

December 1999

Journal of Sociology & Social Welfare Vol. 26, No. 4 (December 1999)

Follow this and additional works at: <https://scholarworks.wmich.edu/jssw>



Part of the Social Work Commons, and the Sociology Commons

Recommended Citation

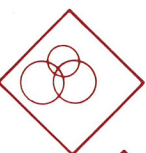
(1999) "Journal of Sociology & Social Welfare Vol. 26, No. 4 (December 1999)," *The Journal of Sociology & Social Welfare*: Vol. 26: Iss. 4, Article 1.

DOI: <https://doi.org/10.15453/0191-5096.2604>

Available at: <https://scholarworks.wmich.edu/jssw/vol26/iss4/1>

This Complete Issue is brought to you by the Western Michigan University School of Social Work. For more information, please contact wmu-scholarworks@wmich.edu.





Journal of Sociology & Social Welfare

VOLUME XXVI
NUMBER 4
December, 1999

The JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE is edited and published by the SCHOOL OF SOCIAL WORK, WESTERN MICHIGAN UNIVERSITY, 1201 Oliver Street, 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.

Editor: Robert D. Leighninger, Jr.

Managing Editor: Frederick MacDonald

Associate Editor: Steven R. Rose

Editorial Board

Mimi Abramowitz	John Herrick	Robert Newby
Paul Adams	Joe Hudson	John Pardeck
Pallassana Balgopal	Elizabeth Huttman	Wilma Peebles-
Thomas Briggs	Alice K. Johnson	Wilkins
William Buffum	Terry Jones	Dennis Peck
Iris Carlton-LaNey	Maureen Kelleher	Marcia Petchers
Harris Chaiklin	Beverly Koerin	Raju Ramakrishnan
Pranab Chatterjee	Jordan Kosberg	Susan Robbins
Mary Jo Deegan	Robert Kronick	Elfriede Schlesinger
Paula L. Dressel	Timothy Lause	Eunice Shatz
Robert Fisher	Leslie Leighninger	Arthur Shostak
Padmini Galati	Nick Mazza	David Simon
Alejandro Garcia	Murry Meld	John Tropman
David Gil	Henry Meyer	Katherine Tyson
Edward Gumz	Jim Midgley	John Williamson
Lorraine M. Gutiérrez	John Murphy	James Wolk
Charles Guzzetta	Kristi Nelson	Gale Goldberg Wood

Administrative Assistant

Amanda Kreps-Long

Book Review Editor

James Midgley, Dean, School of Social Welfare
University of California, Berkeley, Berkeley, CA 94720

The *Journal of Sociology and Social Welfare* is published quarterly. Prior to photocopying items for educational classroom use, please contact the Copyright Clearance Center, Inc. 222 Rosewood Drive, Danvers, MA. 01923, or Current Contents/Social & Behavioral Sciences (CC/S&BS), Institute for Scientific Information, 3501 Market Street, Philadelphia, PA. 19104. The *Journal* is abstracted and indexed in: Applied Social Sciences Index and Abstracts, Psychological Abstracts, Social Work Research & Abstracts, Sociological Abstracts.

JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

Volume XXVI

December, 1999

Number 4

TABLE OF CONTENTS

THE URBAN ECOLOGY OF HOSPITAL FAILURE: HOSPITAL CLOSURES IN THE CITY OF CHICAGO, 1970–1991	5
<i>Gunnar Almgren & Miquel Ferguson</i>	
THE SOCIAL PROCESS OF “PASSING” TO MANAGE STIGMA: ACTS OF INTERNALIZED OPPRESSION OR ACTS OF RESISTANCE?	27
<i>Valli Kalei Kanuha</i>	
CONTRIBUTIONS OF FOREIGN-BASED AUTHORS TO SELECTED SOCIAL WORK JOURNALS IN THE UNITED STATES	47
<i>Muammer Cetingok</i>	
USING PROFESSIONALLY TRAINED ACTORS IN SOCIAL WORK ROLE-PLAY SIMULATIONS	61
<i>Helen E. Petracchi</i>	
THE INCREASE IN INTERGENERATIONAL AFRICAN AMERICAN FAMILIES HEADED BY GRANDMOTHERS	71
<i>Dorothy S. Ruiz & Iris Carlton-LaNey</i>	
MELTING MULTICULTURALISM? LEGACIES OF ASSIMILATION PRESSURES IN HUMAN SERVICE ORGANIZATIONS	87
<i>Darlene L. Piña & Laura Canty-Swapp</i>	
PROTECTION, PRIZES OR PATRONS? EXPLAINING THE ORIGINS AND MAINTENANCE OF HUMAN SERVICES INTEREST GROUPS	115
<i>Richard Hoefler</i>	

PERCEIVING OPPRESSION: RELATIONSHIPS WITH RESILIENCE, SELF-ESTEEM, DEPRESSIVE SYMPTOMS, AND RELIANCE ON GOD IN AFRICIAN-AMERICAN HOMELESS MEN	137
<i>Jill Littrell & Elizabeth Beck</i>	
LIFE AFTER FOSTER CARE: SERVICES AND POLICIES FOR FORMER FOSTER YOUTH	159
<i>Madeleine R. Stoner</i>	

BOOK REVIEWS

<i>Forming Nation: Framing Welfare.</i> Gail Lewis (Ed.). Reviewed by Leslie Leighninger, Louisiana State University.	177
<i>Challenges for Work and Family in the Twenty-First Century.</i> Dana Vannoy and Paula J. Dubeck (Eds.). Reviewed by Blanche Grosswald, University of California, Berkeley.	179
<i>Cultural Awareness in the Human Services: A Multi-Cultural Approach.</i> James Green. Reviewed by Yuhwa Eva Lu, New York University.	182
<i>Shifting the Color Line: Race and the American Welfare State.</i> Robert C. Lieberman. Reviewed by Jill Quadagno, Florida State University.	184
<i>Disaster Hits Home: New Policy for Urban Housing Recovery.</i> Mary C. Comerio. Reviewed by Calvin L. Streeter, The University of Texas, Austin.	186

BOOK NOTES

<i>Rethinking Orphanages for the 21st Century.</i> Richard B. McKenzie (Ed.).	189
<i>The Politics of Retirement in Britain, 1878–1948.</i> John Macnicol.	190
<i>Reflections on Community Organizing: Enduring Themes and Critical Issues.</i> Jack Rothman (Ed.).	191
<i>Social Policy and Social Work.</i> David Denny.	192

Correction Notice:

Dr. Yeung's name was misspelled in the Table of Contents and the Corresponding Authors page in the September, 1999 issue (Vol.26, No.3). The correct spelling is **Agnes** K.C. Yeung.

CALL FOR SUBMISSIONS

Special Issue: Managed Care in Human Services

Special Issue Editor: Stephen P. Wernet, Ph.D.

Anticipated Publication Date: March 2001

Submission Deadline: February 1, 2000

The *Journal of Sociology and Social Welfare* invites submissions for a special issue entitled, *Managed Care in Human Services*. The theme of this special issue will be the organizational and systemic impact of managed care upon human service organizations and social service delivery systems. This special issue seeks to describe how managed care is remaking, or has remade, these organizations and systems.

Both empirical and theoretical works will be considered. In particular, submissions are sought that examine managed care as it influences public and nonprofit social service systems as well as human service organizations within the domains of family services, child welfare and mental health. Case studies and other empirically-based work that document the changes occurring around the nation or assess the impact of managed care on vulnerable populations are especially welcome. Theoretic analyses and discourses that contribute to the development of new directions for research are also encouraged.

The following questions are of particular interest for this Special Issue:

How is managed care transforming the treatment, rehabilitation and services for such vulnerable populations as children and adolescents, the severely and profoundly mentally ill, the developmentally disabled, and substance abusers?

How is the application of managed care to the social service sector influencing the efficacy and/or costs of services?

How are child welfare, family services and/or mental health services delivery systems responding to the operating characteristics, planning requirements, fiscal strategies, treatment monitoring, and utilization management associated with managed care?

Inquiries and submissions should be addressed to:

Stephen P. Wernet, Ph.D.
School of Social Work
Saint Louis University
3550 Lindell Blvd.
Saint Louis, MO 63103
314.977.2714 (voice)
<wernetsp@slu.edu>

The Urban Ecology of Hospital Failure: Hospital Closures in the City of Chicago, 1970–1991

GUNNAR ALMGREN

University of Washington
The School of Social Work

MIGUEL FERGUSON

University of Texas at Austin
School of Social Work

Abstract: Hospital closures occurred nationally with increasing frequency between 1970 and 1990. In particular, large urban areas experienced a dramatic number of closures. Of the 61 general hospitals operating in Chicago in 1970, 22 (36%) had closed by 1991. While a growing body of literature has examined the etiology and determinants of hospital closure over the last two decades, few empirical studies have focused on the neighborhood correlates of closure, and none have examined specific health outcomes associated with hospital failure. This study uses census and Chicago hospital closure data to compare and contrast different conceptual explanations of closure in an effort to identify neighborhood correlates and health outcomes associated with hospital failure. The authors find that hospital closures in Chicago diminished an already low hospital bed-to-population ratio and may have contributed to a deterioration of critical health status measures in disadvantaged African American neighborhoods.

Over the twenty year period from 1970 to 1990 more than a thousand hospitals closed their doors to the public nationwide (AHA, 1994; Dallek, 1983; Mullner, Byre, and Kubal, 1983). Although both urban and rural hospitals of all types shut down, many that closed were non-profit community hospitals located in poor urban areas populated primarily by racial minorities (Longo et al 1996; Whiteis 1992).

Studies of hospital closure over the last fifteen years have identified a host of internal organizational and environmental characteristics associated with closure. In general, hospitals that closed were more likely to be small, offer fewer services, have lower occupancy rates, have higher proportions of Medicaid inpatients, and be independent, for-profit institutions. External characteristics associated with closure include high rates of competition for hospital and medical personnel resources, declines in metropolitan population, high rates of unemployment, low per capita income, and a high percentage of African American residents in the immediate hospital area (Longo et al 1996; Whiteis 1992; Longo and Chase, 1984; Hernandez and Kaluzny 1983; Sager 1983).

Not surprisingly, financial distress has been found to be the immediate cause of most hospital closures. However, financial variables and related internal organizational characteristics only provide an understanding of the proximate factors that lead to closure (Snail and Robinson, 1998; Wertheim and Lynn, 1993). Prior research and reason both suggest that, to the extent that a given hospital has existed to serve a defined geographic community, its financial status and adaptive capacities are largely influenced by externally determined structural factors prevalent within that community. Thus, as poverty becomes more concentrated within many urban neighborhoods and traditional forms of health insurance subsidy disappear in the face of price-based hospital competition, hospital viability may be more a matter of ecological context than of administrative organization and leadership (Williams, Hadley and Pettingill 1992; Rice 1987; McLafferty 1982).

Aside from the ecological correlates of hospital closure, another critical issue is the extent to which urban hospital closures represent an additional source of disproportionate health risk to the residents of economically distressed minority neighborhoods, as many studies contend (Whiteis 1998; Whiteis 1992; Rice 1987; Schatzkin 1985, 1984; Sager 1983 ; McLafferty 1982). While it appears logical that hospital closures within poor neighborhoods will ultimately contribute to negative health outcomes, in empirical terms this remains an unresolved question.

In this study we examine both the ecological correlates of hospital closure and the extent to which such closures have discernable health impacts in poor communities. We base our analysis on the city of Chicago because it is a large, racially and economically diverse central city that experienced a 36 percent decline in the number of hospitals operating between 1970 and 1990. We believe our attempt to model explicit theories linking ecological context to hospital closures and assess the evidence for detrimental health outcomes within economically distressed minority neighborhoods represents a unique and important contribution to the urban poverty literature.

THE LITERATURE ON ECOLOGICAL CORRELATES OF HOSPITAL CLOSURE

Hospital closures began to accelerate in the early 1980's in response to large private and public sector structural changes in the U.S. health care system generally aimed at controlling rising health care costs. These changes include the growth in prospective payment systems, the elimination of various cost-shifting mechanisms through which hospitals transferred losses accrued through charity care and bad debt to private health care insurance carriers, increased competition among hospitals for a limited pool of patients with adequate health insurance benefits, and continued demands for state of the art medical technology in the face of shrinking capital reserves. However, the literature on hospital closure tends to give a complex and sometimes contradictory picture of the proximate determinants of hospital closure. In general, it appears that there is often a strong relationship between the economic distress of a hospital's local population, the degree of local competition among hospitals for a limited share of paying inpatients, and the extent to which a hospital can isolate itself from an unfavorable local population base (e.g. as in the case of large regional medical centers).

Longo, Sohn and Shortell (1996), in their analysis of the hospital closures, mergers, and systems acquisitions that took place nationally from 1984–88, considered several theoretically important environmental variables related to hospital closure: physician and bed-to-population ratios, local per capita income and

rate of unemployment, population size and composition change, the regulatory environment, the census region and SMSA status. Their results found that all of the independent variables except the bed-to-population ratio and population change were significantly correlated with hospital closure.

Gardiner, Oswald, and Jahera (1996), included market share among financial and non-financial variables in a national sample of 500 closed and open acute care hospitals from 1986–89. They found that market share, measured as each hospital's proportion of county revenue, was a significant variable of closure for both proprietary and not-for-profit hospitals. Hospitals capturing a lower percentage of the county market share, regardless of ownership type (non-profit, private for-profit, or public), were more likely to close. Lynch and Ozcan (1994), Gifford and Mullner (1988), Mullner and McNeil (1986), and Sager (1983) also included measures of competition among hospitals in their studies. All but Lynch and Ozcan found market competition, measured as a high density of hospitals or hospital beds within a proximate area, to be significantly related to closure.

More specifically, Williams, Hadley and Pettengill (1992) and Longo and Chase (1984) found medical competition, measured as the ratio of physicians and/or surgical specialists to the surrounding population, to be significantly related to hospital failure. These results suggest that, to the extent that competition between hospitals and medical personnel can adequately be captured, hospitals (especially small hospitals that offer few services) are more likely to go out of business if their facilities or personnel are underutilized due to competition within the local area. As Williams, Hadley and Pettengill state, "... it appears that [hospital] closure represents the elimination of excess and low quality capacity by the market" (1992, p. 186).

A number of studies have included socio-economic and demographic variables in their analyses of hospital failure. In a study of rural-urban hospital closures that took place nationally between 1985–88, Lillie-Blanton et al (1992) found that a decline in population, an increase in unemployment, and low per capita income in a hospital's immediate area were all environmental factors significantly predictive of closure. Similarly, Williams, Hadley and Pettengill (1992) found that hospitals in less densely

crowded areas or with declining populations were at greater risk of closure.

In an analysis of neighborhood correlates of hospital failures in New York City, McLafferty (1982) used a mix of income, age, race and population variables in examining closures that occurred from 1970–81. Her study showed that closures of voluntary hospitals took place most frequently in disadvantaged neighborhoods with a high percentage of black residents, high levels of infant mortality, and high rates of population decline. Schatzkin (1984) also studied hospital closures in New York during the same time period and found that a high percentage of minority hospital area residents and a high non-white inpatient mix contributed to a greater risk of closure. Sager (1983) and Whiteis (1992) both found closure significantly related to a high percentage of blacks residing in the local hospital area, which in turn may reflect higher levels of unemployment, medicaid usage, and higher levels of uncompensated care.

While all of the above studies provide useful contributions to the literature on the environmental correlates of hospital closure, most research uses national survey data that provide little or no information with respect to racial and economic predictors of closure in the local hospital neighborhood. Scholars of race and poverty consistently find major distinctions between the economic structures of large, highly segregated metropolitan areas and more integrated cities (Massey and Denton, 1993; Jargowsky, 1997), thus challenging the conclusions of studies that pool the effects of poor neighborhoods across vastly different metropolitan environments. Because we consider hospital closures within the particular context of a highly segregated metropolitan area like Chicago, our analysis identifies most closely with and expands upon the ecological analyses undertaken in previous studies such as Schatzkin (1984), Sager (1983), and McLafferty (1982). However, we extend our analysis to include an examination of the relationship between hospital closures within poor neighborhoods and changes in community level health indicators.

DATA AND METHODS

The primary data source for hospital closure information in this study is the American Hospital Association's (AHA)

directories of health care institutions for the years 1971 and 1992 (AHA 1971, 1992). These directories include survey data collected from the previous years that contain information pertaining to the location, ownership, scope of services, and functions provided for each hospital in the Chicago metropolitan area. Since the AHA represents all types of hospitals, this list is inclusive of all hospitals providing even a modest scope of services to residents of Chicago. However, we excluded from our analysis hospitals that did not provide general medical/surgical care (e.g. hospitals that were devoted to oral surgery). Hospitals that were listed in the 1970 survey but not in the 1991 survey were presumed to have closed once we verified through street map and directory information that the hospital was not doing business under another name or affiliation. We also obtained a list of hospital closures from the Chicago Department of Public Health (City of Chicago Department of Public Health 1996), which corresponded closely to the findings we observed through a comparison of AHA directories. Because the AHA directories also list emergency department services, we were able to identify emergency department closures apart from hospital closures.

Like Whiteis (1992), we defined each hospital's local area or ecological unit as the census tract containing the hospital as well as all contiguous census tracts. We recognize that such a geographic designation carries with it a great deal of ecological overlap, since some hospitals cluster in various parts of the city and compete with one another to glean profitable patients, attract capital investment, and avoid bad debt. Nevertheless, the use of aggregated census tracts allows us to use a variety of population, labor force, and housing characteristics that represent theoretically important distinctions in ecological context. In addition, we merged individual vital record information with census tract counts to estimate important local area health indicators that may be associated with hospital survival or closure.

Between 1970 and 1991, 36 percent (N=22) of the city's 61 general medical/surgical hospitals closed. Although a large number of hospital closures should have been predicted by such trends as central city population decline, decreased lengths of stay, prospective payment systems, the emergence of cost-based competition and the growth of outpatient surgery, the sheer number of

Table 1
Hospital Closures by Type and Size

Bed Size	<200			201-300			301-400			>400			Total		
	N	Closed	%	N	Closed	%	N	Closed	%	N	Closed	%	N	Closed	%
Gov															
Non-Teach	1	0	0%	-	-	-	-	-	-	-	-	-	1	0	0
Gov															
Teach	-	-	-	-	-	-	-	-	-	2	0	0%	2	0	0
Non-Profit															
Non-Teach	23	14	61%	11	2	18%	8	2	25%	2	0	0%	44	18	41%
Non-Profit															
Teach	-	-	-	2	1	50%	1	0	0%	9	2	22%	12	3	25%
For-Profit															
Non-Teach ^a	2	1	50%	-	-	-	-	-	-	-	-	-	2	1	50%
Total	26	15	58%	13	3	23%	9	2	22%	13	2	15%	61	22	36%

^aDuring the period analyzed, there were no for-profit teaching hospitals in Chicago. This subsequently changed with the acquisition of Michael Reese Hospital and Medical Center by Humana.

closures is still striking. Table 1 breaks down these closures by bed size, profit-status, and hospital teaching status (as defined by the Association of American Medical Colleges). Even a cursory examination of this data shows that closure is highly related to size: 15 of the 26 hospitals having less than 200 beds (58%) closed over this period. Teaching status is confounded with size, so it cannot be concluded from the data in Table 1 that a hospital's teaching status in and of itself mediates the likelihood of closure. However, because teaching hospitals are more likely to enjoy economic and political bases of support that are independent of surrounding neighborhood characteristics, it is likely that teaching status is a crucial protective factor related to hospital closure. Although government ownership also appears to be a protective factor while for-profit ownership appears to be a risk factor (Whiteis 1997), the number of hospitals in both these categories is quite small. In general, closures were largely distributed among small and modest sized hospitals that were both not-for-profit and non-teaching, that is, those hospitals that are most strongly inclined to serve a defined local area.

In order to permit the testing of theories linking neighborhood ecology to hospital closure, we used census data and vital records to construct eight predictors of hospital closure. We then fit the selected predictors within four theories linking hospital closure to neighborhood characteristics. The variables and their descriptive statistics are shown in Table 2. Most of the variables are estimated using 1980 data, which reflect the ecological characteristics of the local hospital areas at the midpoint of the observation period. The exceptions are a variable that measures the change in minority composition between 1970 and 1990, and a variable that measures the level of service sector employment in 1990. Each of the variables will be more fully explained in the discussion of theoretical models that follows.

ALTERNATIVE THEORIES LINKING NEIGHBORHOOD ECOLOGY TO RISK OF HOSPITAL CLOSURE

As previously mentioned, we frame our analysis within explicit theories which may help explain the complex linkages between neighborhood ecology, organizational characteristics, and

Table 2

Ecological Predictors of Hospital Closure^a

	<i>Mean</i>	<i>SD</i>	<i>Min</i>	<i>Max</i>
<u>Control Variable</u>				
Bed Size	310	312	59	2263
<i>Log of Licensed Beds^b</i>	(2.38)	(.29)	(1.77)	(3.35)
<u>Neighborhood Level Predictors</u>				
Bed Ratio 1980	36.0	62.6	2.7	337.7
<i>Hospital Beds/Per Thousand Population</i>				
Unemployment Rate 1980	10.4	5.8	2.8	22.7
<i>Civilian Unemployment Rate (per 1000)</i>				
Average Life Expectancy 1980	72.1	4.5	63.1	90.3
<i>Male + Female Life Expectancy/2</i>				
Percent Minority 1980	.48	.36	.01	1.00
<i>Non-white and non-Hispanic/Total Pop.</i>				
Blight Factor 1980	.00	1.00	−2.11	2.50
<i>Factor Score for Abandoned Housing, Unemployment and Average Life Expectancy</i>				
1970–90 Population Composition Change	.21	.23	−.16	.91
<i>Change in Percent Minority, 1970–90</i>				
1970–90 Population Size Change	−.18	.22	−.60	.31
<i>1990 Population–1970 Population/1970 Population</i>				
Proportion Service Occupation, 1990	.15	.05	.05	.27
<i>Proportion of 1990 Labor Force in Service Occupations</i>				

^aNeighborhood level predictors are the values for each hospital's neighborhood area, defined that hospital's census tract and all contiguous census tracts.

^bValues in parentheses are values of the variable, log bed size. We use the log of bed size in our prediction models due to the highly skewed distribution of the hospital bed size variable.

hospital closure. We develop a series of models representing alternative theoretical explanations of hospital closures that appear implicated in much of the literature on the ecological correlates of hospital closure. Each of the models is tested through a series of logistic regressions, with separate regressions for non-teaching hospitals shown since hospital size and teaching status are confounded. We also employ hospital bed size (logged due to the skewed distribution of this variable) as a control variable in each model, since the evidence from Table 1 suggests that larger hospitals are disproportionately protected from the risks of hospital closure. We also speculate that bed size may reflect a legacy of disproportionate social investment in poor and minority neighborhoods, as suggested by Whiteis (1997).

The first model of hospital closure, the **Economic Model**, predicts hospital closure as a function of excess bed capacity relative to the economic resources of the local hospital area (Gifford and Mullner 1988; Mullner and McNeil 1986; and Sager 1983). We measure bed capacity as the number of hospital beds per thousand persons living within each hospital's contiguous neighborhood areas. Because employment is directly linked to the probability of health insurance, we use the civilian labor force unemployment rate as our measure of local area economic resources. The Economic Model also incorporates the effect of a shrinking population base, a factor that has been linked to hospital closures in other studies (Lillie-Blanton et al 1992; Williams, Hadley and Pettingill 1992; McLafferty 1982). Since the population of Chicago declined by 553,000 persons (or 17 percent of its population) between 1970 and 1990 (U.S. Census 1970; U.S. Census 1990), it is reasonable to speculate that differential levels of population loss by hospital neighborhood may be a powerful predictor of closure.

The second closure model, the **Public Health Model**, suggests that hospital closures reflect a rational process whereby resources are reduced where they are needed least. According to this model, hospital closures should occur in local areas characterized by excess bed capacity and a lower level of health care need. This model incorporates two variables, the ratio of hospital beds to the neighborhood population and neighborhood life expectancy. Since life expectancy is a function of population morbidity, we use the average of male and female life expectancies as our measure of

population health, adjusted to exclude the effect of violent deaths on life expectancy. We do this because violent deaths typically do not reflect the underlying health status of the victim.

In sum, both the Economic Model and the Public Health Model posit that hospitals close in response to a rational restructuring of health care resources that is indifferent to the racial composition of a neighborhood, except to the extent that race and socio-economic disadvantage are correlated.

The third model explicitly tests the proposition that race has a direct role in the likelihood of hospital closure. This model, which we term the **Urban Disinvestment Model**, stems from studies documenting hospital closures within poor and minority neighborhoods and the writings of Roderick Wallace (1993, 1990b, 1990c) and Deborah Wallace (1990a, 1990c). In essence, this model argues that hospitals close in response to the structural disintegration and abandonment that has occurred in neighborhoods with a segregated and politically powerless minority population (measured as the proportion of the population that is other than non-Hispanic white), a large share of deteriorated housing, endemic levels of unemployment, and short life-expectancy. Through principal components factor analysis, we verified that this dimension of local area ecology was well differentiated among the neighborhoods containing Chicago's hospitals, permitting us to derive a factor score for each local area representing "urban blight" (i.e. the convergent presence of deteriorated housing, endemic unemployment, and short life-expectancy).

The fourth and final model we test, the **Minority Succession Model**, is drawn from studies of hospital closure that suggest hospitals are more likely to close in neighborhoods undergoing large changes in ethnic and racial composition (Lillie-Blanton et al 1992, Whiteis 1992, Schatzkin 1984, Sager 1983). Such a model may be particularly relevant to a city like Chicago, where 23 of the 61 hospitals studied experienced at least a 30 percent increase in local area minority composition between 1970 and 1990. We also speculate that significant increases in minority composition may be associated with a higher likelihood of hospital closure because ethnic minorities are less likely to be employed in jobs that provide health care benefits, thereby decreasing the sources of revenue and increasing the uncompensated care burdens of

hospitals serving minority neighborhoods. Thus we include the proportion of the labor force employed in service sector occupations as a part of this model.

All of the above models were tested through two alternative logistic regression equations with closure as the (0,1) dependent variable. One set of prediction equations includes all hospitals (N=61) and the second set of prediction equations includes only non-teaching hospitals (n=47). We do this to account for the argument that teaching hospitals serve a market that extends well beyond (and often excludes to some extent) the local area population.

As shown in Table 3, it is clear that none of the multivariate theoretical models proposed serves as a good predictor of hospital closure when the effect of hospital size is excluded. In general, only bed size (measured as the log of the hospital size to account for the extremely skewed distribution of this variable) serves as a consistently robust predictor of hospital closure, and it is essentially unmodified by the inclusion of the theoretical variables. Population composition change is also weakly related to the likelihood of hospital closure among non-teaching hospitals, but in contrast to theory it appears to serve as a small protective factor rather than as a risk factor. We speculate that this effect represents a confounding relationship between population growth and population composition change, which in subsequent analyses (not shown here but available from the first author) proved to be the case. That is, the effect of population composition change dropped well below statistical significance when population growth was entered into the equation.

POPULATION COMPOSITION, HOSPITAL BED SIZE, AND RISK OF CLOSURE: RACIALLY SELECTIVE INVESTMENT AND DIVESTMENT

Based on the preceding analysis, it is apparent that if there are relationships between local area economic factors, racial composition, and hospital closure, they are mediated almost entirely through hospital bed size and other indicators of institutional investment associated with bed size. This finding would be consistent with the uneven development hypothesis of Whiteis (1997),

Table 3

Logit Model Coefficients for Ecological Predictors of Hospital Closure

	<i>All Hospitals</i> (N=61)		<i>Non-Teaching Hospitals</i> (N=47)	
		S.E.		S.E.
<u>Economic Model</u>				
Log Bed Size	-4.082**	1.479	-7.048**	.005
Unemployment Rate	-.046	.076	-.193	.125
Bed Ratio	.001	.007	.026	.029
Population Change	-2.3185	3.558	-5.874	3.297
-2 Log Likelihood	66.52		48.16	
Model Chi-Square	13.24**		15.26**	
<u>Public Health Model</u>				
Log Bed Size	-4.446***	1.506	-6.279***	2.234
Bed Ratio	.003	.007	.033	.026
Average E0	.072	.069	.103	.080
-2 Log Likelihood	66.82		51.33	
Model Chi-Square	12.94***		12.10**	
<u>Urban Disinvestment Model</u>				
Log Bed Size	-4.064**	1.426	-5.297**	1.996
Proportion Minority	1.033	1.271	.435	1.376
Blight Factor	-.369	.468	-.409	.509
-2 Log Likelihood	67.35		54.39	
Model Chi-Square	12.41***		9.03**	
<u>Minority Succession Model</u>				
Log Bed Size	-4.131**	1.502	-6.880**	2.414
Composition Change	-.924	1.351	-3.348*	1.724
Proportion Service Occ.	.011	6.065	-7.446	7.513
-2 Log Likelihood	67.62		49.88	
Model Chi-Square	12.14**		13.54***	

* $p < .10$, one-tailed** $p < .05$, one-tailed*** $p < .01$, one-tailed

which argues that the underdeveloped status of the health care resources of inner city neighborhoods is the outcome of broad public and corporate sector investment strategies serving capital accumulation and consolidation over racial and economic equity. According to this theory, hospital bed size is not so much an internal organizational variable as it is an ecological outcome driven by the racial and economic character of a hospital's surrounding neighborhood. If this is the case, at least for Chicago, hospital bed size and hospital closures should be directly correlated with economic distress, racial composition, and urban blight.

As shown in Table 4, our findings indicate that hospital bed size is negatively correlated with the local area unemployment rate, the proportion minority (proportion non-Hispanic white), the proportion African American, and urban blight. Were hospital size uncorrelated with these variables, it would suggest that health care investment, at least in terms of institutional resources, is unrelated to the racial and economic character of a neighborhood. Obviously, this is not the case. The findings indicate that

Table 4

Correlations of Hospital Bed Size, Neighborhood Social Characteristics, and Hospital Closures

	<i>All Hospitals</i>	<i>Non-Teaching</i>
N	61	47
	<i>Log Beds</i>	<i>Log Beds</i>
Unemployment Rate	-.32**	-.41**
Proportion Minority	-.22**	-.37**
Proportion African American	-.16	-.35**
Urban Blight Factor	-.32**	-.42**
Hospital Closure	-.40**	-.40**
E.R. Closure	-.17*	-.19*

Note: All neighborhood social characteristics are 1980 observations, the midpoint of the twenty year period analyzed.

* $p < .10$ one-tailed

** $p < .01$ one-tailed

in Chicago, hospitals serving minority neighborhoods tend to be small. In fact, of the 17 small hospitals serving Chicago's African American neighborhoods in 1970 (defined here as those neighborhoods with at least 80% African American composition), only 6 still existed by 1990. Thus we conclude that Chicago's hospital closures reflect an important two-part historical process. First, racially selective health care investment increased the likelihood that hospitals serving minority communities would be small. Second, as noted, small hospitals are far more likely to close, thus leaving the hospitals serving minority neighborhoods more vulnerable to closure than the larger hospitals typical to majority white neighborhoods.

To further assess the impact of racially selective hospital closures on African American neighborhoods, we compare the hospital bed-to-population ratio of predominantly white areas of the city to the ratio for predominantly African American areas of the city for 1970 and 1990. To demarcate these areas in order to contrast real differences in neighborhood racial composition, a hospital bed was considered to be located in a white or African American part of the city if it was located in a community area that was at least 80 percent white or at least 80 percent African American. Chicago has 77 community areas, defined by the City of Chicago as clusters of census tracts that function as distinct local areas of the city. The ratios employed are simply the summed populations within each type of area divided by the total number of hospital beds located within each area. Reflecting asymmetrical patterns of past investment, in 1970 there were 21.96 hospital beds for every 1,000 persons living in majority white neighborhoods, but only 7.73 hospital beds for every 1,000 persons living in majority African American neighborhoods. By 1990, the racially selective nature of hospital closures had reduced the ratio in African American neighborhoods to 3.9 beds per thousand persons. The comparable figure for white neighborhoods in 1990 was 13.8 hospital beds per thousand persons. Although both white and African American areas of the city experienced a decline in the bed-to-population ratio over this period, the racially selective nature of hospital divestment clearly increased an already large racial disparity in hospital resources. Expressing this growth in racial disparity as a direct ratio per thousand residents, in 1970

majority white neighborhoods had 2.85 times the number of hospital beds available to them compared to majority African American neighborhoods. By 1990, the disparity ratio between the majority white and African American neighborhoods had increased to 3.53 beds per thousand residents.

HOSPITAL CLOSURES IN DISADVANTAGED NEIGHBORHOODS: HEALTH EFFECTS

To our knowledge, no previous study in the hospital closure literature has attempted to empirically document health effects stemming from hospital failure. In order to identify health effects that may be related to the closure of hospitals within disadvantaged neighborhoods, we contrast changes in the overall mortality levels among a small group of disadvantaged neighborhoods served by hospitals that varied with respect to local hospital survival or closure. Six disadvantaged neighborhoods were selected on the basis of their having the highest factor scores for urban blight. As explained previously, this variable measures the convergence of abandoned housing, high unemployment, and low average life expectancy (again, 1980 figures are used to approximate the risk period midpoint). All six neighborhoods had blight factor scores in excess of 1.28 standard deviations above the mean for all hospital neighborhoods, with an average blight factor score of 1.80. In essence, these areas represent some of the most disadvantaged neighborhoods in all of Chicago. In order to construct more reliable estimates of age-specific mortality (the main component of our health measure), we aggregated the six comparable neighborhood populations into two separate populations; in effect comparing poor neighborhoods where hospitals had closed to poor neighborhoods where the hospitals had remained open. In order to correlate hospital closures with health outcomes, the populations are compared on two widely used summary health measures at two time points: the 1980 and 1990 infant mortality rate (IMR) and the 1980 and 1990 average life-expectancy (L.E.). Both measures are based on machine readable individual birth and death records supplied by the Illinois Department of Public Health (IDPH, 1992), and U.S. Census estimates for 1980 and 1990 (U.S. Census: 1990, 1980). If hospital closures have a strong detrimental effect on neighborhood level health outcomes, we should

detect a deterioration in life-expectancy and an increase in infant mortality rates between 1980–90 among the poor neighborhood populations exposed to local hospital closure.

As shown in Table 5, both of the populations we compare have mortality rates well in excess of the national average across all racial groups, whether observed in 1980 or in 1990. It is also apparent that the populations differ with respect to their overall gains or losses in infant mortality and overall life-expectancy over the ten year period of observation. These differences, an increase in infant mortality and a decrease in life expectancy in poor neighborhoods where hospitals closed, are in the direction we would expect if in

Table 5

1980 and 1990 Infant Mortality Rates and Average Life-Expectancy by Hospital Survival Status

Panel 1 Changes in Infant Mortality Rates			
	1980 IMR	1990 IMR	Change
Poor Neighborhoods			
Where Hospitals Survived	27.78	24.14	–3.64
Poor Neighborhoods			
Where Hospitals Closed	18.48	23.42	4.94
Panel 2 Changes in Life-Expectancy			
	1980 L.E.	1990 L.E.	Change
Poor Neighborhoods			
Where Hospitals Survived	64.14	64.31	0.17
Poor Neighborhoods			
Where Hospitals Closed	64.14	63.31	–.83

Note: In order to compare differences in mortality levels between poor neighborhoods where hospitals closed and poor neighborhoods where the hospital survived, the population and mortality statistics from the 3 most disadvantaged neighborhoods of each type (hospital closed and hospital survived) were pooled. This created a larger population base within each type of neighborhood from which to estimate infant mortality rates and overall life-expectancies. Infant mortality rates are expressed as deaths per thousand live births.

fact hospital closures in poor neighborhoods have an observable detrimental effect on health outcomes. Although differences in changes in overall life-expectancy are modest, the differences in infant mortality rate changes between the population exposed to hospital closure and the population located within the area of a surviving hospital are quite extreme (an absolute difference in the IMR changes between 1980 and 1990 of 8.58 deaths per thousand).

There are three alternative explanations to these findings, all of them viable. The first is that the differences observed between the two populations compared, as dramatic as they are, reflect random processes that have no relationship to changes in the local health care infrastructure. The second possibility is that the relationship observed between hospital closure and relative deterioration in population mortality is spurious, perhaps reflective of some unobserved dynamic in the general process of neighborhood deterioration. The third possibility is that hospital closures have indeed had some independent detrimental effects on health outcomes. Nothing in the data at hand will sort this out, although all of the documented changes in life expectancy and infant mortality rates are in a direction consistent with both of the latter explanations.

CONCLUSION

We considered several theories on urban hospital closures, including some focused primarily on competitive efficiency, and others that place more emphasis on racial selection. At least in the case of Chicago's hospital closures, the evidence is far more consistent with both historical and contemporary processes of racial selection. While this analysis does not sort out the causal pathways, there is initial evidence to suggest that the deterioration of health outcomes among the urban poor is part and parcel of a larger process of continued racial segregation, concentration of poverty, and a withering of the health care service infrastructure within poor neighborhoods (Fountain, 1989; Peirce, 1990).

As noted, research to date has focused on the correlates and determinants of hospital closure, with little emphasis placed on the impact of hospital failure on critical health outcomes among local area residents. However, residents of affected neighborhoods have certainly not been ambivalent about the consequences

of hospital closure on the physical, emotional, and economic well-being of their communities (Hardy, 1989; Higgins, 1988). In Chicago, many activists and concerned neighborhood residents view the trend of hospital closures (especially those that occurred in the inner-city) as having instigated a crisis in both routine and emergency care services for primarily poor, minority residents. Moreover, they contend that inner-city hospital closures eliminate both stable sources of employment and irreplaceable symbols of community investment. Those affected by the closure phenomena have thus vigorously opposed hospital closings and the insensitivity of municipal officials who offered little in the way of relief or accommodation. In accord with such concerns, we find that hospital closures (expressed as the relative decline in the number of hospital beds per thousand persons) disproportionately reduce the hospital resources available to residents of African American neighborhoods and extend further the legacy of racial disadvantage in the distribution of institutional health care resources. It should also be recognized that, unlike the more economically advantaged white neighborhoods of the city, disappearing hospital beds and emergency departments in African American neighborhoods are not likely to be substituted by private sector alternatives such as urgent care and ambulatory surgery clinics. We therefore conclude that inner city hospital closures should not continue to be dismissed as a somewhat regrettable and impersonal by-product of changes in the health care system infrastructure, but rather should be viewed as a deleterious extension of racial disenfranchisement.

REFERENCES

- American Hospital Association. (1971). *AHA Guide to the Health Care Field*. American Hospital Association, Chicago.
- American Hospital Association. (1992). *AHA Guide to the Health Care Field*. American Hospital Association, Chicago.
- American Hospital Association. Hospital Closures 1980–1993: A statistical profile. Unpublished report prepared by the Health Care Information Resources Group, March 1994.
- Dallek, G. (1983). The loss of hospitals serving the poor. *Health Services Research*, 18(4), 594–597.
- Fountain, J. W. (1989). Closing of Health Care Center Called ‘Tragedy’ for West Side’s Poor. *Chicago Tribune*. Chicago.

- Gardiner, L. R., Oswald, S. L., & Jahera, J. S. (1996). Prediction of Hospital Failure: A post PPS analysis. *Hospital and Health Services Administration*, 41(Winter), 441–460.
- Gifford, B. D., & Mullner, R. M. (1988). Modeling hospital closure relative to organizational theory: The applicability of ecology theory's environmental determinism and adaptation perspectives. *Social Science in Medicine*, 27(11), 1287–1294.
- Hardy, T. (1989). Dunne Foes Say County Needs Action On Health, Discrimination. *Chicago Tribune*. Chicago.
- Hernandez, S. R., & Kaluzny, A. D. (1983). Hospital closure: A review of current and proposed research. *Health Services Research*, 18(3), 419–436.
- Higgins, L. C. (1988). Another Chicago hospital shuts its doors. *Medical World News*.
- Illinois Department of Public Health. List of closed hospitals 1970–1990. Unpublished report, October 26, 1996.
- Jargowsky, P. A. (1997). *Poverty and Place: Ghettos, Barrios, and the American City*. New York, Russell Sage Foundation.
- Lillie-Blanton, M. et al (1992). Rural and urban hospital closures, 1985–1988: Operating and environmental characteristics that affect risk. *Inquiry*, 29(Fall), 332–344.
- Longo, D. R., & Chase, G. A. (1984). Structural determinants of hospital closure. *Medical Care*, 22(5), 388–402.
- Longo, D. R., Sohn, M. W., & Shortell, S. M. (1996). The etiology and determinants of hospital closure. *Journal of Health Care Finance*, 22(3), 34–48.
- Lynch, J. R., & Ozcan, Y. A. (1994). Hospital closure: An efficiency analysis. *Hospital and Health Services Administration*, 39(Summer), 205–220.
- Massey, D. S. and N. A. Denton (1993). *American Apartheid: Segregation and the Making of the American Underclass*. Cambridge, Mass., Harvard University Press.
- Peirce, N. R. (1990). Any RX for Sick Hospitals? *Nation's Cities Weekly*. April 2nd.
- McLafferty, S. (1982). Neighborhood characteristics. *Social Science in Medicine*, 16, 1667–1674.
- Mullner, R., Byre, C. S., & Kubal, J. D. (1983). Hospital closure in the United States, 1976–1980: A descriptive overview. *Health Services Research*, 18(3), 437–450.
- Mullner, R. M., & McNeil, D. (1986). Rural and urban hospital closures: A comparison. *Health Affairs*, 5(Fall), 131–141.
- Rice, M. F. (1987). Inner-city hospital closures/relocations: Race, income status, and legal issues. *Social Science in Medicine*, 24(11), 889–896.
- Sager, A. (1983). Why urban voluntary hospitals close. *Health Services Research*, 18(3), 451–475.
- Schatzkin, A. (1984). The relationship of inpatient racial composition and hospital closure in New York city. *Medical Care*, 22(5), 379–387.
- Schatzkin, A. (1985). Variation in inpatient racial composition among acute-care hospitals in New York state. *Social Science in Medicine*, 20(4), 371–379.

- Snail, T. S., & Robinson, J. C. (1998). Organization diversification in the American hospital. *Annual Review of Public Health*, 19, 417-453.
- U.S. Bureau of the Census. 1980 Census of Population and Housing. Fourth Count Data.
- U.S. Bureau of the Census. 1990 Census of Population and Housing. Summary Tape File 3A.
- Wallace, D. (1990a). Roots of increased health care inequality in New York. *Social Science in Medicine*, 31(11), 1219-1227.
- Wallace, R. (1990b). Urban desertification, public health and public order: "Planned shrinkage", violent death, substance abuse and AIDS in the Bronx. *Social Science in Medicine*, 31(7), 801-813.
- Wallace, R. (1993). Social disintegration and the spread of AIDS - II: Meltdown of sociogeographic structure in urban minority neighborhoods. *Social Science in Medicine*, 37(7), 887-896.
- Wallace, R., & Wallace, D. (1990c). Origins of public health collapse in New York city: The dynamics of planned shrinkage, contagious urban decay and social disintegration. *Bulletin of the New York Academy of Medicine*, 66(5), 391-434.
- Wertheim, P., & Lynn, M. L. (1993). Development of a prediction model for hospital closure using financial accounting data. *Decision Sciences*, 24(3), 529-547.
- Whiteis, D. G. (1992). Hospital and community characteristics in closures of urban hospitals, 1980-87. *Public Health Reports*, 107(4), 409-416.
- Whiteis, D. G. (1997). Unhealthy cities: Corporate medicine, community economic underdevelopment, and public health. *International Journal of Health Services*, 27(2), 227-242.
- Whiteis, D. G. (1998). Third world medicine in first world cities: Capital accumulation, uneven development and public health. *Social Science and Medicine*, 47(6), 795-808.
- Williams, D., Hadley, J., & Pettengill, J. (1992). Profits, community role, and hospital closure: An urban and rural analysis. *Medical Care*, 30(2), 174-187.

The Social Process of "Passing" to Manage Stigma: Acts of Internalized Oppression or Acts of Resistance?

VALLI KALEI KANUHA

University of Hawaii
School of Social Work

In order to manage social stigma, some individuals construct and enact a social interaction strategy known as passing, which is "a performance in which one presents himself as what one is not" (Rohy, 1996). Based on interviews with lesbians and gay men of color, this article suggests that the process of passing is not based upon a rejection of stigmatized identity, but situationally employed to resist social oppression.

Am I to be cursed forever with becoming someone else on my way to myself?

Audre Lorde, "Change of Season" (1992)

In everyday social encounters, people manage their personal and social identities in a variety of ways. In particular, among those social groups and populations that have some kind of social stigma that is negatively valued in society, there is a social management strategy known as *passing* through which people organize and "perform" their identities with others. The Oxford English Dictionary (Simpson & Webster, 1989) defines passing as: "to be accepted as equivalent to; to be taken for; to be accepted, received, or held in repute as." Brown (1991) states that passing is "an adaptation to circumstances of oppression" (p. 36) "wherein individual members of various minority/subordinate groups will achieve an identity as a member of the dominant/superordinate group" (p. 33). He continues that "any person with a stigmatizing attribute which is not apparent and who interacts with others

without it being known is, to some extent, engaged in passing" (p. 37).

Whether among those who conceal the aging process by claiming to be younger than they are, or people who cannot read ordering food from pictures on restaurant menus, or battered women saying they bumped into doors to explain bruises, all of these people engage in hiding certain aspects of themselves—older people passing as younger, non-literate persons passing as readers, and battered women passing as clumsy due to the social stigma associated respectively with aging, illiteracy, and intimate violence.

This article will describe how some lesbians and gay men manage the stigma associated with homosexuality by passing as heterosexual in social interactions. Based on a study of stigma and identity among lesbians and gay men of color, it is posited that passing may not necessarily represent a form of "internalized homophobia" as commonly suggested but perhaps a conscious strategy of resistance to societal oppression. Building on this analysis, implications for social work intervention are also offered.

DEFINITIONS OF PASSING AND STIGMA

Hitch (1983) states that *passing* is "a process whereby the individual attempts to conceal her origins or else play them down" (p. 124). Rohy (1996) says "passing designates a performance in which one presents oneself as what one is not, a performance commonly imagined along the axis of race, class, gender or sexuality (p. 219). Garfinkel (1967) suggests that for transsexuals in particular, passing is "the work of achieving and making secure their rights to live the elected sex status while providing for the possibility of detection and ruin carried out within the social structured conditions in which this work occurred" (p. 118). Finally, it is sociologist Erving Goffman's seminal work on stigma from which one of the most succinct descriptions of passing is derived: "the management of undisclosed discrediting information about self" (1963b, p. 42). All of these conceptualizations of passing focus on the fact that not only is an individual endowed or prescribed with some kind of personally *discrediting information about self*, but that this information is *undisclosed to others* who observe and/or interact with that person.

There have been many and diverse literary accounts of passing, most prominent with regard to race. Beginning in the Harlem renaissance to the present, there is a genre of African American literature known as the passing narrative from which many reports of Black Americans passing as White have been described (Baldwin, 1956; Craft, 1861; Fauset, 1995; Ginsberg, 1996; Jacobs, 1861; Johnson, 1927; Larson, 1992; Mullen, 1995; Stowe, 1852). In addition, African Americans have analyzed the diverse personal experiences that many have had passing as White in historical and contemporary American life (Gates, 1996; Parker, 1997; Piper, 1996; Russell, Wilson, & Hall, 1992; Williams, 1996). Passing has also been discussed with many other populations including: lesbians and gay men passing as heterosexual (Berger, 1990; Brown, 1991; Brownsworth, 1996; Spradlin, 1995; Woods & Harbeck, 1992), transgendered persons passing as their non-biological sex (Devor, 1989; Ferris, 1993; Garfinkel, 1967; Kando, 1972; Money, 1988), those of lower socio-economic classes passing as middle or upper class (Granfield, 1991), and passing among persons with various physical or mental disabilities, e.g., visually-impaired persons passing as fully sighted (Blum, 1991; Goffman, 1961; see also Goffman, 1963b for many examples throughout).

Passing and stigma

The social process of passing can only be understood in the context of *stigma*, a term which has its origins in the Greek tradition to designate "tattoo marks" or other physical blemishes upon the body. Contemporary analogies include the expressions "branded," "spoiled" or "marked" to elaborate various factors that characterize stigma as "an attribute that is deeply discrediting" (Goffman, 1963b, p. 3).

Goffman suggested that society uses collective characteristics about social groups to define how we will relate to individuals who are thought to be members of those groups. This *social identity* as he called it, is comprised of personal as well as structural attributes which are derived in the context of social settings. When an individual is endowed with a failing or shortcoming which has "more or less abiding characteristics, as opposed to moods, feelings or intents" (p. 43), Goffman refers to that attribute as a *stigma*.

Goffman began his initial theorizing about stigma by creating a typology that included *abominations of the body* or physical deformities such as sight and hearing impairments, *blemishes of individual character* that are "domineering or unnatural passions" (homosexuality or criminality) (Goffman, 1963b, p. 4); and *tribal stigma*, affiliations of race, nationality, or religion. Building on Goffman's work, there has been an abundance of empirical and theoretical studies on various aspects of stigma produced primarily by social psychologists over the last 30 years (Ainlay, Becker, & Coleman, 1986; Alonzo & Reynolds, 1995; Crocker & Major, 1989; Crocker, Major, & Steele, in press; Gardner, 1991; Jones et al., 1984; Katz, 1981; Neuberg, Smith, Hoffman, & Russell, 1994; Schur, 1971).

METHOD

A qualitative study of stigma, identity and passing was conducted with 29 self-identified lesbians and gay men of color in the United States (Kanuha, 1997). Study participants were purposively recruited by snowball sampling methods, and face-to-face, in-depth interviews were conducted in three locales: New York City, Seattle, and Hilo, Hawaii.¹ The majority of the informants were female (n=21), and the age range of the sample was 23–50 years old. While most of the participants were well-educated (some college through doctoral education), the majority of the sample reported growing up in working class or poor families with only four of 29 respondents reporting their families of origin as middle class. The racial/ethnic composition of the study group was almost equally divided among the major non-White racial/ethnic categories of the United States: Asian and Pacific Islander (n=9), Latino/Hispanic (n=9), and African American (n=8).²

CONTINGENCIES FOR PASSING

In this study cohort, it is significant that *none* were either totally "out" as lesbian or gay in all domains of their lives nor were any of them engaged in what Goffman (1963b) called "passing fully" or conducting their lives exclusively as heterosexual. Therefore for the purposes of this analysis, these gay men and lesbians all reported situations in which they intentionally chose to pass as heterosexual.

Every study participant described a decision-making process similar to a cost-benefit analysis in which they conducted an internal and oftentimes split-second, assessment of both the situation *and* those interacting in that situation (including oneself), to determine how to enact their lesbian or gay identities in particular contexts. Informants reported four primary conditions that were relevant in their deliberations about whether or not to pass: 1) fit; 2) risk and safety; 3) relationship with the audience; and 4) motivation and energy.

Fit

In the process of passing, the concept of *fit* is probably the most complex and significant prerequisite to be considered. Fit refers to the degree of conformity to a social stereotype used to characterize ethnic, sexual, class, gender or other social classifications. In this study, fit referred to the degree to which respondents perceived that they conformed to some established social role expectation of heterosexual, gay, or lesbian identity.

However, a significant conceptualization with regard to the concept of fit for lesbians and gay men is that its operationalization in the passing process is not related to social typing of sexuality or homosexuality, but to gender. What is characterized more accurately as *gender fit* is the degree to which respondents fit the social stereotype of what typified "maleness" or masculinity and "femaleness" or femininity," i.e., how men and women walked, talked, dressed, gesticulated, expressed emotions, and generally interacted in the world according to gendered, sex role expectations. This finding was consistent with the view that the stigma associated with homosexuality is more linked to gender roles than to sex or sexual identity, as long theorized by lesbian, feminist, and gay male scholars (Brown, 1995; Coleman, 1987; Greene, 1997; Kanuha, 1990; Pharr, 1988).

All of the gay men recounted attempts at a very young age to appear more masculine and hence more heterosexually male (and less gay). As one Latino man reported:

I tried to pass for so many years . . . I tried to hide it. I remember when I was 13 or 14, I studied the ways I walked or laughed or sat . . . everything, just to see if someone could tell that I was gay.

For all of the male study participants, their early and ongoing attempts to mediate *gender mis-fit* constituted part of the criteria for considering passing as a viable option. Those men who were able to “correct” or modify their gender mis-fit such that they could somehow carry off a heterosexual male gender role performance could therefore consider and employ passing as a stigma management option. In this particular study sample, most of the men thought they *could* pass as heterosexual in certain social encounters and contexts because they were not “limp wristed” or effeminate in appearance or behavior.

However, none of the lesbians recalled the kinds or extent of childhood attempts to mediate their gender mis-fit as reported by gay men, despite the fact that some engaged in what one respondent called “boy things,” along with embodying physical attributes associated with maleness such as having more facial hair or walking in a masculine manner (“swaggering”). This finding emphasizes the disproportionate social stigma associated with men who are more feminine, again related to the implicit gender bias against anything female (Pharr, 1988).

Risk and safety

Respondents who reported passing as heterosexual in certain social encounters indicated that they were often motivated by issues of *risk and safety*. In these situations, risk might refer to actual physical risk, i.e., they might be beaten up if discovered to be gay. More often, passing was employed in those situations in which there was a perception of material or emotional risk wherein they might be fired from or not get a job, they might lose professional or personal credibility, or they might lose a relationship with someone important to them. Respondents who were high school counselors, teachers or child welfare workers—all working with children—were concerned that they would lose their jobs if they could not or did not choose to pass as heterosexual in the workplace.

With this particular sample of lesbians and gay men of color, most perceived that there were greater risks associated with being gay or lesbian than being non-White. While most respondents did *not* choose to pass as White even if they could have (due to their *race mis-fit* or looking more White than the phenotypes associated

with their particular racial/ethnic group), they perceived the political-social climate of the U.S. as hazardous enough for all 29 of them to pass as heterosexual in certain situations.

Relationship and intimacy issues

The third contingency for passing was *the degree and kind of intimacy* that existed between respondents and their audiences. This was mentioned by the majority of study participants for whom passing was a viable strategy, e.g., those with a high degree of gender fit. Generally, passing was considered and employed in two kinds of situations—in very high and very low intimacy relationships. In high intimacy relationships, respondents feared losing close relationships with family members, friends or colleagues if it was discovered that they were lesbian or gay. However, in some high intimacy situations where respondents and their interactants were expected to sustain and perhaps further build upon their relationships, eventually the pressure and anxiety of withholding the fact of their gay or lesbian identity became too difficult, and passing ceased to be a satisfactory tactic. As one respondent stated, "I felt like I couldn't be real or that I always had to live wondering, are they going to totally dump me when they find out? And I wasn't willing to do that."

In addition, the decision to come out and therefore to *not* pass was related to the social context in which those intimate relationships were developed and sustained. A number of study participants admitted that they chose to pass with certain people in certain situations out of respect for the values or beliefs of their interactants or not wanting to disrupt the lives of those close to them. As one lesbian stated, "I'd feel bad if I made my parents miserable."

Motivation and energy

Many study respondents reported that an important condition in deciding to pass as heterosexual or the converse, to disclose being gay was a simple one: having the energy to do so. Similar to the previously mentioned contingencies for passing, *motivation and energy* are factors that influence both the minutiae and more substantive aspects of daily life. For lesbians and gay men of color who must expend an undue amount of energy thinking about and

reacting to racial, class, gender and sexual discrimination, it is an endlessly tiring existence in which they make intentional as well as spontaneous decisions about with whom, how, when and why to disclose or conceal being lesbian or gay. A lot of times it simply depended on what other challenges they had already confronted that day, as noted by one participant, "You might be having a rough day in your personal life, and you don't want to have to deal with some ignorant bigot. So you just let it slide and act as if you're straight."

TYPES OF PASSING

According to Goffman (1959; 1963a; 1963b) and others (Ginsberg, 1996; Granfield, 1991; Kando, 1972; Piper, 1996; Ponse, 1976; Spradlin, 1995), the decision to employ passing is not only determined by a cost-benefit analysis discussed earlier but a number of other factors including: skill to carry off "the act," whether or not there are accomplices to support or sabotage the performance, and of course the commitment, necessity or even desire to use passing versus other stigma management strategies. Four main types of passing were reported in this study. They were: dissociation; omission; mutual pretense; and, playing with the audience.

Dissociation

The concept of *dissociation* or camouflaging (Ponse, 1976; Spradlin, 1995) is probably the most common and easiest to employ of the passing strategies. Dissociation occurs when one behaves as if she is not part of the stigmatized group to which she actually belongs, by engaging in performances such as modifying one's manner of dress or physical appearance, avoiding contact with others like yourself, or remaining silent when one's group is being publicly disparaged.

For many respondents, deciding to use a dissociative type of passing was significantly influenced by the nature of their association with their audiences. As in the case of an African gay man who recounted an episode in which he did not confront sexist and homophobic statements made in his presence. He stated, "It was for all kinds of reasons, fear . . . panic, that I just didn't say anything. If this had been an outside party (of non-Africans) it would have been no question, I would have challenged them!"

Obviously the other party goes thought they were with "one of their own," and therefore this respondent's high gender fit coupled with the high intimacy and high emotional risk associated with his relationship to his African peers were salient conditions that influenced his decision to pass.

Omission

Omission was the second most common passing strategy reported by study informants. This strategy is wholly dependent upon an interactant initiating an inquiry about the status of the discreditable person. While other passing theorists have described a variant called "dodging" (Spradlin, 1995) whereby the passer changes the subject or averts a social interaction away from her stigmatizing condition, omission is distinguished as an interaction wherein the stigmatized person actually responds directly to an inquiry, but omits some key detail or clarification that would result in disclosure of the stigma. For example, one lesbian reported:

I wear a ring so they assume I'm married. So they'll ask, "What does your husband do?" and usually my pat answer is "I'm not married." Or "Do you have kids? You seem like you would be really good with kids." And I say, "No, I don't have any children, but I hope to someday."

A relatively low level of intimacy with the respondent coupled with minimal awareness of gay life are necessary contingencies with this type of passing because it was those interactants who have little information about either the respondent's personal life or gay/lesbian culture in general who were likely to make inquiries.

Mutual pretense

The dual workings of *accomplices* and *mutual pretense* are integral to this particular passing strategy (Goffman, 1963b; Ponce, 1976; Spradlin, 1995). Accomplices who are aware of a stigmatized person's discreditable attributes are oftentimes integral to maintaining the passer's façade; however, they also constitute the passer's biggest liability. Mutual pretense is referred to by Ponce as "counterfeit secrecy . . . whereby both parties to an interaction

know a secret but maintain the fiction that they do not know it" (1976, p. 323). This particular reference implies that both passers and their interactants behave as if there is nothing discrediting in the stigmatized person nor in their discreditable actions. As an African American participant reported:

When you work with people professionally, at some point you start to talk about what you did over the weekend and those sorts of things. When people at work *don't* ask, when they have the opportunity to, I start assuming that *they're* assuming I'm a lesbian but that they're scared to ask.

A prominent public policy example of this passing strategy is the "Don't ask, don't tell" policy currently employed by the United States government vis a vis gay men and lesbians in the armed services. As long as stigmatized persons do not publicly acknowledge their true "marked" status, they are able to maintain a degree of discretionary control in their social lives.

Playing with the audience

In Goffman's analysis of stigma, he referred to a particular social interaction strategy called "minstrelization," a term he credited to Anatole Broyard, African American literary critic who himself passed as White (Gates, 1996). Minstrelization referred to situations "whereby the stigmatized person ingratiatingly acts out before normals the full dance of bad qualities imputed to his kind, thereby consolidating a life situation into a clownish role" (Goffman, 1963b, p. 110). It seems from both Goffman's and Broyard's accounts that minstrelization implies that the stigmatized individual has to some extent inculcated the negative qualities attributed to him or his social reference group.

In this study, respondents also reported acting out negative characteristics attributed to their sexual and/or racial identities. However, in this variant of passing I call *playing with the audience*, gay men and lesbians did not actually internalize those contrary social characteristics, but instead feigned those false and stereotypical images as a turn on the audience. One gay man reported that he is able to pass as heterosexual primarily due to his high gender fit and occasionally engages in mutually agreed-upon public performances with his female "accomplices" (who are

"knowing" friends) to appear as if they are a heterosexual couple. He states, "We love having a ball with their (the audience's) ignorance. If they think we're straight, let them! It's like using their stereotypes on them!" Instead of passing as heterosexual to protect oneself from the negative social consequences of being gay, participants use an exaggerated heterosexual role performance to ridicule those very expectations in society-at-large.

CONSEQUENCES AND EFFECTS OF PASSING

Probably more than any of the other elements in the passing process, the consequences of managing stigma are of most interest to social workers. Anecdotal literature and other sources suggest that passing is implicitly a necessary but deleterious adaptation to social stigmatization (Brown, 1991; Daniel, 1992; Ginsberg, 1996; Ponse, 1976; Spradlin, 1995). However, since the personal consequences particularly upon the passer have not been empirically examined in the social science literature, we have heretofore only speculated about what Goffman (1963b) calls "folk conceptions" that presume adverse effects of passing.

Most respondents in this study reported some kind of *affective reaction* when withholding information from others, including "a pressure inside" or "a sense of pain." Many reported feelings of *guilt and shame* "that I couldn't be honest." A related and oft stated reaction to passing was *anger*. Most respondents reported feeling both *guilt and anger* at the social construction of stigma, and the ways their lives as lesbians and gay men of color were subsequently structured to accommodate societal homophobia, heterosexism, racism, and other forms of oppression. Another frequently reported outcome of passing was *distancing* from and within intimate relationships, i.e., by passing and therefore withholding an important aspect of oneself in social and intimate relationships, participants felt detached from other people. Many gay men and lesbians described passing as *lying* and subsequently feeling bad about being deceitful.

The most significant finding, however, was that most of the lesbians and gay men in this particular study did not report any notable negative outcomes as a result of choosing to pass in specific social contexts and situations. In fact, most described the

concealment-disclosure tension and their subsequent decision to pass in quite pragmatic terms. One Chicana lesbian reported, "I feel bad sometimes about passing, but I think it's always a coming out process for me. It's just the way things are." Or as stated by an African American man, "If I have to pass in a professional setting, I think to myself this is just what I have to do right now."

In reflecting upon how he felt about passing as heterosexual in certain social contexts, one gay man summarized it best that passing "is just a burden I have to bear" in order to mediate the stigma of homophobia and heterosexism in many aspects of American social life.

PASSING AS AN ACT OF RESISTANCE

Webster (1992; 1996) defines *assimilate* as "to take in or incorporate as one's own; absorb" or "to bring into conformity with the customs, attitudes, etc. of a dominant cultural group or national culture." Many consider passing to be a form of assimilation; that is, it is a specific strategy of blending into or absorbing dominant and normative racial, sexual, gender and other social roles, such that the passer not only benefits from but begins to accept their socially integrated lifestyle. Brownsworth (1996, p. 103) suggests about passing that "society may reward the lie, may even demand it, but the passing person is punished for passing—either by being caught in the lie or by believing it." By such conceptions, passing is not understood as an emancipatory strategy but a form of "internalized oppression" or self-hatred (Beard & Glickhauf, 1994; Harbeck, 1992; Piper, 1996; Troiden, 1988). Only those who disdain themselves and others of their own kind would deliberately choose a social performance or for some, a fully-integrated lifestyle in which one would pass as something they were not. "Coming out" is the antithesis of passing because it represents a liberatory strategy of claiming versus hiding one's stigmatized identity. Coming out is therefore considered an important device for social change because when it becomes common knowledge that "we are everywhere," by sheer numbers we cannot be oppressed as lesbians and gay men. Similarly, identifying with one's desig-

nated and ascribed racial category is an emancipatory act, passing as White is not.

Resistance, on the other hand, is defined as "the opposition offered by one thing, force, etc. to another" or "the act or power of opposing or withstanding" (Webster, 1992; 1996). I suggest that if passing is constructed and subsequently employed to mitigate the effects of social discrimination due primarily if not solely to stigma, we instead consider that *passing is not an act of assimilation, but an act of resistance to social oppression*. Every respondent in this study reported that they purposefully decided to pass in particular social situations because of their perception that negative consequences would result if it was discovered that they were lesbian or gay. That is, the maintenance of a false performance was for the purpose of "opposing" those forces that would threaten or harm them in specific social encounters, and not for the purpose of "taking in or absorbing" a false personae. In each of the following accounts, three different interviewees describe the decision to pass as primarily concerned about the loss of safety or comfort due not to internal factors, but to a consciousness of two external influences: predominant social norms that mandate heterosexuality, and subsequent negative social consequences of being gay:

I have to weigh the situation (to pass or not) completely. About my sexuality, it always comes down to the fact that I'm going to get a reaction. It will form a division or something between us . . . it will be a negative thing.

I would never choose to tell the men that I work with. I think that they'll hold it over my head or use it against me somehow or somehow put me down.

I can be having a conversation with heterosexuals and all of a sudden it dawns on me how privileged they are. I think that recognition of their privilege has been a big piece of my life, and knowing that it's not going to be safe to come out because of homophobia.

For one Latino gay man who is also an immigrant, his analysis of what *not* passing might mean for him is conspicuously linked to his homosexuality vis a vis the socio-political world:

I try to hide it from people in political power. Especially at airports whenever I come into this country . . . with immigration officials, I try to be really careful.

And yet this same respondent was also one of the most vehement about the importance of being out as both gay and being a person of color:

People [who are gay or lesbian] should have the responsibility to break the stigma of gay and lesbian people, and to correct it. I want to say don't pass, and teach people when you're not passing that you're proud of your culture.

As a Japanese-American lesbian reported about being in the U.S. Air Force:

When you're in the military you gotta kinda . . . act straight. And the only people that know are close friends or, of course, the one you're with.

And as an African American man recounted about passing in his childhood on three dimensions—as heterosexual, White, and middle class:

I look back on this one example in elementary school and I was always placed in the lower courses with other African Americans. But the minute I started putting on these masks, I was even with them [White students] academically. And that's tough for me to sit here and say that, but I had to be someone else in order to prove that I had the skills to compete academically.

These respondents echo the majority of study participants who indicate an emphasis upon and awareness of passing not as an act of assimilation to dominant norms and identities, but of performance, i.e., to “put on masks” and “act.” In fact, the main findings of this study are the routinely situational nature of passing, and the employment of passing as performance primarily for self-protection from societal prejudice.

In essence, passing is an act of resistance because a passer never really assimilates. As one respondent stated, “I can be proud of being gay and still not be ‘out’ all the time.” Assimilation assumes a rejection of one's Self to take on the values, traditions, privileges, and lifestyle of the normative or dominant

culture. I suggest that passing always constitutes an intentional performance, and that passers know that their "passing" as performance is temporary and illusory: all passers live with the fear that someone will discover who they really are. Assimilationists fear no such thing because they have *embodied* the norm, they are not *performing* as the norm. Assimilationists valorize the norm, passers fear the consequences of not valorizing the norm. Therefore, passing must constitute an act of resistance because passers are always in a conscious and intentional state of transgression against the norm, but primarily and secretively to survive the implicit and overt social transgressions against them if they were to be discovered to be whom they really are.

I believe that the consideration of passing as an act of resistance is a radical—politically and theoretically—departure from contemporary considerations of these enactments of marginalized identity. It situates the act of passing in the context of other well-understood acts of resistance: when battered women conceal the true source of their injuries (Baker, 1996); when African Americans traversed out of slavery by passing as White (Craft, 1861; Johnson, 1927; Stowe, 1852); or when Jews survived the Holocaust (Venaki, Nadler, & Gershoni, 1985). For all of these peoples and others, their survival in part required the use of passing as a mediator of social repression. When some battered women report that all is well while living in a household of violence, and some children were sent to live underground by hiding their Jewish identities during Nazi-occupied Germany, and gay men pass as heterosexual to keep jobs as elementary school teachers or to prevent being beaten by young boys who call them faggots, these can only be acts of resistance against historically ingrained, institutionalized systems of oppression and hatred.

Most importantly, when we label passing and similar acts of survival as resistance, we are putting the responsibility for social stigmatization squarely where it belongs: in the hearts and minds of those who perpetuate stereotypes, discrimination, and malice. Passing is only required to mitigate the effects of stigmatization by others; that is, it is rarely based in any innately devalued characteristic, trait or affiliation in the stigmatized individual. It requires the power of some to "name" others as "Other." These contingencies can only require the stigmatized to live with caution

and vigilance, and therefore to live by dissociating, omitting, and employing any number of strategies to protect deeply personal aspects of themselves. These strategies exist as situationally imposed acts of resistance to institutional oppression, and not necessarily as some acquired form of self-hatred or rejection of personal and cultural identity.

IMPLICATIONS FOR SOCIAL WORK

By considering passing as an act of resistance to social oppression, social workers can employ two of their most important theories and skills in their interventions with people of color, lesbians, people with HIV, and other marginalized populations: empowerment and strengths perspectives (Cox & Parsons, 1994; Gutierrez, DeLois, & GlenMaye, 1995; Lee, 1994; Saleeby, 1992). With this analysis, we can better understand why people choose to pass in certain situations and analyze the ways social discrimination establishes and reinforces the need for passing to be enacted. We can thereby assist our clients in appraising how and when passing might be necessary, and how to minimize the costs and maximize the benefits of claiming our authentic selves whenever possible in social life.

If social workers accept the reality that throughout their lifetimes most lesbians, gay men, and perhaps others who are socially stigmatized will conceal aspects of their most significant identities in particular situations, we might work with clients to understand and perhaps reduce some of the shame, guilt, and anger that accompanies the oftentimes necessary choice to pass in certain social encounters. Focusing on those social conditions that require us to compromise our identities and selves rather than situating blame primarily in oneself is consistent with social work's emphasis on the person-in-environment. In addition, as clients and client groups are better able to understand the social structures that impose the necessity for passing upon certain populations we can begin mobilizing them to work at meso and macro levels to focus our change efforts on those social institutions in which stigma truly resides.

Finally, if passing is part of the life course for gay men, lesbians, and other stigmatized populations, social work educators

might consider including such analyses and frameworks about the relationship between identity and stigma, the management of stigmatized identity, and interventions with stigmatized groups in foundation and practice courses such as human behavior in the social environment. While the HBSE literature includes frameworks of human development over the life span, our specific focus on "minority" groups might incorporate an understanding of passing and other stigma management strategies to complement current social work theories and practice.

CONCLUSION

There are always situations in which human beings will perceive themselves or be perceived as embodying certain traits, characteristics, or physical features that are socially endowed as peculiar, inferior, or tainted. The foregoing framework and analysis of passing as a specific strategy to manage the social stigma associated with gay and lesbian life demonstrates that people are inherently resourceful, creative, and resilient in the face of adversity that is cross-cultural and centuries old. An understanding of the contingencies and specific ways passing is structured and functions is an important foundation for social work practice with marginalized peoples who will probably employ passing in some if not many occasions over the life course.

NOTES

1. Interviews were also conducted with one respondent who was attending a conference in Chicago (who grew up in Texas and currently resided in Hawaii) , and one respondent who resided in Minneapolis.
2. One respondent identified herself as Iranian, which in the context of U.S. and West Asian relations is a socially stigmatized ethnic group in American life (Suleiman, 1988), and one gay man from Hawaii referred to himself as Portuguese, which is considered a minority ethnic group in the specific context and history of Hawaii (Carvalho, 1980). Finally, one respondent is of African descent but has lived in the United States for over 15 years.

REFERENCES

- Ainlay, S. C., Becker, G., & Coleman, L. M. (Eds.). (1986). *The dilemma of difference: A multidisciplinary view of stigma*. New York: Plenum Press.

- Alonzo, A. A., & Reynolds, N. R. (1995). Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory. *Social Science and Medicine*, 41(3), 303–315.
- Baker, P. L. (1996). Doin' what it takes to survive: Battered women and the consequences of compliance to a cultural script. *Studies in Symbolic Interaction*, 20, 73–90.
- Baldwin, J. (1956). *Giovanni's room*. New York: Dell.
- Beard, J., & Glickhauf, H. C. (1994). Gay identity and sense of self: Rethinking male homosexuality. *Journal of Gay and Lesbian Psychotherapy*, 2(2), 21–37.
- Berger, R. M. (1990). Passing: The impact on the quality of same-sex couple relationships. *Social Work*, 35(4), 328–332.
- Blum, N. S. (1991). The management of stigma by Alzheimer family caregivers. Special issue: Stigma and social interactions. *Journal of Contemporary Ethnography*, 20(3), 263–284.
- Brown, L. S. (1995). Lesbian identities: Concepts and issues. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay and bisexual identities over the lifespan* (pp. 3–23). New York: Oxford University Press.
- Brown, P. (1991). Passing: Differences in our public and private self. *Journal of Multicultural Social Work*, 1, 33–50.
- Brownsworth, V. A. (1996). *Too queer: Essays from a radical life*. Ithaca, NY: Firebrand Books.
- Carvalho, E. W. (1980). The Portuguese. In J. F. McDermott, W. S. Tseng, & T. Matetzki (Eds.), *People and cultures of Hawaii* (pp. 100–110). Honolulu: University of Hawaii Press.
- Coleman, E. (Ed.). (1987). *Integrated identity for gay men and lesbians*. New York: Harrington Park.
- Cox, E. O., & Parsons, R. J. (1994). *Empowerment-oriented social work practice with the elderly*. Pacific Grove, CA: Brooks/Cole.
- Craft, W. (1861). *Running a thousand miles for freedom; or, The escape of William and Ellen Craft from slavery*. (1969 ed.). Miami: Mnemosyne.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review*, 96(4), 608–630.
- Crocker, J., Major, B., & Steele, C. (in press). Social stigma. In D. Gilbert, S. T. Fiske, & G. Lindzey (Eds.), *Handbook of social psychology* (4th ed.). Boston: McGraw Hill.
- Daniel, G. R. (1992). Passers and pluralists: Subverting the racial divide. In M. P. P. Root (Ed.), *Racially mixed people in America* (pp. 91–107). Newbury Park: Sage Publications.
- Devor, H. (1989). *Gender blending*. Bloomington, ID: University of Indiana Press.
- Fauset, J. (1995). Emmy. In B. Mullens (Ed.), *Revolutionary tales: African American women's short stories from the first story to the present* (pp. 73–111). New York: Laurel Books.
- Ferris, L. (Ed.). (1993). *Crossing the stage: Controversies on cross dressing*. London: Routledge.
- Gardner, C. B. (1991). Stigma and the public self: Notes on communication, self and others. *Journal of Contemporary Ethnography*, 20(3), 251–262.

- Garfinkel, H. (1967). *Studies in ethnomethodology*. Englewood Cliffs: Prentice-Hall.
- Gates, H. L. (1996, June 17, 1996). White like me. *The New Yorker*, 66–81.
- Ginsberg, E. K. (Ed.). (1996). *Passing and the fictions of identity*. Durham, NC: Duke University Press.
- Goffman, E. (1959). *The presentation of self in everyday life*. New York: Anchor-Doubleday.
- Goffman, E. (1961). *Asylums*. New York: Anchor Books.
- Goffman, E. (1963a). *Behavior in public places: Notes on the social organization of gatherings*. New York: The Free Press.
- Goffman, E. (1963b). *Stigma: Notes on the management of spoiled identity*. New York: Simon and Schuster.
- Granfield, R. (1991). Making it by faking it: Working class students in an elite academic environment. *Journal of Contemporary Ethnography*, 20(3), 251–262.
- Greene, B. (1997). *Ethnic and cultural diversity among lesbians and gay men*. Thousand Oaks, CA: Sage Publications.
- Gutierrez, L. M., DeLois, K. A., & GlenMaye, L. (1995). Understanding empowerment practice: Building on practitioner-based knowledge. *Families in Society*, 76(9), 534–42.
- Harbeck, K. M. (Ed.). (1992). *Coming out of the classroom closet: Gay and lesbian students, teachers and curricula*. Binghamton, NY: Harrington Park Press.
- Hitch, P. (1983). Social identity and the half-Asian child. In G. M. Breakwell (Ed.), *Threatened identities* (pp. 107–127). New York: John Wiley and Sons.
- Jacobs, H. (1861). *Incidents in the life of a slave girl*. (1987 ed.). Cambridge, MA: Harvard University Press.
- Johnson, J. W. (1927). *The autobiography of an ex-coloured man*. New York: Alfred A. Knopf.
- Jones, E. A., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York: W. H. Freeman and Co.
- Kando, T. (1972). Passing and stigma management: The case of the transsexual. *The Sociological Quarterly*, 13(Fall 1972), 475–483.
- Kanuha, V. (1990). Compounding the triple jeopardy: Battering in lesbian of color relationships. *Women and Therapy*, 9(1–2), 169–183.
- Kanuha, V. (1997). *Stigma, identity and passing: How lesbians and gay men of color construct and manage stigmatized identity in social interaction*. Unpublished Dissertation, University of Washington, Seattle.
- Katz, I. (1981). *Stigma: A social psychological analysis*. Hillsdale, NJ: L. Erlbaum Associates.
- Larson, C. R. (Ed.). (1992). *An intimation of things distant: The collected fiction of Nella Larsen*. New York: Anchor Books, Doubleday.
- Lee, J. A. B. (1994). *The empowerment approach to social work practice*. New York: Columbia University Press.
- Lorde, A. (1992). *Undersong: Chosen poems, old and new*. (Rev. ed.). New York: W. W. Norton & Co.

- Money, J. (1988). *Gay, straight and in-between: The sexology of erotic orientation*. New York: Oxford University Press.
- Mullen, B. (Ed.). (1995). *Revolutionary tales: African American women's short stories from the first story to the present*. New York: Laurel Books.
- Neuberg, S. L., Smith, D. L., Hoffman, J. C., & Russell, F. J. (1994). When we observe stigmatized and "normal" individuals interacting: Stigma by association. *Personality and Social Psychology Bulletin*, 20(2), 196-209.
- Parker, L. (1997, April). Reflections of an invisible sister. *Essence*, 62.
- Pharr, S. (1988). *Homophobia: A weapon of sexism*. Inverness, CA: Chardon Press.
- Piper, A. (1996). Passing for White, passing for Black. In E. K. Ginsberg (Ed.), *Passing and the fictions of identity* (pp. 234-269). Durham, NC: Duke University Press.
- Ponse, B. (1976). Secrecy in the lesbian world. *Urban Life*, 5(3), 313-338.
- Rohy, V. (1996). Displacing desire: Passing, nostalgia and Giovanni's Room. In E. K. Ginsberg (Ed.), *Passing and the fictions of identity* (pp. 218-233). Durham, NC: Duke University Press.
- Russell, K., Wilson, M., & Hall, R. (1992). *The color complex: The politics of skin color among African Americans*. New York: Anchor Books.
- Saleeby, D. (Ed.). (1992). *The strengths perspective in social work practice: Power to the people*. White Plains, NY: Longman.
- Schur, E. M. (1971). *Labeling deviant behavior: Its sociological implications*. New York: Harper and Row.
- Simpson, J. A., & Webster, E. S. C. (1989). *Oxford English Dictionary*. (2nd ed.). New York: Oxford University Press.
- Spradlin, A. L. (1995). *The price of "passing": A lesbian perspective on authenticity in organizations*. Paper presented at the The Speech Communication Association, 1995 Annual Convention, San Antonio, TX.
- Stowe, H. B. (1852). *Uncle Tom's cabin; or, Life among the lowly*. In A. Douglas (Ed.) (1968 ed.,). Harmondsworth: Penguin.
- Suleiman, M. (1988). *The Arabs in the mind of America*. New York: Amana Books.
- Troiden, R. (1988). *Gay and lesbian identity: A sociological analysis*. New York: General Hall.
- Venaki, S. K., Nadler, A., & Gershoni, H. (1985). Sharing the Holocaust experience: Communication behaviors and their consequences in families of ex-partisans and ex-prisoners of concentration camps. *Family Process*, 24(2), 273-80.
- Webster's college dictionary*. (1992). New York: Random House.
- Webster's encyclopedic unabridged dictionary of the English language*. (1996) (New rev. ed.). New York: Random House Value Publishing.
- Williams, G. H. (1996). *Life on the color line*. New York: Plume Books.
- Woods, S. E., & Harbeck, K. M. (1992). Living in two worlds: The identity management strategies used by lesbian physical educators. In K. M. Harbeck (Ed.), *Coming out of the classroom closet: Gay and lesbian students, teachers and curricula* (pp. 141-166). Binghamton, NY: Harrington Park Press.

Contributions of Foreign-Based Authors to Selected Social Work Journals in the United States

MUAMMER CETINGOK

The University of Tennessee
College of Social Work

This study examines the contributions of foreign-based authors to thirty-three social work journals in the US between 1977–1996. Analysis indicates that authors based in Canada, Israel, Australia and Great Britain are the highest contributors to primarily nine journals. Findings have implications for global social work education and practice.

INTRODUCTION

As social work academics and practitioners in the United States (US) and abroad strive for a “global century” (Estes, 1992, p. 2), hard and soft technology and knowledge exchange among all countries has become a major concern (Abrahams and Chandrasekere, 1990; Cetingok and Hirayama, 1990; Chatterjee and Ireys, 1979; Ramanathan, 1991; Van-Pagee et al., 1991). Of these, knowledge exchange through social work journals warrants special research attention for the major reason that dimensions of such an exchange have not heretofore been explored in the social work field. “Journals . . . are footprints by which the development of knowledge in a discipline or profession can be followed” (Bush, Epstein, and Sainz, 1997, p. 46). Journal articles are the immediate and tangible reflections of conceptual and empirical work for the prompt consumption of academicians and practitioners. International exchange of articles contributes to the development of global knowledge in a relatively expedient manner and helps academics and practitioners communicate with

common theoretical and practical concepts and frameworks in their teaching, research, and practice.

Exchanges take place whenever articles written by educators or practitioners and published in domestic or foreign journals are accessed globally by postal and /or electronic means. Importation and exportation of knowledge are the subconcepts of exchange. Importation to the United States (US), i.e., articles by foreign-based authors, takes two forms: (1) articles published in US journals, and (2) articles published in foreign journals available in the US. Exportation from the US to other countries also takes two forms: (1) articles published in foreign journals, and (2) US journals available abroad. Thus, a complete understanding of global knowledge exchange can take place only when all four of these forms of importation and exportation are systematically studied.

The purpose of this study was to address the first importation question (i.e., articles by foreign-based authors published in US journals). This question was deemed as top priority for the following reasons: As conveyed to this researcher while abroad and on other occasions, foreign-based colleagues perceive that: (1) the US social work community tends to transfer knowledge unilaterally (i.e. it does not take in from the outside world as much as it sends out), and (2) there is indifference to knowledge produced outside the US and that understanding of globalization on the US's part is influenced by parochialism. Midgley (1990) supported this observation by reporting that exchanges have been primarily unidirectional with information flowing from the West to Third World countries. Thus, it seemed that studying first the existence and the extent of article publications in the US contributed by foreign-based authors would be a logical place to start examining the knowledge exchange. The study would thus partially serve the purpose of informing the US social work community about the nature and amount of its imports and enabling it to examine its contributions to the knowledge distribution efforts for globalization through importation.

STUDY QUESTION AND VARIABLES

The study question was two-fold: (1) What articles by foreign-based authors are published in a selected set of US social work

journals in terms of the base country, journal of publication, methods (macro, i.e. management, community, and policy practice, or micro, i.e. clinical/treatment), publication period, classification of article as per the Social Work Abstracts (SWA) (1996) scheme, and the population targeted? (2) What are the relationships between the base country of authors and the remaining variables listed above? Classifications used by the SWA closely resembled the fields of social work practice and thus were adopted as such for the purposes of this study.

METHODOLOGY

This study was conducted as content analysis of the abstracts of articles by foreign-based authors published in the selected US journals. Use of content analysis in similar research efforts has been well documented in the social work literature (Bush, Epstein, and Sainz, 1997) and thus was deemed the most appropriate methodology for this study. The SWA database from 1977 to and including 1996 was used to extract and review all articles contributed by foreign-based authors to the thirty-three core US social work journals as designated by SWA (Note 1). Determination of whether the authors were based in a foreign country was made on the basis of the addresses cited in the abstracts. A few abstracts without addresses were excluded from review. Univariate/descriptive and bivariate/chi-square analyses were employed to examine distributions and relationships. For some variables, grouped intervals were created for meaningful bivariate data analysis when ungrouped frequencies were small. Therefore, some journals, countries, and classifications were collapsed into a single category of "others." Years of publication were grouped into four 5-year periods. The study covered a 20-year span, deemed reasonable to allow for the accumulation of a solid retrospective database. The SWA database provided for the review of 12860 abstracts.

FINDINGS

Between 1977 and 1996, a total of 826 articles (6.4% of 12 860) in sixty-seven SWA classifications were contributed to thirty-three major US social work journals by authors based in thirty seven countries (Note 2).

Descriptive analyses (see Table 1 for statistics) indicated the following: The majority of contributions were made by authors based in four countries, Canada, Israel, Australia, and Britain. Canada-based authors were by far the most published ones. Also, all authors primarily contributed to a narrow range of only nine journals with about two-thirds of the articles published in them. The remaining articles were shared by the other twenty-four journals. Furthermore, the micro method enjoyed more than twice as much popularity among the authors as did the macro. In addition, more than two-thirds of the articles were published during the last 10 years, the last five being the most active. At all times, child/family welfare classification was by far the most popular one, commending almost one-fifth of the articles. Finally, higher interests were shown in the "adults" and "general population" categories.

Bivariate analytic results (Table 2) demonstrated statistically significant relationships between the primary variable of the author's base country and all other variables of journal, method, period of publication, classification scheme, and target. (Australia and Britain were combined for analysis purposes.) Focusing on the top four countries, Canada-based authors published most in the journal of Child Welfare; Israel-based authors were highest in Administration in Social Work and Australia/Britain-based authors in Social Work with Groups. Authors in the remaining countries contributed most to Child Welfare. Also, Canada-based authors were more concentrated on the micro method and the authors of other countries on the macro. Furthermore, as the years progressed, contributions made by the authors of top four countries eventually progressed. On the other hand, contributions made by the authors based in the remaining thirty-three countries showed sharp fluctuations and an eventual decline. In addition, Canada-based authors made the highest contribution to child/family welfare; Israel-based authors to education/schools; and Australia/Britain-based authors to group work/group treatment. Authors based in the remaining countries were most active in child/family welfare. Finally, among the top four countries, Canada-based authors mostly targeted children; Israel focused on adults; and Australia/Britain concentrated on the general population. All other countries targeted children the most.

Table 1

Frequency distributions of the authors' base country, journal of publication, method, period of publication, classification of article, and target population

	N*	%
<i>Base Country</i>		
Canada	401	48.5
Israel	186	22.5
Australia	61	7.4
Britain	52	6.3
Others**	126	15.3
<i>Journal of Publication</i>		
Child Welfare	111	13.4
American Journal of Orthopsychiatry	99	12.0
Social Work with Groups	62	7.5
Social Work in Health Care	51	6.2
Administration in Social Work	47	5.7
Social Work	45	5.4
Journal of Sociology and Social Welfare	40	4.8
The Gerontologist	37	4.5
Health and Social Work	33	4.0
Others**	301	36.4
<i>Method</i>		
Micro	492	59.6
Macro	229	27.7
Mixed	105	12.7
<i>Period</i>		
1977-81	116	14.0
1982-86	124	15.0
1987-91	282	34.1
1992-96	304	36.8
<i>Classification</i>		
Child/Family Welfare	152	18.4
Group Work/Group Therapy	72	8.7
Casework/Clinical Practice/Psychotherapy	66	8.0

continued

Table 1

Continued

	<i>N</i> *	%
<i>Classification, continued</i>		
Research/Research Methodology	60	7.3
Health/Medical Care	54	6.5
Aging/The Aged	51	6.2
Education/Schools/Supervision/Training	45	5.4
Others**	326	39.5
<i>Target Population</i>		
Adults	248	30.0
Children	180	21.8
Family	92	11.1
Elderly	67	8.1
General Population	239	28.9

* Total N=826. ** List available from the author.

DISCUSSION

These findings suggest that three major points deserve attention: (1) contributions by foreign-based authors are in a limited number of journals and classification fields; (2) participation from the authors based in more diverse countries has drastically declined during the 1992–96 period; and (3) authors based in a very small number of countries account for most foreign contributions.

Generally, all authors contributing mostly to just nine journals might be an interactive function of such factors as the journals' international availability, authors' familiarity with them, and journals' high degree of receptiveness of foreign-based authors. Studies of these factors as well as the ones like the characteristics of authors, journal characteristics, and the home country's professional and cultural orientations could provide a beginning as to ultimately why foreign-based authors select certain journals. Also, authors generally focusing on seven classification fields might also be the outcome of the interplay of many variables such as the cultural popularity, advanced nature, and availability

Table 2

Relationships between the authors' base country and journal of publication, method, period of publication, classification of article, and target population

	Country				Total N (%)
	Canada N (%)	Israel N (%)	Australia/Britain* N (%)	Others N (%)	
<i>Journal (1)</i>					
Child Welfare	66 (16.5)	5 (2.7)	6 (5.3)	34 (27.0)	111 (13.4)
Am. J. of Ortho.	59 (14.7)	18 (9.7)	10 (8.8)	12 (9.5)	99 (12.0)
Soc. Work w/Groups	32 (8.0)	11 (5.9)	13 (11.5)	6 (4.8)	62 (7.5)
Soc. Work in H.Care	18 (4.5)	20 (10.8)	10 (8.8)	3 (2.4)	51 (6.2)
Adm. in Soc. Work	8 (2.0)	29 (15.6)	8 (7.1)	2 (1.6)	47 (5.7)
Social Work	25 (6.0)	9 (4.8)	6 (5.3)	5 (4.0)	45 (5.4)
J. of Socio.and SW	8 (2.0)	12 (6.5)	6 (5.3)	14 (11.1)	40 (4.8)
The Gerontologist	17 (4.2)	6 (3.2)	3 (2.7)	11 (8.7)	37 (4.5)
Health and Soc.Work	21 (5.2)	8 (4.3)	3 (2.7)	1 (0.8)	33 (4.0)
Others	47 (36.7)	68 (36.6)	48 (42.5)	38 (30.2)	301 (36.4)
<i>Method (2)</i>					
Micro Social Work	281 (70.1)	91 (48.9)	59 (52.2)	61 (48.4)	492 (59.6)
Macro Social Work	72 (18.0)	68 (36.6)	42 (37.2)	47 (37.3)	229 (27.7)
Mixed	48 (12.0)	27 (14.5)	12 (10.6)	18 (14.3)	105 (12.7)

continued

Table 2
Continued

	Country				Total N (%)
	Canada N (%)	Israel N (%)	Australia/Britain* N (%)	Others N (%)	
<i>Period (3)</i>					
1977-81	66 (16.5)	29 (15.6)	18 (15.9)	3 (2.4)	116 (14.0)
1982-86	60 (15.0)	35 (18.8)	13 (11.5)	16 (12.7)	124 (18.3)
1987-91	122 (30.4)	57 (30.6)	31 (27.4)	72 (57.1)	282 (34.1)
1992-96	153 (38.2)	65 (34.9)	51 (45.1)	35 (27.8)	304 (36.8)
<i>Classification (4)</i>					
Child/Family Welf	93 (23.2)	12 (6.5)	10 (8.8)	37 (29.4)	152 (18.4)
Group Work/Group Th	39 (9.7)	12 (6.5)	14 (12.4)	7 (5.6)	72 (8.7)
Casework/Clinical	40 (10.0)	8 (4.3)	10 (8.8)	8 (6.3)	66 (8.0)
Research/Method	28 (7.0)	16 (8.6)	12 (10.6)	4 (3.2)	60 (7.3)
Health/Medical Care	32 (8.0)	14 (7.5)	3 (2.7)	5 (4.0)	54 (6.5)
Aging/The Aged	22 (5.5)	12 (6.5)	3 (2.7)	14 (11.1)	51 (6.2)
Education/Schools	16 (4.0)	17 (9.1)	8 (7.1)	4 (3.2)	45 (5.4)
Others	131 (32.7)	95 (51.1)	53 (46.9)	47 (37.3)	326 (39.5)

continued

Table 2
Continued

	Country				Total N (%)
	Canada N (%)	Israel N (%)	Australia/Britain* N (%)	Others N (%)	
Target Population (5)					
Adults	125 (31.2)	71 (38.2)	34 (30.1)	18 (14.3)	248 (30.0)
Children	100 (24.9)	24 (12.9)	13 (11.5)	43 (34.1)	180 (21.8)
Family	57 (14.2)	8 (4.3)	10 (8.8)	17 (13.5)	92 (11.1)
Elderly	27 (6.7)	18 (9.7)	4 (3.5)	18 (14.3)	67 (8.1)
General Population	92 (22.9)	65 (34.9)	52 (46.0)	30 (23.8)	239 (28.9)

* Australia and Britain are combined for analysis. (1)chi-square=142.50, df=27, p<.0001. Table 1 has the full names of journals. (2)chi-square=42.76, df=6, p<.0001. (3)chi-square=46.24, df= 9, p<.0001. (4)chi-square=82.60, df=21, p<.0001. Classifications are combined for analysis. Table 1 has the full names of combined classifications. (5)chi-square=80.08, df=12, p<.0001.

of resources for these fields in the base country. In addition, other variables such as the authors' academic, professional, and experiential characteristics grounded in the realities of their countries might also play roles.

Declining periodic participation of authors based in more diverse countries would need to be a major concern. Factors such as the characteristics of the period as well as individual and country-related ones contributing to this declining trend would, at least, need to be studied retrospectively.

The observation that authors in Canada, Israel, Australia, and Britain form a camp and far surpass all others in their contributions to US journals while others have shown ambivalence and withdrawal in their contributions deserves the most attention. This suggests the expanding nature of their influence in the construction of US and global realities for social work research, education, and practice. It also implies that theoretical and experiential bases of social work in these countries might be similar to those in the US since these authors transfer the knowledge and experience generated in the U.S. to their countries in efforts to provide a literary basis for their academic, educational and practice efforts. It would be reasonable to conclude that there is a fairly intense level of knowledge exchange and integration between these countries and the US. Thus, for all intents and purposes, the general knowledge base that informs social work practice in these countries and the US could be considered as almost integrated, provided that certain cultural and regional adaptations are made (Rehr, Rosenberg, and Blumenfield, 1993). Consequently, when social work colleagues in the rest of the world borrow knowledge and experience from the journals published in the US, they might find themselves importing from an amalgamated pool developed by a principal camp of five countries, the four above and the US.

With the limited or declining flow of information in a 20-year period into US journals from the remaining countries, and considering the fact that such information is produced by authors from only thirty-seven of all countries, it further appears that the rest of the world forms a second camp of its own, effectively resembling a two-tiered global community of social work. This second camp could be described as the remainder of 85 countries listed in the Directory of International Association of Schools of Social Work

(IASSW, 1995), as well as many other nonmember countries with social work education and practice, e.g., China (Jinchao, 1995) and Bulgaria (Freed, 1995). It appears that these countries supposedly teach and practice social work while disengaged in the knowledge exchange through the US journals. One plausible explanation could be the lack of facility in English by most of their authors. Another logical explanation, even if the language may not be an issue, could be that the authors in some of these second camp countries might be reluctant, consciously or otherwise, to engage in any exchanges with the Western or Westernized cultures in developing their own social work knowledge and practice base due to concerns about cultural assimilation and/or influences. This seems to be a concern, for example, when group-based value systems of many countries clash with the individual-based systems of the West. Although a concious lack of exchange may appear as a narrow-minded worldview in this communications age indifferent to national boundaries, social and political forces from within some countries might still be rendering these countries impervious to the importation and exportation of knowledge from and to the Western or Westernized cultures.

CONCLUSION

Several research and action implications emerge from this study. As to research, new studies could be initiated by at least focusing on the factors already discussed. Furthermore, research could also be conducted into the other three knowledge exchange questions mentioned in the beginning of this paper. As for actions, the US social work journals with global goals would need to encourage authors based in all countries to submit articles. If the journals published in the US are perceived as the primary media informing the global community, then this suggestion gains added utility for it could, at the outset, accomplish four goals: (1) The perceived formation of camps could be prevented, (2) the academicians and practitioners in the primary camp could be exposed to a wide range of second camp knowledge bases and/or ways of understanding and practicing social work for integration into their academic and field practice efforts, (3) the second camp educators and practitioners could appreciate how their efforts are

not only influenced by but also impact the academic and practice aspects of social work in the primary camp, and (4) submissions of articles in languages other than English might be encouraged with translations provided as has been a practice of some journals outside the field of social work.

Ultimately, what is desired is a genuine global exchange (Midgley, 1990), through all journals in all countries, on a regular and timely basis to be assimilated into the scholarly and practice efforts of educators and practitioners worldwide.

NOTES

1. Karin Carchedi of Silver Platter Information (Norwood, Massachusetts) provided the list of major journals abstracted by Social Work Abstracts. There were 33 of them listed with the asterisks in the document provided. Due to space limitations, the list is available from the author.
2. Due to space limitations, the list of countries included in the study are available from the author. Classifications included in the study are listed as "CC" at the bottom of each abstract in the SWA database.

REFERENCES

- Abrahams, C. & Chandrasekera, S. (1990). Transferring Educational Technology through a Social Development Model of Consultation. *International Social Work* 33(3), 213-223.
- Bush, I. R., Epstein, I., & Sainz, A. (1997). The Use of Social Science Sources in Social Work Practice Journals: An Application of Citation Analysis. *Social Work Research* 21(1), 45-56.
- Cetingok, M., & Hirayama, H. (1990). Foreign Students in Social Work Schools: Their Characteristics, and Assessment of Programmes in the US. *International Social Work* 33(3), 243-253.
- Chatterjee, P. & Ireys, H. (1981). Technology Transfer: Implications for Social Work Practice and Social Work Education. *International Social Work* 24(1): 14-22.
- Directory of International Association of Schools of Social Work. (1995). Sheffield, England: The University of Sheffield Print.
- Estes, R. J. (Ed) (1992). *Internationalizing Social Work Education: A Guide to Resources for a New Century*. Philadelphia, Pennsylvania: University of Pennsylvania School of Social Work.
- Freed, A. O. (1995). Bulgarian Social Services and Social Work Education. *International Social Work* 38(1), 39-51.
- Jinchao, Y. (1995). The Developing Models of Social Work Education in China. *International Social Work* 38(1), 27-38.

- Midgley, J. (1978). Community Work Teaching at Schools of Social Work in Developing Countries. *Community Development Journal* 13(3), 131-139.
- Midgley, J. (1990). International Social Work: Learning from the Third World. *Social Work* 35(4), 295-301.
- Ramanathan, C. S. (1991). Occupational Social Work and Multinational Corporations. *Journal of Sociology and Social Welfare* 18(3), 135-147.
- Rehr, H., Rosenberg, G., & Blumenfield, S. (1993). Enhancing Leadership Skills through an International Exchange: the Mount Sinai experience. *Social Work in Health Care* 18(3/4), 13-33.
- Social Work Abstracts Plus. (1996). Silver Spring, Maryland: National Association of Social Workers, Inc.
- Van-Pagee, R., Van-Miltenburg, W., & Pasztor, E. M. (1991). The International Transfer of Foster Parent Selection and Preparation Technology: The Example of the Netherlands and the United States. *Child Welfare* 70(2), 219-227.

Using Professionally Trained Actors in Social Work Role-Play Simulations

HELEN E. PETRACCHI

University of Pittsburgh
School of Social Work

The literature available to social work educators contains limited discussion of the use of role play simulation in the classroom. This paper presents the experiences of first-year MSW students in a foundation generalist practice class who were evaluated using role play for their final examination. In a unique arrangement, clients in these simulations were role-played by first-year acting students from the university's theater arts department. The reaction of the social work students to role play with professionally trained actors is described and discussed from voluntarily submitted descriptions of the experience.

Twenty-five years ago, Dr. Alfred Kadushin (1972, p. 1) wrote, "(s)ocial workers spend more time in interviewing than in any other single activity." Kadushin's observations continue to be relevant today. According to the National Association of Social Worker's, 70 percent of all professional social workers are employed in clinical direct service (Gibelman & Schervish, 1997, p. 113). Recently, Kadushin and Kadushin (1997, p. 1) have written, "interviewing is the most important and most frequently used social work skill. This is most clearly true for the direct service social worker . . . The interview is the context through which social workers offer and implement most human services. The interview is the primary instrument they use to obtain an understanding of clients and their situation and for helping clients deal with their problem."

Given the profession's emphasis on interviewing, it is not surprising that role-play is a frequently used pedagogical tool for teaching interviewing skills to social work students. "Role play

focuses attention on human interaction and provides students with the opportunity to imagine and act out human interplay as it might occur in a designated situation. It allows students the opportunity to demonstrate an ability to put theory into practice in a safe environment" (Doelker & Bedics, 1997, p. 55). Role-play is inexpensive, may be as simple or as complicated as the instructor desires, and is congruent with the emphasis in adult learning theory on learner participation. Indeed, it is the rare social work student who completes baccalaureate or graduate education without having experienced at least one social work role-play simulation.

Yet, a review of the social work education literature provides limited direction for using role-play in the classroom. This paper presents the experiences of first-year MSW students in a foundation generalist practice class who were evaluated using role-play for their final examination. In a unique arrangement, the clients in this final exam were role-played by first-year acting students from the University's theater arts department. The reactions of social work students to this role-play simulation, as described in voluntarily submitted assessments, are discussed. This paper is intended to elicit discussion on the use of professionally trained actors in social work role play simulations; the requisite first-step in a research agenda designed to evaluate this pedagogical technique.

REVIEW OF THE LITERATURE

The literature contains limited discussion of the use of role-play simulation in social work education (Carillo & Thyer, 1994; Barret, 1986; Whatling & Wodak, 1979; Schinke, Smith, Gilchrist & Wong, 1978; Weinberg, 1978). Whatling & Wodak (1979) found role-play simulations to be a helpful method for integrating theory and practice and for developing interpersonal communication skills. Doelker and Bedics (1987, p. 55), in a review of the literature on role-play in social work education and other disciplines, reported: "Role play is found to be as effective as lecture in cognitive mastery and retention, but is more effective in forming attitudes—particularly self-confidence. When used in conjunction with feedback, it is more effective than lecturing in

shaping behavior." More recently, the use of structured role-play has been described in relation to the development of supervision skills among field instructors (Cohen & Ruff, 1995) and differential group work skills among BSW and MSW students (Kopstein, 1994; Amann, 1993; Regan, 1993; Hepler & Rose, 1988; Coulshed, 1987; Rabin, Amir & Nardi, 1986).

No literature was found addressing the use of professionally trained actors to simulate clients in a social work role-play, a technique often used in other professional schools. For example, the use of professional actors as simulated patients is a common practice in medical schools across the United States and Canada (Levitt, 1998). Medical educators have long felt that utilizing actors to simulate patients is a useful tool for teaching interpersonal communication skills, with students welcoming the experience (Ladyshevsky & Gotjamanos, 1997). In fact, in prospective studies of the practice, professional actors as simulated patients have been found to be useful in assessing as well as in teaching communication skills to doctors (Finlay, Stott & Kinnersley, 1995).

DESCRIPTION OF THE CLASS

Generalist Foundations of Social Work Practice, an introductory MSW course, is offered by the School of Social Work at the University of Pittsburgh. The course provides students with knowledge and skills in social work practice with individuals, families, groups and communities. The purpose of this course is to help students integrate the generalist perspective into their professional frame of reference. To accomplish this, one of the course objectives is the development of interpersonal communication skills.

The foundation generalist practice course met weekly for three hours during the standard 15 week fall semester. Students enrolled in the course under discussion were first semester, MSW students who did not have advanced standing. Between the midterm examination and the final examination, students were introduced progressively to interviewing skills appropriate to the stages of the social work general method. As part of this process, students were assigned to dyads that role-played interview simulations on a weekly basis. Hence, by the end of the term, students had role-played with their peers during seven class sessions.

While preparing for the final examination, the instructor became interested in a pedagogical approach that would assess the student's ability to translate the interviewing skills they had learned in classroom role-plays to a more lifelike interview simulation. Aware of the use of actors to simulate patients in medical schools, the instructor developed a final examination in collaboration with a faculty member from the theater arts graduate program at the University. The goal of the final exam for the social work students was to evaluate their ability to assess a client presenting for an initial interview at an agency. The social work students were told that Master of Fine Arts (MFA) theater students would be simulating the clients' role and were asked to sign a release so that the acting students could submit their videotaped performance as a concurrent course assignment in their acting course. Both groups of students were offered alternative assignments if they did not wish to participate in the simulation. None of the students exercised this option.

The week prior to the final exam, the MFA students were briefed on their roles and vignettes by the theater arts instructor. MFA students were familiarized with the agency that would serve as the setting for their "scene." They also were given an opportunity to practice their roles with their instructor.

Quite serendipitously, there were equal numbers of male and female students among the MFA student "clients" and MSW student "social workers." Therefore, all female social work students interviewed a female client while all male social work students interviewed a male client. With respect to ethnocultural background, all social work students identified themselves as "white," while one male MFA student identified himself as African American. The students were homogenous in terms of age.

A private room was reserved at the University for the interviews, and a media services camera operator videotaped each role-play simulation. When social work students arrived for their final examination, they were provided with a packet of information on their "client." This information included a description of their employing agency, a face sheet on their client, and a vignette that described their assigned interviewing task. The agency setting and clients' characteristics were familiar to students from class lectures. Unbeknownst to the social work students, each was

given the same client vignette, employing agency, and position within that agency, enabling consistent assessment of students' skills across interviews

After receiving their packet of client information, MSW students were given 30 minutes to prepare for the interview. At the end of that time, the MFA simulated-client met the social work student and their final examination interview began.

Upon completion of their final exam role-play simulations, the social work students took their videotapes home to review and assess them. Students were provided with a form that asked them to identify and rate their application of the skills they had learned in the course as illustrated in their videotaped interview with the actor-simulated client. If students' felt they had not performed a particular skill to the best of their ability, they could submit dialogue demonstrating understanding and better application of the skill. Grades were applied based on the instructor's assessment of the student's skill application and/or suggested dialogue.

Students submitted the videotapes and assessments at their last class session. During their final class, students were asked to respond in writing to an open-ended question regarding their experiences with the MFA simulated-clients. Students were told not to include any identifying information with their responses in order to preserve anonymity. Students could either submit their responses to the instructor's secretary or mail them to the instructor's office. All students submitted their responses to the instructor's secretary. The instructor did not review these responses until final grades for the course had been submitted to the University registrar.

STUDENTS RESPONSES TO THE EXPERIENCE

Final exam grades for the 25 students enrolled in this foundation generalist practice course were very high, with the class averaging an 'A-' grade. Qualitative responses describe their reactions to their role-play experience with actor-simulated clients. Obvious limitations to the information provided by these students require viewing their experiences with caution. However, this is the first presentation of the use of actor-simulated clients in the literature regularly reviewed by social workers. The goal of this paper is to inspire discussion with subsequent evaluated replication.

Content analysis revealed that, in addition to their general reactions to the learning experience itself, students' responses fell into two distinct categories. First, students described their responses to the use of acting students as simulated clients. Second, students discussed their experience being videotaped during this role-play simulation.

With the exception of one student who would have preferred a written exam, the remainder characterized this role-play experience in positive terms. Typical of their responses was the remark, *"This {role-play} was very practical training."* Another student commented, *"I definitely could not have learned {these skills} by reading the book."* Finally, another wrote, *"I actually began to 'feel' like a social worker. I experienced the frustration, fear, curiosity and excitement. All in all, it was a wonderful experience {for} me."*

All of the social work students expressed enthusiasm for the use of acting students as clients in the role-play simulation, with a number commenting they wished they had had the opportunity to role-play with the actors on other occasions. One student's remarks are typical, *"{Interviewing an actor} was a great tool for actual practice. Perception is reality. As a learning experience . . . we interacted with a 'real person' and were able to see and feel how that was instead of pretending with a classmate."* In a similar vein, another wrote, *"I usually get very nervous when I know I'm going to have to {role-play} a client. It's hard enough to {role-play} the worker, but I'm not a real client and I'm not an actor. This was a great experience because I didn't have to worry about acting, I could concentrate just on my interviewing skills."*

With respect to having been videotaped, a number of students admitted to high levels of anxiety about having their final exam videotaped. However, responses were generally positive to being videotaped. *"I really enjoyed the videotaping experience, even though I was nervous about being taped and I hate to see myself on TV. Part of the reason . . . why people are camera-shy is that they don't want to see themselves as others do. I thought it was a good experience to actually see my body language and to 'objectively' hear my speech patterns. Certainly I wish I were more perfect in my technique, but I learned a lot from seeing my imperfections."* Another student remarked, *"Doing this video{tape} helped me understand everything we learned and discussed this semester. I was able to learn firsthand what I read about in the text. I*

think I learned more and will remember more from this video{tape} than I would if I simply {had} taken a test."

DISCUSSION

This paper provides a description of a unique use of role-play simulation in an MSW foundation generalist practice course. Students' views of their learning experience when MFA students simulated "clients" during a role play are described. Consistent with the medical education literature, social work students described their experiences with the actor-simulated clients in very positive terms. Medical educators have also found students to welcome the experience of interviewing actor-simulated patients for the real life experience (Ladyshevsky & Gotjamanos, 1997). This was also the case with social work students, a number of whom commented they would have liked additional opportunities to role-play with acting students.

According to the medical education literature, the use of actor-simulated patients is useful for teaching interpersonal communication skills (Ladyshevsky & Gotjamanos, 1997). Role-play simulation is intended to provide social work students with a safe way to explore these developing skills. However, as one of the student respondents indicated, when role-play is overshadowed by anxiety about "acting" the role of client, it is difficult for students to maximize their role-play simulation. Utilizing actors to role-play clients allows the social work student to free him or herself to focus exclusively on the skills they are learning, refining and demonstrating.

Role-play that utilizes professionally trained actors to simulate clients also lends a reality to the role-play simulation that may otherwise be lacking. As underscored by one of the social work student responses, utilizing actors as clients forced creative interpretations that facilitated "experiencing" rather than simply "acting" the role of a social worker. Social work students began to conceptualize and to "feel" how a social worker would react in a given situation rather than simply imagining the actions that would take place.

Medical educators have also found the utilization of actor-simulated patients useful to instructors in assessing their students' skills (Finlay, Stott & Kinnersley, 1995). The instructor in

this course found this to be true as well. With actor-simulated clients, the instructor felt better able to make accurate assessments of students' skills. There was not the distraction of the poorly role-played client to potentially affect skill assessment.

Given the additional freedom to focus on skill development as well as to experience a reality that would not otherwise be present, it would appear that utilizing professionally-trained actors in social work role play simulations should, indeed, be pursued as a legitimate component of a social work educator's pedagogical repertoire.

REFERENCES

- Amann, K. R. (1993). *An experience-based teaching program to address the attitudinal component of clinical social work with alcoholic clients*. Doctoral dissertation, Adelphi University.
- Barrett, T. (September, 1986). Teaching the middle phase to social work students. *Australian Social Work*, 39(3), 9-12.
- Carillo, D. F. & Thyer, B. A. (Fall, 1994). Advanced standing and two-year program MSW students: An empirical investigation of foundation interviewing skills. *Journal of Social Work Education*, 30(3), 377-387.
- Cohen, M. B. & Ruff, E. (1995). The use of role play in field instruction training. *Journal of Teaching in Social Work*, 11(1-2), 85-100.
- Coulshed, V. (1987). Teaching groupwork using the class as a group. *Journal of Social Work Education*, 6(3), 18-20.
- Doelker, R. E. & Bedics, B. C. (1987). Differential use of role play in social work education. *Arete*, 12(2), 53-60.
- Finlay, I. G., Stott, N. C. & Kinnersley, P. (1995). *Medical Education*, 29(6), 424-429.
- Gibelman, M. & Schervish, P. H. (1997). *Who we are: A second look*. Washington, D.C.: National Association of Social Workers Press, Inc.
- Hepler, J. B. & Rose, S. F. (1988). Evaluation of a multi-component group approach for improving the social skills of elementary school children. *Journal of Social Service Research*, 11(4), 1-18.
- Kadushin, A. (1972). *The social work interview*. New York: Columbia University Press.
- Kadushin, A. & Kadushin, G. (1997). *The social work interview: A guide for human service professionals*. New York: Columbia University Press.
- Kopfstein, R. (1994). *Inservice education for interdisciplinary teamwork: Training and evaluating teams*. Doctoral dissertation, Rutgers University.
- Ladyshewsky, R. & Gotjamanous, E. (1997). Communication skill development in health professional education: The use of standardised patients in combination with a peer assessment strategy. *Journal of Allied Health*, 26 (4), 177-186.

- Levitt, R. (June 18, 1998). University of Pittsburgh, School of Medicine, Coordinator of Academic Development, Office of Medical Education. Personal conversation.
- Rabin, C., Amir, S. & Nardi, R. (1986). Compliance and control: Issues in group training for diabetics. *Health and Social Work, 11*(2), 141-151.
- Regan, S. (1992). A mutual aid based group role play: Its use as an educational tool. *Social Work with Groups, 15*(4) 73-87.
- Schinke, S. P., Smith, T. E., Gilchrist, L. D., & Wong, S. E. (Summer, 1978). Interviewing-skills training: An empirical evaluation. *Journal of Social Service Research, 1*(4), 391-401.
- Weinberg, L. K. (1978). Unique learning needs of physically handicapped social work students. *Journal of Education for Social Work, 14*(1), 110-117.
- Whatling, T. & Wodak, E. (1979). The simulated client in social work training. *International Social Work, 22*(2), 34-37.

The Increase in Intergenerational African American Families Headed by Grandmothers

DOROTHY S. RUIZ*

Duke University
Center for the Study of Aging
and Human Development

IRIS CARLTON-LANEY

University of North Carolina
School of Social Work

This article analyzes census data on grandparent heads of household. Information on African American grandparents, grandmothers in particular, is the focus of this analysis. The data include a profile of African American grandparent householders, reasons for the increase in households headed by grandparents, challenges and problems, living arrangements/household characteristics, and implications for practice. African American children are more likely to live in the home of their grandparents than are White or Hispanic children. In 1993, 12 percent of African American children lived in the home of their grandparent in comparison to 4 percent for Whites and 6 percent for Hispanics. The increased complexity of intergenerational households, along with a variety of social problems, suggest that new strategies must be developed to help these families cope.

Demographic and socioeconomic trends have drastically influenced the structure of African American families (Billingsley, 1992). Along with structural family changes, there has been a concomitant change in grandmothers' roles and responsibilities (Burton and Dilworth-Anderson, 1991; Dilworth-Anderson, 1992). Historically, grandparents, especially grandmothers, have played

* Dorothy S. Ruiz is on leave from the University of North Carolina at Charlotte. This work was supported by The National Institutes of Health, National Institute on Aging, Behavior and Physiology in Aging Grant. No. 2T32AG00029
Journal of Sociology and Social Welfare, December, 1999, Volume XXVI, Number 4

very instrumental roles in African American extended families. Frazier (1930; 1966) appropriately described African American grandmothers as *guardian of the generations*. They have served as guardians and caretakers for their own children, grandchildren, and great-grandchildren as well as for their parents and a host of other extended and fictive kin. The grandmother represents wisdom and strength while serving as the keeper of family values such as respect, religion, love and community. It was the grandmother who reminded family members of their obligations, virtues and goals. As we approach the new millennium and a new census cycle, it seems timely that we examine the primacy of the African American grandmothers' roles as healers, stabilizers, nurturers and hopegivers.

In spite of the changing demographics and contemporary role responsibilities of African grandmothers raising grandchildren, there has been little empirical research on this topic. Although it is generally understood that the grandmother role has roots in the African culture, there is very little emphasis on this issues in the literature on slavery, reconstruction, and Jim Crowism. Perhaps, this is because the grandmother role was such an integral part of the structure, function and survival of African American families. It would be difficult to overlook the current stressors and problems that grandparents, especially grandmothers, experience while functioning as surrogate parents to their grandchildren. A number of reasons account for the prevalence of grandmothers in this role. With the increase in AIDS, crime, crack-cocaine usage and incarceration of adult children, custodial grandmothers face escalating financial and social burdens as we enter the 21st century. There is an urgent need for social scientists to study aggressively the scope, nature and magnitude of the issues involved. In an effort to ensure strong and healthy families, we need to understand how these and other social and public health problems influence the daily lives and well being of African American grandparents.

RESEARCH PERSPECTIVES

Although little is known about the contemporary roles of African American grandmothers, grandparenthood, in general,

has been explored from a number of different perspectives. Studies of White grandparents have a tendency to focus on describing different types of grandparents and examining the meaning of the grandparent role (McCready, 1985; Neugarten and Weinstein, 1964); whereas studies of African American grandparents focus on grandparents acting in the role of parent (Burton, 1992; Burton, Dilworth-Anderson, and Vries, 1995; Flaherty, Tacteau, and Garver, 1987; Minkler and Roe, 1993; Pearson, Hunter, Ensminger, and Killam, 1990; Pearson, Hunter, Cook, Ialanga, and Killam (1997). Some studies on African-American grandparents have emphasized the importance of family structure and grandparenting (Burton, 1995; Burton and Dilworth-Anderson, 1992; Wilson, 1984).

AFRICAN AMERICAN GRANDPARENTS AS SURROGATE PARENTS

Studies have documented grandparents, especially grandmothers, acting as surrogate parents in the case of divorce or desertion (Ahorns, and Bowmen, 1982; Cherlin and Furstenberg, 1968; Gladstone, 1988; and Johnson, 1985), drug addiction (Burton, 1992; Minkler, 1991; Minkler, Rose, and Price, 1992), and adolescent pregnancy (Burton, 1995; Burton, 1995; Burton and Bengtson, 1985; Flaherty, Facticeau, and Garver, 1987; Furstenberg, 1980; Ladner and Gourdine, 1984; Thomas, 1990). A recurrent theme in the literature suggests that grandparents have a positive impact on the lives of their grandchildren. The study by Solomon and Marx (1995) found that children raised solely by their grandparents did well in relation to children in families with one biological parent present. Generally, grandparents in the role of parents seem to have a positive influence on the lives of their grandchildren.

Grandparents who have sole parental responsibilities for taking care of their grandchildren experience a number of psychological and social problems. Shore and Hayslip (1990a, 1990b) found that grandparents who had assumed total responsibility for caring for their grandchildren had reduced scores on three out of four measures of psychological well-being, including satisfaction with the grandparent role, perceptions of grandparent-grandchild relationships, and overall well-being. Burton (1992)

found that caring for grandchildren produced considerable stress for grandparents. She noted that grandparents reported feeling depressed or anxious most of the time. However, in spite of the anxiety, researchers have found the surrogate parenting role for grandparents to be both challenging and rewarding (Burton and deVries, 1993).

CHALLENGES FACED BY AFRICAN AMERICAN GRANDMOTHERS

Multigenerational households are not a new phenomenon in African American families. Although the present trend is seen in all racial and ethnic groups, the increase in grandmother headed households is most prevalent among inner city, low income African American families. A number of reasons have contributed to the increase in grandparents assuming the role of parent. As stated above, social problems like AIDS, divorce, teenage pregnancy, abandonment, imprisonment and abuse have contributed to family disruption, leaving dependent children without reliable adult supervision and guardians. These problems, exacerbated by a lack of support from formal and informal support systems, make this group particularly vulnerable.

Despite the social, economic and health problems grandmothers face, they accept the parental responsibility of taking care of a vast number of children who would otherwise become wards of the state or "victims of the streets." Suddenly forced to sacrifice both time and money in order to care for their grandchildren, many grandmothers maintain one or more full and/or part time jobs. Some are forced to return to work after retirement. Often, African American grandmothers are responsible for taking care of several generations, including nieces and nephews, as well as parents and other elder family members.

HOUSEHOLDS MAINTAINED BY AFRICAN AMERICAN GRANDPARENTS

According to the U.S. Bureau of the Census (1994), African American children are more likely to live in the home of their grandparents than are White or Hispanic children. In 1993, 12 percent of African American children lived in the home of their

grandparent(s), in comparison to 4 percent for Whites and 6 percent for Hispanics. Similar proportions of African American, White, and Hispanic grandchildren had only their mother present. African American grandchildren were more likely than other grandchildren to have a parent present at all and less likely to have both parents living with them in the grandparents' home. Fifty-three percent of the 1.3 million grandchildren in 1993 had only their mother present, 39 percent had neither parent present, 4 percent had both parents, and 4 percent had father only present. White and Hispanic children were equally as likely to have both parents present as to have neither present (U.S. Bureau of the Census, 1994).

The Census (1994) further reports that there were 2.1 million families maintained by grandparents with grandchildren present. More than one-half of the grandparents' homes were maintained by both the grandmother and the grandfather, 43 percent by only the grandmother, and 4 percent by only the grandfather. The families maintained by White Grandparents were more likely to have both grandparents present (63 percent) than were families maintained by African American grandparents (35 percent). In African American families, the grandmother only was more likely to head the family (62 percent as compared with 33 percent for White families). Households headed by African American grandparents increased from 30 percent in 1991 to 43 percent in 1994. Among families of Hispanic origin, 53 percent were maintained by both parents and 43 percent by the grandmother only (table 1).

AFRICAN AMERICAN FAMILIES AND CHILDREN

Living arrangement of children

The proportions of families with children have declined for both the African American and White population. In 1970, nearly 2 million African American families were childless; by 1993 this number had increased nearly 75 percent to 3 million. The comparable increase for Whites was 47 percent from approximately 21 million to nearly 31 million families. In 1993, non-Hispanic White families were less likely than African American families to include children. The living arrangements of children are directly related

Table 1

Grandchildren of the Householder, by Presence of Parents, Race, and Hispanic Origin: 1994, 1990, 1980, and 1970 (Numbers in thousands)

Living arrangement	1994					1990	1980	1970
	Total	White	Black	Hispanic*				
Total children under 18	65,508	54,795	11,177	9,496		62,276	63,369	69,276
Grandchild of householder	3,735	2,122	1,451	539		3,155	2,306	2,214
Percent of all children under 18	5.4	3.9	13.0	5.7		4.9	3.6	3.2
With both parents present	460	336	69	101		467	310	363
With mother only present	1,764	971	733	237		1,563	922	817
With father only present	175	142	23	43		191	86	76
Neither parent present	1,359	673	627	158		935	988	957
Percent	100.0	100.0	100.0	100.0		100.0	100.0	100.0
With both parents present	11.7	15.8	4.8	18.7		14.8	13.4	16.4
With mother only present	47.2	45.8	50.5	44.0		49.5	40.0	36.9
With father only present	4.7	6.7	1.6	8.0		6.1	3.7	3.5
With neither parent present	36.4	31.7	43.2	29.3		29.6	42.8	43.2

* Persons of Hispanic origin may be of any race.

Source of 1970 and 1980 data: U.S. Bureau of the Census, 1970 Census of Population, PC(2)-4B, Persons by Family Characteristics. 1980 Census of Population, PC 80-4B. Source of 1994: U.S. Bureau of the Census, 1990 Census of Population, Current Population Reports, Population Characteristics, P.20-484, Marital Status and Living Arrangements: March 1994

to the marital patterns of the adult population. In today's society, children are less likely to live in traditional two-parent families and are much more likely to reside in single-parent families. This reflects the increase in divorce as well as the number of never married women who have children. Since 1970, the proportion of children living with two parents has declined for both African Americans and Whites. In 1993, approximately 10 million African American children or 94 percent lived with at least one parent. Of those living with at least one parent, 58 percent lived with the mother only and 38 percent lived with both parents. In contrast, 16 percent of non-Hispanic White children lived with their mother only and 80 percent lived in two-parent families. A similar proportion of both African American and non-Hispanic White children (Approximately 3 percent) resided with their father only (U.S. Bureau of Census, 1994).

The proportion of all children living with one parent more than doubled from 12 percent in 1970 to 27 percent in 1993. The proportion of children living with mother only almost doubled for African Americans, from 29 percent in 1970 to 54 percent in 1993, and more than doubled for Whites, from 8 to 17 percent in 1993. African American children were almost three times more likely than non-Hispanic White children to have an absent parent, 64 and 21 percent, respectively (table 2).

Children's living arrangements differed based on age groups. Children under 6 years were less likely than older children to live with both parents. Approximately one-third of African-American children under 6 lived in two-parent families, in comparison to 37 percent of 6 to 11 year old, and 39 percent of 12 to 17 year old African Americans. In contrast, 80 percent of non-Hispanic White children in two age groups under age 6, and 6 to 11 year old, and 77 percent of 12 to 17 year olds lived in two-parent families in 1993. Fifty-eight percent African American children living with the mother only in 1993, resided with never-married mother. This was more than three times the percentage of non-Hispanic White children (17 percent). Both African-American and non-Hispanic White (35 percent) children under 6 who lived with their mothers only were more likely than older children to live with a never-married mother (Bureau of the Census, 1994).

Table 2

Living Arrangements of Children Under 18 Years, by Race and Hispanic Origin: 1991, 1980, and 1970 (Numbers in thousands. Excludes persons under 18 years old who were maintaining households or family groups and spouses)

Living arrangement	1991	1980	1970	Percentage Distribution		
				1991	1980	1970
ALL RACES						
Children under 18 years	65,093	63,427	69,162	100.0	100.0	100.0
Living with:						
Two parents	46,650	48,624	58,939	71.7	71.7	85.2
One parent	16,624	12,466	8,199	25.5	19.7	11.9
Mother only	14,608	11,406	7,452	22.4	18.0	10.8
Father only	2,016	1,060	748	3.1	1.7	1.1
Other relatives	1,428	1,949	1,547	2.2	3.1	2.2
Nonrelatives only	383	388	477	0.6	0.6	0.7
WHITE						
Children under 18 years	51,918	52,242	58,790	100.0	100.0	100.0
Living with:						
Two parents	40,733	43,200	52,624	78.5	82.7	89.5
One parent	10,142	7,901	5,109	19.5	15.1	8.7
Mother only	8,585	7,059	4,581	16.5	13.5	7.8
Father only	1,557	842	528	3.0	1.6	0.9
Other relatives	787	887	696	1.5	1.7	1.2
Nonrelatives only						
BLACK						
Children under 18 years	10,209	9,375	9,422	100.0	100.0	100.0
Living with:						
Two parents	3,669	3,956	5,508	35.9	42.2	58.8
One parent	5,874	4,297	2,996	57.5	45.8	31.8
Mother only	5,516	4,117	2,783	54.0	43.9	29.0
Father only	358	180	213	3.5	1.9	2.3
Other relatives	565	999	820	5.5	10.7	8.7

continued

Table 2

Continued

<i>Living arrangement</i>	1991	1980	1970	<i>Percentage Distribution</i>		
				1991	1980	1970
HISPANIC ORIGIN*						
Children under 18 years	7,462	5,459	**4,006	100.0	100.0	100.0
Living with:						
Two parents	4,944	4,116	3,111	66.3	75.4	77.7
One parent	2,222	1,152	(NA)	29.8	21.1	(NA)
Mother only	1,983	1,069	(NA)	26.6	19.6	(NA)
Father only	239	83	(NA)	3.2	1.5	(NA)
Other relatives	230	183	(NA)	3.1	3.4	(NA)
Nonrelatives only	66	8	(NA)	0.9	0.2	(NA)

NA Not available

* Persons of Hispanic origin may be of any race.

** All persons under 18 years.

Source of Hispanic data for 1970: U.S. Bureau of the Census, 1970 Census of Population, PC(2)-1C, Persons of Spanish Origin.

Source of 1993 data: U. S. Bureau of the Census, 1990 Census of the Population, Current Population Reports, Population characteristics, P20-484, Marital Status and Living Arrangements: March 1994.

CHILDREN LIVING IN GRANDPARENT HOUSEHOLDS

Since 1970, the proportion of children living with their grandparents has increased from 3 to 12 percent for African-Americans, and from 1 to 4 percent for Whites. A larger proportion of non-Hispanic White (22 percent) than of African-American children under age 6 (4 percent) living in grandparent households lived with both parents in these households. In 1993, a similar proportion of African American children (53 percent) and of non-Hispanic White children (46 percent) who lived in grandparent households also lived with the mother only. Nearly 40 percent of African American children compared with 26 percent of non-Hispanic White children living with the grandparent did not have either parent present in the household. Approximately two-thirds of African American children under 6 who lived in their

grandparents' homes lived with the mother only. This was one and one-half times the proportion of 6 to 1 year olds (45 percent (and almost twice the proportion of 12 to 17 year olds, 38 percent (U.S. Bureau of the Census, 1994).

Profile of African American grandparent householders

In 1993, the median age of the African American grandparent householder was about 55 years. Approximately one-half of all African American grandchildren lived in a household where the grandparent householder had at least a high school education, and some 7 percent where the grandparent householder has at least a bachelor's degree. Grandparent households tended to be concentrated inside central cities of metropolitan areas (62 percent). About one-fourth lived in the suburbs of metropolitan areas (23 percent), and some 20 percent lived in nonmetropolitan areas. In 1991, some 20 percent of all African-American children under age 5 with working mothers were cared for by their grandparent. Many working mothers are turning to grandparents for help. In the same year, a similar proportion of African-American (12 percent) and White (8 percent) preschoolers whose mothers worked were cared for by their grandparents in their grandparents' home (U.S. Bureau of Census, 1991).

IMPLICATIONS FOR PRACTICE

The sociodemographic information presented above is useful to construct profiles of grandmothers that can be matched with various interventions. Furthermore, demographic and mortality changes in African American families have led to greater diversity in the structure and age composition of intergenerational families (Hunter, 1997). The increased complexity of intergenerational households, along with a variety of social problems, suggest that new strategies need to be presented to help these families cope. Societal ideals of the traditional grandmother role must be altered to reflect a more realistic image. The resulting image includes an intensification of both expectation and obligation. Many of the grandmothers who have total responsibility for taking care of their grandchildren did not anticipate this role as part of their life's course, and have mixed feelings about fulfilling these obligations. Their new role is met with myriad emotions that run the gamut

from anger and resentment to relief and peaceful resolve. As one grandmother, participating in a Head Start program in a major East Coast city, succinctly described it, "you do what you have to do" (Bell and Smith, 1996, p. 18).

Incorporating an Afrocentric perspective which identifies and builds on family strength is fundamental to the strategies that social workers and other human service professionals must use to assist African American grandmothers and intergenerational or "skipped generation" families. Hill (1997) noted that the culture of resilience that characterizes African-American families comes largely from the African tradition. Furthermore, he indicated, role flexibility or the interchangeability of parental roles and functions among adult family members especially grandmothers has been critical to the survival of the African American family (Hill, 1977; Wilson, 1991). Danzy and Jackson (1997) note that the African-American perspective of child care by family members other than the biological parents is "family preservation," not "child placement." Grandmothers are especially valued in the African American family. Their many roles include, providing financial and emotional support, and helping to maintain continuity while functioning as the anchor and reservoir of advice and resources. As the primary caregiver for grandchildren whose parents are not available, the custodial grandmother needs support, encouragement and reassurance in her role. The discussion below looks at services for intergenerational households headed by African American grandmothers as they take on the parenting role for their children's children. Three target groups of direct or indirect intervention—grandmothers, children and organizations/institutions are identified. Organizations such as County Departments of Social Services, Departments of Aging, schools, churches, fraternities and sororities, as well as boys and girls organizations are included in this category. Many of the resilient programs presented below can be useful for any intergenerational family or household.

Direct strategies or interventions provide ways to immediately influence the lives of these individuals while the indirect strategies are supportive and involve coordinating and linking caregivers and groups together. Pinson-Millburn, Fabian, Schlossberg and Pyle (1996) indicate that these interventions require the

least amount of professional intervention time, but are effective outreach methods. Furthermore, they provide needed supportive tangible and intangible resources while giving reassurance to the grandmothers that their responsibilities and needs are being considered and respected.

Hill (1997) identifies both direct and indirect resilient programs across the country that provide successful intervention and services for grandmothers and their grandchildren. While many of these programs were not designed specifically to serve grandmothers and their custodial grandchildren, they nonetheless, can help to meet many of the needs that these families have. These resilient programs are based on an Afrocentric paradigm which emphasizes a collective conceptualization of human beings and their group survival. Essentially the sense of the collectivity must be axiomatic to the design of resilient programs that target this population. These resilient programs inform, encourage and support grandmothers and their grandchildren alike.

Resilient programs which directly target the children while indirectly serving the grandmothers are most beneficial. PROJECT 2000 (in the Baltimore/Washington area) is an example of a resilient program that is designed to provide early intervention to enhance the academic performance of African American boys, especially those from families headed by women. PROJECT 2000 provides adult male volunteer teacher assistants in grades one through three. These men assist with classroom instruction while serving as role models (Hill, 1997) to young boys. Jawanza Kunjufu has also designed a program that targets African American male youth. The program called SIMBA is a comprehensive male-socialization program developed to prepare boys, ages 7 to 19, for the rites of passage to responsible manhood and fatherhood. Similarly Leonard Long, through the West Dallas Community Centers (WDCC) Rites of Passage Project seeks to help males and females ages 9 to 12 who are at risk of early parenting, drug abuse and criminal activity. The WDCC Rites of Passage Project, incorporated in 1988, uses an Afrocentric and holistic approach in building self-esteem, self-image enhancement, leadership development and cultural inculcation (Long, 1992). The Senior Parents' Group is an example of a resilient program which targets the grandmothers and indirectly serves the children. Established by

the Chicago Child Care Society, the Senior Parents' Group was established for parents, grandparents and other relatives who were having child rearing difficulties in middle age or later life. The goals of the group include helping members to master the common developmental tasks of their age and assisting them in coping with the stresses of being primary child rearers at their age in life (Stokes and Greenstone, 1981).

Burton (1992) found that grandparents frequently requested respite care for parenting. Out of guilt that they may have failed once as parents and out of fear that child protective services may remove the children from their care, these grandparents are often reluctant to seek opportunities for a break. Furthermore, Burton indicated that grandparents requested information on parenting and child rearing strategies. Any resilient program designed to meet these needs should be holistic and should build on the natural helping system that is in the community. This would eliminate the need to utilize the formal system and would decrease the grandmothers' fear of being judged by the service provider.

The African American family tradition may mitigate against seeking help outside the nuclear family and extended family network. A history of abuse from formal professional helpers and the residuals of segregation require that social workers and other professional helpers look for ways to involve natural helpers in meeting these families needs (Taylor, Chatters and Jackson, 1993). This history may also suggest the need for vigorous outreach through familiar and trusted institutions and organizations. In some cases, women's groups including secret orders such as the Eastern Star or the Daughters of Zion may be the source of that informal support. McPhatter (1997) notes that workers must include neighborhoods and communities as vital aspects of their practice domain. They must be intimately familiar with valuable resources offered by churches and other resilient community-based programs. Where no organizations or programs exist, social workers and other service providers must facilitate their creation. Establishing organizations of community helpers is part of the African tradition of mutual aid and support. The process of creating self-help is empowering. Moreover, it is likely to produce a program that is more effective than those which are adaptations

of programs designed for the majority culture and replicated for African Americans.

In conclusion, it is anticipated that this article will re-focus our attention and shed some light on one of our most valued, yet neglected and vulnerable populations—African American Grandmothers. Their intervention constitutes a protective factor which serves everyone in society, particularly the African American community. It is, therefore, critical that we continue to examine strategies for serving these women and their grandchildren.

REFERENCES

- Ahrons, C. R., & Bowman, M. E. (1982). Changes in family relationships following divorce of adult child: Grandmothers's perceptions. *Journal of Divorce*, 5, 49–64.
- Bell, M. & Smith, B. (1996). Grandparents as primary caregivers. *The Council for Exceptional Children*. Vol., 18–19.
- Billingsley, A. (1992). *Climbing Jacob's ladder: The enduring legacy of African American families*. New York: Simon and Schuster.
- Burton, L. M. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist*, 32, 744–751.
- Burton, L. M. (1995). Intergenerational patterns of providing care in African-American families with teenage childbearers: emergent patterns in an ethnographic study. In L. L. Bengton, K. W. Schaie & L. M. Burton (Eds.). *Adult intergenerational relations: Effects of societal change*, (pp. 79–96). New York: Springer Publishing Co.
- Burton, L. M. & Bengtson, V. L. (1985). Black grandmothers: Issues on timing and continuity of roles. In L. M. Burton & V. L. Bengtson (Eds.). *Grandparenthood*. Sage.
- Burton, L. M. & deVries, C. (1993). Challenges and rewards: African American grandparents as surrogate parents. In L. Burton (Ed.). *Families and Aging*. Amityville, NY: Baywood Publishing Co.
- Burton, L. M. & Dilworth-Anderson, P. (1991). The intergenerational roles of aged black Americans. *Marriage and Family Review*, 16, 311–330.
- Burton, L. M., Dilworth-Anderson, P. & Merriwether-de-Vries, C. (1995). Context and surrogate parenting among contemporary grandparents. *Marriage and Family Review*, 20(3/4), 349–366.
- Cherlin, A. & Turstenberg, F. F. (1986). Grandparents and family crisis. *Generations*, 10(4), 26–28.
- Danzon, J. & Jackson, S. (1997). Family preservation and support services: A missed opportunity for kinship care. *Child Welfare*, 76, 31–44.
- Dilworth-Anderson, P. (1992). Extended kin networks in black families. *Generations* (Summer), 29–32.

- Flaherty, S., Facticeau, L. & Garver, P. (1987). Grandmother functions in multigenerational families: An exploratory study of black adolescent mothers and their infants, *Maternal Child Nursing Journal*, 16, 61-73.
- Frazier, E. Franklin (1939). *The Negro family in the United States*. Chicago: The University of Chicago Press.
- Furstenbery, F. F. (1980). Burdens and benefits: The impact of early childbearing on the family. *Journal of Social Issues*, 36, 64-87.
- Gladstone, J. W. (1988). Perceived changes in grandmother-grandchild relation following a child's separation or divorce. *The Gerontologist*, 28, 66-72.
- Hill, R. (1997). *The strengths of African American families: Twenty-five years later*. Washington, DC: R&B Publishers.
- Hunter, A. (1997). Counting on grandmothers: Black mothers' and fathers' reliance on grandmothers for parenting support. *Journal of Family Issues*, 18, 251-269.
- Johnson, C. L. (1985). Grandparenting options in divorcing families: An anthropological perspective. In V.L. Bengtson and J.F. Robertson (Eds.) *Grandparenthood*. (pp. 81-96). Beverly Hills, CA: Sage Publications.
- Kivett, V. R. (1991). The grandparent-grandchild connection. *Marriage and Family Review*, 16, 267-290.
- Ladner, J. And Gourdine, R. (1984). Intergenerational teenage motherhood: Some preliminary findings. *A Scholarly Journal of Black Women* (2), 22-24.
- Long, L. (1992). An Afrocentric intervention strategy. In L. Goddard (Ed.) *An African-Centered model of prevention for African-American youth at high risk*. (pp. 87-92). Rockville, MD: U.S. Department of Health and Human Services. Center for Substance Abuse Prevention Technical Report-6.
- McCready, W. C. (1985). Styles of grandparenting among white ethnics. In V. L. Bengtson and J. F. Robertson (Eds.). *Grandparenthood*. Sage.
- McPhatter, A. (1997). Cultural competence in child welfare: What is it? How do we achieve? What happens without it? *Child Welfare*, 76, 255-278.
- Minkler, M. (1991). *Health and social consequences of grandparent caregiving*. San Francisco: Paper presented at Gerontological Society of America.
- Minkler, M. (1993). *Grandmothers as Caregivers: Raising children of the crack cocaine epidemic*. Newbury Park, CA: Sage.
- Minkler, M., Rose, K. and Price, M. (1992). The physical and emotional health of grandmothers raising grandchildren in the crack cocaine epidemic. *The Gerontologist*, 32, 752-760.
- Neugarten, B. L. and Weinstein, K. (1964). The changing American grandparents. *Journal of Marriage and the Family*, 26, 199-204.
- Pearson, J. L., Hunter, A. G., Ensminger, M. E. and Kellam, S. G. (1990). Black grandmothers in multigenerational households: Diversity in family structure and parenting involvement in the Woodlawn community. *Child Development*, 61, 434-442.
- Pearson, J. L., Hunter, A. G., Cook, J. M., Ialanga, N. S., and Kellam, S. G. (1997). Grandmothers involvement in child caregiving in an urban community. *The Gerontologist*, 37, 650-657.

- Pinson-Millburn, N., Fabian, E., Schlossberg, N., and Pyle, M. (1966). Grandparents raising grandchildren. *Journal of Counseling and Development*, 74, 584-554.
- Shore, R. J. and Hayslip, J. B. (1990a). *Comparisons of custodial an noncustodial grandparents*: Boston (a): Paper presented at Gerontological Society of America.
- Shore, R. J. and Hayslip, J. B. (1990b). *Predictors of well-being incustodial and non-custodial grandparents*. Boston (b): Paper presented at American Psychology Association.
- Solomon, J. C. and Marx, J. (1995). "To grandmother's house we go': Health and school adjustment of children raised solely by grandparents. *The Gerontologist*, 35(3), 386-394.
- Stokes, J. And Greenstone, J. (1981). Helping black grandparents and older parents cope with child rearing: A group method. *Child Welfare*, 60, 691-701.
- Taylor, R., Chatters, L. & Jackson, J. (1993). A profile of familial relations among three-generation black families. *Family Relations*. 42, 332-341.
- Thomas, J. (1986). Gender differnnces in satisfaction with grandparenting. *Psychology and Aging*, 1, 215-219.
- Thomas, J. (1990). The grandparent role: A double bind. *International Journal of Aging and Human Development*, 31, 169-171.
- Thomas, J. (1994). Older men as fathers and grandfathers. In E. H. Thompson, (Ed.). *Older men's lives*. (Pp. 197-217), Vol. 6. Thousand Oaks, CA: Sage Publications.
- Wilson, M. (1984). Mothers and grandmothers perceptions of parental behavior in three-generational black families. *Child Development*, 55, 1333-1339.
- Wilson, M. (1991). The context of the African American family. In J. Everett, S. Chipungu & B. Leashore (Eds.), *Child welfare and Afrocentric perspective*. New Brunswick, NJ: Rutgers University Press.
- U.S. Bureau of the Census, 1990 Census of Population, Current Population Reports, Population Characteristics, p. 20-484, Marital Status and Living Arrangements: March 1994.
- U.S. Bureau of the Census, 1990 Census of the Poppulation, Current Population Reports, Population Characterisits, Series P-20, No. 461, Martial Status and Living Arrangements: March 1991.

Melting Multiculturalism? Legacies of Assimilation Pressures in Human Service Organizations

DARLENE L. PIÑA

California State University, San Marcos

LAURA CANTY-SWAPP

Catalyst

This paper examines non-profit human service agency workers' discussions of their work with diverse clients. These conversations are understood within the competing social agendas of multiculturalism and assimilation, and they suggest how service providers may resist or perpetuate the social control of people of color. Findings revealed that people of color were often excluded from providers' notions of American identity. It was common for providers, both whites and people of color, to both wittingly and unwittingly describe pressures to assimilate their clients. Providers disagreed on the merits and consequences of these assimilation pressures, with some seeing harm done to themselves as well as their clients, and others defending the practice as in their clients' best interest. Other providers resisted pressures to assimilate clients into a white Northern European norm by breaking agency rules that were considered culturally insensitive or by engaging in self-reflection and adjustment-making in their own expectations and behaviors instead of changing their clients' ways.

INTRODUCTION

Recently many social institutions have been involved in some form of the "multicultural" movement. This intellectual trend encourages Americans to maintain and value their ethnicity and has arisen in opposition to traditional goals of assimilation toward a common "American" culture (the so-called "melting pot"). Terms

such as diversity, cultural competence, and multiculturalism now infuse the workplace, schools, government, and human service organizations. Questions about how to celebrate diversity and whether or not melting into a common "American" stock is desirable or even possible are being considered. Educational literature, training workshops, and consulting activities are proliferating as increasing numbers of so-called "minorities"—people of color, women, gays and lesbians, and disabled people—become increasingly "visible" in American society. Each institution's success in reaching the goals of multiculturalism has much impact on those who experience racism, sexism, and heterosexism.

One institution that provides a particularly interesting study of current efforts to achieve multiculturalism in the context of "melting pot" traditions is the human service organization. A community agency offering low-cost help for those with a personal or family crisis, these organizations often consist of staff with cultural and economic backgrounds that are different from their clients. Assumptions held by these counselors, teachers, and outreach workers regarding the merits of assimilation versus multiculturalism may impact their beliefs about "appropriate" client goals and behaviors. Much social science research has documented how the use of white middle-class notions of mental health and optimal family functioning may lead service providers to mis-characterize people of color and low income groups as dysfunctional, resistant to change, and without strengths and resources (Hardy, 1990; Ponterotto & Casas, 1991; Sue & Sue, 1990).

The consequences of this type of labeling are not only that people of color are not helped, but the court and other authorities may receive negative reports about clients' lack of "progress." Clearly, the level of assimilation pressure from these providers has social control implications for the clients. Other problems associated with such assimilation pressures include: (1) impaired communication between service providers and clients, (2) low levels of trust and safety reported by clients, and (3) low levels of requests for services among potential clients (McGoldrick, Pearce, & Giordano, 1982; O'Sullivan & Lasso, 1992; Piña, 1998; Sue, Fujino, Hu, Takeuchi, & Zane 1991). In sum, the service provider's activities of diagnosis, creation of treatment goals, and reporting to courts and other government agencies may

encourage (or coerce) non-members of the white middle class to think and behave in particular ways.

It is therefore quite important to discover how human service providers, who are on the front lines of race relations, perceive and understand multiculturalism. The purpose of this research is to learn about how service providers in a non-profit human service agency discuss their work with diverse clients. To what extent does an assimilation imperative inform their diagnosis process and goals for treatment? What do they think clients should be assimilated to? Within these discussions, service providers may define and prescribe racial ideologies and processes. Our specific aim is to examine these constructions of racial categories and relationships, as well as how these constructions mirror or fracture the traditional "melting pot" discourse on assimilation and social control.

Assimilation and White Privilege

The assimilation model of racial and ethnic relations has a long history in social policy in the United States (Berkhofer, 1978; McKee, 1993; Williams et al., 1995). Early assimilation ideas took the form of debates about whether and how to "civilize" American Indians occupying land desired by Protestant, English-speaking immigrants. Assimilation was also discussed among nineteenth-century English-descended Americans debating the qualities of the various immigrant groups entering this country. More recent understandings of assimilation involve the notion that the ultimate goal of members of all minority racial and ethnic groups is full acceptance into U.S. society by the dominant group. This acceptance is said to emerge when these minority persons become more like those in the majority group (Jiobu, 1988; Niemonen, 1993). The purpose of assimilation is to produce a homogeneous American national identity.

Many scholars have argued that the dominance of the assimilation model in social practice has negatively affected families of color (Williams et al. 1995). Historically, programs of assimilation have led to the breaking apart of families not meeting the "minimum specifications" of participation in American society. Much scholarship has documented how cultural and institutional programs of "Americanization" or "Anglo Conformity"

led to the removal of children, the exacerbation of family tensions, and the personal scarring of people within European immigrant, American Indian, and Black families (DuBois, 1961; Early, 1993; Feldstein and Costello, 1974; Tatum, 1987; Trennert, 1988). These authors describe in detail the contradictions and strains created by assimilation pressures.

The movement for "multiculturalism" is one recent perspective emerging from the critique of assimilation. Multiculturalism emphasizes an appreciation of our individual differences based on such categories as race, ethnicity, gender, sexual orientation, and class. As an extension of the cultural pluralism perspective, it posits American society as a "salad bowl" of unblended ingredients. Each racial and ethnic group should preserve their distinctive ethnic identity while remaining loyal to the nation as a whole (Gordon, 1964; Williams et al., 1995). Democratic and equal cooperation among diverse groups of people is described as the goal of a culturally pluralistic society.

While many in the fields of education, business, and human services are striving to value diversity, how to define and achieve multiculturalism have been topics of debate. Several scholars have questioned the common denominator of "American" attached to each group because of assumptions about white Northern-European identity linked to the term. The notion is that assimilation pressures to an Anglo norm still exist. These scholars further argue that the ideologies and policies of multiculturalism tend to replicate the extant social order, allowing the dominant white racial group to hold central power while making a *show* of power-sharing (Asante 1991, Berman 1992, Giroux 1992; Gates 1989). Finally, this critique of the multicultural movement also includes questions about who decides what values and traditions are included in social institutions and policies historically dominated by the English-speaking, Northern-European culture. The question remains, do we really accept and value the beliefs and practices of non-dominant ethnic groups?

The central theme in the assimilation and multiculturalism debates is power. Assimilation programs are criticized for prescribing that people of color should be assimilated into white cultural patterns (Bash, 1979). Also, those advocating assimilation are said not to acknowledge the resistance by some members

of the dominant group to the full inclusion of minority groups. Finally, there is the notion that proponents of the assimilation model are limited by a privileged view of the world that blinds them to the realities of life of the less privileged (Scott 1990, Williams & Sjoberg, 1993). Specifically, there is a tendency to ignore social and structural barriers that prevent people of color from assimilating. One consequence of this blindness is the service goal of duplicating the lifestyle of the privileged, which in effect tramples the dignity of the non-privileged group. Other consequences (already described above) include defining people of color as deviant and/or in need of correction.

The experience of privilege is all the more problematic because it is typically not recognized by those who hold it. Scholars of race in America explain that there is privilege attached to whiteness (Frankenberg 1990, Lipsitz 1995, McIntosh 1990, Roediger 1994). Not only have historical legal and property rights favored whites, but there is also psychological comfort associated with being white. Specifically, one's whiteness typically does not have to be thought about because as the historical "standard" or "measuring stick," whites have not had to experience assimilation pressure or a feeling of being different. The invisibility of whiteness as a racial category contributes to the privilege of identifying as the "normal," "standard" person.

Studies of whiteness in America have also demonstrated the invisibility of privilege. For example, whites who are asked to discuss racism typically do not consider their own privileges as part of the problem (Blauner 1989). In addition, racial injustice is often described as something that can be rectified through changing something outside of themselves, something other than their own whiteness, white privilege, or white racism (Wellman 1973 & 1993). The invisibility of privilege is associated with observation and scrutiny of the so-called "others." Privileged observers can then label those who don't fit in or "make it" as rebels deciding to be different or as people with inherent weaknesses.

Service Providers and Social Control

The persistence of the assimilation discourse combined with the invisibility of white privilege may create a ripe environment for human agency staff to perpetuate the social control of people

of color. It is therefore important to examine the extent to which such service providers may extend or resist these forces. Specifically, the analysis of this research focused on the relationships between discourse, ideology, and power with a specific focus on the social constructions of racial categories and relationships. Three general questions guided our analysis. First, what were the service provider's *constructions of race* in general and whiteness in particular? To what extent was whiteness viewed as a racial category that embodies privilege? Second, to what extent did *assimilation pressures* exist and what forms did these take? What were the providers' responses to assimilation pressures? Third, what *social control implications* for people of color were reflected in providers' accounts of their work at the agency?

METHODS

Research Site

The agency is a non-profit organization in southern California providing prevention, outreach, and treatment programs for children, adolescents, and families in crisis. Services center primarily around the areas of child abuse, domestic violence, and substance abuse. Clients may be court-referred to the agency or voluntarily choose to receive services within various programs. A large proportion of the community served by the agency is Latino.

The agency has a hierarchical structure with four levels. At the lowest level are service providers (counselors, teachers, group leaders, outreach workers) who work directly with clients in various programs. At the next level of the hierarchy are program managers who oversee specific programs and supervise the service providers. Above the managers are program directors, who administer several specific programs within a general area (e.g., child abuse) and supervise the managers. At the highest level in the organization is the executive committee. These administrators manage the operation of the agency as a whole (funding, payroll, hiring, community relations, research and development) and supervise the program directors.

The overwhelming majority of agency workers—across all levels—were white women. Moreover, women of color were more highly concentrated in the lowest levels of the hierarchy. Approximately one-third of the service providers (level 1) were Latinos

working in Spanish-speaking programs. Employees at the level of program manager were also usually white, with three Latinas, one African-American and one Native American in this group. Of the six program directors, all but one (a Latina) were white. The executive committee was made up of eight members, all white except for one Latino who left the agency prior to completion of the study; two were males.

At the time of the study, the agency was in the midst of implementing new strategies for dealing with the cultural disparity between their providers and clients. Two general approaches were used in attempting to meet the needs of the large segment of Spanish-speaking, Latino immigrant clients. First, several programs offered Spanish-speaking components with primarily Latino immigrant service providers. Second, staff were provided with both on-site and off-site training workshops on culturally sensitive practice.

Focus Groups

The goal of this project was to uncover the service providers' experiences, feelings, and beliefs with respect to cultural competency in human service delivery. Focus group interviews were chosen as the data gathering strategy because they provide direct access to the language participants use to organize their experiences (Hughes & DuMont, 1993; Morgan & Krueger, 1993). Focus groups allow for people with some similarity in life or work experience to discuss their opinions in a non-threatening environment. These discussions encourage both knowledge that is shared among the participants as well as the range of different experiences among group members. Because conversations are allowed to become spontaneous, and the comments of one member tend to provoke responses from another, important issues the researcher is not aware of beforehand can come to the surface. Therefore, focus groups are quite appropriate for research that is more exploratory in nature (Basch 1987, Krueger 1988, Morgan 1988).

The following specific agency members participated in the focus groups: non-Spanish-speaking service providers, Spanish-speaking bilingual service providers, and managers. The focus group sizes ranged from six to nine members. We recruited service

providers and managers by presenting the study at each program's staff meeting and asking for volunteers.

English-speaking service providers: One focus group was conducted with non-Spanish speaking service providers. All but one of these workers was white; none were Spanish-speakers. All had Bachelors degrees and all had Latino clients on their caseloads.

Spanish-speaking service providers: Two focus groups were conducted with Spanish-speaking service providers. These staff were primarily Latina (except for one white male), and most were immigrants from Latin America. They were native Spanish speakers (except for the male), and had bachelor degree level educations. They all also spoke English.

Management: One focus group was conducted with a multi-ethnic group of managers who directed programs and provided psychotherapy to clients at the agency. This group consisted of five whites, one Latina, one African-American, and one Native American. There was one male in this group. Most had graduate-level degrees and professional clinical licenses in the mental health field.

Interview Protocol

Each focus group consisted of a 90 to 120 minute audiotaped session with a moderator and a note-taking assistant. Service providers and managers were asked about their visions of cultural competency, experiences and relationships they had with various client groups, and suggestions they had for the agency. They were encouraged to discuss actual examples of what they believed was culturally sensitive or insensitive practice. They were also asked to explain what they felt would create more opportunities for success in meeting the needs of diverse clients, as well as their perceptions of barriers to effective service delivery. The prominent theme of all interviews was how cross-culture and same-culture relationships were working at the agency.

Analysis Strategy

The analysis for this paper is based on data gathered from the four focus groups described above. Close readings of the focus group transcripts were informed by critical discourse analysis (Fairclough, 1993). From this perspective, we examined the

relationship between discourse, ideology, and power with a specific focus on the social constructions of racial categories and relationships. We began our analysis with three general questions. First, we were interested in the providers' constructions of race and whether they viewed whiteness as a racial category that embodies privilege. Second, we were curious about what assimilation pressures existed and the form these took. Third, we wondered about what social control implications for people of color were reflected in providers' accounts of their work at the agency.

RESULTS

The focus group conversations revealed that many of the service providers did tend to replicate the dominant discourses on whiteness and assimilation. People of color were often "otherized" as they were excluded from the American identity. Assimilation pressures were reflected in the providers' examples of how they tried to help their clients. These pressures were also resisted, however, as providers found ways to support the cultural values and practices of clients and to make adjustments within themselves.

Culture and Whiteness. The service provider's discussions about cultural competence revealed a common view that American and white identities were the same. Providers either directly used the terms white and American as synonyms, or indirectly implied the connection through the assumptions they made. The construction of who earns the title "American" appears very straight forward in their discussions.

The following is a brief excerpt of a discussion between the moderator and a Costa Rican immigrant woman:

Moderator: "Thinking about how to approach clients, what would you like to know about your clients that would help you approach them in the most effective way?"

"I would like to know especially about the, um, American, um Caucasian. Um, you know, I would like to know really from the beginning, who is in that home structure? Why they're so open and not afraid of say anything . . ."

This is one case where the respondent exchanges meanings directly. An "American" is a Caucasian in her perception. She expresses some degree of uncertainty in understanding not only the "home structure" but the forwardness with which Americans/Caucasians speak. While they may perplex her, she is sure who "they" as Americans are. In a similar exchange, from a different focus group, an Iranian immigrant woman also directly equates the American identity with a white face:

"To me, being of a different culture, since I'm not American myself, and, um, I let them know . . . But, actually it's much easier for me with Blacks, Mexicans, non-American cultures than with Americans. Somehow they think I went through the same prejudice or discrimination they went through . . ."

Moderator: "And you don't see that with white clients as much?"

"No, of course not. But, I didn't have that much problem with, with white, with American culture that I remember, really . . ."

In this exchange the service provider reveals not only who an American is, but who an American is not. An American is not, in her perception, Black, Mexican, or anybody who is not white. This is a significant declaration considering that there are of course many "Americans" who are not white. She also reveals an understanding that those who are "non-Americans" suffer some form of prejudice or discrimination because of their identity outside of the hegemonic structure. They assume by her presence in America that she must also experience this sense of being outside the dominant identity.

Participants also linked America to a white identity in more subtle ways. The following passage is taken from a Latina's experience at the agency:

" . . . We were walking down the hallway and one of the counselors was walking down and she said, 'Oh, look, that's the counselor that I used to have and we didn't get along, we didn't get along real good.' And I said, which lady? . . . And it was an American woman that's doing the counseling for a Hispanic couple . . ."

The speaker describes the counselor as "American" while pointing out that she is not Latina. To the best of our knowledge, there are Latino/a counselors and white counselors. If the counselor is

describing an American who is not Latina, it reasonable to assume she is describing a white woman. Again, the identities are equated and explained as mutually exclusive identities.

The following passage represents a more subtle construction about an American identity. It involves food that is viewed as un-American:

“ . . . But I was still going over there to the shelter and picking the women up or they would call me and they would come here and talk to me. But one of the main complaints was such a thing like the food. I mean they wanted beans, they wanted potatoes, they wanted tortillas and the attitude was, you’re in America, you better learn what we eat here and you better like it or lump it. I mean, just that way.”

The excerpt is discussed with an awareness of the unreasonable-ness of this forced assimilation. The speaker is a Latina who recognizes how the assimilation pressure is enforced though everyday acts like controlling the client’s diet. Eating “American” does not equal eating tortillas and beans. American again assumes an Anglicized norm. In lived experience this is not realistic, as there are many “Americans” who live lifestyles that diverge from the Anglo standard.

The following passage demonstrates not only the tendency to assume the American as white, but also reveals assumptions about an “American” notion of class. Because financial resources allow for the privilege of avoiding social service agencies, the pressure to assimilate weighs more heavily on the shoulders of the poor. The following white provider comments.

“I was brought up in mid-America. It was just mid, nothing exciting, just middle America. And, sometimes when there is no food, there is nothing. I, I think of what, what I’d do to get some money. I mean I’d get it. I would get it. I would get it. I just would. I have always been able to do that and I think, ‘why can’t you get it? Just get it. Take the bottles in. We don’t care.’ . . . You know, so I . . . I have not experienced that, you know where if I really needed something I couldn’t get it. I did what I had to do to get it. You know? So I think, I, I probably a lot of times project some of that to my clients . . .”

This passage goes beyond merely equating “mid-America” to whiteness, to normalcy. It equates that identity with an economic

resourcefulness that the speaker feels is lacking in her clients. The speaker is from "mid-America" (white) and she can "get" what she needs (economic security). If her clients cannot "just get it," it might have something to do with their not being from mid-America. They are not white and not middle class. This ideological maneuver allows the speaker to ignore the privileges of race and class while possibly pathologizing clients whose identities are not "mid-America." The provider views these racial and economic characteristics as personality flaws that could be remedied if only the client were persistent enough. This is representative of a "pull-yourself-up-by-the-bootstraps" mentality that permeates assimilation discourse and ignores structural barriers.

Some of the Latina service providers described the pathologizing effects of the American identity as a painful force that denies them their own sense of self. In the following passage, a Latina provider recalls the pain of when she was being told to act American, she was being told to act white:

"I can tell you my awakening here was pretty bad. And I had a professor at school who told me, you know, you really should change [your] attitude and really should be Americanized. You know? And I had another professor who died and, um, he told me that, he was black, and he told me, you know what they are saying is that you should be more white. You are not really fitting on the white American thing. And it's true, I mean, we have, if we want to be effective here, you know, we have to fit in, we have to give up some of our culture."

This excerpt contains multiple meanings about Americanness and whiteness. The first professor, we can assume, was white. This is a reasonable inference because she describes the other professor specifically as Black. This illustrates a common normalizing of whiteness. If you do not specify the person's race or describe them as a hyphenated-American, then they are assumed to be white. Given the history of Black Americans and the pressure to assimilate, it is not surprising that a black professor was the one to offer this blunt translation for her. He was aware that "Americanized" was being used as a code word for Anglicized. The participant's final comment illustrates that in order to fit in in America, she has to assimilate to this notion of a white identity. Her identity cannot otherwise be comfortably accommodated.

As a result of this pressure to assimilate to a white standard, people of color have developed two selves. Sociologist W.E.B. DuBois, in his discussions of blacks in America, referred to this as "double consciousness." The following passage illustrates how this Latina provider defends her individuality in the face of assimilation pressures:

"But I want to tell you one thing about what you were saying, about, um, um, being, you know, white and that's the only way you will be accepted . . . I have two personalities: one that I am with the white community and one that I am with the Latino community, with myself. I do have two personalities 'cause I know how the white wants me to behave, you know, but this too, I put my flavor in because I am Latina . . ."

Whiteness here is the antagonist. Far from being implied, it is recognized, named, and identified as divisive to this woman's identity. She struggles with how to fit her identity into a society that requires whiteness as a necessity for full membership. This brief passage highlights the dynamics and pain of assimilation in America.

The Charge to Assimilate. The above ideologies about American identity are useful in understanding the ways in which these service providers are expected to assimilate their clients. As discussed above, the notion of assimilation implies that clients must be assimilated *to* something. And that something tends to be a white, Anglo identity. While the agency does not advertise "assimilation" as one of its services, it is required, often through funding constraints, to work with a social service model based on middle-class white constructs. What is important to recognize is that these processes go on at conscious as well as seemingly unconscious levels. Some providers discuss the dilemmas of having to assimilate clients while others are not aware they are assimilating. They see their job primarily as "helpers."

Issues about normative behavior range from the previous discussions of food, to ideas about time, religion, and forms of expression. The service provider's perception of aberrance is very critical to the relationship. What might be culturally normal for the client may be viewed as deviant by the counselor. That behavior would then be targeted for change. This is one way that providers act as agents of assimilation.

The following white service provider provides an example of this process.

"And the most challenging family I ever had to deal with was a very Jewish family . . . She was almost obsessive compulsive about her Jewishness, whatever, you know what I'm saying . . . And she was such a challenge because, what they eat and the things they do and the Sabbath and she was, it was important about the religious background because this governed everything. They set themselves apart from the rest of society . . . Well, she ended up losing her children because her expectations were so unrealistic of her children . . . So, she had all her children removed and they were gone for about a year. And she had to get some extensive help . . . But that Jewish religion was, oh, that was just like a fence, you know what I'm saying?"

What is noteworthy here is that this outreach worker viewed the woman's "Jewishness" as the source of all her problems and assumed we would understand this obvious "problem." There are potentially innumerable reasons for familial problems, and one might be frequent perceptions of Judaism as strange. What is important, however, is that this provider felt that if the Jewish religious influence could be diluted, then the family would be better off. Ultimately, this mother had to adjust her religious practices, to the State and agency's satisfaction, before regaining custody of her children. This is one form of assimilation pressure.

In another example, a self-described Hispanic provider demonstrates that cultural misunderstandings do not only occur between whites and people of color, but also among so-called minority groups. In this quote she expresses her perception of an African-American client.

"Also I have some, um, Afro-American clients. It is true, its hard to get to them and because we're Hispanic but, they're so different, too, because they're, they like to scream and yell and have a, you know, this, they never focus on what you're saying and if you say a word that they don't understand, they say, 'What!' [raises her voice, imitating someone not understanding what she is saying]. You know? And that's part of them, they are like that."

The provider describes Black people as people who like to "scream and yell." The image of the loud and raucous Black person is a common negative stereotype that has been perpetuated

in the American popular imagination. Again, this image is drawn in contrast to a white, protestant aesthetic that determines “appropriate” forms of expression. This is a clear example of how a member who is not part of a group can extract an expression or action and infuse it with meaning from the group to which they belong. This ability to assign meaning is facilitated by common stereotypes and cultural expectations.

For some providers, there was frustration with those not going along with the assimilation process. The following white service provider’s account of her experience with black clients in her parenting class provides an example of the tension.

“Um, and as I have said, when there’s a black and a white it [differences] seems more pronounced to me. But when, um, the black, um, moms are talking about, ‘I whooped my kids. I always have. I was whooped. That’s how I learned. Ba ba ba . . .’ And it, this will not change. I really believe that. I think maybe it can be modified somewhat but I don’t believe it can be changed . . .”

In this passage, there is a certain type of mimicry that contextualizes the content of her words. On tape, she is overt in her disdain for black clients who “whoop” their kids and clearly put off by her perceptions of their unapologetic nature and their defense of corporal discipline. When she says “And this will not change,” it is not clear whether she is talking about the act of whooping or what she perceives as an attitude of defiance. The assimilation model imbedded within this teacher’s parenting class material probably does not acknowledge how both the forms and motives for discipline are not necessarily the same for black and white parents. For example, the ways that corporal discipline is tied to such issues as safety and advancement in a racist society are not addressed by the assimilation discourse.

The group that seemed most aware of the assimilation dilemma was the group that was comprised primarily of Latino immigrants who worked primarily with Latino immigrant clients. These providers gave several examples of tensions in their roles as “helpers” and agents of assimilation. The following Latina provider discussed her work with victims of domestic violence.

“ . . . a lot of times what they (Latino clients) want is to keep the family together. That’s not our primary goal. And, you know I

think we've all experienced that where they wanted, they wanted communication skills, they want communication workshops, they want us to work with both husband and wife, you know? But we can't work with the males . . ."

The strain she describes is between the Latino cultural and religious emphasis on family togetherness, and the domestic violence treatment model of separating the victim from the abuser.

Another Latina provider explained how pressures to assimilate impacted not only her work of helping clients, but also her identity as a Latino person. Professional ethics of counseling do not allow for "personal" relationships between clinicians and clients. However, friendship (*personalismo*) among people spending much time together is expected in Latino culture. The provider explains:

" . . . in the Latino community, Latino culture . . . they don't understand why I cannot be their friend. You know? And they have a baptism, they have a birthday, they have a shower, they invite me. They want me to go, you know? . . . And, it's so difficult, you know, for me because that is my culture and makes me in two pieces because I want to go, you know, I want to go. I have, I have no problem. . . . But, you know, that is a very difficult thing for me as a Latino person with a Latino client."

So for this provider, assimilation pressure is not only directed at her clients, but there is also a contradiction between her cultural identity as Latina and her professional identity as counselor. But "counselor" is not a role abstracted from cultural patterns. The defining of ethical standards within counseling happened within a particular historical and political context. Specifically, white Anglo-Saxon Protestant cultural practice has informed the legal definitions of counseling in this country.

In the next example, the same provider made direct reference to the white model guiding her work and described how she "does her part" to assimilate her clients.

" . . . I work a lot with my groups, you know, [teaching them] how to do things as a white community. Like a complaint at school. [I teach them] never complain at school, just write it down, because it's very important for the white community to have a paper down. If you just tell them, they don't take it, they don't make any actions.

So I probably am doing my part in, you know, what is good to do with the white community, you know? There's a lot of things that it took me twenty years to do it, to learn."

So even though this provider feels ambivalent about following the rules of her profession, and is quite aware of how these rules compromise her identity, she "does her part" to help her clients by teaching them the ways of Anglo society.

The immigrant providers debated whether they were helping or hurting their clients by teaching them how to be "American." One European immigrant counselor who had herself been through the immigration/assimilation process posed the following question to her colleagues:

"And I think that clients, they also have to understand, you know, what are the rules of this culture. And when I came here, you know, just because I'm blonde, you know, and I don't look Latina, I don't look this or that, you know, but people made me go by the rules of America. So why to be different for different cultures?"

Her Latina immigrant colleague responds:

"See one advantage I guess you have, I will say, is that you're getting an education here in the United States and you're gonna be really part of the, of the system because you know, you're gonna be a professional . . . I think it would be the same thing for me and, and I'm, I'm, I'm cut in half, you know. Como dijo mi amiga, (Like my friend said) **I'm between two lovers, right?** Because, you know, I like my job and respect my job and I want to do the best I can and I have to follow a lot of rules but at the same time, you know, like the culture, just, you know, pull me this way, too, because I love my culture . . ."

Her job, her charge at the agency and her culture are incompatible. They contradict each other. The agency has rules about food, the level of personal interaction between client and provider, and the legality of certain help that all offend the cultural sense not only of the service providers but of their clients. Yet, if they want to keep their jobs and offer some level of ease in the assimilation process, they are required to go along.

Resisting Assimilation Pressures. While many of the agency's service providers and managers felt compelled to go along with the

assimilation process described above, they also grappled with how to resist these pressures to control their clients. Two forms of resistance were found in these discussions. First, African-American and Latina providers directly challenged the assimilation model by arguing for the goal of preserving their clients' "ethnic integrity." They accomplished this goal by covertly supporting the cultural values and practices of their clients. Second, white providers were reflexive about how their own values, identities, and agendas may affect their work.

Maintain Ethnic Integrity: The process of helping clients to maintain their ethnic integrity was presented as an important challenge, especially by people of color. The following African-American manager explains this perspective.

"It's interesting, though, when you become bicultural and you adapt, then you're considered appropriate. However, if you maintain your way, that is inappropriate. And that's what I'm talking about ethnic integrity. That's the part that's really important, you know. So I hear you, you adapt. We're all adapting toward that other culture, the majority of what is expected of us. You know, so I hear, it's important in order to survive, and make it, to do that. You know, but I'm hearing a bridging that's needing to happen."

The "bridging that's needing to happen" refers to members of the dominant culture making adaptations so that those outside the dominant group are not doing 100% of the change, which means losing or compromising their identity.

The following American Indian/Anglo manager provides an example of the consequences of retaining one's ethnic identity within institutions of the dominant culture.

"I had one Comanche gentleman I was working with and he had a job and he had a very good job and his car broke down. And he walked to work and he was four hours late and they fired him. But for him the value of being self-sufficient was a higher value than being on time because he perceived, as the head of his household, it was a weakness to call anybody for assistance. So I think we have to know, and we do have to give them the skills to adapt and to make value judgments, and and I think anytime that we adapt, um, to a different culture, we have to be careful, like you said, because we lose a piece of ourselves and how do you do that in a way that you're still maintaining that integrity? . . ."

In answering this question of how to help clients without forcing them to lose their "ethnic integrity," the service providers and managers went in two completely different directions. The first route essentially involved acting as an agent of assimilation and framing this process as in the client's best interest. The second approach was the complete opposite and involved covertly resisting assimilation pressures in order to follow the cultural values and practices of clients. It is interesting to note that the first answer was spelled out most thoroughly by the program managers whereas the second method was embraced primarily by the Latina immigrant service providers.

In reflecting on their roles as agents of assimilation, the managers and providers focused on the pragmatics of their relationships with clients. They explained that their clients needed to learn a set of "survival skills," or ways of adapting to the "American" society in order to function well. And they as helpers should actively teach their clients how to become "bicultural" in a society that does things a certain way.

The following white psychiatrist explains why he should teach the rules of American institutions to his clients.

"Still, when I'm dealing with a client right now who has to go in before a judge and prove that they can live in a certain way, there's certain expectations they have to be able to, to meet at this point in time. I think it is to their advantage to at least know what the rules are and be able to make a choice about that and be able to have the tools to make that decision. If people can learn that then they have at least a choice of how to, to, [get] their life back in their hands versus just again being bucked around by the systems and sort of forced outside of it."

In this view, clients will be able to "get their life back in their hands" if they know the rules of the system. By teaching the societal rules, this provider sees himself as part of a process of including clients in the social institutions so that they are not "forced outside" of them. The question still remains, though, about how much room there is for clients' diverse cultural values and practices within these systems.

The following program manager explains how it is a dilemma to always "accommodate" the client's culture, or be "user friendly" to those not of the mainstream.

"If we totally accommodate them when we're not the service provider, what if the next service they need doesn't accommodate? Do we have an obligation to not only accommodate but then to bridge those people so that they can cope with services that might not be as user friendly in the future? Because we're not always going to be their service providers"

So in this view, being culturally sensitive may be harmful because clients are expected to have insensitive encounters in the future. It therefore becomes the provider's "obligation" not to accommodate the clients' cultural views and practices. As a result, the clients are expected to do the accommodations in any relationship with contrasting cultural expectations.

In this final example, the power dynamics involved in who should do the accommodating are quite clear. A program manager sums up the importance of assimilation in her work.

"So when I take somebody who's from a different culture that that [American court system] seems foreign to and I teach them how to walk through that system, I'm teaching them to speak the language of that culture and get through that court system so that they don't lose custody of their children. And so I'm giving them the skills to cope within the culture that they have to deal with. And we have a lot of CPS [children's protective services] ordered clients. I mean, if they don't learn to deal with that system, they lose their children. So, for me, that's what I talk about when I teach a client to be bicultural is how to get what they need and want out of a system that isn't going to change"

She emphasizes the very real repercussions of not following the rules of the American court and human service systems. Being bicultural is essential in this perspective because the institution "isn't going to change." The service provider's role, then, is to help the client fit into static institutions; the status quo is preserved.

In contrast to the managers' lack of resistance to assimilation pressures, the Latina immigrant providers displayed an active opposition to the Anglo norms embedded within the agency. They specifically described times when they broke the rules of the agency in order to support both their own and their clients' cultural values.

In the following example, Latina providers were discussing their dislike of the rule that clients had to sign forms proving that

the counselor came for a home visit. They felt that filling out and signing forms was impersonal, and that clients felt uncomfortable with the process. One provider described how she went against the rule of having a form signed on the first visit.

" . . . I forgot all about that [having clients sign forms on the first visit] and I didn't do it on the first visit or the second, until they got to know me and I got to know them. And then you can still do, you can still do what they [agency management] want you to do. 'Cause I think it's awful and here, I'm the same way . . ."

This provider actively went against the rules and filled out the form after she had a relationship with her clients. Even though she eventually did what management wanted, her initial contacts with the clients were on their terms, supporting their cultural values instead of the bureaucratic needs of the agency. The following Latina provider also blatantly broke the rules of the agency by going to a client's birthday party off of the agency site.

" . . . you need to follow the rules, and let me tell you, I do follow a lot of rules. But when I see that it's nothing wrong with, you know, doing things out of my way, I'll, I'll do it, you know. Like I went to a birthday party at the park, you know, for one of the ladies [in her support group] and that lady came the next weekend, she was saying 'It was very important for me.' Me dijo, fue muy importante."

This provider prefaces her example by emphasizing the importance of following rules and states that she does follow them. Her choice of what rule to break, however, seems related to the cultural sensibilities both of herself and her Latina client. By going to her client's party, she supports the Latino value of *personalismo*, a focus on relationships rather than on tasks, instead of the ethical rule of counseling not to be "too personal" with clients. Her client clearly felt validated by the gesture, and assimilation pressures were ignored.

Reflexivity: Resistance to assimilation in the form of reflexivity involved going beyond knowing and finding out who the client is to exploring one's own side of the client-provider relationship. The provider's attention is not just upon the "other," the one who is different from them. But rather, they allow themselves to be the subject of study. In the following example of reflexivity, a white

service provider recognizes how her socioeconomic status and culture are relevant in how her clients perceive her.

"I think the car issue is an important one. To me it is because that's part of my culture. And the fact that I have a car that looks good is part of my culture. And at the same time I respect them for their culture. So by letting them know ahead of time or discussing it [what car she will be driving] ahead of time, letting them kind of get used to the idea, I feel its like putting them on even ground. [I think] "I know about you, here's what I want you to know about me." And they tend to like that I have given them a little information about myself."

Another white provider, describing her work with American Indian clients, discussed the value of making a change in the assumptions she held about time.

"When I decided that that [starting on time] wasn't a priority, that I didn't need to make that an issue and a priority, but it was not disrespectful to me, it was just their way. And so by recognizing that and going with it and figuring, making my own adjustments within myself, then for an hour it worked well. And I knew I had to be done when I said I was going to be done."

This white provider gave an instructive statement about how one's perceptions and biases towards clients are related to one's ethnicity, or culture.

"Because part of how we, I think part of how we perceive them [clients], you know, says a lot about who we are too. So how I perceive a Caucasian family is going to be different probably than how xxx (Latina colleague) does it. How I perceive Hispanic families is going to be different than how xxx (same Latino colleague) does."

All three of these white providers make reference to adjustments they can make in their own behaviors, in contrast to focusing on how to change those different from them. They can recognize and share what is valued in their culture ("a car that looks good is part of my culture), understand that perspectives different from theirs are not necessarily "disrespectful" to them, and appreciate that the way they perceive clients from various groups is a reflection of their own cultural identity. It is perhaps in

the process of being reflexive that a true appreciation of difference can develop.

DISCUSSION

These service providers' conversations about their work with culturally diverse clients revealed that their goals of achieving multiculturalism were being subverted by legacies of assimilation pressures in their work. While agency staff wanted to accept and value their diverse clients, they at times consciously and unconsciously perpetuated assimilationist agendas. It was common for providers, both whites and people of color, to associate the identity "American" with white skin. Moreover, this process was described differently for providers and managers with different life experiences and roles. Latino immigrant service providers, for example, often viewed assimilation pressures as harmful not only to their clients, but also to their own identities as Latinos. Many white managers, on the other hand, defended their practice of assimilating clients as in the client's best interest.

The service providers also described how they resisted the pressures to assimilate clients into a white Northern European norm. The notion of helping clients to maintain their "ethnic integrity" was introduced as an important yet difficult to achieve goal. Many Latino service providers subverted assimilation of their immigrant clients by secretly breaking agency rules that did not match their cultural sensibilities. Some white service providers supplanted assimilation ideas with processes of self-reflection and adjustment-making in their own expectations and behaviors.

Among those who perpetuated assimilation pressures, white privilege was indeed invisible. These providers described clients of various ethnic groups in terms of how they were "different" or how their cultures interfered with successful daily living. They also viewed helping these clients adapt to systems that did not accept their values and practices as a noble goal. Racial injustice as an aspect of these clients' experiences was not challenged, or even examined. In ignoring the problem of racism, these particular providers were implicitly promoting it.

Becoming agents of assimilation seemed to be the path of least resistance for agency staff. Regardless of the particular actions

of providers, whether as benevolent cultural tour guides or as behind-the-scenes cultural supporters, the agency wielded a tremendous amount of power to maintain the status quo. Specifically, providers' work was conceptualized as helping clients to "fit-in" to American institutions. Managers overtly stated this goal. White service providers unselfconsciously supported it. And even the Latina service providers who broke agency rules to support their clients' cultural background acknowledged also assimilating them. The privilege of whiteness as the "norm" or "standard" way of being was indeed maintained by the agency's practice of changing clients of color.

However, even within these institutional pressures to conform, some providers were interested in learning about and supporting cultural differences. Those who spoke of making adjustments within themselves, instead of encouraging clients of color to change, highlighted the possibility of this agency valuing and promoting difference among clients and providers. But the subversion of assimilation cannot be left up to individual providers alone. If the agency's policies and procedures continue to reinforce an assimilation model, then the pathologizing of those who do not reflect a white, middle-class normative identity is likely to be perpetuated.

What then, can agencies do to achieve the goals of multiculturalism? Our findings suggest that change must be considered within the individual providers, the agency structure, and the wider society. At the individual level, providers first need to know what assumptions they hold about who is and who is not an American. Perceptual exclusion of people of color from the American identity clearly contradicts the goals of multiculturalism. Providers should learn about the dynamics of power and privilege attached to their own social locations in our society's race, gender, and class hierarchies. They may then have greater empathy for what it means to be excluded and told to change when one does not represent the standard "American." This empathy can then be translated into agency-wide policies and procedures that are responsive to the diversity of clients requesting services. Clearly this process of building empathy is easier said than done, and institutionalized interventions such as training workshops and supervision meetings are needed to create this level of self-reflection.

At the level of the agency, policies and procedures need to be examined for residuals of assimilation agendas. Specifically, are providers encouraged to follow ethical guidelines written from the perspective of one cultural group? Do agency procedures for such activities as client involvement with paperwork, transfer of clients between providers, and provider-clients interaction outside the agency site feel more comfortable for one type of cultural group than for another? Does the agency allow and encourage (through bilingual forms, flyers, brochures, and signage) clients to speak languages other than English? Are the ideas and perspectives of providers of color incorporated into agency decision-making processes? Answers to these types of questions should demonstrate the degree to which an agency is promoting or hindering the development of multicultural practice.

The examination of assimilation as it relates to social service delivery merely reflects larger trends in society. The case study of this agency is really a microcosm of California's current political and social atmosphere as well as the historical American relationship with assimilation. While an "American" identity is one that is firmly rooted in the philosophy of individualism (the Horatio Alger model), it is simultaneously dependent on conformity to certain characteristics such as race, class, sexual orientation and gender. Individualism of thought, behavior and even cultural practices is permitted only after these criteria are met. While it is important to recognize the positive effects these agencies may play in the lives of their clients, it is also instructive to examine the ways in which harmful historical models of assimilation impact current delivery systems.

REFERENCES

- Asante, Molefi Kete. (1991). Multiculturalism: An exchange. In Berman, Mark (Ed) *Debating P.C.* New York: Dell Publishing, 299-311.
- Basch, C. E. (1987). Focus group interview: An underutilized research technique for improving theory and practice in health education. *Health Education Quarterly*, 14(4), 411-448.
- Bash, H. H. (1979). *Sociology, race, and ethnicity: A critique of American ideological intrusion upon sociological theory.* New York: Gordon & Breach.
- Berkhofer, R. F., Jr. (1978). *The White man's Indian: Images of the American Indian from Columbus to the present.* New York: Knopf.
- Blauner, Bob. (1989). *Black lives, White lives: Three decades of race relations in America.* Berkeley: University of California Press.

- DuBois, W. E. B. (1961). *The souls of Black folk*. Greenwich, CT: Fawcett.
- Early, G. (Ed.). (1993). *Lure and loathing: Essays on race, identity, and the ambivalence of assimilation*. New York: Allen Lane Press, Penguin Books.
- Feldstein, S., & Costell, L. (Eds.). (1974). *The ordeal of assimilation: A documentary history of the White working class*. Garden City, NY: Anchor.
- Fairclough, Norman. (1993). Critical discourse analysis and the marketization of public discourse: The universities. *Discourse & Society*, 4(2), 133–168.
- Frankenberg, Ruth. (1993). *The social construction of whiteness: White women, race matters*. Minneapolis: University of Minnesota Press.
- Giroux, Henry A. (1992). Post colonial ruptures and democratic possibilities: multiculturalism and anti-racist pedagogy. *Cultural Critique*, 21, 5–39.
- Gordon, M. M. (1964). *Assimilation in American life: The role of race, religion, and national origins*. New York: Oxford University Press.
- Hardy, Kenneth. (1990). Presentation at the Annual Meeting of Marriage and Family Therapists, Washington, D.C.
- Hughes, Diane & Kimberly DuMont. (1993). Using focus groups to facilitate culturally anchored research. *American Journal of Community Psychology*, 21(6), 775–806.
- Jiobu, R. M. (1988). *Ethnicity and assimilation*. Albany: State University of New York Press.
- Krueger, Richard A. (1988). *Focus groups: A practical guide for applied research*. Newbury Park, CA: Sage.
- Lipsitz, George. (1995). The possessive investment in whiteness: Racialized social democracy and the “white” problem in American studies. *American Quarterly*, 47(3), 369–385.
- McGoldrick, Monica., John K. Pearce, & Joseph Giordano. (1982). *Ethnicity and family therapy*. New York: The Guilford Press.
- McKee, J. B. (1993). *Sociology and the race problem: The failure of a perspective*. Urbana: University of Illinois Press.
- Morgan, David. (1988). *Focus groups as qualitative research*. Newbury Park, CA: Sage.
- Morgan, David & Richard A. Krueger. (1993). When to use focus groups and why. In D. L. Morgan (Ed.) *Successful focus groups: Advancing the state of the art*. (pp. 3–19). Newbury Park, CA: Sage Publications.
- Niemonen, J. (1993). Some observations on the problem of paradigms in recent racial and ethnic relations texts. *Teaching Sociology*, 21, 271–286.
- O’Sullivan, Michael J. & Bethsabe Lasso. (1992). Community mental health services for Hispanics: A test of the culture compatibility hypothesis. *Hispanic Journal of Behavioral Sciences*, 14, 455–468.
- Piña, Darlene L. (1998). Providing culturally sensitive services to Latino clients: A case study of a non-profit organization. *Clinical Sociology Review*, 16, 67–91.
- Ponterotto, Joseph G., & J. Manual Casas. (1991). *Handbook of racial/ethnic minority counseling research*. Springfield, IL: Charles C Thomas.
- Roediger, David. (1994). *Towards the abolition of whiteness*. New York: Verso.

- Scott, J. C. (1990). *Domination and the arts of resistance: Hidden transcripts*. New Haven, CT: Yale University Press.
- Sue, Derald W., & Stanley Sue. (1990). *Counseling the culturally different*. New York: John Wiley.
- Sue, Sue, Diane C. Fujino, Li-tze Hu, David T. Takeuchi, & Nolan W. S. Zane. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533–540.
- Tatum, B. D. (1987). *Assimilation blues: Black families in a White community*. New York: Greenwood.
- Trennert, R. A. (1988). *The Phoenix Indian school: Forced assimilation in Arizona, 1891-1935*. Norman: University of Oklahoma Press.
- Wellman, David T. (1993). *Portraits of White Racism* 2nd Edition. Cambridge: Cambridge University Press.
- Williams, Norma, Kelly Himmel, Andree F. Sjoberg, and Diana Torrez. (1995). The assimilation model, family life and race and ethnicity in the United States. *Journal of Family Issues*, 16(3), 380–405.
- Williams, Norma and Andree F. Sjoberg. (1993). Ethnicity and gender: The view from above versus the view from below. In T. R. Vaughan, G. Sjoberg, & L. T. Reynolds (Eds.), *A critique of contemporary American sociology* (pp. 160–202). Dix Hills, NY: General Hall.

Protection, Prizes or Patrons? Explaining the Origins and Maintenance of Human Services Interest Groups

RICHARD HOEFER

University of Texas at Arlington
School of Social Work

Little work has been done to understand the origins of human service interest groups or how they maintain themselves once founded. This paper tests three models of interest group origins and maintenance: a pluralist approach in which groups form and continue because they protect members' interests; a rational actor model in which groups form and are maintained because they offer members "prizes" that are more valuable than the costs of joining; and a patronage model in which groups form and continue because financial backers are willing to support them financially. Results show support for the "protection" and "patrons" models for the 127 Washington D.C. based advocacy organizations surveyed.

A theme running through much of the social work policy literature is that social workers lack knowledge and power in the political process (see, for example, Albert, 1983; Dear and Patti, 1981; Ezell, 1993; Mathews, 1982; Wolk, 1981). One reason for this may be the over-emphasis placed on individual political action compared to using interest groups to affect policy. As Jones, Ericson, Brown, Trotter and Lynch argue: "Experience has demonstrated that individuals who form groups for political action are usually more effective in achieving their goals than are persons acting alone" (1993: p. 125).

Interest groups, when mentioned, are often seen with suspicion. Jansson, for example, states "Powerful interest groups and well-heeled contributors have exercised extraordinary influence

The author gratefully acknowledges the financial support of The Aspen Institute Nonprofit Sector Research Fund.

Journal of Sociology and Social Welfare, December, 1999, Volume XXVI, Number 4

over American elected officials, to the detriment of social reform" (1997, p. 364). Such a belief in the negative power of interest groups draws attention away from the fact that there are interest groups that fight *for* social reform, too. Little research exists in the social work literature, however, about these interest groups (with the exception of Hoefer, in press, Hoefer, 1998, and Hoefer, 1995). One area that is particularly ill-studied concerns the origins and maintenance of human services interest groups.

Interest groups have been defined in many ways, but the classic definition in the political science literature is: "any group that, on the basis of one or more shared attitudes, makes certain claims upon other groups in the society for the establishment, maintenance, or enhancement of forms of behavior that are implied by the shared attitudes." (Truman, 1951, p. 33). There are many such organizations at various levels of government which try to affect social policy. It has been estimated, for example, that there were 22,663 interest groups active in Washington, DC in 1996, an increase of 54 percent compared to 1980's 14,726 groups. Of these, an estimated 1,885 were active in social welfare issues in 1996, up 90 percent from the 994 groups existing in 1980 (Hrebenar, 1997, p. 15).

Thus, at the national level, the rate of growth in interest groups active in social policy far surpassed the growth of interest groups in general. Knowing that these organizations were founded recently and continue to exist leaves us with many intriguing questions. This paper addresses two major questions for a sample of interest groups active in social welfare issues: "How did these groups get started?" and "How do they support themselves?" The implications of this information for social work practice are also addressed.

LITERATURE REVIEW

In order to understand the origins and maintenance of interest groups we must look at two intertwined questions: "How do interest groups originate?" and "How do interest groups maintain their existence?" While these two questions at first seem to be easily separated, it quickly becomes clear that how a group is started is very much related to whether and how it continues to exist.

It should be emphasized that this study looks exclusively at organized interest groups in Washington D.C. that try to influence national policy and not the many other types of actors that exist in American politics at all levels. Social movements, for example, have an interesting and important place in the literature and in politics. There are many theories and ideas about how they originate and maintain themselves. Nonetheless, they are outside the scope of this study. Additionally, there are theories relating to the roles that nonprofit organizations play, such as Weisbrod's private sector failure theory, or Kramer's comparative work. Because this study focuses on just one type of nonprofit organization, those playing the advocacy role, these theories are also left untested.

There are three major theories that address the questions raised in this paper and that are tested: Truman's (1951) and Dahl's (1956) pluralist "disturbance" theory where societal changes activate latent groups to try to achieve some important purposes; Olson's "rational choice" theory where each potential member requires a "prize" in order to be induced to join and stay a member; and Walker's "patronage" theory where groups form and stay in existence due to financial support from one or a few large contributors. All of these theories have their critics but the empirical basis for the criticism is not always well discussed, particularly in the social work literature.

Disturbances, Protection and Pluralism

Truman (1951) believed that the process of creating organizations was spontaneous, once citizens felt a pressing need. He proposed the "disturbance theory" of group origins, arguing that groups form due to disturbances in technological and social environments which led to the need for representation of new categories and interests. Some groups thus form to protect new interests and some form to protect themselves from the changes desired by the new interests. While it may be difficult for some people with a shared interest to organize, if the problems encountered are sufficiently great, and if society does not restrain the ability to organize, then organizations will emerge to represent these interests. Truman's theory builds upon a pluralist interpretation of American society in which every potential group has power simply from the fact that it contains voting citizens. Decisionmak-

ers take into account the wishes of groups in society, even latent groups, in order to protect their hold on power. Truman's theory, while influential, does not provide specifics regarding how the interest groups actually form or maintain themselves.

Dahl (1956), a leading pluralist theorist, provides a plausible extension to Truman's ideas regarding how groups are founded. He argues that all citizens have some political capital, even if they choose not to use it. Because of this, power is widely dispersed and no one set of elites controls political decision-making. Dahl (1956) believes that people can be divided into two categories: those interested in politics (*homo politicus*) and those not (*homo civicus*). Politically interested persons naturally take charge of interest groups and political organizations, but they are always constrained by the legions of *homo civicus*. If political decisions became too out of touch with ordinary peoples' desires, *homo civicus* shifts from apathy to anger, and a new set of leaders is chosen. Thus, behind the spontaneity of organization seen by Truman lays a class of political entrepreneurs who by temperament and training lead the political system. They do so by laying out clear purposes to protect the group's interests.

Rational Choices, the Collective Action Dilemma and Prizes

Truman's (1951) and Dahl's (1956) view of the world is strongly challenged by Olson (1965). Adopting an economic perspective of the "rational, self interested person," Olson perceives that there are only two reasons to join a group which is seeking collective goods (benefits available to everyone, whether a member of the group or not). First, joining such a group makes sense if it is coerced (as is joining a union in some states) or if the selective benefits (i.e., those available only to members) one receives are of greater value than the costs of joining. The problem of convincing potential members that the benefits are greater than the costs is known as the collective action dilemma. It is a problem that every organization devoted to achieving collective goods must overcome to survive. According to this theory, it is rational for potential members to refuse to join a group dedicated to collective benefits because they will enjoy the positive results without having to contribute to the process. They are "free riders". Olson's answer to the collective action dilemma and the problem

of free riders is that interest groups, in order to continue existing, should offer material benefits available only to members, such as publications, low-cost consumer items, discounts on desired goods and services, and so on. These material benefits can be thought of as “prizes” that members value more than the cost of their membership dues. Otherwise groups must rely on coercion to survive.

Patronage

Empirically-based work by Walker (1991) has had a profound impact on current understanding of the origins and maintenance of interest groups. He shows that the commonly noted explosion in the numbers of interest groups which began in the 1960s is largely because of patrons—persons, organizations or government agencies that want a particular organization to exist so much that they underwrite all or a large portion of its budget.

“The key to the origins and maintenance of interest groups lies in the ability and willingness of the patrons of political action to expand the representative system by sponsoring groups that speak for newly emerging elements of society and promote new legislative and social values” (Walker, 1983: 404).

The existence of patrons has a profound effect on how group leaders view the task of attracting members. It means that members are no longer as necessary. The collective action problem is reduced or eliminated. The job of a group leader is simplified because organizations do not need to attract members with incentives that are subjectively worth more than the cost of joining. The result is that some interest “groups” are not groups at all but are non-membership interest organizations. Having members may be advantageous for political reasons, particularly if a group adopts a strategy using grassroots lobbying but the existence of a patron eliminates the need for members as a major source of funding.

Walker also shows that a group’s membership can usefully be categorized by its occupational base. Members (whether institutional or individual) may come primarily from the forprofit sector or the nonprofit sector. In addition to these workplace related types of groups, other groups may have members who come from

any field or from no field at all. This type of group is known as a citizen's group.

RESEARCH QUESTIONS

After describing the methodology of the data collection, this paper focuses on testing these theories' applicability regarding human service interest groups' origins and maintenance.

In particular, we address the following research questions:

1. When and how have human services interest groups been founded?
2. How do human services interest groups and organizations maintain themselves, once started?
3. Which theory of group origins and maintenance appears to be most accurate in the area of human services interest groups and organizations?

METHODS

The data for this paper come from mailed surveys of interest groups based in Washington D. C. Names for the sample were culled from the *Washington Information Directory* of organizations that were active in social policy. A stipulation for inclusion in the study was that organizational activities must include trying to influence the executive branch as well as Congress. Telephone calls were made to each organization to verify the information in the Directory and to ascertain the person who should most appropriately receive the survey. In all, 317 organizations were identified as meeting all criteria and were sent surveys.

A typical mail survey process was used in this research: an initial mailing to all groups, a postcard "Thank you"/reminder ten days later, and a second full mailing to all non-respondents two weeks later (Fowler, 1988). The response rate of 40% (127 organizations) is acceptable but tempers the strength of the conclusions that we can draw.

These groups may not be fully representative of all human service interest groups, for two reasons. First, many groups do not attempt to lobby the executive branch, focusing entirely on Congress. Second, these organizations may not be representative of all actors trying to influence social welfare policy because

they have a continuing existence, as demonstrated by being in a reference book on interest groups and by having a separate phone number. Ad-hoc coalitions and movements run out of a leader's basement are thus not in the population from which the survey respondents are drawn, even though they may have some impact on social policy. Formerly solvent groups that have died out are also not included in the sampling process.

Despite these concerns, the information presented here is a strong first step in understanding the origins and maintenance of groups active in social policy. The groups chosen are good ones to learn from for two reasons. First, they are among the most politically savvy because they recognize the importance of working to alter administrative regulations and other executive branch decisions, not just legislation. Second, they are also successful, in some sense, because they are still in existence.

RESULTS

This section provides information that addresses the validity of the theories described above. Results are presented regarding when groups were founded; where start-up funds came from when the organizations began; how groups maintain themselves financially; and which incentives groups currently use to attract members. We then address the question of which theory best explains the results.

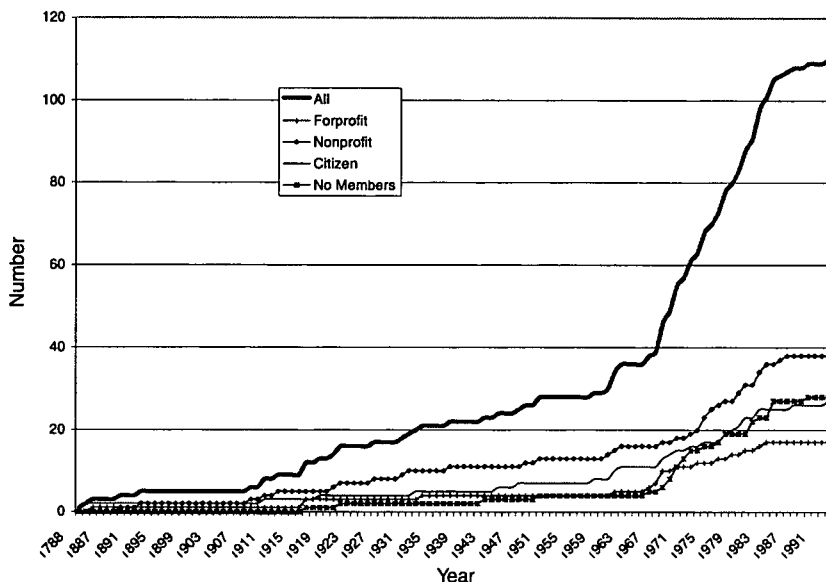
When were groups founded?

The organizations in this study of human service interest groups' origins and maintenance range in age (in 1994) from 2 to 206 years old. The median age is 23.5 years.

Walker's occupationally-based typology is reflected in the results. Of the 127 organizations which responded, 18 (14%) are forprofit based; 44 (35%) are nonprofit based; 31 (24%) are citizen-based, and 29 (23%) have no members. Another 5 (4%) have a mixed membership but are excluded from further analysis due to this type's small numbers. We use these types of groups as an important variable in our analysis because the answers for our questions sometimes differ depending on the type of group.

Figure 1 shows the cumulative number of responding organizations that existed at any one time (due to lack of response to the

Figure 1

Cumulative Number of Groups, by Type, 1788–1992

question regarding founding year in the surveys, this information is available for only 114 of the organizations). Separate lines show totals for each type of group as well as all groups. The general trend is remarkably clear: there was a steady, if slow, increase in numbers of groups from the beginnings of our country to the 1960s. In 1961 and 1962, a sudden spurt of growth occurred, followed by a few years of stabilization. But in 1968 another spurt started, lasting for two decades before ending.

Different types of groups followed the same general pattern, with only slight differences. Nonprofit and citizen groups, for example, have very similar patterns to each other and the overall curve, with there being fewer citizen groups at any time. Non-membership organizations, beginning from the lowest base, started increasing rapidly in number in 1966. Their numbers did not level off until 1989. Forprofit groups are the smallest number of organizations in the study. Their growth spurt started a bit

earlier than the nonprofits and citizens, in 1966, but ended earlier, in 1983.

Where did start up funds come from?

Table 1 indicates the source of start-up funds for the groups. There are five sources which either did or did not assist the group in its initial stage: small contributions from many individuals; private foundations; corporations and businesses; large contributions from one or a few individuals; and government. The first category indicates a broad membership drive enabled the organization to establish itself; the other four might indicate that one or more patrons were involved. More than one response is possible.

The most common sources for start-up funds are private foundations and small contributions from many individuals. Over half of groups received money from one or both of these sources. One third of the groups got assistance from corporations or businesses. Large contributions from a few persons was a source for nearly a third of the respondents, while just over one-fifth of all groups were assisted by a government agency.

There are important differences, however, in how the different types of groups began. Forprofit groups tend to have received funds from corporations as well as private foundations. Non-profit groups were likely to have received start-up money from private foundations and small contributions from many individuals. Three-fourths of citizen groups got small contributions from many individuals; about half received funds from private foundations and large contributions from one or a few individuals. Over three-quarters of organizations without members received funds from private foundations, and, to a much lesser extent, small contributions from many individuals.

Thus, while there are several sources for funds to help start a new organization, the type of membership has an important effect on the most likely strategy. Organizations for members from the forprofit world can often receive assistance from for-profit corporations and businesses, presumably part of their future membership. An organization of forprofit nursing homes, for example, might be started by some of the larger nursing home chains in order to give themselves a larger and more covert voice. Private foundations, sometimes controlled by successful business

Table 1

Sources of Start-up Funds by Type of Group

<i>Source</i>	<i>Percent of Groups Receiving Start-up Funds From This Source</i>				
	<i>All Groups (n = 104)</i>	<i>Forprofit (n = 17)</i>	<i>Nonprofit (n = 36)</i>	<i>Citizen (n = 25)</i>	<i>No Members (n = 26)</i>
Private Foundation (p = .15)	53	41	47	48	77
Small Contributions from Many Individuals (p = .02)	51	31	46	75	44
Corporate/Business (p = .38)	33	47	29	39	24
Large Contributions from One or a Few Individuals (p = .05)	28	25	21	48	17
Government (p = .64)	22	12	19	20	28

Note: P value is from a chi-square test of differences between the types of groups (forprofit, nonprofit, citizen and non-membership). Each row is a separate question. Answers to the question were either "Yes, funds were received from this source when the organization was founded", or "No, funds were not received from this source when the organization was founded." Only "Yes" answers are reflected in this table.

persons, are also often contributors to new interest groups for members from the forprofit sector.

Nonprofit groups rely on private foundations, too, but also on the small contributions of many individuals, presumably initial membership dues. A large majority of citizen groups needed support from many individuals to get off the ground, although private foundations and individual patrons are also important sources of early funds. For organizations with no members, private foundations are very often used to provide money in the

beginning. Even here, many such organizations used small contributions from many people to start operating. This is surprising, since the donors provide money without becoming a "member" of the group.

In sum, small contributions from many individuals is a tactic that is especially important to citizen groups, although nearly one-half of nonprofits and no-member organizations also used it. Private foundations were particularly important for no-member organizations, and, to a lesser extent, nonprofit and citizen groups. Corporations and businesses supported forprofit groups most, although over one third of citizen groups also received support from this source. Citizen groups also had strong support from a few individuals who gave large amounts. Government was prone to give start-up funds to no-member organizations.

How do groups maintain themselves financially?

There is less variation in how groups obtain their current budget compared to the types of funding sources they had at their founding. The most important source for most types of groups is membership dues. One third of all groups' budgets comes from membership dues, on average. This is highest for forprofit groups (50%) and, as expected, of no importance for non-membership groups (0%). Nonprofit and citizen groups each obtain around one-third of their current budgets from this source (39% for nonprofits and 33% for citizen groups). Foundation grants are the most important single source of income for non-member organizations (38%), followed by money from government (23%). Foundations, government and corporations provide fairly small amounts of ongoing assistance to forprofit, nonprofit and citizen groups. A residual category consisting of things such as investment income and sales provides about one-third of the budget for each type of group.

One constant problem for group leaders is to keep resources flowing into the organization. Respondents were asked how important four different potential ways of increasing income were for their group (see Table 2). Three different strategies emerge from the answers. For forprofit and citizen groups, the key strategy is to increase the number of members. This implies that the group makes a "profit" on each member: the marginal cost of

providing services or benefits is less than the income derived from membership dues.

The second strategy, employed as the dominant approach by non-member groups, is to increase the number of grant applications. Some groups must be considering becoming membership groups, however, as there were responses indicating this was a possible way to increase funds for the organization. These three types of groups put most of their eggs in one basket, in terms of increasing their budgets. Only nonprofit groups adopt a third, multi-option strategy, believing that increasing grant income and increasing membership are both important.

Fortunately for the groups, many of them had recorded increases in membership size compared to five years previously. Almost three-fifths of forprofit and nonprofit groups (57% for both types) had some increase in the size of their memberships. Almost half of citizen groups (45%) did the same.

Table 2

Importance of Tactics to Increase Group Budgets by Type of Group

<i>Source of Increased Budget</i>	<i>Mean Score of Importance</i>				
	<i>All Groups (n = 112)</i>	<i>Forprofit (n = 17)</i>	<i>Nonprofit (n = 38)</i>	<i>Citizen (n = 29)</i>	<i>No Members (n = 28)</i>
Increase Grant Applications	3.96	2.76	4.16	3.52	4.86
Increase Membership	3.84	5.41	3.95	4.07	2.50
Increase Fundraising Efforts	3.34	3.19	3.51	3.34	3.18
Increase Administration of Government Programs	2.40	2.44	2.28	2.18	2.75

Note: Answers were on a scale ranging from 0 (not used) to 6 (most important).

What incentives do groups use to attract members?

Because membership dues are so important for the groups' survival (except for the non-membership organizations, which rely more on foundation grants and government contracts), it is vital to know which membership incentives each group offers if we are to understand how groups continue to exist. This information is available from Table 3. Ten different possible membership incentives were presented to respondents who marked how important each is to their group's members. While this is not a direct measure of the importance of the incentives to members, it is reasonable to assume that group leaders have a good idea of the services that members request and use.

The most striking result shown in Table 3 is the level of agreement across all types of groups regarding the importance of each incentive. "Advocacy of Ideas" is considered the most important incentive by all three types of membership groups; in addition the incentives in the "top three" and the "bottom three" are identical across the groups.

There are only two incentives that are ranked differently by the different types of groups. The first is the purposive incentive of "Being able to participate in public affairs" which is ranked fourth by citizen groups and seventh and eighth for forprofit and nonprofit groups, respectively. Citizen groups place a greater emphasis on involving their members in the advocacy process compared to forprofit and nonprofit groups. This implies that citizen groups are more likely to use grassroots campaigns to influence policy than are the occupationally-based groups active in the forprofit and nonprofit worlds.

The other incentive with disparate rankings is "Contact with professional peers and colleagues" which is ranked fifth by both forprofit and nonprofit groups and eighth by citizen groups. This is reasonable because citizen groups are not organized along employment-related lines, unlike forprofit and nonprofit groups. There is thus no way to guarantee contact with peers and colleagues when the membership is drawn from a variety of employment backgrounds.

Each incentive in Table 3 has been labeled according to the type of incentive it is: The assignments were first made based

Table 3

Importance of Membership Incentives, by Type of Group

<i>Membership Incentive and Type of Incentive</i>	<i>Mean Score and Rank</i>			
	<i>All Groups (n = 80)</i>	<i>Forprofit (n = 16)</i>	<i>Nonprofit (n = 38)</i>	<i>Citizen (n = 26)</i>
Advocacy (Purposive)	5.55 (1)	5.69 (1)	5.58 (1)	5.42 (1)
Represent Members' Opinions (Purposive)	5.17 (2)	5.53 (2)	5.32 (2)	4.72 (3)
Publications (Solidary)	5.03 (3)	4.88 (3)	5.18 (3)	4.88 (2)
Conferences/Meetings (Solidary)	4.64 (4)	4.56 (4)	4.95 (4)	4.23 (5)
Training and Education (Solidary)	4.36 (5)	4.00 (6)	4.76 (6)	4.00 (7)
Contact with Professional Peers (Solidary)	4.29 (6)	4.31 (5)	4.82 (5)	3.50 (8)
Participate in Public Affairs (Purposive)	4.16 (7)	3.94 (7)	3.95 (8)	4.62 (4)
Friendship (Solidary)	4.03 (8)	3.69 (8)	4.16 (7)	4.04 (6)
Insurance (Material)	1.44 (9)	1.25 (10)	1.51 (9)	1.46 (9)
Consumer Discounts (Material)	1.40 (10)	1.82 (9)	1.24 (10)	1.35 (10)

Note: Answers were on a scale ranging from 0 (not used) to 6 (most important).

on our interpretation of the literature. A factor analysis was conducted to test the categorization using both no rotation and varimax rotation options in SPSS. The results from both analyses supported the theoretical assignments of the 10 incentives into purposive, solidary and material categories. In general, it appears that purposive benefits are most important, solidary ben-

efits are second-most important and material benefits are, by a wide margin, least important. This conclusion is true across all types of groups.

Which Theory Best Explains the Results? The theories discussed in the literature review have different explanations regarding why the number of interest groups might have grown and what the pattern of membership benefits offered would be. Truman's disturbance theory combined with Dahl's (1956) pluralist theory says that something happened in society to motivate larger numbers of *homo politicus* to organize formerly latent groups. Groups exist to protect their interests. Implied in this theory is that group incentives will be primarily purposive in nature as the goal of becoming involved is to counter some threat.

We can test this in two ways. First, we compare the years that groups were founded with social policy history to determine if group formation seems to increase more in periods of disturbance. Second, we examine the types of incentives offered to determine why group members join. If Truman is correct, we will find that purposive benefits are more important than are solidary or material benefits. Because we do not have historical data on the types of incentives offered by groups in their earlier years, we cannot be sure what was offered then. We will instead use current data on the importance of incentives as a substitute.

Olson maintains that the collective action dilemma should keep groups from forming unless coercion was used to force people to join or unless material benefits are provided to members. Thus, one of these two strategies must have been used to lure members. Because these groups are voluntary in nature, we can immediately eliminate coercion as a means of having members join the human service interest groups in this study. Examining the incentives offered will determine if Olson is correct.

Walker argues that patrons emerged at this time in society to underwrite the existence of the new groups. In order to test his theory, we will look at the percentage of groups which had patrons when they were started and compare this to the time period when groups were forming at an accelerated rate.

Testing "Protection". There are three time periods of great change for social policy in American history. The first is during the Great

Depression, when the foundations of the American welfare state were laid. The signature event was the passage of the Social Security Act of 1935. The second is the time of the Great Society programs, culminating in the creation of Medicare and Medicaid in 1965. The third is the era of backlash and retreat from the social welfare state, which began in the late 1960s. (For three approaches to social welfare policy history, see Day, 1997, Jansson 1997, or Trattner, 1999.) It would be reasonable, based on Truman's disturbance theory, to see an increase in the number of human service interest groups during all three time periods.

Of these three periods, one might predict that the era of backlash would provoke the most consternation. Groups of people who have been accustomed to receiving government funding (either as clients, or as employees of government or nonprofit agencies administering services) might work harder to maintain their status than would people fighting for a new program.

In fact, social policy historians believe that the late 1960s and onward have been a time of extreme change and disturbance in social policy. Day (1997) , for example, states "The election of President Richard M. Nixon [in 1968] began the retreat into conservatism" (p. 343). Jansson (1997) considers the time between 1968 and 1980 as "the paradoxical era," with three conservative presidents, Richard Nixon, Gerald Ford and Jimmy Carter, presiding over "a major period of social reform" (p. 241). By 1980, a considerably more conservative Republican president, Ronald Reagan, was elected. Day (1997) believes that "The elections of Ronald Reagan and George Bush were the emerging tip of a reactionary iceberg" (p. 372). This meant drastic cuts in social spending and the government grants that were thought to keep many advocacy organizations solvent (Peterson and Walker, 1991).

Examining Figure 1 shows evidence that groups were more likely to form during the three time periods when social policy was in especial turmoil. There is an apparent, although slight, increase in the rate of group formation in the early 1930s, a noticeable jump in growth during the early 1960s and a steep and sustained growth in numbers from the late 1960s to the late 1980s. This pattern supports Truman's disturbance theory. The evidence on this point is admittedly more heuristic than definitive, as

many alternative explanations might be offered. Nonetheless, it is supportive of Truman's hypothesis.

Truman's model also predicts that purposive incentives will be most important. As noted in Table 3, the incentives currently considered most important for maintaining interest group membership are purposive. The data therefore support the disturbance theory of interest group formation in two ways. First, the time periods of increased interest group formation were during times of considerable change in social programs. Second, the groups' incentives are primarily purposive in nature, which is what we would expect of groups battling to protect a set of programs or values.

Testing "Prizes". The data from this research give little support to Olson's theory. The valued types of incentives offered are not material benefits and there is no evidence to support the belief that members are coerced into joining. Members do not need prizes to join an organization. Rather, they want to see values advocated, opinions represented and the chance to interact with others sharing their ideas and interests.

Testing "Patrons". If patrons are an important part of why groups start and continue, we should see more groups with patron support during the time of increased group formation than before. The data support this prediction. Patrons were more common for groups started after 1968 than before. Slightly over half of groups (56%) started prior to 1968 had a patron of some type (government agency, private foundation, business, or had large contributions from one or a few individuals). Over four-fifths (81%) of groups begun in 1968 or later, however, had a patron (chi-square = 9.67, $p = .009$).

Differences continue after a group is founded. As seen in Table 4, on average, groups begun prior to 1968 receive 40% of their current funding from membership dues, compared to 32% of groups founded in 1968 or later. This is the largest source of funding. More significantly, however, groups begun prior to 1968 receive only 27% of current funding from patrons (private foundations, government agencies and corporations or businesses) compared to 47% of current funding for groups begun in 1968 or later. The bulk of this difference is due to private foundations giv-

ing three times as much funding to the groups that began in 1968 or later compared to the groups that were founded earlier. This pattern remains even after one deletes groups with no members.

The data support Walker's patronage theory strongly. Patrons are a much more prevalent source of funds to originate and maintain human services interest groups in the years since 1968 than before. The growth in the numbers of human services interest group may be due primarily to the growth in the number of patrons available and willing to provide funds to found and maintain groups active in social welfare policy.

DISCUSSION AND IMPLICATIONS

While Olson's theory is not supported by the results of this study, two of the three theories examined are supported. It appears that protection and patrons are both important. Truman was not specific as to how groups started; rather he focused on when they would emerge. Dahl (1956) posited the existence of a leadership class (*homo politicus*) that would (somehow) bring together latent group members when the need for protection was great. Walker provides a financial mechanism to simplify *homo politicus'* task. Rather than choosing one theory to be the complete answer we can provide one combining two earlier theories. Thus, the answer to the question "Why do groups start?" is: Human

Table 4

Percentage of Current Funding by Source and Era of Founding

<i>Source of Current Funds</i>	<i>Founded Before 1968</i>	<i>Founded in 1968 or Later</i>	<i>P value</i>
Membership dues	40%	32%	.219
Foundation Grants	8%	25%	.001
Government Agency	12%	13%	.763
Corporations/Businesses	6%	9%	.383
Other	33%	21%	.039
Total	99%	100%	N/A

Note: Totals do not round to 100% due to rounding error.

Note: P value is based on a two-tailed independent samples T-Test.

services interest groups tend to start when there is a distinct need to advocate for or to protect values or programs and when patrons are there to provide financial resources.

Groups may, of course, begin at any time and with any source of financing. It can be difficult, however, to get people to join an organization when everything is going well. In such cases, members of *homo politicus* may long for controversy to erupt. In fact, controversy may be manufactured if it does not exist. Liberal groups, in recent years, used the "threat" of former Speaker of the House Newt Gingrich and a conservative Republican Congress to scare people into joining. Conservative groups have profited in a similar way from using the images of President and First Lady Hillary Clinton to entice membership.

There are limitations to this study that should temper our reliance on the data gathered. First, the response rate was somewhat lower than is ideal, so the sample may not be entirely representative. A second limitation is that the choice of subject. Washington-based, national-focus interest groups that conduct both legislative and executive branch lobbying is a limited set of organizations. It does not include social movements, small or ad-hoc coalitions, locally influential groups or other potential subjects of study. More importantly, interest groups that once existed but did not exist at the time of the survey could not be contacted. The ways that they were founded and maintained (for at least some time) might provide information that contradicts or amends the data from still-existing groups.

Despite these limitations, we can draw several implications from the data. These implications should be considered empirically derived, but open to additional research to support or contradict them.

Persons working to create an interest group or advocacy organization addressing one or more social problems should keep the following statements in mind:

1. Demonstrate a need for the organization.
2. Find a financial backer who will underwrite the start-up costs of the group. Potential sources for a patron include private foundations, government agencies, businesses or corporations and individuals willing to contribute a significant amount of money.

3. The type of person you are trying to mobilize (persons from the forprofit or nonprofit worlds, or people from all walks of life), may impact the type of patron you are able to secure.
4. If a financial patron is not available, groups can be started with small contributions from many individuals. This will increase the amount of effort for the organizer, however.
5. Potential members want to know that their ideas will be represented and that their values will be advocated for. Emphasis should be on what the organization will be able to do in these areas.
6. Potential members also want opportunities to interact with others, if only through the written word. A successful group organizer must thus have both an external focus on advocacy and an internal focus on members' desires to be informed and involved.

CONCLUSION

This paper sought to answer two questions regarding human services interest groups: "How do interest groups originate?" and "How do interest groups maintain their existence?" The answers are related, in that groups originate when patrons are available to group organizers in times of social or political disturbance. Groups continue to exist by offering purposive and solidary benefits to their membership although groups founded since 1968 also rely heavily on patrons. Non-member organizations continue to exist if they are able to maintain a relationship with a patron.

The answers to these two questions allow us to test existing theories of group formation and maintenance. We have rejected Olson's "prizes" model, in favor of a combination of Truman's "protection" and Walker's "patron" models.

This information is important for several reasons. First, social workers must remember that not all interest groups fight against social work values and social welfare programs. A large number are "on our side". Second, it is helpful to understand how groups originated and how they maintain themselves. Without such an understanding, the groups may not be there to protect the values and programs that social workers believe in. Finally, understanding the issues raised in this research helps social workers develop

additional organizations and can lead to better practice in the area of community organization. If it is true that people acting together *are* more effective than persons working alone, it is a professional duty to test current theories to determine which are correct and, based on the results, to develop better ones.

Additional research should be undertaken to add to and clarify the results from this study. Particularly important questions to answer include:

What motivates patrons to provide funds?

How do patrons and potential interest group leaders connect?

Do non-member organizations commonly change to membership groups?

Do membership groups commonly change to non-membership organizations? If either shift occurs, why and how does it occur?

Once questions such as these are fully explored, social workers will have an easier time in protecting their interests and the interests of their clients against other groups and organizations that have a very different agenda.

REFERENCES

- Albert, R. (1983). Social work advocacy in the regulatory process. *Social Casework*, 64, 473–481.
- Dahl, R. (1956). *A preface to democratic theory*. Chicago: University of Chicago Press.
- Day, P. (1997). *A new history of social welfare*. 2nd edition. Boston: Allyn and Bacon.
- Dear, R. and Patti, R. (1981). Legislative advocacy: Seven effective tactics. *Social Work*, 26, 4, 289–296.
- Ezell, M. (1993). The political activity of social workers: A post-Reagan update. *Journal of Sociology and Social Welfare*, 20, 81–97.
- Fowler, F. J., Jr. (1988). *Survey Research Methods*. (Newbury Park, CA: Sage).
- Hofer, R. (in press). Human services interest groups in four states: Lessons for effective advocacy. *Journal of Community Practice*.
- Hofer, R. (1998). Political advocacy by Swedish and American third sector organizations. Paper presented at the International Society for Third Sector Research, Geneva, Switzerland, July 1998.
- Hofer, R. (1995). Human services interest groups: Empowerment through knowledge. Paper presented at the Annual Program Meeting, Council for Social Work Education, March, San Diego, California.
- Hrebener, R. (1997). *Interest group politics in America*, 3rd ed. Armonk, NY: M.E. Sharpe.

- Jansson, B. (1997). *The Reluctant Welfare State*, 3rd ed. Pacific Grove, CA: Brooks/Cole.
- Jones, E., Ericson, J., Brown, L., Trotter, Jr., R. and Lynch, E. (1993). *Practicing Texas politics: A brief survey*, 4th ed. Boston: Houghton Mifflin.
- Kramer, R. 1981. *Voluntary agencies in the welfare state*. Berkeley, CA: University of California Press.
- Mathews, G. (1982). Social workers and political influence. *Social Service Review*, 56, 616–628.
- Olson, M. (1965). *The logic of collective action*. Cambridge, MA: Harvard University Press.
- Trattner, W. (1999). *From poor law to welfare state: A history of social welfare in America*, 6th ed. New York: Free Press.
- Truman, D. (1951). *The governmental process*. New York: Knopf.
- Walker, J. Jr. (1991). *Mobilizing interest groups in America*. Ann Arbor, MI: University of Michigan Press.
- Walker, J. Jr. (1983). The origins and maintenance of interest groups in America. *American political science review*, 77, 2, 390–406.
- Weisbrod, B. (1988). *The Nonprofit Economy*. Cambridge, Mass. : Harvard University Press.
- Wolk, J. (1981). Are social workers politically active? *Social Work*, 26, 284–288.

Perceiving Oppression: Relationships with Resilience, Self-Esteem, Depressive Symptoms, and Reliance on God in African-American Homeless Men

JILL LITTRELL

Georgia State University

ELIZABETH BECK

Georgia State University

Empowerment has been proffered as a desirable goal for many disadvantaged populations. The process of empowerment can include encouraging disadvantaged individuals to recognize the structural factors in society (e.g., discrimination, oppression, injustice) which contribute to disadvantaged status. Two studies sought to determine the impact that recognition of oppression has on a disadvantaged individual's (1) self-esteem; (2) level of depressive symptoms; (3) resilience which includes a sense of mastery and optimism; (4) anger; and (5) reliance on God. These issues were investigated in a sample of African-American men seeking services at a soup-kitchen ministry. Perceptions of racial discrimination were marginally associated with attenuated levels of depressive symptoms. There was no evidence that perception of oppression influenced anger or self-esteem. However, belief in a just world was associated with some aspects of resilience and stronger reliance on God. Attributions to individual causes of homelessness were marginally associated with greater optimism. Those practitioners endeavoring to empower should be cautious about impairing clients' belief in a just world or undermining a sense of personal control over events.

Susser (1992) has advocated for application of the process of empowerment to the homeless. For some advocates of empowerment, the process involves helping disadvantaged persons to recognize the discrimination which operates in the society. For example, according to Gutierrez (1990) the process of empowerment

should involve (1) the development of collective identification with similarly disadvantaged individuals; (2) the recognition that negative group outcomes (such as poverty) are caused by structural factors in the society; (3) a change in the way personal bad outcomes are explained such that structural factors are blamed for negative outcomes rather than personal failings; (4) the collective effort to work toward social change; and (5) an increase in personal self-efficacy.

The focus of the present investigation will be an exploration of the second and third components in Gutierrez's proposed process of empowerment, viz., acknowledging that group negative outcomes are caused by structural factors (e.g., oppression/discrimination) in the society as opposed to individual failings. This investigation will examine the correlates of perceiving oppression/discrimination and/or attributing disadvantaged status to structural factors in society. The question will be explored in a sample of homeless, African-American men. Because African-American men are disproportionately represented among the homeless (Wright, 1989, p. 66), structural attributions for the homelessness of African-American males are highly cognitively available. Discrimination constitutes a plausible explanation for the homelessness of African-American men both for observers and for the men themselves. This investigation will examine the correlates for homeless, or tentatively sheltered, African-American men of acknowledging injustice/discrimination and/or structural factors in the society as contributing factors to disadvantaged status. It should be noted, that while the psychological consequences of perceiving discrimination have been explored in middle class samples (Crocker, Voelkl, Testa, & Major, 1991; Ruggiero & Taylor, 1995), little exploration of this issue has been occurred within indigent samples.

Possible Pros and Cons of Recognizing Injustice

Gutierrez (1990) has argued that if disenfranchised individuals view societal factors as the cause of their disadvantage, and concomitantly cease believing that they are to blame for their disadvantage, their level of self-esteem will increase. In line with this thinking, Crocker et al. (1991) found that the impact of negative, evaluative feedback on the self-esteem of African-American

women was diminished when these women could attribute this feedback to racial prejudice of the evaluator. Analogously, we hypothesize that if African-American, homeless men can recognize discrimination in the society and/or attribute homelessness to this oppression, their self-esteem may be protected. Further, they might escape the higher levels of depressive symptoms which characterize samples of homeless individuals (Fischer & Breaky, 1986).

Some positive outcomes can be envisioned if homeless men can attribute homelessness to societal factors. However, negative consequences from attributing homelessness to societal factors are also possible. Recognizing oppression could increase the anger of homeless individuals. While anger might serve as a goad to involvement in social-change movements, anger generally has a negative effect at the individual level. Anger is a major predictor of cardiovascular disease (Siegel, 1992; Smith & Christensen, 1992), a condition for which African-Americans are at increased risk generally (Saab et al., 1997). On a more psychological level, anger has been found to interfere with the emotional processing required to move on after trauma and victimization (Foa, Riggs, Massie, & Yarczower, 1995). Thus, a potential downside to blaming structural factors is an increase in anger.

Additional negative effects of recognizing structural factors in the society as a cause of negative outcomes can be hypothesized. Acknowledging the force of structural factors, which are largely beyond individual control, could exert a negative effect on sense of control and sense of optimism. Many theorists have recognized the double-edged sword of attributing negative outcomes to external factors. Seligman (1998) has explained some of the recent rise in the world wide prevalence of depressive symptoms on the zeitgeist of blaming of structural factors and factors beyond individual control for negative outcomes, a phenomenon which Seligman labels "victimology". Inversely, Janoff-Bulman (1992) has argued that making attributions to one's own behaviors (behavioral self-blame as opposed to characterological self-blame) for outcomes such as cancer in one's children or car accidents can be beneficial. Janoff-Bulman (1992) argues that blaming one's own behavior allows one to retain a sense of control. In fact, data supportive of Janoff-Bulman's view have been adduced (Littrell,

1991, p. 288; Janoff-Bulman, 1992, pp. 128-129). In a recent test of this theory, Delhanty et al. (1997) found that car accident victims who blamed themselves for their accidents experienced less Posttraumatic Stress Disorder, felt less threatened generally, and estimated themselves as less likely to experience another accident, than those who blamed others. Consistent with this line of argument, Ruggiero and Taylor (1997; 1995) found that minimizing perceived discrimination protected the sense of control in both performance and social domains for African-American women. Thus, reasons exist for hypothesizing that blaming one's self for negative outcomes might be associated with stronger levels of control and higher levels of optimism about the future in African-American, homeless men.

Finally, recognizing oppression and discrimination, at least at the theoretical level, probably precludes a strong conviction that the world is a just place. Rubin and Peplau (1975) have found that believing in a just world is associated with stronger religious beliefs. Faith is a strong predictor of being able to cope effectively in times of stress. It is a predictor of coping effectively with HIV in African-American, gay men (Peterson, Folkman, & Bakeman, 1997). Faith relates to recovery time from depression among older persons with health problems (Koenig, George, & Peterson, 1998) and facilitates adjustment in those undergoing kidney transplantation (Tix & Frazier, 1998). Among African-Americans, faith is a predictor of life satisfaction (Ellison, 1990). It could be that faith will assist coping with homelessness as well. It is important to investigate how maintaining perceptions of justice relate to maintaining faith in the homeless.

STUDY ONE

The initial study sought to evaluate how viewing structural factors as causes for homelessness and awareness of discrimination relate to (1) self-esteem, (2) levels of depressive symptoms, (3) anger, and (4) resilience. Thus, Study One included measures of all conceptual variables. Resilience is a construct which encompasses optimism, a sense of mastery (control), and self-esteem. The relatively high correlations among self-esteem, mastery, and optimism have been recognized. In an attempt to reduce the number of variables in a study to protect alpha levels,

researchers (Major, Richards, Cooper, Cozzarelli, & Zubek, 1998) have combined the mastery scale (Pearlin & Schooler, 1978), the self-esteem scale (Rosenberg, 1965), and Life Orientation Test of optimism (Scheier, Carver, & Bridges, 1994) to create a measure of resilience. The same strategy was employed in Study One.

A measure developed by Katz and Hass (1988) assessing beliefs about racial discrimination was chosen as the major operationalization of awareness of discrimination for Study One. The beliefs about racial discrimination scale constitutes a face-valid measure of subscription to the belief that discrimination toward African-Americans exists in the United States.

Homeless men were also asked about what they believe causes homelessness. A list of reasons for why people are homeless or poor which had been taken from items used by Feagin (1972) and further supplemented by items from similar work by Feldman (1982), Furnham (1982), and Nilson (1981) was used to assess how homeless men explain homelessness. The list included attributions for homeless to discrimination on the basis of race and class. It included attributions to individual failings as well as structural factors in the society, making it possible to examine the relative blaming of societal causes as opposed to individual causes in contributing to homelessness.

The following findings were anticipated if advocates of empowerment are supported: (1) greater perception of discrimination would be associated with stronger self-esteem, higher resilience, and fewer depressive symptoms; (2) higher attributions to structural causes or lower attributions to individual failings as factors contributing to homelessness would be related to stronger self-esteem, higher resilience, and fewer depressive symptoms. Alternatively, if the predictions of those raising caveats are supported the following pattern was anticipated: (1) greater perceptions of discrimination would be related to greater anger and lower resilience; (2) higher attributions to structural causes or lower attributions to individual failings in contributing to homelessness would be related to more anger and lesser resilience.

METHOD

Research-participants

There were 91 research participants in Study One and 91 in Study Two. For purposes of economy, the samples, and those

procedures which were identical in both studies, are described collectively.

All research-participants were recruited at a soup-kitchen facility. They responded to an extended interview, which included questions in response to a scenario, rating scales, and an extensive interview about work and individual histories. Some of the findings from this investigation are reported elsewhere (Littrell & Beck, 1998a, 1998b, 1998c). Research-participants were approached randomly from the those who were either waiting in line to receive some type of service (e.g., use of the mail room, help in obtaining a Georgia ID needed for employment, or some referral to a social service) or who were congregated outside the front entrance of the facility. Eleven of the approached research-participants refused to participate in the project. The data from twelve research-participants were dropped because their obvious retardation, brain damage, or acute signs of schizophrenia precluded their understanding of the interview materials. Demographic information is reported in Table 1.

Procedure

Research-participants were given the option of reading the materials themselves or having the material read to them. The bulk of the sample opted to read along with the interviewer. Research-participants were paid \$10 to participate. Participation was completely voluntary.

Measures for Study One. Research-participants responded to the previously discussed measures of perception of oppression; to the Mastery Scale (Pearlin & Schooler, 1978); the Rosenberg (1965) Self-Esteem Scale; the CES-Depression Scale (Radloff, 1977); the Life Orientation Test (Scheier et al., 1994) which assesses optimism; a measure assessing trait anger (Siegel, 1985); the Wide Range Achievement Test (Jastek & Wilkinson, 1984), which provides grade levels for spelling, for reading, and for math; and the Similarities Subtest from the Revised Wechsler Adult Intelligence Scale, which correlates well (.73) with the overall Intelligence Quotient (Wechsler, 1981). (The intellectual measures were included to examine whether perceptions of oppression were contaminated by intellectual function.) The self-esteem scale, the

Table 1

*Studies 1 & 2**Background Descriptors for the Sample in Study 1 and Study 2*

<i>Trait</i>	<i>Percentage</i>	<i>Average</i>	<i>SD</i>	<i>Range</i>
African American	100%			
Age		38	6.9	19–59
Slept previous night on the Street	49%			
Slept previous night in Shelter	27%			
Temporarily with Friend or Girl Friend	11%			
Temporarily Residing with a Relative	5%			
Living in Car	.5%			
Paying Rent although Long Term Stability is Dubious	9%			
Spoke with Family in Last Month	79%			
Believes Someone in Family Cares	88%			
Ex-Convict	45%			
Military Hx	25%			
Probation Hx	54%			
Grade		12.4	6.1	3–16
Reading Grade		8	4	
Spelling Grade		7	3.7	
Math Grade		6	2.4	
WAIS-Similarities (scaled score with mean of 10 and SD of 3)		7.3	2.5	

continued

Table 1

Continued

<i>Trait</i>	<i>Percentage</i>	<i>Average</i>	<i>SD</i>	<i>Range</i>
Lived or Traveled Outside South	45%			
Raised in South	68%			
Either on SSI, SSDI, or claim submitted	22%			
Treated for Mental Illness (not including Substance Abuse)	22.4%			
Self-identified Substance Abuse	58%			
Head Injury Hx	33%			
Robbed	48%			
Beaten-up	42%			
Health Problem (capacity limiting such as cancer, autoimmunity, cardiovascular, limb missing)	27%			
Public Welfare during Childhood	30%			
Father Employed during Childhood	68%			
Father Present during Childhood	60%			
Current Driver's License	31%			
Driver's License Ever	77%			
Bank Account Ever	88%			
Labeled Retarded in School	4%			

Mastery Scale, and the optimism scale were combined to form a resilience scale.

RESULTS

Internal Consistencies for Major Measures

Coefficient alphas for the measures in Study One and Two ranged from .6367 to .8867. Six items from the Katz and Hass measure, selected to maximize internal consistency, were combined to yield a "perception of discrimination on the basis of race" measure, i.e., the extent to which respondents believe discrimination based obstacles exist for African Americans. The six items were: "Black people do not have the same employment opportunities that Whites do"; "It's surprising that Black people do as well as they do, considering all the obstacles they face"; "Too many Blacks still lose out on jobs and promotions because of their skin color"; "Blacks have more to offer than they have been allowed to show"; "The typical urban ghetto public school is not as good as it should be to provide equal opportunities for Blacks"; and "Many Whites show a real lack of understanding of the problems that Blacks face".

Five items ("lack of jobs in some localities", "failure of the society to provide good schools for many Americans", "prejudice and discrimination against minority groups", "bosses are unfair", "lack of jobs which pay a living wage") tapping "structural reasons for homelessness" (negatively weighted) were combined with eight items ("lack of drive and ambition", "lack of thrift and proper money management by poor people", "lack of effort by the poor themselves", "lack of ability and talent", "alcohol and drug problems", "sickness and physical handicaps", "lack of intelligence among poor people", and "no attempts at self improvement") tapping "individual reasons for homelessness" (positively weighted) were combined to examine the relative importance of individual versus structural causes for explaining homelessness.

Relationships with intellectual variables. There was no evidence that the Katz and Hass measure was associated with any of the intellectual measures. However, greater structural attributions for homelessness were predicted by a higher reading level, $r = -.32$,

$N=59$, $p<.05$; and by a higher grade level, $r=-.32$, $N=88$, $p<.01$, but was not related to WAIS Similarities score, to math level, or to spelling level. Thus, attributions for homelessness were associated with educational exposure and reading level. However, since grade level was not associated with any of the psychological correlate variables (depressive symptoms, resilience, anger), grade level was not controlled in the analyses.

How Does Perception of Oppression Relate to Depressive Symptoms?

In order to evaluate how the perceived oppression variables operated as a set in their association with depressive symptoms, the CES-depression measure was regressed upon the perceived discrimination measure (the Katz and Hass items) and composite structural reasons for homeless measure in a forced entry procedure. The Multiple R, .24, reached marginal significance, $F(2,80)=2.52$, $p=.09$. The beta weight for perceived discrimination, $\beta=-.21$, $t(80)=-1.96$, $p=.05$ was significant; while the beta weight for relative attributions to structural factors, $\beta=.15$, $t(80)=1.39$, $p=.17$, was not significant. The zero-order correlation between depressive symptoms and perceived discrimination reached marginal significance levels, $r=-.19$, $N=85$, $p=.08$. These findings were consistent with the hypothesis of empowerment exponents that perceiving discrimination leads to lower depressive symptom levels. (The zero-order correlations among all the major variables in Study One are presented in Table 2).

How Does Perception of Oppression Relate to Anger?

The anger scale was regressed upon the perceived discrimination measure from the Katz and Hass items and composite structural reasons for homeless measure in a forced entry procedure. The Multiple R was not significant. None of the zero-order correlations reached significance.

How Does the Perception of Oppression Relate to Resilience?

Resilience was regressed on the perceived discrimination measure and the relative structural attributions for homelessness measure. The Multiple R, .13, was not significant. Neither of the zero-order correlations was significant. However, examination of the zero-order correlations in the Matrix presented in Table 2

	Mas- tery	Self- Esteem	Opti- mism	Resil- ience	Anger	Depres- sion	Per- ceived Discrim- ination	Struc- tural Reasons for Home- lessness	Just World	Reliance on God	Relative Struc- tural Reasons for Home- lessness
Individual Reasons for Homelessness	.02	-.11	-.29@	-.12	.00	.05	-.07	.32@	—	—	.31@
Composite Measure of Relative Structural Reasons for Homelessness	.04	—	.00	-.24*	-.09	.03	.12	.17	-.80@	—	—

Note: * implies significance at .05 level; @ implies significance at .01 level;

Low scores on the Mastery Scale signify less mastery.

Low scores on the Self-Esteem Scale signify more self-esteem.

Low scores on the Optimism Scale signify more optimism.

Low scores on the Resilience Scale signify more resilience.

Low scores on the Anger Scale signify more anger.

Low scores on the CES-Depression scale signify more depression.

Low scores on the Perceived Discrimination Scale signify more perceived discrimination.

Low scores on the Structural Reasons for Homelessness scale signify less importance.

Low scores on the Just World Scale signify greater belief in a just world.

Low scores on the Reliance on God scale signify more reliance on God.

Low scores on the Individual Reasons for Homelessness scale signify less importance.

Low scores on the Relative Structural Reasons for Homelessness scale signify greater attributions to structural factors.

suggested that greater optimism was predicted by greater belief that homelessness is caused by individual factors, $r = -.29$, $N = 89$, $p = .0065$. Examining the zero-order correlation matrix allowed for nine tests of the Janoff-Bulman hypothesis (3 components of resilience \times 3 operationalizations of attributions). Given nine tests, an alpha level of .00556 is required to maintain an experiment-wise alpha level of .05 (Levine, 1991, p. 69). Consequently, the latter finding of an association between optimism and attributing homelessness to individual factors ($p = .0065$) can only be regarded as suggestive.

How Does Perception of Oppression Relate to Self-Esteem?

Because self-esteem is a more specific construct than resilience, and because of its theoretical importance in its own right, its associations with the oppression measures in this study were evaluated separately. The Rosenberg Self-Esteem measure was regressed upon the perceived discrimination measure and the relative structural attributions for homelessness measure in a forced entry procedure. The Multiple R was not significant, nor were any of the zero-order correlations significant.

DISCUSSION

Study One examined whether awareness of discrimination or attributing disadvantaged status to societal factors would provide protection from depressive symptoms and bolster self-esteem. There was no support for a protective effect on self-esteem. However, the association between greater awareness of discrimination and lower levels of depressive symptoms, which reached the marginal level of significance, was consistent with the idea that such awareness can buffer the effects of negative outcomes (such as homelessness).

With regard to the possibility of adverse effects accruing from awareness of discrimination and attributing negative status to societal factors, there was no evidence that awareness of discrimination or blaming societal factors for homelessness contributes to greater levels of anger. However, the marginally significant association between blaming homelessness on individual failings and greater optimism (a component of resilience) was consistent

with the hypothesis of Janoff-Bulman (1992) that blaming negative outcomes on individual failings can have protective effects.

STUDY TWO

In order to more fully explore the issue of the impact of perceiving oppression, Study two examined how the conceptual converse of perceiving oppression, viz., belief in a just world, would relate to depressive symptoms and resilience.

An association between belief in a just world and faith in God has been reported in the general population (Rubin & Peplau, 1975). It is important to determine whether this same association will be found in a disadvantaged population in which the veridicality of the assumption of a just world might be often challenged by daily occurrences.

Faith in God is a major coping mechanism for many people. Homeless men are under considerable stress and must cope with their stressful circumstances. We hypothesized that those homeless men who relied more on God would exhibit more resilience. We hypothesized that if there is an association between belief in a just world and resilience, it would be mediated through reliance on God. That is, belief in a just world bolsters reliance on God, which is then associated with resilience.

In summary, the following hypotheses were tested in Study Two: (1) belief in a just world is associated with a lower level of depressive symptoms, with stronger resilience, and stronger reliance on God; and (2) the relationship between belief in a just world and resilience is mediated through reliance on God. A mediation hypothesis requires an association between the mediated variable (belief in a just world) and the dependent variable (resilience); an association between the mediated variable (belief in a just world) and the mediator (reliance on God); and an association between the mediating variable (reliance on God) and the dependent variable (resilience). If the association between the mediated variable (belief in a just world) and the dependent variable (resilience) is no longer significant after controlling for the mediating variable (reliance on God), then the case for mediation is supported. (See Baron and Kenny, 1986, for a discussion of how to test for mediating variables.)

METHOD

Research-Participants and Procedure

Ninety-one research-participants were assessed in Study Two. The procedure for Study Two was identical to Study One.

Measures. Research-participants were assessed on the Rosenberg Self-Esteem Scale, the Life Orientation Test of optimism, the Mastery Scale, the CES-Depression Scale, the COPE (Carver, Scheier, Weintraub, 1989) religious coping scale, and the Just World Scale (Rubin & Peplau, 1975).

RESULTS

How does belief in a just world relate to levels of depressive symptoms and resilience?

Belief in a just world was not related to the CES-depression scale ($r=.03$, $N=86$, ns). It was associated with resilience, ($r=.26$, $N=86$, $p<.02$), such that greater resilience predicted stronger belief in a just world. With respect to the individual components of resilience, just world was not related to self-esteem ($r=.03$, $N=88$, ns). It was associated with mastery ($r=-.23$, $N=87$, $p<.05$), such that greater mastery predicted stronger belief in a just world; and optimism ($r=.33$, $N=85$, $p<.001$), with more optimism predicting greater belief in a just world.

If one assumes that the associations of belief in a just world with resilience, self-esteem, mastery, and optimism are all tests of the same basic question, then some protection of alpha levels is required. If there are four tests of the same question within an experiment, a significance level of .0125 is required to maintain an experiment-wise significance level of .05 (Levine, 1991, p. 70). Employing this standard, the probability levels of the associations of resilience and belief in a just world and mastery and belief in a just world did not reach statistical significance. The association of optimism and belief in a just world was clearly significant.

How Does Belief in a Just World Relate to Reliance on God?

In this sample, 77.5% achieved a value of "one" on the scale, which ranged from one (high) to eleven (low), measuring reliance on God in times of stress, suggesting that faith is very important to homeless, African-American men. Consistent with Rubin and

Peplau's (1975) finding that religious people more often believe in a Just World, the Just World Scale was associated with the reliance on God measure ($r=.23$, $N=85$, $p<.03$).

Examining the Variables through Multiple Regression

Both belief in a just world and reliance on God were (at least marginally) significantly associated with resilience and were correlated with each other. To determine how reliance on God and belief in a just world conjointly related to resilience, resilience was regressed upon the independent variables of reliance on God and belief in a just world. The Multiple R, .2879, was significant, $F(2,80)=3.61$, $p=.03$. Only the reliance on God achieved a near significant beta weight, $\beta=.2035$, $t(1,80)=1.84$, $p=.07$. The beta weight for belief in a just world, .1593, was not significant, $t(1,80)=1.44$, $p=.15$. This analysis suggested that the effect of belief in a just world on resilience may be mediated through reliance on God. That is, belief in a just world is related to greater personality resilience through its association with reliance on God.

DISCUSSION

Belief in a just world was not related to depressive symptoms. It was marginally associated with personality resilience and clearly associated with reliance on God. It appears that the specific aspect of personality resilience, viz., optimism, accounted for the relationship between belief in a just world and resilience. Maintaining a client's personality resilience represents an important objective for many practitioners. In trying to achieve that objective it is probably helpful to recognize that the effect of belief in a just world on personality resilience is mediated through religious coping. Thus, belief in a just world bolsters reliance on God which, in turn, relates to resilience.

GENERAL DISCUSSION

The studies presented here examined the associations between psychological variables and recognition of oppression in the society. Awareness of oppression was operationalized in a variety of ways (perception of racial discrimination, blaming homelessness on societal as opposed to individual factors, and

lesser belief in a just world). To some extent, both the views of those advocating for encouraging clients to recognize oppression as well as those offering caveats were supported. Consistent with Gutierrez (1990) hypothesis that recognizing discrimination can offer protection from depression and lowered self-esteem during hard times, those homeless men who perceived greater discrimination displayed lower levels of depressive symptoms, although they were not distinguished by higher self-esteem. Thus, the findings (which due to marginal levels of significance were only suggestive) were partially supportive of Gutierrez. However, the data also were consistent with the caveats of those who argue against blaming negative outcomes on societal factors which are often beyond the control of the individual. An association (which only reached marginal levels of significance) between blaming homelessness on individual factors and optimism was found. There was clear support for the hypothesis that maintaining belief in a just world is associated with stronger reliance on God and greater optimism.

Further thoughts on the findings for self-esteem. In our investigation, self-esteem was not associated with the perception of discrimination against African-Americans. Our findings failed to replicate a previously reported study. Crocker et al. (1991) found, with a sample smaller than ours, that African-American women who could attribute negative outcomes to discrimination exhibited less reduction in their self-esteem. An explanation is needed for the discrepancies in our findings.

Indigent African-American people identify less with other African-American people than do middle class African-Americans (Stokes, Murray, Peacock, & Kaiser, 1994). Rowley, Sellers, Charous, and Smith (1998) report that collective identification is required for obtaining enhancement of personal self-esteem as a result of a positive view of one's group. It is not a large leap, from the combined findings of Stokes et al. (1994) and Rowley et al. (1998) to expect that strong identification with a victimized group may also be necessary for this awareness of discrimination to offer protection to one's own self-esteem given negative experiences. That is, if one does not strongly identify with a reference group, perceiving discrimination against the

reference group might not imply much with regard to one's self. Thus, a lack of identification with the African-American community may explain why our African-American, homeless men failed to replicate Crocker et al. (1991) results obtained with middle-class, African-American women.

Self-esteem is multifaceted. There are multiple domains of self-esteem, which include social facility and performance skills. Ruggiero and Taylor (1997) found that African-American women who did not blame a negative evaluation of their performance on an evaluator's discrimination achieved benefits in terms of social self-esteem, while suffering in terms of performance self-esteem. In the Ruggiero and Taylor study, those women who did not acknowledge the experimentally induced evidence of discrimination, exhibited higher opinions of their ability to get along with others. A large percentage of the homeless men whom we interviewed were friendly and non-abrasive. It would be interesting to assess their self-perceptions of interpersonal skills. It would be further interesting to determine how this social skills dimension of self-esteem relates to perceptions of discrimination in our sample.

Thoughts about Actual Rather than Perceived Oppression

In this study, because demographic variables were also assessed, it was possible to identify variables that predicted outcomes (self-esteem, depressive symptoms, optimism, mastery). Ironically, the data were consistent with the view that *actual* social injustice does undermine the self-esteem and sense of mastery of African-American, homeless men. Specifically, a prison record was associated with diminished mastery and diminished self-esteem and with greater anger (Littrell & Beck, 1998b). Although one cannot infer causation from correlational data, it is plausible that prison undermines mastery and self-esteem as well as exacerbating anger. In the course of this study, we did ask those who had prison records about the charges which resulted in their incarcerations. With five exceptions, for the bulk of the sample, the offenses were drug related, non-violent offenses (Littrell & Beck, 1998b). Many scholars have recognized that the current criminal justice system and the drug laws in particular have had a profound, differential impact on poor African-Americans. The fairness of

the more stringent sentencing for crack cocaine offenses (more prevalent in impoverished areas) as opposed to powder cocaine offenses (more often prevalent among middle class persons) has been raised (Grassley, 1998; Hadjor, 1995, pp. 112–117; Marable, 1997, pp. 44–45). Thus, a lack of actual social justice probably does undermine self-esteem and mastery in poor African-American men. Practitioners who are concerned with social justice, should be arguing for diversion programs for those committing drug-related offenses shifting out of the criminal justice system and into treatment programs. Although the studies reported here suggest that there are negative ramifications to the recognition of social injustice by African-American, homeless men themselves, the cause of social justice should be advanced.

Acknowledgement of oppression and empowerment. Although our studies suggest caveats for the manner in which practitioners promote empowerment, the findings of our study do not speak against encouraging homeless persons to become politically active. Our findings pertain to the wisdom of denying individual causes of negative outcomes. Although an association between perception of oppression and political activism has been documented in some disenfranchised groups (Guimond & Dube-Simard, 1983), it may be possible to engage in the political process without focused attention on the concept of oppression. Future research might examine whether one can be effectively engaged in the political arena without making oppression the issue, or at least not acknowledging the impact of oppression on outcomes.

REFERENCES

- Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology*, 51, 1173–1182.
- Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 56, 267–283.
- Crocker, J., Voelkl, K., Testa, M., & Major, B. (1991). Social stigma: The affective consequences of attributional ambiguity. *Journal of Personality and Social Psychology*, 60, 218–228.
- Delahanty, D. L., Herberman, H. B., Craig, K. J., Hayward, M. C., Fullerton, C. S., Ursano, R. J., & Baum, A. (1997). Acute and chronic distress and

- Posttraumatic Stress Disorder as a function of responsibility for serious motor vehicle accidents. *Journal of Consulting and Clinical Psychology*, 65, 560–567.
- Ellison, C. G. (1990). Religion, religious commitment, and life satisfaction among Black Americans. *The Sociological Quarterly*, 31, 123–147.
- Feagin, J. R. (1972). Poverty: We still believe that God helps those who help themselves. *Psychology Today*. November, 101–129.
- Feldman, S. (1982). Economic self-interest and political behavior. *American Journal of Political Science*, 26, 446–466.
- Fischer, P. J., & Breakey, W. R. (1986). Homelessness and mental health: An overview. *International Journal of Mental Health*, 14, 6–41.
- Foa, E. B., Riggs, D. S., Massie, E. D., & Yarczower, M. (1995). The impact of fear activation and anger on the efficacy of exposure treatment for posttraumatic stress disorder. *Behavior Therapy*, 26, 487–499.
- Furnham (1982). Why are the poor always with us? Explanations for poverty in Britain. *British Journal of Social Psychology*, 21, 311–322.
- Grassley, J. R. F. (1998). Federal cocaine sentencing policy following the 1995 cocaine report: Issues of fairness and just punishment. *Hamline Law Review*, 21, 347–394.
- Guimond, S., & Dube-Simard, L. (1983). Relative deprivation theory and the Quebec nationalist movement: The cognition-emotion distinction and the personal-group deprivation issue. *Journal of Personality and Social Psychology*, 44, 526–535.
- Gutierrez, L. M. (1990). Working with women of color: An empowerment perspective. *Social Work*, 35, 149–153.
- Hadjor, K. B. (1995). *Another America: The politics of race and blame*. Boston: South End Press.
- Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology of trauma*. New York: The Free Press.
- Jastak, S., & Wilkinson, G. S. (1984). *The Wide Range Achievement Test-Revised*. Wilmington, Delaware: Jastak Associates, Inc.
- Katz, I., & Hass, R. G. (1988). Racial ambivalence and American value conflict: Correlational and priming studies of dual cognitive structures. *Journal of Personality and Social Psychology*, 55, 893–905.
- Koenig, H. G., George, L. K., & Peterson, B. L. (1998). Religiosity and remission of depression in medically ill older patients. *American Journal of Psychiatry*, 155, 536–542.
- Levine, G. (1991). *A guide to SPSS for Analysis of Variance*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Littrell, J. (1991). *Understanding and Treating Alcoholism: An empirically based clinician's handbook for the treatment of alcoholism*. Hillsdale, NJ: Lawrence Erlbaum & Associates.
- Littrell, J. & Beck, E. (1998a, under review). Do African-American members of the "underclass" have "bad attitudes" toward work?
- Littrell, J., & Beck, E. (1998b, under review). How personality resources, stressful events and coping relate to depression and life satisfaction in homeless men.

- Littrell, J., & Beck, E. (1998c, under review). Personality resources, appraisals, coping, and outcome: A test of the Folkman and Lazarus model in homeless men.
- Major, B., Richards, C., Cooper, M. L., Cozzarelli, C., & Zubek, J. (1998). An integrative model of adjustment to abortion. *Journal of Personality and Social Psychology*, 74, 735-752.
- Marable, M. (1997). *Black liberation in conservative America*. Boston: South End Press.
- Nilson, L. B. (1981). Reconsidering ideological lines: Beliefs about poverty in America. *The Sociological Quarterly*, 22, 531-548.
- Pearlin, L., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, 19, 2-21.
- Peterson, J. L., Folkman, S., & Bakeman, R. (1996). Stress, coping, HIV status, psychosocial resources, and depressive mood in African American gay, bisexual, and heterosexual men. *American Journal of Community Psychology*, 24, 461-487.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.
- Rowley, S. J., Sellers, R. M., Chavous, T. M., & Smith, M. A. (1998). The relationship between racial identity and self-esteem in African American college and high school students. *Journal of Personality and Social Psychology*, 74, 715-724.
- Rubin, Z., & Peplau, L. A. (1975). Who believes in a just world? *Journal of Social Issues*, 31, 65-90.
- Ruggiero, K. M., & Taylor, D. M. (1995). Coping with discrimination: How disadvantaged group members perceive the discrimination that confronts them. *Journal of Personality and Social Psychology*, 68, 826-838.
- Ruggiero, K. M., & Taylor, D. M. (1997). Why minority group members perceive or do not perceive discrimination that confronts them: The role of self-esteem and perceived control. *Journal of Personality and Social Psychology*, 72, 373-389.
- Saab, P. G., Llabre, M. M., Schneiderman, N., Hurwitz, B. E., McDonald, P. G., Evans, J., Wohlgemuth, W., Hayashi, P., & Klein, B. (1997). Influence of ethnicity and gender on cardiovascular responses to active coping and inhibitory-passive coping challenges. *Psychosomatic Medicine*, 59, 434-446.
- Scheier, M. F., Carver, C. S., & Bridges, M. W. (1994). Distinguishing optimism from neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063-1078.
- Seligman, M. (1998, May 9). Closing Session presented at Public Health in the 21 Century: Behavioral and Social Science Contributions, Atlanta, GA, organized by the American Psychological Association.
- Siegel, J. M. (1992). Anger and cardiovascular health. In H. S. Friedman (Ed.)

- Hostility, coping, and health.* (pp. 49–64). Washington: American Psychological Association.
- Smith, T. W., & Christensen, A. J. (1992). Hostility, health, and social contexts. In H. S. Friedman (Ed.) *Hostility, coping, and health.* (pp. 33–48). Washington: American Psychological Association.
- Stokes, J. E., Murray, C. B., Peakcock, M. J., & Kaiser, R. T. (1994). Assessing the reliability, factor structure, and validity of the African Self-Consciousness Scale in a general population of African Americans. *Journal of Black Psychology*, 20, 62–74.
- Susser, E. (1992). Working with people who are mentally ill and homeless: The role of the psychiatrist. In R. I. Jahiel (Ed.) *Homelessness: A prevention-oriented approach*, (pp. 207–217). Baltimore: Johns Hopkins University Press.
- Tix, A. P., & Frazier, P. A. (1998). The use of religious coping during stressful life events: Main effects, moderation, mediation. *Journal of Consulting and Clinical Psychology*, 66, 411–424.
- Wechsler, D. (1981). Wechsler Adult Intelligence Scale-Revised. San Antonio, TX: Psychological Corporation.
- Wright, J. D. (1989). *Address unknown: The homeless in America*. New York: Aldine de Gruyter.

Life After Foster Care: Services and Policies for Former Foster Youth

MADELEINE R. STONER

University of Southern California
School of Social Work

This article argues that interventions targeted to the needs of emancipated foster youth can prevent them from dependency, homelessness, and incarceration. It presents a profile of emancipated foster youth; focuses on their service needs; and, describes three program models addressing these. The data sources are a synthesis of previous research on independent living programs and findings about recently initiated programs. The data presented suggest policy changes to assure that emancipated foster youth continue to receive necessary service for self-sufficiency after they reach the legal emancipation age.

EMANCIPATION TO WHAT?

Over 500,000 children and youth are currently in foster care placements in the United States, an increase of 68 percent since 1982. Although there are no reliable data, it is likely that many who enter foster care will remain in out-of-home placements until they reach 18, the legal age of emancipation in most states. It has been estimated that 20,000 teenagers are discharged from foster care annually in the United States (Barth et. al., 1994). Some will be prepared for independence. Others will simply be released with a duffel bag of household supplies and clothing. Data on 685 youth at the time of their emancipation in the County of Los Angeles present a profile of youth who experience crises, including incarceration, homelessness, victimization, and unemployment Stoner (1998). One estimate of the homeless population is that more than 50 percent end up homeless. Sixty percent leave the government's care without a high school diploma (Mech et. al.,

1994). This turning point comes at the conclusion of a childhood in which they suffered some sort of trauma associated with parental neglect, abuse or their own misconduct.

The United States government enacted the *Independent Living Initiative* in 1986 as the legislative framework for states to develop services that adolescents should receive before the state discharges them from foster care (CIS, 1986). This program has remained in force and nearly doubled its funding level to \$70 million in 1996. The primary objective of independent living programs is to prepare foster youth to function in society without depending on public assistance (California Department of Public Social Services, 1996). After twelve years of implementing the Independent Living Program, and a doubling of resources, uncertainty remains about how to achieve the goal of self-sufficient independence in the face of thousands of emancipating foster youth. Numerous states have creatively used independent living resources to subsidize their preparation and skill development for youth leaving foster care, provide support services before and after they leave, and even provide transitional housing assistance. Nevertheless, the goal of assuring a smooth and successful transition from foster care to self-sufficiency remains elusive for a significant proportion of former foster youth who have a difficult time making the transition to self-sufficiency (Cohen, 1992). Too many remain among the most high-risk youth and continue to enter the depths of poverty, disease, homelessness and incarceration. Critics of the public child welfare system frequently note that the system fails foster youth most in the end.

STRATEGIC PREVENTION

Few opportunities for strategic prevention are as clearly manifested as those directed to emancipated foster youth. Their personal histories of abuse, neglect and life in out-of-home placements have left them among the most vulnerable populations in the nation. Many achieve the personal skills and competencies associated with independence. Some have been lucky. However, many will not achieve self-sufficiency without supports and resources beyond their legal emancipation.

This article suggests that after-care interventions structured around transitional housing for former foster youth can prevent

them from becoming dependent on public assistance, homeless, ill or entering the adult criminal justice system. Indeed, the end-point of discharge from foster care may offer the last opportunity for intervention with people whose entire life circumstances have placed them at high-risk for failure and misfortune. The article focuses on the service and transitional needs of emancipated foster youth, and describes several programs that are addressing these.

The correlation between homelessness and a foster care history has been well documented. Studies assess this correlation from two perspectives. The first examines homelessness and other outcomes for youth who have been discharged from foster care. In a national study, an estimated 3 percent of foster youth in a given year had no housing available after leaving foster care (Shelter Partnership, 1996). This percentage is low because it does not include youth who emancipate to housing arrangements that are so precarious as to render them homeless in a short time. For example, a survey of 48 youths who were emancipated from foster care in Los Angeles County found that 37 percent planned to live with relatives, including 6 percent in the home of their birth parents. These are some of the homes from which the youth had been removed by the County. Others planned to stay with friends, including those whom they were dating. For numerous reasons, these arrangements did not all last long (Los Angeles County, 1995).

The second perspective considers the long-term effects of foster care. A growing body of research demonstrates that former foster youth are over represented among samples of homeless men and women. National studies report finding that from 15 to 39 percent of homeless adults surveyed have experienced foster care placements during their childhood. Most researchers do not argue that foster care experiences cause homelessness, but rather that "foster care has an impact on personal risk factors that may eventually lead to homelessness." (Roman & Wolfe, 1997). Foster youth, particularly those who remain in the system through their teenage years, are likely to have experienced a range of traumatic events, whether they endured physical or sexual abuse, neglect or family dysfunction. Consequently, these youth may not be emotionally prepared for the challenge of adult living in addition

to other skill deficits they may have due to the instability of placement in "the system".

Although the high incidence of homelessness among former foster youth is tragic, it appears to be preventable. Because their needs have become so apparent, some organizations across the nation have begun to address them. There is considerable programming to help prepare youth for emancipation. Newer efforts are focusing on service to youth leaving foster care, particularly in the development of transitional housing. These programs demonstrate the principle that attention to the needs of these youth is growing into an array of service interventions and resources that have the potential to reverse the existing pattern of failure among their ranks.

PROFILES OF FORMER FOSTER YOUTH

The population of youth leaving foster care is not monolithic. Approximately one-half do not become homeless, incarcerated or dependent on public assistance. Therefore, one-half have acquired enough social and life skills, and possibly sufficient social supports, to succeed in their plans to live independently. But for the other half, it is clear that many have psychosocial barriers to overcome before they can successfully acquire the educational, job-related and other skills necessary to succeed in adulthood.

Cook (1988) identified at least four distinguishable categories of emancipated foster youth: 1) those who obtained some life skills and need minimal assistance in making the transition; 2) those who had multiple placements, or have behavior and/or emotional problems, including runaway behavior, or are unable to live in a family setting, and have no viable placement alternatives; 3) those who fall between these two extremes; and, 4) youth who have developmental disabilities.

Studies of youth who have grown up in foster care are scarce (Barth, 1990; Cook & Ansell, 1986; Courtney, et. al.;1999; Stoner, 1998). Numerous researchers have tried to capture this population in order to understand its needs and characteristics. Most have demonstrated the difficulty of obtaining interviews with people who are no longer receiving services or legally connected to the

public welfare system. More data are available about youth who are preparing to leave foster care because of their involvement with services.

One study identified 55 young adults discharged from foster care in the San Francisco Bay area. This sample of former foster youth were found to be struggling with ill health, poor education, severe housing problems, substance abuse and criminal behavior. Barth (1990) cautioned that the youth in the sample may even have been surviving more ably than the many foster youth whom he could not reach. A striking finding of this study was that all youth had high depression scores on the *Center for Epidemiologic Studies Depression Scale*.

A larger study was completed at the same time that Barth reported his findings. This was a national evaluation of the federal independent living initiative but it included data on youth after emancipation. It developed estimates of the characteristics and outcomes of older youth discharged from foster care. The study also described the comparative relationship between outcomes for those youth who did and did not receive independent living services before discharge. It found that all discharged foster youth fared worse than their general population cohort in terms of stability, employment, unplanned parenthood and economic self-sufficiency (Cook & Ansell, 1991). This evaluation found that youth exiting foster care had a number of significant problems and needs that interfered with their ability to lead productive adult lives.

The study found that 66% (17,000) did not complete high school; 39% (13,000) had job experience; 38% some form of emotional disturbance; 17% had experienced early pregnancy; 17% had abused drugs; 9% had health problems; 58% had three or more different living arrangements; 3% reported no available housing options; 47% handicapped (38% of whom were diagnosed as emotionally disturbed); and, 45% had at least one run-away episode. Nevertheless, the evaluation did note that the type of skills training encouraged by Public Law 99-271, the Independent Living Initiative, was positively related to outcomes, particularly when the skill areas of money management, credit, education and employment were provided in combination with high school completion, regardless of skills training and

involvement with extended family members before and after emancipation.

Most recently, Piliaven et al. (1998) have begun to report their findings from *The Wisconsin Study of Youth Aging Out of Out-Of-Home Care: A Portrait of Children About to Leave Foster Care*. In that study, only two-fifths of the sample were employed 12 to 18 months after leaving foster care. Even those who were employed, on average, earned less than a full-time worker paid the minimum wage. This was not surprising given their limited education. Fifty-five percent had completed high school and only 9 percent were enrolled in post-secondary education or training. When they needed medical care, they could not obtain it. Their housing situation was highly insecure with 14% of the males and 10% of the females reporting at least one episode of homelessness. Many of youth in the sample experienced situations dangerous to their well being, e.g., physical victimization. Eighteen percent experienced post-discharge incarceration. These findings augment earlier studies that depict circumstances of former foster youth that are not indicative of a successful transition to independence.

The County of Los Angeles emancipation court order forms for 685 youth (1998) portrayed a similarly precarious profile of youth leaving foster care. Only 48% had an educational status that would enable them to compete for jobs that are above the minimum wage. Twenty-nine percent completed high school; 3% received a General Education Diploma, and 16% had enrolled in college. Only one-third had plans for employment when they emancipated, and 12% had made arrangements to live independently. All of their housing arrangements were unstable (Stoner, 1998).

After reviewing available empirical data about former foster youth, the program developers for the Bridges to Independence Program in the County of Los Angeles designated six categories of youth for purposes of identifying appropriate and needed post-emancipation services. These are as follows:

Group 1 youth are high achievers and are highly motivated to succeed. They require limited support in their efforts to complete their education, develop their careers, and maintain emotional stability.

Group 2 youth, the largest cohort of emancipated youth, are motivated and competent but still need extensive transitional housing and services to achieve independent living skills and status.

Group 3 youth have problems with substance abuse and behavior which create more severe barriers to achieving success and are in need of the most intensive type of services. These youth often have emotional problems and severe problems with substance abuse.

Group 4 youth have diagnoses of severe and persistent mental illness (schizophrenia, bipolar disorder, organic brain syndrome), or are developmentally disabled. They are best served in the mental health and disability systems where the priority is to serve people with these conditions.

Group 5 youth are those who are in the corrections system, e.g., probation departments. In most jurisdictions, these youth are not considered to be in the public child welfare system, despite their age and history of out-of-home placement.

Group 6 youth may be characterized as non-participants and tend to disappear from the public child welfare system information systems within six months after emancipation. Many of these youth are successful and are married, in the armed forces, or self-sufficient. Others resist service outreach effort no matter how attractive. Some seek services several years after they emancipate.

Numerous subpopulations of emancipated foster youth are served and specifically targeted for service by providers. It is important to identify subpopulations among emancipated youth to ascertain their special needs as well as whether they are falling through service gaps because of insufficient attention.

There are a growing number of programs available for pregnant or parenting youth. However, most of these are lacking in two respects. Few, if any, are specifically targeted to emancipated youth, so these youth are in competition for limited affordable living units for young women with children. Secondly, there are extremely few programs for single parents with more than one child, especially more than two children.

Gay, lesbian and transgender youth may generally blend into the population of all emancipated foster youth, but there is growing recognition that they are over represented in foster

care because they are more likely to be rejected by their families. These youth are dealing with highly sensitive identity issues at a developmental stage when all youth are struggling with identity and peer acceptance. Some service providers and advocates contend that gay, lesbian and transgender youth need specialized services. Others claim that they do not need to be served apart from other adolescents but they do require greater sensitivity by staff and service providers. These youth comprise a substantial part of the homeless youth population so preventive initiatives targeted to emancipated foster youth must take their situations into account.

What each of these groups has in common is their need for some form of post-emancipation support. Group 1 youth, despite their intellectual drive and personal motivation, still need a base of financial and emotional support. Group 2 youth remain competent and capable of functioning in a stable manner even though they are less fortunate and have psychological and emotional problems. Their greatest tangible problem is that they lack the security of permanent housing and education with the promise of a successful career. Group 3 youth, the smallest cohort of emancipated youth in one large survey, are beset by complicated personal and social situations that prevent independent living. Groups 4 and 5 need attention and services from systems that focus on their special circumstances. The specter of homelessness hovers in the lives of all former foster youth in each group. Wherever they fall on the independence continuum, emancipated foster youth, with limited connection to family and community, may not progress to responsible adulthood without the extra tangible and emotional supports that permanent families and identifiable communities offer young adults.

SERVICE NEEDS

As noted, all youth exiting foster care do not need the same type of services. Any personal or group needs assessment must take into account the fact that an extensive range of resources, skills, competencies and other personal attributes are necessary for adult self-sufficiency. The lengthiness of such a list renders it almost meaningless without a classification system.

Several researchers have classified these skills and needs into a dichotomy between tangible and intangible areas. Tangible skills are those necessary for the acquisition, utilization or allocation of resources and include: locating housing, education, vocations, money management, housekeeping, personal hygiene, understanding the law, job seeking and retention, parenting, emergency and safety capabilities. Intangible skills are those functional capacities needed for everyday living and include: decision-making, problem solving, planning, communicating, interpersonal relationships, time management, self-esteem, confronting anger and past losses, handling rejection and preparing for emancipation and rejection (Cook, 1994; Hahn, 1994; Algate et. al., 1990).

This array of tangible and intangible skills and needs for transition to adulthood has been translated into identifiable service outcomes. Mech (1994), Jacklitsch and Beyer (1990), and Maluccio et. al (1990) have generally noted five common outcome measures: education, employment, housing/living arrangements, support network, and cost to the community.

There are limited available data input from these youth, themselves, regarding their service needs. An evaluation of the County of Los Angeles Homeless Foster Youth Program requested 36 youth to rank the services available to them on a scale. The following services were considered "extremely useful" or "useful": case management, health and dental care, employment assistance, permanent housing, group and individual counseling, and educational guidance (Stoner, 1996).

One study of an intensive service delivery program model tested in Maryland described the unmet needs of the population, despite the fact that it was an extremely thorough independent living program. The study found that most youth improved significantly in the areas of independent living, employment and social network skills, when compared to a control group. However, they did not grow significantly in psychosocial functioning, which describes such items as self-image, peer relationships, adult relationships, self-control of actions, motivation, handling the learning demands of school and home, learning style, expression and handling of feelings (Timberlake et. al., 1987).

This summary analysis of the research on service needs of emancipated youth indicates that there are several proposed aggregations of skills and attributes that provide an adequate foundation for emancipation. The combination of five skills (jobs, housing, peer relationships, money management, and, decision-making) is stressed.

CHARACTERISTICS OF SERVICES AVAILABLE TO FORMER FOSTER YOUTH

An evolving core of providers has begun to develop transitional housing services for former foster youth. The concept of supportive housing prevalent among many homeless service providers is being applied in this delivery context. Three basic housing types are being used: apartment buildings, scattered site apartments, and congregate living facilities. No existing program has emerged as a model for replication, but there appears to be a trend among providers to view scattered site apartments as more appealing to emancipated youth who, in many cases, have just been released from institutional settings, as well as a better learning environment for the development of adult independent living skills (Shelter Partnership, 1995). Presentation of these service models is limited by the fact that no solid research about their effectiveness has been reported. This is an important subject for future research. The program descriptions presented suggest directions for policy and program development, and research.

These three alternative supportive housing models present a basis for comparison.

CONGREGATE LIVING

The Neon Center for Youth in Chicago, Illinois is a 35-bed dormitory available to 18 to 20 year olds who may remain for up to one year. The program operates a Dairy Queen business franchise, providing employment experience for residents. A drop-in center is operated 11 hours a day for youth ages 10 and older, providing support services and food. Neon Street also operates a licensed group home for youth 14 to 17 years old. Residents of transitional housing must have jobs and bank their earnings. This program functions as the end of a continuum of care for foster

youth. This close coordination of so many facets of care creates a supportive environment where younger and older children can interact in positive ways (Interagency Council on the Homeless, 1994). One problem with this dormitory model is that is unlikely to appeal to emancipated youth because of its resemblance to earlier institutional settings that they may have experienced. The emphasis on group living may also not be conducive to mastering independent living skills. The business franchise integrated into the program offers a replicable example for providers.

APARTMENT BUILDINGS

Homes for the Homeless, a network of four facilities located in and around New York City, targets children and their families, with most households headed by a mother (mean age 19). Most of the women have experienced domestic violence, substance abuse and/or inadequate health care. The facilities house from 83 to 242 families in one-bedroom efficiencies or apartments.

The program does not require mothers to participate in social service programs, but seeks to motivate their voluntary participation through services for the children. It is unclear whether the use of this model of very large facilities is useful for emancipated foster youth. It is possible that the community which can be created in a large program site may be useful in the process of gaining independence, but it may not permit sufficient personal growth. However, this type of community might be valuable for emancipated parents who can benefit from the sharing opportunities available in a large community (Interagency Council on the Homeless, 1994).

SCATTERED SITE APARTMENTS

Bridges to Independence, a collaborative effort in the County of Los Angeles between the Weingart Foundation, the Department of Children and Family Services and a number of well-established non-profit providers to youth, offers the most comprehensive model of scattered site housing for emancipated youth in the United States. With a \$10.7 million grant from the Weingart Foundation and \$10 million from the Department of Housing and Urban Development, the program enables the Department of Children and Family Services to serve up to 300

emancipated youth at a time for up to 18 months. The housing is in scattered sites and selection criteria are based on proximity to community colleges, transportation, shopping and safety. Youth are required to either work, participate in job training or attend school, as well as participate in life skills learning sessions, and save their money. They are also expected to abide by rules and regulations governing household management, social behavior and substance use/abuse. This program builds upon what youth have experienced in the Independent Living Program.

The Bridges to Independence Program housing model is presently the largest and most comprehensive service system targeted to emancipated foster youth in the United States. Its service plan has been designed to meet the respective needs of Groups 1, 2, and 3.

It provides scholarship and other limited support to Group 1 youth. Youth are assisted with linkages to neighborhood churches and recreational programs, funds for books, clothing, transportation to and from college, and places to stay during holiday breaks, as well as job assistance and mentoring. Twenty-three youth have received college scholarships directly from the program. Others are attending colleges and universities with direct scholarship funds from their schools.

The transitional housing scattered site facilities and services are targeted to the Group 2 youth. Group 1, who need more intensive case management and services than the transitional housing model can provide, have access to more structured congregate housing for at-risk youth such as Covenant House. Many of these youth have substance abuse or mental health problems, and may have been on the streets within the first year after emancipation. Bridges to Independence has completed two years of a five-year grant. The outcomes of this program are being carefully monitored because it has the potential to serve as a replicable model of post-emancipation service.

Current research on the limited range of post-emancipation services indicates that most providers focus on tangible areas of employment, education, financial planning, and locating housing. Fewer providers attend to the intangible areas related to identity, trust, self-esteem, decision-making and healthy relationships. If the supportive transitional housing models are to meet these

more personal needs, the providers will have to augment their services with trained mental health counselors who are prepared to focus on the individual psychodynamic issues of emancipated foster youth.

POLICY RECOMMENDATIONS

Most independent living services are offered for youth under the age of eighteen. Greater policy attention needs to be directed to the special needs of those who, having reached their legal majority, upon discharge, are formally emancipated from "the system". A service and policy directive focused on transitional housing and services for discharged foster youth, exemplified by the program models described in this article, may prevent them from advancing in "the system" before they experience the drugs, exploitation, physical danger and trauma of life on the streets, or in jails and prisons. The most recent data about former foster youth, reported in Wisconsin and the County of Los Angeles, clearly suggest that a significant proportion of them experience serious difficulty making the transition to self-sufficiency.

In 1989 the Child Welfare League of America developed and published standards for independent living services. Based upon recommendations from youth service providers, research on independent living initiatives, and advocates, these provide the framework for the provision of opportunities to prepare adolescents for self-sufficiency. Aftercare is included as one of the seven services and skill categories needed by youth who have left foster care (Child Welfare League of America, 1989). Aftercare occurs when the emancipating agency assists with financial need, employment counseling and support, crises counseling, emergency shelter, housing assistance, information and referral, community service opportunities, peer support programs and advocacy.

The importance of these aftercare services suggests that legal measures be taken to require, or assure, that emancipated youth continue to receive services necessary for self-sufficiency after court emancipation. Such court directives might require that a contractual plan be established between an emancipating youth and the public child welfare agency. At the legislative level, the federal Independent Living Initiative might be amended to

mandate that local programs continue services to all youth until they acquire independent resources and skills.

This consideration raises the question whether the age 18 is appropriate for emancipation from foster care. The Child Welfare League has proposed that the legal emancipation age be extended to 21. Related to the age extension, the Child Welfare League has also proposed that foster care eligibility continue until there is documented verification that a youth has been provided post-high school educational and/or vocational experiences.

Barth has recommended four major policy changes: 1) volunteer mentors; 2) incentives for foster parents; 3) educational opportunity; and, 4) maintenance of health benefits through Medicaid.

Public welfare departments can promote the introduction of waivers or changes of laws to allow former foster parents to be paid to take in youth during school holidays. Investment in better training for the caretakers of foster youth, whether they are foster parents or group care providers, will also enrich outcomes for the youth in their care. With after-care services and resources, foster youth would have a greater possibility to complete high school or attend post-secondary education or training. The opportunities for educational and career advancement, critical to compete in the job market, are significantly limited for emancipated foster youth who must immediately concern themselves with financial independence.

The consistency of findings across studies regarding the high rate of depression among former foster youth clearly indicates that their mental health needs be considered paramount. Supportive housing programs focused on tangible skills and resources are not addressing this critical element of preparation for adult independent living.

Child care is another critical component for young parents, primarily young women, in their struggle to finish high school, obtain post-secondary degrees or job training, or finding employment. This predicament informs the entire debate about welfare dependency. Housing programs that serve single parents tend to provide child care either on-site, or in the form of a stipend to a third-party provider. However, such child care ends

when parents leave transitional housing programs once they are otherwise prepared for independent living. This problem needs to be addressed in the larger context of public policy on welfare dependency and work.

This argument for policy and legal changes to enable the advancement of post-emancipation services includes an exploration of resources that are available for such a broad initiative. Two primary federal funding sources are available, the Supportive Housing Program and the Transitional Living Program. The Supportive Housing Program, operated by the United States Department of Housing and Urban Development, promotes the development of supportive housing and services to assist homeless persons in the transition from homelessness to independence. These funds may also be used for limited supportive permanent housing for persons with disabilities. Under the McKinney Act, which governs the program, an individual under the care and supervision of a state supported institution, including foster care, cannot be deemed homeless. Nor are all emancipated youth deemed homeless. However, a youth emancipated from foster care who does not have the means or resources to support him/her self, can be considered homeless and eligible for the Supportive Housing Program.

The United States Department of Health and Human Services Runaway and Homeless Youth Transitional Living Program supports programs which assist older homeless youth (not less than 16 and not more than 21) in making a successful transition to self-sufficient living and to prevent long-term dependency on public welfare and social services. The stated purposes of the Transitional Living Program are clearly consistent with the goal of helping emancipated foster youth make a successful transition into adulthood: providing stable secure housing, independent living skills training, education and counseling regarding substance abuse, access to health and mental health treatment, employment training and location (U.S. Federal Register, 1996).

In addition to these major federal funding sources, local public agencies such as community development agencies, may have funding available for this population. For example, the Weingart Foundation in Los Angeles, which has committed substantial

funding to this issue in a collaborative effort between the county's public child welfare agency and several non-profit agencies, stands out as a replicable model for other local jurisdictions.

The availability of these resources, coupled with a national commitment to support emancipated foster youth until they can demonstrate self-sufficiency, suggest strong potential for effective intervention with this vulnerable population. Emancipation may be the last chance to intervene with this identifiable group of youth who are at risk of continuing dependency. The broad implication of these policy recommendations is that the community cannot be relieved of its jurisdictional and moral obligation to foster youth until it can be demonstrated that they have obtained a stable living situation as evidenced by their ability to obtain and maintain full employment and permanent housing.

REFERENCES

- Algate, J., Maluccio, A. N. & Reeves, C. (1990). "Preparing adolescents to leave foster care." In Maluccio, A. N. & Pine, B. A. *Preparing adolescents for life after foster care*. Washington, D.C.: Child Welfare League of America.
- Barth, R. P. (1996). "Emancipation services for adolescents in foster care." *Social Work*, 31(3), 169-70.
- . (1990). "On their own: the experiences of youth after foster care". *Child and Adolescent Social Work*. 7(5), 419-438.
- Barth, R. P., Courtney, M., Berrick, J. D. & Albert, V. (1994). *From child abuse to permanency planning*. New York: Aldine deGruyter.
- California Department of Public Social Services (1996). *Guidelines for independent living program*. County of Los Angeles, CA.
- Child Welfare League of America (1989). *Standards for independent living*. Washington, D.C.: Child Welfare League of America.
- CIS/Annual Survey (1986). *Legislative histories of U.S. public laws. Public law 99-2272*. Washington, D.C.: Congressional Information Service, Inc.
- Cohen, N.A. (1992). "Child welfare: A generalist perspective" in Cohen, N.A., Ed. *Child welfare: A multicultural focus*. Boston: Allyn and Bacon.
- Cook, R. (1994). "Are we helping foster care youth prepare for their future?" *Children and Youth Services Review*. 16(3/4), 213-229;
- . (1988). "Trends and needs in programming for independent living." *Child Welfare* 67(6), 497-514.
- Cook, R. & Ansell, D. (1986). *Independent living services for youth in substitute care*. Rockville, MD: Westat.
- County of Los Angeles Department of Children and Family Services (1995). *Longitudinal emancipation study: 1995 emancipated foster youth*. County of Los Angeles, CA.

- Courtney, M. E., Piliavin, I., Grogam-Kaylor, A. . Nesmith, A. (1998). *Foster youth transitions to adulthood*. School of Social Work and Institute for Research on Poverty, University of Wisconsin. [report on line].Available from <http://www.acf.dhhs.gov/programs/cb/stats/ar/11199.html>.Internet. Accessed on 18 April, 1999.
- The Enterprise Foundation (1995). *Beyond housing*. Columbia, MD: The Enterprise Foundation.
- Federal Register. 04/15/96. (Vol. 61, No. 74). *Program announcement notice*. 16536. Washington, D.C.: U.S. Government Printing Office.
- Hahn, A. (1994). "The use of assessment procedures in foster care to evaluate readiness for independent living". *Children and Youth Services Review*. 16(3/4), 417-432.
- The Interagency Council on the Homeless (1994). *Initiatives for the homeless: A collection of program descriptions*. Washington, D.C: Interagency Council on the Homeless.
- Jacklitsch, B. & Beyer, M. (1990). *Preparing for independence: Counseling issues with the maltreated adolescent*. Tulsa, OK: National Resource Center for Youth Services.
- Mallon, G.P. (1998). "After care, then where? Outcomes of an independent living program." *Child Welfare*. 77(1), 61-78.
- Piliavin, I., Wright, B. R., Enter, M. & Westerfelt, A. H. (1996). "Exits from and returns to homelessness". *Social Service Review*. 70(1), 33-57.
- Mech, E. V., Ludy-Dobson, C. & Husleman, F. S. (1994). "Life-skills knowledge: A survey of foster adolescents in three placement settings". *Children and Youth Services Review*. 16(3/4), 181-200.
- Mech, E. V. (1994). "Foster youths in transition: research perspective on preparation for independent living." *Child Welfare*. 73(5), 603-23.
- Roman, N. P. & Wolfe, P. B. (1997). "The relationship between foster care and homelessness. *Public Welfare*. 55(1), 4-9.
- Shelter Partnership (1996). *Special needs housing plan for emancipated foster youth in Los Angeles county*. Prepared for the Los Angeles County Community Development Commission. Los Angeles, CA. Unpublished Report.
- Stoner, M. R. (1998). *Bridges to independence quarterly report: An evaluation*. September. University of Southern California School of Social Work. Unpublished Report.
- . (1996). *Evaluation of homeless foster youth program*. County of Los Angeles: Department of Children and Family Services. Unpublished Report.
- Timberlake, E. M. (1987). "Adolescent emancipation from foster care" *Child and Adolescent Social Work*. 4(3/4), 116-129.
- Westat (1991). *A statistical evaluation of title IV-E foster care independent living programs for youth: Phase 1-2*. Vols. 1-2. Rockville, MD: Westat, Inc.

Book Reviews

Gail Lewis (Ed.) *Forming Nation: Framing Welfare*. New York: Routledge, 1998. \$75.00 hardcover, \$22.99 papercover.

This anthology is one of a series of five books written for a course on British social welfare offered by the Open University. This British-based "university without walls" uses coordinated texts written by teams of authors and consultants. The books are designed as interactive teaching tools, with exercises, questions, and frequent summaries of the authors' presentations. The fact that *Forming Nation: Framing Welfare* is designed for a particular audience—students seeking an analysis of the historical development of British welfare policy—and formatted for a specific approach to teaching may limit its utility as a textbook for courses in the United States. Its classroom niche here would probably be courses in comparative social welfare, but it might also be of interest to the reader interested in British social history and the general development social welfare policy. This review looks at the book from the point of view of each potential set of readers.

The book intends to expose and analyze the complex goals and motives which lie beneath the creation of social welfare policy in Great Britain. It is organized around a number of major themes, including the "construction of particular groups of people and particular issues as social problems" that welfare programs are designed to deal with; the role of power in the formation of a welfare system; the place of women, minorities, and working class and poor people in that system; the formation of the British nation-state out of several different geographical entities; the importance of empire and colonialism in the British mind set, and "the struggle to shift the boundaries of the relationship between the state and the individual citizen." (1–3) In addition, the book also aims to acquaint students with different discourses related to social welfare and to the various historical approaches to the topic. Covering all these themes and issues in a coherent way is a heavy challenge, and one that is met only intermittently in the chapters of this book. The introduction will confuse many students, and

perhaps more informed readers as well. Some chapters successfully focus on a limited number of issues, while others try to cover the waterfront. In addition, crucial terms, such as "hegemonic," are not always explained. Most notably, "discourse" is discussed throughout the book but only defined in the next to the last chapter. A good background in British history is assumed, which may make the text particularly difficult for students in the United States.

The text is organized in a roughly chronological way, with each chapter devoted to a particular aspect of the welfare system. The first two chapters cover the place of "family" in the development of social welfare from the early 1800s on, and the relationship between gender, class, and philanthropy in Victorian Britain. Both chapters rely heavily on social control interpretations of the development of social welfare policies and the "regulation" of British families, leaving little room for other factors in a complex social process. Descriptions of the role of women, both as laborers and as caregivers, are more comprehensive, giving various interpretations behind the control of women's labor and the growing emphasis on women's place in the center of the family. This discussion echoes the interpretations and debates seen in the work of American writers such as Linda Gordon, Gwendolyn Mink, and Theda Skocpol.

The last four chapters provide material that will be less familiar to many readers, and it is this fresh content that I found most interesting and useful. These chapters describe the surprisingly late development of compulsory education in Britain, the creation of the Irish in Britain as a social problem (similar to treatment of African Americans in the United States), the construction of unemployment and organized responses to it in the nineteenth and twentieth centuries, and contemporary family patterns in Great Britain. These chapters are by and large more substantive and straight forward; theoretical concepts are better integrated into the discussion. Readers in the United States might be particularly interested in comparing British responses to emerging family patterns and debates about the effectiveness of the "lone mother" (our single mother) family head to similar deliberations in the U.S.

Forming Nation, Framing Welfare has strengths and weaknesses. Its attempt to apply multiple analytic themes can be confusing; the social control interpretations in some sections of the book are heavy-handed and insufficiently supported. On the other hand, the "interactive text" features such as vignettes and accompanying questions and analyses should prove interesting and helpful to students. Finally, discussions of the race concept as applied to the Irish, the coverage of topics such as the history of public education and responses to emerging family forms, and references to social welfare developments in several of the British colonies are informative and useful for those with a general interest in the formation and role of social welfare in modern societies.

Leslie Leighninger
Louisiana State University

Dana Vannoy and Paula J. Dubeck (Eds.), *Challenges for Work and Family in the Twenty-First Century*. Hawthorne, NY: Aldine de Gruyter, 1998. \$43.95 hardcover, \$21.95 papercover.

Both work and family have changed dramatically during the last 50 years. Globalization of the economy and the elimination of many jobs through technology have increased competition for jobs, reduced job security, and decreased wages. The entrance of women into the workforce has had repercussions both for workplaces and for families. Today, 75% of mothers with children age 6–17 work, an increase from 39% in 1960. In addition, changing demographics have resulted in longer life expectancies and responsibilities of working adults for elderly, disabled relatives.

As a result, a literature known as "work-family." has developed during the last 20 to 25 years, centering on several themes. One is the need for policies and programs to facilitate the dual roles of worker and family member such as childcare, family and medical leaves, and flexible work arrangements. Another involves the impact work organization has on family health and the effects of family characteristics on work outcomes such as

Forming Nation, Framing Welfare has strengths and weaknesses. Its attempt to apply multiple analytic themes can be confusing; the social control interpretations in some sections of the book are heavy-handed and insufficiently supported. On the other hand, the "interactive text" features such as vignettes and accompanying questions and analyses should prove interesting and helpful to students. Finally, discussions of the race concept as applied to the Irish, the coverage of topics such as the history of public education and responses to emerging family forms, and references to social welfare developments in several of the British colonies are informative and useful for those with a general interest in the formation and role of social welfare in modern societies.

Leslie Leighninger
Louisiana State University

Dana Vannoy and Paula J. Dubeck (Eds.), *Challenges for Work and Family in the Twenty-First Century*. Hawthorne, NY: Aldine de Gruyter, 1998. \$43.95 hardcover, \$21.95 papercover.

Both work and family have changed dramatically during the last 50 years. Globalization of the economy and the elimination of many jobs through technology have increased competition for jobs, reduced job security, and decreased wages. The entrance of women into the workforce has had repercussions both for workplaces and for families. Today, 75% of mothers with children age 6–17 work, an increase from 39% in 1960. In addition, changing demographics have resulted in longer life expectancies and responsibilities of working adults for elderly, disabled relatives.

As a result, a literature known as "work-family" has developed during the last 20 to 25 years, centering on several themes. One is the need for policies and programs to facilitate the dual roles of worker and family member such as childcare, family and medical leaves, and flexible work arrangements. Another involves the impact work organization has on family health and the effects of family characteristics on work outcomes such as

absenteeism and productivity. Still other research explores gender differences in work and family participation. Attempts to examine which theoretical model best explains the nature of the relationship between work and family comprise a good deal of the literature. Accompanying the academic literature on the subject is an ongoing political debate concerning work and family issues, often framed in terms of "family values."

Challenges for Work and Family in the Twenty-First Century is a welcome addition to the literature and a progressive response to this debate. Vannoy and Dubeck have brought together a superb selection of papers focusing on an array of topics within the work and family domain. An unusually broad interpretation of "work-family" results in inclusion of relevant essays on subjects more commonly associated with the field of labor economics: the impact on families of downsizing and unemployment, the unequal distribution of health care, and the socioeconomic roots of family diversity. These accompany pieces on the more traditional work-family areas of parental involvement with children, elder caregiving, shift work, and the glass ceiling faced by women in the labor force.

Two chapters, introducing and then commenting on the collection, are written by each of the editors, respectively. The 13 chapters in between function well as a composite but each also stands alone. The book is divided into three main parts. The first part describes the U.S. status quo. It includes chapters on gender, downsizing, shiftwork, and race.

The second part of the book examines coping strategies families are using to accommodate the changing times. It consists of chapters on race; structural and cultural barriers facing managers who wish to work part-time; the devastation that corporate layoffs can cause; and approaches used by professional working parents who prioritize family involvement, to cut back on work time and income.

The third and final part of the book looks to the future. Discussed here are the impact of "welfare reform" on children; suggested interventions for improving reading ability of inner-city children; the glass ceiling women seeking promotions face; the decreasing access workers have to job-based health care; and

the conflicts employees with caregiving obligations to disabled elderly relatives confront.

While all papers in this volume are excellent, some stand out as meriting special mention for their challenges to accepted paradigms. Baca-Zinn makes a compelling case for adopting a multiracial research framework to clarify that racism, along with other social and economic factors are much more significant predictors of family structures than any "family values". Perrin's chapter is especially captivating in its depiction of the non-financial damage downsizing in a company town can inflict on a community. The author posits that the anger and depression people experience, are symptoms resulting from a declining sense of community. He advocates government policies to facilitate community organizing and a shift in the mainstream ideology purporting that corporations have the right to do what is most profitable, regardless of the cost to communities. Finally, Maume's empirical study supports an interesting aspect of the glass ceiling model, namely, that women who work in female-dominated professions are significantly less likely to receive promotions than women in jobs that are male-dominated. Moreover, men who hold jobs in primarily female professions, experience a glass "escalator," moving into management at a faster rate than either their male peers in other job categories or their female peers in principally female occupations. Thus, discrimination is against the combination of women and female-oriented jobs.

The chapters form a good blending of empirical research, both quantitative and qualitative, reviews, and analyses based on existing research of contemporary work and family issues. They are well researched, cogent, and critically analytical. Most provide convincing arguments against the family values rhetoric and propose reasonable solutions to obstacles confronting U.S. working families.

The only aspect of the book that could have improved the flow is the organization. Rather than divide the book into three parts based on the editors' criteria, it might have been more useful to group together the chapters on race, the ones on downsizing, the studies concerning management and those on children.

This book is an important contribution to the work-family literature. It should appear on every work and family class syllabus,

and be read by practitioners and researchers in the policy, sociology, and social welfare professions.

Blanche Grosswald

University of California, Berkeley

J. W. Green. (1999). *Cultural Awareness in the Human Services: A Multi-Cultural Approach* (3rd ed). Needham Heights, MA: Allyn and Bacon. \$33.95 papercover.

This textbook is designed for researchers, students, and professionals in a broad range of human service fields. The author draws on current research and thinking to elaborate on the cultural determinants of behavior. The book examines the intricate and delicate relationship between culture, language, and communications in human service delivery. It uses case examples to elucidate the conception and contents discussed in the chapters. Each chapter also contains a follow-up section including recommendations for exercises, skill development, self evaluation and further research.

The first half of the book focuses on cultural diversity and social services. Chapter one examines the conception of race and ethnicity, and provides a model for culturally competent practice as a guide for social service providers working in increasingly diverse communities. It presents a review of current literature and incorporates the emerging perspective of postmodernism.

Chapter two discusses the cultural construction of care and help-seeking behavior. Effective cross-cultural helping requires both familiarity of culturally-specific "local knowledge" and understanding of history. Specifically, Dr. Kleiman's "help seeking behavior model" was adopted and illustrated as the key procedure for cross-cultural discovery and as a guide. The chapter emphasizes the importance of integrating both client culture and the professional subculture throughout the service delivery process. The chapter also examines the cross-cultural implication of DSM-IV and presents four case examples of different cultural groups.

Chapter three makes the case that professional cross-cultural competence remains lacking among social service providers throughout the helping process (i.e., relationship building, assessment, planning, service delivery, and evaluation.) Public and

professional demands for cross-cultural services go beyond the simplistic notion of cultural acceptance and altruistic desires as adequate competency. The author accents the importance of cross-cultural empathy building and participant observation methodology and presents a systematic five-step "cultural competence learning model."

Chapter four explores the role of language in social service delivery. The author applies linguistic concepts (i.e., the Sapir-Whorf theory) to explain the interwoven relationship of language, words, meanings, and implications in practice. It emphasizes that language is more than a means of communication; it is a tool for constructing reality. Different languages create and express different realities, and different uses of language create alternative realities. Since not everyone who works in the human services is proficient with clients' language in the cross-cultural helping process, the book introduces the concepts and procedures of ethnographic interviewing and narrative therapy for non-bilingual, bicultural workers. It offers an alternative paradigm, a new ideological approach and a methodology for delivering cross-cultural services.

The second half of the book, Chapters 5 through 9, describes cross-cultural problem resolution in four specific populations: African Americans, Native Americans, Latino Americans, and Asian/Pacific Islanders respectively. In each of these chapters, the author builds a critical knowledge base through historical reviews, culturally specific adaptations, stereotypes, family structures, and culturally specific ideologies. All information is summarized into a well-organized "cultural-contrast chart" that compares each group to European American/mainstream communities. It also describes the impact of contrasting social-cultural relationships on social services delivery. Subsequently, each chapter discusses the issue of diversity within each population and how to develop culturally appropriate skills in working with various ethnic groups and subgroups.

A possible suggestion for the book could have incorporated more discussions on differential assessment and service delivery for foreign-born v.s. American-born ethnic minority populations. Rather than superficial and naive, the "norms and values approach" is equally important as the "changing stratification

systems approach" in developing cultural awareness and cross-cultural competence, especially in serving immigrant populations. It is important to highlight the impact of level of acculturation and of client-worker match upon social service delivery.

In conclusion, the book offers a comprehensive literature review relevant to various human services disciplines. There are substantial changes from the earlier (2nd) edition including new and updated information. It contributes an unique ethnographic perspective useful for helping workers achieve cultural awareness and service competence.

Yuhwa Eva Lu
New York University

Robert C. Lieberman, *Shifting the Color Line: Race and the American Welfare State*. Cambridge, MA: Harvard University Press, 1998. \$45.00 hardcover.

Ever since Gunnar Myrdal identified the dilemma created by the conflict between an ideology that emphasized liberty and equality and the reality of racial domination, social scientists have sought to understand the association between race and American politics. In *Shifting the Color Line*, Robert Lieberman adds a new chapter to this historical saga. He makes a forceful and convincing case that race has inhibited the development of a strong, unitary and centralized welfare state and that the fragmented welfare state, in turn, has reshaped the politics of race and the place of African Americans in the United States. His institutionalist thesis reflects a subtle variation on the argument initially advanced by Gosta Esping-Anderson that welfare states not only reflect existing patterns of stratification but also are themselves agents of social stratification.

In his first chapter, Lieberman explores the events that led to the creation of the Social Security Act of 1935, probing the role of race, class and region in the development of this legislation. He explains how the New Deal programs were structurally organized to sort African Americans into the locally administered welfare programs and out of the national social insurance programs. Although this chapter recounts a familiar story, it provides a crucial underpinning for his subsequent analysis of the effect of this

institutional arrangement on three key programs, Old Age Insurance, Aid to Dependent Children and Unemployment Insurance. In each case he asks whether African Americans were treated equally under programmatic structures or whether they were subject to discrimination. His answers to these questions highlight an interesting paradox about American political development.

No program has experienced a more revolutionary transformation than Old Age Insurance. When OAI was first legislated, it did not cover agricultural laborers or domestic servants, thus automatically excluding three-fifths of all black workers in the U.S. at that time. As the program matured, however, it was recast into a racially-inclusive welfare benefit. According to Lieberman, OAI's transformation was the result of its institutional structure. OAI was administered by a centralized national bureaucracy that was autonomous from local political influences. Eligibility criteria were established by federal authorities, not local politicians and welfare workers, and eligible workers received social security benefits as a statutory right. As a result, the program was able to transcend the local racial state in the South. As benefits were extended to a wider array of occupational groups, OAI automatically became more inclusive. Indeed, by the 1960s it could be described as the only color blind social program in the nation.

Aid to Dependent Children also began as a racially exclusive program but, unlike OAI, decisions about eligibility and benefit levels were left to states and local welfare authorities. This institutional design gave local politicians and bureaucrats substantial influence on the program's development. As a result, in the South African Americans failed to receive benefits in proportion to need, while in the North ADC became entwined in local patronage politics. In northern cities, Lieberman argues, the racially-biased dispersion of benefits through patronage networks created a continuing attachment among African Americans to local political institutions. The long-range consequence was a white backlash against public assistance and the isolation of African Americans from the political and economic mainstream.

Perhaps the least examined program of the American welfare state is Unemployment Insurance. Like OAI UI initially excluded agricultural workers and domestic servants, a restriction that meant that benefits were reserved for a population that was

primarily white. Because African Americans historically have had higher rates of unemployment than white workers, UI might have alleviated racial inequality. Instead, in Lieberman's view, the program exacerbated it. Structural limitations made the program incapable of protecting workers against chronic joblessness and frequent and extended periods without work. Equally important, UI has become a substitute for a national employment policy, limiting the nation's ability to address the more intractable problems of the underclass.

At times Lieberman's application of an institutionalist perspective is rather heavy-handed and unconvincing. For example, as he surely understand, AFDC's means-tested structure was only one of many complex factors that created a backlash against the program. Indeed, a number of programs targeted to the poor, such as Medicaid, have remained remarkably impermeable to budget cuts. In the case of each program, one wonder what factors, other than program structure, were responsible for its developmental trajectory. Still, Lieberman's analysis provides yet another lens from which to view the development of the American welfare state, one that can be usefully combined with alterative perspectives to provide a thorough explanation for the impact of the New Deal on racial stratification in the United States.

Jill Quadagno
Florida State University

Mary C. Comerio, *Disaster Hits Home: New Policy for Urban Housing Recovery*. Berkeley, CA: University of California Press, 1998. \$39.96 hardcover.

It is widely recognized that a home is more than a roof over one's head. It is the center of a web of human relations. In *Disaster Hits Home: New Policy for Urban Housing Recovery*, Mary C. Comerio makes a compelling argument that housing is more than a key sector in the nation's financial infrastructure. It is fundamental to the social infrastructure of our cities. People choose housing not by price alone but also by the quality of schools, proximity to jobs, availability of transportation, and access to parks, shopping and other social amenities (health care, child care, recreation facilities, churches). Understanding the nature of urban housing stock and

the potential for housing loss is critical to understanding the impact that disasters have on people's lives and on their ability to personally and financially recover. Therefore, it is not surprising that one of the most critical factors that determines a community's capacity to successfully rebuild after a disaster is the adequacy of the system to finance housing repairs. The current model for providing disaster assistance in the U.S. is a mix of charity, federal assistance, and private insurance. However, the frequency and intensity of disasters in the last decade has raised serious questions about how we as a society should organize our response to major disasters and who should pay for housing recovery assistance. Between 1989 and 1994, the five largest disasters in the United States caused an estimated \$75 billion in damage, with half of that being to residential structures. As a society, we have made a social and political commitment to provide temporary shelter for those made homeless in a disaster. But recent large-scale urban disasters have resulted in damage to housing stock that is unprecedented in its magnitude. As a result, many insurance providers are no longer willing to provide affordable coverage for full replacement value of houses in high-risk area. In fact, many have left the disaster insurance market entirely. At the same time, rapid growth of government spending in disaster recovery has raised questions about whether there should be any public assistance for private losses. With this as background, the author presents detailed case analyses of recent hurricane and earthquake disasters in the United States, Japan and Mexico to examine the adequacy of current disaster assistance policies for large-scale urban-centered disasters. Arguing that the traditional "death and dollars" measures of loss are insufficient for assessing the true magnitude of housing losses in urban disasters; she proposes a catastrophe index for assessing specific factors that affect the evaluation of when a disaster causes a housing crisis. The index addresses four critical assessment domains: (1) the condition of damaged as well as undamaged housing stock, (2) the limitations of public and private resources for relief and recovery, (3) the social and economic circumstances of the population affected by the disaster, and (4) the political factors that shape public response in general, and in specific local terms. Housing is an unusual economic commodity—expensive, fixed in space, long lasting,

and essential for normal modern life. For this reason, widespread destruction of urban housing stock due to natural disasters is both a public and private concern. Drawing on the case analyses, the author proposes a thorough revision of the government's role in disaster recovery through "a strategy of shared responsibility." This strategy promotes public-private collaboration as essential in confronting housing and recovery problems in urban disasters. Central to this strategy is the argument that good disaster recovery policy starts with a serious commitment to reducing future damage through preparedness and mitigation activities. Lowering the cost of recovery by lessening the potential for future damage benefits private insurance companies through reducing the costs of settling damage claims, taxpayers through lower program costs, and home owners and renters through reduced housing damage and loss of personal property. Why should low probability events like earthquakes and hurricanes be on our national policy agenda? Because we have become a nation of urban and suburban dwellers with very high population concentrations in hazard prone regions. The U.S. Census shows that population density in hurricane prone coastal areas and earthquake prone areas of California has increased more than 75% in the last thirty years. Florida and California, two highly populous and highly urbanized states, face substantial risks for future hurricane and earthquake disasters respectively. As a result, the number of people who will experience the economic hardships resulting from a major disaster is expected to continue to increase dramatically in the future. And we can expect demands for government involvement in disaster assistance to increase and to become more politicized. The policies we develop now will have significant and far-reaching consequences for disaster response and recovery well into the next century. This book provides valuable insights into one critical element of the need for new disaster assistance policies in the U.S.—urban housing recovery.

Calvin L. Streeter

The University of Texas at Austin

Book Notes

Richard B. McKenzie (Ed.), *Rethinking Orphanages for the 21st Century*, Thousand Oaks, CA: Sage Publications, 1999. \$72.00 hardcover, \$34.95 papercover.

In 1994, Newt Gingrich, former Speaker of the House of Representatives, attracted considerable media and public attention by proposing that residential care facilities be more widely used to care for the children of welfare mothers. He claimed that these children would be far better served at facilities such as Boy's Town which, he noted, had an impeccable record of caring for needy children. The furor which greeted the Speaker's proposal has since dissipated but, as this book reveals, the debate on the merits of residential or congregate care (as it is known) has hardly ended. Indeed, it has serious advocates who believe that residential services offer a viable alternative to current child welfare policies that emphasize the use of foster care as an interim step towards family reunification.

Richard McKenzie, the editor of this collection, is a professor of Management at the University of California at Irvine. He was himself raised in a residential care facility in a rural area of North Carolina. His own positive experience frames the discussion but, to support the case for residential care, he has assembled a group of experts to review different aspects of the issue. Their conclusions run contrary to established wisdom in the field. Two researchers, Conna Craig and Derek Herbert, believe that the problems facing the nation's child welfare system can be largely attributed to the futile attempt to promote family preservation. Estella Moriarty, a federal judge with child welfare experience supports this view. Marvin Olasky reviews the history of residential care and concludes that its achievements have been maligned. Margaret Wright examines the role of residential care in promoting positive work habits but notes that child labor laws have impeded the ability of residential facilities to use children to carry out the chores needed to operate these institutions. As MacKenzie notes, the costs of residential care could be greatly reduced if these laws could be relaxed.

These and other chapters in this book offer a provocative case for the return of residential care as a primary instrument of child welfare policy. However, it is unlikely that this proposal will gather much support either in professional or political circles. While simple solutions to very complex problems were once greeted with acclaim, there is greater recognition today that no single, apparently straightforward remedy to perplexing social issues can be found. Residential services have an obvious role to play in a complex, multifaceted child welfare service system but they are not the panacea to the difficult challenges it faces.

John Macnicol, *The Politics of Retirement in Britain, 1878–1948*. New York: Cambridge University Press, 1998. \$74.95 hardcover.

In 1942, at the height of the Second World War, the British government published a document proposing the creation of a comprehensive, national social security system. The document, which subsequently became known as the Beveridge Report, attracted widespread attention and was hailed for its visionary proposals to eradicate poverty, ignorance and disease. Its appeal was understandable. After the privations of the Great Depression and the death and destruction of the war, it offered the hope of a new society from which social need, deprivation and injustice would be banished.

Although the Beveridge Report laid the foundation for the post-War expansion of the British welfare state, it was not, as Macnicol demonstrates, the result of a flash of utopian inspiration but rather of many decades of intense political struggle to introduce state funded retirement provisions. The struggle reflected the activities of which different interests groups who campaigned around issues of poverty, aging and dependence. The struggle also reflected changing demographic, social and economic realities which changed the way elderly people participated in economic and social life. While the impact of the Beveridge report should not be underestimated, it was not as revolutionary as many historians have suggested but rather an attempt by the state to accommodate diverse and complex social forces.

This detailed and readable account of the history of state funded retirement pensions in Britain in the 70 or so years preceding the Beveridge report shows once again how deeply issues

of power pervade social policy. It also shows how complex these issues are. The introduction of social security in Britain was not only the result of the efforts of competing interest groups but of more fundamental struggles around the role of the elderly in society, of labor markets, of income and wealth and indeed of the survival of capitalism as an economic and social system.

In an attempt to frame the discussion and interpret the chronology, Macnicol draws on established theoretical perspectives which offer different explanations for the origin of modern day social security systems. However, having stated his own theoretical preference, he does not always integrate theory with the historiography, and the mustering of historical evidence does not seem to lend sufficient weight to the argument. Nevertheless, this is an important contribution to literature which should be consulted by anyone interested in the historical evolution of social policy in Britain.

Jack Rothman, (Ed.), *Reflections on Community Organizing: Enduring Themes and Critical Issues*. Itasca, IL: F. E. Peacock Publishers, 1999. \$35.00 papercover.

Although community practice has been an integral part of social work for many decades, it has taken enjoyed different degrees of popularity at different times during the profession's history. In the early years, community practice found expression in settlement work and in agency coordination, and, by the 1950s, community social services planning was well established. In the 1960s, community practice adopted a more political stance, using a variety of organizing tactics to assist low income communities campaign for civic and social rights. By the 1980s, the political impetus for community action had weakened and it appeared that few social workers were much interested in the field. However, by the mid-1990s, there were signs of a resurgence of interest in community practice. By this time, a new journal devoted to community social work had been established, and many more papers on the subject were being presented at national conferences.

As community practice enjoys a resurgence, the time is ripe for scholars working in the field to engage in a thorough review of its history. There is a need to account for the different orientations community practice has taken, and to examine the way it has

experienced cycles of popularity and demise. Rothman's book may not meet this expectation but it offers fascinating insights into the views of those who have helped shape the field over the last thirty or so years. Explicitly designed to provide an opportunity for them to reflect on their experiences, this collection makes for engaging reading. In addition, the book invites comments from a few more contemporary writers on the subject. The core contributors are a veritable galaxy of notables in the field. Their personal observations on diverse aspects of community practice document for posterity the perspectives, beliefs and activities of a generation of scholars who made a vital contribution to the development of community social work practice.

David Denny, *Social Policy and Social Work*. New York: Oxford University Press, 1999. \$75.00 hardcover.

Although social work has traditionally sought to apply professional knowledge, values and skills to deal directly with the needs of individuals, families and communities, it has also been engaged in wider social issues. Today, many social workers accept that attempts to deal with the personal problems of individuals cannot be detached from wider social policies that address their needs through services, resource allocations and other interventions that transcend social work's preoccupation with direct practice.

In Britain and several other European nations, the majority of professional social workers are employed in statutory agencies where their direct practice skills are applied in a larger context of legislation, policies and procedures. In this milieu, social work practice is largely shaped by procedural routines emanating from the wider social policy framework. In the United States, the numbers of social workers employed in the public sector has declined steady over the years but here too, social work practice is contingent on the requirements of the wider policy environment.

David Denny's book is written for social work students in Britain. It seeks to show how social work and social policy are linked, and how social work practice in fields as diverse as child welfare, mental health, juvenile justice, family treatment and disability interacts with wider social policy concerns. However, the book is not merely descriptive but encourages students to

think critically about these issues. For this reason, it stresses the role of ideology in social policy and emphasizes social work's role in addressing the needs and concerns of diverse groups in society. It also includes a substantial dose of historical analysis stressing the need for student to understand the various forces that gave rise to particular policy decisions. Although the book deals exclusively with social work and social policy in Britain, it will be of interest to social workers in the United States who also need to understand the way social policy interacts with social work practice.

CORRESPONDING AUTHORS

Gunnar Almgren, Ph.D.
Assistant Professor
The School of Social Work
University of Washington
4101 15th Avenue N.E.
Seattle, WA 98105-6299
email: mukboy@u.washington.edu

Miquel Ferguson, Ph.D.
Assistant Professor
The School of Social Work
University of Texas at Austin
1925 San Jacinto Blvd.
Austin, Texas 78712
email: miquelf@mail.utexas.edu

Valli Kalei Kanuha, Ph.D.
Assistant Professor
University of Hawaii
School of Social Work
2500 Campus Road
Honolulu, HI 96822
email: kanuha@hawaii.edu

Muammer Cetingok, Ph.D.
Professor
The University of Tennessee
College of Social Work
822 Beale St.
Memphis, TN 38163
email:
mcetingok@utmem1.utm.edu

Helen E. Petracchi, Ph.D., ACSW
Assistant Professor
University of Pittsburgh
School of Social Work
2330 Cathedral of Learning
Pittsburg, PA 15260
email: hpsswt@pitt.edu

Iris Carlton-LaNey, Ph.D.
Associate Professor
School of Social Work
University of North Carolina
Chapel Hill, NC 27599

Dorothy S. Ruiz, Ph.D.
Associate Professor
African American and African Studies
University of North Carolina at
Charlotte
Charlotte, NC 28223
and
Research Fellow
Center for the Study of Aging
and Human Development
Duke University Medical Center
Durham, NC 27710

Darlene L. Piña, Ph.D.
Assistant Professor of Sociology
California State University, San
Marcos
email: dpina@csusm.edu

Richard Hoefer, Ph.D.
Associate Professor
School of Social Work
Box 19129
University of Texas at Arlington
Arlington, TX 76019
email: rhoefer@utarlg.uta.edu

Jill Littrell
Georgia State University
585 Indian Acres Court
Tucker, GA 30084
email: littrell@gsu.edu

Madeleine R. Stoner, Ph.D.
Professor
University of Southern California
School of Social Work
Los Angeles, CA 90089-0411
email: mstoner@usc.edu

JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

1999 PUBLICATION INFORMATION & SUBSCRIPTION RATES

<i>Volume:</i>	XXVI		
<i>Volume Year:</i>	1999		
<i>Publication Period:</i>	1/99 to 12/99		
<i>Frequency of Publication:</i>	QUARTERLY		
<i>Publication Dates:</i>	MARCH, JUNE, SEPTEMBER, DECEMBER		
<i>Subscription Rates:</i>		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
<i>Postage:</i>	INCLUDED IN PRICE		
<i>Currency:</i>	U.S. DOLLARS (Firm Exchange Rate Not Available)		
<i>Payment:</i>	PREPAYMENT (Must accompany order)		
<i>Effective Price Start Date:</i>	June 1996		
<i>Multiple Year Sub. Rate:</i>	NOT AVAILABLE		
<i>Cancellation Policy:</i>	NONCANCELLABLE		
<i>Claim Policy:</i>	FREE REPLACEMENT WITHIN SIX (6) MONTHS OF PUBLICATION		
<i>Back Issues:</i>	\$15.00 PER ISSUE		
<i>ISSN:</i>	0191-5096		
<i>Tax-Free Registry No.:</i>	A-154961		
<i>Federal Tax I.D. No.:</i>	386007327		
<i>Index:</i>	INCLUDED IN ISSUE NUMBER 4 AT NO EXTRA COST		
<i>Contact Person:</i>	Frederick F. MacDonald, 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) 387-3191 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 Robert Leighninger, School of Social Work, Louisiana State University, Baton Rouge, Louisiana 70803. 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, School of Social Welfare University of California, Berkeley, CA 94720.

Founding Editors

Norman Goroff and Ralph Segalman

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

Non-Profit Org.
U.S. Postage Paid
Kalamazoo, MI
Permit #478