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THE NEW LEFT AND THE HUMAN SERVICE PROFESSIONS

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ABSTRACT

There are three characteristics of the New Left which had impact on social and human service professionals. Egalitarianism produced distrust of orthodox professional detachment from and power over poor and minority persons. The movement also gave expression to guilt, for some, over their "privileged" backgrounds. The New Left's decentralist views about power produced an orientation to local insurgency: the organization of neighborhood and community activist organizations. In combination, for those influenced by the movement and entering the professions, a characteristic type of new professionalism arose: advocacy for the interests and organizations of the oppressed. Illustrations of this process are found in city planning and the academic disciplines, as well as other traditional and social service professions.

Introduction

This paper presents an interpretation of the impact of the New Left on the human service professions. This interpretation had its genesis in a study of city planners who had created a new role in that profession by becoming resource and/or spokespersons for community organizations, usually located in poor or minority neighborhoods. Influenced, early in the Sixties, by the civil rights movement, they called themselves advocate planners. They thereby indicated their view of the city planning process as a partisan contest of class and racial interests.

1 This paper is partially based on research supported by NIMH Grant No. 19509 in 1970-72.

2 For descriptions of the role of advocate planners consult: Thabit, 1969; Davidoff, 1965; Corey, 1972; Guskin and Ross, 1971; Ross, 1975. For critical discussions see also Peattie, 1968; Piven, et al.
This contrasted with more orthodox concepts of planning for a "common good," which the advocates saw as serving the interests of the well-to-do in general and local real estate interests in particular.

The contrasting concepts among the planners accompanied contrasting practice. The advocates in planning usually worked with and for neighborhood level citizen’s groups. Their more orthodox (and numerous) colleagues worked in official city (or state) planning departments, or private firms under contract to such departments.

It is of course a sign of the times I am writing about that in this "strategy of intervention" (some may prefer "political perspective") i.e., advocacy for the interests of the underdog at a neighborhood level, there was a more or less general convergence of radical or otherwise dissenting professionals throughout the Sixties and on into the Seventies. That the diffuse influence of the New Left was among the forces propelling that convergence is the business of this essay. But two caveats are in order. First, the domestic context in which the New Left acted was created by Black protest and heavily influenced by the politics of the Black movement. Though elements and periods in the Black movement interlaced with the New Left, the present focus on the dynamics of the largely white, college-based movement should not imply analytical neglect of the overall importance of Black militance for the issues here discussed. The second caveat is this: full treatment of developments in the helping professions engaged in psychotherapy or counselling would provide yet another level of conceptualization, concerning, for example, socialization, sex-role stereotyping, the meaning of madness, and so forth. Though the general interpretation I offer should be valid for practitioners in these fields, a more adequate discussion would have to be supplemented by discussion at that level.

Egalitarianism, Guilt, and Community Organizing

There are three important ways in which the New Left of the Sixties

1974; Mazziotti, 1974; Ross, 1977. For a description of the background of a sample of such practitioners see Ross, 1976. For a discussion of professional advocacy’s place in liberal democratic theory, see Kaspersion and Breitbart, 1974. The standard history of city planning itself is Scott, 1969; an accessible sociological analysis is Gans, 1968.
contributed to the atmosphere of change which effected the human service professions.\(^3\) The first of these was based on the New Left's early emphasis on participation in decision-making as the definitive democratic act (SDS, 1962; Hampden-Turner, 1970; Keniston, 1968). Stemming from its egalitarian ethos, the positive role of participation was cast as a rejection of what the New Left saw as the harmfully impersonal and arbitrary nature of bureaucratic hierarchies of all kinds. This produced a frequently populist rhetoric as embodied in the SDS slogan "Let the people decide," and the Black Panther slogan, "Power to the People." These views also produced distrust of representative systems, and favored direct responsibility to popular assemblies (cf. Rothstein, 1972; Flacks, 1967; Hampden-Turner, 1970; Keniston, 1968). In turn, egalitarian and protosyndicalist ideas produced distrust of technical expertise per se (cf. McDermott, 1969; Potter, 1971, pp. 100-120). Grounded in an oft repeated theme of having been lied to about the nature of American society (cf. the Port Huron Statement, 1962; Johnson, 1968), the movement's early years echoed with Jacobin-like respect for the citizen role, and emphasized democratic experience as intrinsically enlightening, apt to cultivate a wise citizenry. As the movement matured the language concerned with these matters became more Marxist; and the bourgeois interests and loyalties of social researchers and would-be social engineers were depicted as an inevitable contradiction to the just demands of the poor and black and the working class in general. (e.g., Horowitz, 1969; Goodman, 1971; Ross, 1970) This element can be summarily described as radical egalitarianism.

The second contribution of the New Left to the proximate atmosphere which had sharp impact among the professions was its sharp, poignant perception of its own class position, the voluntarist nature of its (hoped for) alliance with various underdogs, be they defined as blacks,
minorities, or exploited third world nations. The options open to these "inheritors of modest affluence," as the Port Huron Statement put it, made them particularly sensitive to issues of personal or collective "cooptation." The sellout, the failure of group interests to overcome selfish pursuit of career, haunted the nightmares of SDSers and members or sympathizers of similar groups. The New Left added to its distrust of bourgeois experts and ideologists, a tendency to condemn the choice of any career--any stable progression, within established institutions, of increasing responsibility and status. A mandate--in Hughes (1958: 78) sense of professional prerogative--could only be won from a concrete group of participants. Dependence, by affluent professionals, on the support of the capitalist state, or on fellow professionals' criteria for advancement (such as publishing among academics) was viewed as the path to certain desertion of the Movement. In the 1964-67 period of SDS growth, for example, an atmosphere prevailed which induced deep personal guilt among those members who chose graduate or professional training. The more prominent leaders of the group were, at that time, engaged in community organizing projects in slums and ghettos; or in full-time agitation against the war in Vietnam. (Weinstein, 1975: 129-133). Among young professionals who nonetheless continued their training and careers, compensating and justifying doctrines arose. These called for humility before the "people's" will, and service to their cause--generally seen as oppositional to American culture and capitalist power in the state.

This constellation of personal guilt combined with a prevailing interpretation of the failures of social democracy and other leftist movements as "sell out" had powerful implications. Among them were a persistent tendency, in Marxist-Leninist terms, to "tail" other movements--to look to other social forces for leadership and cues for action. Since large proportions of these youth were in fact bound for human service careers, their anticipation of future occupation frequently entailed the contemplation of being in an occupational niche which constrained its occupant through some bureaucratic structure to behave oppressively. One way to avoid this, but still to justify professional status, was to redefine professional roles so as to literally put them at the service of those forces seen as liberating. The idea of the professional as an underdog advocate meshed neatly with this desideratum.

The third element of the New Left ethos which helped produce the advocate idea and a new interpretation of professionalism was its orientation to conflict outside of the orthodox political channels of electoral or legislative politics. Combined with a decentralist
normative orientation to the distribution of political power, this outlook produced a typical New Left prescription: grass-roots--i.e., neighborhood--organizations of militant advocates of the people's needs. The major parties--especially the Democratic Party--were seen as "misleaders" of the people, who deflected the people's anger into meaningless channels of compromise (cf. Zinn, 1964). The development of inner city community organizations had, after a few years of War on Poverty policies, proceeded beyond New Left organizing projects. There were many young city planners, attorneys, social workers and community practitioners of all kinds, either directly or indirectly influenced by the New Left, who were prepared to place themselves in the service of what they saw as the emerging interests and organizations of the poor.

These interactions between class background, education, ideology, and perspectives on careers were not obscure to the participants themselves.

The New Left and the Professions

From the earliest period of New Left activity the eventual impact of the movement upon social service and other professions was anticipated by its leadership. Robert A. (AI) Haber, the first President of SDS, wrote on the importance of professional activity to radical movements in an SDS document as early as 1961--before the Port Huron Convention (1962) and the eventual growth of SDS.5 Paul Potter, SDS President in 1965, had written and spoken on "The Intellectual and Social Change" quite often. Tom Hayden, Haber, Potter, and the other leading spokesmen of SDS's founding period had been heavily influenced by C. Wright Mills' jeremiads directed at intellectuals (Hayden, 1967; Mills, 1962).

In July, 1967, a project initiated by and associated with SDS--the Radical Education Project (REP)--sponsored a conference on "Radicals in the Professions." Approximately 150 persons attended, and discussion covered a variety of topics. One emergent theme of the conference was the perceived necessity to 'politicize' one's professional

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5 This document is not cited in Sale's (1973) encyclopedic work, or anywhere else of which I am aware. When I asked Haber about it, he could not recall it. My own memory of it, however, is certain: I served as a member of the National Executive Committee at the time.
role, and one's professional association. Conflict over hitherto accepted definitions of the common good, the client's best interests, and the norm of value neutrality was seen as a positive good. Such conflict would ventilate the dusty corners of professional life, revealing the injustice done to oppressed people, and indicate possible solutions to persistent problems in education and medicine, and so on. One proposed way to do this was the formation of caucus-like structures in each field. They would serve as meeting grounds for like-minded radicals. Through mutual criticism and support such groups could aid their participants in the difficult maintenance of a movement identity and political morale. Such formal or informal groups could also collaborate in attempts to aid militant groups among their clients. Students, poor and working class medical patients, community residents, persons in need of legal assistance, cultures which had become the objects of anthropological research—these are examples of the groups of "clients" seen as beneficiaries and allies of the new radical professions.

The conference participants had no planned follow-up. The participants were not all SDS members. A newsletter, "Radicals in the Professions" was founded but had fewer than six or eight mimeographed issues before it folded. Yet, although it did not "cause" the developments it discussed—many of which preceded it—it indicated the explicit and growing sphere of leftist activity directed at the dilemmas of radical persons who worked in the service professions. For example, the Newsletter of Planners for Equal Opportunity (PEO), the group among city planners committed to advocacy in that profession, carried a notice of the conference (PEO, 1968) and a discussion of planner dissent within official city planning departments.

In the period between 1966 and 1970, groups of people with similar concerns organized Radical Caucuses in a wide variety of professional and academic fields. And a new left organization of academics—The New University Conference (NUC)—had a short period of modest success. Between 1968, when it was founded, and 1972, when it disbanded, NUC had had chapters on approximately fifty campuses and had had important influence in at least three radical caucuses in academic societies: The Modern Languages Association, The American Sociological Association, and the American Historical Association.

In anthropology a radical caucus was formed which issued statements defending the integrity of primitive cultures and former colonial countries against the influence of American domination, and criticized researchers who were seen as the agents of that domination. As was
also charged in sociology, the bourgeois orthodoxy of theory in the area was scorned. Among historians (Bernstein, 1968) and political scientists, (Green and Levinson, 1969) caucuses appeared to argue for the revision of conventional definitions of the Cold War, to support Populist-like respect for the role of the underdog and the socially invisible objects of research, and to muck-rake conventional wisdom about the allegedly benign impact of American culture. In economics an especially talented group of young new leftists and Marxists formed the Union for Radical Political Economics (URPE) and founded its Journal which has published major criticisms of the classical paradigms of classical economics.

In medicine, the Medical Committee on Human Rights (MCHR) initially formed during the early days of the civil rights movement--attracted a wave of new students, including some groups who obtained, through OEO for example, funds for community health projects. (Resnick, 1976) Other young medical doctors formed Free Clinics in the bohemian centers of youth culture, while still others (often associated with The Student Health Organization-SHO) opened clinics in poor and working class communities and helped organize lay boards to share control of them. (McNamara, 1972)

The national Community Mental Health Program, providing funds for neighborhood mental health outpatient centers, attracted a new generation of activist social workers, clinical psychologists, and radical psychiatrists. Increasingly influenced by the community control rhetoric of black communities and black professionals, some of these centers became resources for black militants in their new phase of action.

The National Lawyer's Guild, a leftist organization, experienced renewed growth in this period, and poverty law programs became common on cosmopolitan campuses where law students were influenced by the general ferment. (Kidder, 1976). The Modern Languages Association was the scene of disruption by an angry left caucus in 1969; and in the Mathematics Association a radical caucus sponsored a march in Chicago at its August, 1968, convention, against the Vietnamese War and in support of the protestors assembling for the coming democratic Party convention. A radical caucus appeared at the American Orthopsychiatric Association meetings and tried to create a permanent structure--SSWOC--The Social Service Workers Organizing Committee.

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6 It was called the "Bourbaki Brigade" in honor of a group of anti-Nazi French topologists.
A tabloid began, called the Radical Therapist, and it adapted the increasingly prevalent Maoist rhetoric to a demand for the "liberation of the insane."

The advocacy oriented Planners for Equal Opportunity was founded in 1964. In 1968, as we noted, its newsletter took note of the "Radicals in the Professions" conference; it sponsored a panel scoring the Vietnam War for its negative impact on funding urban reconstruction. And PEO became a visible participant in meetings of the American Institute of Planners, pressing for the need and legitimacy of advocate planning.

**The New Professionalism and Advocacy**

PEO, and advocates generally, were responding to the themes raised on the New Left and in the Black Movement, as well as to the internal lines of argument within each of their professions. And the influence of the Vietnam War on the moral climate of the time cannot be ignored. In particular, the war provoked a good bit of thinking about the problem, as a social psychologist has put it, of "petite Eichmannism"—acquiescence to the everyday orders of one's agency which cumulatively describe a policy of oppression or other harm to a whole people or some definite group (cf. Michael, 1968). Conventional city planning, urban development, and other planning related agencies were seen to demand such acquiescence. So, some among the new group of planners interpreted their responsibility as speaking out for and joining with the underdog.

One young planner in Chicago, for example, working for the Department of Urban Renewal, publicly wrote an attack on design features and the lack of low-income housing in a South-side project. He was fired; he obtained financial support from a liberal Chicago organization of rabbis and went to work for a community organization in the black residential area he had discussed. Another planner, interviewed in the advocate study, opposed the location of a highway in a Chicano community near San Diego. Fired by the city agency for his opposition, he was hired by the Model Cities area board as their consultant on planning issues.

PEO expressed its desire for advocates to "satisfy" the community. In the context of the times this usually called for conflict with the established city-wide agencies. In such a conflict the planner, in much the same sense as the lawyer, was an advocate for his clients' interests. In this sense, the advocate planner represented a revival, even an intensification of professionalism in planning. When the consensus view of the common good collapsed, the planners, along with many other activist professionals of the period, looked to an identifiable...
client for their mandate. Rein, for example, (1969) called this the "Search for Legitimacy" among those attracted to social planning perspectives.

The definition of who the client is when one works "for the community" is not, to be sure, an easy task. (Peattie, 1970) A voluntary organization claiming to represent "the community" may or may not express views endorsed by most residents. And it will be one's implicit or explicit political outlook which dictates one's estimate of whether an organization's substantive position stands for the "interests" of the community as a whole, or any segment it claims to represent. But even with its difficulties, defining the client as a group or specific neighborhood is a step toward commitment to a more identifiable, discrete ground of accountability. However, the political commitment frequently embodied in the advocates' motives made them appear to some of their colleagues, as "unprofessional." The rhetoric of conflict in the inner city of the latter Sixties was not particularly polite, and indeed, demonstrations and other actions frequently had as much symbolic content as coherent programs. Nevertheless, for many of the advocates, and other young professionals in other fields, this thrust to direct responsibility to an underprivileged or mistreated client had many overtones of a renewal of the service ethic which historically, is appealed to as the "moral pivot" of professionalism. (Wilensky, 1964) The context of egalitarianism, populist ideas, and fear of one's own betrayal constrained this new version of the service ethic in ways shaped by the new practitioners' critique of orthodox professionalism. (See Haug and Sussman, 1969; Dumont, 1970; Friedson, 1970)

For the new professionals or "semi-professions" (Etzioni, 1969) in policy related fields, service to the common good was superceded by service to those heretofore excluded from potent roles in policy-making. For those in the free professions, service to the poor or working class was valued over that to the rich or affluent.

The norms of objectivity and detachment which were supposed to protect clients from hasty or personally distorted judgment were rejected. They implied, for the activists, a status inequality, a haughty removal from the people's struggles. Among social workers, for example, this produced a new sympathy for protest. (Epstein) Instead of the protection of detachment, however, there appeared the concomitant willingness to be criticized, to listen to the client, to be humble in the exercise of judgment. (Ultimately, of course, responsibility for technical judgment could not be evaded--and the more life-threatening a potential error was, the less such views penetrated the profession in question.)
In place of the "hard" results which planners, architects, doctors had come to expect—projects completed, buildings designed, patients cured—new goals arose: leadership developed which could carry on without constant technical support; buildings and projects designed perhaps more slowly, but with the approval of their users; communities not free of disease perhaps, but a bit less in awe of and less reluctant to use modern medicine. While these are some of ways the climate created by the New Left had impact on the human service professions, the question of permanence or the evolution of this impact remains.

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RYAN REVISITED:
Updating "The Prevalence of Bastards"

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ABSTRACT

Ryan, in Blaming the Victim, discusses welfare mothers in terms of an ideology of illegitimacy, and its impact on welfare policies. He then refuted the ideology. Since then several conditions have changed. This paper assesses how those changes may have affected Ryan's conclusions, and whether AFDC recipients most likely to fit the ideology differ from other unmarried, pregnant women. Hypotheses: AFDC and non-AFDC recipients will not differ significantly in (1) "promiscuity;" (2) contraceptive usage; (3) number of children being raised; and (4) solution to their problem pregnancy. The sample was 424 AFDC and 741 non-AFDC pregnant, unmarried women. While some significant exceptions were observed, the hypotheses generally were supported. Considering that the sample of AFDC recipients is biased toward support of the ideology of illegitimacy, changed conditions appear to have reinforced Ryan's refutations.

Introduction:

William Ryan, in his Blaming the Victim chapter on "The Prevalence of Bastards" discussed the stereotype of the welfare mother in terms of five beliefs which composed an ideology of illegitimacy, and the impact of such an ideology on various social welfare policies. The five beliefs, directed toward AFDC recipients, were: (1) that poor women are promiscuous; (2) that poor
women are not concerned about the consequences of sexual activity and are therefore careless about contraception; (3) that, consequently, they have a lot of illegitimate babies; (4) that illegitimacy is acceptable to them; and (5) that they continue to have illegitimate babies because AFDC will provide for them. He then proceeded to critique the ideology and to present evidence in refutation of each belief.

A number of other scholars also have documented the prevalence of that ideology among various significant groups, such as politicians powerful in setting welfare policies (Bell, 1965; Handler, 1972; Hill & Jaffe, 1966; Moynihan, 1973), government agencies involved in medical care (Jaffe & Polgar, 1968), social workers (Furie, 1966; Gray, 1965; Greenblatt, 1972; Placek, 1973), and the public at large (Alston & Dean, 1972; Burns, 1962; Feagin, 1972; Fortune, August 1974; Jaffe, 1973; Kallen & Miller, 1971).

The widespread acceptance of such negative stereotypes of women receiving AFDC benefits has very significant implications for social policies. Punitive legislation calling for fines, jail terms, loss of custody of children, and/or sterilization of welfare mothers repeatedly has been introduced in many states, and a number of women on welfare informally have been coerced into being sterilized (Eliot, 1973; Littlewood, 1975; Paul, 1968; Rauch, 1970; Young et al., 1969). Women on welfare also have been coerced into compulsory contraception (Eliot, 1973; Young, Alverson et al., 1969), harassed by social workers in a variety of ways (Piven & Cloward, 1971), or have been deprived of further aid because they became pregnant after receiving AFDC benefits (Bell, 1965; Handler, 1972).

Ryan's arguments in refutation of the ideology of illegitimacy were based upon conditions existing prior to 1971. Several of these conditions appear to have changed quite drastically in the interim, however. More specifically, Ryan (1971:102) concluded that, for poor and black women who are likely to be AFDC recipients,
Being forced to rely on public medical care, they are far less likely to receive accurate and effective contraceptive information; lacking money, they are usually unable to afford an abortion; lacking a job, the man is less able to offer the refuge of marriage; and, finally, their babies are viewed, in terms of adoption, as 'hard to place.'

How have conditions changed since Ryan wrote? First, programs to provide contraceptive assistance to economically deprived groups have been expanded (Corey, 1975; Jaffe, 1973; Rosoff, 1972, 1975; Williamson, 1970). Since 1967, family planning services have been given high priority and increased funds by the federal government. In 1970, a landmark bill (Title X of the Public Health Services Act) was passed, with the purpose of making family planning services available to all people but with priority being given to persons from low-income families (Rosoff, 1972). By the end of the federal fiscal year, 1973, about 70 percent of the low income women estimated to be in need of family planning services actually received them (Family Planning Digest, May, 1974).

Perhaps the major change since Ryan's book, however, has been the legalization of elective abortion through the Supreme Court decision of January, 1973. The availability of legal, non-therapeutic abortion in free standing clinics led to a drastic lowering of the cost of abortion, and many states authorized the use of Medicaid funds to pay for abortions for Medicaid recipients (Family Planning/Population Reporter, 1974). Access of the poor to abortion was limited, however, by the failure of most publicly financed hospitals to provide abortion services, since many low-income persons depend on such hospitals for much of their medical care (Weinstock et al., 1975). Nevertheless, abortion clearly became more of an option for women on welfare than it had been before the Supreme Court decision (Kumabe, 1972; Madison & Shapiro, 1973). With respect to the other major option for accidentally pregnant women who do not
wish to keep their babies, the adoption market for black babies has increased considerably in recent years (Aldridge, 1974; Madison & Shapiro, 1973).

Some recent research has provided information relevant to the question of how changed conditions have affected Ryan's conclusions. Much of it, however, has been addressed to single issues, such as contraception among welfare recipients or other poor women, rather than to the series of beliefs making up the question of concern here. Ryan not only has presented the most integrated discussion of the problem, but the most integrated refutation of it. It may be useful, however, to briefly review the contributions of recent studies to an examination of the problem.

There appears to be little or no research directly bearing on Ryan's first point—the promiscuity of female AFDC recipients. Kantner & Zelnick (1972) in a nationwide study of unmarried teenagers looked at the number of sexual partners they had, but did not analyze these data in terms of income levels. While Marriage and Family literature has dealt with sexual behavior both pre-maritally and extra-maritally, the recent Inventory of Marriage and Family Literature (Olsen & Dahl, 1975) lists no articles analysing such behavior for the poor, or, specifically, for AFDC recipients. Recent work on pregnancy among unmarried women and illegitimacy has focused on the variable of youth rather than income. According to Dryfoos (1973) "there are no national data available on the sexual activity of unmarried women 20 years of age and older." Some older work found no relationship between social class and sexual permissiveness, however (Maranell et al., 1970; Middendorp et al., 1970; Reiss, 1967).

Some attention has been given to the question of whether welfare recipients or other poor women are concerned about the consequences of sexual activity. A recent study, for instance, (Hendershot & Placek, 1974; Placek & Hendershot, 1974) comes to the rather strange conclusion that women are more effective contraceptors when they are receiving welfare than when they are

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same women are when they are not receiving welfare. Also, it has been found that most low-income women who received family planning services used pills, IUDs or sterilization (Corey, 1975). Another study indicates that low-income women who chose to use oral contraceptives used them as effectively as middle-income women (Feldman et al., 1971).

Closely related to the issue of whether poor women or welfare recipients are concerned about consequences of sexual activity, of course, is the matter of illegitimate births to women who are black, poor, and/or on welfare. Data for 1969 to 1971 indicated that the median number of children in AFDC families declined during that period, revealing a distinct trend toward smaller AFDC families (Family Planning Digest, November 1972). Other reports showed that 68% of the seven million children in welfare families were born in wedlock, and that illegitimate births to welfare mothers in New York City declined from 1970 to 1971 (Family Planning Digest, July 1972). Another study on teenage childbearing is tangentially relevant, showing that in California black illegitimacy rates have been declining (Sklar & Berkov, 1974), while Jaffe (1974) reports a downward trend in fertility rates for low and marginal income women from 1966 to 1972. Other data indicate a 20% higher prevalence of sterilization operations among nonwhite and poor (ward) abortion patients when compared to white and private patients, although it is not known how much of this may result from physicians recommending sterilization more frequently to poor than non-poor patients (Lewit, 1973). While evidence has existed for a number of years that unwanted births are greater among the poor than the non-poor (Jaffe, 1973), especially for blacks (Bauman & Udry, 1973) and, as noted above, illegitimate birthrates are declining, especially for poor and black women, there is no direct recent evidence on Ryan's fourth point, that illegitimacy is acceptable among Negroes and the poor. Some earlier work, however, (Furstenberg, 1970; Rainwater, 1970) reinforced Ryan's point that "acceptance" was a function of lack of other alternatives, and the fact that most births to AFDC mothers are not illegitimate certainly has implications for this point.
With respect to Ryan's final belief, that there is a positive relationship between childbearing and the amount of welfare payments, a study by Winegarden is directly applicable (1973, 1974). In a detailed analysis of the fertility of AFDC women, based on a nationwide sample, he found that higher AFDC benefits do not lead to increased childbearing. Other studies have shown a desire to work on the part of welfare mothers (Goodwin, 1972; Kaplan & Tausky, 1972) which would seem unlikely to be combined with desire to bear more children so as to increase welfare payments.

Aims:

This paper is aimed directly toward assessing how changes in conditions since Ryan wrote may have affected his arguments and conclusions, and toward providing updated evidence which may be used to reassess the validity of the beliefs underlying the ideology.

It is concerned with AFDC recipients who should be most likely to fit the stereotype and are the category of greatest concern to welfare policy makers, i.e., women who are unmarried and pregnant. It does not deal with AFDC recipients who would be unlikely to fit the stereotype; i.e., those who are currently married and/or have been successful contraceptors. It does, however, provide information with respect to contraceptive motivation and lack of desire for pregnancy. Of particular interest is how a lowering of barriers toward use of abortion as a solution for an unwanted pregnancy has affected its use by women on welfare as compared to other women. Utilization of adoption services by welfare recipients as compared to other women is also of concern, although of less moment, since, with the advent of legal elective abortion, this solution to unwanted pregnancy has decreased in significance.

The question of interest is the extent to which unmarried and pregnant women on welfare differ from other unmarried and pregnant women in the stereotypically expected direction. The hypotheses which sprang from this question of interest are:
1. AFDC recipients with problem pregnancies will not differ significantly from non-AFDC recipients with problem pregnancies in degree of "promiscuity."

2. Utilization of birth control will not differ significantly between AFDC recipients with problem pregnancies and non-AFDC recipients with problem pregnancies.

3. The number of children being raised by AFDC recipients with problem pregnancies will not differ significantly from the number of children being raised by non-AFDC recipients with problem pregnancies.

4. AFDC recipients will not differ significantly from non-AFDC recipients in their choice of solution to their problem pregnancy; i.e., in proportions choosing abortion, keeping the child, or releasing the child for adoption.

Procedures:

The data for this paper came from a broader study of Decision Making on Unplanned Problem Pregnancies which was conducted throughout Michigan during 1974-1975. The part of the larger sample for this study consisted of 1165 women, 424 on AFDC and 741 not on AFDC, who were pregnant and not married at the time of the data collection. A two-stage, stratified sampling design was used to obtain the overall sample. The first stage consisted of sampling organizations which served women with problem pregnancies, stratified on the basis of caseload size, type of service provided, and geographic location. In the second stage, women served by the selected organizations were sampled on a time basis; i.e., all clients of a sampled organization who were served during a specified time period were included. Cooperation was obtained from 84% of the organizations.
and from 93% of the women contacted.

Data were obtained through an anonymous, self-administered, standardized questionnaire individually given to subjects, explained, and supervised by research staff.

Among questionnaire items used for the analysis reported here were those concerning race, age, number of children being raised by subject, choice of solution to the pregnancy, birth control usage, reasons for not using contraception, and sexual experience.

Indicators used to measure the relevant variables were as follows:

(1) "Promiscuity" was measured by: (a) an item asking whether the subject's current partner was her first sexual partner, and (b) an item which provided information on whether he was her only current partner.

(2) Birth control usage was measured in different ways by a number of items: (a) whether they ever had used any birth control method; (b) if so, whether they had used either the pill or IUD; (c) if so, how regularly they used it; (d) if so, whether they were using birth control at the time they became pregnant; (e) and a series of seven indices as to reasons for not using birth control at the time they became pregnant. These indices (named as underlined) dealt with: values against birth control, ignorance about birth control or when and how pregnancy occurs, external barriers to obtaining birth control, feelings of purity when not using birth control, ineffective attempts to use birth control, intercourse being unexpected, and wanting to become pregnant.

(3) While the questionnaire had a question about the number of children being raised by the subject, it did not elicit information on whether children of divorced, separated or widowed women had been legitimate.
or illegitimate. Therefore, data were used only for the never-married women.

(4) Choice of solution was determined by an item asking that, and coded into categories of keep child, release child for adoption, have an abortion, or not yet sure.

Because the AFDC subjects were significantly older than the non-AFDC subjects (p<.001) and because age was significantly related to a number of variables, the analyses were done controlling for age by categories considered to be socially meaningful; i.e., 16 or younger, 17 and 18, 19 through 24, 25 through 29, 30 through 35, and 36 or older. In addition, since much of the ideology has been directed toward blacks, and significantly more (p<.001) of the AFDC subjects were black (61%) than was the case for non-AFDC subjects (23%), analyses controlling for race also were done. These include analyses for the group overall, and by age category where significant differences were determined by means of Chi Square and Fisher's Exact Test. Except where noted, significance reported in the findings was equal to or greater than .01. It was felt that with dichotomous variables, percentage comparisons would give a good indication of strength of relationship. 3

Findings:

"Promiscuity": Overall, AFDC recipients were significantly more "promiscuous" than non-recipients, as measured by two variables: (1) whether the man involved was their first sexual partner, and (2) whether he was their only current sexual partner. Although, when controlling for age, this was true only for 19-24 year olds (p<.05), that age category was the largest for both AFDC subjects (N=170) and non-AFDC subjects (N=240). When race was controlled, the overall difference with regard to first sexual partner was significant only for white women, and, when race was examined by age category, it held only for white women under 25 years old (p<.05). Differences were not significant for blacks or whites when current sexual partner was considered, either overall or for the 19-24 year category. In other words, young white women on AFDC had had more sexual experience than had comparable women who were not on AFDC, but
differences in number of current partners were related more to race than to AFDC status or age.

Contraception: By and large, on all measures, AFDC recipients were as good (or better) contraceptors than non-AFDC recipients. (1) (Birthcon) Significantly more AFDC than non-AFDC women had ever used birth control. When controlling by age categories, however, significant differences were found only for the 17-18 year olds, with 66 percent of the AFDC recipients and 47 percent of the non-AFDC having ever used birth control. (See Table 1). When race was controlled, no significant differences were found for white women, but significantly more blacks on AFDC (67%) had used birth control than blacks not on AFDC (44%). This held only for blacks who were 17-18 years old ($p < .02$), however (60% versus 32%). That is, 17-18 year old black women accounted for much of the superiority of AFDC recipients in birth control usage.

(2) A second measure of contraceptive usage (EFC) was whether or not they had ever used the most effective methods, i.e., "the pill" or an intrauterine device. Overall, significantly more AFDC, than non-AFDC, recipients had used one of these methods. When controlling for age, significantly more AFDC women under twenty-five years of age had used either an oral contraceptive or an intrauterine device. (See Table 2). When race was controlled, both blacks and whites on AFDC differed from their non-AFDC counterparts, with significantly more of them having used effective methods. When race was examined by age category, blacks who were 18 or younger were significantly greater users of effective contraception if they were on AFDC ($p < .05$), while whites on AFDC were limited to the 17-18 year old category. In other words, AFDC status was most associated with effective contraceptives for 17-18 year olds, regardless of race, and for black women of 16 or younger.

(3) A third measure (Regcon) questioned women about their regularity of contraceptive usage. Overall, and when controlling for age and race, with one exception there were no significant differences between AFDC and non-AFDC recipients in terms of using contraception all the
time (See Table 3). Significantly more white AFDC recipients, aged 17-18, reported always using contraception than was so for comparable women not on AFDC (p < .05).

(4) A fourth measure (Usecon) had to do with whether the subject was using birth control at the time she thought she became pregnant. Overall, there was no significant difference between AFDC and non-AFDC women, although somewhat more non-AFDC women reported using it. When age was controlled, however, a significant difference was found in the 25 to 29 year old category, where 45 percent of the non-AFDC recipients, compared to 22 percent of the AFDC recipients reported that they were using birth control when they became pregnant (p < .05). (See Table 4).

Controlling for race, no significant differences were found for either blacks or whites overall. When race was examined by age category, however, significantly fewer black AFDC recipients who were 25-29 were using birth control when they became pregnant than was true for comparable non-AFDC women (p < .05). The number of subjects was tiny, however, with three AFDC users and five non-AFDC users. Therefore, these findings are not practically very significant. No significant differences were found for whites in the 25-29 age bracket. In essence, AFDC status did not seem to be related to Usecon.

(5) Seven indices were used to determine reasons for not using birth control at the time the women became pregnant. For three of these indices, Values against birth control, Barriers in obtaining contraceptives, and Ignorance about birth control or when and how pregnancy occurs, there were no significant differences between AFDC and non-AFDC women. (See Table 5). Significantly more concern for Purity was evidenced by non-AFDC than by AFDC women (p < .05). However, when controlling for age category, this difference held only for the 19-24 year olds, with 22 percent of the non-AFDC and 12 percent of the AFDC women indicating concern for Purity as a reason for not using birth control (p < .05). (See Table 5). When controlling for race, no significant differences were found, except among white women 19-24 years old.
Of these, significantly fewer AFDC than non-AFDC recipients gave Purity as a reason for not using contraceptives (p < .05).

A fifth index focused on Ineffective attempts to use birth control. Overall, fewer non-AFDC than AFDC recipients gave this as a reason for not using contraceptives at the time they became pregnant (p < .02). When age was controlled, no significant differences were found in any category. (See Table 5). When controlling for race, no significant differences were found, either overall or for any age category.

Overall significantly more non-AFDC than AFDC women indicated that intercourse had been Unexpected, and, therefore, they had been unable to prepare for it. When age and race were controlled, no significant differences were found in any category. (See Table 5).

The seventh index relating to contraceptive usage focused on whether the subject had thought she Wanted to be Pregnant. Overall, significantly more AFDC than non-AFDC answered affirmatively. However, when age was controlled, it was found that this difference was significant only for the 17 and 18 year olds, where 22 percent of those on AFDC and seven percent of those not on AFDC thought they wanted to be pregnant. (See Table 5). However, when race was controlled, no significant differences were found in any age category in terms of Wanting to be pregnant.

Number of children raised: Looking only at the never-married women, as discussed earlier under Procedures, AFDC recipients, overall, raised significantly more children than non-AFDC recipients. Also, in the age categories 17-18, 19-24, and 25-29, AFDC women raised significantly more children than non-AFDC women (p < .05). There were no significant differences for those under 17 or over 29 years of age. (See Table 6). When race was controlled, it was found that, overall, AFDC recipients, both black and white, raised significantly more children than did their non-AFDC racial counterparts. When controlling for race by age category, however, significant
differences were found only among those 17-18 and 19-24, with AFDC women of those ages raising significantly more children than comparable non-AFDC women ($p < .02$).

**Decision:** Overall, there was a significant difference in the decisions made about their problem pregnancy by AFDC recipients, compared to non-AFDC recipients, although a majority of both opted for abortion. A larger proportion of AFDC recipients chose to keep their child. When controlling for age, significant differences were found between AFDC and non-AFDC recipients under 25 years old. Again, a larger proportion of AFDC women chose to keep their child. When controlling for race, significantly more white women on AFDC chose to keep their child than non-AFDC white women, but there was no significant difference between blacks, whether on AFDC or not. When race was examined for each age category, it was found that significant differences between white AFDC and non-AFDC women held only for those less than 25 years old ($p < .02$), while differences between blacks continued to be insignificant.

In other words, significant differences in decision between AFDC recipients and non-recipients actually existed only for young white women (less than 25 years old). Black women and older white women tended to make similar decisions regardless of their AFDC status. For both races in AFDC and non-AFDC categories, however, there was a positive relationship between age and choice of abortion as a solution. (See Table 7).

**Discussion:**

The impact of the change in conditions since Ryan wrote is clearly evident in the results. The greater availability of contraception to poor people is reflected in the fact that women on AFDC were as good as or better contraceptors than other women with whom they were compared. In addition, the fact that 41 percent of the women on AFDC had used birth control, and, of those, 65 percent had used a medically prescribed method (pill or IUD) indicates that birth control was accessible to many of them.
Also changes in accessibility of abortion are reflected in the proportion of AFDC recipients who were getting abortions as a solution to their pregnancy (55%). Since so few pregnant women today choose to release their babies for adoption, increases in opportunity to choose that solution are not clearly reflected in the results; it just was not a salient option for most when abortion was available.

The fact that a majority of AFDC recipients opted for abortion when it became available also is relevant because it runs counter to the assumption that women on welfare generally welcome the birth of each new illegitimate baby as a means of increasing their welfare payments. Only a little more than a third (37%) of welfare recipients planned to keep their baby, and one cannot generalize to "women on welfare" on the basis of such a minority. In addition, the largest proportion of women planning to keep their child were quite young teenagers (see Table 7), who, according to social workers serving them, tended to have quite romantic and unrealistic ideas of motherhood. Their questionnaire responses also indicated a lack of economic motivation for their decision to keep the child.4

Increased availability of birth control also may be relevant to the meaning of "promiscuity" or, as it might more objectively be denoted "sexual permissiveness" in most age categories. The only age category for which AFDC recipients differed significantly from non-recipients was 19-24. Nearly three-fourths of both welfare recipients (79%) and non-recipients (71%) in that age category were sexually experienced (had had more than one sexual partner), and the proportion with more than one current partner was high (59% for AFDC recipients and 47% for non-recipients). Since 81% of the AFDC recipients and 76% of the non-recipients in that age category had used birth control, it seems clear that sexual permissiveness on the part of neither group was tied to hedonistic disregard of consequences. Might it not be that these women felt able to be sexually active with more than one partner because they felt (although incorrectly in their
case) that they could be in control, and could prevent conception.

It is of great interest that where AFDC recipients differ from non-AFDC women in the direction of the ideology—that is, with respect to keeping their child, in terms of sexual experience and in lack of concern for purity (as measured)—it is young white women who differ, rather than the stereotypically expected black women. On the other hand, when AFDC recipients differ from non-AFDC women in a non-stereotypic direction—that is, in greater contraceptive motivation—it is primarily young black women who differ.

Interpretation of the data on number of illegitimate children being raised by AFDC recipients is limited by the nature of the study design. While present pregnancies of previously married subjects were known to be illegitimate, such information was not available with respect to their existing children. Consequently, only never-married women could be used to test this hypothesis, and results are not directly comparable to those for the other hypotheses. Although the results indicated that most AFDC recipients (those in the age categories with the greater proportions of recipients) were raising significantly more illegitimate children than were non-recipients, one cannot infer from this that women on welfare have lots of illegitimate babies, in accord with the stereotype. When one looks at the mean number of children AFDC recipients were raising, it is less than one (.60).

In the relevant age categories, where significant differences existed, one finds that those who were 17 and 18 had .22 children, women 19-24 had an average of one child, and women 25-29 had an average of 1.57 children. This is not impressive evidence that women on welfare are breeding as fast as they can.

All in all, when one considers that the sample of AFDC recipients in this study is biased toward support of the ideology of illegitimacy, it appears that changed
conditions have reinforced the accuracy of Ryan's refutations of that ideology.

FOOTNOTES

1. In 1975, Title II of the Health Revenue Sharing and Health Services Bill was passed over the President's veto, extending family planning legislation for two more years, and adding a number of improvements relevant to welfare recipients or other poor women. The Secretary of Health, Education, and Welfare was directed to define low income so as to ensure that economic status would not be a deterrent to participation in the programs. To assure that participation in family planning programs would be totally voluntary and not tied to receipt of other benefits or services, the legislation provided for strict informed consent rules and stipulated that coercion could be punished by fines and/or imprisonment (Rosoff, 1975). To the extent that it is implemented it seems probable that this new legislation will greatly aid the number of low-income women reached by family planning services.

2. Problem pregnancy was defined operationally as a pregnancy which results in a woman seeking assistance from an organization in deciding how to deal with it or in terminating it.

3. Blalock (1972) has a good discussion of the usefulness of percentage comparisons for that purpose.

4. Respondents' perception of advantages and disadvantages of their decision will be discussed in detail in another paper.

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Rauch, Julia B.

Reiss, Ira L.

Rosoff, Jeannie I.

Ryan, William
Weinstock, Edward, Christopher Tietze, Frederick S. Jaffe, and Joy G. Dryfoos

Williamson, John B.

Winegarden, C.R.

Young, D.J., P.Y. Alverson, and D.J. Young

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TABLE 1. BIRTHCON: Percentages of AFDC and non-AFDC recipients, by age category, who have ever used birth control:

<table>
<thead>
<tr>
<th>Age Category</th>
<th>N (Total=388)</th>
<th>AFDC (Total=137)</th>
<th>Non-AFDC (Total=231)</th>
<th>Significance</th>
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<tr>
<td>16 years or younger</td>
<td>74</td>
<td>19</td>
<td>113</td>
<td>NS</td>
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<td>17 and 18 years</td>
<td>70</td>
<td>66</td>
<td>47</td>
<td>P&lt;.01</td>
</tr>
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<td>19 through 24 years</td>
<td>170</td>
<td>81</td>
<td>76</td>
<td>NS</td>
</tr>
<tr>
<td>25 through 29 years</td>
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<td>42</td>
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<td>30 through 34 years</td>
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<td>19</td>
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<td>36 years or older</td>
<td>6</td>
<td>8</td>
<td>63</td>
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TABLE 2. LTCI: Percentages of AFDC and non-AFDC recipients, by age category, who have ever used oral contraceptives or an IUD:

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<tr>
<th>Age Category</th>
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<td>30</td>
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<td>98</td>
<td>44</td>
<td>NS</td>
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<td>75</td>
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<td>N (Total=373)</td>
<td>Non-AFDC</td>
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</tr>
<tr>
<td>16 years or younger</td>
<td>14</td>
<td>36%</td>
<td>30</td>
<td>20%</td>
</tr>
<tr>
<td>17 and 18 years</td>
<td>41</td>
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<td>98</td>
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<td>132</td>
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<td>19%</td>
<td>34</td>
<td>26%</td>
<td>NS</td>
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<td>105</td>
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<td>APDC N</td>
<td>Non-APDC N</td>
<td>S</td>
<td>N</td>
<td>APDC N</td>
</tr>
<tr>
<td>Combined Age Categories</td>
<td>295</td>
<td>55 510</td>
<td>46% p&lt;.02</td>
<td>295</td>
<td>32 507</td>
<td>42% p&lt;.01</td>
</tr>
<tr>
<td>16 years or younger</td>
<td>65</td>
<td>34 121</td>
<td>28 NS</td>
<td>65</td>
<td>35 111</td>
<td>47 NS</td>
</tr>
<tr>
<td>17 and 18 years</td>
<td>50</td>
<td>40 171</td>
<td>40 NS</td>
<td>50</td>
<td>32 171</td>
<td>40 NS</td>
</tr>
<tr>
<td>19 through 24 years</td>
<td>128</td>
<td>62 170</td>
<td>61 NS</td>
<td>128</td>
<td>31 170</td>
<td>42 NS</td>
</tr>
<tr>
<td>25 through 29 years</td>
<td>35</td>
<td>74 29</td>
<td>59 NS</td>
<td>35</td>
<td>37 28</td>
<td>32 NS</td>
</tr>
<tr>
<td>30 through 35 years</td>
<td>11</td>
<td>73 13</td>
<td>69 NS</td>
<td>11</td>
<td>18 12</td>
<td>42 NS</td>
</tr>
<tr>
<td>36 years or older</td>
<td>6</td>
<td>83 9</td>
<td>40 NS</td>
<td>6</td>
<td>17 5</td>
<td>60 NS</td>
</tr>
</tbody>
</table>

| Aged Categories     | WAISTED PREGNANCY |            |            |
|                    | N           | APDC N     | Non-APDC N |
| Combined Age Categories | 296         | 35 507     | 92% p<.02  |
| 16 years or younger | 66          | 31 121     | 14 NS      |
| 17 and 18 years    | 50          | 22 171     | 7% p<.01   |
| 19 through 24 years| 128         | 9 170      | 5 NS       |
| 25 through 24 years| 35          | 14 28      | 18 NS      |
| 30 through 35 years| 11          | 9 12       | 16 NS      |
| 36 years or older  | 6           | 6 5       | 0 NS       |
TABLE 6. Percentages of never-married AFDC and non-AFDC recipients who were raising children, by age category and number of children.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Number of Children</th>
<th>AFDC</th>
<th>N</th>
<th>Non-AFDC</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Age Categories</td>
<td>266</td>
<td>577</td>
<td>96%</td>
<td>p&lt;.001</td>
<td></td>
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<tr>
<td>0</td>
<td></td>
<td>64%</td>
<td>96%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>20%</td>
<td>99%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more</td>
<td></td>
<td>16%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 years or younger</td>
<td></td>
<td>76%</td>
<td>99%</td>
<td></td>
<td>NS</td>
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<tr>
<td>0</td>
<td></td>
<td>95%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
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<td>1</td>
<td></td>
<td>5%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more</td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 and 18 years</td>
<td></td>
<td>78%</td>
<td>99%</td>
<td>p&lt;.001</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>22%</td>
<td>1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more</td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19 through 24 years</td>
<td></td>
<td>106%</td>
<td>105%</td>
<td>p&lt;.001</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>41%</td>
<td>93%</td>
<td></td>
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<td>1</td>
<td></td>
<td>27%</td>
<td>5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 or more</td>
<td></td>
<td>32%</td>
<td>2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25 through 29 years</td>
<td></td>
<td>14%</td>
<td>20%</td>
<td>p&lt;.05</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>42%</td>
<td>15%</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td>29%</td>
<td>0%</td>
<td></td>
<td></td>
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<td>2 or more</td>
<td></td>
<td>0%</td>
<td>0%</td>
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<td></td>
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<tr>
<td>30 through 35 years</td>
<td></td>
<td>4%</td>
<td>3%</td>
<td>NS</td>
<td></td>
</tr>
<tr>
<td>0</td>
<td></td>
<td>0%</td>
<td>33%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>25%</td>
<td>67%</td>
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</tr>
<tr>
<td>2 or more</td>
<td></td>
<td>75%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 years or older</td>
<td></td>
<td>1%</td>
<td>1%</td>
<td>NS</td>
<td></td>
</tr>
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<td>0</td>
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<td>0%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 or more</td>
<td></td>
<td>150%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TABLE 7. Percentages of women choosing to keep child, release it for adoption, or have an abortion, by age, race, and AFDC status.

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Decision</th>
<th>White AFDC</th>
<th>White Non-AFDC</th>
<th>Black AFDC</th>
<th>Black Non-AFDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Combined Age Categories</td>
<td></td>
<td>142</td>
<td>491</td>
<td>225</td>
<td>149</td>
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<tr>
<td></td>
<td>Keep</td>
<td>32%</td>
<td>14%</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>13%</td>
<td>12%</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>55%</td>
<td>74%</td>
<td>56%</td>
<td>54%</td>
</tr>
<tr>
<td>16 years and younger</td>
<td></td>
<td>20%</td>
<td>80%</td>
<td>51%</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>65%</td>
<td>32%</td>
<td>80%</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>20%</td>
<td>29%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>15%</td>
<td>39%</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>17 and 18 years</td>
<td></td>
<td>34%</td>
<td>167%</td>
<td>35%</td>
<td>38%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>67%</td>
<td>20%</td>
<td>69%</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>15%</td>
<td>14%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>38%</td>
<td>66%</td>
<td>31%</td>
<td>43%</td>
</tr>
<tr>
<td>19 through 24 years</td>
<td></td>
<td>60%</td>
<td>140%</td>
<td>98%</td>
<td>43%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>25%</td>
<td>4%</td>
<td>21%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>15%</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>65%</td>
<td>91%</td>
<td>76%</td>
<td>89%</td>
</tr>
<tr>
<td>25 through 29 years</td>
<td></td>
<td>19%</td>
<td>34%</td>
<td>23%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>16%</td>
<td>6%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>0%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>84%</td>
<td>86%</td>
<td>82%</td>
<td>91%</td>
</tr>
<tr>
<td>30 through 35 years</td>
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<td>9%</td>
<td>12%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>22%</td>
<td>0%</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>78%</td>
<td>100%</td>
<td>67%</td>
<td>86%</td>
</tr>
<tr>
<td>36 years or older</td>
<td></td>
<td>0%</td>
<td>8%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Keep</td>
<td>-</td>
<td>0%</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Adopt</td>
<td>-</td>
<td>13%</td>
<td>0%</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Abort</td>
<td>-</td>
<td>87%</td>
<td>100%</td>
<td>-</td>
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</tbody>
</table>
THE NON-VERBAL COMMUNICATION OF THE PHYSICALLY HANDICAPPED*

Mary Jo Deegan, Ph.D., University of Nebraska--Lincoln

Abstract

This paper explores the types of problems which may arise as a function of a physical disability and its effects on non-verbal communication. Examples of social interaction problems were obtained through participant observation at a physical rehabilitation hospital. The author assumes that social skills based on communication through and by the body need to be conceptualized and have implications for their use in therapeutic settings.

Numerous writers and observers of daily life have commented upon the strained interactions between the physically disabled and the non-disabled. This tension has been attributed to negative stereotypes associated with disability (Barker et al., 1953), deviant status (Freidson, 1966; Davis, 1962) and stigma (Goffman, 1963). Here, this flawed interaction is discussed as a function of distortions, interruptions, and erroneous information conveyed by the presence of the disability. This means that the disability takes on social meanings and consequences which impinge on the ability to communicate.

This paper is an exploratory study to apply the concepts of non-verbal communication to the problem of social interaction between the disabled and the non-disabled. Due to the need to first define the problem, it is not possible here to suggest a program for direct action. Despite this time and space limitation, it is important to note that the author assumes that social skills based on communication through and by the body need to be conceptualized and taught to the disabled in a manner similar to the therapies developed for rehabilitating impaired motor and speech skills. This research is a step in that direction.

METHODOLOGY

Participant observation was done at a large, urban physical rehabilitation hospital serving both in-patients and out-patients. The volunteer role was used in this setting from June, 1973 to March, 1974 (Deegan and Nutt, 1975). Observations were made in approximately two
hour periods, and field notes were then typed in a neighboring facility. The observed patient population consisted of approximately 350 patients. They presented a wide range of physical disabilities including strokes, spinal cord injuries, amputations, cerebral palsy, and multiple sclerosis. Both sexes, all age groups, and a variety of races, predominantly white, were represented. Since the hospital was both public and private, all socioeconomic classes were included.

CONCEPTUAL FRAMEWORK

Non-verbal communication (NVC) is a term used to cover the socially derived meanings of an extensive range of human behaviors, e.g., facial expression, movement, gaze, and gestures. The significance of such body orientations and action is due to their information concerning 1) attitudes towards the self, 2) attitudes towards others, 3) social placement in interaction, and 4) social placement in the wider society.

Every person becomes an object to himself by taking the attributes of the "other" toward himself, and this attitude, in turn, is tempered by his physical presentation (Mead, 1934). In fact, if Cooley's "looking glass self" is taken literally then the role of the body in developing one's self image becomes apparent (Cooley, 1902).

The presentation of self embodied in a flawed physical presentation "spreads" the physical imperfection into a flaw in social interaction (Wright, 1960).

Indeed, "adequate" performance in interaction situations is the acid test of eligibility for the status of full fledged humanness; the misfit, the handicapped, and the psychologically disturbed are defined by the degree to which they impeded "normal" human interactions (McCall and Simmons, 1966:1).

Within everyday life there are standards of behavior for self presentation (Goffman, 1959). We try not to let our faces sag when we meet people; we hold our hands steady when we extend them for a handshake; we try to sit in the most comfortable spot, and we stand when we are ready to leave. All or some of these interpersonal signals may be altered by a physical limitation.

The significance of these movements for indicating attitudes towards the self have been noted by Freudian psychiatrists (Deutsch, 1952; Dittman, 1965; Scheflen, 1963). In using postural reactions and
studying standard configurations of behavior for different situations and settings, psychiatrists use this information in therapy to reveal self concepts and social actions to the client. This body of literature is a valuable source for the social scientist who wishes to examine norms and their violations.

The everyday interpretation of bodily movements as indicators of social status, sexuality, and participation in group contexts have been popularized in a number of books (Hall, 1959, 1966; Fast, 1970). Another "popular" source for learning about social norms is etiquette books. More technical attempts to study NVC are found in Birdwhistell (1970), but his work is not useful in this study of behavior on a macro-level.

Given the existence of norms for daily behavior and the problems of enacting these norms for the disabled, then the conduct of the disabled when he breaks these norms may be considered deviant (Lemert, 1951). Yet the assignment of the deviant role to the handicapped has always been problematic. For the presence of a handicap raises situation-specific questions about the origins and intentional meaning of these actions (McHugh, 1969). Davis (1962) finds that the physically handicapped must "disavow" this deviant status to allow for smooth interaction between the disabled and the non-disabled. This process of establishing oneself as a "normal" participant is interpreted here as a function of NVC patterns which include defining the "disability" and not the "self" as the source of "deviant" body movements. In other words, these flaws in interaction can be defined as "unintended" by the actor reducing or eliminating his deviant status.

When the disability is not easily recognized as the source of norm violation, then the meaning of the NVC becomes interpreted within other contexts, e.g., as an indication of an expressive state, as a sign of discomfort with the social situation, or a lack of poise. That such interpretations do occur has been supported in a study of children who gave unfavorable judgments of pictures of the movements of disabled children who were not identified as having physical impairment (Winkler, 1931). This ambiguity in communication leads to strained interaction and a "marginal" role for the disabled (Barker et al., 1953).

The convergence of theories of "normal," everyday behavior; definitions of the "self" arising from the opinions of others towards "me;" the studies of NVC; and responses to unusual or "bizarre" body motions support the statement that the NVC of the physically handicapped is interpreted in social interaction. The ambiguous information supplied
by the disabled—that is, is this information a cue from the person or is it an unintended cue of his bodily impairment—can lead to awkwardness, bewildered responses, and avoidance by the non-handicapped. Examples of the intrusion of "unintended" and ambiguous messages are presented below.

THREE GENERAL PROBLEMS OF NON-VERBAL COMMUNICATION AND PHYSICAL HANDICAPS

Cleanliness

The significance of personal hygiene in presentation of an acceptable "human" self is particularly strong in America (Miner, 1956). Norms of personal cleanliness are so thoroughly internalized and enforced that it is uncommon to be confronted with long-standing personal dirt. Social responses to people with dirt on clothing, on the body, or on attendant equipment are strongly negative.

With the physical limitations of some disabled persons, efforts to maintain personal cleanliness are tedious and time-consuming; for others, they are impossible. Those who are highly dependent on others' care exhibit a wide range of body dirt and odors. For example, two men who entered the hospital from another institution were so filthy that the doctor had to use a scapel to clean their feet prior to his examination. After they passed through a room the air was sprayed to remove the odor (or conceal it!), and people passing through these rooms would mention the foul odor and inquire about its cause. Needless to say, it was hard to induce hospital personnel to work with them and one receptionist refused to stay in the same area with them.

Another male out-patient was elderly and lived in yet a different institution. His clothing was soiled while his body, particularly his face, was exceptionally clean. His dependence on others for self-care was an irritant to him as well as to others. People, predominantly other patients, avoided sitting next to him. His self presentation was a source of gossip reflecting the general opinion that he was "unpresentable."

Both of these instances of bodily dirt show the extreme responses elicited as a function of uncleanliness. The latter example is especially instructive in showing that "spread" occurs among patients, too.

Eating

As a form of human and social behavior, eating has a number of communication functions. The act of feeding oneself is strongly associated with being an adult. It reflects individuality through the manner of
eating, choice of company, selection of food, and so forth. Table manners are linked with definitions of a pleasant meal, and disabled persons with problems of jaw and/or facial muscles break many norms of etiquette. For example, difficulty in swallowing foods may result in "startling" head gestures, such as throwing the head back to allow food to pass down the throat. A man with cerebral palsy describes in detail his attempts to eat and stay clean:

At the age of 29 I was able, for the first time, to bite a slice of bread and butter. Even so, I got food on my face and hands in the process. Therefore, spearing small pieces with a sharp fork is better, especially when I am with other people. I drink through a tube. If I drink from a cup I can't manage to swallow at the beginning and the liquid is likely to overflow from my mouth...I eat with my mouth open. I can chew with my lips closed only when I am completely free from reflexive movements or am very tired. Brittle food (like toast) is easier to chew than soft (desserts that fill the mouth, lettuce). (Ondrak, 1970: 323).

The particular problems in eating for those unable to direct the food to their mouths are severe, resulting at times in an unwanted communication of "animal" behavior. This association with animal rather than human norms is reflected in a comment by a hospital worker about a patient: "If he ever came to my home, he'd get a doggie bowl." Although a "doggie bowl" would perhaps be a sensible way to facilitate eating, cultural sanctions are too strong to overcome the associated negative communication.

Problems of self presentation while eating are often so acute that those who can feed themselves may refuse to eat in public either foregoing eating or asking to be fed. This primarily occurs with quadriplegics and cerebral palsy patients. After refusing to eat in a cafeteria, several out-patients with cerebral palsy would eat or at least sip something to drink if they were taken to a more private room within the hospital. Being fed by another person produces its own set of problems, too; the difficulty in asking another's help, waiting for the person to be available, being unable to control the size of food eaten, selecting the food, and so forth. However, this dependency and presentation of self as "infantile" is preferred by some people rather than feeding oneself "like an animal."

Clothing

The selection of style and type of clothing is recognized as an
important form of self presentation (Stone, 1959, 1962), and it may be greatly circumscribed for those with physical disabilities. Close-fitting styles may be impossible to wear because of interference with body motions or equipment; buttons may be impossible to manipulate; supportive shoes, braces and bandages interfere with aesthetically pleasing movements or images. Women have notoriously poor shoes for postural control and foot protection, and the disabled woman may thus find it hopeless to integrate her feet with a fashionable presentation of self. The role of feet in a projected self image is expressed by black, male patients who wear platform shoes. From a functional point of view, it is incongruous for a wheel chair patient since this style is particularly hazardous for the maintenance of balance and good posture. From an interactional perspective, it is a striking and effective presentation of normality because the person appears to be sitting in, rather than being confined to, the wheel chair. Clothing selection, however, for many patients must be made by others, thereby conveying erroneous information about the person. For example, there was a blind woman in her mid-twenties who looked and dressed exactly like her fifty year old mother.

Another ambiguous situation about clothing selection occurs when a non-disabled person interacts with a disabled person who has selected "good" or acceptable clothing that conveys negative information. One patient had put considerable time, effort and pride into making a leather belt which was well constructed and designed but which, unforeseen by the therapist or the patient, accentuated the deformity of his waist. The patient's pleasure and desire for a positive response created a dilemma for others: should the belt be complimented without reference to its effect on the person's appearance or should a different use of the article be suggested? The behavior that emerged was a series of vague and brief comments by others which might have mistakenly be interpreted as an avoidance of the person rather than of this problematic situation.

SPECIFIC DISABILITIES AND PROBLEMS IN NON-VERBAL COMMUNICATION

Cerebral Palsy

The person with cerebral palsy who exhibits spasticity (violent and involuntary contraction of the muscles) has extreme problems in presenting himself as a thinking, intelligent individual. To observe spastic movements is to confront a myriad of unacceptable body motions.

It is easy to see how the "spread" (Wright, 1960: 118-24) between lack of muscle control and lack of mental control occurs. Many spastic
facial expressions are socially associated with various emotional and physical states, e.g., pain, anger, dislike, and so on. They convey the appearance of being mentally agitated. Certain movements, such as flailing arms, are usually defined as a sign of extreme excitement, and often of distress. Some motions would not be found at all within the American repertoire of body movements (Hall, 1959). Because of past experience with negative evaluations of self presentation, the person with cerebral palsy may enter a social interaction anxious and nervous. This fear, in turn, physiologically increases the spasticity.

For the "other" to interact with such uncontrolled movements is to witness a complex, meaningless, agitating signal that demands some response. It is difficult to draw the line between ignoring meaningless stimuli and ignoring the person. The author finally resolved this dilemma by occasionally looking away and occasionally looking towards the person's head. This allowed for possible contact without appearing to stare at the person or to ignore him completely or--equally impossible--to try to follow his head movements. One person with spasticity tried to consciously control his head movements and he returned sporadically to the original point of eye contact. This required considerable effort and was unattainable for some.

Despite the importance of eye contact signals in communication, and despite the knowledge that spasticity is physiologically, not psychologically, based, there are few norms that deal with the flow of communication in this situation.

Amputation

Persons who have suffered the loss of a body part have lost a method of communication. Major and minor shifts in posture, movements indicating pleasure or displeasure, patience or impatience, and so on cannot—by definition—be reflected in the missing part. The socialization process which has occurred throughout the person's life has trained him to learn to use his body for interpersonal signals, and the adult with a recent amputation must unlearn, relearn and create new information channels.9

In addition to this process, another simultaneously occurring: the affected part and the entire body may communicate unintended information. Movement which is lost may signal to the other that the person isn't responding, or is responding inappropriately. On one occasion a person at a table asked a man with a double arm amputation to pass a cup of liquid down the table. Since he was able to do similar actions, but was possibly uncomfortable about his ability to avoid
spilling the liquid, he acted as if he didn't hear. Again, it is necessary to conditionally explain behavior in light of physical capabilities because many of these behaviors are only potentially a function of the disability. Embarrassment over one's ability to move or present oneself gracefully may lead to situations where the amputee avoids shaking hands or reaching for a desired object, or walking across the room to help another person. Yet the other person can only infer the possibility of such a reason within a matrix of other possible ones: rudeness, lack of friendliness, or a desire to be alone.

When there is no prosthesis to fill out the missing shape, the person with a visible amputation presents a "less than whole" image. Such an individual may sit in an "unusual" way, i.e. too close to the side of the chair, or without shifting the missing part, or not reacting to the side of the body with the amputation in the same way he responds to the other side. Many studies have been done concerning the importance of "body image" to the person following an amputation, but similar studies have not been done on the significance of body image to the non-disabled observer.

A major non-verbal signal sent by an "incomplete" body is vulnerability. The potential for bodily injury shared by the non-disabled is conveyed by the reality of the amputee. One way of minimizing the threatening nature of this confrontation is the use of prostheses. These can be hooks or cosmetic hands or artificial legs. While a great deal of mobility and function may be gained through their use, certain movements may be limited by prostheses. How does one express sympathy or tenderness through a hook? In turn, the non-disabled may be uncertain about what is appropriate in the reverse situation.

The movements made possible through prosthetic devices are usually slower and less smooth than the normal body's movements. The person can appear awkward and clumsy. Slowness in action can "spread" to an association with slowness in thinking. Similarly, when the slowness and possibly uneven gait of an amputee is matched by a non-disabled person's tempo, the incongruence in rates may be irritating. Despite allowances for the disability, the non-disabled may feel that he is "wasting time," that the other "is getting on his nerves," and that he is controlling his behavior.

Wheel Chair Bound

The fixed position and limited maneuverability of the wheel chair bound is dominant in many interactions. The person in the wheel chair is always seated, even when others stand. This obvious physical differ-
ence in self presentation may mean that the person experiences both figuratively and literally that he is "being talked down to."

In addition to limits on movement, the body may be shifted because of physical discomfort from being seated continually. Such shifting may erroneously signal uneasiness or boredom. One woman left a gathering very abruptly. She later explained that she had been worried about people hitting her extended leg. She didn't want to push others away or constantly remind them to avoid her leg, so she chose to leave. Her sudden leave-taking had mistakenly appeared to the researchers as an indication that she had felt "left out" of the activities.

Other limits on interaction occur when the wheel chair bound person is caught in a situation where he can't leave unless others move or help him. This occurred when a woman was left in a wheel chair while the people she was with went on another errand and were delayed for two hours. Since this woman could only be seated for a two hour period (after this time she needed to lay on her stomach to prevent the development of pressure sores), she had to return to the hospital disappointed and angry.

People who use urinary bottles may not attend social occasions if they cannot enter the bathrooms due to architectural barriers and they don't wish to ask others to empty their bag or bottles. Explanations of the problem may be as embarrassing to some people as the act itself. Yet if these explanations are not given, other interpretations of their behavior are likely to be made.

SUGGESTIONS FOR APPLIED RESEARCH

In light of the framework developed above, a few brief illustrations of its applicability in rehabilitation settings are presented.

A potential source for compiling a repertoire of skills already exists in the large number of autobiographies which have been written by the physically handicapped (see Goffman, 1963 for a list of such biographies). Practical knowledge gained from daily living could also be obtained through the deliberate effort to compile such information through the use of interviews and discussions of specific situations such as those presented here.

Application of this knowledge to the newly disabled in rehabilitation settings would be one possible way to ease the transition from pre-disability to post-disability activities. Although many problems in daily living are successfully taught in physical and occupational therapies, the norms of sexual and dating behavior, social grace, positive self presentation and how to handle awkward social interactions are not
emphasized as much as the gaining of motor skills.

The preparation of movies and video tapes which deal with these situations and their possible interpretations and solutions would be another method for opening this area to discussion and possible change. One potential benefit of this approach would be the emergent definition of the situation as one of confusion and rejection certain behaviors due to violations of social norms and expectations and/or ambiguities and not due to the underlying prejudice against the disabled and their 'stigmatizing' attributes. This opens up the possibility for dialogue rather than confrontation.

CONCLUSION

The role of the body in social interaction is an area of sociological inquiry which remains to be adequately treated in theoretical concepts and empirical research. Therefore, it is particularly difficult to study the abnormal when the boundaries of normal interaction are relatively uncharted. Hopefully this paper articulates an area of study which is both theoretically innovative and capable of being applied to therapeutic settings.

FOOTNOTES

* An earlier draft of this paper was read by Odin Anderson, Ronald Andersen, Norman McQuowan, Gary Albrecht, Milton Singer and Marie Vogel. Thanks is given for their comments and support while the author assumes responsibility for the final draft and form as it appears here.

1 This is an estimate of the number of in-patients and out-patients encountered by the researcher during the 9-month observation period. It is based on research notes and attendance at various hospital activities. The total hospital population during this period would be well over 1,000.

2 Due to the nature of the population, motor disabilities are examined. Similar problems in non-verbal communication would occur with sensory disabilities with distortions in communication arising from impaired senses rather than impaired motor skills.

3 More specific statistical breakdowns of the demographic characteristics are available from the author. Because of the exploratory nature of the paper, greater detail is omitted. A sub-population within the total sample, comprised of 64 patients, was used to study the effects of a traumatic injury to an adult's identity. See Deegan 1975.
4 "Gesture" is a significant term in Mead's social psychology. He tended to emphasize the verbal element in communication even when addressing the issue of the use of the body as a social object. See Natanson, 1956.

5 It is often difficult to cross disciplines due to limitations on time and familiarity with the literature. More serious problems are the differing assumptions about man and the subject matter. Despite these barriers, the literature on non-verbal communication is scattered throughout a variety of disciplines and this multidisciplinary approach is the best theoretical base at this time.

6 Goffman often uses this approach and it is suggested as a possible methodology in Glaser and Strauss, 1967.

7 America is not alone in its abhorrence of dirt. Body pollution has symbolic significance cross-culturally and is strongly associated with ideas of order and disorder; the sacred and the profane. See Douglas, 1966.

8 An excellent article on the sociology of odors and their possessors was done by Largey and Watson (1972).

9 This process is similar to that discussed by McHugh (1966). His discussion of social disintegration prior to resocialization applies here.

10 See Fischer and Cleveland (1968) for an excellent review of the literature and statement of the problem.

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-747-
SOCIAL WELFARE AND DANISH COMMUNES:
AN INTERNATIONAL CASE STUDY*

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ABSTRACT

The implementation of public assistance and related forms of social insurance, based on existing social welfare legislation, often discriminates against new and emerging social institutions such as collective families residing in a communal situation. A recent case study of the Danish experience has shown that, while members of such communes are in fact discriminated against by the authorities (as a communal entity), the system has simultaneously proven flexible enough to accommodate the majority of "problem cases" on an individual basis and in the process served to minimize potential social unrest and dislocation.

Unlike their American counterpart, research has verified that the Danes have generally been much more successful in resolving conflict situations, inter alia among their growing communal constituents, through an effective combination of the following factors: (a) the overwhelming majority of Danish communalists tend to work with and through the system (rather than against it, as is more often the case in the United States) and are generally not isolated from their respective communities; (b) they do not have large families with attendant social-medical problems necessitating major social intervention, but are likewise well educated and articulate enough to press for their own demands from their respective local authorities if and when necessary; (c) Danish authorities and institutions of social control simultaneously tolerate, partially subsidize, and in many other ways effectively co-opt the commune movement; and, (d) in practice social workers have proven innovative enough to apply existing social welfare laws and regulations on an individual basis when proven cases of need are brought to their attention.

*The data on which this article is based was taken from chapter 14 of a 1974 report "Collective Families In Contemporary Society: An Analysis Of Danish Communes" made possible by a grant from the U.S. Department of Health, Education and Welfare (Applied Research Branch/Alcoh-
As has been recently reported elsewhere by this writer (Shey, 1975: 79-82), the Danish commune movement is by all accounts a rapidly growing and highly successful phenomenon. Going back only eight years, when for all intents and purposes none previously existed, there were over one thousand such communes, or "collective families" as they are locally known, at the time of the survey (1973-74), with two or three new ones being formed daily. This is even more impressive when one takes into account the fact that the total population of the entire country is only just five million. Moreover, according to calculations devised by this writer and his research team, it was estimated that upwards of 50,000 predominantly young Danes have lived or were continuing to reside in communes since 1967, or approximately one percent of the total national population. Thus it was deduced that Denmark (possibly excluding Israel and its kibbutz and moshav system) has the greatest number of voluntary communes on a per capita basis of any country in the world today.

The initial study cited above centered on twenty communes selected throughout Denmark and lengthy questionnaires that were personally administered to seventy-five respondents of these communes (plus additional data obtained from interviewing a more limited sample of commune drop-outs and potential members who had not quite joined a collective at the time of the survey, plus extensive participant observation and on-site field visits to nearly 100 other local communes). However, the bulk of the information on which this article is based was obtained by a review of the current Danish social welfare statutes and regulations, their actual implementation in two key Danish municipalities, and a series of detailed interviews by members of the study team of a limited number of social workers, officials, and legal specialists involved in the problem area under review.

\[\text{\textcopyright} 1975\text{, Drug Abuse and Mental Health Administration, National Institute of Mental Health/Grant No. 1 R01 MH22677-01. Specific information was gathered during 1972-73 by a Danish research team headed by the writer under the egis of the Office of Research Services, Fordham University, N.Y., and headquartered at the Danish Institute of Organisation and Industrial Sociology in Copenhagen.}\]
Despite the substantial publicity in the Danish mass media given to and focused on the commune movement, the underlying legal and social code has generally not been modified to date to take this comparatively new form of group living into account. That is to say, Danes who today are interested in forming a commune of their own are governed by a series of legal and social statutes and regulations that usually do not recognize the collective family as an entity in itself.

Practically put, Danish communes cannot rent or own property, pay taxes, or receive social benefits as a commune, nor is group marriage permitted. To cite one of the more publicized examples, the 1968 Danish Parliamentary debate to reform marriage and divorce laws and to include collective families as a legal entity was subsequently not enacted! This is in part understandable, as the formation of Danish communes is a fairly recent phenomenon, and judicial and social amendments take time to be formulated, adopted, and implemented in actual practice. Conversely, however, the current laws can also be construed as being decidedly discriminatory and biased against collective families and their members.

For example, the current Danish housing law "reserves" certain property, such as two-family houses, for those citizens "legally certified" (boligberettiget), i.e., usually for a family with one or more children. Therefore, in a number of instances, a commune can only obtain such a house or large flat if one or more members have a child. This regulation indirectly discriminates against childless collectives and co-operative societies who, in certain circumstances, are not permitted to sublet or own property in that the law requires that only those persons officially certified or entitled can legally sign such a contract. There is also another Danish law, initially designed to keep farms in the hands of farmers and from being purchased by foreign sources and/or for speculative purposes, which provides that no society, association, foundation, institution or group consisting of over five persons can buy a farm in Denmark. In practice, as most collective families contain more than five members, they cannot officially or legally purchase such property.

There is, however, no lack of evidence to verify the resourcefulness, ingenuity, and determination of communalists in overcoming the legal and social restrictions and obstacles that stand in their way. If necessary, many Danish communards will use the system to beat the system and do not hesitate to set up special corporations or "front-men" to circumvent a particular law or regulation. There is also
some evidence to show that not all municipalities and authorities are antagonistic and that a zoning statute, for example, has often been liberally interpreted or not overly scrutinized in a number of local situations and circumstances. Danish communes, like citizens in general, are treated as individual cases. Flexibility and accommodation subsequently govern many legal transactions, especially in those situations when a collective family is considering taking over abandoned property or housing that most other people do not want or cannot easily afford.

On another level, Danish communes have been granted what could be termed "quasi-legal" recognition from a variety of official sources. Examples include the Danish Statistical Office, which incorporated an item relating to communes in its 1970 National Household Census; some local municipalities, such as the Copenhagen authorities, who have subsidized Christiania (a former military camp and arsenal taken over by communal squatters) and other "slum" communes; and a number of public and private agencies and social institutions, who, among other things, have paid collective families to take in mental patients, drug addicts, and the boarding of retarded children, although most of these projects have not met with resounding success.

The laws in Denmark governing social legislation have mostly developed around the needs of the individual citizen and the traditional family. As of the time of the writing of this report, these have not been amended to take the communal experience into account. Despite a substantial increase in the number of collective families over the last few years, the Ministry of Social Welfare has not taken a firm stand on how to relate the existing laws to persons living in a communal situation.

The various social and health authorities in the respective municipalities where collective families reside are, therefore, required to make an individual decision in each situation, which is the major reason why social assistance can vary from place to place. Conversely, the communes are not organized at this stage so as to enable them to push for their demands as a unified body, demands which understandably vary from commune to commune.

For these reasons, social assistance is usually directed toward the individual member who requests it and not toward the underlying cause, which is often the entire commune. In all fairness, however, as most collective families are composed of a variety of people with
different needs and levels of income, it is often difficult for a
public agency to determine whether a joint need does in fact exist,
and, if so, how it may equitably administer related benefits.

In several situations it is obvious that the communalists them-
selves have attempted to resolve their own social and economic prob-
lems and refrain from filing an application with the authorities to
claim their rights. It would appear that some members could receive
more financial benefits and services, were they living alone outside
the confines of their respective communes.

On a practical note, as many communards live together with a
steady partner, e.g. 57 percent of the sample studied, "family assist-
ance" cannot readily be determined by the public authorities on the
basis of legal marital status. Conversely, "paperless marriages"
are becoming increasingly recognized and taken into account in deter-
mining social need as well as eligibility.

In short, while social, medical, and/or financial assistance is
usually readily available to all members of collective families in
Denmark, it is almost always administered on an individual basis to
the particular person or couple who have requested it, with the
authorities utilizing outside (i.e., non-commune) criteria to deter-
mine the level of need and eligibility. Eligibility and the benefits
available are, in turn, spelled out in the various Danish public
assistance, family, and housing insurance laws to which nearly all
public (and the very few private agencies and institutions that
exist) refer to and adhere.

To determine what benefits are available to (or possibly withheld
from) collective families, members of the research team visited a
social welfare office in each of two municipalities in the greater
Copenhagen area, i.e., Gentofte, because many communes lay within
this municipality's jurisdiction, and Lyngby-Taarbaek, which was
selected at random. In both offices, administrators and social work-
ers were interviewed and the following general impressions and com-
ments were obtained. It should be pointed out that "public assistance"
is generally more widespread in Denmark than in the United States
and encompasses child allowances and housing subsidies (two of the
more popular social welfare benefits) that a large proportion of the
total population, including the middle class, obtain annually. How-
ever, as in most industrial countries, "real" public assistance or
welfare in Denmark is based on need and only provided after all
other benefits and resources have been tapped.
Gentofte Municipality

According to one of our informants, an administrator, Gentofte Municipality had no uniform method of dealing with members of collective families in determining what assistance is needed. Each application was individually evaluated, although some limited background information on the commune in question was requested, such as the commune's organizational structure and economy. However, greater weight is placed on whether the applicant was living together with someone else at the time or was "alone." Apparently, living together with someone else was more important than whether one had an economic relationship with the partner in question.

Most social assistance was extended for a limited time and usually for a situation involving sickness, unemployment or inability to work due to pregnancy. Social benefits were also available to single parents with one or more dependent children, i.e., educational and vocational training and, in certain particular circumstances, for babysitting and the temporary care of the child or children.

Regarding housing subsidy, comparatively few communalists were eligible for this benefit, as the law covered only those citizens who rented comparatively expensive living accommodations in proportion to their income, i.e., did not cover home owners. As has been noted in the original report, most communards owned rather than rented the abode of their respective communes.

Lyngby-Taarbæk Municipality

According to social workers employed by this municipality, who operate out of one of the "family group" units that had recently been formed to administer public assistance, the local authorities have not had any occasion to devise special measures to take into account the servicing of collective families. While offering to check with other family-group sections, the informants noted that only one case involving communes had come to their attention. This case involved financial assistance according to Public Assistance Law No. 54, i.e., assistance in relation to those drafted into military service and/or conscientious objectors.

In this instance, four out of five members of a commune were simultaneously drafted and the department of welfare paid the monthly rent so that the commune could continue to exist. Housing subsidies were normally paid in such circumstances, with the informants maintaining that the four communards in question were treated exactly on
the same level as all other draftees facing similar hardships, and not as members of a collective family as such. In addition to the public assistance benefits mentioned above, all communards are eligible to apply for more specialized social aid if they are handicapped, pregnant, and/or have a family-related problem. An elaboration of these forms of assistance are spelled out below.

If a person living in a commune is physically, mentally, or socially handicapped, he or she is eligible to seek help under the Danish law governing disability and rehabilitation, and is treated like all other handicapped applicants. In this situation, primary emphasis is placed on the employability of the respondent and not so much on where he or she might be living at the time. Supplementary financial assistance, when needed, can also be obtained. However, eligibility will be determined according to the same criteria utilized in regular public assistance cases.

All pregnant women in Denmark can apply to the Mother's Aid Society and obtain free personal social and legal counseling. In a few instances, they can also receive some economic assistance. In this case, eligibility is usually determined by whether the applicant is living alone, with benefits often directed towards further education of the prospective single mother. A member of the research team personally knew of two cases from this Society involving girls from a commune, who, in order to obtain an educational subsidy, had to indicate an address outside the commune. All in all, however, the handling of cases in the Mother's Aid Society was largely dependent on the individual social worker or legal advisor assigned to the case in question, making it difficult to generalize on how communalists, as a group, are handled by this organization.

Under existing laws and regulations governing family guidance and well-being it is possible for recipients to receive the most comprehensive and broad based assistance within the Danish social welfare structure. Assistance in this category is not focused on the more traditional situations involving need and in which the applicant has only a minimal income, etc., but on specific instances where more ample financial benefits are called for, albeit, for a limited period of time.

An example of this occurred in Gladsaxe Municipality where a married couple living in a commune was granted three months financial assistance in connection with the wife's pregnancy, i.e., income to
cover routine expenditures, as well as some pocket money. The recipients were both studying at the time and had no possibility of receiving help through the normal public assistance channels. A related example brought to the attention of the research team involved a social worker from the Family Guidance Office in Copenhagen. In that instance, the social investigator personally visited the commune in question, discussed the case with several communards, and subsequently provided financial aid to the applicant after having taken into account the economic situation of the collective as a whole. The benefits, however, as in previous cases cited, were directed to the individual under review, not to the entire commune.

Conclusion

The study noted that members of Danish collective families were generally not discriminated against in practice, so far as obtaining needed social benefits, even though communes, as such, were not granted recognition as a separate entity by the laws and social statutes of the country. Conversely, the membership of the majority of communes surveyed were composed of fairly educated and generally talented young people, many of whom were students in the social sciences, education and social work, and quite capable of utilizing existing social welfare legislation to their advantage, if and when necessary. Most communards were essentially self-sufficient (over three-fourths of the sample were employed in the outside labor market) and were usually not in need of extensive social welfare benefits, excluding an occasional loan or student scholarship.

The study on which this article is based led the writer to conclude that Danish communes are essentially economically viable, even if they do not always last, serve a number of socially useful functions, provide outlets for personal growth and expression, and act as a restraining and modifying influence on some of the more "problem" members. It appears that the Danish communal experience was working and was highly useful, both to society and its own members. As a result of exposure gained during the study, it is this researcher's contention that American social welfare institutions would be well-advised to, at least on an experimental basis, encourage and even provide some financial support for communal experimentation, as their Danish counterparts have done, rather than to ignore and on occasion to oppose social innovation of this nature, as has too often been the case.

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Additional, more complete, follow-up research is needed to ascertain what specific factors of the Danish experience are feasible to consider implementing on the American scene. The future growth and development of Danish communes also deserves close attention, especially in a number of areas not covered in this article, e.g. to see how child-raising patterns and family formation trends will evolve, as this social institution becomes increasingly accepted by a growing section of the total Danish population.

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RUSSIA AND AMERICA COMPARED: HOW HEAVY IS OUR WELFARE BURDEN?

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ABSTRACT

A non-Western comparative model, totalitarianism, has conventionally been employed to describe qualitative differences between the United States on one hand, and the nations of the Communist world on the other. This paper explores welfare-related aspects of Communist (USSR) - Western (US) differences: First, the quantity of welfare and second, the mode of welfare distribution. In measuring the volume of welfare as the proportion of the state welfare expenses to the GNP or NMP respectively, the Russian proportion from 1958 (USSR 18.8%, U.S. 10.6%) until the latest available comparative figures (USSR 23-24%, US 15.2%) remains substantially greater. In terms of welfare distribution, the Russian emphasis on distributing welfare services to a broad category of citizens without regard to need, that is, the subtle distribution of welfare, has markedly different social consequences than the American emphasis, usually demanding the eligibility of the client. American-style distribution produces a never-ending process of stigma and fraud, and contributes to the break-up of the family. Finally, it produces the silent suffering of the poor since, with all of the programs available in America, there are more 'below-poverty line' families in the U.S. that receive neither food stamps, public housing, or social assistance as there are poor that do receive these services.
A non-Western comparative model, totalitarianism, has conventionally been employed to describe the qualitative differences between the United States on one hand and the nations of the Communist world on the other. This paper will explore other qualitative alternatives in Communist-Western differences, and by concentrating on the Soviet welfare system I hope to introduce material in a way that is not conventionally included in this type of comparative analysis.

Welfare practices have, of course, often been cited in the literature on totalitarianism: Mark Field's (1957) study of Soviet medicine, based on interviews with those who had left the country after World War II, illustrates the unfortunate medical consequences that come about when a doctor's allegiance is to the state rather than to the patient. Fainsod and Fisher, to choose two examples, have written on the Soviet youth organization, the Komsomol, to illustrate that the Soviet educational system is dominated by the Communist Party in a manner that goes far beyond biased textbooks and party-line teachers, and actually involves the direct group-psychological manipulation of children (Faisod, 1961; Fisher, 1959). Family services, too, are another area where the state literally invaded the private lives of individuals through welfare for the purpose of directing mass efforts towards the satisfaction of state needs (Geiger, 1968: 265-291).

Oppressive control has been part of the stark reality of Soviet life, but the survey of totalitarian practices, followed by a rosy picture of life in our own pluralist society, contains so many major faults that it is now scarcely possible to accept 'totalitarian' theory at face value as the major basis for capitalist-Communist comparison. The specific problems are two. (1) First, by concentrating on oppressive control rather than on welfare services, the theory indicated the absurd conclusion that individual freedom was the central issue, and that the actual provision of welfare services was a secondary matter. Nothing could be farther from the truth; the welfare services were enthusiastically received and have played an important part in post-revolutionary Russia, perhaps even as important as political control, if the full 1917-74
### Table 1 (continued)

<table>
<thead>
<tr>
<th>Year</th>
<th>Public Assistance</th>
<th>Aid</th>
<th>Medical Care &amp; Other Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td>1972</td>
<td>17948</td>
<td>4441</td>
<td>7778</td>
</tr>
<tr>
<td>1973</td>
<td>18661</td>
<td>4792</td>
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<td>1978</td>
<td>20759</td>
<td>4736</td>
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</tr>
<tr>
<td>1980</td>
<td>21543</td>
<td>4753</td>
<td>9700</td>
</tr>
</tbody>
</table>

*Note: (a) Public assistance programs began in 1950, and were budgeted at $21.0 million. They were subsequently included in another category, but the amount is too small to report.*
period is considered. Second, those who followed the "totalitarian" theory closely have also generally concluded that current welfare failures in the West will be resolved in the near future. Even a cursory view of services in the United States demonstrates that a more critical perspective must be followed if a truthful portrait is to emerge.

Given the general popular support for state welfare services in most industrial societies, given America's affluence, and given the decades that have passed since the onset of the depression, the weakness of American welfare in quantitative terms is surprising. I will demonstrate this in the following paragraphs. One explanation for this weakness is that the 1950's represented a virtual welfare depression for the United States, with welfare services and social insurance taken as a proportion of the GNP growing at an annual rate of 1.9% (Table 1). In the 1960's welfare assumed a large and ever-increasing proportion of the national energy and taxes. The average rate of growth in proportion to the GNP for the 1961-1971 period was 4.4% and in the last years of the decade the annual increases were twice as high as the figure (Table 1).

The most favored institutional recipient, on a consistent basis, has been education, and America is virtually alone in the world in the scope of its expansion in higher education. In the 1940's, education, veterans' payments and social security were expanded, and many of the veterans' benefits went directly to educational institutions; by 1950 more money was spent yearly on education than on social security, and more than on health and welfare, other welfare services, and public housing combined. By the end of the 1950's, education and social security were still expanding, and all other public welfare services were declining. Less money was spent on public aid in 1957 than in 1937, less money was spent in 1957 on veterans' payments than had been spent in 1947, and health, allied welfare services and housing combined received barely one-third of educational funding. In an amazing fashion, educational growth kept this same pace in the 1960's. This was the decade for the creative use of welfare. Public aid was expanded as a means of dealing with civil disturbance, and the operational and policy reforms from 1964-1971 brought the first large public
Table 2: Soviet Welfare Expenditures - Osborn  
(1968: Table 2-3, page 39)

Expenditures from all sources for items in the 'social wage' compared to national income (in billions of post-1960 rubles)

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditures</th>
<th>Income (x)</th>
<th>A/B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1958</td>
<td>23.8</td>
<td>127.7</td>
<td>18.6</td>
</tr>
<tr>
<td>1960</td>
<td>27.3</td>
<td>145.0</td>
<td>18.8</td>
</tr>
<tr>
<td>1965</td>
<td>41.5</td>
<td>192.6</td>
<td>21.5</td>
</tr>
<tr>
<td>1968</td>
<td>55.0</td>
<td>237.0</td>
<td>23.2</td>
</tr>
<tr>
<td>1970(xx)</td>
<td>8.5% increase</td>
<td>roughly the same, 23-24%</td>
<td></td>
</tr>
</tbody>
</table>

NOTE: (x) For national income, Osborn uses the Net Material Product, which excludes salaries for services that are included in the U.S. Gross National Product.

(xx) Using the same sources as Osborn, Pravda's reports on plan achievement, there are the comparisons of January - June 1970 to the first six months of 1969.

A/B: Social wage, that is, welfare spending, taken as a proportion of the net material product; this is comparable to social welfare in the United States taken as a proportion of Gross National Product.
aid increases since 1939. Urban renewal funds increased at a ten-fold rate following strong grass-roots demands from unions, the construction industry, local politicians, and real estate developers; the funds were not used for low cost housing, of course, but for profitable middle-income housing, shopping malls and administrative buildings (Anderson, 1967; O'Connor, 1974). Nevertheless, schools became a major recipient of poverty program funds, and the increases nearly matched, dollar for dollar, the enormous cost of the entire medicare program contained under social security (whole paragraph - see Table 1).

-- Table 2 about here --

At this point, a quantitative comparison with the Soviet Union has some merit, because it does illustrate what was called earlier the "weakness" of American welfare. Although we lack the detailed figures that are available in the United States, it is obvious that Soviet welfare expenses for the last fifteen years assume a higher proportion of their national income than the 1971 American figure of 16.9% (see Table 2); this proportionally heavy welfare spending went back into the 1950's and has gone forward into the 1970's. Using this inexact comparative standard, welfare expenditures as a proportion of the nationally defined national income, the Soviet-American comparisons are these: 1958 U.S.S.R. 18.8%, U.S. 10.6%; 1965 U.S.S.R. 21.5%, U.S. 11.8%; 1968 U.S.S.R. 23.2%, U.S. 13.8%; 1970 U.S.S.R. 23-24%, U.S. 15.2% (see Tables 1 and 2). This comparative standard is flawed. (1) The American GNP includes welfare and service costs, but the Soviet net material product excludes these salaries. If the social wage were added to the net material product for the U.S.S.R, the proportion of the social wage to the higher figure would be smaller, hence closer to the American figure. (2) There is another distortion involved in economic comparison. Since it is generally agreed that welfare expenses rise as the national income rises, it is worthwhile to note that the national income of the Soviet Union, although the second largest in the world, is half that of the U.S. (see Table 3a). Welfare dollars are the last allocation of industrialization, and if this pattern has any meaning for the U.S.S.R., welfare spending should increase as the country approaches the American level of affluence. At worst, if the net material product is increased by the social wage,
Table 3: Taylor-Hudson (1972) International Rankings

(a) Gross national product in millions of dollars

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Recent Growth Rate</th>
<th>Years</th>
<th>Long-term Growth Rate</th>
<th>Years</th>
<th>GNP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>U.S.</td>
<td>4.6%/year</td>
<td>1960-65</td>
<td>3.7%/year</td>
<td>1950-65</td>
<td>695500</td>
</tr>
<tr>
<td>2</td>
<td>U.S.S.R.</td>
<td>6.4%/year</td>
<td>1960-65</td>
<td>6.2%/year</td>
<td>1953-65</td>
<td>313000 (NMP)</td>
</tr>
</tbody>
</table>

(b) Enrollment in higher education (Table 4.4 page 229)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Enrollment in higher education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>U.S.</td>
<td>28400 students/one million inhabitants</td>
</tr>
<tr>
<td>2</td>
<td>N.Z.</td>
<td>21000 students/one million inhabitants</td>
</tr>
<tr>
<td>3</td>
<td>U.S.S.R.</td>
<td>16740 students/one million inhabitants</td>
</tr>
</tbody>
</table>

(c) Physicians per one million population (Table 4.12, page 259)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Country</th>
<th>Physicians per one million population</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Israel</td>
<td>2393</td>
<td>1964</td>
</tr>
<tr>
<td>2</td>
<td>U.S.S.R.</td>
<td>2053</td>
<td>1964</td>
</tr>
<tr>
<td>3</td>
<td>Hungary</td>
<td>1795</td>
<td>1964</td>
</tr>
<tr>
<td>4</td>
<td>Austria</td>
<td>1772</td>
<td>1964</td>
</tr>
<tr>
<td>5</td>
<td>Czechoslovakia</td>
<td>1754</td>
<td>1963</td>
</tr>
<tr>
<td>6</td>
<td>Italy</td>
<td>1635</td>
<td>1964</td>
</tr>
<tr>
<td>7</td>
<td>Bulgaria</td>
<td>1628</td>
<td>1964</td>
</tr>
<tr>
<td>8</td>
<td>New Zealand</td>
<td>1493</td>
<td>1964</td>
</tr>
<tr>
<td>9</td>
<td>Argentina</td>
<td>1466</td>
<td>1960</td>
</tr>
<tr>
<td>10</td>
<td>Switzerland</td>
<td>1460</td>
<td>1964</td>
</tr>
<tr>
<td>11</td>
<td>West Germany</td>
<td>1445</td>
<td>1963</td>
</tr>
<tr>
<td>12</td>
<td>United States</td>
<td>1439</td>
<td>1963</td>
</tr>
</tbody>
</table>
the U.S.S.R.'s proportional spending is 36% greater than America's spending rather than 68%. At best, the potential for Soviet welfare spending is enormous when compared to the U.S., both 'systems' held equal.

-- Table 3 about here --

Quantity can be expressed another way. By comparative standards, the Soviet Union is strong where America is strong and, additionally, it is strong where America is weak. In the field of education, America leads the world in the proportion of students enrolled in higher education per one million population, and the Soviet Union is 40% lower, in third place (see Table 3b). In the field of health, where the United States does not fare as well, the U.S. is twelfth in the world in the proportion of physicians per one million population, 30% lower than the second-ranked U.S.S.R. In terms of on-going programs, the United States is no match for the Soviet Union. The U.S.S.R. has extensive day care, completely socialized medicine, full paid extensive maternity leaves, mass low-cost housing, low cost vacation areas, full tuition-plus-stipend scholarships for those pursuing higher education, state-funded educational leaves for young workers in industry, and so forth.

If quantitative comparison was the issue, the essay would finish here. The Soviet Union has more welfare than the United States by any conceivable standard of measurement. The American proportion of welfare spending relative to the GNP is rising, however, and may someday equal the U.S.S.R. Again, Soviet welfare expenses come from taxes, they are not 'free'; if Americans prefer to spend their welfare dollars privately, there is no ethical reason to support public welfare over private welfare -- once the treatment of the poor has been provided for. Quantitative comparisons provide no guidance for policy choice or scholarly understanding. The question is: is there a qualitative differences between Soviet and American welfare?

I. SUBTLE AND CRUDE WELFARE

This essay will explore only one qualitative standard, the fact that American welfare is dominated by crude techniques and Soviet welfare is dominated by subtle techniques. As Gilbert Steiner has said, these form two
principal styles of public subsidy to the poor. "The crude
technique limits benefits to those who establish need
through disclosure of their income and resources to an
administrative official, and also explicitly pinpoints the
beneficiaries. The subtle technique spreads benefits across
a broad spectrum of the population, subsidizing many with-
out need as well as those in need" (Steiner, 1971:2).

The most controversial issue in the United States since
the end of the depression, the program that offers public
aid to dependent children of essentially female-headed
families (AFDC), illustrates the value of the distinction
between subtle and crude welfare. In the United States, as
those familiar with child welfare know, there are a wide
variety of services in existence - they include homemaker
service, day care, foster care, institutional care, therapy,
financial assistance, job training, etc. (see, e.g., Kadu-
shin, 1974) - but few of these services are available to
mothers that need them and many are not available/not used
by the mothers on public assistance that qualify for them.
For example, over 3,000 agencies in the U.S. provide home-
maker service, yet it was estimated that they reached only
3700 children in a given day in 1967, 50,000 children a
year, or 1% total. Homemaker services in England and Sweden,
countries with much smaller populations, serve more children
than this: so there must be a greater need for this service
(Kadushin, 1974:300). Job training is another example.
Part of the welfare reforms under Nixon involved the estab-
ishment of job training programs enforced on mothers.
Although the WIN (Nixon's Work Incentive program) program
was coercive, although it was designed to promote workfare
rather than welfare, it still failed to provide jobs for
recipients. Only 129,000 out of an eligible pool of 1,478,
000 were enrolled, and only 22,000, 2% of the original
total, found any jobs (Steiner, 171:73). The programs
eventually become so narrow and provide so few services
that they rarely achieve any important goals. In the
U.S.S.R., on the other hand, a broad variety of nearly free
services are available and used by women with children. In
1965 Soviet pre-school institutions took care of 6.2 million
children (Osborn, 1970:57), while licensed day care facili-
ties in the U.S. in 1969 handled 518,000 (Steiner, 1971:52).
In the U.S. children often stay with sitters, but a large
proportion, perhaps more than 100,000 are simply locked day
after day in apartments, or cared for by other children
The Soviet mother has easy access to medical facilities, transportation, cheap housing and job training. Although the Soviet mother in most cases is not paid to stay home and take care of her child, women who work and women who do not are freed from enormous emotional problems.

Another example can be found in public housing. The unpopularity of public housing can be supported by testimonies from Moscow to San Francisco. The housing crisis has been so serious in the Soviet Union that one Western expert summarized the poor conditions as "...a source of a great deal of human misery" (Morton, 1974:167), while Russian experts agree that it is a primary cause of extremely low population increases (Morton, 1974, 187). Similar complaints about sub-standard conditions and lack of public facilities exist in the United States; when surveyed, a large portion of poor people in San Francisco, Philadelphia, Boston, and San Juan, Puerto Rico avidly disliked public projects, and tenant complaints are voluminous (Steiner, 1971:127-128). In the Soviet Union all classes occupy these houses, and there is every indication that, building for building, these are also class-integrated (Osborn, 1970:259). American public housing, on the other hand, is a ghetto of aged people, welfare mothers, and low-income families (Steiner, 1971, 122-124), far away from shopping, good schools, and adequate transportation facilities. Residents in American public housing are terrorized by every sort of criminal, since the residents are known to be virtually defenseless. Juvenile gangs control stairways and parking lots; old people are forced to carry enough cash to pay off muggers, who will severely beat anyone they stop who has no money. The Soviet Union has its full share of crime, but the American case is distinctive due to the social effects of crude welfare.

Even the American programs designed in a subtle fashion have interesting limitations. Social security programs serve almost everyone, but they serve clients at a financial level lower than subsistence, and this is the reason why so many older people are on welfare. Soviet pensions are geared to half-salary and, since 1956, the pension has had a 'floor' so that the old may keep pace with inflation (Osborn, 1970:68-76). The system of higher education is an excellent example of subtle welfare since state and federal govern-
ments subsidize all students through the financial support of these institutions. By steadily increasing fees and by not offering stipends to all students, the educational system limits the potential for advantages that subtle techniques of welfare can offer citizens.

To sum up, then, these are the immediate disadvantages of crude welfare. First, it isolates the poor and allows them to be victimized by that isolation. Second, it deprives those immediately above the needy level, certainly a large population, by making them ineligible for services for which they have a genuine need and for whom the deprivation of these services causes serious harm. Third, in practice (as in services for needy children), it encourages agencies to continually limit the programs and narrow the recipients. With this framework, the discussion of crude and subtle welfare can continue.

II. CRUDE WELFARE: SOCIAL CONSEQUENCES AND PHILOSOPHICAL UNDERPINNINGS

Social Consequences

(a) Eligibility and role theory - the non-recipient poor

Why is it that there are so many poor people eligible for public assistance who do not choose to take it? Why is it that, given the fact that the programs are in existence, legislatures enact a law to prevent new recipients from joining the program? It is easy to say that there is a social stigma to welfare, and that there is no stigma to receiving a social security check. Similarly, legislatures do not enact a freeze on taking advantage of capital-gains provisions for stockholding taxpayers. To appreciate the term 'stigma' and its place in role theory, its roots must be found in Goffman's comments on asylum inmates (1961) or in Laing's observations on schizophrenia (1967). Labeling, the presence of social stigma, affects both parties in a relationship. The 'dominant' or 'normal' party sees the other in a different, perhaps sub-human fashion, and the stigmatized party sees the other as a dangerous adversary. This process is so well established that, by now, it should be familiar to anyone with a layman's understanding of the literature. It should be no surprise, then, that the wel-
fare relationship in a crude-stigma setting works against rational need and policy purpose. A crude program has its usual, needy clientele and, in addition, it attracts chislers and liars and repels some honest needy people. Those who enjoy seeing the eligibility case worker as an adversary will enjoy beating the system, and those who respect their own privacy or fear a powerful antagonist (in all likelihood, the aged) will refuse to participate. The only people harmed are those in need, the silent poor.

(b) Eligibility and disfunction - the Negro family

One celebrated social consequence of America's peculiar system of welfare eligibility has been its contribution to the breakup of the Negro family. Daniel Moynihan, writing for the Department of Labor, revealed the tangled relationship between public policy and the family by developing a thoroughly fallacious conclusion based on the statistical relationship between AFDC, unemployment, and the increase in the number of Negro female-headed households. Essentially, Moynihan argued that there must be a Negro family pathology because welfare cases from 1962-64 rose while unemployment fell, reversing the stable positive unemployment-welfare correlation that existed from 1948-1962 (Department of Labor, 1965:13). Given the enormous pool of welfare-eligible families outside AFDC, there was no reason to expect that this correlation would continue, especially in a decade in which the poor's sense of its own rights changed dramatically. It was also clear, as Moynihan argued, that by refusing public assistance to stable low-income families, the welfare system directly caused family break-up. Rule-making policies such as these strict eligibility regulations applied by AFDC officials inevitably produce comparable social disfunctions. Welfare recipients, for instance, could not work since all rewards from employment were entirely deducted from public assistance. Although the 1969 reforms were intended to eliminate this problem, the maximum income provisions set for eligibility were so low (Steiner, 1971:12) that family break-up, fraud, grievances over part-time work, night raids, elimination of welfare chislers, etc., are still commonplace problems for the AFDC system.

(c) Eligibility and its discontents

"Eligibility" has played a central role in contemporary
American welfare. An entire social movement has grown up around issues surrounding welfare regulations, namely the National Welfare Rights Association. This is an organization manned largely by social work professionals and welfare recipients; it is amazing that public welfare has been so clearly etched on the consciousness of those involved in it that they form, as a living counterpart of the Three Penny Opera, a modern social community like criminals, students, or those of special ethnic-racial origins. On one side the NWRO has demanded a minimal set of subtle reforms such as day care, a low guaranteed income, respect for legal rights of recipients, and so forth. On the other hand, the NWRO demands changes on eligibility rules. The organization complained about the man-in-the-house rules, the violation of privacy, prohibition on earning additional income, residency rules, higher furniture and clothing allowances (Trattner, 1974:262), obviously their popular organizing demands. If social protest informs us about the character of a society, then it is no error to focus on eligibility as a substantive comparative criterion.

Philosophical Underpinnings

This essay was not written to contribute to the vast literature arguing that contemporary liberals have betrayed the poor. It is evident, however, that the philosophical justification for crude welfare rests on the way we perceive those who need welfare. Consequently, by carefully defining who is poor and by concentrating on the personal characteristics of the poor, we finally deal with a limited section of the population rather than a broad category of human needs.

(a) Rose Friedman and Milton Friedman - How many poor are there?

Social evolutionists to the contrary, most societies have recognized the ethical necessity of helping their less fortunate citizens, if only because the more fortunate fear that they may be reduced to poverty. America's conservatives are no different; the most famous of them, Milton Friedman, concedes that poverty has a negative neighborhood effect on the community, although he criticized state programs designed to alleviate poverty (1962:177-189). Instead of discussing welfare needs, the emphasis is on poverty lines: shall
it be $3000 dollars (Ibid., 193). If it is $3000 (1960 dollars), then in 35 years, if present trends continue, there will be no poor at all (Rose Friedman, 1968:38). Poverty lines based on income pay no attention to needs, so why would anyone pay attention to statistically defined homogeneous income groups? Basically, for Milton Friedman, two moral principles are at odds, the free enterprise system and the needs of the poor, and unless the poor and the needs of the poor are carefully limited, welfare measures may infinitely expand. This, in one sentence, is the philosophical justification for crude welfare. Milton Friedman and Rose Friedman have reminded us that social welfare is not a band-aid for the poor, not simply a humanitarian ideal, but a threat to free-market capitalism.

(b) Galbraith - Small pockets of poverty

Liberal proponents of the welfare state have no such fears of welfare measures, yet in one respect their argument scarcely differs from that of Milton Friedman and Rose Friedman. Galbraith wrote that in an affluent society, poverty is specific to unusual communities such as marginal farmers, or individual cases such as female-headed households, the handicapped, etc. (1958:252-254); a decade later, he wrote that discrimination against Negroes is not a product of the industrial system, but of a prior disadvantage in schools and environment (Galbraith, 1967:250-251). Although state services are nothing to be feared per se, Galbraith’s point is that American society is essentially so well off that the shortage of state welfare measures is not a pressing issue to most people. It is a justification of crude welfare in that it argues that the critical problems are those of various small groups and that, for the rest of the society, reforms will come when and if they are politically feasible, thus accepting the limitations imposed by crude welfare.

* * * * * * * *

All of the discussion associated with limited welfare - the stigma, the fight over eligibility regulations, the statistical income lines, the family pathology - exist because social scientists believe that there is some particular group that desperately needs services that everyone else in American society enjoys. In welfare terms, the second lowest income fifth is not much better off than the lowest earning
group. For some unrealized welfare needs, an enormous proportion of the people may be in dire straits. When Steiner discusses the issue of public housing (1971:122-191), these are not simply the problems of black people, old people, or female-headed households. A large percentage of the American urban population is faced with high rents and deteriorating conditions, and the policy of separating out the very poorest and packing them into high-rise apartments does not speak in any way about high rents and the worsening quality of urban life. As for medical attention (see footnote 7) or day care — there is no special poverty group when it comes to these services, there are no $3000 lines that can be drawn and there is no way to meet these needs without major policy changes. Poverty is a valuable subject in the debate of academic ideas, but when it is translated into welfare policy, it becomes, in the elementary sense of the word, propaganda. The distinction between crude and subtle welfare is essentially whether or not the needs of a specific number of poor people are separated from the needs of the much larger group of lower and lower-middle income families, with proponents of a crude welfare system claiming that they can be separated, and proponents of a subtle system claiming the reverse.

III. CONCLUSIONS AND CONTRADICTIONS

Subtle techniques of welfare have their drawbacks, and the most obvious one is the cost of these programs. America’s only two examples of subtle welfare, social security and education, consumed the lion’s share of welfare costs even before health services were included in the social security administration. In order to cut costs, the Soviets have been led to employ steps that would concern some Americans.

What has happened to Soviet doctors is exactly what has happened to American public school teachers and social workers, and what American doctors, therapists and counselors, and college professors fear may occur. The Soviet doctor is paid the salary of a skilled worker, has few special privileges associated with professionalism, and has had her time allocation and movements limited by organizational, hospital, demands. After professional expenses are deducted, the median income of American general practitioners was $37,400 in 1970 (Statistical Abstract, 1973:68). That sum of money is the salary of three American skilled workers, and would
pay three Soviet doctors. High paid, high status independent professionals in the United States, doctors, dentists, academic scientists-consultants, psychiatrists and highly paid professional therapists would have a lot to lose if their income and work duties were administratively defined. Those who believe that only independent professionals can set standards of quality will see this as a severe defect in subtle welfare policy. Those who feel that such professionals are motivated by selfish interests with no concern for the public will be less concerned about their losses.

The cost-cutting that is inevitably part of subtle welfare has other consequences. Rather than quality standards of welfare permeating down to the poor, inferior services may prove the general rule. This is precisely what has happened in Soviet housing. As disasters, wars, and massive rural-to-urban migration created housing shortages, nearly every family had only one or two rooms to live in, most public housing lacked design, imagination or comfort; and getting a place to live has been a persistent difficulty. In education, in day care, in medicine everyone has some quality standards that are jeopardized by mass welfare, and the better off you are, the more you expect special standards.

Subtle techniques of welfare are a qualitative alternative to the failings of American welfare. In part, the American system has evolved because of the philosophical assumptions of social scientists and the inherited value of personal independence on the part of the American voters, e.g., we would rather pay educational costs than public assistance. It is no disgrace for a young man or woman to go to college and use up $2500-$3000/year in public funds, but there is a stigma attached to young mothers with dependent children or elderly people receiving this exact amount of money in public funds.

In part, American welfare has been shaped by a force far more powerful than philosophical assumptions and inherited values. The debate over medical insurance and control over medical facilities illustrates who defines services in this area of welfare. Special interests keep hospitals, blood banks, and insurance free of direct government controls, (e.g., Titmuss, 1971:158-172). Real estate developers, on the other hand, learned that the government can be a welcome
friend when funds must be guaranteed and social costs paid for the purposes of private profit (see Anderson, 1964, especially 107-123); there was a five-fold expansion of urban renewal funds from 1960-1971. The fundamental American ethic has defined the welfare system, the ability of those who influence policy to realize personal financial profit.

FOOTNOTES

1 Models, especially those such a 'totalitarianism', commonly describe differences in kind rather than simply qualitative institutional features. When Friedrich and Brzezinski (1961: 9, 10) cited six general features prevailing in these regimes - official ideology, a single mass party, terroristic police control, etc. - it was understood that variations in control existed from year to year, but that the character of the party, the economy, and the communications system was such that simply a decrease in control would not alter fundamental differences with American institutions.

2 The most obvious example of this sort of academic propaganda appears in Brzinski and Huntington's Political Power, USA/USSR (1963, 1964). In the chapter on political alienation, certainly the most serious political problem in the U.S. for the last decade, the American phenomena is explained as the personal failings of those who dissented. Meanwhile commonplace events in the USSR and the U.S., white collar crime and embezzlement, are seen as a major failing of the Soviet system.

3 Those who studied Soviet emigrees after World War Two found that an enormous proportion supported extensive welfare benefits (Inkeles and Bauer, 1968:242), and many cited their unhappiness with American medical services. We would assume that this group would be likely to criticize practices in the Soviet Union and to support those in the United States. Mark Field, who had written a book on the totalitarian aspects of medicine in the mid-1950's (1957) changed his perspective considerably by the late 1960's (1967), apparently feeling that a great deal had been accomplished by the Soviet medical system in terms of greatly improving the health standards of the country.
Reinhard Bendix (1964) developed T.H. Marshall's concept of 'citizenship', presenting the view that welfare deficiencies of the poor have been and will ultimately be resolved in Western society. Bendix is far from idealistic - very naive versions of this view can be found - but Bendix's view unites politics and welfare.

The works of Titmuss (1971) on medicine, Cloward and Piven (1971) on public assistance for family support, and Martin Anderson (1967) on urban renewal contain specific, well-documented arguments about the failure of welfare practices to meet the needs of those it was designed to serve. Also, see footnotes 7, 8, 9 of this manuscript.

If the Soviet national income, actually the net material product, is added to the social wage expenditures the 1968 result is as follows: 55+237=292 billion rubles, 55+292=18.8% (see Table 2). The operation is legitimate since most of the social wage expenditures are excluded from the Soviet calculation of net material product. If the original figure from 1968, 23.2%, is compared to the U.S. proportion of 13.8%, the U.S.S.R.'s percentage is 68% higher. If the modified figure is used, the U.S.S.R.'s percentage is 36% higher.

There are two issues at stake here. First, what are the details behind these proportions and, second, does a low physician/1,000,000 population actually indicate that many people lack medical attention.

(1) The Soviet Union educates more doctors, but the time they spend in post-high school training is less than American students, even when it is understood that the last two years of Soviet secondary school may be more comparable to two American college years rather than two high school years. Thus, the Western response to the figures is that "...the final product of Soviet medical education is a 'technical expert' rather than a 'professional with wisdom'"; this is a British view. Dr. John Crenshaw, An American, wrote that physicians "...are not members of a professional class, but rather technicians on a basis comparable with engineers, scientific workers, and skilled mechanics" (see Alt, 1959: 135). The Western reader should have some perspective on this: Soviet general practitioners have less liberal arts training (that is, a few less courses that would correspond to upper division courses), and a few less medical school
courses, and less formal internship practice, given the way that the Soviet educational system is designed. On the other hand, the Soviet doctor practices in a clinic rather than a private office, which carries the potential, perhaps the actuality, of prolonged internship. If the American reader believes that these facts make the Soviet doctor a 'technician' and the American doctor a 'wise professional', fine, since these are the only substantive differences. Perhaps American doctors are impressed by something else - most Soviet doctors are women, earn a skilled workers' salary, and work short hours at a clinic.

(2) The second problem is more serious. Two approaches to the subject, one by medical sociologists studying poverty and one by medical geographers studying physician distribution, have both concluded that a considerable proportion of the population is not served. Julius Roth, for instance, presents that following study of 4320 families of children in the pediatric age group, but he does not say how and where the sample was gathered. The proportion of families with a regular doctor or pediatrician is quite small, and presumably the rest rely on emergency room care.

Roth (1969:218) % Having a Physician who Usually Looks After Children

<table>
<thead>
<tr>
<th>Family Income</th>
<th>No/Families</th>
<th>Welfare</th>
<th>Less than $3000</th>
<th>$3000-4500</th>
<th>$4500-6000</th>
<th>$6000-7500</th>
<th>$7500-10,000</th>
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<td></td>
<td></td>
<td>621</td>
<td>24</td>
<td>333</td>
<td>1366</td>
<td>1009</td>
<td>452</td>
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<td>38</td>
<td>55</td>
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<td>63</td>
<td>85</td>
</tr>
</tbody>
</table>

Medical geographers have estimated that "...for good quality primary medical care, approximately 133 physicians should exist for each 100,000 persons. In 1970, the U.S. averaged 52.8 physicians/100,000 with some areas well below average. The East South Central area, for instance, had 39.6 physicians/100,000, the West South Central had 43.0 and the South Atlantic had 46.5 (Shannon-Dever, 1974:37-38). This is a study of primary physicians, general practitioners and pediatricians, whose numbers have been sharply declining relative to the population throughout this century. In critical portions of the population, the rates are quite small; the rate of black physicians/100,000 blacks (page
50), of rural physicians (page 47) and female physicians/100,000 women (page 47) show minute ratios. In 1953, the Executive Secretary of the State Medical Association of Mississippi said that there was an over-abundance of physicians (1953 ratio: 70/100,000) to serve the population because "...the Negro constitutes nearly half the total population", and in 1966 (ratio: 37/100,000) the man who occupied the same office said, "It (a physician shortage) never was true and patently could not be true today" (page 41). There is a lower physician/rural population ratio in the U.S.S.R. than exists in urban areas, but it is quite clear from the American data that important sections of the population are not served at all.

The housing of the poor has always represented one of the sore points in the discussion of poverty. Public housing has been the constant subject of casitgation, from Rainwater's study of the Pruitt-Igoe houses in St. Louis to Jane Jacobs' general attacks city planning. Except for Jacobs, most observers feel that the problem of dangerous living conditions and second rate facilities is merely one aspect of the problem presented by the poorer and older urban areas in the United States (e.g., Steiner, 1971:122-153). Silberman, for instance, outlines the urban renewal process: racism and high rents ghettoize the poor; urban renewal projects that have nothing to do with housing for the poor destroy available apartments; overcrowding and rents increase because the poor have no other alternatives for housing; low-income high rises do not even approach public need and suitable standards of living (Silberman, 1964:308-358).

By 1970, 14 million people received some form of cash, food, or housing assistance, and 11 million people below the poverty line of $3700 for a four person family did not take part in these programs. Some of these eleven million were temporarily poor, such as low-income graduate students, some could not meet eligibility requirements or did not have programs available for them, and some were too proud. Cloward and Piven felt that the entire welfare system operated on the assumption that few poor will ask for the full range of assistance that is available (1971), and thus it continues to meet the needs of the poor in a sub-standard fashion.
Goffman makes this point in his well-known attack on the 'medical model' (1961:321-386). The asylum has the form of medical treatment - diagnosis, perscription, and recovery - but the actual treatment produces patent resistance and the deterioration of mental condition, a far cry from the medical prediction. The same situation is common to welfare. A welfare "model" would look like this: the determination of eligibility takes place, and then a case worker provides counseling or refers the client to proper service agencies, and, finally, the client leaves public assistance. At times, the welfare system works this way for recipients, but most of the time it does not.

Milton Friedman's alternative is the elimination of welfare, that is, the elimination of social security, public assistance, and so forth. To help those who would suffer from this, he proposes that every American family receive at least $3000, either by his own efforts or from public funds, and this is the substance of the negative income tax (1962: 177-195). Friedman's idea is that the normal process of welfare is paternalistic, and that a guaranteed income or a negative income tax will increase freedom by allowing those below a given income to get cash rather than 'needed services'. Once the individual or family has more than $3000, his 'needs' are irrelevant, which leaves a great deal of human misery without social provision.

Hyman Lumer (1970) and many others have attacked the study of the poor rather than the study of poverty as in instance where social analysts 'blame poverty on its victims'. Lumer argues that when we concentrate on the personal characteristics of the poor, we invariably comment on their lack of ambition or education (p.208, 209) rather than blame the low paying jobs or the structural unemployment. Lumer's complaint is not so much with Galbraith as with the intellectual and policy-oriented style of analysis that accepted the capitalist status quo while treating the poor as failures.

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EX POST FACTO EVALUATION
OF NEIGHBORHOOD ORGANIZATION PROGRAMS*

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ABSTRACT

Quasi-experimental designs, which are currently dominant in the
methodological literature on Evaluative Research, are mostly not
appropriate for the evaluation of Planned Change in the social organi-
zation of urban neighborhoods. In this paper we propose an alternative
approach, based on ex-post-facto case studies. Criteria for evaluation,
as well as study design and instruments, are discussed in some detail.
A concise summary of one local evaluative study is presented as an il-
lustration.

Much of the current literature on Evaluative Research goes under
headings such as "Social Action" (Suchman, 1967, Rossi, 1971, Evans,
1969), "Social Intervention" (Mullen & Dumpson, 1972), or "Social Ex-
perimentation" (Riecken, 1975). These titles may be unintentionally
misleading. They evoke the idea of changes at the level of Social
Organization, although, as a matter of fact, virtually all the programs
discussed have the attitudes, behavior or well-being of individuals as
their targets of change. Delinquency prevention, school achievement,
employment and emotional adjustment would be typical objectives of
programs which have received attention in the Evaluative Research
literature.

As different from individual change, change in social organization
has been defined (Meyer, 1972) as "... change in the combination of
roles and statuses and their distribution within a social system". This
may involve the creation of new groups (or the elimination of exist-
ing ones), the redistribution of power and influence, the creation or
deletion of positions, the opening or blocking of communication channels,
etc. Such changes are related to, but not identical with, changes in
the behavior of individuals.

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The Evaluation methodologies expounded in recent or current writings of Suchman (1967), Weiss (1972), Riecken & Boruch (1974) and many others, while growing increasingly sophisticated and powerful, are also getting to be less applicable to programs of induced change in Social Organization. The "Classical Experiment" is emerging as the model of choice (Riecken & Boruch 1974, Campbell 1970), with quasi-experimental designs and "Natural Experiments" as "second best" alternatives recommended for situations where ethical or pragmatic considerations preclude the use of the classical design.

One would be inclined to agree with Weiss and Rein (1969), who argue that the methods currently advocated are mostly appropriate for standardized programs with multiple subjects. Programs of planned change in Social Organization, however, typically involve attempts to change the organization of a single unit or a handful of units, such as villages or industrial plants. Even in cases where a large scale national program is involved, we often find the variation in essential characteristics, of both the units affected and the programs implemented, to be so great as to preclude almost any kind of quantitative analysis. The American "Model Cities" program or the British National Community Development Project (1974) would be cases in point.

Thus, the methodology of Evaluative Research, as it has developed in the last two decades, is probably not quite relevant to the evaluation of outcomes which are defined in terms of social systems. In this paper we shall try to explore the usefulness of some less sophisticated study designs for the evaluation of planned change in social organizations. However, since there are important differences between units which can serve as objects of change (Bureaucracies, "Total Institutions", Neighborhood, etc.), we shall limit our discussion to one type of unit, i.e., the urban neighborhood. The programs we refer to are discussed in the literature under a variety of headings, such as "Community Organization" (Perlman & Gurin, 1972) and "Community Development" (Clinard, 1970). Since these and other terms are used rather loosely, we shall henceforth use the title "Neighborhood Organization" to apply to programs which are designed to produce social-structural change at the neighborhood level.

Programs of Neighborhood Organization have proliferated during the last three decades. The American "War on Poverty", for example, included a major "Community Action" component (Clark & Hopkins 1968), Britain has mounted the "Community Development Project" as an attempt to focus and systematize an extensive and diffused effort at the local level, Israel and Holland (Kramer, 1970), India (Clinard, 1970), and many other countries have extensive programs of their own.

Some of these programs have been accompanied by critiques and debate (e.g., Moynihan, 1970), and a few had built-in evaluations
There has, however, been only scanty discussion of the methodology of evaluation as it applies to programs of this kind (Moseley, 1971). Both the magnitude of society's investment, and the questions raised about effects and effectiveness, justify a greater concern with Evaluative Research in this specific field.

Goal of Neighborhood Organization

Before discussing the methodology of evaluation we need to review the kinds of goals most commonly associated with neighborhood organization programs. These can be divided into three categories:

1. **Changes in the Social organization of the neighborhood**, often involving the creation of new voluntary organizations (Perlman & Gurin, 1972). The new organization may be a coalition of existing groups, each having its own constituency, interests and program (Alinsky, 1970), or a neatly structured pyramid of artificially created groups of standard form (Clinard, 1970). Although the creation of a new organization (or organizations) is the most prevalent form of intervention, it is not the only one conceivable. A program could aim at changing the operation of existing organizations and the relationships between them. However, Neighborhood Organization programs are always based on the assumptions that the target neighborhoods are inadequately organized to deal with problems facing them, and that a variety of ills, such as alienation, anomie and poverty, can be remedied through improved organization.

2. **Changes in Resources** - Neighborhood Organization programs generally are expected to result in the expansion of the resource base of a neighborhood. This may include physical development (such as roads, playgrounds or public telephones), the establishment of new services (such as a Mental Health clinic or Adult Education classes) or an increased responsiveness of existing institutions (such as Police, Schools and Welfare Centers) to neighborhood needs and demands (Vanecko, 1969).

In urban Neighborhood Organization the expansion of the resource base is generally not seen as an independent event but as a consequence of improved neighborhood organization. New resources may become available through "self help" efforts, or (more typically) as a result of increased power of neighborhood groups vis-a-vis the institutions that control resources. It should be noted that goals related to the resource base of a neighborhood are usually not specified at the outset of a program but emerge as part of the process of organization and community involvement.

3. **Changes in the well-being, behavior and attitudes of individuals**. Programs are often initiated on the assumption that neighborhood organization and expanded resources will be reflected in higher standards of
living, especially in areas of "public" consumption (education, safety, recreation, etc.). Similarly higher levels of participation, an increased sense of control over one's environment and other desirable changes in behavior and attitudes are seen as related to improved life situations and new opportunities for community involvement (Lovell and Riches, 1967-8).

Changes in organization, resources and behavior are mutually interrelated and reinforce one another in more than one way. Still, Neighborhood Organization is usually the main focus of the change effort. Hence, it should also be the focus of any attempt to evaluate outcomes. In other words, evaluation efforts should consist, first and foremost, of attempts to assess the effect of a program on the organizational structure of the neighborhood, and only secondly of measurements related to changes in resources and in the well-being and behavior of individuals.

Methodological Constraints

The "Case Study" Approach: From the above discussion a number of consequences seem to emerge for the evaluation of Neighborhood Organization programs. A few tentative attempts at quantitative analysis (Vanecko, 1969) notwithstanding, it would seem that the bulk of evaluation effort would have to be on a case-study basis. The relatively small number of neighborhoods affected by any one program, and the great variation in relevant program and neighborhood characteristics, generally preclude randomization or the proper use of quantitative technique. The challenge facing researchers in this field is to develop a methodology of case by case evaluation\(^1\) which is both rigorous and cumulative.

Ex Post Facto Analysis: "After the fact" evaluation of planned intervention has become the villain in much of the current methodological literature (Riecken 1975). While there is merit to the case against ex-post-facto evaluation of programs which have individuals as their targets of change (Campbell 1971), different consideration should be involved in the case of Neighborhood Organization. These programs are often based on precarious legitimation and funding, and faced with shortages of essential resources such as, for example, competent and committed professional manpower. Consequently, many programs never really get off the ground, while others abort prematurely. The predicaments and tribulations of such programs are undoubtedly of great

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\(^1\) The "comparative" evaluation of a small number of projects is essentially not different from an accumulation of individual cases.
interest to students of planned change, but such studies should not be equated with the evaluation of outcomes. The latter is relevant only to programs which have in fact been implemented.

Incidentally, the instability of change programs is occasionally matched by the precariousness of the accompanying research (Weiss & Rein, 1971), and for some of the same reasons. Furthermore, often program administrations are somewhat less than enthusiastic to have evaluators "breathing down their neck", so that occasionally a major part of available resources and energy have been spent on attempts to resolve conflicts between the action and research components of a program (Weiss, 1967).

Thus it may be advisable to embark on Evaluation Research only after a program has been going on for some time and can be expected to have made some headway. By "Ex-post-facto" we do not necessarily mean a point in time after the completion of a program (there is some question whether Neighborhood Organization is ever "completed"), but a point at which changes should have occurred and can be meaningfully described and assessed.

Criteria for Evaluation

In ex-post-facto evaluations involving case studies we can address ourselves to only two of the three types of change goals discussed above. We shall try to show that changes in the social organization and resource base of a neighborhood can be assessed meaningfully through the use of the proposed methods. On the other hand, changes in individual well-being and behavior would require the use of a before-after model with controls. However, since changes in individuals are seen as secondary effects of Neighborhood Organization, their measurement could wait until we have developed ways of knowing whether the programs studied actually affect the social organization of neighborhoods and their resource base.

Organizational Growth: To evaluate the outcomes of a Neighborhood Organization program, one would have to locate and study the voluntary associations created or revived as a result of the program, and to assess them in terms of their membership, activity, representativeness and acceptance. One would be seeking answers to questions such as the following:

- The number of members and officers.
- The frequency of meetings and other activities.
- Attendance at meetings and functions.
- How representative is the organization of different segments of the neighborhood, in terms of geography, ethnicity, SES, age, sex, etc.
- How much consensus is there, in relation to problems and goals, between officers, members and other residents of the neighborhood?

- Communication between the organization and the public. Do people turn to the organization and its officers for help in individual and community matters? Are residents aware of the organization's actions and achievements?

- Does the organization represent a net addition to leadership in the neighborhood, or has it given old activists a new banner?

- Is the organization accepted by power centers in the neighborhood and at other levels (the city or the state) as a legitimate spokesman of the neighborhood? How autonomous is it?

Resource Base: While the questions listed above represent dimensions of organizational outcome, one would want to take a more dynamic approach in trying to assess the achievements of the organization as they relate to the resource base of the neighborhood. Here we would have to locate and study developments in physical amenities and social services which took place since the beginning of the program, identify the ones for which the program claims credit, and study their history to determine the actual role played by the organization in bringing about desired changes (as well as some "unintended consequences"). Essentially we are asking the same kind of questions which were asked in Community Power studies using the "Decisional" approach (Clark, 1975).

Research Instruments

In trying to answer these questions one would have to employ a variety of instruments:

1. A series of unstructured interviews with key informants (Houston & Sudman, 1975). These would include, in addition to the change agents, individuals occupying key political and bureaucratic positions in the neighborhood, the city and the state, who are or were involved in decisions and actions related to the community. One would add to the list persons who were in a position to observe happenings and developments (e.g., newspaper reporters), and who could supply information about organizations active in the neighborhood, the distribution of power and influence, and the "real story" behind relevant decisions and projects. The list of informants would have to be kept small (so that they can be interviewed personally by a small group of researchers), but flexible, so that names can be added and deleted as the relevant stories unfold.
2. **Review of Documents**, e.g., minutes of committee meetings, correspondence between the organization and other groups and bureaucracies, newspaper clippings and any other material which may shed light on the history, activity and achievements of the organization. The review of documents should start before the main interviews with informants, and should supply some of the questions to be explored during these sessions. The interviews, in return, should serve to point to additional sources of information, and help gain access to them.

3. **Direct Observation**: We have said already that Ex Post Facto evaluative studies do not necessarily have to wait until "It's all over". More characteristically they will take place at some advanced stage in the life of a program. Hence it should be possible for the researchers to engage in direct observation of activities such as committee meetings, rallies, negotiations, etc. While some researcher-effect will always be a problem, the insights gained could be invaluable in themselves, and serve as an aid to the elaboration of other research instruments.

4. **Interviews with members, "activists", and office holders of the organization(s) established through this program.** These interviews should focus on question such as the following:
   - The demographic characteristic of the respondents.
   - Their perception of neighborhood problems and needs.
   - Their participation in the organization, and in other groups.
   - Their perception of goals, actions and achievements of the organization.
   - Their definition of the membership and constituency of the organization.
   - The degree and patterns of their communication with their "constituents".
   - Their perception of the role of the change agency and agents.

5. **Structured interviews with a sample (or a number of specific sub-samples) of neighborhood residents.** The interview schedule should include questions about:
   - The problems and needs of the neighborhood.
   - Organizations and leadership in the neighborhood.
   - Acquaintance with the program under study, and an assessment of its significance to the neighborhood.
   - Awareness of specific improvements and achievements, and of the organization's role in bringing them about.
Participation, actual and potential, in any activity or action organized or sponsored by the program.

The combination of instruments described above will provide us with some quantitative measures, such as the extent of participation, acquaintance with an organization among any given category of neighborhood residents, the extent to which residents and officers agree in their perception of neighborhood needs and problems, etc. There may be some value in the comparison of different program and of the same program at different points in time, using these measures.

The main product of these methods is, however, qualitative. They supply us with a description of an organization, its activities and impact. Even if these kinds of data do not lend themselves to "cost benefit analysis" and other quantitative approaches, they may serve as a basis for informed decisions about the continuation or expansion of programs, and contribute to a theoretical discussion of the feasibility of planned change and the effects of specific kind of intervention.

Application of the Method: an illustration

The methodology discussed above has been used by the author and three graduate students in the study of one Neighborhood Organization Program in a small town which is part of the greater Tel Aviv Metropolitan Area. A "Community Worker", employed by a Public Housing Authority had been working in the same neighborhood for three years. The goals of Community Work were presented to us by the director of the agency, in the following terms: "... to help residents... to come together in groups and committees so as to co-operate in the development and maintenance of their common environment, to resolve problems and conflicts, and to negotiate with the authorities for improved neighborhood facilities and services". The project under study involved a cluster of housing estates, with a population of 7,000. The estates had been built at different times during the last twenty years. This project was selected because of easy access, and because it was presented to us as a success story. According to the persons responsible for the program the Community Worker had created a stable and active "Neighborhood Council", which had had some impressive achievements, the most dramatic being their ability to convince the authorities of the need to construct two new air-raid shelters in the neighborhood.

The study was conducted within the context of a graduate seminar in Sociology, dealing with "Planned Change in Urban Communities". Three students, Gila Menachem, Ora Kahanovitz and Nachum Shoor participated in the study and submitted papers. One of them later produced a M.A. Thesis replicating the study in another location (Shoor, 1974).
In our study we made use of all the instruments described above, although sample size, number of field observations and amount of materials assembled were affected by limitations of time and manpower. We did establish a list of informants with whom we conducted extensive interviews, mainly trying to determine how decisions affecting the neighborhood were reached, and the role of the "Neighborhood Council".

A combination of structured and open-ended interviews were conducted with the members of the council. Structured interviews took place with a sample of residents. Since we found, at the outset, that the committee members all lived in one sub-section of the estate, we decided to limit the sample to that specific area. Later, our largely negative findings prompted us to draw another sample, consisting only of families with school-going children, who were more likely than others to be affected by the work of the committee. This kind of "loading the dice" was designed as a challenge to our findings, as reported below.

The three sets of interviews were supplemented by a review of records, newspaper clippings and correspondence files. Students participated in some meetings and accompanied the community worker on visits and conferences.

Our findings were unambiguous and somewhat unexpected. It turned out that the organization created by the program consisted of five quite active individuals and a periphery of seven passive members, all of whom lived in a relatively small and new section of the estate, which was different from the older estate not only in its physical characteristics, but also in the socio-economic status, age and origins of the residents. The active members of the committee were all women.

The committee had been successful in a number of projects, all of which involved bringing new facilities and resources into the neighborhood by exerting pressure on outside bodies, i.e., the municipal council, various department of the national government, the "Labor Federation", etc. These included a public telephone, a new playground, open-air entertainment on summer nights, improved garbage disposal, and the two air raid shelters mentioned above, which were designed so that they could serve as club-rooms during peacetimes. Our interviews showed that the shelters had, in fact, been part of a master plan for the development of civil defense in the region, but would have been built many months (if not years) later were it not for constant badgering by the committee.

These improvements were all carried through without involvement of the neighborhood. Our interviews showed that except for a few next-door neighbors of the committee's energetic chairperson, none of the residents were aware of the existence of the committee, let alone had any contact with it. The various neighborhood improvements which were
instituted as a response to petitions and appeals by the committee were attributed by the residents to the routine operation of external bureaucratic and political forces. They had never approached any of the committee leaders (listed in the questionnaire by name) with any individual or communal problem.3

Thus, the only organizational development which seemed to have occurred as a result of this program was the creation of a small, very active group unable or unwilling to mobilize a wider constituency, and achieving changes in facilities and services through their "nuisance power", i.e., the inclination of bureaucracies to buy "peace and quiet" by acceding to demands and pressure even when these are not backed by real power.

The implication of the findings summarized above are a matter of judgment by program administrators and professionals. The findings themselves, while not uncommon (Gove & Costner, 1969), are not necessarily representative of Neighborhood Organization programs. A later study of a program in another town, using the same research instruments, showed more significant organizational growth and provided a basis for the suggestion of some variables which might be affecting outcomes (Shoor, 1973).

Conclusions

In the study of Community Power, an area of inquiry which poses problems similar to those encountered in Evaluative Research on Neighborhood Organization, most progress in recent decades has been attributed to the accumulation of case studies (Clark, 1975). Early attempts at statistical studies of large samples, necessarily focusing on a narrow range of variables (Hawley, 1963) seem to have misfired (Williams, 1973). The factor which probably made possible a rapid accumulation of relatively rigorous case studies was the emergence of two or three widely accepted conceptual and methodological approaches. This made for comparability of studies, fruitful secondary analysis and the derivation of meaningful generalizations.

3 We did, however, discover that the neighborhood had a leadership clique, consisting of young males, living in the old estate, who occupied key posts in various local bureaucracies, were active members of the party in power, and acted as brokers between the residents and the authorities. The community worker was only dimly aware of the existence of this group.
We have been arguing for a similar approach to the evaluative study of planned social structural change. Two of the methodological cornerstones of modern evaluative research, i.e., large samples and before-after comparisons, are obviously not applicable at this point in time, to the evaluation of Neighborhood Organization and similar kinds of social change programs. In this paper we presented a conceptualization of the goals of Neighborhood Organization programs and a combination of instruments for ex-post facto evaluative case studies. While a few studies, employing similar methods, have been published in the past (e.g. Clinard 1970, Zurcher, 1970, Bailey 1972), it is hoped that a more explicit and self conscious treatment of methodological issues will lead to the accumulation of case studies employing widely accepted concepts and research methods, thus contributing to the development of a theory of planned change in neighborhood organization and to more effective practice.

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THE PRESTIGE AND EFFECTIVENESS OF THE PUBLIC WELFARE WORKER

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ABSTRACT

An empirically-based study was conducted to determine how BSW and MSW social work students differentially assess the relative prestige and effectiveness of public welfare work in relation to the fifteen other social work methods and to ascertain what methods they would ideally like to enter upon graduation from their programs. The study findings point dramatically to a wide discrepancy between the BSW and MSW student's view of the public welfare worker. Not only was the average prestige and effectiveness of welfare work rated significantly higher by the BSW students, but more than five times as many BSW as MSW students indicated a desire to enter welfare work. The implications of these findings are discussed, with particular reference to social work education.

Recent years have witnessed widespread public skepticism, serious cutbacks in social service programs, and extended attacks on social work's effectiveness. In today's "Age of Accountability," little is taken for granted and social workers are increasingly called upon to demonstrate that what they do is worth supporting. No longer is the effectiveness of social work taken for granted, nor are the questions surrounding it stilled by eloquent rhetoric. Wherever social workers turn, the demand is the same: show that your efforts on behalf of

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clients are beneficial, your clients are being helped, and your work has made a difference.²

These accelerated challenges to social work's effectiveness have also revived the disquieting question, "what are social workers worth?" Many have casually dismissed or loudly deplored social work's relentless pursuit for public recognition and acceptance. However, social work's preoccupation with its status is an understandable consequence of the discrepancy that exists between the prestige social work aspires to and/or feels it deserves and the prestige it is actually granted.³ In its most fundamental sense, the importance of social work's prestige can hardly be overemphasized. Not only does the social ranking of social work directly reflect the level of approval society attaches to social work, but it affects the individual practitioner's concept of self, his relationships with other professionals, his influence potential, and, ultimately, the effectiveness with which he offers services to clients.⁴

While heightened concerns over social work's functional worth have touched all social workers to one degree or another, they have had a particularly unsettling impact on the welfare worker. In the eyes of the public, the worth of the welfare worker has traditionally been equated with that of the client population he serves; needless to say, the typical layman does not entertain an overwhelmingly favorable view of the welfare client. In addition, the welfare worker has been relegated to a conflictual position within the social work profession itself. On the one hand, he is regarded as performing a necessary, legitimate social welfare service; on the other hand, he is frequently typecast as a "paper pusher" of the lowest order.

While the prestige granted the public welfare worker by society and by the social work profession has been widely acknowledged, little is known about how social work students view the welfare worker. The purpose of this paper is to describe and present the results of an empirically-based study conducted to determine how BSW and MSW social work students differentially assess the relative prestige and effectiveness of welfare work in relation to the remaining fifteen other social work methods and to ascertain what methods they would ideally like to enter upon graduation from their programs.

INSTRUMENT

The major instrument utilized in this study was a one-page, pre-tested questionnaire. The instrument was designed to provide each
student with an opportunity to indicate his own assessment of the prestige and effectiveness of sixteen different social work methods. In addition, the student was requested to provide demographic data and to specify what social work method (if any) he would like to enter upon graduation from his program.5

The method designations were developed and standardized by the National Association of Social Workers staff in 1972. The prestige and effectiveness of each method were assessed using a five-point, Likert-type scale, where 1 represented "lowest" and 5 represented "highest." The methods were randomly ordered and assessed for prestige on one side of the instrument and for effectiveness on the other side. No operational definitions for prestige, effectiveness, or the methods were presented on the instrument, as it was felt the students would already have their own unique definitions of these and would more than likely interpret them in their own way. One would suspect that three of the sixteen methods might present a discriminatory problem: casework, psychotherapy, and private practice. However, a glance at the three tables will reveal that the students did indeed discriminate between these three methods, as the ranks of each varied widely.

The instrument was tested for item reliability by utilizing 41 students. Each student was requested to complete the questionnaire twice, with a three-week time span between both testings. Pearson Product Moment correlations were generated for each of the 32 items from time 1 and time 2. All of the items generated a correlation of .731 or higher, which indicates a high degree of reliability for each item. The average correlation coefficient for the 32 items was .792, with an average significance level of .091.

METHOD AND SAMPLE

The instrument was distributed to BSW and MSW students attending thirteen accredited schools of social work located in ten different states. No attempts were made to utilize random sampling procedures, as they would not prove to be as effective as the acquisition of as large a sample size as possible. Of the total 1,790 respondents, 43.5% were BSW students and 56.5% were MSW students.

BSW Sample - A total of 778 students who responded to the study were BSW-level students. Their average age was 22.3 (median = 21.3) years; 82.5% were females and 17.5% were males. They had acquired an average of .17 (median = .07) years of paid social work experience prior to entering college.
MSW Sample - A total of 1,012 students who responded to the study were MSW-level students. Of these students, 67.2% were first-year and 32.8% were second-year students. Of these, 68.4% were female and 31.6% were male. Their average age was 27.5 (median = 25.6) years and they had acquired an average of 1.7 (median = 1.2) years of paid social work experience prior to entering graduate school.

The sex of the students was compared with the latest available Council on Social Work Education (CSWE) statistics concerning full-time bachelor's and master's degree students enrolled in accredited schools of social work. As previously noted, the sample for the present study was 82.5% female for the BSW students and 68.4% for the MSW students. The CSWE data revealed that females comprise 75.2% of the total BSW students and 66.2% of the total MSW students in the United States. This suggests that the sample for this study was representative of the total population of BSW and MSW students in relation to sex. No average age was attainable, for comparison purposes, from the CSWE statistics.

FINDINGS AND CONCLUSIONS

Table 1 displays the average prestige scores and the relative ranking of the sixteen social work methods. Welfare work ranked fourteenth in the judgement of the undergraduates and sixteenth in the judgement of the graduates. Analysis of variance showed a significant difference between the undergraduates' and graduates' assessment of the prestige of welfare work. The undergraduate students' prestige score was significantly higher (p = .001) than the graduates' score. In addition, the largest discrepancy between the undergraduate and graduate assessments of the relative prestige of the sixteen methods occurred in relation to welfare work. These differences may be attributable to the possibility that undergraduates generally operate under fewer biases or preconceived notions regarding different types of social service; they normally have had less in-depth exposure to the social welfare field than graduate students and may consequently have fewer, or less rigidly set, preferences regarding specialized fields of practice.
ranked eleventh by the undergraduates and sixteenth by the graduates in effectiveness. Analysis of variance showed a significant difference between the undergraduates' and graduates' assessment of the effectiveness of welfare work. The effectiveness score of the undergraduate students was significantly higher ($p = .001$) than that of the graduate students. Again, the largest discrepancy between the assessments of the two groups of students occurred with respect to welfare work. Indeed, welfare work was assessed by the graduate students as the only method, of the total sixteen, ranking lowest in both prestige and effectiveness.

Table 2

Of the total 1,790 students, 208 did not specify an ideal method of employment choice. Eighty-eight of these 208 students were undergraduates, while the remaining 120 were graduates. As a result, the data displayed in Table 3 are based on the responses of 1,582 students. It should be noted that 21.4% of the undergraduate students designated welfare work as their ideal employment choice upon graduation from their programs, in contrast to only 3.9% of the graduate students. Restated, 5.49 times more undergraduates stated a desire to enter welfare work than graduates.

Table 3

The students' paid social work experience at the undergraduate and graduate levels was tested for correlation with their ideal employment choice patterns. No high or significant correlations were generated, either for the undergraduate level ($N = 690$) or the graduate level ($N = 892$) for the sixteen social work methods.

In broad relief, these findings point dramatically to a wide discrepancy between the undergraduate and graduate student's view of the public welfare worker. Not only was the average prestige and effectiveness of welfare work rated significantly higher by the undergraduates, but more than five times as many undergraduates as graduates indicated
a desire to enter welfare work upon graduation from their programs. In view of findings such as these, a number of thought-provoking questions must be raised. Why do undergraduates hold an overwhelmingly more favorable view of welfare work than graduates? What implications does this hold for social work education and social welfare manpower? Concomitantly, how significant a role does an undergraduate or graduate social work program play in shaping the attitudes of social work students toward various fields of endeavor? The latter can hardly be overemphasized, for it is widely acknowledged that professional schools constitute major socializing agents for new professionals by setting models and defining a prestige system among specializations and sites of professional practice. The fact is, the predominant model in social work is the clinical practitioner, and the prestige of the clinic—its counterpart in the casework agency—is well established as the pinnacle of attraction for social work students. Concomitantly, the question may be raised, what significant differences exist in the socialization processes between undergraduate and graduate social work programs that may contribute to enhancing the ever-widening alienation of graduate-level students from public welfare work?

These questions suggest the need for a review and reappraisal of the way in which the delivery of public welfare services is presented in graduate social work curricula. More importantly, it is suggested that social work educators—particularly those at the graduate level—begin taking a serious look at their own attitudes toward public welfare work—and the manner in which these attitudes are communicated, either implicitly or explicitly, to the frequently impressionable social work student. The question now becomes, will social work educators continue to relegate public welfare work to a subsidiary position or will they face the challenge of uncovering its true potential, of determining the vital role that it should and can play in contemporary social work practice? Will they affirm that the public welfare worker, social work's unsung hero, is still a vibrant and respected member of the social work profession?

NOTES AND REFERENCES


5. This information was acquired through an open-ended question. The responses were then categorized into the sixteen different social work methods listed in the three tables.


### TABLE 1

**AVERAGE PRESTIGE SCORE BY SOCIAL WORK METHOD AND STUDENT STATUS**

<table>
<thead>
<tr>
<th>Method</th>
<th>Undergraduate (N=778)</th>
<th>Graduate (N=1012)</th>
<th>Difference</th>
<th>F Ratio</th>
<th>Significance Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score</td>
<td>Rank</td>
<td>Score</td>
<td>Rank</td>
<td></td>
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<tr>
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-803-
### Table 2

**Average Effectiveness Score by Social Work Method and Student Status**

<table>
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<th>Student Status</th>
<th>Undergraduate (N=778)</th>
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<th>Difference</th>
<th>F Ratio</th>
<th>Significance Level</th>
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<tbody>
<tr>
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<td>Rank</td>
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<td>Rank</td>
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</tbody>
</table>

**TABLE 3**

**IDEAL EMPLOYMENT CHOICE BY STUDENT STATUS**
THREE STRATEGIES FOR REDUCING INVOLUNTARY SEGREGATION*

Juliet Saltman
Kent State University

ABSTRACT

The involuntary aspects of residential segregation in this country are examined, a conceptual model of involuntary segregation is presented, and four causative factors of involuntary segregation are noted. These four factors are the targets of three recent corrective strategies which have been used in an attempt to reduce involuntary segregation. The three strategies -- fair-share plans, exclusionary zoning lawsuits, and community housing audits -- are reviewed and analyzed in terms of their potential success in reducing involuntary segregation. Though no single strategy would be sufficient, all three strategies in combination may ultimately achieve a reduction of involuntary segregation in our metropolitan areas.

Racial and economic residential segregation continues to prevail in most metropolitan areas of the nation, despite the slight improvement in some 1970 residential segregation indexes (Sorenson et al, 1975). Although some scholars emphasize the voluntary aspects of segregation, extensive analyses of residential segregation indicate that the concentration of blacks and the poor is largely involuntary (e.g., Abrams, 1965; Foley, 1973; Helper, 1969; Pettigrew, 1975, 1971; Saltman, 1971; Taeuber, 1975, 1965).

The causes of the involuntary segregation of blacks and the poor are multiple, and have been the targets of three recent strategies. These strategies are an attempt to change the situation of involuntary segregation to one of greater equality of opportunity -- or freedom of choice -- in housing. This paper briefly examines the involuntary aspects of

*Portions of this paper were presented at the national meetings of the American Sociological Association, San Francisco, 1975, and at the annual meetings of the North Central Sociological Association, Columbus, 1975.
residential segregation and the factors which generated it, and then focuses on the three recent corrective strategies.

Involuntary Aspects of Segregation

Many urban and race relations scholars have acknowledged that the involuntary aspects of racial concentration stem from a network of institutional discrimination. Karl Taeuber (1965:12-19) maintains that of three possible reasons for continued black concentration—poverty, choice, and discrimination—it is primarily discrimination that has caused blacks to live in concentrated areas.

Taeuber and Taeuber (1965:22-3) emphasize the involuntary aspects of black residential segregation, as do Amos Hawley and Vincent Rock (1973:11) and Chester Hartman (1975:13). Raymond Franklin and Solomon Resnik (1973:11) concur when they contend that using the concept of black "choice" within the context of current discrimination in housing is absurd.

Thomas Pettigrew (1971:306) suggests that racial separation is a cumulative process in that it "feeds upon itself and leads its victims to prefer continued separation." He cites Bernard Frieden's study (1965) indicating that restrictive zoning practices in the suburbs nourish black fears.

In his most recent work, Pettigrew (1975:123-4) claims that the attitudes of both whites and blacks are more derivative than causal in the total process of the racial distribution of housing in this country. He argues that separatist attitudes are "often formed after the harsh facts of racial discrimination and segregation in housing" (1975:117).

Involuntary Segregation: A Conceptual Model

Let us consider, then, this conceptual model of involuntary segregation. We will begin by defining segregation as the clustering of like units. In urban ecology, segregation may apply to animate or inanimate objects, i.e., people or building types or business types. Segregation is one of six ecological processes that occur in all human communities.

Residential segregation we will define as the physical concentration or clustering of racial minorities or economic groups, though racial concentration is much greater than class concentration (Taeuber, 1965:34; Erbe, 1975). Segregation may be voluntary or involuntary, depending on whether free choice exists as the basis of the clustering. Voluntary segregation occurs where there are no external factors or constraints influencing the clustering, i.e., where real freedom of choice is the basis of the clustering. Involunta-
ry segregation occurs where external factors or constraints influence the clustering, e.g., racial discrimination fear, or poverty, thus making real freedom of choice impossible.

Since real freedom of choice can only occur in the absence of external factors influencing clustering, voluntary segregation is impossible until involuntary segregation has been eliminated. The issue is not one of integration or segregation, but freedom of choice. Thus, if segregation were truly voluntary and based on real freedom of choice, it would not be a social problem. It is only when the segregation is involuntary that a social problem exists.

The fluidity of minority-majority relations has been noted by William Newman (1974). Voluntary segregation can now describe the situation of many ethnic and religious minorities living together in different neighborhoods throughout the country. Though they too suffered discrimination in the past, they are currently living together primarily by choice (Kantrowitz, 1973; Lieberson, 1963; Taeuber, 1975:94).

This choice has not yet been fully offered to blacks in this country. The policy implications for the future are clear. When racial discrimination in housing and involuntary segregation are reduced, equal housing opportunities and freedom of choice in housing will be increased.

Before presenting three strategies for reducing involuntary segregation, we will briefly review the policies and practices which generated the situation of involuntary segregation. For in order to perceive the relevance of the corrective strategies, it is essential to understand the factors responsible for involuntary segregation.

Factors of Involuntary Segregation

The substantial research on residential segregation indicates four general factors that have generated and maintained residential segregation in this country: 1) government policies related to urban renewal, public housing and suburban development, 2) the inadequate supply of low and moderate income housing dispersed throughout the metropolitan area, 3) suburban zoning regulations, and 4) racial discrimination in the housing industry by real estate companies, lending institutions, builders, and individual owners and landlords.

Segregation in housing has had a long history, and is the result of past discriminatory practices in which all of these -- the private housing industry, and federal, state and local governments -- have been active participants. These dis-
criminatory practices have been traced (Foley, 1973; Heller, 1969; U.S. Commission, 1973; Saltman, 1971) from 1866 -- when the first open housing law was passed -- to 1968, when the constitutionality of the earlier law was reaffirmed by the Supreme Court. This was several months after Congress passed its first federal open housing legislation (1968 Civil Rights Act, Title VIII).

Thus, it took 102 years to legally reaffirm the basic human right to shelter. During those 102 years, three racist textbooks for the national real estate industry were published by 1923 and reconfirmed as late as 1950. Federal Housing Administration (FHA) manuals from 1935 to 1940 insisted on discriminatory practices in instructions to builders of new housing developments. Federal banking agencies urged similar practices, and approved racially restrictive covenants in deeds during a sixteen year period when more than eleven million new homes were built. State courts upheld many discriminatory ordinances passed by local and state governments during these 102 years, making the legacy of discrimination complete.

Taeuber notes that in recent years, despite court rulings and legislation clearly outlawing virtually all types of racial discrimination in housing, past patterns persist. Thus, "every investigation uncovers evidence that old impediments to free choice of residence by blacks continue" (Taeuber, 1975:91).

It is these practices that have resulted in racial and economic separation in every metropolitan area of the country. The ending of involuntary segregation, and the beginning of real freedom of choice in housing, is the primary goal of three recent strategies that have been used with varying degrees of success.

Three Corrective Strategies

Fair-Share Plans

The first strategy is housing allocation or fair-share plans to equitably disperse low and moderate income housing throughout metropolitan areas. This is done through the voluntary cooperation of suburban governments and jurisdictions within a metropolitan area. One rationale for such plans is the fact that between 1960 and 1970, for each new job in the central city nearly three new jobs were created in the suburbs of our major cities (Erber, 1974:8; Berry and Cohen, 1973:453; Kosenthal, 1972:1, 58; Kassotti and Hadden, 1973; U.S. Census,
Both white collar and blue collar employment expanded in the suburbs during this time. But the inadequacy of housing opportunities near these new jobs has deprived inner-city workers of access to them, except by costly and time-consuming travel. Thus it has seemed economically rational to plan housing near these employment opportunities.

Such planning begins with a determination of the total need for housing within a defined housing market area, based on criteria of land availability, facility of employment access, and other pertinent factors such as sewers, drainage, transportation and school facilities, etc. The housing is then allocated by number of units of various types and prices to the various parts of the planning jurisdiction.

The Dayton, Ohio metropolitan area was the first to adopt a fair-share plan, and is the most advanced in its execution of it. In the five years since the Dayton Plan was initiated, over 25 other metropolitan areas have undertaken housing allocation planning, with about having been officially adopted, and many more in preparation. "Rarely has a new concept in planning spread so widely and so swiftly" (Erber, 1974:12), despite the number of years of haggling and negotiation to reach this point.

In the Dayton area, nearly half of the proposed 14,000 housing units have been built and dispersed throughout the five county area in sections that previously had no minority or moderate-income residents. Some suburbs obtained their first public housing complexes under the plan. The dispersal fair-share plan of Dayton has produced more units than any other metropolitan plan. A major reason for the others' lack of productivity is the current economic situation and the earlier housing moratorium declared by the Nixon administration. Also, the new HUD administrators have not expressed the same support for the plan as former HUD Secretary George Romney. Thus, the success of fair-share plans depends on a number of political and economic conditions. This will be discussed further in the concluding section of this paper.

Exclusionary Zoning Lawsuits

The second strategy is a legal one, aimed at removing zoning laws or regulations which are racially and economically exclusionary. Several states have passed new laws designed to overcome the barriers of exclusionary zoning. Massachusetts enacted an "Anti-ndeb Zoning Law", which establishes a quota for low and moderate income housing for each town in the
New York established a State Urban Development Corporation with power to override local zoning laws and other exclusionary land use controls and provide low and moderate-income housing. But perhaps the most far-reaching effects have come from legal suits against municipalities, resulting in precedent-setting legal decisions.

In March, 1975 the New Jersey Supreme Court ruled as illegal those zoning laws that effectively exclude poor and moderate-income people. "This decision has the potential for undermining the legal foundation on which suburbia is built" (N.Y.Times, March 30, 1975). The opinion upheld a lower court decision invalidating the zoning laws of Mt. Laurel Township (in Burlington County, N.J.), because those laws failed to include regional low and moderate-income housing needs. The suit was brought by plaintiffs including a Legal Aid organization, a local chapter of NAACP, and private citizens against the township. The decision was upheld by the U.S. Supreme Court seven months later (N.Y.Times, October 12, 1975).

The importance of the ruling is in its potential impact on the suburbs' tradition of home rule, which may now have to give way to regional housing goals for communities, and broader state authority to obtain local compliance. The court said a jurisdiction could not legally zone solely to protect "its own selfish and parochial interest", and that zoning laws must serve the "general welfare" not only of the locality but of the surrounding region as well. The ruling was based on state constitutional guarantees of equal protection and due process.

Another Federal court ruling represents a second significant attack on exclusionary zoning, this time in the New York metropolitan area. The U.S. Court of Appeals for the Second Circuit ruled, in a case involving the town of New Castle in Westchester, that nonresidents could properly challenge the use of Federal funds in suburban communities that allegedly zone out the poor and minorities. The ruling affirmed the appellants' legal standing on the ground that they were sufficiently injured by Federal agencies' failure in their "affirmative duty" to encourage fair-housing practices mandated by Federal civil-rights laws (N.Y.Times, June 8, 1975).

Another legal suit also linked exclusionary zoning to the denial of Federal funds in the Hartford, Connecticut metropolitan area. The city of Hartford objected to the use of Federal grants under the Community Development Act being
allocated to suburbs with exclusionary zoning. The city of Hartford and other plaintiffs sued the Department of Housing and Urban Development (HUD) for granting funds to seven towns that allegedly had a "history of discriminatory housing, zoning and land use policies." The suit charged that the department had failed its duty to promote fair housing practices and to consider housing needs in the area for the poor and minorities.

The Federal District Court in Hartford ruled that seven Hartford suburbs cannot receive $4.4 million in Community Development funds until construction of low and moderate income housing is given priority (N.Y. Times, February 1, 1976; October 12, 1975).

Another significant ruling involving exclusionary zoning came from the New Jersey Superior Court, which ordered eleven municipalities in Middlesex County, N.J. to provide for their share of the 13,697 low and moderate income housing units needed in the region by 1995. The Court struck down the zoning ordinances of the eleven municipalities and required eleven other municipalities in the County to remove all exclusionary provisions from their zoning laws. This decision followed an executive order of the Governor of New Jersey, directing the state's towns, cities and suburbs to provide the zoning and planning necessary for them to have a "fair share" of housing for the poor, the elderly and families with small children (N.Y. Times, April 13, 1976; Trends, May-June, 1976).

Most recently, the Supreme Court has ruled that Federal courts can order the U.S. Department of Housing and Urban Development to place subsidized housing in suburbs to break up metropolitan-wide segregation caused by exclusionary zoning. The case before the court, Hills vs. Jautreaux, had been in the judicial system more than ten years, and involved the public housing system of the Chicago metropolitan area (N.Y. Times, April 25, 1976).

Community Housing Audits

The third and last strategy considered here is social action based on implementing existing open housing laws. This approach is a combined action research-educational-legal strategy, designed to increase awareness of racial discrimination in housing and its legal implications, in order to encourage constructive change in the community.

The general strategy consists of surveying actual housing availability for minorities, and sharing the results with the community and relevant housing establishment and
law enforcement agencies. This is a quasi-experimental study conducted with trained matched pairs of black and white homeseekers, who attempt to secure identical housing at different times. Since Audit methods and results have been reported in detail elsewhere (National Neighbors, 1973, 1974; Trends, 1973, 1974; Saltman, 1972, 1975), we will here focus on the use of the findings as a strategy for community change in reducing involuntary segregation.

The findings in housing Audits conducted by community organizations throughout the country show remarkable consistency. They document the continued existence of racially discriminatory practices in the real estate industry, which have been cited earlier. Generally, they reveal from seven (Saltman, 1975) to sixty-seven (Epstein, 1970) different techniques of denying freedom of choice in housing to homeseekers. Since 1969, Audits have been conducted by voluntary citizen organizations in more than twenty communities throughout the country. Each Audit typically takes from six to twelve months to plan, execute, analyze, summarize, and present to the public.

Each community organization has utilized its findings in different ways as a strategy for change; some have used multiple action approaches. The use of Audit findings may be categorized into four major types of action: 1) Legislative, 2) Negotiation, 3) Funding, and 4) Legal.

The legislative approach involves the use of Audit data as a basis for obtaining new community legislation, e.g., an anti-steering law, an anti-solicitation law, etc. These are designed to supplement and/or reinforce existing federal and state open housing legislation.

The negotiation approach involves direct communication with all those audited in the housing establishment, e.g., real estate company presidents, brokers, agents, rental managers, owners, etc. Private meetings are arranged with those audited, and the pertinent data is revealed to them in order to obtain a corrective affirmative action or voluntary compliance agreement. This, of course, is only made feasible by the existence of open housing laws and the knowledge of the possibility of legal action against racial discrimination in housing.

The funding approach involves the use of Audit data to secure funding from private or public sources for the operation of a metropolitan open housing agency, since the data establish the need for a staffed full-time program. Funding enables such an agency to implement the law through monitoring, and to secure compliance through constant staffed ac-
tivity involving community education.

The legal approach involves two options: 1) filing a lawsuit against discriminating companies and/or individuals, and 2) sending the Audit data to the U.S. Department of Justice for their investigation and possible litigation. In addition, other relevant enforcement agencies may be informed of Audit results in order to initiate additional investigation and official action to bring about compliance with the law.

All four approaches are generally preceded by a public hearing or meeting, at which the Audit data are revealed to the public for the first time, with media and area organizational representatives invited to be present. Each of the four types of action approaches is illustrated in the following accounts of specific housing Audits in five different communities.

**Palo Alto, California.** -- Negotiation, legislative and legal approaches were used after the Palo Alto Audits, begun in 1970 by the Midpeninsula Citizens For Fair Housing (MCFH). When the Audits indicated substantial discrimination in suburban apartment developments, MCFH first sought voluntary corrective action from the housing establishment. They then used Audit results to obtain new legislation on apartment licensing through their City Council. Finally, their Audit results were sent to the U.S. Department of Justice, which sued the owner of 11 apartment complexes in the area, resulting in massive affirmative action by the owner.

**Baltimore, Maryland.** -- Negotiation, funding and legal approaches were used by Baltimore Neighborhoods, Inc. (BNI) after their 1972 Audits. BNI first used its Audit results to secure an affirmative marketing agreement with the housing industry. Funds were then sought and secured from HUD to implement the program. Finally, Audit findings resulted in a $200,000 lawsuit against the owner and manager of a suburban apartment complex of 295 units.

**Chicago, Illinois.** -- Legal action was the result of a suburban Audit conducted by the Leadership Council for Metropolitan Open Communities. They sued 9 real estate firms charged with racial discrimination in violation of federal law. Actual and punitive damages sought are close to one million dollars.

**Cleveland Heights, Ohio.** -- Negotiation, legislative and
legal approaches were used after auditing by the Heights Community Congress. When various cooperative educational attempts with the real estate industry were unsuccessful, anti-steering legislation was passed in 1973, and a $1 million lawsuit was filed against a real estate company owned by the president of the Cleveland Area Board of Realtors.

Akron, Ohio. -- All four action approaches -- negotiation, legislation, funding, and legal -- were used by the Fair Housing Contact Service, one of the first open housing organizations in the country to be funded under the Community Development Act of 1974. The funding was the culmination of a longitudinal auditing program lasting four years.

Audit data were used to negotiate with the real estate industry, resulting in a series of joint sales training sessions for agents. Legislation was passed by City Council banning solicitation and "For sale" signs in an integrated area. Increased awareness of the link between segregated schools and segregated housing resulted in a school plan for desegregation. The Department of Justice was involved in repeated investigations of the housing industry, after Audit results were sent to them. And finally, the city and county together funded a staffed county-wide open housing program, after 10 years of voluntary effort.

Summary and Conclusions

Residential segregation has been defined as the physical concentration of a racial minority or economic group. It has been shown that residential segregation in this country is largely involuntary, since it is the product of a network of institutional discrimination and constraints. To make true freedom of choice in housing a reality, the constraints must be removed. If the constraints and obstacles were eliminated, and voluntary segregation then occurred, this would not constitute a social problem, but voluntary segregation cannot occur until involuntary segregation has been eliminated. The policy implication, then, is to eliminate obstacles to freedom of choice in housing.

Three corrective strategies have been recently utilized to reduce involuntary segregation and expand equal housing opportunities for blacks and the poor. The first strategy, fair-share plans, is designed to equitably disperse moderate and low-income housing throughout metropolitan areas. However, this can only be achieved through the voluntary
cooperation of suburban governments and jurisdictions within a metropolitan area.

Despite the fact that more than 25 metropolitan areas have undertaken housing allocation planning, only half of these have been adopted, and few have actually been implemented because of economic conditions and political difficulties. Thus the success of fair-share plans depends on political and economic factors. The fact that the plans are voluntary also weakens the possibility of this strategy having any broad impact on national residential segregation patterns, unless strong incentives are provided for participation (Weaver, 1973:6).

Moreover, the small number of housing units allocated to each area would not significantly change segregation patterns. It is possible, however, that if a small number of moderate-income black and white families gain access to suburban areas, this may result in reduced resistance to such groups by majority residents in those areas. In addition, the increased access of some minority families of moderate-income levels may encourage middle and upper-income blacks to seek more housing in these nontraditional areas.

Pettigrew's claim (1975:123-4) that attitudes on race and housing are derivative rather than causal would imply that past separation of racial and economic groups in metropolitan areas will not very likely lead to future voluntary agreements to include such groups in suburban areas. Yet the clear policy implication remains: to achieve more interracial and multi-economic level housing.

The second strategy, lawsuits against exclusionary zoning, has barely begun to have an effect on weakening local control over land-use and expanding the metropolitan housing opportunities for moderate-income and minority families. Zoning regulations are consistently referred to as a major factor in creating residential segregation. Pettigrew said (1971:25), "What Federal policies, direct discrimination, and the scarcity of modest-income housing have left undone, the white suburb's zoning methods have completed."

It is intriguing to note that the most recent Supreme Court decision on zoning upheld the Mr. Laurel, New Jersey decision of a lower court, instead of its own earlier 1971 James vs. Valtierra decision. The 1971 decision was a serious setback for those challenging exclusionary zoning and land-use bias, since it ruled that referendums on zoning changes were constitutional. The later decision, however, invalidates zoning laws which exclude regional low and moderate-income housing needs.
The lawsuit with the broadest ramifications for reducing involuntary segregation is the recent one linking exclusionary zoning to the denial of Federal funds in the Hartford, Connecticut area. The ruling that municipalities can be denied Federal funds for having a "history of discriminatory housing, zoning, and land-use policies" leaves very few municipalities that would not be affected.

The success of this second strategy, however, depends on the organization and mobilization of residents or groups in a metropolitan area by knowledgeable leaders. Without such a resource, lawsuits against municipalities are not likely to be a frequent occurrence, and thus would have little impact on existing residential patterns of involuntary segregation in this country.

The third strategy, community housing Audits, also depends on the organization and mobilization of individuals and groups by knowledgeable leaders. It has been noted that one Audit takes from six months to one year to plan, organize, execute, analyze, summarize, present and pursue. In view of this, it is nothing less than remarkable that so many have been conducted. It is even more remarkable that a large number of Audits have been conducted by volunteer organizations.

The completion of an Audit, however, cannot in itself bring about a change in the community's pattern of residential segregation. It is the use of the findings that is the crucial factor in this strategy. Four such usages or action approaches have been named: 1) Legislative, 2) Negotiation, 3) Funding, and 4) Legal. Of these, new legislation is least likely to affect residential segregation patterns, unless vigorous implementation and enforcement procedures have been instituted.

Negotiation for voluntary corrective action by housing industry representatives is desirable from an educational perspective, i.e., it increases awareness and consciousness of the law and the possible consequences of violating the law with racially discriminatory practices. But this too rests on continued vigilance and monitoring to insure the compliance with the law by the housing industry.

Funding makes it possible to acquire a full-time professional staff to continue and sustain the negotiation and monitoring efforts, but funding cannot guarantee the success of such efforts (Saltman, 1973). This depends on the dedication and expertise of the staff, and its ability to maintain support from various segments of the community while pursuing a vigorous monitoring and implementation program.

Ultimately, negotiation and monitoring success depend on knowledge of the law and possible enforcement of that law.
Thus, the fourth action approach, the legal one, may offer the greatest possibility of effectively changing discriminatory practices in housing and reducing involuntary segregation. This can also be used to successfully initiate negotiation and legislation. One successful lawsuit, with monetary damages awarded, can accomplish what seven years of negotiation might not, i.e., compliance with the law. But this too, of course, requires mobilization and organization.

The use of Audit findings in all four action approaches can have a powerful effect in changing racial discrimination within a metropolitan community. The provision of a continual watchdog in many communities throughout the nation may finally bring about greater compliance with the law.

While each of the three strategies is not likely in itself to substantially alter existing patterns of residential segregation, all three strategies in combination may ultimately achieve greater freedom of choice in housing for blacks and the poor. Together, the three strategies may achieve the eventual elimination of involuntary segregation in our metropolitan areas.

**NOTES**


2. The UDC is now defunct because of severe financial straits (N.Y. Times, March 16, 1975).

3. Under the Civil Rights Act of 1968, a "pattern or practice" suit may be brought if there is evidence of a pattern of discrimination existing in one or more real estate companies or apartment complexes. Formerly individual suits were the only recourse for those who experienced racial discrimination in housing.

4. Akron is the only known municipality in the nation that has experienced repeated Audits followed by successive public presentations of findings and subsequent quadruple action approaches.
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ABSTRACT

This study examines the ranking that rehabilitation counselors received from their colleagues and clients in an alcoholism rehabilitation organization. The findings suggest that organizational power was the major determinant of the favorable ranking rehabilitation counseling received from colleagues; legitimacy appeared to accrue from power, not the reverse. Occupational visibility appeared to account for client ranking while knowledge that a powerless client group was controlled by others was found to be an important dimension of rehabilitation counselor standing with clients. One implication of the study is that the immediate social environments of occupations provide a meaningful place to begin to document the professionalization process.

A persistent concern in the study of the professions has been to determine what distinguishes them from other occupations and to establish benchmarks which specify how occupations become professions. It has been suggested that more attention be given to the immediate social environments of occupations (Grimm and Kronus, 1973; Blankenship, 1973). Two groups in the occupational environment, clients and colleagues, have received the bulk of this attention (Haug and Sussman, 1969; Blankenship, 1973; Grimm and Kronus, 1973). The present study continued this emphasis by exploring the relationship between the career contingencies of a single occupation, rehabilitation counseling, and its social standing with clients and colleagues in an alcoholism rehabilitation organization. Our purpose was to assess the role of clients and colleagues in the professionalization process and to discuss some of the problems that might face similar occupations in their quest for professional status.

To preview our findings, we found that both clients and colleagues were important factors in the identity that rehabilitation counselors assumed, but that they formed their impressions and made their influence felt in quite different ways. These differences were due in large part to the organizational surroundings that formed the backdrop for the work of the counselors. Before we discuss our find-
ings in detail, the problems we studied should be given some theoretical focus.

VIEWS OF PROFESSIONALIZATION

Some of the lack of clear direction in the study of professions may be attributed to the fact that they have been approached from two distinct theoretical perspectives. One approach is normative and visualizes occupations as professions to the extent that they conform to certain core characteristics contained in an ideal-typical model (Hughes, 1958; Goode, 1961). The second approach assumes that profession is primarily a label occupations apply to themselves in order to gain or show evidence of power and prestige (Sussman, 1966; Roth, 1974). Ordinarily, the normative perspective has been concerned either with attitudes toward professionalism held by occupational members or the way the general public perceives the social standing of various occupations. Most research efforts have reflected the latter concern, resulting in broad social stratification studies which present the prestige rankings of a large number of occupations along a continuum of professionalism (Wodges et al, 1964). By way of contrast, the power approach has stressed an historical perspective, emphasizing the need to analyze the devices occupations use to acquire and legitimate their positions in the occupational structure, with special attention given to structural supports such as licensing, which allow occupations to mandate their own professionalism (Roth, 1974).

Several attempts have been made to include both attitudinal and structural elements within a single framework (Wilemsky, 1964; Hall, 1968). However, Hall (1968) is led to conclude from his study that the structural elements associated with professionalism are not systematically related to attitudes toward professionalism, an indication that the effort to synthesize the two approaches has not been particularly productive. Divergence is apparent as to how the study of the professions should proceed, yet organizations as the immediate environments of occupations are increasingly identified as the place to begin to unravel the professionalization process (Glaser, 1968; Grimm and Kronus, 1973).

Glaser (1968) describes organizations as vehicles which provide a base or foothold from which persons are able to develop strategies for managing their respective career concerns. From this perspective, organizational affiliation is seen as the mechanism linking an individual to an occupational community. By way of contrast, it should be pointed out that this notion that organizations provide a means to launch a professional career stands in stark opposition to a large volume of literature devoted to what is known as the professional-
organizational dilemma (Blau and Scott, 1962; Abrahamson, 1967). The general conclusion to be drawn from this research is that professions and organizations are not compatible. Etzioni (1964), for one, has stated that certain occupations have not or will not reach full professional standing because the bulk of their work activities are conducted under the jurisdiction of large bureaucratic organizations. Included in the list of occupations which suffer from this organizational stigma are nurses, teachers and social workers. Glaser's (1968) counter to this argument is that professionals must engage in organizational careers, especially because more and more occupations perform their work tasks under the aegis of organizations, resulting in professionals now displaying positive orientations toward both their occupations and their employing organizations.

Those who emphasize the environmental aspects of occupations stress the need to specify the elements in organizational surroundings which impinge upon the professionalization process. Occupational "publics" have been identified as potential sources of prestige and power for occupations. Haug and Sussman (1969), for example, suggest that "segmental publics" are necessary to evaluate an occupation's prestige rating, specifically because of the specialization that characterizes the modern labor force. Not all occupations are equally known to all members of a society and occupations are only "visible" to certain segments of the population. Because of this, these select groups are the most salient in assessing the standing of an occupation, especially clients and colleagues. They did find differences in the ratings that rehabilitation counselors received which were strong enough to conclude that clients and colleagues do define the professional, but in divergent ways. They also concluded that uniformed stereotyping is more likely to form lay opinion of an occupation than is varying degrees of exposure to that occupation. Despite some problems in interpretation, Haug and Sussman's (1969) work appears to be the single empirical study which has attempted to assess the role of clients and colleagues in the professionalization process. Others have also addressed this problem, but in theoretical terms only (see Blankenship, 1973; Grimm and Kronus, 1973).

Rehabilitation counseling is an occupation which specializes in counseling the physically and mentally disabled. Like the majority of the newer paramedical occupations, rehabilitation counseling is a civil service occupation practiced in large bureaucratic settings, thus receiving a great deal of governmental support. Haug and Sussman (1969) suggest that this factor alone has placed rehabilitation counseling in a higher prestige position sooner than would be expected through the usual process of earning status by provision of a needed service. More important for our purposes, they also noted that those who had
direct knowledge of the work of rehabilitation counselors gave them higher prestige ratings. Yet the effect of this visibility was unclear. While the prestige scores for rehabilitation counselors increased beyond chance expectations, with knowledge of rehabilitation counselor work activities, this familiarity also shifted the evaluation of all the helping professions included in the study upward, with no change in the relative position of rehabilitation counselors. Further, it was unclear in their study as to whether respondents actually had contact with the work of rehabilitation counselors. To illustrate the problem, friends, co-workers and relatives of the disabled were all included in an "exposure to disability" category. It is clear that the issue of visibility and knowledge of work tasks of rehabilitation counselors need to be re-examined in a more carefully defined environment. This line of investigation is taken in this study.

BACKGROUND OF THE STUDY AND THE SETTING

The study took place within the alcoholism treatment system of a large California county. This organization had been created to conform to a major piece of state legislation which allocated money to counties for the development of "comprehensive" alcoholism treatment networks. The state department of rehabilitation cooperated in these local ventures, providing administrative liaison with the state capitol as well as providing salaries for certain personnel, specifically rehabilitation counselors, part-time physicians for physical examinations and some clerical staff.

The treatment staff that we studied consisted of four separate clinics, staffed by five interdisciplinary teams. Each of these teams included a rehabilitation counselor, a social worker, a nurse and a public health investigator. The salaries for team members, other than the state-paid rehabilitation counselors, were provided out of county monies. Some teams had more than one member from the same discipline, for example, graduate students in social work, psychology and counseling, who were employed on a part-time basis. All of the clinics were located in urban areas. One clinic had two treatment teams and also housed the system's administrative component; another was located in a skid row mission; one was in a county health facility in a ghetto area; and one was in an industrialized waterfront community.

An earlier phase of the study consisted of participant observation and began when personnel were being recruited to staff the skid row clinic. The mission that housed this clinic was run by a large, international, religious-philanthropical organization; in this setup the team treatment method had to co-exist with the religious group's more traditional approach. Most of the participant observation efforts, which went on over two years, were confined to analyzing the services
that were developed in this setting. An earlier paper has described these services in detail and characterized them as ineffective and generally alienating to the mission population (Fry and Miller, 1975). Ambiguous and competing goals, conflicting vested interests of participants, conflicts over resources, and a lack of an effective treatment technology were identified as major contributors to this failure. Also important was a lack of planning, especially the failure to determine what kind of treatment services mission patients wanted to receive.

The observational phase of the study also attempted to assess the impact of interdisciplinary teams on the members of the entire treatment system (Fry and Miller, 1974). The implications of the team approach for treatment personnel were confounded because of the superordinate role rehabilitation counseling came to possess within the treatment system. Role negotiation, a basic tenet of team treatment, was found to be virtually non-existent because the teams were dominated by the rehabilitation counselors. The first members hired, rehabilitation counselors had the most discretion in deciding the composition of their teams. Most important, they had primary control over the system's financial resources. One surprising finding was the extent to which administrators were disadvantaged by the team method. Their major work roles had been usurped by the teams which theoretically developed their own leadership structures. However, while these earlier investigations clarified some of the problems and conflicts in the treatment system, they left unanswered the standing of rehabilitation counselors with their team colleagues from other disciplines and with their clients.

**METHOD**

Based upon the impressions gathered during this observational phase, questionnaires were administered to two distinct populations in the system. The first was administered to 39 residents of the skid row mission who had been accepted as clinic patients. Of these, 30 questionnaires were completed and our findings on client perceptions of rehabilitation counselors were based on this instrument. The second instrument was administered to all 62 members of the alcoholism organization. Of these, 59 were returned completed and these responses formed the basis for colleague perceptions.

The client questionnaire was designed to replicate some of the Haug and Sussman (1969) findings. Their research was based on a national probability sample of 1,526 respondents collected by the National Opinion Research Center (NORC), in 1966. Respondents were asked to rate seven rehabilitation occupations and five other professions used in the 1947 and 1963 NORC studies. The 1966 study included questions designed to measure knowledge about rehabilitation counsel-
ing and made no inquiry about the nature of any other occupation.

Our client instrument used a different method to generate occupational rankings than had been used in the Haug and Sussman (1969) research. They used the standard NORC method which asks respondents to rate occupations from poor to excellent, with 100 points possible for an occupation that only receives excellent ratings. We asked the skid row respondents to assign numbers to occupations on a scale from 0 to 100. This method was used because the occupations included in the client questionnaire were all fairly high status occupations, presenting the possibility that little variation would appear, especially because of our small sample size. Besides requests for basic demographic information and opinions about their own drinking problems, the client instrument contained open-ended questions which asked respondents to describe in detail the work tasks rehabilitation counselors performed, to identify their sources of this knowledge, specifically in terms of whether anyone had ever given them a detailed description of these tasks and where they were when they received this information. A final question asked them to identify the occupational group which they felt was best qualified to treat problem drinkers, even if they did not feel that drinking was their major problem.

The colleague questionnaire contained sociometric questions to measure prestige, control, friendship choices and work contacts. Scores were recorded so that it was possible to determine the number of sociometric responses members of each occupational category gave to each other as well as to other occupational groupings. Prestige was measured by the number of times an individual was named in response to the question, "Of all the people you work with, please list the five whose opinion of your work you respect most highly...". Control was determined by the number of times a person was mentioned in response to the question, "...please give the names and position of the five people in your department (organization) who you feel actually have the most to say about how the department (organization) is run". Friendship status was measured by the number of times a person was named in response to the question, "Of all the people whom you know at work, who are your close friends?" Finally, work contact was measured by the number of times a person was mentioned in response to the following question, "Please think of (list) the five people in the organization with whom you have worked most closely in the past month".

FINDINGS

Client Perceptions

Table 1 displays the ranks our skid row subjects assigned to specific occupations as compared to the "exposure to disability" category included in the Haug and Sussman (1969) study.
that study, this subsample was dichotomized into those who had knowledge of the work of rehabilitation counselors and those who did not have this knowledge (labeled "yes" and "no", respectively, under "knowledge of tasks" in Table I). Table I reveals some of the problems of interpretation mentioned earlier. For example, those in the "no" category assigned the occupation a score of 78 and those in the "yes" category a score of 83. While this difference was statistically significant, rehabilitation counseling only improved a single rank, from sixth to fifth, and all of the scores in the "yes" category improved for all occupations. In comparison, rehabilitation counseling in our study did receive a rank similar to that found in the exposure to disability category with knowledge of the tasks rehabilitation counselors performed, 4.5. However, the greatest divergence in the table is the rankings these skid row patients assigned to psychiatrists and occupational therapists. It is not clear how these differences should be interpreted.

TABLE I

COMPARISON OF RATINGS OF SEVEN REHABILITATION RELATED OCCUPATIONS: BETWEEN NORC SAMPLE WITH EXPOSURE TO DISABILITY WITH AND WITHOUT KNOWLEDGE OF REHABILITATION COUNSELOR TASKS AND PATIENTS OF SKID ROW ALCOHOLISM CLINIC (N=30)

<table>
<thead>
<tr>
<th>Occupation Rated</th>
<th>No Knowlge of Tasks</th>
<th>Yes Knowledge of Tasks</th>
<th>Skid Row Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Score (Rank)</td>
<td>Score (Rank)</td>
<td>Score (Rank)</td>
</tr>
<tr>
<td>Physician</td>
<td>92 (1)</td>
<td>93 (1)</td>
<td>97 (1)</td>
</tr>
<tr>
<td>Nurse</td>
<td>83 (2)</td>
<td>85 (2)</td>
<td>86 (2)</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>81 (5)</td>
<td>82 (6)</td>
<td>82 (3)</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>82 (3.5)</td>
<td>84 (3.5)</td>
<td>81 (4.5)</td>
</tr>
<tr>
<td>Occupational Therapist</td>
<td>82 (3.5)</td>
<td>84 (3.5)</td>
<td>76 (6)</td>
</tr>
<tr>
<td>Rehabilitation Counselor</td>
<td>78 (6)</td>
<td>83 (5)</td>
<td>81 (4.5)</td>
</tr>
<tr>
<td>Welfare Social Worker</td>
<td>71 (7)</td>
<td>72 (7)</td>
<td>73 (2)</td>
</tr>
</tbody>
</table>

*Exposure to Disability Sample

*Partially reproduced from Haug and Sussman (1969,61)

What is clear is that the variation in the ranking rehabilitation counseling received was interpreted by Haug and Sussman (1969) to result from differences in knowledge of work tasks performed. However, when the responses to the question which asked our skid row subjects to describe the work rehabilitation counselors perform were tabulated, none of them accurately described these tasks. Nine individuals indicated they were unable to answer the question, while the remainder
(21 individuals) gave a description which was generally inaccurate in terms of the way the alcoholism organization defined these duties. An example of the way organizational environments affect occupations, the system defined rehabilitation counselor duties as “the improvement of social functioning prior to vocational considerations”. As a group, rehabilitation counselors made a clear distinction between their occupation and vocational counselors, defining their own duties primarily as counseling and downgrading the vocational aspects of their work; job developers were charged with employment placement responsibilities within the system. At training sessions, the supervising rehabilitation counselor stressed that the counseling role should be emphasized to patients at the time of first contact. Yet the only pattern which appeared in the descriptions of duties was related to vocational considerations; several respondents mentioned employment, typically stated as “to get me a job”, while no description of rehabilitation counselor duties mentioned counseling. Perhaps what is more important, 23 respondents indicated that no one had ever explained to them what work tasks rehabilitation counselors were supposed to perform. As a result, the similarity in ranking that rehabilitation counselors received in Table 1 cannot adequately be accounted for by knowledge of work tasks. Our suspicion is that sheer visibility alone explains these findings; these skid row patients were all officially clients of a rehabilitation counselor and therefore had some contact with them. While they did not know what tasks this occupation was mandated to perform in the treatment system, it appears, as suggested by Haug and Sussman (1969), that an occupation’s service may be evaluated without using a clear work task criterion.

Another tentative answer to the question as to how patients evaluated the services provided by rehabilitation counselors is presented in Table 2, where the responses to the question which asked skid row patients to list the occupation most qualified to treat problem drinkers are listed.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>14</td>
<td>(47)</td>
</tr>
<tr>
<td>Ministers</td>
<td>3</td>
<td>(10)</td>
</tr>
<tr>
<td>Nurses</td>
<td>2</td>
<td>(07)</td>
</tr>
<tr>
<td>Rehabilitation Counselors</td>
<td>1</td>
<td>(03)</td>
</tr>
<tr>
<td>Psychologists</td>
<td>1</td>
<td>(03)</td>
</tr>
<tr>
<td>The Clinic Team</td>
<td>1</td>
<td>(03)</td>
</tr>
<tr>
<td>Alcoholics Anonymous</td>
<td>2</td>
<td>(07)</td>
</tr>
</tbody>
</table>

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Mission patients clearly chose physicians as the occupational group most qualified to treat problem drinkers. There was no obvious second choice, while rehabilitation counseling received only a single nomination. These respondents, all clients of a rehabilitation counselor, gave that occupation a rating which was equivalent to the ranking received from those who were familiar with the work of rehabilitation counselors in the Haug and Sussman (1969) study. Yet that rating, which was interpreted to be an improvement over the general standing of rehabilitation counselors, was not explained here by client knowledge of work tasks. Visibility without clear evaluation criteria, appeared to account for rehabilitation counseling ranking. Further, clients did not perceive rehabilitation counselors as the occupation most qualified to treat them. How the mission environment may have affected patient perceptions is addressed in the discussion of the findings.

Colleague Perceptions

Returning to the issue of the standing of rehabilitation counseling with colleagues, Table 3 represents the results of the tabulation of the indicators of sociometric choices. Of those occupations which provided members for the interdisciplinary teams, rehabilitation counselors received the largest mean number of prestige nominations, 6.4 nominations per counselor. Prestige nominations appear to be the most meaningful indicator of professionalism among these measures. This occupation also received the highest average number of control and friendship choices and was about equal to social workers in terms of work contacts received per member of these two disciplines. It was also apparent that administrators and supervisors were seen as controlling the alcoholism organization, with 19.1 control choices per member of this group, and that they enjoyed a high level of prestige, an average of 10.8 nominations for each member.

One consideration in the analysis of the sociometric choice pattern was the extent to which these responses were vertical or horizontal in nature; that is, were respondents likely to cast their nominations for individuals with similar occupational status within the organization or were they likely to choose members higher or lower in the occupational hierarchy? Table 4 displays the percentage of sociometric choices members of the alcoholism organization received from each of three occupational groupings: administrators and supervisors, treatment personnel, and clerical and social service aides.

A sharper picture of the structure of the alcoholism organization begins to appear in this table. Administrators and supervisors were
<table>
<thead>
<tr>
<th></th>
<th>Administrators &amp; Supervisors (n=8)</th>
<th>Rehabilitation Counselors (n=5)</th>
<th>Social Worker (n=7)</th>
<th>Nurses (n=11)</th>
<th>Public Health Miscellaneous &amp; Soc. Serv. (n=16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean No. Prestige Choices Received</td>
<td>10.8</td>
<td>6.4</td>
<td>4.1</td>
<td>2.8</td>
<td>2.5</td>
</tr>
<tr>
<td>Mean No. Control Choices Received</td>
<td>19.1</td>
<td>3.6</td>
<td>2.4</td>
<td>1.6</td>
<td>1.2</td>
</tr>
<tr>
<td>Mean No. Friendship Choices Received</td>
<td>5.6</td>
<td>5.6</td>
<td>4.1</td>
<td>2.9</td>
<td>3.2</td>
</tr>
<tr>
<td>Mean No. Work Contact Choices Received</td>
<td>6.1</td>
<td>5.4</td>
<td>5.3</td>
<td>3.9</td>
<td>3.7</td>
</tr>
</tbody>
</table>

*Miscellaneous professionals include some idiosyncratic occupations attached to the interdisciplinary treatment team; for instance, a public health position, a recreation therapist, a clinical psychologist, and others.*
<table>
<thead>
<tr>
<th>Occupational Categories</th>
<th>Prestige</th>
<th>Control</th>
<th>Prestige</th>
<th>Control</th>
<th>Prestige</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Aides</td>
<td>21 02 96 25</td>
<td>50 00 00 00</td>
<td>00 00 00 04</td>
<td>04 00 00 00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical &amp; Social</td>
<td>56 77 62 62</td>
<td>67 27 67 67</td>
<td>04 00 03 03</td>
<td>04 00 03 03</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment Personnel</td>
<td>21 64 06 12</td>
<td>10 77 33 37</td>
<td>21 00 97 42</td>
<td>21 00 97 42</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source of Occupational Choices

Supervisors (n=57)

Treatment Personnel Clerical & Social Service

Prestige or Sociometic Choices Received by the Administrative Comonent, Treatment Personnel

Table 4

(n=59)
virtually cut off from the rest of the organization. This was true both in terms of their interpersonal choices and their work contacts. This group cast 93, 100, 97 and 97 percent of their sociometric choices for other members of the administrative component. Treatment personnel acknowledged that the organization was generally controlled by the administrative component, with 73 percent of their control choices cast for administrators and supervisors. At the same time, treatment personnel cast the majority of the prestige nominations for each other, 67 percent of their choices. The same pattern appeared on the friendship and work contact indicators, while the percentage of choices treatment personnel gave to each other was higher on these two measures as compared to the percentage of prestige choices. Clerks and social service aides displayed a pattern similar to treatment personnel. The administrative component received the highest percentage of control choices, 61 percent of those cast, while the majority of their prestige, friendship and work contact nominations went to treatment personnel; 58, 55, and 62 percent, respectively.

Because of the high percentage of sociometric choices cast by clerks and service aides for treatment personnel, it could be that the sociometric ratings rehabilitation counselors received reflected a high percentage of non-colleague choices. This was a clear possibility because of the centrality of rehabilitation counselors to the organization's basic paperwork concerns. Clerks and aides did work primarily with rehabilitation counselors to process case service monies and because of basic record keeping. As a result, Table 5 displays the mean number of prestige nominations rehabilitation counselors received, adjusted for non-colleague nominations.

**TABLE 5**

<table>
<thead>
<tr>
<th>Type of Personnel</th>
<th>Total Prestige Choices Received</th>
<th>Prestige Received From Non-Treatment Personnel</th>
<th>Adjusted No. of Prestige Nomin.</th>
<th>Adjusted Average Prestige Nomin.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation Counselors</td>
<td>32</td>
<td>8</td>
<td>24</td>
<td>4.8</td>
</tr>
<tr>
<td>Social Workers</td>
<td>29</td>
<td>9</td>
<td>20</td>
<td>2.9</td>
</tr>
<tr>
<td>Nurses</td>
<td>31</td>
<td>11</td>
<td>20</td>
<td>1.8</td>
</tr>
<tr>
<td>Public Health Investigators</td>
<td>15</td>
<td>6</td>
<td>9</td>
<td>1.5</td>
</tr>
</tbody>
</table>

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Table 5 reveals that rehabilitation counselors did not suffer a disproportionate loss in overall prestige nominations when non-treatment personnel choices are excluded. They still outdistance their nearest rival, social work, by an average of almost two prestige nominations per rehabilitation counselor, 4.8 nominations as compared to 2.9 nominations. In short, the rehabilitation counselors received the highest prestige ranking from the members of those disciplines which provided treatment personnel for the alcoholism organization. While they were the leaders on all of the dimensions of sociometric choice, their prestige rating seems important here because prestige does appear to be the most meaningful indicator of professionalism among the sociometric measures. On that basis, rehabilitation counseling may be seen as the occupation with the highest professional ranking among the treatment disciplines.

**DISCUSSION AND CONCLUSIONS**

The findings presented here emphasize the need to concentrate on the immediate social environments of occupations. The rankings that rehabilitation counselors received from clients and colleagues begin to take on meaning when they are interpreted in the context of the alcoholism organization. From this perspective, these findings have implications for the professionalization process and the impact of clients and colleagues on the way occupations begin to change their status.

At first glance, the skid row clinic's patients might seem to represent a unique treatment population. However, this type of patient actually accounts for a sizeable proportion of rehabilitation counselor caseloads, at least in California. The organizational arrangements which characterized the alcoholism treatment system were representative of a state-wide network. Rehabilitation counselors became heavily involved in alcoholism treatment because of the central role of the state department of vocational rehabilitation in establishing these treatment systems. Also, some counties used rehabilitation counselors in yet another arrangement, in the treatment of alcoholics in hospitals or rehabilitation centers, commonly known as "drunk farms". As a result, the interaction between rehabilitation counselors and the skid row patients takes on more general significance for the role of clients in the professionalization process.

Rehabilitation counselors did receive a ranking from the skid row patients which was equivalent to the more favorable group in the Haug and Sussman (1969) "exposure to disability" subsample. If that study may be used as a baseline, rehabilitation counselors in our study received a similar rating from their clients, yet knowledge of the work tasks did not explain these results. As we said earlier, visibility
alone appears to account for this finding, and the work setting itself is a crucial factor in determining this visibility. There was a great deal of conflict in the mission environment. More than that, the mission's administration and staff were clearly antagonistic towards the clinic. The sponsoring religious organization stressed the medical model of alcoholism treatment and requested repeatedly that a medical director be appointed to head the clinic. The team interpreted this stress upon medical treatment to mean that the mission placed little value on them as treatment personnel. The fact that patients had virtually no knowledge of the work tasks rehabilitation counselors perform is explained by the fact that the rehabilitation counselor and the rest of the treatment team spent most of their energy attempting to legitimize their services with the mission's management and staff, leaving little time to legitimate themselves with the patient population.

The skid row patients were a powerless group, dependent upon the mission staff, and indirectly, the clinic, for their tenuous existence in the mission. They were also a problem to the clinic and the mission because of their lack of enthusiasm for any of the services offered to them, regardless of the source. It is difficult to separate out all of the influences that affected patients' perceptions of the types of services they wanted to receive. Whether the mission management's stress on medical treatment was a factor in their choice of physicians as the major source of treatment or if this was truly their personal preference is unclear. It is certain that they did not see rehabilitation counseling as a primary occupation in the treatment of alcoholism.

This suggests that rehabilitation counseling could not improve its status in the eyes of these patients. Besides the fact that the services offered were not highly valued and the general antagonism expressed towards the discipline by those who controlled these patients, rehabilitation counseling was saddled with some severe work constraints imposed by the treatment system itself; the clients were not the only group confused about rehabilitation counselors' work tasks. As employees of the state department of vocational rehabilitation, the rehabilitation counselors' work goals were framed primarily in terms of vocational rehabilitation by that agency with case service monies specifically set aside for this purpose. The alcoholism organization's definition of rehabilitation counselors' work tasks stemmed from the general goals established for the teams, where all members theoretically worked toward the same purpose. These ambiguous and sometimes inconsistent work goals inadvertently contributed to program failure. Alcoholism treatment, per se, increasingly became less important to the skid row clinic while work became the major indicator of success. The clinic and the rehabilitation counselor received pressure from the state department of vocational rehabilitation to demonstrate that they
were successful with patients, and success was ultimately defined as "work". Yet patients repeatedly failed in trial jobs because of their continued drinking. This vicious circle contributed to program failure and left the mission patients in a position where they could not see any success forthcoming from the efforts of the rehabilitation counselor and the clinic venture. Against this background, the fact that the ranking rehabilitation counseling received from these patients was not lower was a surprise.

The findings on colleague perceptions of rehabilitation counseling are more straightforward. The conditions under which the alcoholism organization was founded provided obvious structural supports for rehabilitation counseling, especially their privileged position in dispensing the organization's resources and in the selection of treatment personnel. This did cause some resentment among other members of the organization, but it was largely limited to social workers. As a group, social workers were quite similar to rehabilitation counselors in terms of educational attainment, with five of the seven social workers included in the study possessing MSW degrees (all of the rehabilitation counselors had Master's degrees). The supervising social worker appeared to be the most alienated member of the administrative component. She continually stressed the fact that social work was the only occupation represented in the team structure which was really qualified to be in private practice, emphasizing the fact that several of her charges did have clinical licenses. While social workers were concerned about the privileged position of rehabilitation counseling and recognized the struggle for status between disciplines within the organization, this was not the case with either nursing or public health investigators. The primary concern of both of these occupations was their role as team members. Team practice was generally foreign to their perceptions of their proper work role. Neither expressed any concern over rehabilitation counseling as a discipline or commented on the issue of favoritism between disciplines in the organization.

Despite the evidence of resentment towards rehabilitation counseling, this discipline gradually took on an even more dominant role in the alcoholism organization's functioning. This was especially true in the interpersonal relationships which developed among the members of the organization. The personnel devoted a great deal of attention to the quality of these relationships, with T-groups and sensitivity sessions exclusively for treatment personnel a common occurrence. A rehabilitation counselor was selected to lead these sessions at the main clinic, while a similar pattern appeared in other clinics, including the skid row mission where the rehabilitation counselor was clearly the interpersonal leader. In commenting on this assumption of interpersonal and therapeutic leadership, the supervising rehabilitation
counselor saw it as an example of how other treatment personnel had come to recognize the professional abilities of the rehabilitation counselors. However, our analysis in part disagrees with this assessment. Our interpretation is that rehabilitation counseling came to occupy an exalted position in the alcoholism treatment system because of their privileged position in controlling organizational resources. This does not reflect upon the professional qualities of rehabilitation counselors vis-à-vis the other disciplines, but it does say that differential power resulted in differential prestige for rehabilitation counselors, and not the reverse.

In summary, this study re-affirms the need to examine the immediate social environments of occupations. Organizational power was identified as a crucial factor in determining the way occupations are ranked by colleagues. While rehabilitation counselors were clearly dominant in relation to other treatment personnel, having established their power and prestige, they fared less well with clients. Occupational visibility alone, not knowledge of work tasks, accounted for what may be considered a favorable rating for rehabilitation counselors when the Haug and Sussman (1969) study is used as a baseline. Yet, clients were a powerless group, controlled by those who were antagonistic to rehabilitation counselors. This left little time for rehabilitation counselors to attempt to proselytize the client group. In the context of this mission environment, perhaps the most surprising finding was the fact that clients rated rehabilitation counselors as highly as they did. The most general implication forthcoming from the study is that organizational power is a crucial element in attempting to document the process by which occupations begin to professionalize. If one occupation has an advantage on this dimension over other occupations found in the same environment, this occupation will come to dominate the work setting not only in terms of power, but also in terms of professional status.

FOOTNOTES

1. While there is not general agreement as to those characteristics which should be included in the ideal professional model, among those commonly included are the following: 1) a command over a scientific body of knowledge; 2) autonomy in the performance of work tasks; 3) and a service orientation (Hughes, 1958; Goode, 1961).

2. For instance, Halaos (1970) recommends that the professions themselves should be divided into two separate categories, one defined as "personal service professions, including the clergy, doctors, nurses, teachers and social workers; the second group would include all others, defined as "impersonal service professions."

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