about social policy. He has been personally involved in the field as an academic, administrator and politician, and has served both as an architect of social policy innovations and a critic of unsound proposals. An opportunity to read his personal history and to gain insights into his experiences is thus an exciting one.

Unfortunately, the book disappoints largely because it does not meet the expectations of its title. Instead of providing a chronically structured account of the author's long involvement in social policy, it consists of a loosely organized collection of observations and reflections on a number of social policy issues. Some of the chapters read like speeches, others consist of peregrinating remarks, and some contain homilies which exhort social policy makers to engage more vigorously in systematic research into the effectiveness of social programs. Others are prophetic warning of the troubles that are likely to arise from the demolition of social safety nets such as AFDC.

This is not to deny that the book provides fascinating insights into Moynihan's personal views and experiences. His recurrent concern about the disintegration of the nuclear family is repeated in many places and his insistence on scientific evaluation is apposite. Perhaps the most intriguing section of the book deals with the recent struggle over welfare reform. With fervor, Moynihan persuades us that the transfer of responsibility for poor relief to the states will not result in greater programmatic flexibility, increased local control and improved services but in a dramatic increase in poverty and deprivation among the nation's children. However, very few members of his party voted with him against the Republican welfare reform bill. This is not the first time that Moynihan's prognostications have been ignored. But, as social

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policy analysts know only too well, his predictions have proved to be correct before. For this reason alone, his book needs to be read and heeded.

Harry C. Boyte and Nancy N. Kari, *Building America: The Democratic Promise of Public Work*. Philadelphia, PA: Temple University Press, 1996. \$54.96 hardcover, \$18.95 papercover.

Despite corporate downsizing and the export of jobs to low income regions of the world, work remains central to the lives of the vast majority of the nation's citizens. Most of the population engages in regular employment and most find fulfillment in their careers. Having a job is a key element of modern life.

Despite the importance of work, the authors of this book claim that countless people today are dissatisfied with their jobs. Work has become a means to an end rather than a fulfilling life experience. Employment is the way income is generated to pay bills and meet the many other mundane demands of everyday life. Frustrated with their jobs, many people are alienated and disengage from those communal activities which are the essence of a vibrant democracy. No wonder that more and more people withdraw from civic affairs and fail to vote in elections.

To reinvigorate American democracy, Boyte and Kari urge that public work again be given the emphasis that it once enjoyed. When groups of citizens join together to improve their communities through communal labor, they become socially committed and responsive to the needs of others. Providing an interesting account of the history of public works in the United States, the authors claim that democratic institutions can be improved through civic engagement in public work and that society as a whole will benefit. This claim is further supported by positive accounts of people's involvement in a wide variety of public work activities today.

In addition to its interesting message, the book provides a useful account of the New Deal's job creation programs as well as many examples of current public work projects. However, it would have benefited from a more extensive discussion of the role of public work in social welfare. The so-called welfare reforms of recent years have placed great emphasis on moving needy people off government social programs and into productive work. In

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view of widespread skepticism about the ability of many welfare recipients to find remunerative employment, a discussion of this kind would have been welcomed. Nevertheless, this is a stimulating book which should provoke much debate.

## CORRESPONDING AUTHORS

Rudolph Alexander, Jr., Ph.D.  
Associate Professor  
College of Social Work  
The Ohio State University  
Columbus, Ohio 43210-1162

Linwood H. Cousins, Ph.D.  
Assistant Professor  
School of Social Work  
Western Michigan University  
Kalamazoo, Michigan 49008

Judy Fenster  
Assistant Professor of Human Services  
Cazenovia College

Robin M. Gilmartin, MSW  
10 Duncaster Road  
Bloomfield, CT 06002

Kathleen M. Kirby, Ed.D.  
ECPY  
University of Louisville  
Louisville, KY 40213

Gary Mathews, Ph.D.  
Professor  
School of Social Work  
Western Michigan University  
Kalamazoo, Michigan 49008

John T. Pardeck  
School of Social Work  
Southwestern Missouri State  
University  
Springfield, Missouri, 65804-0095

Mark Peyrot  
Center for Social and Community  
Research  
Loyola College  
4501 N. Charles Street  
Baltimore, MD 21210-2699

Jerome H. Schiele  
5802 Treehills Parkway  
Stone Mountain, GA 30088

Thanh V. Tran, Ph.D.  
Boston College  
Graduate School of Social Work  
216 McGuinn Hall  
Chestnut Hill, MA 02167

# JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

## 1997 PUBLICATION INFORMATION & SUBSCRIPTION RATES

*Volume:* XXIV  
*Volume Year:* 1997  
*Publication Period:* 1/97 to 12/97  
*Frequency of Publication:* QUARTERLY  
*Publication Dates:* MARCH, JUNE, SEPTEMBER, DECEMBER  
*Subscription Rates:*

	RETAIL COST	COST TO SUBSCRIPTION SERVICES
1. INDIVIDUAL IN U.S.	\$35	\$35
2. INDIVIDUAL OUTSIDE U.S.	\$40	\$40
3. INSTITUTION IN U.S.	\$75	\$65
4. INSTITUTION OUTSIDE U.S.	\$85	\$75

*Postage:* INCLUDED IN PRICE  
*Currency:* \* U.S. DOLLARS (Firm Exchange Rate Not Available)  
*Payment:* PREPAYMENT (Must accompany order)  
*Effective Price Start Date:* June 1996  
*Multiple Year Sub. Rate:* NOT AVAILABLE  
*Cancellation Policy:* NONCANCELLABLE  
*Claim Policy:* FREE REPLACEMENT WITHIN SIX (6) MONTHS OF PUBLICATION  
*Back Issues:* \$15.00 PER ISSUE  
*ISSN:* 0191-5096  
*Tax-Free Registry No.:* A-154961  
*Federal Tax I.D. No.:* 386007327  
*Index:* INCLUDED IN ISSUE NUMBER 4 AT NO EXTRA COST  
*Contact Person:* Gary Mathews, Ph.D.  
 Managing Editor  
 Journal of Sociology & Social Welfare  
 Western Michigan University  
 School of Social Work  
 Kalamazoo, MI 49008-5034 U.S.A.  
 Tel. - (616) 387-3198  
 Fax - (616) 387-3217



## INSTRUCTIONS FOR AUTHORS

(Revised June, 1995)

JSSW welcomes a broad range of articles which analyze social welfare Institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

*Submission Process.* Submit manuscripts to Gary Mathews, School of Social Work, Western Michigan University, Kalamazoo, Michigan, 49008. Send *three* copies together with an abstract of approximately 100 words. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to the authors. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere.

Reviewing normally takes 120 days.

*Preparation.* Articles should be typed, doublespaced (including the abstract, indented material, footnotes, references, and tables) on 8½ x 11 inch white bond paper with one inch margins on all sides.

*Anonymous Review.* To facilitate anonymous review, please keep identifying information out of the manuscript. *Only the title* should appear on the first page. Attach cover pages that contain the title, authors, affiliations, date of submission, mailing address, telephone number and any statements of credit or research support.

*Style.* Overall style should conform to that found in the *Publication Manual of the American Psychological Association*, Fourth Edition, 1994. Use in-text citations (Reich, 1983), (Reich, 1983, p. 5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the references. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

*Gender and Disability Stereotypes.* Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than "the blind"). Don't magnify the disabling condition ("wheelchair user" rather than "confined to a wheelchair"). For further suggestions see the *Publication Manual of the American Psychological Association* or *Guide to Non-Sexist Language and Visuals*, University of Wisconsin-Extension.

## BOOK REVIEWS

Books for review should be sent to James Midgley, Office of Research and Economic Development, Louisiana State University, Baton Rouge, LA 70803.

*Founding Editors*

Norman Goroff and Ralph Segalman

Western Michigan University  
JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE  
School of Social Work  
Kalamazoo, MI 49008

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