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WORK ETHIC AND WORK INCENTIVES: 
VALUES AND INCOME MAINTENANCE REFORM*

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ABSTRACT

Although the American belief system surrounding the concept of work has been analyzed and challenged by social scientists seeking solutions to the problem of poverty, the strength of the work ethic philosophy is still evident in public resistance to welfare reform which would support adequate income maintenance and government efforts at job creation. This paper discusses the relationship between the work ethic philosophy, job creation programming and welfare reform. It reviews relevant theoretical and empirical literature and identifies some misconceptions which continue to hamper policy formulation and program development in welfare reform.

Introduction

During the last few years, policy makers have persisted in efforts to develop an income maintenance system which is adequate to meet the needs of all poor people in America. A full employment program has been a concurrent effort. The progress of both of these programs has been impeded by people's assumptions about human nature, work incentive and poverty. Reviewing the relevant literature, this paper will explore people's views of reasons for poverty, the relationship between poverty and work, work incentive, unemployment, and publicly subsidized income

programs. First, it will briefly review the philosophical and historical development of the American work ethic; next, the theoretical explanations of why people work. It will report empirical evidence related to these issues and present implication for social policy. The goal of the paper is to examine unemployment, its causes and its relationship to income maintenance to try to influence public policy favoring adequate income provision programs.

The view of income supplements to the poor that distinguishes between the "worthy" and "unworthy" dates back to the English Poor Law where the 1349 Statute on Laborers "forbade private alms-giving to able-bodied poor." The distinction of worthiness was and continues to be made on the basis of the following general beliefs:

1. All employable persons should work to support themselves and their families.
2. Only unemployables should receive public support.
3. If support is given to persons who are able to work, it will encourage laziness and unemployment and will probably influence others who do work to quit and live on the dole.
4. Anyone who wants to work can find work.

Social disapproval and stigma deriving from these assumptions have been built into income support programs to discourage pauperism and unemployment, both of which have been considered costly and immoral.

The question is then, who are the unemployable? From earliest social definitions, the unemployable, those considered the worthy poor, have been those too young or too old to work, and those too physically or mentally handicapped to work. More recently, the definition of unemployable has been extended to include women with child care responsibilities and, the latest addition has been prime-aged men (18-54) who are fathers and unable to find and/or hold a job. These last two definitions of unemployables do not carry strong public support. In fact, a substantial number of Americans question supporting all women who are heads of households with child-care responsibilities and a vast majority recoil at the idea of income supplements to unemployed men viewed as able-bodied, but not eligible for unemployment compensation.

In 1977, 65 percent of the more than 11 million people on AFDC and general assistance were AFDC children; 7 percent were persons qualified for general assistance; and less than 1 percent were able-bodied unemployed fathers. "Even though able-bodied, prime-aged males constituted less than one percent of this welfare population, this paper will concentrate on a study of these individuals. The reason is that attitudes toward these men affect the size and scope, i.e., the adequacy level, of the total income maintenance support system in this country. Fear that
these men and others of similar circumstance will free-load is one major barrier to the passage of a program adequate for the other 99 percent of the people on welfare. The belief that welfare recipients really do not want to work also blocks the movement to develop jobs through government sponsored full employment programs such as the Humphrey-Hawkins legislation.

The American distaste for welfare is supported by a strong belief in a work ethic which fosters the idea that all people who want to work can find a job. Recently, high unemployment figures have threatened this philosophy but, since most middle Americans are not touched by the joblessness, the belief system remains intact.

The Work Ethic

Work can be defined in many ways. It will suffice in the context of this paper to view work as "an instrumental activity designed to procure the means of subsistence."3

It is well known that the American work ethic derives from a combination of religious and social values. Christianity and particularly Martin Luther established the idea of work as a "calling" or service to God, Calvin added the sanction for accumulation of wealth through the concept of predestination, and the Puritans brought this philosophy to the new world. In Colonial America, "Those who did not work did not eat and were considered to be lacking in the grace of God."4 Work was necessary for survival. It was encouraged. The rise of capitalism and the industrial revolution gave greater emphasis to economic gain as the major motivator for labor and reduced the intrinsic value of work. The machine age brought differentiation of tasks and the division of labor with the practice of assigning different statuses to different kinds of work.

Most recently, in the current affluent society, work has come to be valued for the symbols of wealth it provides. Money earned allows a person to acquire the goods and services which are symbolic of status and success. In addition to this instrumental value, money itself has taken on a symbolic meaning as a measure of the quality and quantity of an individual's work.

Why Do People Work?

What does work mean to human beings? First and foremost, most writers from capitalistic societies acknowledge man works primarily, although not solely, for economic reasons. Maslow's work on hierarchy of needs gives some order to the motivations and affirms that basic needs of food and shelter come first. Other reasons which have been defined are: 1) to affirm his identity; 2) to avoid boredom; 3) to give pattern to his time; 4) for a sense of mastery, creativity and self-esteem; 5) to achieve respect from others; and 6) to have an opportunity for social contacts. But, Neff concludes man's "motivation to work is largely a
function of culture, and that it varies according to the socialization process through which cultured norms are internalized." The American is socialized to norms that direct every able-bodied man to provide for himself and his family by work. This value is so strong that even persons with inherited wealth have social pressure on them to be productive, to do some kind of work.

Given the strong commitment to the work ethic in this country and the factors which compel people to work, why do some NOT work? There are two basic approaches to the discussion of this question. On the one hand, the person who does not work can be examined to see how he differs from those who do work. This method looks for defects and deficiencies in the person that can account for his unemployability. The danger in the use of this method is the probability that it will fall into victim blaming. The alternative is to look at the social structure to evaluate the availability of jobs, disincentives to work and pressures in society which keep certain jobs at low pay, low status levels.

Taking the first approach, Neff, in his book Work and Human Behavior, discusses the ability to work. He assumes people desire to work unless their ability to do so is impaired. This ability is comprised of the obvious physical capacities of health and strength, sufficient mental capacity and the not so often recognized, psychological attribute of the work personality. This attribute consists of an individual's ability to deal with time, travel and personal interaction demands of the work situation. Given this understanding of human motivation for work, Neff's corrective actions for those who do not work are aimed at diagnosis and treatment of the personality problems through therapy and training.

Defining unemployment as curable by training was the philosophy of the War on Poverty, manpower and education programs. Substantial amounts of money were expended in an attempt to educate, presumably deficient, poor people out of their poverty state. The efforts to eliminate unemployment and poverty by curing the "diseased" poor must be re-evaluated. "These attempts to change the poor so they can fit into the system have not created a society which is more equal in 1970 than it was in 1960, before these social service strategies were implemented." Economist Robert Levine agrees we should "...put little stress on education because we don't know how to make education work on the poor..." 8

It is helpful for this analysis that the critics of these programs are constructive. Not only do they decry the failure of these "victim blaming and curing" strategies, they point the way to changing the structure. A second perspective they suggest for examining the problems of the unemployed is to seek causes, not in the individuals, but in the system in which the individual must function.

Finding the "Suitable Job"

One of the most obvious reasons people do not work is that they cannot find a suitable job. There are at least three possible interpretations of that statement. First, it can mean there are simply not enough
jobs in a particular community. The Humphrey-Hawkins Full Employment Act recognizes this as a major cause of unemployment. Also critics Moynihan and Levine have cited the failure of the government to create jobs as the reason Manpower and Development Training Act programs have not worked. Levine noted a need for massive job creation efforts if manpower programs are ever to be successful and Moynihan said in reference to the 1960's manpower efforts that "a key and faulty decision on the part of the Task Force (OEO) and the President was the rejection of a proposal for a five-cent cigarette tax, the proceeds to be earmarked for job creation programs among the poor."

Second, "suitable job" can also mean there are not enough jobs at the skill level of the unemployed. To explore this problem, a study (Schiller, 1974) analyzed the classified ads in the Sunday Washington Post and found of more than 2,500 full-time, non-sales listings only 183 required no education or experience minimum. An additional 171 jobs required only modest credentials. A check two weeks after the ad showed 85 percent of the no credential jobs and 94 percent of the modest credential jobs were filled. Indications were that most of them were filled within two days. This is evidence that when low skill jobs are available people take them.

The deficiency in the availability of low skill jobs has been identified by a number of planners as a critical problem. They have suggested federal programs for pollution control and environmental protection projects as likely areas for job creation at the lower skill levels; however, a stumbling block in the path of such development is the substantial cost of the program.

A third interpretation a "suitable job" may mean that jobs are not available which pay enough to support a family even at meager levels provided by welfare assistance. Many jobs open to the hard-core unemployed have pay scales below the national minimum wage and poverty levels. Although this is a strong disincentive to work, many workers hold these jobs. This, in itself, appears to be evidence of the work ethic held by the poor. Even acknowledging the strong stigma attached to welfare, it seems irrational to expect a person to take a job which pays well below the poverty level when more can be obtained from a welfare payment. (Not including benefits-in-kind.) That the general public supports this idea is sad, but it is more significant that leaders in government also suggest it. Former Secretary of Health, Education and Welfare, Elliot Richardson, is quoted by Goodwin as saying that the poor should take jobs at well below the minimum wage, for the work experience it would provide them. When Secretary Richardson was challenged on this point, he said we had more than seven million such jobs in the United States in 1970. The problem is that rather than recognize the inequity of the wage structure, Richardson insisted it was in the workers' best interest to labor for well below poverty level earnings. To support a claim like this, the middle class often uses the "dignity of labor" or "bootstraps" philosophies. Morality and individualism are cited to justify what appears to many to be exploitation of the poor. It suggests the needs of business are being
favored over the needs of the poor. Legislators incorporate coercive work requirements into income support programs rather than encourage employment by developing jobs which pay a living wage. The Task Force on Work states the issue clearly:

Income policy should strive for maintenance of some minimum standard of living. Its concern should be for anyone who is below that standard, for whatever reason he may be in need. But the thrust of the argument here is that a decent satisfying job with adequate pay would be the incentive, (emphasis my own) and none other would be required. Instead of building a welfare strategy with so called work incentives, we need to have a work strategy which does not penalize people who want to work. If work itself were refurbished and made the incentive, neither coercion nor pressure on existing welfare recipients - who are in no position to resist - would be needed.

The above facts suggest that the failure of policy makers and legislators to reduce unemployment and raise welfare payments is complicated by a desire to maintain a cheap labor supply. If more jobs which pay at least the minimum wage are created by government, many private industries which depend on cheap labor may not be able to find necessary manpower. The same loss of labor resources might occur if adequate income supports were implemented. The fear of reduced cheap labor supply then, is one of the forces countering the development of an adequate welfare system.

The business community claims that many companies would be forced out of business if they were required to pay higher wages either to compete with government sponsored minimum wage paying jobs or a more adequate welfare system.

It is obvious that the economy would not benefit from forcing private companies into bankruptcy. Therefore, government policy has been stymied by the conflict between business health through low labor costs and adequate supports to the poor who generally make up this labor market for business.

Critics of the poor claim the hard-core unemployed will not accept low status jobs. Fein, however, points out that jobs considered demeaning are generally refused not because of their status but because they are extremely low paying. He contends it is the low pay that is demeaning and cites the fact that there is competition for garbage collector jobs in New York and other cities where the pay approaches a living wage.

Wachtel's conceptualization of an individual's employability summarizes the discussion. He writes that employability is dependent on four
categories of variables:

1. personal characteristics he cannot control, e.g., age, race, sex, family status, and region of socialization.

2. personal characteristics over which he has some control, e.g., education, skill level, health, region of employment and motivation.

3. industry characteristics, e.g., profit rates, technology, product competition, unionization, and government controls of industry.

4. local labor market characteristics, e.g., labor demand, unemployment rate, wage scale, and rate of growth.

It is obvious that very few of these variables are within the control of the individual. The structural constraints of the labor market seem to have greater impact on the employment situation of prime-aged males than their personal, physical or psychological attributes. Thus, solutions to the unemployment problem might reasonably be sought in the employment structure.

What is the Evidence?

To this point, the review has focused on the philosophical and theoretical foundations of the American work ethic and its relationship to employment/income maintenance policy. Next, the tested knowledge, the available empirical evidence, will be examined. A number of studies relevant to the discussion of work will be presented. These include research assessing the attitudes of the poor and the unemployed toward work, social experiments of the impact of income maintenance plans on both the working and unemployed, and attitudes of the "middle class" concerning the values of the unemployed and the poor.

The first group of studies tests the strength of the work ethic in America today and looks for the differences in acceptance between the rich and poor and the employed and unemployed. Empirical research over the last 15 years by Havinghurst, 1954; Morse and Weiss, 1955; and Tausky, 1969, confirms that work is of central importance to all Americans and that the acceptance of the work ethic is strong among the employed. Additional studies have attempted to measure the differences between the employed and the unemployed on commitment to the work ethic and the meaning of work. These studies reveal that those classified as hard-core unemployed, both black and white, seem to have the same commitment to work as the more affluent employed workers. (Irelan, Moles, and O'Shea, 1969; Kaplan and Tausky, 1972; Goodale, 1973; Goodwin, 1972). These studies include both white and blue collar workers, lower and middle class persons, white and black, and both male and female adults and their teenage sons. While showing both poor and non-poor as valuing work, the studies report different reasons for work commitment. The hard-core
unemployed and lower class men reported money as the primary reward of work, whereas regularly employed workers mentioned pride in work and the kind of activity in the work as more rewarding. Kaplan and Tausky found that in addition to money, the hard-core unemployed most often indicated that work conferred respectability and was a measure of the social worth of a man. This study demonstrates that the unemployed value employment as the key to respectability as their working counterparts do.

Further evidence of support for the work ethic is Goodwin’s study of the work attitudes of children. He reported that teen-aged sons without a working parent in the home had as strong a work commitment as teens with working parents. This is not supportive of theories which hypothesize modeling and identification with a working parent are essential for a child to learn the work ethic.

While the studies cited indicate that the unemployed value work, many still question whether persons receiving adequate income supports would seek better employment or continue to work if payments are made to supplement poverty level wages. A major study the Office of Economic Opportunity funded, New Jersey Income Maintenance Experiment, was designed to test the belief that people will not work if they receive adequate income support and will discontinue work if their low wages are supplemented. The study examined the differential behavior of members of urban, male-headed families assigned to eight different work incentive groups and a control group. Although this study is controversial, the results revealed little difference between various levels of marginal tax rate and guaranteed support affecting the amount of money each family earned. The project reports there was no substantial withdrawal from work by experimental groups. It found a small but not significant difference between experimental and control groups on the number of hours worked but not the amount of money earned for each family. In most cases, the reduction in hours worked for families receiving supplements was the result of a child or wife leaving the work force, not the male head of the household. While other OEO studies have shown that women receiving supplements work 10 to 15 percent less than women not receiving them, it appears men’s work rates are not substantially affected by supplements.

Although a reduction in worked hours per family is important since it would result in a reduced labor supply, it is not evidence that heads of families would leave employment and sit idle on a guaranteed income. In fact, the study showed that male heads of supplemented families progressed to higher levels of employment. It reported a greater increase in hourly rate for the experimental group than the controls; the experimental group rate went up 45 cents per hour while the controls only increased by 24 cents. "In the end, there is a distinct absence of evidence for a sharp disincentive for male family heads; there is probably some for the poorest stratum but the evidence is weak as to precise magnitude or nature." Although results are not conclusive, this empirical evidence does contradict basic tenets of the work ethic philosophy. These studies may help to change attitudes which block income support and work development policies. While acknowledging the mixed results of the New Jersey study, it
is suggested that additional experiments of this type are needed to aid in economic planning and policy formulation.

The American Belief System

The literature search did not reveal any studies which support the popular misconception that the unemployed poor are less committed to work than their counterparts who have succeeded in obtaining employment. Nevertheless, David Macarow has noted:

> It seems to be a firm part of the American belief system that if people - especially poor people - are given enough money on which to live, they will refuse to work to achieve more, no matter what the inducement. This view is based on no empirical evidence, aside from isolated anecdotes; it is consistent with no theory of human behavior; and is inconsistent with its (own) logic.

Although research does not support this public belief, it persists. VanTil, reporting on a study of what American adults believe about the causes of poverty and the values of the poor said, "over two-thirds of a sample of American adults agreed with the statement that 'many people getting welfare are not honest about their need.'" Further, only one-third of the sample felt that "failure of society to provide good schools" and "prejudice and discrimination against Negroes" were very important causes of poverty. Also demonstrating the lack of information of the middle class, Ktena, Form and Perse reported that the well-off associated wealth with favorable characteristics and poverty with inadequate personality traits.

Goodwin found that middle class respondents in his study deny the work ethic is strong among the poor, fundamentally misunderstood how high work ethic leads to increased feelings of insecurity and mistakenly project for the poor a strong identification with welfare income and with income from quasi-illegal sources.

Goodwin explains:

> There is little opportunity for middle class persons to be confronted with data challenging these projections about the psychology of the poor, much less to be confronted with poor people who can indicate how instrumental blockages are preventing them from fulfilling their positive orientations.
Thus, one can conclude that while the evidence is that the poor desire to work and get many of the same satisfactions from work as the non-poor, the overwhelming opinion of the influential middle class is that those who do not work are lazy and deficient.

**Implications for Social Policy**

Unless a great deal more evidence can be produced and brought to bear on public opinion, it is likely that income maintenance programs will continue to be stymied by the conflicting goals of adequacy and target efficiency, and the concern for preserving work incentives. The solution as suggested by the Humphrey-Hawkins legislation may be in changing the employment structure with emphasis on job creation.

The American economic system, largely a laissez-faire operation until recent times, is now, more than ever, in need of controls. Economist Robert Heilbroner contends this need is generated by the increase in the growth of scientific and technological forces in the economic system. Both the cause and solution for many social problems, these forces must be controlled from outside the market system in order to serve and preserve the economic stability. The idea that the economy can be self-regulatory is no longer viable. The government exercises control in the allocation of community resources and makes decisions articulating interests of various groups in society. Policy coordinating various parts of the economy appears necessary as well to deal with major social issues including the income maintenance/unemployment problem discussed here.

While transfer programs are certainly necessary, the chief means of reducing poverty in America in the past 50 years has been the increased output-to-population ratio with a portion of that growth accruing to the poor. It has been recommended that this strategy be continued to try to further increase growth and distribute a larger portion of the growth to the poor. However, in the current economy plagued with inflation, growth is being carefully manipulated. Even though some are challenging the widely accepted economic relationship between inflation, growth and full employment, government policy is cautious about stimulating growth. And even if growth can be accomplished in this environment, the redistribution will encounter resistance because it means a smaller portion of the growth will go to the non-poor who are feeling the intense pressure of inflation.

Policy which supports continued economic growth and a reduction of unemployment through job creation programs such as the CETA are steps which make less myopic welfare reform possible. These programs will remove many of those capable of working from welfare roles. With fewer unemployed persons (particularly those society feels should work) policy makers may feel less pressure to focus on punitive work requirements and income tests characteristic of welfare programs and begin to develop universal programs which offer more humane, less stigmatizing welfare in a more easily administered form. Garfinkel makes a strong argument for this course of action. Perhaps the time is right for this course of action.
Conclusions

The ability of this society to provide its citizens with opportunities to obtain a comfortable living is a major American problem. As a humane society, the country's goal should be to develop a social structure which provides job opportunities for all its employable members and an adequate income maintenance system for those not able to provide for themselves through employment. When every able-bodied man has the opportunity for work, one of the largest barriers to the universal income support system will be gone.* Only after society has settled its problems with unemployment will it be willing to provide an adequate, non-categorical, non-coercive income support system.

Thus, the real question facing this society is whether a humane people will continue to allow their great wealth to be distributed on a basis which leaves one-sixth of its people in poverty relying on the rhetoric of the work ethic to justify the inequity.

*There would still be the issue of able-bodied women, heads of households, receiving supports but a similar job creation program would be a solution if society resolved its dilemma concerning the value of the mother-child relationship and the need for the mother to support her child.

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5. Marx wrote, "...man will produce even when he is free of physical necessity, and in the true sense of the word he will only produce when he is free of it..." A.G. Adravomyslov et al., Man and His Work, White Plains: International Arts and Sciences Press, Inc., 1970, p. 19. Mitchell Fein similarly proposes "...job security is an essential precondition to increasing the will to work." Mitchell Fein, Motivation for Work. New York: Rand McNally, 1971, foreward.


10. Ibid., p. 50.

11. Ibid.


15. Fein, Motivation, pp. 30, 80.


18. Cited in Goodwin.


21. See, for instance, work by Bronfenbrenner and Himes in *Work in America*, p. 144 and Goodale, "Effects", p. 3.


30. Ibid.


32. Ibid., p. 345.

33. Ibid., p. 347.


Game Preferences of Delinquent and Non-Delinquent Boys
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Abstract

Viewing delinquency as unsocialized behavior and games as a mini-life social situation demanding social conformity, it was predicted that differences would be found between delinquent and non-delinquent boys in their preferences for types of games. Fifty delinquent and fifty non-delinquent boys were studied and findings indicate that: 1) delinquents show greater preference for games of chance and non-delinquents for games of strategy, and 2) delinquents prefer games with low rule specificity and high opportunity for the direct expression of aggression, while non-delinquents prefer games with the opposite characteristics.

An area of major neglect in the massive literature on juvenile delinquency has been the analysis of game preferences of delinquent youth. Although games represent universal behaviors, enjoyable activities, and self-reinforcing events, little systematic attention has been given to the study of the differences among game choices of delinquent and non-delinquent youth. Overviews of research on games by Avedon and Sutton-Smith (1971) and Livingston, et al. (1973) fail to report any studies related specifically to delinquents. This study represents a beginning attempt to identify such differences.
Developmental theorists have made an impressive case for the importance of games in early childhood as a vehicle through which children learn social norms, values, and rules. Piaget (1962) suggests that games give children practice with rules which compose the social order. Variations in play were found to be tied to different methods of child training by Roberts and Sutton-Smith (1962) in their cross-cultural study of games. Erikson (1962) emphasized the importance of play in the development of the child by the combining of bodily and social processes, and Boyd and Simon (1971, p. 47) state "by shaping the child to the social pattern in its own field, play makes a unique contribution to social discipline." Other theorists have, likewise, stressed the importance of play and games in maturation and development (Greenwood, 1968; Herron and Sutton-Smith, 1971; Piers, 1972; Sutton-Smith, 1971).

Since games have been shown to be critical contributors to social learning, the first issues which was considered in this study was whether delinquents tended to limit their involvement in games and, thus, their familiarity with games would be more limited than that of non-delinquents. All children develop, within a repertoire of games, those games which are their favorites, but was the total number of games from which favorite games were chosen more limited for delinquents? Review of the literature, discussions with group workers, and our own experience in working with adolescent youth produced no evidence that delinquents differed from non-delinquents in relation to the number of games with which they were familiar. Although no difference between delinquent and non-delinquents on game familiar was predicted, it was believed that differences between the two groups would be found in game preferences as they related to processes of socialization.

Zigier and Childs (1956) in their discussion of what constitutes socialized behavior include conformity to rules, control of aggression, and adaptation to social norms. Social life in all societies is guided by a set of social rules established, most often, by the majority in that society. Delinquent behavior can be defined as a violation of rules, a failure to control aggression, or an inability to conform to social norms. Although sub-population may establish alternative sets of social norms which are in conflict with the general social norms of the
society, youth are expected to learn and conform to societal expectations or suffer the consequences of norm violations. Thus, delinquency represents; a) a lack of socialization, a failure to learn and conform to accepted social norms, or b) negative socialization, learning and conforming to sub-group norms which are not acceptable to the larger society.

Assuming that delinquency represents a failure in the socialization process, and that games are an essential vehicle through which children learn and internalize social expectations, it was expected that delinquents would demonstrate differences in game preferences from non-delinquents in two areas: 1) preference for types or categories of games, and 2) preference for games which have particular characteristics related to specificity of rules and the opportunity for the direct expression of aggression.

Roberts and Sutton-Smith (1962) developed a useful system for categorizing games in relation to the behaviors required for successful outcomes. Three general categories were specified as follows:

Games of Physical Skill Games in which the outcome is determined by the player's physical and motor activity and in which the physical attribute is the dominant one in the game.

Games of Strategy Games in which the outcome is determined by rational choices among possible courses of action and in which the attribute of choice is the dominant one in the game.

Games of Chance Games in which the outcome is determined by guesses or by uncontrolled artifacts and in which the attribute of guess or accident is the dominant one in the game.

There is little doubt that games of physical skill are the most popular activities for a majority of adolescent boys as evidenced in recreational and school sports programs and in the number of physical skill games listed in game books - about twice as many physical skill games as games of strategy or chance. Since delinquents are often described as acting out and aggressive, it was thought that physical skill games would have a special attraction for delinquents.
Games of strategy (battleship, monopoly, hearts, etc.) to be played successfully require decisions based on a rational problem-solving process, an awareness of alternative courses of action, control of impulsive reactions until their potential consequences can be evaluated, and personal responsibility for success or failure in the game. Delinquent youth are often characterized by their inability to make rational choices, weigh alternative actions, control impulsive reactions, evaluate consequences, or take responsibility for the outcomes of their behavior. These behavioral demands of strategy games led to the prediction that delinquents would give low preference to games in this category.

Chance games (dice, matching coins, bingo, etc.) have outcomes of a more accidental nature and require behaviors opposite from those described in relation to games of strategy. The player does not have to plan the steps in the game rationally but, rather, can be dependent upon accident or chance to determine the outcome. He can arbitrarily claim responsibility for success, but can also deny responsibility for failure or for the consequences of his actions and rationalize loss as being outside his span of control. The characteristics of chance games were assessed to be more consistent with the behavioral patterns of delinquents than non-delinquents.

The predicted differences between delinquents and non-delinquents in their preferences for categories of games were combined into the following hypothesis: Delinquents will show greater preference for games of physical skill and chance and non-delinquents for games of strategy.

Within each game category, differences in preference were also expected based upon the demand the game made for conformity to rules and the control of aggression. If delinquency constitutes a lack of ability to conform to the rules and norms of society and a tendency to act out aggressive feelings, delinquents should prefer those games within each of the three game categories which make fewer demands for rule conformity and which permit more direct expression of aggression. Further elaborating the two game characteristics of demand for rule conformity and the direct expression of aggression, Figure 1 presents the predicted preferences for delinquents and non-delinquents for each of the four
possible patterns. Both difference and lack of difference were predicted for the two groups.

Figure 1

Expected Game Preferences by Rules and Aggression

<table>
<thead>
<tr>
<th>Number and Specificity of Rules</th>
<th>Demand for Direct Expression of Aggression</th>
<th>Game Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low</td>
<td>High</td>
<td>Delinquent</td>
</tr>
<tr>
<td>High</td>
<td>Low</td>
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</tbody>
</table>

Thus, the study was designed to investigate the differences between delinquents and non-delinquents in relation to familiarity with games, preferences for games of physical skill, strategy, and chance, and within each category preference for games with high and low demand for rule conformity and the direct expression of aggression.

Sample

The sample consisted of fifty delinquent and fifty non-delinquent, white, lower and working class boys, 13-16 years of age residing in a homogeneous, inner city area. The boys were members of ten agency formed neighborhood groups all of which included delinquents and non-delinquents, but none of the groups were traditional delinquent gangs.

The ten group leaders were asked to classify each member of their group (well over 200 boys in the ten groups) as to whether they were delinquent or non-delinquent based on their knowledge of the boys' behavior. From each leader's list, in whatever order given, a selection
was made of every other boy until a sample of fifty delinquent and fifty non-delinquent, white, non-related boys, distributed proportionally across the ten groups, was identified. The sample of one hundred boys was then checked against juvenile court records and, of the fifty designated delinquents, forty-one had court records and nine had committed delinquent acts known only to the group leader. Of the fifty designated non-delinquents, none had a juvenile court record and by definition had not committed delinquent acts known to the group leader.

Measurement

Data were collected directly from the boys through individual interviews conducted by neighborhood workers who were known to the boys, but did not work directly with them. Two instruments were developed: 1) a game list consisting of eighty-six common games played by male adolescents including games of physical skill, strategy, and chance; and 2) a structured list of twenty-four games, eight in each of the three game categories, reflecting the game characteristics of rules and aggression designated in Figure 1.

An initial list of over two hundred games was compiled from a variety of game books, game lists, etc. Three experts screened this list, first, for games which were appropriate for 13-16 year old boys and second, for games which were consistent with the definition of a game used in this study - "a voluntary, recreational activity characterized by organized play, competition, two or more participants, criteria for determining a winner or winners, and agreed upon rules." This process reduced the list to one hundred games and this list was pre-tested with boys and counselors not included in the study. Fourteen games were dropped as not being commonly known and the final list was thus reduced to eighty-six games.

The list of eighty-six games was then divided by the three experts into the three categories of games, physical skill, strategy, and chance. Agreement among the three experts was achieved for seventy percent of the games. The classification of the eighty-six games into the three categories produced the following: 1) physical skill 43 (50%), 2) strategy 24 (28%), 3) chance 19 (22%). The games were then ordered using a table of random numbers.
The structured game list was constructed by asking the three experts to select, within each of the three game categories, those games which reflected each of the four patterns related to rules and aggression: 1) high rules/low aggression; 2) low rules/high aggression; 3) high rules/high aggression; 4) low rules/low aggression. Two games for which there was unanimous agreement were selected in each category reflecting each pattern for a total of twenty-four games, eight in each category. A card with the name of the game, a word description of the games, and a professional stick drawing of boys playing the game in a way that identified the game was prepared for each game. Each boy was given a randomized deck of the twenty-four game cards and asked to rank order the games.

Findings

A. Familiarity with Games

Each boy was read the list of eighty-six games and asked to identify those games which he "knew". The responses were totaled and a mean was calculated for the total familiarity and for familiarity with games of physical skill, strategy, and chance.

TABLE 1

Game Familiarity of Delinquents and Non-Delinquents

<table>
<thead>
<tr>
<th></th>
<th>General</th>
<th>Physical</th>
<th>Strategy</th>
<th>Chance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Familiarity</td>
<td>D</td>
<td>D</td>
<td>D</td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
<td>ND</td>
</tr>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
<td>Mean</td>
</tr>
<tr>
<td></td>
<td>66.14</td>
<td>36.24</td>
<td>14.58</td>
<td>15.32</td>
</tr>
<tr>
<td></td>
<td>S.D.</td>
<td>S.D.</td>
<td>S.D.</td>
<td>S.D.</td>
</tr>
<tr>
<td></td>
<td>8.90</td>
<td>4.17</td>
<td>3.34</td>
<td>2.36</td>
</tr>
<tr>
<td></td>
<td>t</td>
<td>t</td>
<td>t</td>
<td>t</td>
</tr>
<tr>
<td></td>
<td>0.55</td>
<td>1.14</td>
<td>0.91</td>
<td>1.06</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>P</td>
<td>P</td>
<td>P</td>
</tr>
<tr>
<td></td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

(N = 86) (N = 43) (N = 24) (N = 19)
The results presented in Table 1 indicate there were no significant differences between the groups on game familiarity for the total number of games, or within each of the three game categories. This finding is consistent with the prediction that delinquents and non-delinquents would not differ on the number of games they knew but, rather, differences would be found only in relation to game preferences.

B. Game Preferences and Category of Game

Given common familiarity with games, were there differences between delinquents and non-delinquents in their preference for types of games among the three categories of physical skill, strategy, and chance? To assess preferences, the boys were next asked to name those games they liked most up to a maximum of ten, whether the game appeared on the game list or not. Thirteen new games were identified and added to the original list of eighty-six games for analysis after being classified into the appropriate category. All of the boys named at least three games, ninety-six percent of the delinquents and non-delinquents named at least four games, but beginning with the fifth game the no response rate increased dramatically. The data analysis, therefore, was conducted on the first four choices of the boys.

<table>
<thead>
<tr>
<th></th>
<th>Delinquents</th>
<th></th>
<th>Non-Delinquents</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>Physical Skill</td>
<td>131</td>
<td>66.2</td>
<td>124</td>
<td>62.6</td>
<td>225</td>
<td>64.4</td>
</tr>
<tr>
<td>Strategy</td>
<td>28</td>
<td>14.1</td>
<td>45</td>
<td>22.7</td>
<td>73</td>
<td>18.4</td>
</tr>
<tr>
<td>Chance</td>
<td>39</td>
<td>19.7</td>
<td>29</td>
<td>14.7</td>
<td>68</td>
<td>17.2</td>
</tr>
<tr>
<td>Total</td>
<td>198</td>
<td></td>
<td>198</td>
<td></td>
<td>396</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 summarized the total responses by category of game. The major preference of both groups was for games of physical skill. There was no major difference in the number of choices between delinquents (66.2%) and non-delinquents (62.6%) and, thus, no support was found for the prediction that delinquents would show greater preference for physical skill games than non-delinquents. In relation to games of strategy and chance, however, differences between the two groups were found. Delinquents, as predicted, demonstrated a greater preference for games of chance than non-delinquents and non-delinquents a greater preference for games of strategy.

Since the responses were rank order data and not equal or independent choices, statistical testing was not undertaken on this data but, rather, the responses were subjected to a pattern analysis. Since each boy made four responses, which could be in any of the three game categories, it was hypothetically possible that the combination of responses could produce fifteen patterns. It was found, however, that all of the boys named at least two games of physical skill among their four responses and all of the responses were accounted for within four patterns: 1) choices include only physical skill games; 2) choices include only physical skill games and only strategy games; 3) choices include physical skill games and only chance games; 4) choices include physical skill, strategy, and chance games. Using all four responses the boys were classified in relation to these four patterns.

**TABLE 3**

<table>
<thead>
<tr>
<th></th>
<th>Delinquents</th>
<th>Non-Delinquents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only Physical Skill</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Physical Skill and Strategy</td>
<td>11</td>
<td>21</td>
<td>32</td>
</tr>
</tbody>
</table>

*Four boys gave only three responses and they were patterned according to the three responses.
TABLE 3 (continued)

<table>
<thead>
<tr>
<th></th>
<th>Delinquents</th>
<th>Non-Delinquents</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Skill</td>
<td>18</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>and Chance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Skill</td>
<td>16</td>
<td>19</td>
<td>35</td>
</tr>
<tr>
<td>Strategy, Chance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\[ x^2 = 10.72 \quad \text{d.f.} = 3 \quad P = .02 \]

The data in Table 3 indicate that there were no differences between groups in relation to the ten boys who preferred only physical skill games and the thirty-five boys who had a mixed pattern of physical skill, strategy, and chance games. The significant difference in the Chi-square was accounted for by the fifty-five boys who chose only physical skill and strategy games and those who chose only physical skill and chance games. Within these groups, there was clear preference among delinquents for games of chance and less preference for games of strategy as compared to the non-delinquents. Both the overall percentages in Table 2 and the pattern analysis lend support to the hypothesis that delinquents prefer games of chance and non-delinquents games of strategy.

C. Game Preferences, Rules, and Aggression

As discussed earlier, the boys were asked to rank order a structured list of twenty-four games which were selected to reflect the interaction of rule specificity and direct expression of aggression as outlined in Figure 1. The data were analyzed as follows: 1) a sum of the rank scores for each game was obtained for each group; 2) the games were then rank ordered for each group based on the sum of the rank scores for each game; 3) a discrepancy score was arrived at by taking the difference in rank order of the game for delinquents and non-delinquents; and 4) an average discrepancy score was calculated to the two patterns of predicted difference and the two patterns of predicted no difference within each category of game as indicated in Table 4.
### Table 4

Game Preference by Characteristics of Game for Delinquents and Non-Delinquents

<table>
<thead>
<tr>
<th>Category of Games</th>
<th>Characteristics</th>
<th>Rank Order Based on Sum of Rank Scores</th>
<th>Discrepancy Score</th>
<th>Average Discrepancy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Rules Aggres D ND</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Lo 8 1 7</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Lo 18 5 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physical</td>
<td>Lo Hi 2 12 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skill</td>
<td>Lo Lo 15 21</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>10.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Hi 14 11 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Hi 5 3 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Lo 20 16 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Lo 6 4 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strategy</td>
<td>Hi Lo 17 8 9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Lo 23 7 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Hi 3 22 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Hi 12 18 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>12.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Hi 24 24 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hi Hi 16 15 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Lo 15 21 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lo Lo 22 23 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>2.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
These calculations, as presented in Table 4, provide strong support for the hypothesis that delinquents prefer games with low rules and high aggression and non-delinquents prefer games with high rules and low aggression for all categories of games and within each game category. The overall average discrepancy score for the twelve games for which differences were predicted, high rules/low aggression and low rules/high aggression, was over eleven ranks with no difference less than six ranks and all in the predicted direction for delinquents and non-delinquents. The overall average discrepancy score for the twelve games for which the predictions were for no difference between groups, high rules/high aggression and low rules/low aggression, was less than two ranks, with no rank difference of more than six. The differences and lack of difference as predicted were so marked that even minor shifts in the rank ordering of those games for which the sum of the rank scores were very close would not alter the results. Even more striking was the consistency of difference or lack of difference within each of the three game categories. Further, those games which proved to be more popular in themselves, receiving relative low ranks by both groups (below the median), still showed dramatic differences in the predicted directions.
Discussion

The findings support the conceptualization that if delinquency represents a failure in socialization in the areas of conformity to rules and control of aggression, delinquents would prefer different games than non-delinquents. Delinquents prefer games with low specificity and number of rules and high opportunity for the direct expression of aggression – behaviors which characterize their difficulty with rules and aggression in the larger community. Likewise, the preference shown by delinquents for games of chance versus games of strategy reflects the behavioral characteristics of delinquents described in the literature – inability to delay gratification, weigh alternative actions, accept responsibility for the consequences of their behavior, etc. Games do, indeed, provide a mini-life situation within which youth chose those games which are consistent with and reflect their general behavioral inclinations.

As indicated earlier, there has been almost no previous research into game choices and game behavior of delinquents. The findings from this study indicate that this area may represent a rich arena for further investigation of the socialization processes represented in games. Replication of the study with other cohorts of youth is essential. Acknowledging the limits on generalizations which can be made as a result of the small sample upon which the finding rest, we still think it important to offer some thinking on the potential value of games as a tool in the treatment of delinquent youth as an incentive for further research.

Perhaps it is because games are such a natural part of the life of youth that we have failed to utilize them more planfully in treatment. For something to be "therapeutic," it seems, it has to be different from what we normally do. The resistance often encountered in involving delinquents in treatment is not found in involving them in games. To be therapeutic, however, the counselor must assume responsibility for understanding games and planfully introducing a program of games which will maximize the developmental value of play. This requires, first, a choice of games which in themselves will provide increasing opportunities for social learning and adaptation recognizing the differences between games of chance and strategy and understanding
the importance of rule specificity and the opportunity for the expression of aggression in the game. Second, interventions on the part of the counselor may be necessary to assist the youth in understanding and utilizing the opportunities for social learning. Failure to play according to the rules, inability to control aggression, lack of patience in a strategy game, inability to accept the consequences of one's behavior, etc. can all provide the counselor with situations which can lead to learning and therapeutic interventions. Third, a program of games should be introduced which increasingly demands higher levels of social learning but, at the same time, recognizing that youth must be helped to succeed and be rewarded as they progress to games which make greater demands upon them.

Games can be exploited in helping youth to learn and grow. Admittedly, this study is only a beginning effort in understanding the potential value of games. The carry-over of changes in game behavior to behaviors in the larger community is still to be tested. The findings in this study, however, may provide a framework for continuing efforts to exploit games as a treatment vehicle for delinquents and to undertake further investigations of the role of games in the processes of socialization. We are not presenting a new panacea, or an approach which will compensate for lack of jobs, poor educational opportunities, and the range of debilitating environmental conditions faced by many youth. We are suggesting one more tool which may be useful in helping a few more youth in trouble.
REFERENCES


Serok, D.S. (1975) Differences in Game Preference Between Delinquent and Non-Delinquent Youth. Cleveland: Case Western Reserve University. (Unpublished Ph. D. Dissertation)


FOOTNOTES

1. In classifying games it is important that age-appropriate criteria be utilized in that some games which may involve strategy when played by adults who consider mathematical probabilities are more often played as games of chance by most adolescents.

2. We are indebted to Dr. Paul Abels and Mr. Edmond Jenkins, Case Western Reserve University and Dr. Lester Wyman, Director, Youth Outreach Program for their assistance. The three experts were social group workers who had ten or more years experience working with adolescent youth.
ABSTRACT

Much of the difficulty people have in organizing, directing, and coping with their lives is, perhaps, directly traceable to their lack of awareness of, and erroneous assumptions about, the interactional contexts in which they seem or feel powerless. This is especially true, but not exclusively so, of the poor and ethnic, sexual, and political minorities. To the extent that powerlessness exists and is implicated in the various miseries of existence, the role of social worker as advocate, broker, counselor, or agent of change might profitably and accurately be defined in interactional, structural terms.

Social Work has traditionally regarded the social environment as an important dimension of both assessment and intervention. Typically, the impact of the environment is characterized in a "pure" sense as coming through organizational, institutional, or community filters. It is our view, however, that a considerable degree of the impact of the environment can be drawn as a phenomenon inherent in the countless, face-to-face interactions that people have every day, and that make up the bulk of ordinary life.

It is the thesis of this essay that: (1) face-to-face situations have powerful control on individuals' thoughts and actions and thereby may constrict freedom; (2) elements of the common interactional context which circumscribe thinking, feeling and action can be discovered and have both structural (social and enduring) and psychological (personal and transient) elements. Both structural and psychological elements of
the "power of situations" will be described and then a brief perspective on intervention offered.

**Structural Elements in Interaction: The "Fact" of Society**

"Society" is central to our lives. Following Emile Durkheim, Berger (1963) has suggested that it confronts us as something external to ourselves, especially in the form of controls. "Its institutions pattern our interactions and even shape our expectations. They reward us to the extent that we stay within our assigned performances. If we step out of these assignments, society has at its disposal an almost infinite variety of controlling and coercing agencies" (Berger, 1963:91). Not only is the threat of official violence employed, but also the sanctions implicit in morality, customs, and manners. Violations of the expectations woven throughout the institutional fabric bring nearly assured exclusion, sequestering, pernicious labeling and group rejection. In face-to-face interactions subtle but potent mechanisms of control operate constantly to keep individuals in line and mindful of their relative status. Included are persuasion, ridicule, gossip and shame. Even our identity, supported by the character of our interactions, is subject to powerful controls. If recognition is withdrawn, identity flounders and frequently collapses.

We seem to be in bondage to society, assured, however, as much by collusion as conquest. We do not seem to mind playing the parts that society has assigned to us or by its rules. In fact, most of the time, we desire just what society wants of us and do not give any deliberate thought to it. Since the solidity of identity turns on assent to societal demands, we assure ourselves that we cannot act another way. This is "bad faith"—the pretension that something is obligatory and necessary when, in fact, it is voluntary (Berger, 1963:143-144).

Berger's (1963) approach to the relationship between individual and society might generally be defined as "phenomenological" or "interactionist." That is to say, he sees that the unique meanings and constructions of any situation depend, in part, on the agreements, dialogues, conversations, confrontations, and give-and-take of the interactants. In this way all situations are, in some ways, idiosyncratic and their reality is built of the symbolic currency exchanged by the participants. Obviously, the demands of convention, rules, socialization and institutionalization, all assure some regularity and regulation of individual desire and social requisite. But the possibility of dramatic reconstruction or altering of the social context is always imminent. Each encounter can, with parameters, be approached as undefined and waiting to emerge. It is the individual selves that will give it flavor (cf. Berger and Luckmann, 1966; Blumer, 1969).
The more structural view of the "fact" of society is given its most extreme expression, in this country, by Goffman's (1974) notion of "frame" and suggests that everyday events (not chance, random or fortuitous encounters) are governed by an invisible symbolic perimeter within which a structure of rules, language, meaning, spirit and tempo lie and which must be played out (or most assuredly will be played out) regardless of the intents, capacities, and ingenuities of the players. Thus, the interactionist ethos is reversed. In Goffman's (1974) frame, the self is a post-hoc construction reflective of the structure of the interactional world which it represents. "I assume," says Goffman (1974:6-11), "that definitions of a situation are built in accordance with principles of organization which govern events—at least social ones—and our subjective involvement in them; frame is the word I use to refer to such of these basic elements as I am able to identify."

Later, Goffman (1974:13) elaborates, "I am not addressing the structure of social life, but the structure of experience individuals have at any moment of their social lives." And, then, most crucially, "I personally hold society to be first in every way and any individual's current involvements to be second..."

It is, therefore, inconceivable to Goffman (1974) that we could manage to move from occasion to occasion, experience to experience, were it not for a pre-existing structure inherent in them—whether we are talking about making love, getting welfare, or eating out. The irony of this view is, of course, that most of us think to one degree or another that we create the drama of the moment, that it is putty in our hands when, if Goffman (1974) is right, the beginning, middle, end, ethos, and the dramaturgical sense of an experience exist independently of us and our efforts. Our success in negotiating experiences is often based only on a fortuitous correspondence between our reading of the experience and what the frame manifests. However, sometimes the reading is faulty and the experience turns out to be clumsy, embarrassing, or oppressive.

The elements of a frame are systemic—they always cohere and are found together and, as a system, they answer "all questions about what it is that shall be taken by the participants as real and how it is that they should be involved in this reality" (Gonos, 1977:860). With Goffman (1974) then, one can say that the initiatory act by social actors is to breathe life into this prefabricated, solid frame.

Luckily, for the sake of something interesting turning up, frames can be altered, transformed, or broken—deliberately or inadvertently. It is here, in this aspect of the frame that the possibilities for subverting oppressive or unrewarding "primary" (culturally salient and widespread)
frameworks increase (Goffman, 1974). We will return to these possibilities when discussing intervention.

Psychological Elements in Interactional Oppression

Interactional exchanges have been the focus of thousands of experiments. These have become a valuable source of knowledge about the dimensions of situational power. Beyond that, the experiment itself is, in our view, a symbolically sparse but particularly apt model or paradigm of oppressive encounters. There are some specific elements of certain experiments (and elements of interaction "proved" by experiments) which add to our understanding of the psychology of interactional oppression.

1. Informational deprivation. In any situation, particularly those which are new to us, we want to know, "What's going on here?" The value of primary frameworks in everyday life is that they provide, as experience unfolds, a ready answer. In an experiment, the experimenter, for the sake of the internal validity of the experiment, gives only minimal, often deliberately misleading, information about what is going on. Since a coherent cognitive structure usually depends on a coherent environmental structure, in many experiments the structure is provided through stark information, often "fake." For example, in the well known Milgram (1963) experiments subjects are told they are involved in an experiment on the effects of punishment on learning. They are told little more than that, and the number of environmental cues is minimal. In fact, they are involved in a rather complicated "ruse" in which they are the subjects of a study of obedience to authority (the experimenter).

In dealing with bureaucratic authority (as welfare client, mental patient, prospective adoptive parent, addict counseling, etc.) clients are often not furnished sufficient information and, thus, are reliant, often excessively so, on the authority (or representative) to provide leading interactional cues. The doctor may not tell the patient fully why he/she is being subjected to certain procedures; the social worker may not inform the client of the fullest extent of rights to which she/he is entitled; the therapist may not divulge the extent to which what seems to be spontaneous interaction is governed by technique. Furthermore, and very important, the bureaucratic agent reveals little of anything about him or herself. Whomever controls the information, controls the situation.

2. Ambiguity. An old social science saw is that humans, in order to avoid the "buzzing, blooming confusion" of their "world" need cognitive consistency, a sense of continuity, coherence, and structure (even though an artifice) about the realities with which they deal (Heider, 1958; Festinger, 1957). In many experiments, the situation is ambiguous,
uncertain, new; the subject voraciously seeks clues about what is expected, what will happen, what the process will be like. This leaves the subject highly susceptible to clues and cues about what is to follow.

Actually, in many experiments, the source of ambiguity is doublefold. In the first place, the first entree into the experimental situation for the subject is fraught with uncertainty and cues of conflicting or obscure meaning. In the second place, as the bogus definition of the situation (to hide the real intent of the experiment) unfolds, further ambiguity is experienced (often deliberately arranged by the experimenter in order to render subjects more amenable to experimental variables) as the subject attempts to figure out the nature of the experiment.

People seeking help, especially if entitlement is uncertain and they are novice help-seekers, are uncertain about the salient dimensions of the helping situation, and desperately need guiding and defining clues. Frank et.al. (1978) are convinced that the single most important reason for drop-out in psychotherapy is that expectations are not quickly firmed up and realistic. Too often the clues available suggest "agentic" (non-autonomous) behavior and leave the client on the deficit end of interpersonal power. If ambiguity is strong enough people tend to derive expectations in terms of what they are told, what they see others doing, or on the basis of their own idiosyncratic interpretation of available contextual clues. In many cases, the situation of a new client seeking help is exactly the same as a volunteer subject in a psychological experiment. Once a definition is concertized—to lessen ambiguity—it becomes difficult to change.

3. Emotional arousal. A central part of many experiments (and other more salacious attempts at persuasion) is the manipulation of emotional arousal. A physiologically palpable state, arousal begets vigilance, attentional narrowing and, when paired with ambiguity, appears to increase subjects' readiness to accept an externally induced situational definition. Several kinds of experiments employ arousal as a key element. One kind, the Asch (1956) paradigm, counterposes the discomfort associated with being in disagreement with the majority and the demand by authorities to make an "accurate" judgment. In the paradigm, the judgments made by the majority are patently wrong and the tension between the recognition of the error (by the minority of one) and the weight of majority opinion and the expectation of the experimenter (authority) dramatically increases the subjects' inability to make an autonomous judgment. Krech et.al. (1962) have found that subjects would accept the majority's judgments even if they were absurd or repugnant to one's personal and political opinions. Bogdanoff et.al. (1961) even found that in such arousal producing dilemmas eventual conformity is associated with a pronounced
reduction in the production of lipids (which usually accompanies CNS arousal).

A client seeking help, particularly from a social vantage point of "underdog," would seem to be vulnerable to arousal. The decision to seek help in the first place, the uncertainty of the demands of the helping situation, the putative designation as someone who has not coped or succeeded may all conspire to elevate CNS activity. To douse arousal, blind acceptance of the expectations which seem to inhere in the context would seem appropriate. To question the situation, to pursue one's rights to challenge the sense of the situation would only seem to exacerbate arousal. The firmer, the narrower, maybe even the more dependency-inspiring the definition, the safer it seems.

4. **Authority.** An assumption borne out of Milgram's (1963) many experiments and supported by social critics and theorists is that we are predisposed in a bureaucratic environment particularly to obey those who have authority. The immediacy and saliency of the authority figure are important. That is, if the authority is not present, active, or in-context, the tendency to obey is dramatically curtailed.

In help-seeking situations the behavioral requisites are usually put forth—though often implicitly—by staff. The discomforts of arousal and ambiguity lend credibility and vigor to expectations that emanate from authority figures. Many helpers may capitalize on imputed authority (being called doctor when the individual is not, but allowing the impression to remain) because they know that authority increases power which increases, in certain cases, the probability of influence attempts.

5. **Symbolic relevance.** Many experiments turn on elaborate and poignant deceptions. This is standard fare. Part of the success of these dramaturgical deceits is the cunning employment of the cultural symbols which convey and support the concept of authority and, thus, shift the balance of power away from the subject. The fact that the experimenter is a scientist, wears a white coat, speaks in "scientese," utilizes complex and elaborate machinery, cavorts in the hallowed halls of academe, and assumes the demeanor of authoritative expertness all make it problematic for the subject to resist the projected definition of the experimental situation. Goffman (1959) again, has given remarkable, literate, and compelling descriptions of the filigree of strategies by which officialdom manipulates decor and demeanor to insure maintenance of power when, if examined rationally, the basis for their power would crumble instantly.

In a word, in settings where many clients receive help the weight
of supporting symbols are all on the side of the staff. There are no symbols which support client autonomy and prerogative.

**Implications for Practice**

To return to our central points: It is our belief that the problems that confront minorities are often exaggerated by situational inequities, and that these inequities are preserved by a combination of social structural and psychological elements which can be known and manipulated ultimately to the client's advantage. A practitioner concerned about the fate of clients, especially less powerful ones, within the bureaucratic labyrinth of help-seeking/giving may be able to employ this knowledge to help clients restore a more equitable balance in their relationships with helping institutions and individuals. It seems to us that techniques are needed which:

1. teach the less powerful to detect and assess those elements of situations which sustain or presume an unequal power balance and thus are oppressive;

2. teach the less powerful ways and means of neutralizing, lessening, or subverting these inequities that do not interrupt the process of getting help, care, resources to which the individual is entitled.

**Breaking Frame**

It is Goffman's (1974) notion that frames (described earlier) are always vulnerable and can be broken—by unexpected events, accidentally or deliberately, from above or below (that is, by superiors or subordinates). Broken frames lead to "negative" experience which may involve a disturbance in the control of, or ease of acting within a frame, the cognitive and affective reserve (which varies by degrees—consider the difference between the intake worker in a public welfare department and a counselor working with dying patients) is destroyed as a person becomes confronted directly with the face-to-face possibilities or risks in the situation. That is, one can no longer automatically or easily accept the framed experience. (With the proviso that every frame has a certain tolerance for breakage—meaning that a certain degree of frame disruptions may occur with the capacity to disattend to them inherent within the frame.) Given this, in Goffman's (1974:423) words "...it is apparent that those presumably not in charge of the activity can intentionally attempt to create negative experiences for this in presumed control." This may involve something more, say, than "heckling" which is the "minimum standard" frame break. It is "discomfiting and discrediting of an adversary by violating the rules (often subtle, implicit, nonverbal—
the authors) of the frame for interaction he is helping to sustain" (Goffman, 1974:426). This kind of social sabotage is often ingenious, inspired by a sense of fun as well as fury, but very little is known about it in a methodical sense. It is here that we propose a development of interest in and concern for breaking frame as (a) a piece of valuable knowledge for clients to be aware of, and (b) the basis for interrupting power in inequitable transactions, and restoring them to more equitable footing. One of the current classic examples of frame-breaking from below is, of course, Wolfe's (1970) description of *Mau-Mauing the Flak Catchers* which elevated, among other things, confrontation—"a frontal attack on the ground rules of a situation" (Goffman, 1974:428)—to an art form.

After the frame has become unsettled, the interactionists' view of exchange may be more relevant to the encounter between client and worker. That is, at this point, the evolution and articulation of the situation is—to a greater extent than before—in the hands of the actors. Given the psychological preparation described below, clients can learn to seize the initiative and project a definition of the situation, thus influencing the repair of the debilitated frame.

**Implication:** after having been exposed to learning about frames and the power of situations, clients may learn a variety of techniques which may have the effect of breaking the frame—from confrontation (which for many clients, is least probable) to upsetting temporal and spatial frames (e.g., arriving late and pulling one's chair around to the side of a desk to be "closer" to, say, the interviewer). These tactics would be role-played and rehearsed before being employed in a real situational frame. Again, the point of such learning is to deflate the ethos of oppression and authoritarianism that exists within the frame of being helped—in some contexts.

**Micropolitical Subversions**

Once in a frame it becomes, of course, relevant to the adequacy of the client's pursuits to employ oneself to forestall (or neutralize) the psychological effects of the inequality. That is, knowledge of frame-breaking itself is insufficient—methodologically and motivationally—to completely loosen the grip of authoritarian frames. Clients must be aware, too, of the interpersonal sources, the subtle cues, that surround the initiatory steps in becoming powerless in interaction (micropolitics). Thus, learning about the effects of arousal, ambiguity, authority, obedience, and symbolic relevance create, hopefully, the readiness to perceive them and prepare to dilute their impact. Thus, in Henley's (1974) view, women remain oppressed, in fact and feeling, in a variety of
situations because they are unaware of the micropolitics which undermine confidence in their views and rights and render them helpless. The implication being, here, that for any political revolution to be successful on behalf of women's interests and concerns, there also may have to be a micropolitical revolution so that women can stave off and subvert the implications of manner and demeanor in interaction with men and each other.

This is a precious piece of wisdom, we feel, and fits in with the second part of our framework for developing practice. Once we teach clients the range of cues and clues that lead them to feel powerless and act powerless, we can, with them, develop techniques for overriding those elements in the interest of getting their needs met and rights established.

Implication: assuming clients now recognize external cues that indicate inequality and internal cues that suggest "surrender," they may be taught a number of techniques for subverting the psychological oppression of situations and frames. For example, learning to ask questions about the client role, the services offered, the expectations of the helper, can help reduce informational deprivation. Asking personal questions of the helper or authority may help undermine the presumption of mystery that inflates power. Decreasing physical distance, correcting infantilizing terms of address, insisting on eye contact can help disassemble the trappings of authority. Preparatory techniques (imaging authorities in all too human situations—going to the toilet, eating, etc., recognizing one's own symptoms of arousal and learning coping self-talk to calm oneself, for example) can help in easing the habitual emotional response to confrontation with power and authority.

As we suggested above, once the frame is disturbed and the psychological concomitants of situational oppression are managed, then the opportunity exists for a symbolic reconstruction of the exchange more to the advantage of the client. How this is to be done is not clear but it may involve some training in dialogue, rhetorical principles (influential, persuasive speech), and in crude dialectics. Though these sound outrageously complex, in fact they may boil down to some elementary, eminently utilitarian principles and techniques. Jacobo Varela (1970) and Paulo Freire (1970) have been able to use similar approaches in helping those at a situational disadvantage assume responsibility.

Conclusions

To get the help one deserves and needs is often thwarted by the structural and psychological elements which create and sustain interactional inequalities. This is especially true for groups of clients
who are oppressed in the normal but unfortunate course of their everyday lives. Given some theoretical and empirical support, techniques can be developed to teach clients to be aware of and diminish the aspects of situations which make them feel powerless and, ultimately, get less help than they need or are entitled to. Assertive training, for example, is not enough for these individuals because it lacks political substance and is sociologically naïve. Methods of more moment and promise must be based on a fuller, more sophisticated exposition of the contextual, micropolitical supports to oppression.

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DAY CARE: A SPECTRUM OF ISSUES AND POLICY OPTIONS

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ABSTRACT

Currently, debates about the merits of one form or another of day care frequently miss some significant issues and hence some of the important policy options may be ruled out or in for the wrong reasons. Here, child day care is layed on a spectrum one end of which offers maximum market freedom in the form of income redistribution, a negative income tax, children's allowance, or other transfer assistance, to be spent on the market if so desired for day care services, and on the other end of the spectrum a system of comprehensive child day care centers. In between are various mixtures of the two and various special blends like voucher systems. Hopefully, by so arraying the issues and discussing them certain similarities between antipoverty and child care policy become evident and certain problems of transfers in cash or provision in kind can be clarified. Various day care policy options are discussed in relationship to assumptions that they make about cost, theories of child development, definitions of universality, the preference of parents, returns to scale, economic rationality, market responsiveness, quality, consumer democracy, and citizen control. Finally three central issues which lie outside of this analysis, freedom, political environment, and the target group to whom day care should be directed are discussed. In this discussion the point is made that day care is best conceived of as directed toward mothers not toward children or families. It is the mother who is most in need of the benefit of day care policy most of the time and to whom reasonable policy of day care should be directed. This consideration quite alters what seem fairly reasonable conclusions in favor of market day care in favor of day care by voucher or by direct service.

At first blush day care appears simple: provide care for the day for pre-school children. This simplicity is deceptive; here I hope to illuminate some issues around day care. In fact, day care is not univocally directed toward the welfare of children but has many goals.
In some uncertain measure it is directed toward the welfare of families, the welfare of women, and the welfare of society. And like most policies, it is redistributive, frequently explicitly so.

To help in organizing some reflections on day care, I shall consider not what is but what might be* on a spectrum whose colors are different degrees of market freedom or political voice or, to use a slightly different language, of increasing/decreasing degrees of market control and of decreasing/increasing degrees of political control.** Two models of national policies for child care can be thought of as anchoring down the ends of this spectrum of the ideal. These are a comprehensive system of universal child care centers and a children's allowance.

Code words like "day care", "child care", "developmental day care", "universal day care", "compensatory day care", "Head Start" tell little. Slogans like "equality of opportunity" or "Sovietizing of American families" tell less. Child care has many labels and slogans which tell little about the proposed program if much about the advocate. Mapping programs on a spectrum provide one first step through labels and slogans into cost, effect, benefits, and structures useful in thinking about any future child care policy.

The level at which any day care policy is funded - current level, modest level, high level - is a crucial variable lying orthogonal to the variables of market freedom and political control. It gives the

*Talking about what might be is both easier and harder than talking about what is. It is surely easier to talk about ideas uncluttered by facts. This temptation is to be resisted. But that a policy does not exist in the realm of fact may make it a sort of natural theoretical ideal type offering analysis even though we realize the impending entanglements.

Talking about what might be is harder because such discourse inevitably involves values and sometimes we are at elaborate pains to claim that values do not exist for us. But policy analysis always involves consideration of values and how to achieve them; ethics becomes political theory as presumably policy analysis does not talk about things for the fun of it but with some purpose of their political institution.

**What follows in its small way owes some debt to Charles E. Lindblom's elegant work, Politics and Markets.
spectrum breadth spreading it from a line to a band. Perhaps given a high level of expenditure, a system of universal day care might be optimal whereas given a low level, a targeted program or children's allowance might be preferable. Of course, such a spectrum, even spread into a band, a rainbow, broken white light into color, does not show all we need to know. But it does show a little bit about some ideal policy and hopefully it exposes some issues, conflicts and similarities which may not otherwise be obvious. Consider then some assumptions which different sorts of day care policies would have to make.

Cost

Once upon a time, many of us yearned for a chicken in every pot. One economist's response to this yearning was the observation that there's no such thing as a free lunch.

Although in the long run child care may turn out to be a shrewd social and personal investment, in the short run it has to be paid for. This means taxes, near and dear to those of us from the adult world. All else equal, childless and "childed" couples pay the same taxes, the former getting no direct benefit, the latter getting all the direct benefit.

Sooner or later, and usually in between, most people have children, thus perhaps child care is more a social insurance. Social security, (in fact, a transfer of funds from working persons to the elderly), seems so self interestly reasonable since most of us count on an old age where we will reap the benefits our "premiums" (although sufficient poverty makes certainty dubious).

We all were children. Taxing one group to benefit another may appear quite different to the group paying and to the group benefiting if the groups are temporal transformations of the same group. Here again taxation looks like insurance, (perhaps undesired insurance, but insurance nonetheless) in a far surer sense than do various welfare plans which can be conceived of as insurance against poverty. While some rich today will be indeed poor tomorrow, such social mobility is the exception while travelling through life is the rule.

Thus day care looks like social security, unemployment insurance, medical insurance, pension plans, etc. But here, unlike most insurances, insurance is not for the future. A family is likely to spend the years after child bearing paying for day care in the past. It is insurance on the installment plan. Fly now, pay later.
Children while children, are an economic drain on the family although they pay off later - if not to the family, then to society. The economic drain of childhood may cause families - who through modern contraception have a choice - not to have as many children as is socially desirable. If so, day care which reduces the financial liability of having children, accounts for such externalities, being suitably pro-natalist.

While lunch may not be free, many of us may want to eat it; the cost of day care may be reasonable even if high. If indeed day care makes for happier children, less child abuse, better citizens, more community, and all the rest of the good things which some of us may expect from it, these benefits may outweigh the costs (which in the long run may appear far more reasonable than in the short run, in any event).

Aside from questions relevant to any sort of day care, there are assumptions unique to specific modes of delivery, special to different places on the spectrum. Consider briefly some assumptions behind the policy which anchors one end of the spectrum.

Child Development

Perhaps the image which goes with a universal system of child care centers is a Kindergarten in the literal sense of that word. Such a system would provide a vast and wholesome array of opportunities and services to the pre-school child including love, play, food, medical monitoring, the opportunities of socialization with peers under the guidance of the wise, experienced, and knowledgeable, and a general business and happiness.

Such a system usually assumes that child development technologies exist able to either replicate or improve upon the family. While it would be foolish to claim that we are utter fools in our knowledge of how children grow up, (sometimes called child development), it is certainly wisdom to reckon that we are not all wise and prudence to reckon that what we are programmed, genetically and culturally, to do in families we may not know how to do otherwise.

Universality

A universal child care system by definition would not be restricted to children who are poor, who are girls, who are white, who are disabled, but would be for all children. Universality seems in keeping with the spirit of childhood, with notions of social good, with the political perception that a system for all is less vulnerable than a system for the weak.
Yet, to so use the work "universal" is to abuse it. For one thing, we should probably not want a day care system for all children below school age, wishing perhaps to restrict it to children above the age of three months, eighteen months, three years, or whatever. The system is not universal with respect to age.

Do we want the same sort of day care provided for handicapped children as for their able bodied brothers and sisters? Certainly, we do not wish inferior day care. And current information suggests that various supplementary services may encourage the development of handicapped children. Perhaps we wish to supplement day care for able bodied children with extra "special" day care. Then which children are we to consider handicapped? Day care is not universal here either.

And what if we were to make the leap of faith required to believe in some sort of theory of cultural deprivation? Then probably we should reckon that certain children were more culturally deprived than others reasoning that what culture had taken away child care could replace. This is not thinking of all children. Universality in policy breaks hard against the fact of difference in recipients. Although universal programs may appear neat universal programs are seldom universal in fact.

Parental Preference I

If parents hated caring for their children and if others loved caring for them, that might well be a strong argument for some sort of child care. More probably the reverse is true. Presumably, some parents enjoy caring for children (especially their own children) and would reluctantly give up parental joys.

And presumably rich people would continue rich arrangements like governesses and au pair girls. Child care, like most public policies, is not for everyone. Not all people would use comprehensive child care facilities even if they existed.

A system of universal day care is take it or leave it. It is inaccurate to suppose its existence non-coercive for insofar as families are economically rational there would be a strong incentive to accept day care just as with free public education. There could indeed be private arrangements, just as today there are private and parochial schools. But these would be at an extra cost to a family already taxed for a system of day care.
Returns to Scale

A universal child care system probably assumes positive returns to scale in the child care business, it taking less than twice as much work to take care of two children as one and so forth. If, on the contrary, it were to take just as many or more people to give equivalent care to a child in a child care setting as it would in his or her family, then child care would make less sense unless there were other things that it had to contribute.

Control

Control of a system of comprehensive universal day care could be political, exercised by people in their role of citizen. Were the system sufficiently decentralized, people could exercise control by community board, cooperative participation, and numerous other options to make voices heard and perhaps listened to; were the system centralized, people could participate as lobby groups of concerned parents, concerned professionals, and the elected representatives of citizens might have a say in the structure of the system.

But citizenship involves time and effort, interest groups may not reflect the interests of children and parents, and it may be dangerous to rely on experts to make up the gap. Perhaps our system of public education is the best model of what a comprehensive system of day care would look like. Is control of this system beneficial? Is it democratic? Is it in the best interests of the child? Or do we want something else or something more? If so, it will require a degree of organizational and political thought unusual in this country since the Constitution.

There are other modes of control than the political. One is economic. A dollar here is a "vote" spent on this mode of day care or that or it can be kept to compensate for the cost incurred by being a parent and not working. Such policies exist at the other end of the spectrum. They involve little opportunity or necessity, at least at first glance, for political involvement as a citizen. They rather offer the opportunity for market choice as a consumer. At this end of the spectrum are policies which simply give people money to buy the sort of child care they wish on the market.

One way to transfer some money to some families with some strings attached is AFDC. A more reasonable policy for transferring money would
be a negative income tax, where people who earn a lot would pay a lot of taxes, people who earn less would pay no taxes, and people who earn very little would have money returned to them. Seemingly more related to poverty than children such a modification of the welfare system could have potentially immense consequences for day care by increasing family budgets at the bottom of the income distribution, making it easier to purchase day care of choice on the market.

A negative income tax would redistribute money from the well-to-do to the poor. In some part, the effects would be the same as transferring money from the childless to the childed. It would appear sufficiently different to appear to have few insurance aspects, making it less politic. But maybe a concatenation of concerns for equality, an awkward welfare system, and care for children would have sufficient political clout. Such a policy, redistributive and anti-poverty with seemingly little effect on children, in reality with immense effect on children, implies that much of what we mean when we talk of child care is access to more goods and services by poor people. Indeed, many examples commonly used to justify child care arrangements almost invariably better justify supplementing the income of those who are poor.

Another policy option which would provide cash to families in order to purchase day care on the market would be a children's allowance. Such a policy could offer a sufficiently large subsidy to pay for quality day care. And a children's allowance would have the same insurance aspects as a system of universal day care.

As there are arguments about the nature of the best sort of universal day care, so too are there arguments about the best sort of cash transfer. (Indeed, there are persuasive arguments for a negative income tax over a children's allowance.) I shall not consider such arguments here and in what follows shall consider the policy of a children's allowance as more nearly symmetrical with that of comprehensive day care and hence easier to talk about here than a negative income tax. (Most of what I shall have to say, however, is true about any system of income redistribution, including a negative income tax.)

Consider some questions involved with providing money to be freely spent on the market.
Rationality

A children's allowance (and a negative income tax) has assumptions just as does a system of comprehensive child care. Among these is that individual household will be rational in maximizing its utility using the additional money in whatever way is best for it. The assumption of household rationality seems altogether plausible, decent, and democratic. It is in keeping with public policy which would support families and not interfere with them.

Perhaps the money would not be used for formal child care; it might rather be used to pay the mother for caring for the child herself. A subsidy would not force the mother to stay home nor would it induce her to go to work. Given the wide range of differences in families, it is perhaps presumptuous to think that such individual decisions can best realized by public policy. Rather these decisions might be logical candidates to leave to the individual family and the market.

Market Responsiveness

A children's allowance assumes that child care will be supplied in response to market demand. But there is some reason to question whether even those who can afford child care, formal or informal, can frequently find it. Of course, this may be because they are not willing to pay enough. But then a children's allowance might have to pay exorbitant amounts to exact child care from the market place as well. There may be organizational efficiencies in a system of comprehensive child care.

Quality

The quality of child care obtained on the market might be different from public child care, in some ways private child care might be better and in some ways worse. Perhaps a children's allowance would appropriately be supplemented by licensing, certification, and accreditation. (This would inevitably limit the market choice which was one advantage of a children's allowance over comprehensive child care in the first place. And licensing would reduce the supply of caretakers thus raising the price of child care.)

A children's allowance might provide better and/or lower cost care for children than a comprehensive system of day care because of the greater flexibility in allocations of money allowing for a wider range of choice in day care provisions, a choice not only of if day care at all but of how much day care, and of the mix between formal day care and care for the child through informal networks such as neighbors, relatives, baby-sitters and parents. Further the decision as to which sort of day care would be made by those closest to the child.
Parental Preference II

Presumably, families include the child's welfare in some overall family utility function. Families are frequently willing to give their own children love, affection, and care which it is perhaps unrealistic to expect strangers to give. Routinely we expect families to give love, affection and care without pay. Frequently these expectations are fulfilled if not surpassed. A family may well enjoy caring for its own children. We remove the enjoyment and pay for the privilege by providing comprehensive child care.

Frequently, families will care for their children at considerable financial sacrifice. A market day care system makes for cheaper public policy by financing the cost of day care in part by the considerable nonpecuniary benefits accruing to parents who take care of their own children. The recent moves toward family as opposed to institutional care of developmentally disabled children are instructive. These arise only partially from considerations of what is beneficial to the developmentally disabled child, having more to do with the lower cost of family versus institutional care as families are frequently more willing to care for developmentally disabled children than strangers, unless those strangers are paid a lot of money.

Consumer Democracy

A market day care system may be more accountable to what have come to be called "consumers". To the extent that being a consumer involves much of our power, exertion of authority, and interest, a market day care system might be expected to generate genuine consumer involvement along with the market involvement of whether or not to accept and which to accept.

* * *

A system of market day care accounts for the different preferences of different families. Since many families frequently find it enjoyable to take care of their own children it is cheaper. It is more flexible in that various combinations of arrangements can be made. But there may be abuses in market day care, not only on the part of families who may use the extra money for vice, drink, and debauchery, but on the part of providers for whom we might wish to establish licensing procedures. But the abuses, inaccuracies, and clumsiness of a comprehensive child care system may well outweigh the abuses of a market day care system.
And we can tamper where appropriate. Thus, we might provide vouchers which could only be used for child care but which could be used for various sorts of child care. These vouchers like food stamps, medicare, medicaid, would preserve a significant amount of market freedom and would insure against abuse of the system by the family. But if the family is the least worry as far as systemic abuse then a system of vouchers does not solve much. Vouchers would lie in between cash and services on the spectrum.

Comprehensive child care and income redistribution have profound similarities. Frequently examples used to demonstrate the importance of child care more appropriately demonstrate the importance of income re-distribution. Indeed, sometimes advocates of child care explicitly have redistributive anti-poverty effects in mind. It is another question whether reducing poverty is best done by discrete changes like medicaid, food stamps, child care, national health insurance, etc. or by systematic changes in the tax structure.

But perhaps the current arrangement bears examination. It is usually easier to leave things as they are, the current situation is not downright intolerable, however irrational it may sometimes appear. Why tax some, the rich or the childless, in order to benefit others, the poor or the childed? Why should the government subsidize the joy of parents in having children? Having a child, the argument might go, is its own reward and the appropriate place to locate the expense for having children is precisely with the parents and not the childless (who may feel burdened by children anyway). Unlike life, having a child is not a bowl of cherries. Those prepared to enjoy the benefits should be willing to acknowledge and bear the costs.

Today acting or reacting, we are venturing backward or forward to sometimes tried and sometimes untried market solutions. Here the new liberal and neo-conservative meet. Income transfers to buy services on the market keep the market spirit. Public regulations, bureaucracies, and politics by interest groups may well have exceeded the parameters of the politically decent. But can the market redeem public policy?

Consider three other issues: first, the group to whom benefits should be targeted; second politics, which the spectrum can acknowledge only as constraint; third freedom, about which the economic spectrum makes assumptions by omission.
Target Group

The assumption that the household is the proper target of such policies coincides with our political heritage, the sanctity of the family, the perception that to interfere in family economic decision making is a dangerous thing for a government to do, and the realization that the government only interferes with poor families. As a matter of common practice, economics regards households as units which maximize their utility in a market system. Most of the economic literature on income maintenance, welfare reform, and child care simply assumes that the household (or family) is the target of benefits.

But the household does not have to be held the beneficiary of child care policy. For a while we seemed to think it was the child who benefited from child care policy and to whom such a policy should be directed. Holding the child as benefactor led to a rhetoric which painted much of the debate about child care with a hue of unreality. The child perhaps can be considered a target of child programs; however, to do so is to ignore the child's place in the family, the value of intact families, and the difficulty of designing policies about children who are neither of the age of reason nor of political power.

It has been an advance to reckon that the only object of child care policy was not children, indeed, that children perhaps were touched only incidentally. The move to the household as target shed much light on what is, why it is, and what ought to be. And yet to assume the household, not the child, as the target group for child care policy is perhaps misleading as well. Indeed, the only assumptions about family decision making which would justify considering the family as a utility maximizing unit where child care is suitably directed would be either that there is no intrafamily conflict of interest or that the family behaves like a mini-democracy.

But the family is likely not to be united over many issues. For instance, when the child should go to bed may be a question with different answers depending on whether you happen to be the child, mother, father, etc. Whether the family buys a washing machine or a new car may be a source of dispute between husband and wife. The family is not a unit in which everybody's interests are magically molded into one by a marriage contract, anymore than social interests are fused by a social contact.
Nor is a family a unit where everyone has equal rights, equal opportunity, and equal vote. Indeed, it is questionable whether the family is best conceived of as an aggregation of individuals who have formed a social contract in the small, each member deriving rights and advantages from the contract. The family is closer to an interlocking system of authorities and responsibilities, which does not presuppose unanimity of intent and agreement on everything. The "product" of the family may be a dependent baby grown up into a free adult capable of functioning in a democracy. But there is little reason to believe that growing up in a democratic unit is the best way to prepare for a democracy. Families are not democracies nor should they be.

In the fifties we were sometimes barraged with "momism", which saw the family as primarily guided by the mother. In the sixties we were confronted with "sexism", which had guidance, and sometimes dictate, on the significant issues at least, coming from the father. In the seventies there has been talk of external societal forces. And there is another suspicion, that the one who really pulls the strings in the family is the child. Where familial guidance comes from is no easy question. In some ways, the family probably replicates the constructions of power which exist in society. Such constructions may eventuate in momism, patriarchy, or a family exposed to society.

The economy is frequently thought of as composed of firms and households rationally seeking respectively profit and utility maximization. But with the analysis of the firm, it sometimes proves necessary to abandon neo-classical economic ideas about rational profit maximization. Here, programming and theories of decision making have emerged. With all respect for the integrity of the family, it may be prudent that public policy investigate the mechanisms of decision making, programming, and the allocation of resources within the family. If these should turn out to be anything but shared or democratic, then a policy directed toward the household may be wrong.

For example, suppose that there were something like sexism at work so that decision making and the allocation of resources in the family in some way reflected the structure of a male dominated society. Suppose further that public policy toward child care was not interested in perpetuating such a pattern but, rather, in the tradition of rights and equality of opportunity, tried to achieve resources for all regardless of sex or age. Then we might have cause to weigh day care policy options differently. If, for instance, we thought that increments to family income would in some way reflect prior sexist patterns of distribution (one possible conclusion from the New Jersey Negative Income Tax
Experiment) then providing such increments to the household, although increasing the utility of the father, might not commensurately increase the utility of the mother and child, never mind bring it anywhere near the level enjoyed by the father. Of the two options of a children's allowance and comprehensive child care system, the former could be used according to the will of the father while the latter could only be used only one way. This lack of choice, a disadvantage in earlier reflections, may on the contrary turn out to be an advantage if that one way is more in accord with some equality for women and children. A democratic policy directed toward a non-democratic family might attempt some stipulation on how resources were to be used.

And there is more. In the final analysis, it is the mother who, as things are now, has the closest attachment to the child, spends more of her life with the child, and accepts the bulk of the responsibility for child rearing. These are arguments for guarantees that additional income be directed at the mother. And what more natural way to assure this than behind the disguise of universal child care?

It seems doubtful that the government paying money to the mother to stay home would have any effect on the disposition of family resources with out a major shift in our conception of what women do and of its value. Perhaps what mothers do in the household and with children is of value and should be compensated as such. But even were one to think one or both of these true, government recognition and compensation would have no effect on family power constructions and disposition of added income without tight strings added to this government paid "salary".

The best policy for mothers (and for children) may well lie in the provision of direct services. Or a voucher system might be attractive. It would provide more market freedom and might involve the father more directly in decisions affecting the welfare of the child. Perhaps a clear loser in policy options directed toward the household, a voucher system emerges far more respectably in the spectrum of policy options directed toward the mother.

Perhaps it is time to stop thinking of child care as directed toward the household just as it was wise to stop thinking of it as directed toward the child. Perhaps the logical recipient of child care benefits is the mother. And perhaps providing the benefits in kind (or by voucher) far from intruding on the family, is the least intrusive way to assure this.
Freedom

Surely one of the qualities which we should want to preserve and augment is freedom. Then which day care option makes for the most freedom?

It can be argued that the freedom of the market place is the freedom to decide between Post Toasties and Kellogg's Corn Flakes or at the most to decide between different brands of cars. While such arguments are cute, they are specious. Not all goods are so substitutable. The choice between houses, jobs, spouses, and how many children are surely significant. The choice between two brands of cereal may be an inevitable companion to the option of exercising significant market choice freely. Market freedom may not be all that there is to freedom but to suppose it trivial is flip.

But to suppose that market freedom exhausts what we mean by freedom is also flip. There are the freedoms in the Bill of Rights. There is the freedom to be a citizen, something different from a consumer. There is the freedom which comes only when not dominated. And more. And all of this does not begin to address the sorts of freedoms addressed by Freud, Hegel, etc. It is far from clear that market day care would increase any sort of freedom save the highly important (and perhaps even cornerstone) freedom of the market. Economic analysis tells little about a question which is big.

Politics

Economics can only regard politics as a constraint to economic optimality. However, as in the case of benefit-cost analysis, welfare economics argument is predicated on political assumption (in this case the positing of the Kaldor-Hicks criterion as a sort of social welfare function). And, as just seen, day care policy makes assumptions about what can be construed as the "politics" of the family. Further, a case can be made that neo-classical economics is full of political assumptions.

Here, however, I wish merely to note a few aspects of the political environment into which day care policy would be launched. Political scientists and economists share the observation that the most probable description of the near future is that it will look like the present (or be only incrementally or marginally different). A look at the present nature of day care then may be a pretty good indicator of what
we can expect. For one reason or another, day care today is largely informal, with formal day care provided for certain groups and cash subsidies provided for certain others (i.e. reckon tax loopholes as day care subsidies for the well-to-do). There seems little reason to expect large change.

A look at recent history may be cause for yet more pessimism. S.1512, the Comprehensive Child Development Act of 1971, did in fact pass the Congress of the United States. However, it was vetoed by the President and even had it not been, as we know too well from other legislation, authorization does not insure appropriation. The chances of its passage today seems more remote. This remoteness comes not from a vulgar application of pluralist interest group political science, for, many interest groups stand to gain from day care. There are the consumers: women, parents, poor people, etc. And there are the providers: the multitude of professional groups who would have a stake in providing day care, such as teachers, social workers, psychologists, etc. The interests of such groups with perhaps dubious effective power seem secondary here to the fact that child care is expensive and our societal shopping lists are long.

Unfortunately it will not suffice to point out that day care, if offered by a system of transfer payments such as a children's allowance or negative income tax, is not a real expense to society as it does not provide goods and services but rather simply redistributes money. For it is a mistake to view Proposition 13 and its progeny as directed toward real social expense. Rather, or at least so it seems to me, such manifestations of tax payer revolts are directed squarely at keeping hard earned money in an uncertain time and hence are directed in the first instance against redistribution. (It is instructive in this regard to realize that increases in the defense budget are fairly generally approved, presumably because people are willing to make real social sacrifices for what they regard as real social need).

But perhaps there is no reason to regard the tax payers revolt as permanent. And perhaps a scenario where more middle class women enter the labor force, indeed are forced to do so for economic reasons, will lead to the formation of a day care industry as surely as it has already created the fast food industry. With such a scenario day care would almost surely be provided as a service, a neatly packaged Big Mac, whatever theoretical arguments can be mustered in favor of options which attempt to "have it your way".
EMPLOYMENT, THEORY AND PRACTICE IN QUALITATIVE MEDICAL SOCIOLOGY*

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Abstract

Applied qualitative medical sociology is almost an unheard of phenomenon. When it is done, however, it is usually accomplished by sociologists employed in academic institutions. Here we discuss the possibility of such a specialty, building upon the established literature and resources, as a potential area of employment and expanded sociology practice. Three "types" of approaches: symbolic interaction, phenomenology and Marxism are used to suggest the diversity and resources available in qualitative sociology.

Few sociologists are comfortable with the concept of "applied medical sociology." There is a paucity of textbooks and monographs on the subject, little formal training is available, and a kind of "poor relations" stigma is attached to an approach which incorporates value statements in its process. Yet, strong incentives provided by government funding for the development of applied medical sociology, at a time of increasing scarcity of job openings in academia, have made it a significant field of interest to professional sociologists. We find, therefore, that this gap in existing knowledge is presently being rapidly filled by positivistic policy evaluation studies and programs. This is a logical step for a discipline which is positivistically oriented, whose statistical findings lend themselves to the type of schedule expectations and demands made by contracting agencies. This rather rational partnership, though, has serious consequences for the field of applied sociology. Other theoretical paradigms and critical, political critiques remain abstract, receiving little implementation and development. At this juncture, we see a relatively new area developing whose dominant perspective tends to ignore symbolic interactionism, phenomenological and critical Marxist theory. There are other perspectives which could be listed, for example, exchange theory, ethnomethodology, or reflexive sociology, but due to limitations here, we shall concentrate on the potential for former theoretical frameworks and their practice in health institutions.

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In the following discussion we shall briefly introduce the theories and then discuss some problems encountered in training, obtaining professional experience, and being employed. Next, we take a gigantic leap over these dilemmas and show that despite difficulties in these areas some promising work is being done, primarily by sociologists employed in academic or academically affiliated settings. And finally, we will suggest some ways to handle the problems of employment for applied medical sociologists using qualitative research methods.

A BRIEF OVERVIEW OF THE THEORIES & PRACTICES SUGGESTED

No attempt is made here to claim that symbolic interaction, phenomenology, or Marxism share paradigm assumptions (Kuhn, 1970). These approaches were selected because of the author's familiarity with them, and because they exhibit some of the major problems encountered in non-positivistic applied medical sociology. They also show very strong evidence of potential benefits to be gained from their application. Only the barest sketch of each will be given here so that we can move on to a discussion of their application in health institutions.

Symbolic Interaction, a loosely associated body of theory, assumes that man is a product of social interaction. The world gains meaning that is derived from human action, and sustains it through interaction. The development of the self, the ability to take the role of others (Mead 1962), to define a situation and act on this definition (Thomas, 1923; Thomas and Thomas, 1928), and to communicate with others on all facets of human behavior, are each crucial components in this framework (see Manis and Meltzer, 1972; Stone and Farberman, 1970).

Phenomenology assumes that human experience is the primary data for the sociologist. The social construction of everyday life defines and categorizes these experiences with "recipes" or customary ways of looking at the world around us. The words we use, our explanations of life and behavior, and our place in reference to others (or identity) are clues to the social meaning and actions found in everyday life (Schutz, 1967; Berger and Luckman, 1966).

Marxism is based on a model of social conflict between classes which differ in their control over capital: one group, the bourgeoisie, obtain excess capital through the exploitation of labor of the other group, the proletariat. An ideal society would be based on economic equality (Marx, 1906).

Although each of the above models has varying theoretical assumptions, it illustrates some problems that applied medical sociologists have
There are five major hurdles for the applied sociologist here: training, access to institutions for data collection, publication of the findings, and getting a job. Each of these obstacles is examined below.

The Student

The first difficulty arises from the fact that teaching qualitative methods and theoretical expertise is in many ways an art and not a science. (Bogdan and Taylor, 1975). The mentor must have a combination of skills in theory and methods as well as experience in health institutions which have their own language, sets of rules and expectations. (Becker et al., 1961). Since the mentor has had little chance of being trained in applied medical sociology, it is a new situation for him or her, and a little like the untrained leading the untrained. Nonetheless, there is an outstanding tradition of symbolic interaction studies in medical settings providing a secure base for training. Phenomenology and Marxism, however, do not have this base, and the problems of training is more acute here. In the United States, sociologists trained in these paradigms are relatively scarce (as are symbolic interactionists when compared to the total number of sociologists) and fewer still are engaged in medical research. Nevertheless, since it is often difficult for a graduate student in any field to find dissertation committees in precisely his or her area of specialization, this need not be an impossible barrier. It is a problem, though, and cuts down the number of students willing to enter this field.

A more crucial problem is entry into the health institutions themselves. Again, symbolic interactionism has the edge: the rich literature available in this field, comparable studies and approaches, participant observation in medical institutions, and a mentor’s support and sponsorship, provide models for negotiation and procedures for entry into health settings. But with phenomenology we see more potential problems. Not only is there a scarcity of experts but the theory questions the intrinsic logic or value of our present medical model and advocates examination of how the institutions create and the practitioners experience their world. With an evident potential for criticism and skepticism of the existing structures and practices, phenomenologists are liable to be seen as unwanted critics. Thus it more difficult to justify entry into the medical setting. Problems of access are most severe, however, for the Marxists. With specific and articulate criticisms of our present capitalist system, with its corrupt emphasis on making a financial profit
from others' pain and suffering, American Marxists have faint hope of institutional access to our dominant forms of health care delivery.

The Professional

In addition to difficulties encountered in training, the crux of the problem lies in professional status. Understandably, institutions will not allow researchers to enter their settings without specific goals, timetables, and a concrete plan, even though something akin to a Carte Blanche situation is available to a few academics attached to university-affiliated institutions. Glazer and Strauss (1965, 1967, 1971), for example, appear to have relatively open access to medical settings. But what we are discussing here is something very different: a full-time job allowing a person to use qualitative methods while advancing theoretical issues.

If this seems too much to ask, it is only because we lack the vision and "chutzpah" of the natural scientists to expect and demand what they have had for decades: practical support for the advancement of science. In order to attain professional stature we need full-time jobs granting us explicit professional rights and obligations and mechanisms to integrate qualitative sociology into the theory and practice of health care delivery. Steps to achieve this professional status are listed now.

First, we need medical centers that hire and support professional qualitative sociologists in full-time positions. This is being done in a few places which are affiliated with academic institutions or medical centers. Research grants give some support, but offer few fully recognized and prestigious career options. This does, however, provide us with some models and professional experiences. Unfortunately, knowledge of this work is obtained primarily by word of mouth or by reading research publications, resources that rarely provide information on professional socialization and function.

Until sociologists are allowed the freedom to explore their theories and methods, within the bounds of ethical constraints on human research, a rift will continue to exist between academic and non-academic sociology. The academic sociologist has vital job benefits such as academic freedom and tenure, that compare very favorably with the freedom of sociologists in medical institutions. Therefore, it is absolutely mandatory that medical sociologists in non-academic institutions be given professional controls and status comparable to those in academic institutions.
Second, institutional roles need to be dispersed throughout non-academic settings to provide viable alternatives to sociology graduates. This would be the crucial step making applied medical sociology possible in a qualitative and critical sense. Mechanisms to integrate sociology with non-academic institutions would ideally include action at legislative levels. If centers and health planning regions were legally required to employ qualitative social scientists, including sociologists and anthropologists, then job openings would appear rapidly. Although chaotic at first, this would eventually provide for systematic inclusion of qualitative sociology in medicine.

Symbolic interactionists and phenomenologists would then fit into a competitive job market, but Marxists would still be unlikely candidates. This latter group would be more likely to find a home with an adversary group outside the present institutional arrangements. Health consumers, political and community organizations and privately financed groups would be the only possible employers for Marxists at this time in the United States. Training in other countries may be a desirable and revitalizing experience for them since application of anti-capitalist thought in America is in stark contrast to the currently advocated and dominant direction of medicine and political economy. Nonetheless, institutional Marxist medical sociology needs institutional foundations, and academic sociologists could provide a more visible base and support than now exists.

Third, we need mechanisms to help structure qualitative research; for example, what should be the optimal time for open-ended interviews, participant observation, and reading? Since academics have no time-restrictions, and graduate students are notorious for lengthy incubation periods, there are few concrete guidelines for scheduling these events and for accountability to institutions.

Finally, we need specific models for applied, qualitative medical sociologists; that is, articulated paradigms for theory and practice. The process of putting theory into practice is relatively unknown. We are familiar with the skills and art necessary to interpret data, but lack knowledge to link such interpretations to action. Sociologists burned by social reform activities at the turn of the century have left us a legacy which shuns active involvement and clear-cut recommendations for a "better" way to do things. Nonetheless, involvement in concrete steps to change medical services are vital for an applied sociologist. Examples of studies involving both the theory and practice of symbolic interaction, phenomenology and Marxism are presented in our next section.

**APPLIED SYMBOLIC INTERACTION**

Medical sociology has a rich heritage of ethnographic studies. Three
promising areas for their application are dramaturgy, the teaching and dispersion of labelling theory to users of health services, and clinical symbolic interactionism.

Dramaturgy is an excellent theoretical resource for the dramatic events occurring in medicine: birth, death, pain, and stigma. Goffman's brilliant studies of mental illness (1961) and stigma (1963) are themselves powerful, political statements on medical concerns. But training others to do studies similar to Goffman's who are employed in a non-academic setting and publishing their findings has not been done. Goffman's remarkable career in sociology, his marginality to the profession, and his controversial preeminence, illustrate precisely the problems of acceptance discussed earlier in the paper.

Critical dramaturgy is a more specific perspective than dramaturgy, examining the political implications of the roles we play in everyday life. Emanating from a base established by Erving Goffman, critical dramaturgy has been most thoroughly elaborated by T.R. Young. In a series of papers (1972, 1975, 1976, 1977, 1978), Young examines the political drama in the mass media, sociology and society, providing us with a base for political analyses of medical delivery.

Other proponents of the study of the dramatic reality of daily life could be used, although sociologists tend to emphasize Goffman's work. Overington's study of policy making as a highly ritualized and dramatic act draws upon the work of Hugh Duncan. Lyman's analysis of The Seven Deadly Sins (1978) could be employed to define the "deadly sins" in medicine, one of them being the greed of physicians. Dramaturgy could also be used in combination with the role-playing approach which is an established therapeutic model lacking a sophisticated understanding of the similarity between play and our everyday world (Deegan, 1977a).

Another branch of scholarship in symbolic interactionism, labelling theory (Becker, 1963; Lemert, 1972) could be brought into medical practice through its dissemination to the public, especially to health consumers. Labelling theory taught to cancer patients, the mentally ill, and people with chronic diseases, would be most helpful in explaining their status as it appears to a variety of "others". Such teaching would move the powerful critiques of labelling theorists into the world of the patient or consumer. In addition, teaching labelling theory to the families of the mentally ill would be a challenge to the theory as well as to the families.

In addition to these applied uses of symbolic interaction, one of the most vital and innovative areas open to qualitative medical sociologists is clinical sociology. This is not a new idea. For example, Louis Wirth
wrote an excellent article on the topic in 1931, and many sociologists since then have called for the development of clinical sociological practice. Many of the requirements for clinical sociology are outlined by Glass (1977) and could be met through applied symbolic interactionism.

The founders of symbolic interaction, C. H. Cooley, G. H. Mead, and W. I. Thomas, were concerned with the application of their ideas to problems in everyday life (Deegan and Burger, 1978, 1979). Their intrinsic concerns with the resolution of crises have languished in academic sociology ever since. Fortunately, though, their ideas were applied by many of their non-academic students, and a rich body of literature using symbolic interaction in the clinical setting already exists in social work, counseling, and social psychological literature. For example, Jessie Taft adapted Meadian thought to Rankian psychology (see her bibliography in Robinson, 1962), and an examination of her writings is sorely needed. Other clinicians, such as Alfred Adler (see Morris, 1965 for a discussion of this proposition) and Sigmund Freud (Lyman and Scott, 1975; Swanson, 1961) have occasionally been mentioned in conjunction with Meadian thought, and a very exciting merging of clinical thought and experience with symbolic interaction is clearly possible. Moreover, with our knowledge of therapeutic personnel as control agents (Szasz, 1966; Scheff, 1966) we could attempt to eliminate the present weaknesses of clinical work while preserving its many strengths.

APPLIED PHENOMENOLOGY

The phenomenological study of behavior demands a return to human experience. The starting point for any analysis, then, always probes a person's world and his interpretation of it. In medical sociology, a fruitful area seldom explored is the patient's experience of pain, illness, hospital treatment and bureaucratic organization. Moreover, the work that has been done (for example, Zborowskí, 1969) rarely takes the additional step of trying to improve the service, environment, or social construction of reality which exacerbate the painful experience.

This final application step does not mean that the phenomenological analysis itself is biased. As Weber (1949) has already stated, a scientist is subjective in the selection of the topic, and we are suggesting here that values enter into the application of findings which have been gathered and analyzed in the most objective way possible. The problem of values in applied sociology is intrinsic, whether the paradigms used are positivistic or phenomenological. Despite these potential problems some excellent work in applied medical phenomenology has been initiated. Friedson's analysis of the social construction of medicine, (1975) for instance, is an excellent example of a phenomeno-
logical study of medicine, and his attempt to combine theory and practice must be lauded, even if one does not agree with the applications suggested. Furthermore, a potential for clinical phenomenology is already firmly established in psychology, especially by R. D. Laing. (1965, 1971) Links between sociological phenomenology and psychology could result in an innovative critique of the social construction of mental illness (especially combining Scheff (1941) and Laing (1965, 1971)).

Further clinical uses for phenomenology are clear in physical rehabilitation, where the utilitarian, pragmatic thrust of physical rehabilitation has been relatively unexamined.

Current physical rehabilitation practices, drawing upon the experience of the patients as a guide for recommended changes have been examined and critiqued in Deegan's analyses of the social construction of depression in physical rehabilitation settings (1977a); in the labelling of the real experience of a limb after amputation as a phantom (1978); and in the emphasis of functional change in physical health as the most important criterion of rehabilitation needs, rather than personal and social changes in appearance or self-presentation (1977b).

Psathas' study of blindness (1977) provides an excellent summation of needed proposals for changes in rehabilitation: for example, an examination of disability classifications made for non-medical purposes, such as organizational or legal demands; an examination of the extent to which these classifications orient studies and findings irrelevant to the actual problems of the disabled; and the use of qualitative methodology to determine types of disabilities encountered by individuals with physical limitations.

What these studies by Deegan and Psathas establish is a need to change the structure of rehabilitation services, to redefine the meaning of disability, to re-examine the amount of control the disabled should have over their own re-training, and the social process of creating limitations. Applied phenomenology, then, has the potential to alter the type of rehabilitation services offered, the client's relationship to the practitioner, and the role of the disabled in everyday life.

As radical as these suggested uses of phenomenology are, the application of explicit critiques of the political economy of medicine is even more threatening to medical practitioners.
The professional role and production of knowledge of Marxism is the most tenuous of our three paradigms. "Red scares" are more subtly exercised now than they were in the McCarthy era. Today, it is merely "difficult" to find a job, publisher, or institution willing to provide support for work in and access to medical institutions. In other words, imprisonment and social ostracism are not likely to occur, but effective, even if invidious, destruction of a person's career still exists.

Waitzken and Waterman's "The Exploitation of Illness in Capitalist Society" (1974) is by far the best American Marxist analysis of our present system. Critiquing the major medical sociologists (i.e., Parsons, Freidson, and Mechanic) from a Marxist perspective, the authors discuss the benefits of National Health Insurance and Health Maintenance Organizations for medical schools and teaching hospitals, insurance carriers and professional associations. The goals of a non-exploitive health system would include abolishing profit from illness, removing bureaucratic obstacles to care, and exercise of national instead of local control. Waitzken and Waterman favor at least some compulsory redistribution of services and the elimination of hierarchical authority which evolves from and is concerned with status and prestige rather than care of the sick. Navaro's analyses similarly critique "medicine under capitalism" (1976, 1977), although his writings are primarily theoretical rather than praxis-oriented.

Another potential model is the Frankfurt School's critique of modern medicine, of its dehumanizing properties and its alliance with bureaucratic structures. Moreover, the use of "scientific" equipment to control human behavior could be analyzed devastatingly as a function of scientific ideology, dehumanization, and alienation. Dreitzel's introduction to the Sociology of Health (1971) is a brief example of the possibilities here. (See also the Frankfurt Institute, 1972 and Habermas, 1970).

Marxist analysis of medicine is maximally threatening to administrators and gatekeepers. Like symbolic interactionism and phenomenology, it does not lend itself to fixed time schedules or narrow problem definitions. The ambiguity in answers to key questions--why a sociologist is there or when he/she will be finished--can be fatal for the continued employment of the non-academic sociologist.

Therefore these issues are briefly examined next.
RECOMMENDATIONS FOR THE APPLIED QUALITATIVE MEDICAL SOCIOLOGIST

Some concrete measures implementing the theory and practice of these paradigms in medical settings enumerated here to provide a skeletal frame for action.

1. A period of internship in the educational process is vital. This traineeship can easily be integrated into present doctoral programs with their emphasis on research and data collection. Since all qualitative sociologists must spend time collecting their data, this process could be formalized with the development of expected timetables, training in sociological theory, and doctoral supervision while the observations are being made and data is collected.

2. A professional model for each type of practice needs to be developed, giving a great deal of study and emphasis to the structuring of accountability to the employing institution, the need for professional rights of control over data and freedom of speech, and the protection of human rights while conducting the research and disseminating the results.

3. Many sociologists do not have the experience or training to prepare others; therefore we need to generate professional panels, publications and training courses to give a base for such a professional option to academic employment.

4. An understanding is sorely needed of the demands of inter-disciplinary, multi-methodology research in a setting demanding accountability. Barriers to such interactions and collegial relations abound even within the profession of academic sociology. The expansion of a sociologist's network as a member of a non-academic multi-methodology team is an approach with few professional antecedents.

5. We need thorough reviews of medical sociology in light of its contributions to medical practice. One of the problems of writing this paper was to determine which limits, if any, exist between this topic of theory and practice and the general topic of medical sociology. Such differences do exist, but we need to crystallize what these boundaries between academic research and applied research may be. For example, one criterion for applied sociology is the explicit intent to change present practice. Also, the great wealth of research that has already been done needs to be communicated to the general public, the users of health care services, and medical practitioners. What we need, then, is a clearinghouse to organize and translate the implications of medical sociology theory to sociologists as well as to people in everyday life.
CONCLUSION

This paper has been only an introduction to a significant problem for qualitative medical sociologists. We have attempted to discuss the key obstacles: training and employment. Although the suggested changes are not dramatic reforms, it is hoped that this analysis will initiate an exchange of information and ideas.

Those of us in academic positions can continue to make inroads into the development of this area. Simultaneously, we have an obligation to those we train, to consumers of medical services, and to ourselves to institutionalize qualitative medical sociology studies. At this stage, our understanding about the relation between theory and practice is muddled, communication about our experiences as professionals in health institutions is faulty, and institutional mechanisms to provide employment outside academia exceedingly weak. Therefore, we have not suggested implementation of a grand program, but only a call to action and organization at what is a promising stage in the development of applied medical sociology.

FOOTNOTES

1Positivist Marxism is, of course, another alternative. For our purposes, though, we are limiting our discussion to qualitative methodology and Marxism. For a discussion of the problems encountered in combining Marxism and positivism see Adorno, 1976.

2Moreover, the phenomenologist as a scientist has some acute theoretical problems in becoming a practitioner. Since the paradigm demands a presuppositionless stance, the applied sociologist has strong incentives to justify his position, potentially violating this major assumption of the paradigm.

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Zborowski, Mark.
Tell me, said Socrates to the psychiatrist, about your problems. What are you psychiatrists attempting to do, and how well are you doing it?

This is the kind of question, unceremonious philosopher, that I prefer to ask others. But I too, recognize the authority of logic, when I cannot escape it, and I admit that I cannot in all decency evade a question I continually pose to others. I am already afraid, as you must perceive, that the inquiry will prove no easier for me than for my patients, especially since we psychiatrists form a diversified fellowship, and I can hardly claim to represent the entire guild.

Your tact would appear becoming a politician, Socrates remarked in an amiable tone, but your teachings have already shown me how to spot a rationalization when I see it. Say what you can; your errors will implicate no one but yourself.

A comforting thought, rejoined the psychiatrist. How skillfully you allay my anxiety.

No compliments are necessary. Just answer the question.

(Kovitz, 1969)

There can be little doubt that for the social scientist interested in the case of psychiatry there is much to learn. Not only is psychiatry a specialty in medicine, with a variety of subspecialities, is also enjoys links to other professions such as clinical psychology, psychiatric nursing and psychiatric social work. While in some sense this provides psychiatry the opportunity to be the renaissance man in medicine -- a situation which might elicit envy from others less universal and catholic -- it also causes it great difficulties and troubles. No one seems to know where psychiatry begins and ends; it suffers sizable difficulties in setting its own boundaries, delineate areas of knowledge and skill where it and it alone reigns supreme, and because its boundaries appear vague, at least to outsiders, it is vulnerable to attack and to raids by not always benign neighbors.

Thus we come upon a professional group subject to heaping criticism. Its detractors within medicine accuse much of it as wedded to "soft" science which to some is tantamount to magic, while others, in particular mental health law
people accuse it of cruelty, of depriving patients of their human and constitutional rights. Judges accuse it of opportunism when opposing sides in criminal proceedings present their expert who supposedly speaks in the name of objective science, and lawyers write articles and studies, one of the best known seeming like an attack on the face of it. It is entitled "Psychiatry and the Presumption of Expertise: Flipping Coins in the Courtroom." (Ennis and Litwack, 1974).

But psychiatry also has it heroes. Despite the fact that Sigmund Freud has been derided from the day he published his first work to the present day when medical students "hiss" at the mention of his name (or at least some of them) a world without his language and his often uncredited influence on the thought processes of all of us is beyond imagination. Karl Menninger's books have sold millions of copies and so have those of Erich Fromm and Rollo May. Their names and those of others have indeed become household words in the lives of educated people everywhere. Beyond that, hundreds of thousands of patients regularly fill the clinics and private offices of psychiatrists. It would appear that the more the attacks on the specialty the more patients visit psychiatrists to get well, or just better, or to have someone to talk to whom they can trust. Psychiatry is like America in general: whatever one might say about it is true; and that because just like our country it is peopled by persons answering to all the varieties of descriptions, praises, honors and condemnations leveled for and against it by both friends and detractors. The United States, too, is a confused and confusing country and yet it has cohesion, identity, character and central attributes. So it would appear in the case of psychiatry.

Psychiatry is a specialty in medicine; it is not a profession itself. It thus receives from as well as contributes to medicine (Menninger, 1936). In this simple observation are buried many problems. If it is true that psychiatry is in fact medicine, it would then have to show its medical characteristics convincingly, for not just any group can make the claim of belonging. The standard way of presenting a professional claim is, of course, education and practice. Since psychiatrists are graduates of medical schools that part would seem beyond challenge. However, there are medical doctors who doubt that at least in part psychiatric practice can be said to be medical. As one might expect such charges cause both consternation and the wish to correct such misunderstanding, at least as some practitioners would perceive it.

I hasten to point out that it is not for the sociologist of medicine to say who is right and wrong in that debate; for him/her it is to present the evidence and the various aspects of the issues and problems in psychiatry in the hope that as issues become clarified, others might do whatever they wish to do with them. The aim is to shed light, rather than to praise or condemn.

One might nevertheless ask why the outsider sociologist should be concerned at all with psychiatry? The answer is quite simple: psychiatry just as all other professions, and especially those dealing directly with the lives of people, is a social force of great consequence. It is far more than a collection of disconnected people, each practicing by himself/herself without much consequence for the public good. Quite the contrary: it is an organized way of social control, of taking a hand in society, of explanations about crucial aspects of the human condition. Psychiatry, after all deals with learning, with thinking, with feelings, with important aspects of brain functions,
in sum with behavior and with motivation, with conflict in human affairs and increasingly with human development in the service or prevention of mental illness. That makes it a powerful social force, a force of great relevance to the social body. It is for that reason that sociologists and other social scientist observe it, try to understand more about it, and are ever fascinated by it. Perhaps I may be permitted a personal observation in this connection. It would be that while one may understand the defensiveness of people under observation or even under attack, one can easily document from the literature, that much of the attack against psychiatry stems less from what individual psychiatrists do or do not do, but rather that compared to the amount of human suffering existing in this world all of us know so little. The knowledge we possess, in comparison to what is asked of us, stemming in turn from people's demands for even a better and more satisfying life, is so small. Medical doctors and social scientists know so much more than they did only fifty years ago, yet the demand by far outruns the supply.

I shall in this paper examine three aspects of psychiatry. To elaborate on some of the recent historical developments in American psychiatry, I shall do a limited review of the literature of psychiatry in relation to the boundary and substance problems I have already touched upon. Much of this will show how gradually the preponderance of the psychoanalytically oriented writers has shifted to a more even balance with those who call for a "return" of psychiatry to the model of physical medicine.

Next I shall speak of psychiatry from the standpoint of "What is a Profession?" This will enable me to consider some of the newer and more recent approaches to the sociology of the professions with special emphasis on psychiatry.

Finally, I will highlight some of the major "schools" of psychiatry. Rather than offer detailed explanation of each such school I shall approach the problem from an epistemological, i.e. philosophy of science point of view. What shall concern us here is how various schools of psychiatry think and what kinds of logic informs their theories and their practice.

1. Review of Literature

A complete literature review on the state of contemporary psychiatry is impractical because of the voluminous writing on the subject, as well as unnecessary in light of the repetitiveness of much of what has been written. Besides a certain amount is purely partisan and does not qualify for inclusion in scientific discourse.

Quite helpful for the sociologist of medicine is the way in which psychiatrists have looked at their own profession -- and in print. We are thereby helped to obtain a rather graphic picture of how the specialty's members do what psychiatry indeed helps patients do, i.e. look at themselves. Thus, on page one of volume one of the Bulletin of the Menninger Clinic (1936) Karl Menninger, its founder, offers an article entitled "Psychiatry and Medicine," a simple enough statement of his position at the time. Whatever is wrong with the patient that he brings to his psychiatrist, says Menninger, is to be considered illness; therefore, a physician is needed to treat it; and the physi-
ian who treats it is a psychiatrist, just as much physician as all other medical doctors (Menninger, 1936). Less than a year later in a Freud birthday number of the same journal one reads that:

Psychoanalysis in the United States has always identified itself with medicine and the medical profession and, having been itself strengthened by medical tolerance and recognition, is now in a sufficiently well entrenched position to contribute new concepts and techniques to medical science at large.

(Bulletin of the Menninger Clinic, 1936-37)

By 1940 we find that Karl Menninger seeks a link between psychiatry and psychology. He makes the point that in its academics psychoanalysis is a part of psychology whereas in its application it is part of medicine (Menninger 1940). But two years later, in 1942, the reader could be entertained to a definition of psychiatry prophetic in its suggestiveness for both its joys and its troubles of the future. Writes Alan Gregg:

I could not be satisfied with the definition of psychiatry as that specialty of medicine which deals with mental disorders. Like a bad newspaper headline, such a definition confines while condensing and misrepresents by oversimplifying. Psychiatry deals also with the disturbed emotional and social life of man, not merely his reasoning and mental operations. Insofar as experience has shown you that emotional thinking is different from logical reasoning, you see why mental is an inadequate word. Indeed, the province of psychiatry is the disturbances in the conduct of man, his experiences and his way of experiencing, his reactions, his behavior as an indivisible sentient being with other such beings. Until recently medical attention has been given only to grossly disordered conduct -- to persons locked in asylums -- but now the field is far more inclusive because it spreads into the anxieties, the fatigues, the instabilities, the maladjustments, the disturbances of normal everyday living, and also because it includes the effects of mental and emotional functions upon the component organs of the body as well as the effects of disordered organs upon the function of the human being as a whole. The psychiatrist, then, studies emotions as well as mental processes, and over the whole vast range from optimum health to incurable disease.

The very breadth of that definition would suggest to the reader nearly forty years later that the issues that concern the specialty currently existed when modern psychiatry was half its current age. Henri Ellenberger in 1955 brings a European and far more limited view of the same subject of which Gregg
spoke earlier. First, Ellenberger points out that in Europe the emphasis is on symptoms, in the United States on problems. In Europe the physician matches symptoms with precise diagnosis and with the logically following intervention. Secondly, Ellenberger advises his colleagues at home -- home being Switzerland -- to bring clinical psychologists and psychiatric social workers on the scene as soon as possible for what they can offer. In other words, Ellenberger who saw American psychiatry firsthand envisioned a much more restricted role for psychiatrists than Gregg.

Ilza Veith, that fine historian of medicine reminded her readers in "The Infancy of Psychiatry" that the issue of service delivery by psychiatry or as we now say, the problem of access, existed in ancient Rome. That issue was of great importance in 1964 when Veith wrote because in that year the Community Mental Health Center movement began to develop as a result of congressional legislation the year before. Says Veith:

Clearly, in ancient Rome, only those of sufficient means could afford to keep the many servants which were required in this regimen. Only the wealthy could afford the soft bedding and the choice of a sick room that was best suited for their condition, not to mention the costly diversions, extending even to ocean voyages. (Veith, 1964)

The hints of the impending storm surrounding psychiatry were plentiful from the 1930's on. It was Lawrence Kubie a generation later who in 1966 in "A Look into the Future of Psychiatry" broke wide open the smoldering issues of overextension in psychiatry. This is the same Kubie who suggested in 1954 that the existing mental health professions should be abolished, including psychiatry, and be combined and re-formed into a single mental health profession (Kubie, 1954). But in the paper under review he condemns what he considered to be the excessive claims for psychiatry but also the excessive attacks upon it. He condemns both "organophobic" and "psychophobic" excess.

Some are so dedicated to the organic approach that they are terrified lest their fragment of truth not contain all the answers and they thereby be lost. Out of such terror come furious and poison-penned attacks on all psychologic considerations and methods. The same terror assails some of those who approach psychiatric disorders from an exclusively psychologic bias. They too live in terror lest a drug come along to destroy their life's work and hopes; and they too react with rage. (Kubie, 1966)

Incidentally, in 1973 Abroms and Greenfield picked up Kubie's suggestion and re-introduced the idea of a new mental health profession. In that same year Lowinger reviews books and articles written by psychiatrists who speak out against psychiatry. In a somewhat exasperated tone he wonders how and why Szasz can be a psychiatrist/psychoanalyst and hold the views he held then (and holds now) about and against psychiatry. (Lowinger, 1966)

In 1967 we find a most thoughtful analysis of psychiatric models -- "medical" and "social" -- by Ralph Kaufman. (Kaufman, 1967) One may see in
that article how the issue of scope, theoretical framework, professional monopoly (a sociological term), and centrality of functions in psychiatric practice crystallize.

In the late 1960's there begins also a series of addresses by presidents of the American Psychiatric Association, the Canadian Psychiatric Association and the British Psychiatric Association on the subject of the scope, history, and future of psychiatry. Tompkins at the end of his term as APA president spoke on "The Physician in American Society" (Tompkins, 1967), Kolb on "American Psychiatry, 1944-1969 and Beyond," Garber on "The Proper Business of Psychiatry," and Busse on "There are Decisions to Be Made," in which he declared that:

"... it is my opinion that a mental illness is an altered physiologic and/or anatomic state of the nervous system manifested by maladaptive signs and symptoms, including emotional and thought disturbances and/or alterations in behavior, that prevent the individual from functioning in a manner acceptable to himself and others."

(Busse, 1972)

Sir Martin Roth as president of the Royal College of Psychiatrists (London) spoke to his Canadian colleagues in 1972 also, taking on the anti-psychiatrists Szasz, Laing, Cooper and Basaglia (Roth, 1972). Talkington's APA presidential address in 1973 stressed the public image of psychiatry, the need for more legislative influence by APA than heretofore, as well as the problems surrounding access by the non-moneyed to psychiatric care (Talkington, 1973).

To provide some further indication of the breadth of concerns by key persons in psychiatry in the United States and elsewhere, I briefly mention M. N. Beck's presidential address of 1973 to the Canadian Psychiatric Association on "Christ and Psychiatry" (Beck, 1973), stressing Christian morality as the substrate of Science. F. C. R. Chalke speaking to the same group a year later, also on leaving its presidency, traces the history of science in psychiatry; but it seems a rather monolithic view of science (Chalke, 1974).

John H. Spiegel's 1975 APA address is -- significantly enough -- entitled "Psychiatry -- A High Risk Profession." Spiegel rests psychiatry's claims on the perception that "psychiatrists provide a wider range of information during a discussion than is possible for other professionals". Yet, Spiegel adds, "this does not mean that we will have mandated control over the other professionals." (Spiegel, 1975) Spiegel's successor, Judd Marmor, sharply and with gentlemanly consideration nevertheless disagrees with Spiegel as follows:

As the only profession in our field whose training background encompasses not only the psychodynamic and sociopathologic roots of behavior but also its biophysio logic determinants, we are capable of bringing a unique mix of knowledge to bear on the vicissitudes of human experience. (Marmor, 1975)

He adds that other mental health professionals operate "on a narrower base of scientific knowledge." Unfortunately for the ongoing debate, Marmor cited no evidence to document this case.
Occasionally one obtains other examples of confrontation among psychiatrists. Thus, for example, Doi who is a Japanese analyst (although trained in the United States) argues with Haven (Haven, 1968; Doi, 1968) to the effect the Doi views the psychiatric specialty as neither art nor as objective science. He, Doi, prefers a Polanyian view of science. As is well known, Polanyi attempts a reconciliation between positivism and personalism in science.

I shall stop my review of a bit of the literature at this point; but even this very partial citation of sources suggests to me several themes that have concerned psychiatrists for at least forty years if not more. These themes may be stated as the following:

First, the medical status of psychiatry.
Second, the theoretical models needed to bring psychiatry into consonance with medical tradition in the twentieth century.
Third, the scientific status of psychiatry.
Fourth, the reconciliation of the traditional split between body and mind.
Fifth, the uniqueness, if any, of psychiatry; the centrality and therefore unifying aspects of all psychiatry.
Sixth, optimum relationships between psychiatry and the non-medical mental health professions.
Seventh, the nature of mind: is there mind? And how, especially if one thinks it does not exist, can one best influence a sick mind?

I submit that what unifies all the cited literature -- and much that I have not cited -- is the concern with the establishment and later the survival of psychiatry. From Halleck's somewhat political approach (Halleck, 1976) to Smith's discussion of psychiatry's three challenges" (resource allocation, the poor and psychiatric standards) (Smith, 1975) to Kendall's concerns with disease in psychiatric logic (Kendall, 1975) and Miller who defines psychiatry as "neurology without physical signs" (Miller, 1975), Ludwig who takes the same stance (Ludwig, 1975), and the brilliant and prolific Fabrega ("The Position of Psychiatry in The Understanding of Human Disease") all speak to basics. And that is what still characterizes much of what is written in psychiatry and by its leading figures at that. Unless the rest of medicine, psychiatry tries to face its reasons for its very existence.

Having identified some of the major themes that have engaged psychiatrists for at least four decades (in some cases longer), we are ready to consider what professionalism means in American occupational sociology and particularly so in psychiatry. Sociology as well as other disciplines is subject to changing conceptions of itself, especially through its theoretical approaches. I shall introduce two of these into the discussion, mostly in order to show how relatively static and relatively fluid conceptions of psychiatry may shed light upon the specialty and its relations to other professional groups. First a few words about the sociology of professions.
Yet -- just a minute. I nearly forgot that in 1969 the residents of the Department of Psychiatry of McGill University in Montreal conducted a trial of psychiatry to which they invited Thomas Szasz as prosecuting attorney and Dr. Vivian Rakoff as defending attorney. After giving their opening statements they called witnesses for each side. At the end of the trial the jury consisting of seven hundred voted two to one against the initial charge that "by replacing religious rhetoric with medical, theological sanctions ... institutional psychiatry has continued the practice of the Inquisition." (Applied Therapeutics, 1969)

Now we may continue with our consideration of the study of professions.

2. Approaches to the Study of Professions

The literature on the sociology of professions is referred to by Bucher and Strauss as representing either a functionalist or a process point of view. "Functionalism sees a profession largely as a relatively homogenous community whose members share identity, values, definitions of role, and interests ... by and large, there is a steadfast core which defines the profession, deviations from which are but temporary dislocations" (Bucher and Strauss, 1961; Goode, 1957).

In contrast Bucher and Strauss refer to their own preferred view as a "process" view. Their basic point is that "professions consist of a loose amalgamation of segments which are in movement. Further, professions involve a number of social movements in various kinds of relationships to each other." (Bucher and Strauss, 1961). At the same time these segments can be studied fruitfully only in relation to each other. The main difference between a totalistic, holistic approach to the study of professions which is implied in the functionalist view and the process approach is that the latter takes account of the many processes within professions and which describe the many differences and conflicts among segments, vis a vis such issues as unique professional mission, work activities, methodology and techniques, clients, colleagueship, interests and associations, as well as "spurious unity and public relations." (Bucher and Strauss, 1961).

My approach to the sociological study psychiatry is to view it partly from a functional point of view and in part from a process standpoint. Clearly, not all psychiatrists are the same. Even their common medical identity does not make them so; and the many differences within psychiatry needing constant monitoring serve to document the process approach. Process emphasizes the dynamic, negotiated nature of human interaction, suggesting change within and between segments of psychiatry, sub-specialties and the whole discipline. Examples of the last of these are psychiatry in relation to social work, clinical psychology and nursing. Yet, while taking account of the usefulness of process analysis, it is also true that certain themes may be identified which characterize professions as wholes.

Goode lists the characteristics of established professions as descriptive of communities as follows:

Each profession is a community without physical locus and, like other communities with heavy in-migration, one whose founding fathers are linked only rarely by blood with the present generation. It may nevertheless be called a community by virtue of these char-
acteristics: (1) Its members are bound by a sense of identity. (2) Once in it, few leave, so that it is a terminal or continuing status for the most part. (3) Its members share values in common. (4) Its role definitions vis-à-vis both members and non-members are agreed upon and are the same for all members. (5) Within the areas of communal action there is a common language, which is understood only partially by outsiders. (6) The community has power over its members. (7) Its limits are reasonably clear, though they are not physical or geographical, but social. (8) Though it does not produce the next generation biologically, it does so socially through its control over the selection of professional trainees, and through an adult socialization process. Of course, professions vary in the degree to which they are communities, and it is not novel to view them as such.

(Goode, 1957)

Talcott Parsons details attributes of professions by listing certain categorical requirements for occupational functionaries to be considered professionals. (Parsons, 1951). Wilensky and Lebeaux refer to these as constituting the "professional self" consisting of universalism, affective neutrality, functional specificity, collectivity orientation. Universalism refers to the practitioners' willingness to accept all who for his/her function on the basis of their needs in professionally relevant terms; affective neutrality refers to the control, or self-control of the professionals' feelings vis-à-vis the patient; functional specificity refers to rendering proper services as clearly and expertly related to the patients' condition; and collectivity-orientation speaks to service giving over personal gratification. I think that these categorical dimensions are somewhat out of date in psychiatry but I cite them because they have had a profound influence on American conceptions of professionalism, because they are functional in a prescriptive and categorical sense and lastly, because they followed as well anticipated other attempts -- starting with Flexner in 1915 (Flexner, 1915) -- to define professions and professionalism in what in this day appear to be rather static ways. It should be noted, for example, that patients are not at all mentioned. Yet, were one to leave the matter at the level of functional versus process analysis, it would be unlikely that psychiatry as part of medicine would appear as a cohesive whole. I think that psychiatry can be understood far better in process, in living, negotiative, even conflictual terms than by categorical, functional classificatory language, although it should be obvious that certain anchor points in ethically as well as functionally specific ways might be of some utility. Zinberg provides us with a sense of process in both his comments on where psychiatry fits with medicine and in his discussion of psychoanalytic psychiatry and its relation to American culture.

Zinberg says:

This separation between medicine and psychoanalytic psychiatry is partly inherent in the nature of psychoanalysis. "Psychoanalysis" is a method of treatment; a technique by which the processes of the mind are investigated; and a broad psychological theory. In the first and the second of these meanings, it is anchored in medicine, but equally and partially overlapping in the second and third it is anchored in the social sciences.
As if this were not quite enough of a complication for any professional group or discipline or specialty, Zinberg points to another issue, namely the distonicity of parts of psychiatry with American culture:

Given the multiple factors that may have played a part in the acceptance of psychoanalytic psychiatry in this country, it might be assumed that the implicit values of psychoanalysis would be consonant with some of these forces. Surprisingly, this does not seem to be the case. Any investigation of the values system of psychoanalysis -- reveals little in common with much of American culture.

The entire implicit and explicit value system of psychoanalysis has never been thoroughly delineated, but we will touch on a few values that seem to conflict with the culture and especially with the general values system of the medical profession, of which, after all, psychiatry is a subdivision. These differences in values may explain something about the separation of psychiatry from medicine, and why a psychiatric referral has unpleasant moral and social connotations. (Zinberg, 1965)

I would like to comment that Zinberg is undoubtedly right; but not right enough to make such sweeping generalization in a country in which in one way or another psychoanalytic derivates -- if not psychoanalysis directly -- find a place from television commercials to education theory, to medicine, social work, clinical psychology and salesmanship. Yet all these considerations, Zinberg's and my own, point to the dynamic, process orientation that describes and explains professions as living, human processes. One would wish that these observations might give hope to beleaguered colleagues who are frequently pressed by insurance companies, patients and others to say categorically, definitively and with an air of finality what psychiatry in all its forms "is". Viewed from my standpoint, i.e. a process of view, what happens in psychiatry is descriptive of a dynamic flow (Fliessgleichgewicht) with changing boundaries, negotiation, compromise, conflict among its components. Surely, there are also constancies and concurrent as well as governing themes that describe the specialty as essentially a part of medicine. Furthermore, professions are voluntary arrangements subject to whatever its members wish to make of them, and thus able to stress at given junctures in their development the integrative versus the revolutionary, the experimental versus the traditional verities.

I would then move on to a discussion of the concept of professional monopoly. I do so for several reasons. The first is that it is traditional in the investigation of the professions to define their boundaries in terms of what it is that makes them unique. Secondly, one may obtain a strong sense of the process aspects of a profession by observing how it deals with problems of boundary, i.e. where a profession begins and where it ends. Thirdly, in the case of psychiatry considerations regarding its boundaries are of importance not only in terms of what takes place within the specialty but, in some ways more interesting than that in terms of its relationship to other professions.
Most specialists in medicine upon hearing the announcement that a non-medical person can perform what they would consider to be medical procedures would either consign such news to the category of the absurd or would file charges against the perceived offender for practicing medicine without a license. For psychiatry the experience occurs daily and without legal consequences. The reason is that professional monopoly -- the bulwark of professional exclusiveness -- has largely disappeared. Yet, that is not true for the prescription of medication, for electroshock therapy, neuropsychiatry and psychosurgery. It is true enough in the area of psychotherapy, social and hospital therapy, group therapy and forensic psychiatry. Competing claims in these areas arise from the activities of social workers, psychologist, nurses and others, although occasionally under other names. In fact, there are some examples of other professionals resenting the intrusions of physicians into their territories, as for example, family therapy, community work and other activities claimed by social workers and psychologists. The increasingly sophisticated training programs of schools of nursing and schools of social work (clinical psychology education has been ahead of medicine, social work, and nursing for a long time) tend to increase rather than decrease competing claims.

It is instructive to ponder how a professional specialty might deal with such competitors. The issue at hand is psychiatry versus other mental health professionals; but in reality it is an example of the options of accommodations potentially open to all professions whose exclusivism is challenged. In other words, the implications are sociological in nature and for the sociologist of professions of considerable interest as professional boundaries become weakened in many instances, not only in psychiatry. It is a good example of process approaches to the study of professions rather the more rigid functional, categorical approaches of yesterday.

I shall list some of the options psychiatry possesses in response to its perceived competitors. They may be conceptualized as follows: 1) the open invitation which holds that all comers are welcome, that the only prerequisites for full rights to practice are professional education in one of the mental health professions, plus demonstrated clinical competence. 2) the tight boundary position which holds that the only valid prerequisite for mental health practice is the degree of Doctor of Medicine plus an approved psychiatric residency. (This implies, of course, that residencies in psychiatry are standardized learning experiences which because of their largely apprentice character they are not). 3) The limited admissions position is an option to deal with psychiatry's boundary problems recognizing the validity of non-medical professionals but which at the same time insists that non-medical professionals must be subject to medical supervision and control regardless of personal competence, experience and knowledge. This is a position often supported by insurance companies and also leads to certain dysfunctional processes as, for example, when a medical resident offers to supervise the work of psychiatric nurses or psychologists with twenty years experience. 4) The exclusivist position holds that the monopoly of total medical control must be based on the fact that only physicians may prescribe medication and selected other medical procedures. I would observe in this connection that the practice of psychiatric psychopharmacology represents the strongest link to the rest of medicine, not only because the function is legally licensed, but also because it corresponds most closely and clearly to the physical model of medical practice, something
I will henceforth refer to as the man-as-a-machine model. 5) A further option still is the integrative position which grants legitimacy to non-medical practitioners but which rationalizes medical control on the claimed grounds that only physicians know how to integrate biological, psychological, as well as social aspects of practice. One must point out in this connection that thorough grounding in social sciences and often in psychological sciences is most notable for its absence in medical school and in residency training; and furthermore that 'integration' is a highly advanced and difficult process. Perhaps all that is really meant in the rhetoric on integration is 'coordination of functions' which is an administrative process. Finally, there is as far as I know no scientific evidence permitting the reasonable inference and conclusion that any currently known mental health profession or specialty trains its practitioners to accomplish that task. My own view is that the integrative position is a defensive maneuver, more rooted in conflict management than in science.

Viewed from the standpoint of conflict management, it is indeed possible to understand that since physicians have generally high social prestige, one would in turn put the most prestigious professional in control positions; that in so doing the expectations of patients -- the rational and the non-rational ones they have of physicians in general -- would thus be met; and finally third-party payors, esp. the insurance companies could treat psychiatry in the same way they relate to other medical specialties.

We shall at this point leave our consideration of psychiatry as a professional specialty among other non-medical mental health specialties, despite the fact that a great deal more could be said about it. But our purpose here is to understand selected aspects of psychiatry and at the same time observe how a social scientist might approach them.

3. The Logical Structure of Psychiatric Thought

The sociologist of the professions is among other things interested in the logic or rationales that underline every aspect of professional practice. Thus, he/she begins to understand not only what professionals do but also how they think about it, i.e. the nature and the structure of their espoused theories. To assist that effort I decided to divide psychiatric practice theories into classes. The first of the ones I shall consider here I call the man-as-a-machine approach.

The notion of man-as-a-machine is used to point up the emphasis on the organic nature of man. It is not used to render moral judgements upon practitioners, or to suggest that they are unfeeling and ungenerous or uncaring human beings. One can, after all, even be good to one's car. My purpose is to call attention to the fact that 1) it is the model Freud employed in the first major phrase of his professional life, including his work with Charcot in Paris; 2) that it conceptualizes mental disturbance as susceptible to physical intervention (pharmaceuticals, electroshock therapy); 3) that the pathways to behavioral change is neurological, biochemical, or both; 4) that while therapist-patient interactions are, of course, engaged in for instruction, discussion and advice they are not in themselves subject to detailed understanding and conscious processing as in interpersonal and psychodynamically based treatments.

Secondly, a variation of the man-as-a-machine concept in psychiatric prac-
tice is diagnosis and treatment based on operant conditioning, social learning theory and behavioristic models. One must hasten, however, to point out that behaviorism in post-Skinnerian days is not nearly as irreconcilable with psychoanalytic and interactionally based theories (one thinks here particularly of Harry Stack Sullivan's theory of interpersonal relations) as once thought to be the case. Behaviorism rests, after all, on the active participation of patients together with their therapists. While in behavioristic treatments the therapeutic relationship as such is not subjected to dynamic interpretation, behaviorism enlist actively the motivation of patients in their own learning, re-learning and unlearning.

A third class of psychiatric practice rests on relational models were human interaction, the interpretation of unconscious conflict, problem solving in human relations and so on form the central preoccupation; and where therapist-patient interaction is subject to considerable attention. Where the biological model tends to stress man-as-a-machine, behaviorism emphasizes both man-as-a-machine and active learner. Relational psychiatry addresses man, the interactor, capable of understanding and of insight into his/her own condition, discoverer of heretofore unconscious behavioral and motivational processes. But in addition, just as is true in behavioristic methods, the relational, often psychoanalytically based therapies deal with behavior, with learning and to some extent with behavioral learning in the here-and-now. In other words, even a brief glance would reveal that logically and scientifcally speaking, man-as-machine models, behavioristic models and relational, i.e. basically psychoanalytical models are capable of considerable synthesis and integration. All must be respected for what they can offer and all should be studied in considerable detail.

The term psychoanalysis is often used quite loosely. In a more stringent sense it refers to Freud's theory of human development, and to therapy based upon the management and understanding of unconscious conflict. In the loosest sense it is used to refer to psychiatric practice dealing in any way at all with the understanding of interpersonal processes between patient and therapist as well as in human affairs generally. Therefore, most modern day references to psychoanalysis suggest (rightly or not) that treatment rests on: a) relationship; b) relationship between patient and therapist; c) interpersonal relationship affecting both patient and therapist. In other words, latter day psychoanalysis rests heavily on Harry Stack Sullivan's work even though the fundamentalists among analysts would probably deny that this is so. I think that Sullivan's theory of interpersonal relations is in turn both Freudian and as heavily influenced by American social psychology, especially that of George Herbert Mead. In fact, Sullivan says so.

Interpersonal relations among all who are committed to it as essential to psychiatric treatment rest on the following elements: one, reciprocity, i.e. both patient and clinician influence each other; two, the relationship must be accounted for in constant detail, a notion already quite clear in Freud. From the side of the patient this is dealt with by attempting to understand transference phenomena to the therapist; and from the therapist is rests on counter-transference management. Sullivan added the interpersonal, i.e. the social dimension that is conscious as well as visible and audible. It is behavioral without being behavioristic.

I shall bring the discussion to a close by stating my own views beyond
what I have suggested here regarding the need to understand more than we do, rather than to take rigidly, doctrinaire positions based on single-theory approaches to the practice of mental health intervention whether medical or not. I think that rigorous standards regarding the evaluation of evidence are as necessary as ever; but I also think that neither man-as-a-machine models nor learning models nor relational models are in themselves quite sufficient. My central conviction has to do with the perception of what science is all about; and that leads me to Professor Polanyi, the famous and I think rightly honored organic chemist who in late life turned to philosophy of science. Before he died he produced his magnum opus Personal Knowledge (Polanyi, 1964). In it he tried to synthesize the objectivity of rigorous science with the phenomenology of personal, subjective experience. This is what he said:

...as human beings, we must inevitably see the universe from a centre lying within ourselves and speak about it in terms of human language shaped by the exigencies of human intercourse. Any attempt rigorously to eliminate our human perspective from our picture of the world must lead to absurdity.

And so, it seems to me, the issue confronting modern psychiatry as well as the exhilarating opportunity facing the specialty is the repair of the split between man-as-a-machine and man-as-mind and relationship, that is to say the split between body and mind. Taking advantage of that opportunity rests, in turn, on several preconditions:

1) a scientific, i.e. investigative attitude toward all human behavior, however conceptualized;

2) valuing science and scientific investigation ahead of fitting oneself snugly into existing conceptions of professional loyalties;

3) a willingness to support through research grants and other financial and administrative resource allocation every serious effort to learn more than we presently know, no matter what the specialty;

4) a moratorium on sloganeering about supposedly inherent superiorities of some specialties or even some professions over others;

5) willingness to consider seriously again and again theories we do not ourselves favor, and data not to our liking, esp. those tending to disprove our own hypothesis.

At its very core lies the fact that science is self-correcting, and it is this that has been celebrated, rightly so I believe, as making science both our opportunity and our hope.

In the year 1965 Professor Nigel Calder published his two-volume The World
in 1984; and he asked Professor Sir Aubrey Lewis of the University of Lon-
don to write on "Changes in Psychiatry Methods and Attitudes." Here is what, in part, Professor Lewis predicted:

"... by 1984 medical students will be getting a much better grounding in the social sciences and in the clinical principles and methods of investigation appropriate to psychologic medicine; and much of the work now falling to the lot of the psychiatric specialist will be competently dealt with by the general practitioner, in whose post-graduate training psychiatry will play a large part, commensurate with the frequency of psychological problems.

(Lewis, 1965)

You have only five years to go.

4. Postscript

When one claims to write on "aspects" of the sociology of psychiatry as I have done in this paper, one commits oneself to leaving out of explicit consideration much more than one has included. Thus, I have quite intentionally omitted any consideration -- other than implied ones -- of the ideological implications of psychiatric models. It is an interesting and in fact challenging task to spell out the value and ideological preferences which formulators and users of certain models would appear to espouse. This can be done from several points of view. One might spell out the value commitments in the language employed in some theoretical position. To some extent Rychlak did just that in his A Philosophy of Science for Personality Theory (Rychlack, 1968). Similarly, Polanyi provides us with rather clear ideological implications in his developmental, deterministic approach to the discovery of knowledge; and one would observe in that connection that the author's notion of "tacit knowing" has major implications for all attempts to predict and change the human condition. Lastly, man-the-machine models of which early Freud is one of the best known examples and which some otherwise highly psychological writers such as Kernberg have used in his espousal of instinct theory as the basis of psychoanalytic object-relations theory, suggest some unexplicated value positions, also.

In sum, it is necessary for the sociologist and philosopher of science to attend the ideological implications of models and theories in order to understand not only whole professions or specialties within them, but beyond that to give insight into the value basis that make science, science beyond data, empiricism and rational inference. To this problem I shall attend in a future publication as a sequel to the work before us.

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ABSTRACT

Claims are being made for deinstitutionalization that obscure some of the lesser known, negative effects. Within the juvenile justice system, for example, many juveniles who were previously institutionalized as juvenile status offenders are being relabeled and institutionalized as juvenile delinquents. In the state system studied in this report, the total number of juveniles in institutional programs did not decrease during the period of "deinstitutionalization."

Fairness and justice in the administration and execution of the law are concepts that are central to the foundations of the American legal system. While it is widely recognized that inequities in the administration of justice do exist and are perhaps inevitable, our commitment to striving toward those ideals has resulted in almost constant revision of our criminal and juvenile codes. Hardly a year passes that major new legislation does not find its way into these bodies of law for the purpose of improving conditions or providing for more equitable solutions for those persons affected by the administration of justice.¹

During the past two decades we have become increasingly aware of certain inequities in the juvenile justice system. First of all, it was acknowledged that there were large numbers of children who were not charged with any criminal conduct being kept in juvenile correctional institutions.² To make matters worse, most of the data indicated that these so-called juvenile status offenders were being detained longer in such correctional facilities than their more seriously delinquent peers—in some cases, twice as long.³ The severity of handling of juvenile status offenders seemed to indicate "that society is more concerned about a juvenile's willingness to go to school, mind his parents, and refrain from experimenting with alcohol or sex than about his tendency to commit rape, robbery, or assault."⁴ There is evidence, however,
that the general public actually believes status offenses to be less serious than almost all other deviant behaviors. In one study, respondents ranked refusal to obey parents, truancy, and running away as 130th, 136th, and 137th in seriousness, respectively, out of 140 possible offenses.  

Various proposals were made by concerned individuals and organizations to provide for differential handling of juvenile status offenders—handling which would recognize their status and their needs as being different from those of other juvenile offenders who were guilty of violations of the criminal law. Calls for reform culminated in the Juvenile Justice and Delinquency Prevention Act of 1974. In addition to providing funds for diversion and other community-based programs, this act prohibited the holding of status offenders in training schools, detention facilities, and jails. Within the State of Arkansas, Act 509 of the 71st General Assembly (Regular Session, 1977) declared:

"That in cases of non-criminal acts committed by juveniles in Need of Supervision, the juvenile shall be treated not as a criminal, but as mis-directed, misguided, in need of aim, encouragement, assistance, and counseling; and if such juvenile cannot be properly cared for in his own home, that he be placed in a suitable home, agency, or other facility where he may be cared for, helped, educated and equipped for useful citizenship."  

The Act further required that on or before August 1, 1977, any juvenile charged with offenses that would not be criminal if committed by an adult "shall be released from all 'Secure Detention' facilities." This Act, passed by the legislature as "emergency" legislation on March 15 and approved by the Governor three days later, gave the training schools approximately four and one-half months to find alternative placements for their status offender residents. Juvenile courts, who were accustomed to committing status offenders to the training schools, had the same short period of time to develop alternate methods for handling status offenders.

The new myth created by the legislation is that juveniles who have committed no criminal act should not be maintained in secure facilities, but should be offered appropriate treatment in an open setting. The old reality is that these youth will probably continue to be incarcerated in detention facilities, training schools, and jails for some time to come. Considering the large number of juveniles maintained in
these kinds of facilities (616,766 in 1973), it will take more than a few simple changes in the law and a few million dollars in federal "seed" money to accomplish such a feat.

The magnitude of the problem of deinstitutionalizing status offenders was awesome. The latest data available indicated that 38% of the 777 commitments in 1974 were status offenders. Twenty-five percent of the males committed and seventy-seven percent of the females were status offenders. Not only would a large number of alternative placements be needed, but the overall role and function of the training schools might be expected to change dramatically due to a predicted decrease in population. If status offenders were incarcerated for up to twice as long as other juvenile offenders, then the removal of the 38% of the resident population who were status offenders should have lowered the school's population by over fifty percent. The fact that the number of status offenders committed to the State's Reception and Classification Center fell dramatically in 1977 is illustrated in Table I.

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Commitments</th>
<th>Status Offender Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>777</td>
<td>295</td>
</tr>
<tr>
<td>1975</td>
<td>912</td>
<td>310</td>
</tr>
<tr>
<td>1976</td>
<td>944</td>
<td>181</td>
</tr>
<tr>
<td>1977*</td>
<td>425</td>
<td>22</td>
</tr>
</tbody>
</table>

*January 1 through June 30.
A grant for $1,232,000 was received in January, 1976 from the Law Enforcement Assistance Administration for the purpose of removing juvenile status offenders from the training school and developing community-based alternatives to training school placements. At the same time, all of those agencies responsible for providing services to juvenile offenders were reorganized into the newly-created Division of Youth Services in order to redefine and coordinate all of those functions previously performed by the Training School Division, Social Services' Aftercare Section, and Rehabilitation Services.

Status Offender Commitments

A further breakdown of status offender commitments is presented in Table 2. While there was a dramatic decrease in such commitments from

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Status Offenders</th>
<th>Total Number of Commitments</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>February</td>
<td>9</td>
<td>54</td>
</tr>
<tr>
<td>March</td>
<td>5</td>
<td>80</td>
</tr>
<tr>
<td>April</td>
<td>0</td>
<td>62</td>
</tr>
<tr>
<td>May</td>
<td>3</td>
<td>79</td>
</tr>
<tr>
<td>June</td>
<td>0</td>
<td>122</td>
</tr>
<tr>
<td>Total</td>
<td>22</td>
<td>425</td>
</tr>
</tbody>
</table>
1974 to 1977, there was an equally significant reduction in such commitments in the first six months of 1977. During the first quarter of this year, 19 status offenders were committed to the Reception and Classification Center. During the subsequent quarter, however, only three status offenders were committed -- all of them in May.

If we can assume that the number of status offenders and delinquent (non-status) offenders remained relatively stable over the period from 1974 to the present, then the result of deinstitutionalizing status offenders should be a dramatic reduction in the institutional populations. The Division of Youth Services' best estimates indicated that 38% of all juveniles in training schools were status offenders and other sources indicated that they were detained for up to twice as long as other incarcerated youth. A conservative estimate of the effects of deinstitutionalizing status offenders might predict a cut in the institutional population by at least one half! That obviously did not happen in this case, as shown in Table 3. Instead of a dramatic reduction in

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Delinquents</th>
<th>Status Offenders</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>401</td>
<td>221</td>
<td>180</td>
</tr>
<tr>
<td>1975</td>
<td>470</td>
<td>287</td>
<td>183</td>
</tr>
<tr>
<td>1976</td>
<td>338</td>
<td>237</td>
<td>101</td>
</tr>
<tr>
<td>1977</td>
<td>399</td>
<td>380</td>
<td>19</td>
</tr>
</tbody>
</table>

the institutional population, the total number of children held there remained about the same, while the number of delinquents increased and the number of status offenders decreased.

There are many possible explanations for this situation, including an increase in overall delinquent behavior. Additional delinquents
might now be placed in some of those slots which were previously occupied by status offenders. According to police reports, however, reported criminal (and delinquent) activity remained almost constant during this period. An alternate explanation might be that part of those juveniles who were previously institutionalized as status offenders are now being institutionalized as delinquents. Some data is available from the courts and the police. Approximately forty (40%) percent of all juvenile offenders processed by the Reception and Classification Center were officially charged with more than one offense. Furthermore, an inspection of a substantial number of court records revealed that in most cases juveniles could be charged with additional offenses that are not mentioned in petitions, commitment orders, or other official records.

TABLE 4

Delinquency Offenses of Status Offenders for 1975 and 1977 in Three Courts*

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>1977</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Status Offenders with Delinquent Behaviors Mentioned in Case Records</td>
<td>24 (27.9%)</td>
<td>3 (6.1%)</td>
<td>27</td>
</tr>
<tr>
<td>Number of Status Offenders with no Delinquent Behaviors Mentioned in Case Records</td>
<td>62 (72.1%)</td>
<td>46 (93.9%)</td>
<td>108</td>
</tr>
<tr>
<td>TOTAL</td>
<td>86</td>
<td>49</td>
<td>135</td>
</tr>
</tbody>
</table>

*January through June, both years

\(X^2 = 9.26, p .01\)

Table 4 indicates that there is a significant difference between status offenders in 1975 and 1977 in the proportion of case records which reflected delinquent behaviors not officially charged against these youth.
The data was obtained from a random sample of case records in three of the State's largest juvenile courts. This would seem to lend further support to the argument that the decrease in status offenders coming from the courts is at least partly due to the court's application of a new label. As the number of status offender commitments to the Reception and Classification Center decreased (Table 1), the number of delinquency cases processed by the courts increased, and their status offender cases decreased (Table 5), whereas the courts previously had

TABLE 5
Official Cases filed in Juvenile Courts
1975-1977*

<table>
<thead>
<tr>
<th></th>
<th>1975</th>
<th>1977</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status Offenders</td>
<td>1,348</td>
<td>605</td>
</tr>
<tr>
<td>Delinquents</td>
<td>3,827</td>
<td>4,952</td>
</tr>
</tbody>
</table>

*January through June for both years, 32 reporting courts

a choice in the labels which they chose to apply to juvenile offenders whom they sent to training schools, the only way under the present law to remove a troublesome youth from the community is to apply the delinquency label.

What happens to those troublesome youth to whom the delinquency label cannot be legally applied, i.e., true status offenders who could have been removed from the community before August 1, 1977? The largest juvenile court in the state admits to keeping juvenile status offenders who can no longer be sent to the training schools in its own detention facility, despite the fact that Act 509 requires juvenile status offenders to be released from all "secure" detention facilities after August 1.

Other courts are undoubtedly doing the same.
Conclusion

The last wave of reform efforts in the juvenile justice system resulted in an officially sanctioned plan to deinstitutionalize status offenders. While the data does on its surface indicate that such deinstitutionalization is now a fait accompli, it is highly improbable that the majority of the youth who were the objects of this reform effort are not presently incarcerated. First of all, many of those juvenile "status offenders" were really delinquent youth. Courts were simply following a somewhat more humane policy in applying the less severe label to them before sending them to the training schools. Now the only course of action left is to label them as delinquents before incarcerating them.

Many of those youth who are true status offenders will probably be placed on probation by those courts which have no alternative placements. The "catch 22" in Act 509 is a provision which defines a juvenile's violation of the conditions of probation as a delinquent act, thus re-opening the possibilities of incarceration for that juvenile. There is no evidence that the total number of institutionalized youth has decreased as a result of the legal proscriptions against incarcerating status offenders, nor that conditions within the institutions have been improved. It would appear to be more fruitful to concentrate on making substantive changes within the juvenile justice system than to dwell on procedural changes such as switching the labels which may be applied to juveniles sent to secure detention programs. We should not delude ourselves into believing that we have accomplished a major reform by preventing "status offenders" from being incarcerated. This type of "name game" is not likely to fool anyone.

Using a framework for organizational analysis which moves latent functions from the periphery to the center, one realizes that juvenile courts and juvenile training schools are being used as resources by other organizations which are more concerned with their problems of removing troublesome youth from the community than with the attainment of objectives set forth in the deinstitutionalization statutes. Perhaps the most fruitful way of approaching this problem would be to provide appropriate decentralized services to both status offenders and delinquents. Then there would be fewer incentives for switching labels as a way of justifying our "helping" strategies.
References


8. The Juvenile in Need of Supervision Act of 1977, Arkansas Juvenile Code, Sec. 2.

9. Ibid., Sec. 7.


11. Arkansas Department of Social and Rehabilitative Services, Program Coordination Section, Youth Services Planning, Comprehensive Long-range Master Plan for the Prevention, Treatment, and Control of Juvenile Delinquency in Arkansas (September 30, 1976), 159-68.

12. Ibid.
13. Lerman, 241-269.


15. Juvenile in Need of Supervision Act, Sec. 7.

FACTORS ASSOCIATED WITH POLICE AND PROBATION/COURT DISPOSITIONING: A RESEARCH NOTE

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Richard M. Grinnell, Jr.
Richard L. Gorsuch

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University of Texas at Arlington
Arlington, Texas

ABSTRACT

This article presents the results of an empirically based study that examined the discretionary process operating within the same juvenile justice system. Assessment of the factors influencing the decision-making process at two points within the same system indicate some consistent factors operating between the two points.

The juvenile justice system is designed to provide care, protection, wholesome moral, and mental and physical development of children under its jurisdiction. It is also established to protect the welfare of the community and to encourage the control of the commission of unlawful acts by children. In most state counties, local social service agencies provide services to meet these goals. A few agencies involved in the system may include: Police Departments; Substitute Care Facilities for Dependent Children; and State Institutions. Dispositional decisions are generally made at four different points as juveniles are processed through the justice system: police observation and/or apprehension; police disposition of official cases; intake worker or probation officer's recommendation; and court disposition.
Recently, empirical studies have focused on specific variables affecting the decision-making process either at the level of the police dispositioning process or at the level of the probation department/court dispositioning process. These variables were age, sex, race, social status, present offense, family characteristics, and record of prior offense (Barton, 1976; Grinnell and Chambers, in press; Scarpitti and Stephenson, 1971; Terry, 1967). However, few (if any), empirical studies have been executed that have examined two or more decision points within the same juvenile justice system. Thus, the purpose of this article is to present the results of an empirically based study that assesses the significance of the factors associated with the two disposition points of police dispositioning and probation department/court dispositioning within the same juvenile justice system to determine if similar factors are influencing the decisions at each point of dispositioning.

METHOD

Setting and Population

This study was initiated and executed in one of the largest metropolitan areas in the United States. Data were collected in the spring of 1974 and 1977 for the calendar years 1973 and 1976, respectively. All data were extracted from the official files of the county juvenile court/probation department for one subpopulation and from the juvenile division of the largest city police department in the county for a second subpopulation. This process required a content analysis to determine the cases to be included in this project. To be included, each case had to meet all of the following three criteria: there existed an official record of the contact with the juvenile; the juvenile was a resident of the county; and juvenile's address could be matched to the corresponding census tract and zip code. The total population consisted of 7793
### Table 1. Population Characteristics by Agency

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Agency</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Police Department</td>
<td>Probation/</td>
<td>Court</td>
</tr>
<tr>
<td></td>
<td>(N=3874)</td>
<td>Department</td>
<td>(N=3919)</td>
</tr>
<tr>
<td></td>
<td>(N=7793)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>YEAR: 1973</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1973</td>
<td>51.1%</td>
<td>52.8%</td>
<td>52.1%</td>
</tr>
<tr>
<td>1976</td>
<td>48.9</td>
<td>47.2</td>
<td>47.9</td>
</tr>
<tr>
<td><strong>AGE: Median Years</strong></td>
<td>15.0</td>
<td>15.0</td>
<td>15.0</td>
</tr>
<tr>
<td><strong>SEX: Female</strong></td>
<td>26.4%</td>
<td>23.4%</td>
<td>24.9%</td>
</tr>
<tr>
<td>Male</td>
<td>73.6</td>
<td>76.6</td>
<td>75.1</td>
</tr>
<tr>
<td><strong>RACE: White</strong></td>
<td>53.5%</td>
<td>70.1%</td>
<td>61.7%</td>
</tr>
<tr>
<td>Black</td>
<td>35.3</td>
<td>21.7</td>
<td>28.5</td>
</tr>
<tr>
<td>Mexican-American</td>
<td>11.2</td>
<td>8.2</td>
<td>9.8</td>
</tr>
<tr>
<td><strong>PRIOR RECORD OF OFFENSE THIS YEAR:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>60.5%</td>
<td>21.7%</td>
<td>41.2%</td>
</tr>
<tr>
<td>No</td>
<td>39.5</td>
<td>78.3</td>
<td>58.8</td>
</tr>
<tr>
<td><strong>PRIOR RECORD OF OFFENSE PRIOR YEARS:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>66.7%</td>
<td>22.1%</td>
<td>44.5%</td>
</tr>
<tr>
<td>No</td>
<td>33.3</td>
<td>77.9</td>
<td>55.5</td>
</tr>
<tr>
<td><strong>YEAR IN SCHOOL: Median</strong></td>
<td></td>
<td>N/A*</td>
<td>8.6</td>
</tr>
<tr>
<td><strong>JUVENILE LIVES WITH FAMILY:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>N/A</td>
<td>52.8%</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td>47.2</td>
<td></td>
</tr>
<tr>
<td><strong>INCOME:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receiving Assistance</td>
<td>8.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $3000</td>
<td>4.2</td>
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<td>$3000 - 4999</td>
<td>9.6</td>
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<td></td>
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<tr>
<td>$5000 - 9999</td>
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<td>28.8</td>
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<tr>
<td>$10,000 &amp; over</td>
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<td>29.1</td>
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<tr>
<td>Missing data</td>
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<td>20.0</td>
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<tr>
<td><strong>METHOD OF HANDLING CASE:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With Petition</td>
<td>25.9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Without Petition</td>
<td>N/A</td>
<td>74.1</td>
<td></td>
</tr>
<tr>
<td>Characteristic</td>
<td>Police Department (N=3874)</td>
<td>Probation Department/ Court (N=3919)</td>
<td>Total (N=7793)</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------</td>
<td>-------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>VIOLATION:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burglary-Robbery-Vandalism</td>
<td>25.1%</td>
<td>27.1%</td>
<td>26.1%</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>2.3</td>
<td>6.1</td>
<td>4.2</td>
</tr>
<tr>
<td>Theft Under $200</td>
<td>39.5</td>
<td>20.2</td>
<td>29.9</td>
</tr>
<tr>
<td>Drugs Except Marijuana</td>
<td>7.5</td>
<td>6.0</td>
<td>6.8</td>
</tr>
<tr>
<td>Marijuana</td>
<td>2.0</td>
<td>8.5</td>
<td>5.2</td>
</tr>
<tr>
<td>Crimes Against Persons</td>
<td>4.0</td>
<td>4.9</td>
<td>4.5</td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td>1.4</td>
<td>2.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Status Offense</td>
<td>10.9</td>
<td>16.2</td>
<td>13.5</td>
</tr>
<tr>
<td>Other</td>
<td>7.3</td>
<td>8.8</td>
<td>8.0</td>
</tr>
<tr>
<td><strong>DISPOSITION:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissed by Judge</td>
<td>N/A*</td>
<td>10.2%</td>
<td></td>
</tr>
<tr>
<td>Placed on Probation</td>
<td>N/A</td>
<td>19.4</td>
<td></td>
</tr>
<tr>
<td>Referred to Another Agency</td>
<td>5.5</td>
<td>11.3</td>
<td>8.4</td>
</tr>
<tr>
<td>State Commitment</td>
<td>N/A</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Counseled &amp; Released</td>
<td>N/A</td>
<td>40.0</td>
<td></td>
</tr>
<tr>
<td>Denied by District Attorney</td>
<td>N/A</td>
<td>5.2</td>
<td></td>
</tr>
<tr>
<td>Dismissed by Police</td>
<td>N/A</td>
<td>3.3</td>
<td></td>
</tr>
<tr>
<td>Other Disposition</td>
<td>N/A</td>
<td>7.3</td>
<td></td>
</tr>
<tr>
<td>Released to Parents</td>
<td>42.1</td>
<td>N/A*</td>
<td></td>
</tr>
<tr>
<td>Released to Relative</td>
<td>2.3</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Referred to Probation Department</td>
<td>33.4</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Referred to Detention</td>
<td>2.3</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Missing Data</td>
<td>14.4</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

* Not Available
cases.

Of the total population, 75.1% were males. Whites accounted for 61.7%, Blacks 28.5%, and Mexican-Americans 9.8%. The median age was 15.0 years. A detailed description of the characteristics of the cases broken down by agency can be seen in Table 1.

Disposition is defined in this study as the decided official outcome of the juvenile's contact with a justice official. This decision usually refers the child to an agency for treatment or releases the child to his family or another relative. For this study, juveniles could receive one of the following five dispositions from the police department: released to parents; released to relative; referred to the probation department/court; referred to detention; and referred to another agency. At the probation department/court, the juvenile could receive one of the following eight dispositions: dismissed by judge; placed on probation; referred to another agency; committed to a state institution; counseled and released; denied by the district attorney; dismissed by the police department; and other disposition.

Because the disposition category "Other" is composed of numerous, unrelated dispositions, the category will not be discussed unless differences in percentages are significant and meaningful. Since numerous violations were recorded by both agencies and to facilitate data analysis, the violations were grouped into the nine major categories similarly for both agencies to increase comparability.

Data Analysis

To evaluate if each independent variable (age, sex, race, previous offense this year, previous offense other years, year of data collection, method of handling, education, family income, family living situation, parent's marital status, and violation) was related to disposition, each independent variable was related by a simple statistical test to disposition by the appropriate t or F tests. For continuous variables (e.g., age) these statistical
<table>
<thead>
<tr>
<th>VIOLATION</th>
<th>POLICE DEPARTMENT</th>
<th>PROBATION DEPARTMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burglary-Robbery-Vandalism</td>
<td>Breaking &amp; Entering, Burglary, Robbery, Destruction of Property</td>
<td>Burglary-Robbery-Vandalism</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>Auto Theft</td>
<td>Auto Theft</td>
</tr>
<tr>
<td>Theft to $200</td>
<td>Shoplifting, Theft under $200, Bike Theft</td>
<td>Larceny, Shoplifting, Theft under $200</td>
</tr>
<tr>
<td>Drugs, Except Marajuana</td>
<td>Illegal Possession, Sale of Drugs, Paint or Glue Sniffing</td>
<td>Narcotics, Glue Sniffing, Drugs, Drunkenness, Possession or Consumption of Liquor</td>
</tr>
<tr>
<td>Marajuana</td>
<td>Marajuana</td>
<td>Marajuana</td>
</tr>
<tr>
<td>Crimes Against Persons</td>
<td>Assault, Homicide, Sexual Offense</td>
<td>Murder, Manslaughter, Forcible Rape, Assault, Sexual Offense</td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td>Disorderly Conduct</td>
<td>Disorderly Conduct</td>
</tr>
<tr>
<td>Status Offense</td>
<td>Truancy, Mischief, Curfew, Runaway</td>
<td>Runaway, Truancy, Curfew</td>
</tr>
<tr>
<td>Other Violations</td>
<td>Arms, Obstruction, Theft Over $200, Prowling, Theft of Government Mail, Forgery Trespassing, Other</td>
<td>Weapons, Theft over $200, Immigration Violation, Credit Card Abuse, Other</td>
</tr>
</tbody>
</table>
tests were from Pearson product moment correlations; for noncontinuous variables (e.g., race) these were from analysis of variance. Because of many intercorrelated independent variables, simple significant tests could be significant by chance. To test whether the set of independent variables was statistically significantly related to the set of dependent variables, a canonical analysis between the independent variables and criteria variable was computed and found significant (.001 level). For post-hoc analysis, and to identify which variables were contributing to the significant relationships, all variables were entered into a linear model analysis with each disposition as the criterion variable. For relating violation to disposition, simple analyses of variance were computed from the set of violations to each disposition. To insure a relatively vigorous analyses, the probability level of .01 was established as the cutoff point for rejection. Results where differences are nontrivial and statistically significant by both simple and multivariate tests are presented below.

FINDINGS

Juveniles who were released to their parents can be described as younger, and/or both with no previous official contacts with the police department. Juveniles who were referred to the county probation department were more likely to be older and/or black, and were less likely to be white.

At the probation department/court level, juveniles who were counseled and released were more likely to be female, to be young, to have no previous record, or to have had no formal petition filed with the court. Those juveniles were also likely to be from higher-income homes or homes where the parents were married. Those who received probation were more likely to be either male, or black, or had a formal petition on file. Such juveniles were more likely to have had previous offenses. It is also less likely that those who received probation were white.
Table 3. Descriptive Variables as Related to Disposition by Agency

<table>
<thead>
<tr>
<th></th>
<th>Race</th>
<th>Previous Record: This Year</th>
<th>Previous Record: Prior Years</th>
<th>Year</th>
<th>Handling</th>
<th>Education</th>
<th>Income</th>
<th>Lives in Family</th>
<th>Parents are Married</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICE DEPARTMENT:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Released to Parents</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Released to Relative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Referred to Probation Department</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Referred Detention</td>
<td></td>
<td>-</td>
<td>+</td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Referred to Another Agency</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td></td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>PROBATION DEPARTMENT/COURT:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissed by Judge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Placed on Probation</td>
<td></td>
<td>+</td>
<td>+</td>
<td></td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td></td>
</tr>
<tr>
<td>Referred to Another Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Commitment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Counseled and Released</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denied by District Attorney</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dismissed by Police Department</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Disposition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Not applicable
+ Indicates a statistically significant positive relationship (p < .01)
- Indicates a statistically significant negative relationship (p < .01)
Table 4. Violations by Disposition for the Police Department

<table>
<thead>
<tr>
<th>DISPOSITION</th>
<th>Released to Parents</th>
<th>Released to Other Relatives</th>
<th>Referred to Probation Department</th>
<th>Referred to Detention</th>
<th>Referred to Another Agency</th>
<th>Percent (100%)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIOLATIONS DIFFERING FROM TOTALS</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>Percent (100%)</td>
<td>N</td>
</tr>
<tr>
<td>% N</td>
<td>49.2%</td>
<td>2.7%</td>
<td>39.0%</td>
<td>2.6%</td>
<td>6.5%</td>
<td>24.5</td>
<td>820</td>
</tr>
<tr>
<td>1647</td>
<td>91</td>
<td>1307</td>
<td>88</td>
<td>217</td>
<td></td>
<td>20.4</td>
<td></td>
</tr>
<tr>
<td>Burglary-Robbery-Vandalism</td>
<td>(34.6)</td>
<td>( 0.9)</td>
<td>60.1</td>
<td>( 0.7)</td>
<td>( 3.7)</td>
<td>24.5</td>
<td>820</td>
</tr>
<tr>
<td>Auto Theft</td>
<td>(16.7)</td>
<td>78.9</td>
<td>2.7</td>
<td>90</td>
<td></td>
<td>2.7</td>
<td></td>
</tr>
<tr>
<td>Theft Less Than $200</td>
<td>58.8</td>
<td>4.0</td>
<td>(28.9)</td>
<td>( 0.9)</td>
<td></td>
<td>39.8</td>
<td>1334</td>
</tr>
<tr>
<td>Drugs, Except Marajuana</td>
<td>(23.3)</td>
<td></td>
<td>12.3</td>
<td>7.0</td>
<td></td>
<td>20.4</td>
<td></td>
</tr>
<tr>
<td>Marajuana</td>
<td>72.7</td>
<td></td>
<td>2.3</td>
<td>77</td>
<td></td>
<td>2.3</td>
<td></td>
</tr>
<tr>
<td>Crimes Against Persons</td>
<td>(26.4)</td>
<td></td>
<td>62.1</td>
<td>4.2</td>
<td></td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Disorderly Conduct</td>
<td></td>
<td></td>
<td>14.8</td>
<td>10.7</td>
<td></td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Status Offense</td>
<td></td>
<td></td>
<td></td>
<td>7.2</td>
<td></td>
<td>2.0</td>
<td></td>
</tr>
<tr>
<td>Other Violations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.0</td>
<td></td>
</tr>
</tbody>
</table>

Note: Percentages are given only for those cells found to be statistically significant. A number enclosed in parenthesis shows a negative relationship, i.e. that disposition is less likely to be received for that specific violation than for the population as a whole. A number not enclosed in parenthesis indicated a positive relationship, i.e. that disposition is more likely to be awarded for that violation than for all violations considered as a whole.
Table 5. Violations by Disposition for the Probation Department/Court

<table>
<thead>
<tr>
<th>VIOLATIONS DIFFERING FROM TOTALS</th>
<th>DISPOSITION</th>
<th>%</th>
<th>N</th>
<th>Percent</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>Dismissed by Judge</td>
<td>10.2</td>
<td>397</td>
<td>27.1</td>
<td>1048</td>
</tr>
<tr>
<td></td>
<td>Placed on Probation</td>
<td>19.4</td>
<td>752</td>
<td>6.1</td>
<td>235</td>
</tr>
<tr>
<td></td>
<td>Referred To Another Agency</td>
<td>11.3</td>
<td>439</td>
<td>20.2</td>
<td>783</td>
</tr>
<tr>
<td></td>
<td>State Commitment</td>
<td>3.3</td>
<td>123</td>
<td>6.0</td>
<td>231</td>
</tr>
<tr>
<td></td>
<td>Counseled and Released</td>
<td>40.0</td>
<td>1548</td>
<td>8.5</td>
<td>328</td>
</tr>
<tr>
<td></td>
<td>Denied by District Attorney</td>
<td>5.2</td>
<td>201</td>
<td>4.9</td>
<td>190</td>
</tr>
<tr>
<td></td>
<td>Dismissed by Police Department</td>
<td>3.3</td>
<td>138</td>
<td>2.2</td>
<td>84</td>
</tr>
<tr>
<td></td>
<td>Other Disposition</td>
<td>7.3</td>
<td>272</td>
<td>16.2</td>
<td>629</td>
</tr>
<tr>
<td></td>
<td>Totals</td>
<td></td>
<td></td>
<td>100%</td>
<td>3870</td>
</tr>
</tbody>
</table>

Note: See note, Table 4.
Juveniles committed to the state reformatory were more likely to have had a formal petition filed, to be black, or to have had previous encounters with the department. They were also more likely to have been committed to a correctional institution if their offense was in 1976, rather than in 1973. For a detailed presentation of the relationships between the descriptive variables and the dispositions received, please refer to Table 3. Younger children and children with no prior offenses were more likely to be diverted from the justice system at both the point of police dispositioning and probation department/court dispositioning. At both decision points, black children were more likely to be placed in an institutional setting, i.e., state correctional institution or referred to a detention center. Black youngsters were also more likely to be referred to the probation department/court and placed on probation.

Marijuana violations seemed to differentially influence dispositions at the two points. At the police department, marijuana offenses were more likely to be released to parents and hence diverted from the juvenile justice system. However, at the probation department/court, counseled and released was a less likely disposition to be received. These offenses were, however, more likely to be dismissed by the judge, district attorney, or police. The juvenile was thus removed from the justice system. At both points, the marijuana offenders were diverted.

DISCUSSION AND CONCLUSIONS

This study was one of the first empirically based research projects that examined the discretionary processes operating within the same juvenile justice system. Assessment of the factors influencing the decision-making process at two points within the same system indicate some consistent factors operating between the two points. Juveniles who were immediately released at each point were likely to be younger or have had no previous offense. They were
likely to have had committed violations such as theft under $200 and drug-related offenses. Additionally, from probation department/court data, these juveniles were likely to be female, from higher-income families, and/or to live in a two-parent household.

Additional research is needed to complete the analysis of influential factors within the systematic, conceptualized framework of the total juvenile justice system. Only after all four points of decision-making within the same system are addressed can the discretionary process be more fully understood. Following identification of the influential factors, evaluation of the discretionary process and its appropriateness could be initiated.

Further research is also needed at the points of police and probation department/court dispositioning to identify the nature and extent of interaction effects between the already identified variables. Specific recommendations would include an analysis of the interaction between present offense and each of the demographic variables included in this study as influential in decision-making. For example, a specific violation committed by juveniles in different age groups may result in different dispositional decisions being made. This type of research would more clearly identify the discretionary process operating in the justice system.

This project may have local program as well as academic implications. Characteristically specific children are being diverted from the justice process by being immediately released from the system. An evaluation of the currently operating diversionary programs in the community to determine if they are appropriate to the at-risk population seems to be warranted. Methods of contacting the risk groups before contact with the justice system is made may also seem to merit attention. If methods could be identified and operationalized in a community, the juvenile justice system could then direct its attention at those juveniles needing contact with the institutionalized system.

To increase the potential for diversion of juveniles from the justice system, alternative methods to serve those currently institutionalized may need to be developed. Such programs may need to be focused at the black and/or older juvenile population.
Within the institutionalized services, it would appear that programs may need to be directed at teaching juveniles respect for other people's property. Alternative paths of acquisition of property could be explored with these juveniles, with the goal of directing the juveniles to more socially acceptable behavior patterns.

From the findings of this study, it is apparent that there is an inequality in the manner in which the juvenile system operates. The police and probation officers and the court system may need to develop research projects to assist them in the process of dealing with this problem. It is hoped that this short research note may trigger such studies.

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Terry, Robert M.  
1967 The Screening of Juvenile Offenders.  
Since its inception social work has struggled with determining the function and status of research in the professional enterprise. The emergence of professional social work was concurrent with the major developments in the methodology of empirical social research and statistical analysis. To understand the current position of research in social work requires tracing back the origins of empirical research with special attention to its connection with the emergence of the social work profession.

The efforts of the survey movement represent the first major attempt to introduce research methodology into the field of social work (Zimbalist, 1977; Young, 1949). In the following discussion I present a brief history of empirical social research, with an emphasis on survey analysis. The discussion examines research in the context of its linkage with social work. Interestingly enough, the separate histories of the social work profession and survey research have several common threads. In addition, I would like to draw out the utility of formal survey analysis to the task of social work.

**Empirical Social Research**

The history of empirical social research has its roots in the foundation of sociology. The beginning of sociology as an academic discipline is usually dated to the writings of Auguste Comte. Comte set out to establish a scientific discipline to study society. With the onset of the industrial revolution and its impact on the changing landscape of society, intellectuals embarked on a theoretical analysis of the social order. The urbanization and squalor of industrial society called for reasoned and careful analysis of the changing social order. To understand these conditions, Comte argued that what was needed was a science of society.
The development of sociology as a science has occurred closely parallel to the development of statistical and social science methodologies (Lundberg, 1940). In fact, historical reviews of sociology have suggested that sociology has been able to establish itself as an empirical science as it has incorporated techniques of empirical and objective inquiry (Lundberg, 1940). While Comte was formulating the rationale for sociology, another Frenchman, Adolphe Quetelet, was engaged in the process of establishing an empirical base for the new science of society.

Although a young man with strong literary and humanistic interests, Quetelet received his doctorate in mathematical studies (1819). Four years later while in Paris, Quetelet became acquainted with the work on probability theory then being developed by the great French mathematicians Fourier and Laplace. Quetelet spent most of his intellectual life developing the fundamental applications of mathematical techniques (including probability theory). Large data bases from population census had recently been collected but lay dormant with no more than enumerative tallies being computed. The concern with how to make sense of all this data quickly emerged. Working for the Royal Statistics Commission, Quetelet began developing techniques for the analysis and interpretation of data.

Quetelet was particularly sensitive to the changing social climate. The social turbulence and rebellion engulfing Europe focused his interest on ways to utilize social science knowledge in order to achieve social control. In the early 1830’s the French had developed an elaborate bookkeeping system for criminal data. The data were collected with the intention of controlling crime which, at the time, had emerged as the major social problem. Quetelet argued that this social data could prove useful in understanding social change if only it was possible to analyze it. Unfortunately, basic statistics, as we know them, had not yet been developed (Kendall, 1968; Westergaard, 1932).

Quetelet set as his project to develop methods which would permit the drawing out of meaning from this large mass of data. In the process he outlined the work in survey analysis that needed to be done. Mathematical procedures which would allow reduction of the vast assemblage of cases to meaningful descriptive indices were required. The first task was to develop procedures which would permit the reduction of a large mass of data into the most parsimonious description. Thus, Quetelet began developing techniques of descriptive statistics.
Quetelet observed that the distribution of human (or moral) characteristics followed patterns similar to distributions in the physical sciences. Quetelet extended the descriptions of distributions to the analysis of social phenomenon. It is important to emphasize how primitive techniques for data analysis were at the time. Lazarsfeld (1961) has documented how Quetelet's early publications "included many multivariate tabulations, such as differences in the age specific crime rates for men and women separately, for various countries, and for different social groups."

Both Comte and Quetelet were concerned with coping with major social change. The first task for science was to understand the change. For Quetelet crime in the street threatened to disrupt and perhaps destroy bourgeois society. Both argued that knowledge was needed for social control. Comte, however, was emphasizing the need for theoretical knowledge, while Quetelet that of statistical knowledge. The link between these two interests, which was inferential statistics, had not yet been formulated (Kendall, 1968).

Fifty years after the initial work of Comte and Quetelet society began stabilizing. The new capitalist industrial order seemed to be gaining a strong foothold. Combined with democratic and parlimenary political orders, a stable social order began emerging. There was a shift away from concern with criminal statistics. Health care became the new major social issue during the 1880's. Investigators began working with demographic and health data. New vaccines were being developed and used. Consequently, new methods of public health needed to be tested (Walker, 1932).

In addition, the 1880's witnessed the emerging prominence of Darwin's theories among social investigators and statisticians. The early interest of applied mathematicians with social data now shifted to data from biology, the field of genetics and health care.

This was a period of productive development for elementary statistics. One of the catalytic figures in this development was Galton. Galton had noticed from his studies of genetic inheritance that children of unusually tall fathers tended to be smaller, on the average, than their fathers; i.e., they regressed toward the population mean. The same was true for children of unusually small fathers. The measure of this regression toward mediocrity was called the "index of co-relation" (Boring, 1961). Later, with the mathematical contribution of Edgeworth, the index was refined and termed the coefficient of correlation. In 1896 Pearson culminated this effort with his product-moments method of linear correlation.
During the last decade of the 19th century the heart of elementary statistics was being shaped. Correlation and regression analysis was undergoing development at the time by Pearson and his student Yule. In 1897 Yule presented a seminal paper entitled, "On the Theory of Correlation" which contained the formulae for multiple and partial regression and discussed the assumptions required for their use. Two years later Yule reported an application of these procedures to the study of pauperism and derived conclusions which challenged interpretations of the famous social survey of Charles Booth. Yule recorded:

The reduction of out-relief ratio cannot be due to increasing density of population (as suggested by Mr. Booth), for changes of population have been separately allowed for in the regression equations. (p. 273)

It seems impossible to attribute the greater part, at all events, of the observed correlation between changes in pauperism and changes in out-relief ratio to anything but a direct influence of policy on change of pauperism, the change in policy not being due to any external causes such as growth of population or economic changes. (p. 277)

Yule also developed measures of association for dichotomous variables. At the turn of the 20th century the substance of elementary statistics as it is currently taught in colleges was developed.

The Survey Movement

Like the growth of statistical knowledge, the survey movement was not divorced from the demands of social change. In fact, the survey movement grew as a response to poverty and the social disorder it beaconed. The birth of the survey movement was closely spawned with that of the social work profession. The survey movement can be viewed as an extension of the concern to link social theory with empirical data. The major issue for social theory was the condition of the poor in bourgeois society.

The industrial revolution brought about the emergence of a new middle class. The middle class gradually came to encompass the majority of citizens. Preservation of the existing social order thus had the support of both the upper and middle classes. However, in the last half of the 19th century social turmoil and discontent, exemplified in the writings of socialists, represented a threat to the social order. In his discussion of this period Gordon cites the
Bishop of Manchester (1879):

...the strife of interests; the war of the classes widening and deepening day by day, as the envious selfishness of poverty rises up in natural reaction against the ostentatious selfishness of wealth; the dull, desperate hate with which those who want and have not, come at last to regard the whole framework of society as but one huge contrivance for their oppression...these are some of the seeds of evil from which may some day rise up...an exceedingly great army to be more dreaded than the hosts of any foreign foe. (Gordon, 1973: 285)

The survey movement received impetus from this concern with the potential destructiveness the poor posed to the social order. It also surfaced as a result of liberal concern with the actual conditions of the poor interlaced with a desire to ameliorate the conditions of the deserving poor (Zimbalist, 1977).

The first major social survey was conducted by Charles Booth. Booth was a wealthy exemplar of Victorian England (Booth, 1902). He and his brother Alfred had founded a successful steamship company. However, early in his career he acquired several friends who were socialists through the famous Fabian socialist Beatrice Webb (who was, incidentally, his wife’s cousin). On numerous occasions he would discuss the social condition of London with these friends. Of course, the socialist friends believed the capitalist social order to be restrictive of the possibilities of society. They would point to the tremendous productive power brought on by the industrial revolution side by side with massive poverty. Booth felt a need to justify the existing state of affairs. He believed in the need to improve the conditions of the poor, rather than introducing radical alterations in the structure of the society.

In 1885 a modest little study reported that 25 per cent of the workers in London were living in poverty (Abrams, 1951). Booth felt the study was grossly inaccurate. In the next several years Booth set out to examine carefully the extent of poverty in London. Following a suggestion of Beatrice Webb (originating from Joseph Chamberlain), Booth obtained permission to interview 250 school board visitors of the London schools. Three years later (1889) Booth published his findings. His work provided a wealth of statistical measurements on the conditions of life in London (Booth, 1902). Three years hence Booth became president of the Royal Statistical Society (Selvin, 1968).
Based on his extensive research, Booth concluded that 31 per cent of London's population was living in poverty, thus confirming what he initially set out to disprove. In fact, several of his results indicated greater poverty than even his critics had suggested. Booth devoted several years of his life continuing his survey of the living conditions of London. He continued to publish his research in 17 volumes producing the first large scale survey.

The methodology of survey research at the time of Booth's investigation had not been developed. Although a few methods of statistical analysis, such as measures of association and correlation, had recently been formulated (see above discussion), Booth did not make use of them. Further, sampling procedures and inferential statistics had not been explicated. Booth did, however, see the importance of empirical data:

In intensity of feeling, and not in statistics, lies the power to move the world. But by statistics must this power be guided if it would move the world aright.

Several other important surveys followed Booth's, although none were quite as extensive. Rowntree (1901) employed the survey to examine the conditions of life in York. Rowntree's contribution was in the development of conceptual and theoretical models to interpret the survey data. The post-Booth surveys concentrated on the causes of poverty. However, in the process of analyzing the data for the causes of poverty, no use was made of statistical models, primarily because most of these models (i.e., path analysis, Markov chains, panel analysis, log linear models) had not been developed.

The survey movement had a major impact on the development of the British welfare system. Although none of the surveys presented detailed policies for social reform, social reform was one of the major products of these studies. According to Abrams (1951):

All through the decadent nineties when the social stage was apparently filled with minor poets...with new imperialism an the beginnings of yellow journalism, Booth was piling up the evidence which led directly in the first decade of the twentieth century to old age pensions, labour exchanges, unemployment and health insurance, free school meals, and minimum wages in sweated industries. (p. 40)

The Survey Movement in America
The beginnings of the survey movement in America parallel those in England. There are, however, some important differences. The ugly consequences of industrialization and urbanization came later to this large expansive nation. In the late 1890's in a number of the large cities, as squalor and political corruption became apparent, a muckraking movement began and was supported by the publication of books and research reports (such as Lincoln Steffens, 1904 and Upton Sinclair, 1906). A backdrop highlighting the value of investigation was thus established. However, the emphasis which quantitative analysis received was much less than in England.

The first large scale social survey by social workers in America was initiated with the assistance of journalists (Bartlett, 1928). The Pittsburgh Survey (1907) had its origins in a letter from a juvenile probation officer to the managing editor of Charities and Commons expressing interest in having a study, similar to one completed in Washington, D.C. and reported in the journal, be replicated in Pittsburgh. The result was a $47,000 grant from the newly formed Russell Sage Foundation to Paul Kellogg, then managing editor of Charities and Commons, to conduct an extensive social survey of Pittsburgh.

The product of the historic Pittsburgh study was discouraging. Kellogg had minimal training in social research—one course at Columbia University. He hired a staff of individuals, none more qualified in research than himself (Chambers, 1971). Their final report was more in the genre of journalistic expose than carefully documented scientific inquiry. Assessing the Pittsburgh study Gordon (1973) writes:

Basically, the Pittsburgh study reads more like investigative reporting than social science research...Tables are by no means absent...but for the most part the approach is enumerative and descriptive rather than analytic, with strong overtones of muckraking. (p. 293)

The survey method was taken up by sociologists during the 1920's and used in a variety of sociological studies (Taylor, 1920; Young, 1949). However, for sociologists the survey was a scientific method of inquiry. In 1929 Bartlett set out the distinctive difference of the survey for social workers:

In the minds of many persons the survey is confused with research. Both are techniques of investigation, but should be carefully distinguished...The survey is an essentially practical measure,
directed toward the immediate solution of a present problem. Research, on the other hand, deals with general data divorced from time and place; it seeks to test a general hypothesis. (p. 331)

Since the 1930's the survey has become the most popular method of inquiry (or research strategy) for sociology (Brown and Gillmartin, 1968; Webb and others, 1966). Yet the early surveys both in sociology and social work were not characterized by any great degree of sophistication. It was not until the 1930’s and 1940’s when the Columbia tradition of survey research introduced sampling theory and concomitant inferential statistics that the survey became a powerful tool of elaboration and explication of social data.

During the 1930's the social work profession was expanding at a tremendous rate. The Social Security Act established the bedrock of the American welfare system (Leiby, 1978; Pumphrey, 1968). Social workers emerged as the professional group responsible for governing this system. During this same period social work was turning away from its earlier reformist tradition with the survey movement. The epoch of documenting social injustice was over. The shift was toward a practice methodology of casework and a knowledge base built from case studies and psychoanalytic theory (Lubove, 1972; Leiby, 1978). The concern of the newly expanding profession was on dealing with the problems of individuals through casework. The most influential figure in this shift of professional concern from the social dimensions of poverty was Mary Richmond. According to Klien (1931), Richmond's classic book, Social Diagnosis:

...discarded the concept of the "poor" as one of economic connotation. In its place steps the "client," conceived as a person (or family) whose character, physical condition, or circumstances, or a combination of these, have made him incapable of full self-maintenance in his social setting. (p. 97)

The social work profession shed the survey as a major tool for knowledge development in the profession. The knowledge base for caseworkers has become casework theory, psychoanalysis and more recently developmental and behavioral psychology. The focus of professional inquiry was now focused sharply on the client. Piven and Cloward (1971) have suggested that political forces were also instrumental in this shift of professional perspective.

Before closing out this section I want to emphasize that the survey movement did not make use of the statistical analysis procedures which were available. Further, the one major chance social
work did have with the survey method, the Pittsburgh study, was (and I use the word cautiously) squandered. Since the 1930's, when social work relinquished the survey method, there have been important achievements in the capabilities of multivariate statistical analysis which have greatly enhanced the power of formal survey analysis.

During the decade between the middle 1930's and late 1940's American sociology was embroiled in a dispute revolving around the methodological direction of the field. During this period there was a decided shift from speculation to empirical research. The combination of renewed interest in analytic statistical procedures and the availability of punched card machines increased the activity in survey research (Leahy, 1931). The classical survey texts by Lazarsfeld and his colleagues (1944) and Stouffer and his associates (1949) were produced in this period and signaled, at least for a time, the victory of the quantitative methodological orientation in sociology.

Since the 1940's the procedures and techniques of survey analysis have been codified and highly refined (see Rosenberg, 1968; Hirsch; and Selvin, 1968; Hyman, 1955; Glock, 1967). There has also been careful study of the relation between theory development and survey analysis, with special attention to the survey as a procedure to empirically examine and contribute to theory development (see Blalock, 1964; Bishop, Feinberg, and Holland, 1975; Mosteller and Tukey, 1977). With the advent of high speed computer machinery for data analysis and the more recent development of general statistical packages, the power of formal survey analysis has been made readily accessible (Lindsey, 1977). I would like to round out the discussion with examples of the power and utility of multivariate analysis, but since this is available elsewhere, the reader is referred to these general discussions (Van de Geer, 1971; Kerlinger and Pedhazur, 1973; Harris, 1975).

In the last decade there have been major advances on two fronts in the area of statistical analysis. Goodman has made fundamental contributions to the analysis of cross-classified data and provided procedures for multivariate analysis that permit comprehensive understanding of the relations between and among variables (Bishop, Feinberg, and Holland, 1975). In addition, developments made by Tukey, Anscombe, Mosteller and others in the area of robust regression have produced major advances in the use of these procedures with applied social data (Campbell and Lindsey, 1979). Matched with these statistical advances, survey analysis holds unlimited promise for the social work scientist.
Conclusion

In this essay I have traced the history of social research and statistical analysis as it relates to the development of the survey movement and the emergence of the social work profession. The unfortunate commentary is that these two streams of intellectual development never converged. The investigators of the survey movement both in England and America never made use of available statistical methods which would have allowed them to elaborate the empirical meaning of the extensive data collected.

The survey method has become the primary research tool for sociology. Social work's knowledge base has been constructed primarily with casework and clinical studies. Yet even here it is necessary to be cautious. In this regard McDonald (1960) writes:

If one thinks only of the developing bodies of knowledge put to use in practice by successive generations of professional social workers, then the conclusion is inescapable that social work research has made a relatively slight contribution. (p. 6)

The argument of this paper is that the new capabilities made possible through multivariate analysis and survey methodology increase by several magnitudes the knowledge building potential of formal survey analysis for the social work profession. In the task of constructing a serviceable knowledge for the profession base the powerful capabilities of formal survey analysis hold great promise.

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THE OCCUPATIONAL PRESTIGE OF SOCIAL WORK

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University of South Carolina
Columbia, South Carolina

ABSTRACT

A survey of two hundred and fifty six social work educators pertaining to the prestige of social workers indicated that social workers were viewed as having less prestige than fourteen of the twenty-two occupations with whom they were compared. Factors both contributing to and lessening the prestige of social work were identified, as well as suggestions for enhancing social work's prestige.

Through the years, social research and other literature have provided various evidence of the diminished credibility and devalued status of the social work profession. More than twenty years following publication of Ernest Greenwood's observation in Social Work that the profession was seeking to rise within the professional hierarchy, numerous arguments have accumulated that social workers have not achieved the regard and esteem accorded other occupations. Indeed, low professional autonomy and authority within human service agencies have served to further illuminate social work's image as a "semi-profession." Additionally, recent research by Condie et. al. suggests that despite the fact that the public may have greater awareness of social work roles than in past years, they still feel they would not consult a social worker for a personal problem. The authors conclude that the profession may lag behind the ministry, medicine, and psychiatry in prestige.

Perhaps the most direct confrontation to the profession in recent years was provided by Richan and Mendelsohn who perceptively described social work as an "unloved profession," overdependent, insecure, unloved by clients it has stopped serving, and even unloved by itself. "Seeking professional status, they are second-class citizens in the ranks of the professions." This situation may be compounded by what Max Lerner persuasively views as an identity crisis surrounding
various professions. He suggests that social work, among others, must recapture the sense of vocation or calling implicit in its helping function.\(^6\)

It has been noted elsewhere that much energy has been expended in studying the image, status, and role of the social worker and considerable research has focused on the way social work is viewed by other professions.\(^7\) Little attention, however, has been directed to systematic study by social workers of their standing in the professional hierarchy. The purpose of this research is to examine the social worker's prestige through the perceptions of social work educators who represent social work among the hierarchy of academic disciplines.

A mailed questionnaire survey of graduate social work educators was conducted during the summer of 1978 to determine: 1) the way social work educators perceived the prestige accorded social workers relative to the prestige they believed was accorded members of twenty-two other occupations, 2) what social work educators believed contributed to the prestige of the social work profession, 3) what educators believed lessened the prestige of the social work profession, and 4) what educators thought social work practitioners had to do to improve their prestige.

**Occupational Prestige**

It is known that all complex societies are characterized by a prestige ordering of occupations. Knowledge and skill are, perhaps, the most accepted determinants of such prestige, but income, difficulty of training, intelligence required, and the occupation's overall value to society, must be viewed as significant contributing factors. The ability to exercise greater control over scarce resources, authority, and privilege, often are granted to more valued occupations.\(^8\)

Studies of occupational prestige have been reported for many years. The well known research of the National Opinion Research Center (NORC) in 1947, and the replication in 1963, indicated that welfare workers ranked in prestige about the same as policemen, undertakers, newspaper columnists, and farm owners, but considerably lower than professors, psychologists, and public school teachers.\(^9\) More recent research by Tremain using his Standard International Occupational Prestige Scale, located social workers with a score of 52, as compared to medical doctors (78), physicists (76),
lawyers (73), psychologists and sociologists (68), government administrators (64), teachers (61), musicians (56), journalists (55), nurses (54), librarians (54), clergymen (54), peace corps members (53), stenographers (48), policemen (40), and laborers (18).10

The extreme importance of social work's prestige as it relates to the individual practitioner, client, and the profession itself, was proposed by Kadushin as early as 1957.11 He argued that the prestige of the profession affected the social worker's self-concept, relationships with other professions, and feelings about his job. Kadushin drew two important conclusions at the time. First, the prestige level of social work was not as yet clearly positioned. Secondly, social work consistently ranked high on occupational prestige scales of the total range of occupations, but among the lowest of the professions listed. Tremain's published findings twenty years later tend to substantiate at least one of Kadushin's conclusions, that social work is ranked among the lowest of the professions in prestige.

The literature reflects a multitude of causes for social work's diminished standing. Among these is the inability of professional schools to attract high quality students, stereotyping of social work by young people, lack of effective outcomes in practice, and the community's relatively low opinion of the clients served by the profession.12 Folger, commenting on persons who enter social welfare occupations, is particularly condescending. He believes social welfare personnel are particularly unique since the majority have not obtained professional degrees prior to job entry. Domination by women, rapid job turnover, a large labor reserve, and indistinct boundaries in practice, contribute to low salaries and inability to attract men.13 While this portrayal may not be entirely accurate, it does carry some grains of truth. In fact, a more recent discussion by Kadushin suggests that men in social work may suffer from a "role strain" in relations with colleagues, clients, and the community as members of a profession categorized as female.14 While men do successfully adapt within the profession, the implication still remains that the profession's prestige may in some way be lessened.

Methodology

In the spring of 1978, deans of all graduate schools of social work were contacted explaining the study purpose and enlisting the assistance of their schools. Lists of all faculty employed as of
September, 1977, were requested.

Fifty-three schools, representing all geographic areas, smaller and larger, public and private institutions, expressed interest in participating. As faculty lists were received, the names were consecutively numbered. A total of 550 faculty members were selected as the sample for inclusion in the study using a computer list of random digits. All 53 schools were represented in the sample drawn. Participating schools subsequently received a set of questionnaires and letters explaining the purpose of the study, with instructions to distribute materials to those faculty selected. Return envelopes were provided.

The self-administered questionnaire consisted of three parts. The first had eight items to provide demographic and background data on respondents. Part two was an instrument developed by the author in which respondents were asked to consider on a rating scale of 1-5 whether social workers had much lower; lower; about the same; higher; or much higher prestige, as compared to members of twenty-two other occupations. Part three consisted of open-ended questions in which social work faculty were asked to comment on what they believe contributed to the prestige of social work as a profession, what lessened the prestige of social work as a profession, and what had to be done by social workers to improve their prestige within the community.

The questionnaire was pre-tested with faculty colleagues and with some practicing social workers. Suggestions were incorporated in the final format.

The Statistical Analysis System 76 was used to perform statistical procedures for data collected in parts one and two. Open-ended question data were hand tabulated following content analysis and categorization.

Two hundred and fifty-six faculty members (47 percent) completed questionnaires. In table 1, the sample of respondents is described according to sex, academic degree, rank, and teaching areas. More than 60 percent of respondents were male. The majority had earned doctoral degrees and were tenured. Nearly 90 percent had academic rank of assistant, associate, or full professor. They represented a wide diversity of teaching areas and specializations in schools of social work, although social planning and policy and research were mentioned most frequently.
<table>
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<th>Frequency</th>
<th>Percentage</th>
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<tr>
<td>Other</td>
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</tbody>
</table>

*Some faculty mentioned more than one teaching area*
The mean age of faculty respondents was 46.1 years. Mean years of teaching experience was 9.2 years.

Findings

Table 2 indicates fourteen occupations which social work educators believed were accorded higher prestige in the community than social workers. The lower the mean, the less prestige social workers enjoyed compared to the particular occupation.

Clearly, social work educators viewed physicians, lawyers, physicists, and business executives, as occupational groups enjoying greater prestige among those included in this study. Engineers, clinical psychologists, and biologists, followed closely in prestige. Clergymen, government administrators, city planners, journalists, sociologists, and historians, ranked somewhat higher than social workers.

On the other hand, social workers were considered as enjoying higher prestige than eight of the occupations compared. Social workers were considered only slightly higher than musicians, but the means indicated increasingly greater prestige than public health workers, nurses, speech therapists, public school teachers, librarians, law enforcement officers, and physical education teachers. Despite some variations, these findings are generally similar to those of Tremain. In his research, physicians, lawyers, physical and life scientists, engineers, psychologists and sociologists, were all ranked higher than social workers. It is possible that social work educators may have overestimated the prestige of social workers, in light of Tremain's findings that teachers, nurses, clergymen, journalists, librarians, and musicians, also had higher prestige scores than social workers. Both these findings, and Tremain's, support the contention of Condie et al. that social work does appear to lag behind medicine and the ministry in prestige.

Factors Contributing to Social Work Prestige

Respondents were asked directly what they believed contributed to the prestige of social work as a profession. Thirty percent stated that the humanitarian and altruistic concerns of the profession contributed to social work's standing. One educator praised social workers for the "willingness to do what we do."
<table>
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<th>Occupation</th>
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<th>Mean</th>
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<tr>
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<td>Much Lower (1)</td>
<td>Lower (2)</td>
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<tr>
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<td>-----------------------------</td>
<td>----------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>Musician</td>
<td>4.8</td>
<td>26.7</td>
</tr>
<tr>
<td>Public Health Worker</td>
<td>1.6</td>
<td>8.3</td>
</tr>
<tr>
<td>Nurse</td>
<td>4.0</td>
<td>8.3</td>
</tr>
<tr>
<td>Speech Therapist</td>
<td>2.0</td>
<td>7.1</td>
</tr>
<tr>
<td>Public School Teacher</td>
<td>0.0</td>
<td>6.0</td>
</tr>
<tr>
<td>Librarian</td>
<td>.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Law Enforcement Officer</td>
<td>.4</td>
<td>10.0</td>
</tr>
<tr>
<td>Physical Education Teacher</td>
<td>1.6</td>
<td>8.4</td>
</tr>
</tbody>
</table>
Twenty-three percent believed that the competence and effectiveness of practitioners were important factors. Twenty-one percent felt that prestige was related to meeting the needs of the communities served by practitioners. Nine percent noted that the prestige of the profession was directly related to the outstanding work of certain individuals who served in important roles as administrators of agencies, policy makers, and politicians. Interestingly, only seven percent stated that the profession's prestige was related to the development of more sophisticated knowledge and technology. A small number of respondents indicated that greater licensing of social workers, private practice, and increased control over welfare resources were important to the profession's prestige.

These findings appear remarkable to the extent that social work educators varied widely in their perceptions of factors contributing to the profession's prestige. One must conclude that educators convey considerable uncertainty as to what are the actual strengths of the profession.

Factors Lessening Social Work Prestige

Similarly, educators showed little consensus pertaining to factors which lessened the profession's prestige. Twenty-five percent indicated that the profession was hurt by those persons ineffectively practicing social work without sufficient training. Another twenty-five percent noted the negative image of social work held by the public. Seventeen percent believed that the profession was hampered by society's overall lack of concern for the problems, causes, and clients of social work.

A small number of respondents (7 percent) commented that the profession was hindered because the techniques used by practitioners generally lacked an empirically tested base. An equal number (7 percent) noted that the profession lacked clear definitions and purposes for what it was doing. A few stated that social work prestige was diminished through mismanagement of agencies and programs, poor educational programs, and its female orientation and leadership.

Improving Social Work Prestige

Nearly a third (33 percent) of the respondents stated that practitioners could improve their community prestige by demonstrating greater concern for assessing effectiveness of what they are doing.
One educator commented that the profession must "demand a more precise level of practice to weed out incompetence." Another believed that practitioners must be "more sensitive to the public's demand for accountability."

Twenty-four percent stated that practitioners should demonstrate more concern for social causes in the community. As stated by one professor, social practitioners should:

"become advocates for improved standards of living for clientele and non-clientele alike...devote more time in supporting human causes rather than professional ones."

Twenty percent clearly stated that social work required more effective public relations techniques as a means of interpreting the profession's purposes. Many noted that NASW could do more to enlist the media in supporting this effort. Nine percent thought that practitioners should conduct professionally related research and seek publication of their findings. Seven percent stated that social workers could improve their prestige by becoming more involved in the political process. Several pointed to the improved image of the profession related to the fact that some members had been elected to high public offices in recent years.

Summary and Implications

This research was aimed at determining how graduate social work educators perceived the prestige of social workers as an occupational group relative to the prestige accorded twenty-two other occupations in the community. The author also wanted to determine what educators considered as factors which both contributed to, as well as lessened, the prestige of social work as a profession. Finally, the study aimed at providing some guidelines pertaining to those efforts practitioners could make to further enhance their prestige in the community. Further research would be helpful, of course, in examining more completely the manner in which the public and other occupational groups perceive the strengths and limitations of the profession.

The study findings indicated that social workers are viewed as having less prestige in the community than fourteen of twenty-two occupations with whom they were compared. They were perceived as having greater prestige than only eight of the occupations.

The similarity of these findings with other research inves-
tigations suggests that social work ranks among the lowest of the professions in prestige. One must conclude, therefore, that this rather tarnished portrayal of the profession must be attended to in the years to come if social work is to attain greater access to resources and authority considered vital to achievement of its various purposes. It is clearer that in the years to come, social work's tendency to fall back upon its humanitarian purposes to justify its standing will have to shift toward a policy of increased accountability as a means of commanding respect from the community. The findings of this research point out that the profession is hindered to the extent that it fails to assume greater responsibility for assessing competency and effectiveness in agency work. In the future the profession will have to address the problem of inadequate preparation of practitioners and steps will have to be taken to insure basic as well as continuing educational preparation for effective practice. Perhaps the professional schools and NASW will have to develop a course of action which will serve to remove the stereotyping of social workers and seek to attract qualified young people to the profession as is done in medicine, law, psychology, and other fields. Indeed, the profession must reshape its image so that the community views social workers as knowledgeable, well trained, research orientated, and visibly concerned with solving community problems.

NOTES and REFERENCES


3. See, for example, Nina Toren, "Semi-Professionalism and Social
Work: A Theoretical Perspective," in Amitai Etzioni, ed., The Semi-
Professions and Their Organization (New York: The Free Press, 1969),
pp. 141-9b; Nina Toren, Social Work: The Case of a Semi-Profession
(Beverly Hills: Sage Publications, 1972); and George Ritzer, Man and
His Work: Conflict and Change (New York: Appleton-Century Crofts,


5. Willard C. Richan and Allan R. Mendelsohn, Social Work:


7. Condie et. al., op. cit., p. 47.


DEMOGRAPHIC CORRELATES OF SELF-ESTEEM AMONG BLACK AND WHITE AFDC RECIPIENTS

BY

SRINIKA JAYARATNE, WAYNE A CHESS, JULIA NORLIN, AND JOHN BRYAN

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ABSTRACT

This study was concerned with the extent to which different demographic characteristics would offer explanations with regard to self-esteem among black and white AFDC recipients. Basically, the analysis revealed no differences in self-esteem between the black and white women in this sample. The major correlates of self-esteem for whites were work and education, whereas, the major correlates of self-esteem for blacks were the presence of children and work.

DEMOGRAPHIC CORRELATES OF SELF-ESTEEM AMONG BLACK AND WHITE AFDC RECIPIENTS

Self-esteem is a widely studied concept in social psychology, and numerous studies have addressed the differences between blacks and whites. Most of these studies, however, have been conducted with children and college students, and very little information is available on adults in general, and virtually none on welfare recipients. Some of the earlier investigations on self-esteem differences between blacks and whites showed that whites had higher self-esteem than blacks (Clark and Clark, 1947; Himmelweit, 1955; Pettigrew, 1964). More recent studies, however, indicate that these differences have dis-
appeared, and in fact argue that some of the earlier findings may have been due to class differences rather than race (Hunt and Hunt, 1977; Lessing and Zagorin, 1972; Simmons, Brown, Bush and Blyth, 1978). It is well to remember though, that all of these studies dealt either with college students or young children. In dealing with a welfare population such as the respondents in this study, we are very much in a speculative arena. While these findings should hold true for the welfare group as well, there is no systematic evidence to support either position.

In general, self-esteem refers to the personal judgements we make of our own worth, and it tends to reflect the views that others hold of us (Coopersmith, 1967). While our particular interest in this paper lies in comparing the demographic correlates of self-esteem between blacks and whites within a group of welfare recipients, and not in determining the absolute levels of self-esteem, it is perhaps a fair statement to note that the receipt of social services must carry with it some inherent negativism and self-devaluation. As Skidmore and Thackeray (1976) point out, many of these individuals who receive public assistance must experience "Humiliation, embarrassment, and a deep sense of personal failure (p.30)." Whether this is a fact or not, these individuals must somehow cope with the reality of dependence on public social services and AFDC and the stigma related to it, while at the same time, managing to maintain a sense of dignity and self-worth in order to exist. It is the need for the maintenance of self-esteem and those demographic characteristics that would contribute to its enhancement, that we are examining in this study.

Study Design and Sample

These data were collected as a part of a larger study on the evaluation of social services in the State of Oklahoma. In order to be included in the sample, a service recipient (a) had to be at least 18 years old, (b) received AFDC services for at least 60 days, and (c) must have had her service case closed within 4-6 months prior to the interview date.

Anticipating crossracial comparisons, we oversampled the black population. Personal interviews were conducted with all respondents. Following a statewide random sampling procedure, we were able to complete a total of 267 interviews, of which 135 were white and 132 black. Table 1 presents the demographic characteristics of the study sample by race. A chi square analysis revealed that the two groups are similar with respect to age, education, work status, and income, but differ significantly with regard to marital status and number of...
children. The black respondents in our sample are more likely to be unmarried and have more children than the white respondents.

Criterion Variables

Our major dependent variable was self-esteem, and it was measured by the Rosenberg Self-Esteem Scale (Rosenberg, 1965). This scale has a strongly agree-strongly disagree rating dimension, and is considered to have reasonably good reliability and validity (Robinson and Shaver, 1973). We opted to use this scale given its brevity and the fact that it was designed for use with individuals with high school educations.

The demographic correlates we employed in this study were work status (whether or not the respondent was working for pay), level of education attained, marital status (whether or not the respondent was married at the present time), the number of children the respondent had living with her, and the respondent's age. We excluded income as a potential factor since the income level was low and uniform for both groups. These demographic factors were among those isolated by Osmond and Grigg (1978) as correlates of poverty.

A comparison of mean scores of the blacks and whites on the self-esteem scale produced no significant differences, although the white respondents reported higher levels of self-esteem in absolute terms (17.22) compared to the blacks (18.23). These data, then, are in accord with the more recent literature indicating the disappearance of differences in self-esteem between blacks and whites (see for example, Lessing and Zagorin, 1972; Powell and Fuller, 1973; Rosenberg and Simmons, 1972; Simmons, Brown, Bush and Blyth, 1978). As stated earlier, most of the available data are on college students and young children. In general, these authors tend to view the civil rights and affirmative action activities and the various programs aimed at raising the consciousness of the black person, as being major contributors to the emerging equality self-esteem between the races (Street, 1977).

Table 2 presents the data from a multiple classification analysis using the five demographic characteristics work status, education level, marital status, number of children, and age as predictors. The eta value indicates the extent of the relationship between each predictor variable and self-esteem. The beta values provide essentially the same information, but "the rank order of the betas indicates the
relative importance of the various predictors in their explanation of the dependent variable if all other predictors were held constant" (Andrews, Morgan, Sonquist, and Klem, 1973). Although the total variance explained by the predictor variables in combination is not very high, different patterns do emerge for the two racial groups.

Both blacks and whites consider work to be an important correlate of self-esteem, with the blacks considering it to be most important (.32). The white respondents, on the other hand, report education as being the most important determinant of self-esteem (.21). Interestingly, the black respondents report a very weak association between education and self-esteem (.07). A strong predictor of self-esteem for the blacks in this sample is the presence of children (.26), a factor which has little association to self-esteem among the whites (.09). Despite the significant difference between the two groups with respect to marital status reported earlier, this variable has the lowest predictive value with respect to self-esteem for both groups of respondents (.04).

Insert Table 2 Here

First, let us consider the issue around the number of children. Numerous fertility studies report that poor blacks tend to have large families compared to poor whites and other socioeconomic groups (Nye and Berardo, 1973). This has generally been attributed to stronger familial ties evident among the poor black families, and the greater likelihood for black women to retain custody of their children even in cases of illegitimacy compared to their white counterparts (Caven, 1964; Eshleman, 1978). Thus, the existence of a larger number of children in our black sample is not a surprise. But the question that emerges concerns why it is that these black women consider their large families to be so important in the development of self-esteem? -- despite the economic hardships that this would bring about. Scanzoni makes an observation in this regard: "In white marriages, 'objective' resources such as husband's occupational status, education, and income tend to generate optimal attainment of these goals (that is, participate in the economic benefits of the society). Yet, because blacks face discrimination in these areas, we found it was more difficult for these kinds of factors to optimize desired goals" (Scanzoni, 1971, p.264).

To the extent that economic wellbeing and life satisfaction are tied to the development of self-esteem, then this type of factor should provide some explanations in our sample. Indeed, we find that our white respondents report that the so-called objective factors of work and education to be the most important correlates of self-esteem. For the black respondents on the other hand, the one objective factor of work is accompanied by a much more subjective factor, the number of children.
The black women in our sample then, perceive a source of self-esteem that is somewhat antithetical to the objective values prescribed by the dominant society. Staples (1974) argues that this value may have it's roots in the black historical experience. "There can be little doubt about the importance of motherhood to the black woman... Motherhood signifies maturity and the fulfillment of one's functions as a woman" (p.555).

On the other hand, work and education are well established correlates of self-esteem. Work has been found to enhance self-esteem among factory workers (Morse and Weiss, 1968), among AFDC recipients (Bureau of Social Science Research, 1969), and among WIN program participants (Smith, Fortune and Reid, 1975). Thus, our data corroborate further the relationship between work and self-esteem, even among AFDC recipients. On a similar vein, education has been identified as an important element in the development of self-esteem. For example, Street (1977) notes that education "is popularly believed to be the major factor in social mobility" (p. 942), an implicit vote for education as a factor related to increased self-esteem. In fact, Goodwin (1972) in his study of WIN program participants observed that "a high level of education strengthens confidence and makes welfare less acceptable" (p.85), thus suggesting a direct relationship between education and self-esteem. While these observations are indeed powerful, it appears that the relationship between self-esteem and education is more applicable to the white AFDC recipient and not to the black. But if one accepts the notion that education is the "major factor in social mobility" in this society, then some explanation is in order with regard to the black respondents.

In an attempt to clarify the situation further, we performed an analysis of variance employing the three major predictors (work status, education level, and number of children) as independent variables. As expected, we find that those respondents who work reporting significantly higher self-esteem scores compared to those who do not work, regardless of race. Educational attainment show similar results for the whites, with the higher educated reporting higher self-esteem. The black respondents show a similar linear trend, although the reported scores are not significant between the different levels of education. These data are in support of the correlational evidence presented earlier, and certainly add credence to the objective value of work and education as major correlates of self-esteem. We do not, however, find that the absolute number of children produce any significant differences within the blacks or whites. That is, the presence of larger families does not result in higher self-esteem, even among the blacks. In fact, the highest levels of self-esteem in terms of absolute scores are reported by those women with one child among both blacks and whites. The implica-
tion then, is that what is valued is the sheer presence of children rather than the number of children per se, an observation which would concur with the comment by Staples cited earlier with respect to black women.

A theoretical explanation for these findings may lie in Kohn and Schooler's (1969) observation that there are two dimensions of self-esteem. The first, "self-confidence," pertains to the more traditional perspective of self-esteem, and centers around the attainment of goals. Here, our data would support the preeminent value of the Protestant ethic and work in this society, with gainful employment being viewed as goal attainment. Hence, our findings with regard to the significantly higher self-esteem reported by the working respondents is congruent with this position.

The second dimension, "self-deprecation", is a more complex one, and could be interpreted as resting on the recognition that one may gain psychologically by avoiding costs, as well as attaining goals. It is perhaps within this dimension that we can best explain the differential values attached to education and the number of children. Harris and Stokes (1978) argue that, with class held constant, blacks should give greater salience to cost avoidance than whites. As such, the two races may in effect employ fundamentally different modes of self-evaluation. "Within a social structure where caste and class affect the chances for goal attainment, persons blocked from goal attainment will surely seek alternative strategies for the maintenance of self-esteem. Furthermore, these alternatives will emphasize efficacy in the avoidance of costs" (Harris and Stokes, 1978, p.74).

We placed work in the first dimension because it was somewhat more pragmatic, in that, work is a legally mandated value for AFDC recipients. As such, the issue of cost avoidance really does not enter the picture. In contrast, the benefits of education, while "ideally" important, does not have the same power of immediacy that both work and children provide. Education in the absolute sense is viewed by the black women as being desirable, but it is viewed within the context of "blocked opportunities" Hence, they must devalue the importance of education in the development of self-esteem, thus avoiding the psychological costs which may accrue by aspiring for higher education. But, as Harris and Stokes point out, these individuals must find an alternative strategy to maintain their self-esteem. It is here that the importance of children come into play.

Our data point out that the presence of a child is viewed as being more important to the maintenance of self-esteem by the black respondents.
In addition to the typical explanations that are usually attributed to the presence and value of children (Berelson, 1972), it could be argued that these black mothers may be hoping for their children what they did not have themselves. They may value education as something their children may benefit from, and to some extent, may even attain vicarious self-esteem off the potential success of their children. In fact, a number of studies report that the less advantaged parent may hold as high or higher aspirations for their children as their more fortunate counterparts (Scanzoni, 1971; Sewell, 1971). In contrast, the white respondent sees less blocked opportunities with respect to education, and therefore, is less likely to refer to cost avoidance.

In summary, our data indicate that there are no differences in self-esteem between the black and white AFDC recipients. However, the two groups differ somewhat on their perceptions about the sources of self-esteem. Both groups value work as a major determinant of self-esteem. Beyond this, however, the black respondents value the presence of children and the whites educational attainment. This differential perception is explained in terms of a two dimensional view of self-esteem, with blacks utilizing cost avoidance procedures as a result of blocked opportunities.
<table>
<thead>
<tr>
<th>Demographic Characteristics of Study Sample</th>
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<tbody>
<tr>
<td>White (N=135)</td>
</tr>
<tr>
<td>Black (N=132)</td>
</tr>
<tr>
<td>N</td>
</tr>
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<td>-----</td>
</tr>
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<tr>
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</tr>
<tr>
<td>Unmarried</td>
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<tr>
<td><strong>Number of Children</strong></td>
</tr>
<tr>
<td>One</td>
</tr>
<tr>
<td>Two</td>
</tr>
<tr>
<td>Three</td>
</tr>
<tr>
<td>Four</td>
</tr>
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<td>Five or more</td>
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<td><strong>Age</strong></td>
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<td><strong>Education</strong></td>
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<tr>
<td>High school</td>
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<tr>
<td>College</td>
</tr>
<tr>
<td><strong>Work Status</strong></td>
</tr>
<tr>
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</tr>
<tr>
<td>Not working</td>
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<tr>
<td><strong>Income</strong></td>
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<tr>
<td>3,999 or less</td>
</tr>
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<td>4,000 - 9,999</td>
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<td>10,000 or more</td>
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1. Different N's reflect missing data in the various categories
### TABLE 2
Demographic Predictors of Self-Esteem

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<td></td>
<td>Eta</td>
<td>Beta</td>
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<td>Eta</td>
<td>Beta</td>
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<td>.25</td>
<td>.32</td>
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<td>Education</td>
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<td>.21</td>
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<td>.07</td>
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<td>Marital Status</td>
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<td>.05</td>
<td>.04</td>
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<td>Number of Children</td>
<td>.12</td>
<td>.09</td>
<td></td>
<td>.22</td>
<td>.26</td>
<td></td>
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<tr>
<td>Age</td>
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<td>.09</td>
<td></td>
<td>.10</td>
<td>.13</td>
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\[ R^2 = .11 \quad R = .33 \]

\[ R^2 = .15 \quad R = .39 \]
### TABLE 3

Analysis of Variance on Self-Esteem by Work Status, Education, and Number of Children

<table>
<thead>
<tr>
<th>White</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>F-ratio</th>
<th>Sig</th>
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<td>Working</td>
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<td>19.08</td>
<td>5.19</td>
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<td>20.95</td>
<td>5.72</td>
<td>5.686</td>
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<td>High School</td>
<td>98</td>
<td>18.11</td>
<td>4.97</td>
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<td></td>
</tr>
<tr>
<td>College</td>
<td>15</td>
<td>15.33</td>
<td>3.02</td>
<td></td>
<td></td>
</tr>
<tr>
<td>One</td>
<td>39</td>
<td>17.25</td>
<td>4.13</td>
<td>1.213</td>
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<tr>
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<td>29</td>
<td>18.75</td>
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<tr>
<td>Three</td>
<td>26</td>
<td>18.58</td>
<td>4.98</td>
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<tr>
<td>Four or more</td>
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<td>5.05</td>
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<table>
<thead>
<tr>
<th>Black</th>
<th>N</th>
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<th>SD</th>
<th>F-ratio</th>
<th>Sig</th>
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<tbody>
<tr>
<td>Working</td>
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<td>15.94</td>
<td>3.96</td>
<td>8.747</td>
<td>.001</td>
</tr>
<tr>
<td>Not Working</td>
<td>68</td>
<td>18.24</td>
<td>4.46</td>
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<td></td>
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<tr>
<td>8th. Grade</td>
<td>12</td>
<td>19.50</td>
<td>3.45</td>
<td>2.034</td>
<td>ns</td>
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<tr>
<td>High School</td>
<td>93</td>
<td>17.09</td>
<td>4.42</td>
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<tr>
<td>College</td>
<td>17</td>
<td>16.35</td>
<td>4.50</td>
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</tr>
<tr>
<td>One</td>
<td>27</td>
<td>16.03</td>
<td>4.08</td>
<td>1.389</td>
<td>ns</td>
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<tr>
<td>Two</td>
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<td>18.18</td>
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</tr>
<tr>
<td>Three</td>
<td>22</td>
<td>17.14</td>
<td>4.09</td>
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<tr>
<td>Four or more</td>
<td>45</td>
<td>17.28</td>
<td>4.87</td>
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<td></td>
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</table>

1. Different N's reflect missing data on any given combination of variables: Work status, education level, number of children, and the lack of a score on the S-E scale.
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Street, L.
PROCEDURES FOR THE
MAINTENANCE AND GENERALIZATION
OF ACHIEVED BEHAVIORAL CHANGE

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ABSTRACT

Procedures for the maintenance and generalization of achieved behavioral change in anti-social adolescents are reviewed. A review of follow-up studies which provides the rationale for the incorporation of such procedures in practice is initially elaborated. Specific items discussed are possible avenues to the maintenance and generalization of behavior: social networks, peers, and parents; training socially relevant behaviors; changing the conditions of training; gradually removing or fading the contingencies; delayed reinforcement; and self control procedures. Throughout the manuscript relevant case illustrations are reviewed.

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Introduction

The incidence of juvenile delinquency continues to occupy the attention of a number of social workers. Treatment evaluations of therapeutic practices based on traditional techniques are not encouraging. With the exception of programs based on the behavioral approach, little data exist to support practice efforts with delinquents (Braukmann and Fixsen, 1975; Burchard and Harig, 1976; Davidson and Seidman, 1974; Lundman, McFarlane, and Scarpitti, 1976; O'Leary and Wilson, 1975; Sarri and Selo, 1974; Shiremann, Mann, Larsen, and Young, 1972; Stumphauzer, 1973). Even with the various behavioral programs, however, there remains yet the unresolved problem of the maintenance and generalization of behavioral change once achieved.

Maintenance can be viewed as the length of time elapsed between the termination of therapy and the continuance of the behavior. Generalization refers to the extent the behaviors learned in the clinical context occur at appropriate times, and to socially relevant persons in the socially relevant settings. Thus, if the goal of a treatment program is for a child to develop adequate social and academic behaviors, then once these behaviors are acquired the crucial subsequent issues of maintenance and generalization must be addressed. The literature on maintenance and generalization indicates the processes will not occur by chance, and therefore any sophisticated treatment program must directly address them (Kazdin, 1975 and 1977; Koegel and Rincover, 1977; Stokes and Baer, 1977).

This manuscript elucidates the role of the social worker in the maintenance and generalization of behavioral change. Specific items discussed include training relatives or significant others in the client's environment; training behaviors that have a high probability of being reinforced in natural environments; varying the conditions of training; gradually removing or fading the contingencies; using different schedules of reinforcement; using delayed reinforcement and self control procedures, and so forth where relevant case examples are used to illustrate the procedures. Prior to discussion of these items, the literature on follow-up endeavors of three comprehensively based behaviorally focused treatment programs for delinquents is briefly reviewed. This review provides the rationale for the inclusion of the treatment components to ensure the maintenance and generalization of behavior in any treatment program.

Review of Follow-Up Findings

Programming Interpersonal Curricula for Adolescents (PICA) was the federally-funded and community-based applied research program conducted in a laboratory school. Procedures based on social learning theory were employed to improve basic reading, arithmetic, and interpersonal skills of selected students. These adolescents were designated by their teachers as having major academic and behavior problems in their original schools (Cohen, Filipczak, Slavin, and Boren, 1971).

Although no control group was used in the pilot laboratory study, the students did make large scale and important progress in attendance, reading, and arithmetic
skills as compared to data provided by normative samples. In most instances, achievement test gains for PICA students were greater than that of the "normal" junior high students, exceeding 1.0 grade levels per school year.

Other information corroborated the progress noted by the standardized tests. For example, students from the first program year were found to improve their grades in regular school classes (social studies and sciences) by 1.3 grade levels (from "F" to "C-"). One-year follow-up of these same students indicated the number of juvenile charges placed against them decreased to 12 percent of that found in the year before enrollment (from 17 charges to 2 charges).

The second follow-up occurred approximately five years after the students' participation in the original program. The attitudes and performances of fifteen of the original twenty-four adolescents were assessed on a range of self-report measures, incorporating such variables as their employment and educational status, evaluation of program participation, involvement in leisure time and community activities, relationships with friends and family, and anticipated adverse consequences of engaging in delinquent acts. Data resulting from this follow-up study did not demonstrate the long-term merits of a behavioral program with this population (McCombs, Filipczak, Friedman, and Wodarski, 1978).

Preparation Through Responsive Educational Programs (PREP), a federally-funded and community-based applied research project similar in operation to (PICA) with the exception of its being housed in a public school, was based on social learning theory aimed at achieving a number of short-term and long-term goals with pre-delinquent children. Each goal attempted to expand the students' academic and social skills and permitted them to function more appropriately within their original academic environments. As outcome data suggest, there were significant differences between the experimental and control group scores favoring the experimental groups in academic areas such as vocabulary development, reading comprehension, language skills, arithmetic computation, mathematics application, disciplinary referrals, and class grades (Cohen and Filipczak, 1971; Filipczak, Friedman, and Reese, 1977; Filipczak and Wodarski, 1979).

Follow-up occurred approximately four years after the students participated in PREP. The behavior of forty of the originally randomly assigned sixty adolescents was assessed on variables such as their employment and educational status, evaluation of program participation, involvement in leisure time and community activities, self-esteem, aspirations and expectations, involvement in delinquent activity, relationships with family and friends, and anticipated adverse consequences of engaging in criminal acts. Twenty-one experimental participants and 19 control group participants were located. Statistical tests were performed to assess whether those experimental participants and controls who were not located for the follow-up study were significantly different from follow-up participants on 64 program evaluation variables available for the various social and academic behaviors. The analyses reveal that the children who participated in the follow-up investigation who were exposed to the experimental manipulation are representative of the entire
population of anti-social children who participated in the community-based program. Follow-up data comparisons between experimental and control group participants indicate no long-term merits of the behavioral program with this population (Wodarski and Filipczak, 1977).

The third community-based, residential treatment program (CRISIS) involved fifty-three pre-delinquent children with follow-up data. The immediate efficacy of the behavioral modification techniques was verified in terms of academic and social skills such as room cleaning, attending school, getting to bed on time, increasing problem solving and decision making skills, leading group discussion sessions, participating in staff meetings, preparation of discharge plans, practicing performances likely to be important in natural settings such as social and self-control skills, and so forth. However, follow-up results, including comparisons with a matched control group at three-month and nine-month intervals, indicate failure of the program to maintain desirable social outcomes for discharges. A number of variables were compared at follow-up: grades, attendance at school, juvenile court contacts for running away, truancy, incorrigibility, criminal acts, placement changes by juvenile courts and children and family service agencies, institutional placements, family placements, and changes in foster care placements (Davidson and Wolfred, 1977).

Thus data from all three follow-up investigations indicate that behavior modification programs can achieve significant behavioral changes in pre-delinquent and delinquent children. However, the maintenance and generalization of appropriate behaviors does not readily occur. The generalization question can be thought of in terms of do behaviors occur in different relevant social environments, in the presence of significant others and at appropriate times. For example, a program that teaches conversational skills such as association and clustering of words, duration of utterances, reducing the number of interruptions, asking clear questions, the ability to make interpretive, reflective and summary statements, and certain voice qualities such as appropriate tone, and non-verbal behavior such as posture, body motion, eye contact, touching, and so forth, would have a true test of generalization when a previously labeled "delinquent" approaches a possible employment interview, a teacher, or law enforcement officer and exhibits the appropriate conversational behaviors.

Possible Avenues to the Maintenance and Generalization of Behavior

Social Networks

Peers. Significant influencing agents in providing reinforcement for deviant or pro-social behavior are peers (Feldman and Wodarski, 1975; Rose, 1972 and 1977; Whaler, 1969; Wodarski, Feldman, and Flax, 1973). Even though this idea is well established, it is very difficult to develop procedures to modify the normative reinforcement structure under which peers operate. It appears, however, that group contingencies may be the most appropriate procedures for modifying the manner in which peers dispense reinforcements to each other.
Group contingencies refer to reinforcements that are presented to all or most group members following the display of certain behaviors by the group or selected members. Such behaviors may be denoted by the group's accomplishment of certain tasks, such as planning job interviews or successfully resolving a problem, or by the accomplishments of specific members, such as more frequent pro-social behavior by one or two selected members. In either case a significant portion of the group's membership receives reinforcement following manifestation of the desired behavior by the entire group or by certain of its members.

Group contingencies modify behaviors most readily by producing the greatest group pressure (1) when all group members have to exhibit a given behavior at a certain criterion rate or (2) when one or two group members are required to exhibit a certain rate of pro-social behavior in order for each group member to receive reinforcement. The situation and the behaviors to be modified determine which of these contingencies the worker should structure. The effectiveness with which group contingencies modify behaviors decreases as the proportion of group members who receive reinforcement decreases.

If children have been through a treatment program and have acquired necessary academic and social skills, workers could structure group contingencies that would support such behaviors through peer reinforcement. For example, John is 14 years old and three years behind in math and he exhibits various destructive behaviors such as hitting others, damaging physical property, and making loud noises in class. He goes to a behavioral program such as PREP to increase his mathematic and social skills. After he achieves the desired levels of these behaviors his peers are informed that if he continues to maintain the behaviors at acceptable rates they will periodically gain desired reinforcers. Employment of group contingencies depends on the peers cooperating and the worker offering desirable enough rewards. Reinforcers that could be utilized might include trips, food, a party, utilization of desirable facilities in the community, tickets for special events such as rock concerts and sporting events, social praise, and so forth.

Another example of how peer reinforcement influences behavior is seen in the "buddy system." Here adolescents and a social group worker determine that the group should continue intact and serve as a support system for the members once formal treatment is completed. They therefore build a buddy system into the formal structure of group operations. Under such an arrangement, group members are taught to work in subgroups of two or three as part of the group process and as part of their homework assignments. Buddies may serve as monitors who track each other's social and academic behavior, as models for effective performance and as companions who provide important feedback and reinforcement in the absence of a professional therapist. Such procedures increase the probability that the relevant behaviors will be maintained and generalized to appropriate contexts.

It is important to emphasize that the use of the social network of peers in group treatment assumes the possibility for certain members to obtain reinforcement when members other than themselves are the enactors within the group. Thus, for
example, it is possible to structure a group contingency wherein all members will receive reinforcement, such as the opportunity to attend a professional sports event, if just one group member substantially improves his anti-social behavior during a given time period. Such a contingency is extremely potent for the lone enactor since all the group members will direct strong conformity pressures toward him in order to assure their own reinforcements. In contrast, if fewer members are promised reinforcements for progress made by a single member, the corresponding conformity pressures are likely to be much weaker.

For example, let us assume that a social worker has managed to make contact and develop a working relationship with a group of anti-social inner-city adolescents who have been causing disturbances within the neighborhood. His goal in working with these youngsters may be to help them reduce their aggressive behaviors and to teach them more socially acceptable ways of problem solving and conflict management. In order to accomplish this, the social worker will have to possess valued resources which the group members desire but are unable to obtain without his assistance. These reinforcements may be, for example, the social worker's ability to have the group members gain access to a neighborhood swimming pool from which the youngsters previously have been barred because of their behavior, or the social worker's ability to secure a club room in the local community center for the group to use for meetings. In either case, the continued use of these facilities by all group members may be made contingent upon the enactment of specified pro-social behaviors by one or two of the group members or all group members. The use of group contingencies in such a manner definitely alters the reinforcing patterns exhibited by peers toward each other (Feldman and Wodarski, 1975; Wodarski and Bagarozzi, 1979).

Implementation of group contingencies is easier in institutional settings where the worker can exercise greater control over the reinforcers available to the group, can observe the reinforcing patterns of peers and thus plan corresponding interventions. However, effective use in open settings can occur if powerful enough reinforcers are isolated and used (Wodarski and Bagarozzi, 1979).

Parents. The parents' role in influencing a child may not be negated. Extensive data exist to support the training of parents as significant reinforcement agents in the maintenance process. One simple rationale for training parents in behavioral procedures is the amount of time they spend with their children (Berko-witz and Graziano, 1972; Graziano, 1977; O'Dell, 1974). Moreover, parents can be trained easily to use stimulus control techniques to influence rates of behavior and to provide appropriate consequences for desired behavior. With minimal effort parents can be taught to identify motivators to facilitate the acquisition and maintenance of appropriate behaviors, how to use contingency contracting, how to change their own behavior, and so forth. In all of these instances where the training of parents or significant others is involved, once the behavioral procedures are mastered it is essential that significant others apply them consistently (Wodarski, 1976). Use of parents in maintenance of behavior is illustrated as follows.
Fifteen-year-old Stanley had difficulties completing his homework at night. His studying difficulties were affecting his academic performances at school and as these performances deteriorated his rates of anti-social behavior increased. Stanley's parents facilitated the study process by providing a context for studying, i.e., a physical situation that had a minimal number of stimuli to disrupt the studying process, and provided appropriate reinforcement for adequate durations of studying behaviors. Moreover, his parents also played a significant role in implementing various reinforcement systems developed with school social workers, such as vouchers indicating Stanley's daily and weekly academic and social performances. This facilitated the occurrence of appropriate behaviors at school with parents providing the reinforcement. Ongoing research tends to demonstrate that parents can play a significant role in modifying the following behaviors exhibited by their children: aggressive, delinquent, non-compliant, social, leadership, independence, and so forth (Rinn and Markel, 1977).

Possible difficulties in the use of parents in behavioral programs center around their frequent inability to refrain from attempting to modify their children's behavior while observing them during the baseline period. In such instances, the social worker may arrange to make home visits during which he can model the self-control behaviors for the clients, offer constructive feedback, coach them in the use of specific techniques and supervise their performances through providing guided practice instructions so that they can develop the skills necessary for making accurate behavioral assessments.

If parents find it difficult to locate sources of reinforcement which can later be used to reward their children, the social worker may have to make another series of home visits to help them overcome this difficulty. If another group member is skilled in behavioral observation and assessment, however, he may serve as a buddy who can help other group members identify those satisfying behaviors which frequently are engaged in by their children, such as watching particular television programs, eating certain types of foods and treats and playing certain games. Once these reinforcing behaviors have been identified, their use as incentives can be discussed and evaluated with the other group members at the next session.

Parents' involvement in such a manner facilitates the alteration of behavior. However, the worker must gauge the parents' motivation to implement the procedures consistently. Additionally, problems may be avoided if the peer reinforcement patterns correspond to the parents'.

**Training Socially Relevant Behaviors**

The choice of behaviors that have a probability of being reinforced is essential. Nothing beats acquiring skills such as vocational, academic and social that can help an individual gain reinforcement in the real world (Kazdin, 1977; Stokes and Baer, 1977). Treatment approaches based on developing understanding, insight, and so forth, may produce negative results because they do not teach the delinquent skills that secure reinforcement for them and thus are not maintained by the
natural reinforcement system in which the child operates once he leaves the therapeutic situation.

For example, Jane is sixteen years old and has difficulties in meeting and conversing with friends. This has contributed significantly to her development of a negative self-image. Moreover, the lack of attention from appropriate significant others played a significant role in her engaging in delinquent activities of truancy and thefts of students' and adults' possessions. Through the process of assertive training she is taught how to initiate and maintain conversations in terms of giving and receiving compliments and asking questions that elicit future interactions. Such behaviors bring her new rewarding experiences such as making new friends and gaining popularity. These experiences decrease her negative self-image and bring her the attention she desires.

Thus, increasing academic, vocational, and social behaviors that will help the individual secure reinforcers in the future increase the probability of maintenance and generalization of behavior.

However, a crucial question to be asked is what ethical obligations does the worker have if such behaviors are acquired and the client's environment does not provide sufficient reinforcement.

Changing the Conditions of Training

When therapeutic services are provided in only one context, generally the therapist's office, and by only one worker, generalization of behavior is impeded. According to social behavioral theory, various stimuli of the therapeutic context become discriminative stimuli for the behavior. These discriminative stimuli then control the amount of generalization that can take place in the behavior. Thus, therapy provided by only one worker and in only one context substantially narrows the number of discriminative stimuli that control the behavior and thus reduces the maintenance and generalization of achieved desirable behavioral changes (Holmes, 1971; Kazdin, 1977; Waters and McCallum, 1973).

To facilitate the generalization and maintenance of behavior we should utilize multiple workers and/or varied training situations. For example, Jack, age sixteen, is seen by two different workers, one a male and the other a female. One of his difficulties related to his talking back to his parents, i.e., when they refused his requests, he raised his voice, muttered unintelligible statements, was unable to state problems in an inoffensive manner, and he could not state options and negotiate them in a reciprocal way so that reinforcers for both parties were exchanged. In addition to varying the therapist, therapy sessions were held in some instances at either worker's home. These two processes facilitated the maintenance and generalization of behavior and helped ensure that behaviors acquired were not limited only to a narrow range of discriminative stimuli.
The social worker's role at the close of treatment is to help facilitate transfer and maintenance of relevant behavior to a variety of different stimuli. A variety of techniques can be used toward this end:

1. Repeating practice of newly acquired skills so that they are overlearned, that is, connected to a greater variety of stimuli and thus becoming more resistant to extinction.

2. Holding treatment sessions in a variety of environmental settings, finding different relevant locations where newly acquired behaviors can be practiced, and using a variety of workers to increase the number of discriminative stimuli to which the behaviors are connected.

3. Using role plays which present unpredictable, stressful and novel situations to the adolescents which they may encounter once they leave therapy.

4. Helping the adolescent join already existing community groups which will foster the maintenance of new behaviors, e.g., joining "Y" sports programs, Weight Watchers and other such natural groups which provide a social system that reinforces the behavior.

5. Using multiple models who exhibit the desired terminal behavior not only to facilitate the acquisition of the behavior but also to increase the number of discriminative stimuli which control the behavior, thus increasing the potential for the generalization of the behavior to desired contexts.

Once treatment has terminated follow-up interviews, telephone calls and mailed questionnaires should be used by the therapist in order to assess whether changes are being maintained or to determine whether new difficulties have cropped up. Follow-up procedures of this type also serve as additional supports for maintaining behavioral gains. This is especially true if follow-up meetings are held and the adolescent knows that maintenance of behavioral gains will be reinforced by other group members.

Gradually Removing or Fading the Contingencies

Variable Schedules of Reinforcement. As behaviors are being acquired workers will want to reinforce them every time they occur. Once the behaviors reach the appropriate levels we want to reduce the amount of reinforcement that we give children. Here workers will want to use some type of a schedule of variable reinforcement, that is, not reinforcing the behavior every time it occurs.

For example, fifteen-year-old Mary has difficulties preparing to go to school, i.e., getting dressed, collecting necessary items such as lunch money and her notebook, and fussing about why she has to go to school, why certain clothes are necessary, and so forth. These difficulties usually cause arguments with her parents on an average of three times a week. The school social worker in graphing her performances at school on academic and social tasks, found a direct relationship between the altercations and school performance. Once the behaviors to be changed decreased to appropriate levels following a behavioral change program, the school
social worker instructed the parents not to reinforce the child every time appropriate behaviors occurred.

Various procedures are available to thin reinforcement schedules. Parents may choose to gradually and proportionately reduce the days reinforcement can be secured. They can alternate reinforcement of various behaviors and the types of reinforcers used, that is incorporating more and more of the rewards available in the client's natural environment, and so forth. In Mary's case once behaviors achieved desirable levels, reinforcement was provided every other day. The behaviors of getting to school on time and not being negative were not rewarded simultaneously and the parents shifted from material rewards to praise. Many behavioral programs are characterized by an approach where parents are taught behavioral principles. However, the direct application of variable schedules of reinforcement is not adequately covered.

Delayed Reinforcement

Various procedures can be utilized to increase the maintenance of behaviors through the use of delayed reinforcement. Once a behavior is established at the desired level, tokens which initially were provided every time a behavior occurs can be provided instead at the end of the day, every other day, weekly, and so forth. The idea is that longer and longer periods should elapse between when a behavior is exhibited and when a reinforcement is provided for that behavior. This process reduces the behavior's dependence upon reinforcement. Likewise, as behaviors are established at desirable levels, rewards that are available in the environment where the behavior naturally occurs should be incorporated.

By varying the process of reinforcement administration the ability of the person to discriminate when reinforcement will be available for the performance of the behavior decreases, and this increases the performance of desired behavior.

Data indicate that initially all behaviors should be reinforced in the treatment plan. As the client acquires target behaviors fewer behaviors are reinforced. For example, the behavioral change program may call for the alteration of the following behaviors: poor conversational skills, non-participation in setting vocational objectives, failure to follow reasonable requests, inadequate academic performances, disruptive behaviors in school such as hitting others, damaging physical property, running away, making loud noises, using aggressive verbal statements, throwing objects such as paper, candy, erasers, and chairs, and poor job interviewing skills. As the behaviors decrease or increase to the desired levels, the worker may alternate the behaviors chosen to be reinforced. Initially behaviors may be reinforced immediately after they occur. After the desired frequency has been attained the behavior may be reinforced once daily, weekly, and so forth.

Self-Control Procedures

Advancement of this particular area in the field of behavior modification has been substantial (Thoresen and Mahoney, 1974). Self-control techniques help social
workers ensure that the treatment plans discussed in office interviews are actually carried out in the client's environment. Furthermore, they may enable a client to design a modification plan without the aid of the therapist when other problems are encountered after therapy (Wodarski, 1975). Clients can be trained to define behaviors, record behaviors, to consequent the behaviors, to utilize stimulus control procedures, and so forth. When such processes are implemented by the client, the number of learning trials and the contexts in which desired behaviors are practiced are increased, thus increasing the probability that the behaviors will be maintained and generalized (Staats, 1975).

For example, a sixteen-year-old female delinquent referred for treatment by the juvenile court as a result of excessive absences from school, general idleness, and lack of academic skills, desired to reduce her weight since it brought her negative criticism from significant peers. She was taught how to covertly positively reinforce herself by eating only at meals and for refusing requests for additional food at other times. Other self-management procedures also were incorporated into the treatment plan. Since feeling anxious increased her eating, she was also taught progressive relaxation to reduce her general level of tension. During the sixteen interviews she began to lose weight and her general level of tension decreased. Concurrently, she started to develop better social relationships with her peers and her academic performance at school improved. A follow-up interview four months after treatment termination indicated the teenager continued to be successful in relaxing herself and continued to lose weight.

Implications for Practice

The reason many behavioral programs show initial positive results and a subsequent lack of generalization and maintenance is likely due to lack of proper attention to procedures for maintenance and generalization in the planning stages of the program.

In summary, it is emphasized that due to the available mechanisms for delivery of services, such as home visits and work within the client's total environment, social workers are well equipped to provide services necessary to ensure the maintenance and generalization of behavior. In addition, with new training they will be able to evaluate how significant others reinforce the client and how these individuals can be trained to maintain certain desirable behaviors exhibited by the client. This will add to the theoretical knowledge necessary to understand how natural reinforcement systems operate to facilitate the maintenance of behavior.

References


