
The Journal originated with the Division of Sociology and Social Welfare of the Society for the Study of Social Problems.
Making it Legal: A Comparison of Previously Cohabiting and Engaged Newlyweds. 

HAYL J. SHERLOCK

97.

Community Service and Older Americans. 

ZEV NABEL 
NUTH ELLIEN LINDENBERG

111.

The Price of Unemployment and Inflation and Who Pays. 

MICHAEL SORRERO

122.

Poor Urban Blacks and Community Participation. 

CHARLES STEVENS

132.


JOSEPH DAVENPORT III 
JUDITH AND DAVENPORT

150.

Factors Distinguishing Urban and Rural State Mental Hospital Patients in Florida. 

KLAUS K. KURILING 
ROBERT A. LAMAR

164.

The Changing Family and Family Policy. 

RONALD J. MANDELL

174.

Benefits for the Disabled: How Beneficial for Women? 

ELIZABETH ANN KUTZ

194.

Tommy - The Story of an Oppressed Family. 

KAREN M. SHANCO

217.

EDITORIAL.

Since we split the editorial functions and the managing-publishing functions last year and I took over as editor, there have been some ragged moments for the journal. The new division of labor took some time to become routine. Our survival was never in doubt, and we continue to receive compliments on the quality and relevance of the articles we publish. But I know that we try the patience of our subscribers and authors when the issues don't appear on time. The fact that older and more prosperous journals have similar problems suggests that there are other things at work beyond our particular division of labor, systemic problems that may be beyond our managerial control and which we may have to live with a while longer. But we're hopeful nonetheless. We begin a new volume with a striking new cover, some exciting special issues and symposia, and the continuing presentation of scholarly work which tries to bring theory and practice together in understanding and influencing our society.

The Editorial Board has made several decisions in its meetings over the past year that I would like to report to you. We have had to increase subscription rates in order to keep pace with mailing and printing costs. We will appear four rather than six times a year as a further economy measure, but we will continue to publish 60-65 articles a year. At $12 we still cost less and produce more than any other scholarly journal I know.

A related topic of discussion at several recent Board Meetings is whether to invite a professional publishing house to adopt the Journal. This might improve our circulation through advertising and our appearance through typesetting. It might also increase our price and cut our volume, so we will consider the costs and benefits of such a move very carefully.

The Board has decided to begin a book review section. Paul Adams of the University of Iowa has agreed to take on the project. The Board also approved special issues on Women and Social Welfare, Guerrillas in the Bureaucracy, Minorities of Color and Social Welfare, and the Political Economy of Social Welfare. More information on these developments will appear in the next issue. Also in the next issue I'll tell you about some changes in the Editorial Board.

Bob Leighninger
Although social work is viewed as a human service profession, with the implicit assumption that it is humanistically oriented, an examination of some of the theoretical orientations, practice settings and practice methodology will reveal a number of paradoxes, problems, and potential promises. I do not claim to provide more than a sampling, to provide a more exhaustive analysis would require considerably more time than is available.

There are many definitions of humanism. I am interested in a society in which each individual human being is seen as a person with inherent dignity and worth and not as an object with utility. I am interested in a society in which relationships among human beings are non-exploitive, cooperative, and equalitarian, (Gil, 1976). I am interested in a society in which the resources created by human beings through their labor is distributed so as to provide each person with the goods and services to meet his/her needs without denying others theirs. I am interested and concerned that each individual have equal opportunities to develop to his/her fullest human potential. My yardstick for measuring any social policy is related to how does the policy and program relate to these concerns. Will this program create equal opportunities for each individual to develop to his/her fullest potential? Does this policy and program help distribute the product of human labor to meet human needs? Does the policy and program recognize the inherent dignity and worth of each individual or does it continue to view the human being as an object with or without utility. Does the policy or program facilitate the establishment of non-exploitive equalitarian cooperative relationships or does it continue the hierarchical competitive, exploitive relationships and structures?

Within this framework, I should like to begin to discuss some of the paradoxes between humanism and social work. It is obvious that my definition of humanism involves a political orientation. This is partly due to the fact that I place stress on the creation of a society in which the values professed by social work can be realized. Much of social work practice focuses on the individual and the family without sufficient attention to the socio-economic foundation of our society and the consequences for all human beings. Social work practice is frequently described as apolitical.

It is in failing to recognize that all social work practice is political practice that we can see some of the paradoxes between humanism and social work. All social work practice occurs within
social institutions. These institutions, whether publicly financed or privately financed through United Ways, are designed to provide services so that the existing social arrangements and social order may be maintained, (Piven and Cloward, 1971; Goroff 1973; Mandell, 1973).

Social workers who perform their services within these institutional structures are performing a political act, whether that act is arrived at attempting to change the institutional arrangements or to maintain and strengthen them, (Galper 1975). To the degree that our social institutions are based on promises other than those defined as humanistic, the social worker is placed in a paradoxical situation i.e. how to practice as a human in a social institution that is non-humanistic. The recognition that social work practice is political activity holds one of the potential promises. I will elaborate upon this point later in the paper.

Vertical relationship, i.e. hierarchically structured relationships are inherently oppressive in as much as it places the subordinate individual in a position in which his/her needs, wants, and desires are not the motivating factor involved in the interaction. Many relationships established between the social worker and the individual seeking help within this institutional structure reflect what Mills called, "the vocabulary of motives." The social expectations for the social worker and the "client" in these settings are part of the culture. Frequently there is an ideology of paternalism and non-reciprocity permeating the cultures of the bureaucratic structured social service institutions. The inequity in power and authority reflected in the vertical relationships (Freire, 1973) can be conceptualized as a political relationship parading as a professional relationship.

One of the consequences of the vertical relationship is for the social worker to become an agent of social control for maintaining the status quo and conformity. Social workers became "soft-cops." This relationship is contrary to the egalitarian cooperatives and non-exploitive relationship inherent in my definition of social worker. There is an alternative relationship described by Friere as a horizontal relationship. He describes this relationship as one in which there is a commitment to equality, to the abolition of privileges, and to non-elitist forms of leadership wherein special qualifications may be exercised, but are not elaborated upon later in the paper.

Some of the theoretical knowledge that social workers utilize in their work presents some paradoxes for the humanist social worker. Social workers have used different psychological frameworks in attempting to understand the human condition. Rarely, however, have the political implications of the various psychological theories been examined. For example, psychological theories which posit a natural order of developmental stages which individuals must pass through results in diagnosing problems as being due to the inability
of the individual to successfully negotiate a state of development (Sternberg, 1977). The consequences of this framework is to place the genesis of the problem within the individual, ignoring how the social order is impacting the person. It is true that the pain resulting from the problem the individual is experiencing is within the individual, however the cause is frequently in the social arrangement we have perpetuated. The consequence is to focus on the individual rather than on the socio-economic arrangements.

Sociological concepts become psychologicalized with the political consequence of shifting the focus from the social arrangements to the individual. The most glaring example of this is in the concept of alienation. One can point to Seeman (1959) and his definition of alienation as a feeling of powerlessness, a feeling of meaninglessness, a feeling of normlessness, a feeling of isolation, a feeling of self-estrangement as a clear illustration of a concept which originated in an analysis of the socio-economic structure and relationship to that property of the individual.

There are many psychological and sociological theories which are premised on the "individual deficit model." To the degree that social workers utilize these frameworks as a basis for trying to understand the human condition, they find themselves in situations in which they impose their world view upon those seeking their help. The paradox here for the social worker who is trying to be a humanist is that the individual becomes an "object to be studied and diagnosed" for his/her deficiencies rather than an individual to be understood.

As social work became increasingly "professional" with appropriate professional organizations, graduate schools, state licensing, there has been an accompanying increase in mystification. An important aspect of trying to lay claim to an area of practice as one's exclusive domain i.e. become professional, is to develop an expertise. The "expertise" in social work as in most "professions" is such as to require a considerable degree of mystification. Mystification is a major component of dehumanization (Lee, 1976). This is accomplished by taking everyday human experiences, abstracting and reifying them. Again, in an attempt to legitimate the claim of social workers that we are a profession we have created a paradox for the humanistic social worker. We have mystified ourselves.

Many linguists have long recognized the relationship of language, thought and activities. The fact that words connote status differentials, authority relations and differential access to resources have not been sufficiently stressed in many of the helping professions including social work. Since the most common stance is to view social work as a benevolent helping profession, the use of language is not necessarily seen as defining political realities, but rather the dynamics of the "helping process." One of the major functions of any political term is to marshall public
support or opposition, (Edelman, 1974). Social workers rarely try to impose their will on others; it is the other that is "resisting help." Social workers are not punitive people, we merely set limits for people. We do not deny people what they want, we refuse to reinforce or reward "demanding behavior." We use language to distort reality and thus create additional paradoxes for the humanist social worker.

Probably one of the more serious paradoxes for the humanistic social worker is the use of social science theories to impose meaning on the behavior of people rather than finding out how the people are defining their world and what they are trying to achieve. The need to understand the empirical world of the actor in order to understand the actor was stressed by Blumer (1969) and others. Yet, in the hope of gaining legitimacy in the academic world, social work has become a scientistic profession rather than a scientific profession.

The utilization of theoretical constructs as criteria for judging the rationality or normality of human behavior seems like a reversal of what ought to be. There is the assumption that if the individual's behavior does not conform with the theoretical construct, then there is something wrong with the person, not the theory.

It is possible to continue to illustrate the paradoxes facing a humanistic social worker because of how social work services are delivered, how social workers utilize theories, the conservative ideological implications of many of the psychological and sociological theories (Zettlin, 1968) borrowed from these disciplines and the failure to recognize social work activities as political activities.

The problems faced by the humanistic social worker can frequently be traced to the nature and structure of the social service institutions. Most institutions are hierarchically organized, i.e. have vertical patterns of relationships. The bureaucratic controls exercised over the social worker create situations which results in conflict between "professional autonomy" and organizational restraints. Most of the organizational restraints originate from the requirement of the organization to maintain itself rather than providing services to those who need it.

The conflict between the needs of the people for service and the organization to maintain itself may place the social worker in the middle. Most of these conflicts are between parties with unequal power. The social worker who tries to maintain a neutral stance is actually siding with the more powerful institution for neutrality in conflictual situations involving parties with unequal power is to support the more powerful party.

When the social worker sides with the people seeking help,
he/she is frequently seen by others as a troublemaker, not a team player, etc. because he/she is in conflict with the others. The person is in danger of losing his/her job or else receiving a poor reference. A student social worker challenged the staff decision and action in the case of a ten year old boy with the result that the situation deteriorated to the point where we removed him from the setting. He was described as "impulsive" not following "procedures," "unable to handle authority" when all he did was to question whether the decision is really meeting the needs of the child or of the institution.

Problems may arise for the humanistically oriented social worker as a consequence of being involved with graduate social work education. A study of two hundred students at a graduate school of social work indicated that bureaucratically oriented people upon entering the school graduated school with the same orientation. All the people who entered individualistically oriented i.e., concerned with the individual, over eighty percent graduated with a bureaucratic orientation. The remaining students were seen by faculty and students as "different." There have been studies which tried to examine the impact of graduate education for social work on students' values. Admittedly there is little correlation between the answers people give on paper and tests and their actions in the actual situations. Nevertheless, there is sufficient data to raise questions whether social work education supports humanistic orientations or whether it educates bureaucrats.

Another problem is found in the relativistic aspects of humanism vis-a-vis an oppressive situation. When one thinks that compared to the oppressive conditions prevailing what "I do is better and therefore humanistic" without truly understanding that like pregnancy there is no such condition as a "little oppression." Recently, a social worker published a paper describing "A Humanistic Approach to Helping Underachieving Students," (Zeff, 1977) in which she described how she helped a school develop an alternative approach to suspension and "pushing out" deviant students. She notes "The experientially based, humanistic group tutoring program, established the following goals for the students:

1. More regular school attendance.
2. Decrease in maladaptive behavior.
3. Improved self-concept.
5. Preparation to apply for jobs if they dropped out of school.
6. Acceptance at trade school if and when appropriate if such a plan was desired by the student."

In my view, establishing goals for others is not humanistic.
I don't know whether it is more or less humane considering the total situation in the school for the students to attend school regularly. Without fully understanding how the world looks to the students, how they define it and what they want to achieve, it is difficult to accept the definition that their behavior was mal-adaptive. Their behavior may have caused others to feel their authority was being challenged, but except for causing the students grief, it is not a question of maladaptive but of non-conforming behavior.

The problem highlighted by this article is in how the term "humanistic" was used. My analysis of the article is that the author described a less oppressive situation for fifteen students, but still within an oppressive situation. In comparison to the general practice, what she did should be applauded, but not because it is "humanistic" but because she tried within her limitations to help create a more tolerable situation for fifteen human beings. She had little impact on the school as an institution. There was no continuance of the program after the one time it occurred.

The promise for a humanistic social work is in the recognition that social work practice is political practice. In this framework one can no longer parade as an apolitical or political neutral social worker. I am not referring to the fact that our activity as social workers and sociologist either maintain the current social arrangements and inequitable distribution of resources and the resultant unequal life chances for people or seeks to help deter these arrangements.

The promise for a humanistic social work practice lies in the recognition by social workers that we are either oppressors or are being oppressed. It is also necessary to recognize that we can be oppressed while oppressing others. This involves a change in consciousness to become more critical of the socio-economic foundation of our society and the cultural belief system, (Gll, 1977). The need to recognize that "the ruling ideas are the ideas of the ruling class." The ruling ideas are nothing more than the ideal expression of the dominant material relationships grasped as ideas, hence of the relationships which make the one class the ruling one and therefore the ideas of its domination, (Easton and Guddat, 1967).

The promise for a humanistic social work practice lies in the recognition that all social theories make certain assumptions about the nature of the human being, the nature of the collectivity and the relationship between the individual and the collectivity, (Goroff, 1973). There are political consequences which result from these theories that are important for social workers to analyze with critical insight.
The promise for a humanistic social work practice lies in the willingness of social workers to give up our arrogance which allows us to justify our planning or establishing goals for others and to recognize that we are like the people, seeking self-actualization which can only be achieved in a society that is egalitarian cooperative and non-exploited. Only in such a society can all human beings achieve self-actualization.

Admittedly, I have been describing the need for a revolution. A revolution is a process, i.e., a series of events over time and not a single event. The promise for a humanistic social work practice will be fulfilled as we become engaged in the process of creating a just and humane social order. The social order that we are currently participating in and therefore helping to create is not designed to meet the criteria.

We must recognize that we are part of a society that is in a state of "massification." As Friere (1973) states "For men to overcome their state of massification, they must be enabled to reflect about that very condition. But since authentic reflection cannot exist apart from action, men must also act to transform the concrete reality which has determined their massification. This is what we must do!
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At this time social planning has come to be synonymous with technical forecasting. Because of this trend, the methods used by social planners are those of positive science. These methods, however, are not self-reflective, and are therefore naive about the epistemological assumptions which they inadvertently advance. As a result of this epistemological naivete, many times the social planner is guided by methodological assumptions that are totally incongruent with the social world to which they are to be applied. This type of social forecasting is referred to as irresponsible social planning, in that it is not sensitive to the needs and values of the individuals to be surveyed. The result of this type of technical forecasting is the development of abstract plans that have little social relevance. In order to avoid this type of irresponsible planning, the social planner must be self-reflexive, so that social planning comes to be viewed as the self-motivated projection and monitoring of social desires. This type of self-motivated planning is non-repressive and indicative of legitimate social management, and is the hallmark of the rational society. Only can social planning facilitate the growth of human rationality when it is guided by self-motivated goals.

At this time the idea of "applied sociology" is receiving more and more attention by sociologists. This concept of "applied sociology" has assumed many variegated meanings. For example, to some sociologists the label "applied" is attached to those sociologists who earn their living in non-academic settings, while to others a sociologist is of the applied variety when he/she employs the methods and knowledge accumulated by the discipline of sociology to solve or remedy a particular social problem. What both of these particular examples embody, however, is a differentiation that is either implicitly or explicitly present when the issue of applied sociology is discussed. That is, most all discussions of applied sociology make the distinction between pure
theory and applied research, in that the applied sociologist is thought to no longer deal with pure theory, but instead is believed to be oriented toward more practical or real issues. This conclusion, however, leads to many serious misunderstandings, particularly when the idea of applied sociology is thought to be similar in intention to what is meant by the idea of social engineering.

Social Engineering and Human Freedom

The process of social engineering usually carries connotations of serious finality. The social engineer, because of his/her belief in absolute rationality, is thought to suppress social spontaneity. This is particularly the case when the social engineer uses the scientific method to determine social policy through the implementation of rigorous research strategies. This more "objective" procedure for regulating social activities is thought to deprive the social individual of his/her volitional capacity, thus resulting in the sterile unfolding of an artificially developed collective destiny. Modern technological development is usually viewed as the paragon of this type of social planning. Understood in this context, the intentions of the applied sociologist are many times thought to be highly suspect.

Why, however, is it the case that systematic planning has come to be associated with repressive activities? Why has the idea of planning itself come to be viewed as an anti-humanistic activity? Or even more to the point, does the process of social planning have to be thought to compromise the freedom that is assumed to be indigenous to social life (Ballard, 1978; Ellul, 1964, Gors, 1967; Habermas, 1979). My immediate answer to this latter query is obviously no, as should be noted from the rhetorical manner in which it is posed. Yet this answer must be elucidated further if the source of my conclusion is to be sufficiently clarified.

Theory and Objectivity

The origin of this confusion is the bifurcation that is thought to exist between pure theory and applied research. According to this typology, theory is thought to exist in some ethereal realm that is totally divorced from the exigencies of everyday life. Because of this it is always accorded a neutral status. Theories, therefore, are not thought to affect the social world in any way, but instead are understood to merely mimic what is presented as worldly or real. The obverse of this arrangement is that what is assumed to be worldly or real is viewed to be an inherent property of the world. The goal of scientific inquiry then is to somehow align a worldly fact to the theory which adequately explains it. Throughout this alignment activity it is never believed that theory orients any search for facts, in that the presuppositions of any
particular theory might actually define what eventually comes to be viewed as factual.

Of course, the aforementioned portrayal of the bifurcation that is thought to exist between theory and practice is somewhat exaggerated, yet my point should be clear. That is, when it is not thought that theory shapes the world-view held by the planner, the so-called scientific view of the social planner may in fact labor to outline a planning option that is of no relevance to a particular community. This is simply due to the fact that the social planner might be inadvertently advancing assumptions about what is thought to be relevant social action that are not at all similar to those held by the individuals to which all subsequent planning policies are to be applied.

What is the upshot of the scenario that is depicted in the foregoing paragraph? Stated simply, a supposedly neutral activity, or theory, is thought to discover through its explanatory power a similarly neutral social fact. How does this rendition of the relationship of theory to facticity outline the social position of the individual relative to the scientific application of sociological theory? In a word, the intentions of the social individual are essentially usurped of their power through the presence of both a neutral activity and a factual world to which he/she has no essential relationship. In the parlance of this so-called scientific enterprise, the individual is merely subjective, while both theory and facticity are provided the seigneurial status of being objective. The terms of such a relationship demand that primacy be given to the objective component (Frankl, 1967; Gadamer, 1976; Marcuse, 1968; Simonds, 1978). The individual is therefore eviscerated as a result of this relationship to the point of lifelessness.

Whose Reality?

In terms of the assumptions of the scientific enterprise, the ability to relate to the world circumscribed by that activity is incumbent upon the extent to which the reality of the social individual is congruent with the scientific world-view. If the world-view held by a society is not grounded in positive science, it is highly likely that those persons will be alienated from the resulting world which scientific theory demands. As Heidegger suggests (1971), at this time not many people orient their lives according to the meanings advanced by positive science. A similar belief is advanced by writers such as O'Neill (1974) and Luckmann (1978). It is no wonder, therefore, that applied sociology, when attempting to facilitate social planning through the use of its theories and methods, is viewed as a highly oppressive and, thus, stultifying activity. Sociological theory and method, as a result of their attempt to emulate the positive scientific approach of physics, do
not really describe the world as it is lived by most actors. In a word, positive science substitutes a particular view of the world for the entire world horizon. As a result of this, the application of sociology inadvertently denies the existence of the social life which it purports to be investigating. Because rational planning, likewise, is associated with scientifically motivated thinking, the idea of planning itself comes to be synonymous with the denial of social existence.

Modern social theory, that which is particularly associated with the movement referred to as hermeneutic philosophy, recognizes that the idea of a-historical objectivity is itself highly problematic. To be specific, such a thought would result in the simultaneous denial of that a-historical phenomenon. Due to the fact that all meanings must be worldly (historical), in that they possess parameters that are relational by nature, theory must be viewed as the process through which all meanings are mediated or brought to prominence. In a word, theory does not merely serve to outline an "objective" set of relationships, but instead is an integral part of the process whereby social/structural relations are established (Apel, 1980; Husserl, 1964; Scheler, 1980; Schroyer, 1970). Because of this, theory does not merely provide a descriptive function, but in direct contrast to this actually serves to construct meaning relationships, or to make their interconnection thematic.

A New Image of Social Planning

However, how does this shift in viewing theory and, thus, "objectivity" affect the idea of applied sociology? If applied sociology were to ever be used to provide evidence for the purpose of policy making, how would this modern rendition of social theory affect this process? Since the concept of positive objectivity is essentially denied by this recent shift in understanding theory, policy formation itself must be understood to be a part of the social process, instead of merely being viewed to be the rational necessity or outgrowth of a social destiny assumed to possess legitimacy sui generis. Accordingly, social policy does not merely facilitate world development, but much more fundamentally actually shapes the destiny of the social world. The world and, therefore, the development of the world must be thought to be a truly social activity.

Social engineering, moreover, must come to be viewed as self-management, as is outlined by modern Yugoslavian sociologists (Horvat, Markovic, and Supek, 1975; Sher, 1977). As Markovic illustrates, the application of sociology in the form of self-management requires that the social world adopt a renewed version of what it means to engage in social planning. No longer, as is the case with positive science, is the efficient development of an already sedimented social structure thought to be the goal of social planning. Likewise, predictions based on the possible growth of an assumed legitimate social reality,
formulated for the purpose of effective social adjustment, are not supposed to be the major product of social planning. Rather, the major product of social planning is to be the formulation or constitution of a popularly supported, i.e., historically constituted, course of social action, and subsequent to this the evaluation of the extent to which those historically developed plans have been achieved. Because this entire planning process is thought to be a social product, any plan can be altered or abandoned at any time by the persons involved in the planning process. The unfolding of any particular social plan must therefore be understood to be the result of the motivations and interests of the social participants. Self-motivated social planning is believed to be true social engineering, in that a society monitors its own developmental progress, instead of merely attempting to invent methods which will insure that a society will be capable of adjusting to a set of social demands that are not necessarily relevant.

Examples of Irresponsible Epistemology

In terms of making social planning non-repressive, what is needed is a responsible epistemology. A responsible epistemology is one which realizes that planning cannot be logically removed from interpretation, and therefore a planner must be fully aware of the "epistemological grid" (Foucault) that underpins any social world when social planning is initiated. At this time, however, the development of a real sensitivity to the epistemological assumptions indigenous to social planning does not appear to be of significant importance to social planners. A few examples should help to clarify what I mean by this statement, thus hopefully illustrating the consequences of an irresponsible epistemology.

At this time, for example, a federally funded method of program evaluation is being used to collect data that is totally inconsistent with the treatment philosophy of the programs to be evaluated (Murphy, 1979a). To be specific, most drug rehabilitation programs in the United States, which by definition operate according to an out-patient treatment philosophy, are being evaluated in terms of criteria which have been traditionally viewed as appropriate for the evaluation of in-patient treatment facilities. That is, it is currently the policy of the Government to treat a client in a federally funded drug program as successfully treated only if he/she is formally discharged from a program. However, according to an out-patient treatment philosophy a client may in fact be viewed as cured if the supportive counseling offered by an out-patient clinic allows the individual to function adequately in the community. In a word, formal discharge from an out-patient clinic is not a prerequisite for a client to be viewed as successfully treated. Yet if a client does remain in treatment in an out-patient clinic, while functioning adequately in the community, that client will never be counted as successfully treated, except,
maybe, when the clinic is finally closed and all clients must be discharged.

The result of this incongruence between treatment and evaluation philosophy is that the effectiveness of out-patient drug programs is seriously underestimated. Even though a successfully functioning client who is in treatment will eventually be detected when a clinic is finally closed, such a review policy is not going to help such a clinic secure funds for future operation, at least while that program is operating. Such a planning technique is hardly consistent with the notion of rational planning, and exemplifies irresponsible epistemology.

Another example of the current incongruence between planning and social reality can be discovered in the manner in which many social service programs are managed. Specifically, there is currently a total inconsistency between the management philosophies that are used in most social service programs and, for example, the philosophy underpinning the ability of the program evaluator to collect data systematically in those programs (Murphy, 1979b). It is well known that if an evaluator is to collect data in a systematic and, thus, valid manner, the evaluator must be capable of building extensive information networks throughout an organization. Yet most social service programs are organized in the typical bureaucratic manner, a la Weber. The result of this is that the program evaluator does not possess the organizational latitude to construct the intimate information networks that must be developed if valid information is to be collected.

The problem here is that many administrators do not take seriously organizational and management theory, and because of this do not really understand how that type of theory works to shape the atmosphere of an organization. Because of this, these administrators have not begun to understand that the serious problem pertaining to the underutilization of program evaluation generated data may be a management and not a research problem, in that the organization has not been properly prepared to foster the type of organizational environment in which program evaluation can be effectively operationalized. Likewise, many evaluators believe that program evaluation research should not be affected by organizational issues, because of its supposedly "value neutral" nature, and therefore do not concern themselves with the problem of integrating management and evaluation theory, so that both of these components of a program's operation can function at an optimal level. Much irrelevant data can be generated merely due to this incongruency existing between evaluation and management theory. As a result, social planning is quite haphazard.

One last example should render this issue of responsible epistemology perfectly clear. In the field of drug abuse, program planning is grounded in the needs assessment. The needs assessment questionnaire, for the most part, is not used to conduct these needs assessments due to cost limitations and the logistical difficulties which
are present when attempting to survey an addict population. Therefore, most evaluators choose to use a particular form of indirect indicator to assess the prevalence of heroin use in a community. This indirect indicator takes the form of a variety of mathematical projection or forecasting techniques (Murphy, 1978). Such techniques may be linear, non-linear, or may take the form of time series analysis, which is supposedly able to take into account a variety of data patterns. Nevertheless, each of these mathematical models make major assumptions about the world that are never thoroughly investigated. All an evaluator does is gather data about past drug use, usually in the form of the number of clients who have enrolled for treatment, and attempt to project that pattern into the future. As with all linear and quasi-linear models, there is really no certainty about what is meant by past behavioral performance, and subsequently what the future is supposed to mean is pure guesswork. However, major planning decisions are made in the field of drug abuse on data gathered through the use of this type of social indicator, with little or no serious attempt to assess what the data that is generated actually means socially, as opposed to mathematically.

The point of this brief exposition portraying irresponsible epistemology is to illustrate that theory is not irrelevant in social planning, but instead does in fact shape the world. Accordingly, all social planners should be ready to investigate their epistemological assumptions, so that the limitations of those assumptions are rendered apparent, and new planning options are made manifest. Only when this type of epistemological openness is exhibited by the social planner will non-repressive or relevant planning take place.

Summary

In this context how must the application of sociology be undertaken? The application of sociology must no longer be viewed as an essentially innocuous activity. Rather, as Walter Benjamin (1968) would say, an act of application is simultaneously an act of interpretation (cf. Morris, 1977; Nisbet, 1976). Stated simply, every act of application implies the presence of an existential orientation which, by definition, might not be universal by nature. This orientation will, likewise, outline a set of meanings and, thus, a social destiny that cannot necessarily be thought to possess universal application or validity. If this notion is not understood by the applied sociologist, any action on the part of the sociologist to apply the methods and theories of that discipline to produce information to be used in making particular policy decisions will most likely produce a highly alienating state of affairs. That is, if the presuppositions of a particular social interpretation that is rendered through an act of application are not verified against the presuppositions of the social world to which that application is to be made, then the resulting incongruency will produce either irrelevant
or oppressive social policy. Either result is inappropriate. In order to reduce the possibility of this problem occurring, the applied sociologist must remember that the social world is a continuous, as Simmel would say, process of socializing the world. Therefore, any process that is worldly must be viewed as concomitantly advancing and maintaining a rendition of what it means for the world to be social. Because the application of sociology is a worldly or historical activity, it must be remembered that it cannot be viewed as value-neutral, but instead must be understood to form or socialize the world through its application. If this idea is truly comprehended by the sociologist, the process of applying sociological theory and method must first include a consultation with the social world to which all applications are to be made, so as to insure that any application is consistent with the orientation of that social world. In order for the need for such a consultation activity to be rendered apparent, a shift must be made away from the prevailing attempt to assess the social fabric through the method and theory that underpins the positive scientific approach to conducting sociological investigations. If this shift is not made, the application of sociology will have little chance of overcoming the negative connotations that are currently associated with the idea of social engineering.

The only type of sociological application that appears to have any future is one that recognizes that all applications must be made within the social strictures outlined by the social reality to which all applications are to be made. In terms of this awareness, sociological application must come to be viewed as social monitoring instead of social engineering. As such the application process serves merely to bring a particular social orientation or reality to fruition. The social world, therefore, becomes self-managed, instead of being coerced into adhering to a destiny that might not be its own. It is really only this type of self-managed application of sociological theory and method that will result in the idea of social engineering coming to be viewed as a benefit to social existence.

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In the course of researching the subject of this paper I requested a computer literature search. Using sociological, economic and psychological data bases and a comprehensive list of descriptors, I was able to retrieve only five references. Of those, only one was of significant value to me in dealing with the specific issues involved in the oppression of rural American women.

The paucity of material available through so-called "legitimate" channels was, for me, a telling point. The worst kind of oppression and inequality occurs to groups that are, in effect, "invisible". If no one has identified rural women as an oppressed class and is asking questions about them, whence will come the solutions to the problems?

My major sources of reference material for the current work have been the single significant reference from the computer search ("An Assessment of Research Needs of Women in the Rural United States: Literature Review and Annotated Bibliography" by Lynda M. Joyce and Samuel M. Leadley), Directors of women's social service programs in rural areas, the national office of Rural American Women, Incorporated (an organization devoted to identifying and articulating the needs of country women in such a way that governmental programs will become responsive to them), interviews with financially impoverished rural women who were classed as recipients and non-recipients of rural services, and my own experience as a country woman—frequently poor.

It is clear that any discussion of the issues of poverty and inequality as they relate to rural women must be firmly anchored to two overarching principles.

First, that in a capitalistic society poverty is inequality and any group that is consistently subjected to unequal access to the material goods of the society becomes, de facto, an oppressed and unequal class.

Second, that the dynamics of ritual oppression that apply to rural women are, at their heart, the same as those which serve to oppress all women within the society and are, as well, the same as those which oppress all other minority groups. It is primarily in the methodological specifics that the oppression of rural women differs from that of other groups and,
while awareness of the nature of these specific differences of method (some subtle, some not) is crucial to understanding and approaching a solution to the problems of rural women, we must remain ever aware of our kinship with all other oppressed groups, learn from them where we can, and support them in their struggles, so like our own, to obtain access to the goods---material and otherwise---of this world.

It is hardly necessary to discuss the historic origins of the oppression of women as a class which have been documented in detail by so many competent scholars. Brownmiller (1975:17) sums up the history of women's oppression succinctly when she states:

"It seems eminently sensible to hypothesize that man's violent capture and rape of the female led first to the establishment of a rudimentary mate protectorate and then some time later to the full--blown male solidification of power, the patriarchy. As the first permanent acquisition of man, his first real piece of property, woman was, in fact, the original building block, the cornerstone of "the house of the father". Man's forcible extension of his boundaries and later to their offspring was the beginning of his concept of ownership. Concepts of hierarchy, slavery, and private property flowed from and could only be predicated upon the initial subjugation of woman."

This concept of woman as chattel continues today, particularly in the area of financial equity and independence where, as Chesler (1976:258) says "Women of whatever class are in trouble if they are dependent on the income which they have through a man, for the love of a man, or the pleasure of a man." If such is the case, all married women must be classified as "in trouble" given current property and credit laws and, as will be noted later, most rural women are married, or expect to be married, or are divorced, for most of their lives.

From yet another point of view, if Vivian Gornick is correct when she says that, "By any definition woman is an outsider—a person outside of the mainstream of the society, outside of the arena in which decisions are made—"; it is more intensely true for rural women who live for the most part in a subculture of individual isolation about which men make all major decisions and where men control the means of production, supported by both formal and informal value systems ranging from the bank to the good old boys' network that meets each morning at the gas station or the feed store or the coffee shop to swap and deal and decide the business of the day.
Essentially, the position of rural women has not changed in the last fifty years despite major changes in rural economics, as the means of production moved from the small family farm to agribusiness. (The effect of the gradual and deliberate erosion of the viability of the independent family farm on the position of rural women is an issue more complex and pervasive of the rural atmosphere than can be dealt with in the context of this paper which proposes to address all rural women, rather than the specific subgroup of farm women. I suggest that the changing role of the female farmer would be a fruitful source of future research.)

The review of the research literature on women in rural America compiled by Joyce and Leadly in 1977 showed that women at agricultural conferences in 1926 and again in 1976 completed separate and independent lists of demands which are shocking and, from the point of view of the lack of progress indicated, discouraging in their similarity.

In 1926 the women demanded "Recognition of the value of their work, to be classed as "women" not "farm" or "rural" women, to be recognized as women of ability and understanding and as a viable social force."

Fifty years later, in 1976, "The women desired recognition, fuller utilization of their abilities, and greater respect in law and public consciousness for their contributions in the home, farm and community. They expressed lack of self esteem and confidence and the need to educate those in power to recognize the competence and potential of women."

Furthermore, as Joyce and Leadley report, most of the research on rural women has been done in terms of their "expressive" functions—as complements and help meets to their spouses (92% of all rural women are married). Despite the fact that nearly all rural women work alongside their husbands outside the home (e.g. running farm machinery, tending livestock, keeping business records), the greatest part of the literature refers to them as "farmer's wives" rather than as "farmers" in their own right. In many states the widow of a farm owner must prove that she made a monetary as opposed to a labor contribution to the family farm in order to take it over without paying crippling and frequently unaffordable inheritance taxes.

Although the situation of rural women is perhaps not so astonishing when it is put into perspective with the national statistics which show that women as a group earn 59¢ for every $1.00 earned by a man, we must bear in mind that we are talking here about the lives of real women who have labored long and faithfully and honestly throughout their lifetimes to feed and
clothe an urban-oriented society which virtually ignores their existence during their working lives and then disenfranchises them from the source of their incomes upon the death of their spouses.

In the current study I have attempted to address myself largely to an exploration of the more subjective factors that make the oppression of rural women different from that of other oppressed groups. In speaking with my informants, described earlier, I found seven major themes recurring in our conversations.

First, physical isolation. Women repeatedly told me that they did not have physical access to activities and services they needed. There is virtually no public transportation available in rural areas and, if a family is fortunate enough to have an operable vehicle, it is seen as primarily the property of the husband or other male head of household. Women "get out" to do the wash at the local laundromat and to do grocery shopping and other domestic errands. Other ventures into the outside world are generally made only with the permission of the spouse. With increasing fuel prices and continuing long distances to be traversed to get to any of the services women need, "permission" for these trips is on the decline.

Social isolation is a second theme which emerged. The great physical distances separating neighbors and lack of accessible transportation can lead to extreme social and emotional isolation for rural women. It is possible in Maine, where I live, to pass a week or more without seeing another person outside of one's own household if one is the family member charged with the expressive functions of the family—cooking, cleaning, waiting for the children to get off the school bus at the end of the day. Winter is the worst time: Suicide rates in Maine in March rise dramatically due to what we all know very well as "cabin fever"—a form of insanity resulting from protracted periods of isolation from others. This phenomenon appears to affect women cross-culturally. In Eskimo society there are proscribed rituals which deal with women who, suffering from the protracted sensory deprivation of arctic winters, lose touch with reality.

A third theme and strong influencing factor is strong support in rural areas from folkways and mores of female—oppressive behaviors. The "woman-as-chattel" mentality appears to be more in evidence among impoverished rural people than in other mainstream cultures. Women frequently stated and accepted as a given that their husbands would not "let" them engage in such an activity. They did not, as a rule, entertain the idea that such chatteldom was questionable.
Another predominant theme in some of the folk subcultures was one of absolute familial independence and mistrust of available social services which frequently leads to women's not being able to take advantage of services which they desperately need. One young woman, the mother of an out-of-wedlock child, reported to me that, when she announced her intention to apply for AFDC for herself and her newborn child, since the child's father was unable to provide for them, she was visited by several female members of the putative father's family who told her that "their people" simply did not go "on the State" and, therefore, she was not to go "on the State."

A fourth theme that recurred in my conversations with women was the lack of opportunity for non-farm employment. If a rural woman wants to establish an identity other than "farmer's wife" in order to gain some measure of personal recognition and financial independence and if her husband decides to let her work and if she has access to reliable transportation, she is free to face the fact that there are few non-farm jobs available, that those industries which may be in her area provide low wages and few benefits and that there will be blatant sex-discrimination practiced at the workplace.

To quote from a comprehensive study of eight Maine communities undertaken by the Women's Training and Employment Program of the Department of Manpower Affairs in Maine:

"In spite of affirmative action and equal employment opportunity, occupational segregation does not show any definitive signs of diminishing in the communities studied, although a glimmer of activity does appear from time to time. There appears to be an unarticulated but pervasive belief on the part of employers and employment policy makers that women's employment contributions are supplemental and intermittent; that employment investments in men have a higher pay-off. This argument may have had some merit in the past but today's reality is that women's labor force participation is both greater and less likely to be intermittent than ever before. Furthermore, a woman's income is often the sole income, or where it is not the only income it often makes the difference between living in or out of poverty."

A fifth theme that emerged was the lack of positive role models for rural women. Jane Threatt, Executive Director of Rural American Women, Incorporated, summed up the position of rural women vis a vis the role models available to them on television (their major source of information and valuing) as follows:
"The television media, when they have bothered
 to look, have too often portrayed an image of rural
 people that is distorted, outdated, and damaging...
 Too often rural people are stereotyped—as the people
 left behind, the ones who didn't have enough ambition
 or energy or intelligence to move to the cities where
 the best jobs and other opportunities are bound to be
 located. The 66 million people living in the rural
 United States have a deep reservoir of lively,
 important stores to tell and a hunger for accurate
 and sensitive portrayal of their lives in television
 news, television documentaries and television
 serials. Television programs overrepresent male per-
spectives, offer stereotypical views of children and
 older people and women... Television provides a
 special window on the world. It determines people's
 perceptions. It can create its own reality—and the
 psychological effects can be devastating."

The sixth, and perhaps one of the most complex, of the
issues which recurred as I talked with my informants was the
importance of an informal news network in their ability to make
decisions and to function on a day-to-day basis. In many ways
the system functions positively for impoverished rural women as
it passes on news of well-baby clinics along with the recipes,
for ways to turn government surplus canned meat into some-
thing—anything—a family will eat,

There are, at the same time, two very real drawbacks to
this system.

The first is that information passed on through it often
becomes garbled and inaccurate. As Jennie Stoler observed in
her 1979 study of women in rural Vermont.

"it is clear that women most often viewed the
outside world and formed their opinions in relation
to or in terms of the impact of the various policies
and institutions on their families or their own
communities. This is not surprising in that women
have always formed the interface between the family
and the community (the church, the school, the
grocer, etc.). Issues were very often perceived in
very personal rather than general policy terms. Thus
opinions were most clearly formulated and verbalized
on community issues, becoming vaguer as conversation
dealt with state and federal issues. A lack of access
to accurate information very obviously contributed to
such vagueness."
Information gathered through this informal network clearly leaves rural women at a disadvantage in the area of organizing to take political action on a policy-making level which might in some ways serve to improve their situation.

The second, and perhaps most dangerous, feature of the informational system is its ubiquity and its governance, in general, by the female-oppressive folkways mentioned above. There is little, if any, sense of confidentiality about a rural woman's talk or action. Everything she says or does is community property and, to the degree that she is invisible as a separate creature in rural research, to such a degree she is marked for observation in her real life.

The seventh and last theme that emerged was the power of kinship networks and here again, it is a mixed blessing. Rural people tend to marry and settle within their natal communities. Even the young who go away for a time tend to return home to raise their families. From this point of view the setting is a propitious one for utilization of natural self-help networks and includes all the benefits that accrue from the intergenerational structure of the extended family setting.

However, at the same time, the kinship ties can support woman-oppressive behavior with an effectiveness that surpasses that which made the trains run in Mussolini's Italy.

The director of a shelter for battered women in Maine told me of a case in which the only two officials to whom one of her clients could report being battered by her spouse were the uncle and the brother-in-law, respectively, of the perpetrator, both of whom refused to take any protective or legal action. Consequently it was necessary to relocate the woman and her children to a strange community some 300 miles away at an already turbulent time in their lives.

SUMMARY AND CONCLUSIONS

The very fact that the question of the oppression of rural women as a class was a legitimate topic for discussion at the Society for the Study of Social Problems was, I feel, heartening. Perhaps we are, at the very least, becoming visible.

And things are changing in rural America.

Jennie Stoler reports from Vermont on the several theses underlying the concerns common to the women involved in those changes:
"First of all...are the ambivalent feelings about changes which have occurred and are now occurring in the entire fabric of (rural) society. While much change is considered unfortunate and beyond control, and "must" therefore be accepted, in the case of institutional changes deliberately induced by government policy, there is considerable scepticism about the benefits of change and a more active desire to recapture some of the good features of the "old ways" and atendency to romanticize the past. Secondly there is a frustration which, while related to change and the problem of adjustment to change, also appears to be more specifically related to an erosion of power traditionally exercised by women. While women have entered new occupational fields, and have taken on new roles, they have lost influence in some areas, including areas outside of the home, especially as more public decision making is removed from local communities."

Perhaps the major question which we need to address at this point as rural women seek to establish their identity and special equality is: How does social change occur? Chafe (1972:245) summarizes the issue nicely when he says that

"There are two fundamental responses to the query. The first is based on the premise that attitudes determine behavior and that ideology is the crucial variable affecting the process of change. According to this argument, people act on the basis of their values or beliefs. Hence a change in society can be come about only through persuading the public that a given set of values is wrong and must be modified. The second position--far more sceptical---operates under the assumption that attitudes, especially those involving emotional matters such as race and sex, almost never change except under compulsion and that behavior is a more promising fulcrum for change than attitudes."

As rural women work to accomplish the changes that will improve our lives we need to be mindful of both phenomena and, perhaps most important, to remember that, in spite of (and perhaps because of) the particular history of oppression that is ours we have developed unique strengths upon which to build our lives.

While we may have inherited inequality, we do not need to will it to our daughters.
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SOCIAL WELFARE: CONTEXT FOR SOCIAL CONTROL

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ABSTRACT

Because human service professionals are uncritical concerning the latent functions of their organizations they may be unaware of their power as agents for social control. The paper discusses values, attitudes, and education supportive of such control, the permeation of social programs into heretofore private areas of human life, the power inherent in new techniques of social persuasion, and the centralization of that power because of expanded government funding and accountability requirements. As public assistance programs contain civil disorder among the poor, so other social welfare programs insure conformity and control the alienated of all levels of society.

Introduction

The traditional model of social welfare is that of a benign society offering aid to the less fortunate through the good works of human service professionals. Although we may no longer be idealistic about the planned beneficence of our society's structures and institutions, we are still unlikely to think of social welfare organizations as control mechanisms, or social workers as "soft cops" (Goroff, 1977). Perhaps because of the somewhat hallowed grounds of good intentions upon which social work is based, and our faith in the concept of "public good," we do not look at the underlying functions of the system. Our beliefs preclude awareness of the permeation of our lives by this ever-expanding institution and its latent functions for control.

Social control here does not simply refer to the normal regulatory processes of a complex and interdependent society. Society itself, in which the members define the normative boundaries by which they can live together, demands mechanisms for insuring certain standards of behavior, and these norms, roles, and expectations which are the bases for socialization allow us to live and work together more or less harmoniously. Our concern with social control for purposes of this paper has to do with more pernicious control, especially that hidden in the latent functions of social welfare practices. This control regulates aspects of personal life and, on the basis of decisions in which those being regulated have little opportunity for participation, impose a demand for order which maintains both systemic social inequalities and an unquestioning conformity to society.

With the exception of work with involuntary clients, such as in the criminal justice system or with people with severe behavior disorders, we do not ordinarily see social work as controlling. To consider family service or community mental
health agencies, Boy Scouts or United Way in this manner may seem strange indeed. Moreover, social workers are generally unaware of the extent of their control. Most people enter the human service field from feelings of caring, wanting to help, to serve—to love. Perlman says

This is what the human services in all their forms are for—to meet human needs in ways that deepen and fulfill the sense of social caring and responsibility between fellow human beings (1979:54).

It is unlikely, therefore, that we see ourselves as intermediaries for control or question the purposes or sources of that control.

We take the position here that most if not all social agencies control far more efficiently than we in the profession of social work realize. Moreover, there are two aspects to this. The first is that those members of society who are particularly disadvantaged by social inequalities bear the heaviest burden of control, since they already deviate from mainstream American society in many ways—poverty, being of non-white ethnicity, single mothers and dependent children, for examples. The second is the expansion of governmentally funded and controlled services into areas of life heretofore not considered amenable to such intervention. This latter has multiple effects. In addition to assuring systemic inequalities for the disadvantaged, it fosters conformity and its corollaries: unquestioning attitudes about society and less tolerance for deviance for self or others. Next, it refines definitions of deviance, for the government requires standard "facts" for accountability. Further, through expanding programs for those already considered deviant, it subjects more people to more sophisticated techniques of reporting. Finally, it expands definitions of deviance in competition for more funding, and takes those definitions across socioeconomic lines.

As technology frees more people to enter service professions, as more government money is invested in programs to "solve" social problems, and as social welfare organizations permeate society even more—from work to worship, from instruction in child care to coping with dying—we must look closely at social work as social control. Otherwise we become agents of that control, supporting and legitimating it, in a managed society.

Perspectives on Control

Throughout history, as the institution of social welfare developed, there have been two major elements within it. The first and most obvious is the humanitarian one—helping people in need, doing good for whatever altruistic or personal benefits were derived. The second is less obvious. Historically it is clear that political support for programs to aid those in need has come only at times when other systems, political contraints, and economic realities have required it (Piven and Cloward, 1971). This was true whether the intent was to keep people within prescribed areas to work for the economic gain of others (Statute of Laborers, 1349, and more recent county general assistance laws), to contain civil disorder initiated by the disadvantaged (as, the War on Poverty, 1965), or to insure that workers and the public at large would not become so alienated from the inauthentic demands of present-day society as to undermine the forces which keep society at status quo (expansion of Community Mental Health Acts).
These two historic elements are tied together in the profession of social work, where a large number of people are supported with public funds and legitimation for "doing good." Those eager to serve, help, or reform have accepted support for the sake of their own good works. Whether they are unaware of the political implications of that support or if they deliberately choose to use it in the service of their own objectives matters little in terms of the control it fosters. Even our definitions of social problems push us into a subtle trap. Rule suggests that we have defined certain situations and behaviors as "social problems" when in reality they are political conflicts. We thereby imply that by applying our expert knowledge the problems can be solved, and we ignore their causative political bases. He says that

Social problem-solving...is a profoundly political enterprise...and its ideology is none the less important for being concealed...[this] may unfortunately lead people to believe that the politics have somehow been taken out of policy...this vision is dangerous because of the prospect that a government desperate to cool off brewing social conflicts and a community of professionals hungry for recognition may find it an irresistible vehicle (Rule, 1978:23-26).

Thus, we legitimate a false reality and aid in concealment of need for conflict solutions. In doing so we may claim the neutrality of objectivity, but in conflict situations where there is uneven distribution of power, neutrality favors the more powerful. To understand the work we do, we must define social problems as political problems (Goroff, 1977), and consider social work to be political action. Through this, we may be able to determine for whom our altruism is at work.

Public Monies and Expanding Programs

Until about 1960, most human services were limited by costs, availability, and stigma for users to emergency types of assistance—economic, medical, psychiatric, and so forth. Piven and Cloward (1971) note the financial measures taken to control the civil disorders and disruptions of the sixties. Their analysis deals primarily with expansion of financial welfare services to quiet and coopt the poor. However, implications extend to those who, though not poor, were politically alienated during the sixties. It provides through extrapolation a rationale for expansion of programs other than financial which were offered to maintain people in or return the alienated to mainstream American belief and behavior.

This new alienation was the result of a growing awareness among many people of the inauthenticity of American values as they applied to economic resources, the politics of scarcity, systemic inequalities for non-white persons, women, and others, and international politics. Though many of the poor were among those so alienated, programs for poverty alone could not quell the political unrest. This called for a different kind of control, which came through such programs as the community mental health movement with its expanded definitions of "mental illness" and the idea of a "right" to mental health. Programs of this sort, added and expanded through massive input of government funds, cannot be demonstrated to have quieted the alienated or to have returned them to middle-class values. Nonetheless, the latent functions of such expanded programs evidence themselves in present-day
social and political quietus and an apparent retrenchment to values apparent before
the 1960 disruptions.

Among the forces of legitimation for the mental health movement, in addition
to pressures from the social work profession for expansion and massive federal
funding, was mass media advertising. Stivers says

The helping professions and their agencies and organizations,
most of which are state-supported, sell their services to the
public. Advertising against alcoholism, drug addiction, and
mental illness, as well as advertising in favor of seeking
"professional" help for almost every problem are presented as
public service messages on radio and television...(1977:388).

This is not to deny the usefulness of the programs nor the altruistic nature of
those working in them. Rather, it notes their latent functions--public intrusion
into private lives, expanding definitions of deviance, and new pressures for and
legitimation of conformity. Stivers continues

As society becomes more rigidly organized, new kinds of behavior
become a threat to that increased organization.... This fact
is not grasped simply by an examination of the number of social
control agents and the increased efficiency of their intervention
techniques...but rather by the incursion of treatment into areas
of people's lives previously untouched...(1977:388).

New kinds of behavior manifested from alienation included, for example, the
women's movement, which had implications for the breakdown of family life, tradition-
al sex role expectations, and relationships between parents and children. New pro-
grams to strengthen family life, to increase parent-child communication, to provide
child care at places of employment, and to deal with the stresses of work are some
of the results. The proliferation of such new information and techniques, and
their availability to those who wish to use them, are very positive. In fact, in
many ways, it is time that society assumed responsibility for many of these problems.
However, it is also time that we become aware of more far-reaching results than the
immediate service. To use only one example, consider the benefits of day care for
children of working mothers, a program highly encouraged by the women's movement.
True, it may free some women, particularly those not in poverty, from dependence,
and provide them with self-fulfilling and creative activity. It also ensures more
people in the labor force, a benefit not only to the women but to the employer, and
this is particularly problematic for displaced homemakers, women without education
and training who can only work in low wage jobs, and so forth. It may perpetuate
inequalities for those already disadvantaged as only one latent function.

Also, what of the children placed in day care, and particularly those which are
state-supported for families dependent on AFDC money? Are those children provided
all the benefits of a creative and mind-expanding center, such as we have the
knowledge and resources to provide? Is freedom given so as to ensure movement
toward fulfillment of potential and curiosity? Or is the day care center at worst
a warehouse and at best another agency teaching the values of conformity, the joys
of non-deviance? These are the questions we must ask—the balance of benefit should
go to people who are being served, if our ethical stance as a profession means any-
thing. Without being aware of the latent functions of such programs, that stance
in fact can mean very little.
Furthermore, it is naive to assume that regulations regarding funding contracts have no bearing on the kinds of services available to clients, or the limitations on those services in scope and quality. Often, in search of funding for survival, organizations jump on fad bandwagons, extending domains in response to a constituency of government or special interest groups rather than to client needs. The proliferation of programs along certain lines—child abuse, law enforcement, community mental health—may give more total services but may neglect whole areas of need while placing greater numbers at risk in terms of surveillance, reporting, diagnoses of deviance, and processing through court or state systems.

Dimensions of Control

Within the "society-set" of government as beneficent and social work as the action arm of this beneficence there are certain broad dimensions of control. Among these are attitudes and values of social workers, the social work education process, and the organizational setting and technology of social work. In technology are included models of intervention, definitions of deviance and diagnoses, recording and reporting, and the use of sophisticated information systems and evaluative techniques.

1. Values and Attitudes

The initial value orientation of most people entering the profession is probably humanitarian—a desire to help, to aid the unfortunate, to learn skills for service to others. However, this orientation is translated through belief systems, backgrounds, and contending values in each person. Brill points out the dichotomies that exist in our societal value system.

We hold that all people are equal, but that those who do not work are less equal.... We hold that individual life has worth, but that only the fit should survive. We believe that we are responsible for each other, but that those who are dependent upon others for their living are of lesser worth (1978:12).

She says further that effective workers must be aware of themselves as walking value systems, be conscious of what those values are, evaluate them rationally, and change those which are not rational (14-15). Unfortunately, because values are so closely connected to self-concept, real change is not easily achieved through the educational process.

It is difficult to admit that, where helping is the goal, power is an issue. Yet this is a major value problem. Regardless of the reason for intervention, a superior-subordinate relationship is inherent in the situation.

Frequently there is an ideology of paternalism and non-reciprocity permeating...social service institutions. The inequality in power and authority reflected in the vertical relationship parading as a professional relationship (Goroff, 1977:3).

The organization itself is a symbol of society's power, and it legitimizes social work expertise and denotes the client's status in seeking help. The worker is the expert, and the client comes to the service as petitioner.
Even the value of "wanting to help the less fortunate," the reason expressed by many for choosing social work as a career, is a power statement. It implies that clients lack something, and need to be brought up to our, or society's, levels or standards of functioning. Though wanting to help, in pure form, is the basis of human service work, we must not consider our clients as somehow less than whole persons whom we, as experts and whole persons, have the ability, knowledge, and the right to round out, remake, fulfill, or "pull up" to our level. The fact that there is a "right way" which the expert knows and a "wrong way" which the client does underlies and colors the whole intervention process. Even laying out alternatives may be problematic, for the worker, because of his/her beliefs and values, may choose to express only those most viable from personal perspectives. The client, of course, is likely to follow expert advice because of the power concepts behind it.

Values about social work as a loving profession have control ramifications also. Somehow we may feel that because what we do is inspired by love it can have only beneficial effects. This view can deny clients the objective technology and empathetic responses they need to take action against their problems. Moreover, this kind of love has within it a possessiveness which may burden clients in another way. It is difficult to care about a client who does not, in exchange, show appreciation or gratitude. Where "love" is the service, gratitude may be the price. Lack of this coin of return is often defined by the worker as resistance, aggression, or unwillingness to participate. So-called client recalcitrance, which may in fact be a positive attempt at assertiveness, may then negatively influence the entire course of intervention.

From the opposite angle, however, many practitioners who realize the importance of objectivity and technology have almost removed themselves from a caring relationship with clients, except as a philosophical stance. They know that love is not enough, but go to the other extreme, where technology is all-important. It may become an exercise in client manipulation—as examples, some kinds of behavior modification, certain kinds of esoteric group therapy techniques, or techniques made so routine as to become "recipes" to effect certain changes. The result here is dehumanization for both client and worker, for the establishment of relationship—a loving and caring interplay between helper and client—is, according to Perlman, the heart of helping. It is...

...human response to human need in any problem situation...

to not recognize the need for and importance of relationship is to negate humanism, and to dehumanize those desperately in need of this essential bonding force in human life (1979:22-23).

In either of the extremes, the worker has control and power, and may use it for his/her own gratification and/or purposes to the detriment of client rights and needs. Intervention may become an action upon the client rather than in service of the client.

Though there are other controlling values deserving of note, such as sexism, racism, prejudice for the nuclear family, and so forth, the last to be considered here is that of social class. This has two major parameters. The first is that most social workers come from middle-class backgrounds, and some have only recently attained to that status through hard work and determination. They often believe
in and reflect those values of work, education, perceptions of family life, deviance, and so forth. Attitudes toward and treatment of the client may demand that those values be adopted rather than be assessed to determine their relevance to the client's interests and needs. Secondly, social class values seem often to include beliefs about the poor and others labeled deviant which assume that they have deliberately chosen deviance and refuse to aspire to middle American beliefs. These ideas, of course, are belied by such studies as done by Goodwin (1972), Kallen and Miller (1971), Burch (1974), and others.

The effects of social class values pervade the practice of social work. For example, Grimm and Orten find that negative student attitudes toward the poor may not be neutralized by graduate social work education, and specifically note that professional education must be geared to correct this (1973). Briar (1961) empirically demonstrates that middle class clients are viewed more positively than lower class clients, and Fischer and Miller (1973) find significant social class effects that consistently favor middle class clients. Friedman and Berg note evidence to demonstrate that "...a social class bias is present in mental health professionals and that it works to the detriment of the lower class client" (1978:47).

That report also shows that workers' social class origins are critical variables in determining how clients will be viewed, particularly in combination with variables concerning clients' socioeconomic class. It suggests that social class biases are not a phenomena unique to clinicians coming from certain classes but have a halo effect on judgments made by all clinicians (45-51). Finally, in a study on job preferences of graduate social workers, Day et al. (1976) find a marked dispreference for working in organizations for the poor. Though this may be due in part to the nature of bureaucracies serving the poor or the lack of clinical practice possible there, the movement of such workers away from poverty agencies is clear.

2. Social Work Education

Though in social work education the value base of practice has major emphasis, there is little indication that students are taught, or can be taught, values. Whole sections of beginning texts deal with values (see Piccard, 1978; Morales and Sheafor, 1977; Brill, 1978; among others). Yet even when students begin their educations with positive values toward clients they may lose them in the educational process. Varley finds, for example, major shifts of values while in schools of social work for students. Most of these shifts are not in the expected or desired direction (in Koerin, 1977:87).

One of the values apparently reinforced in some schools is that of adherence to the organization. Goroff finds, in a study of 200 students, that they come to school with either an individualistic (pro-client) or a bureaucratic orientation. Upon graduation, the bureaucrats' orientation had not changed, and more than 80% of the others had changed to a bureaucratic orientation. The remaining were seen by peers and faculty as "different" (1977:6-7). The idea that being graduated without a bureaucratic orientation is to be seen as different is perhaps the most troublesome aspect of the study. Although it is surely necessary to learn to practice within the constraints of an organization, those must be recognized as constraints
rather than as proper bounds for service. Despite social work values, it appears that as educators we may be imparting values oriented to the bureaucracy, to the social worker as "organization man," and to a non-individualistic attitude toward clients.

One of the major emphases in social work education is the importance of the diagnostic or medical model of interpersonal practice—the idea is that people have individual pathologies rather than having problems many of which are responses to "other-system" pressures. Despite research demonstrating the adverse effects of labeling and its lack of utility to the client (Wood, 1978:437-458), we persist in teaching this model. Davis and Stivers point out that labeling has as much to do with controlling normative behavior as with the reality of "emotional" or "mental" illness. They present the following quote by a mental health professional defining schizophrenia (Cameron, 1963:587, in Davis and Stivers, 1978:80-81) and follow it with their normative interpretation:

After a steady downward course, the decline may come to a halt at some relatively low level of adaptation. Here the patient often lives an idle, ineffectual, and apparently meaningless life. If his level of adaptation is very low, or his behavior too unpredictable, he may require permanent institutional care. If not, he may lounge about the house or the neighborhood as an irresponsible idler, or wander aimlessly from place to place as a vagrant.

The simple schizophrenic is often an irresponsible idler (moral judgment) who is apathetic and does not live up to his potential (maladjusted, as it is normal to want to get ahead) and may become a vagrant (legal category). In short the simple schizophrenic is not normal, is immoral, and might even be a petty criminal. His major offenses would appear to be laziness and indifference....

3. Organization and Technology

Technologies are the techniques or tools by which a profession carries out the actions which will achieve the goals of its work. It has been said that human services are part science and part art, but a clearer statement is that they are neither a science nor an art, but a technology trying to achieve controlled changes in natural relationships via relatively standardized procedures which are scientifically based (Jaffe, 1978:381).

Saleeby and Hunter note that "...the need for technologies is obvious, but their development in a moral vacuum is dangerous..." (1977:62). Because technology has become so vastly important in legitimating the professional nature of social work, it may often be carried out without realization of the moral issues involved. Stivers puts it succinctly—

The end of technique is efficiency and order, and its use in human affairs results in the adjustment of man to his environment. Technique is the realm wherein means become ends and facts become values.... The rationality of technique
involves the reduction of the spontaneous to logic, to method when the still non-technical dimensions of human life come into contact with technique, they become subject to it.... The final result is a technical civilization originally set in motion to free man but which in turn has enslaved him (1975: 378-379).

An example of this is the medical model with its use of labeling, as mentioned above. It is considered professional, useful, and legitimate by most social agencies. Therefore, social workers willingly perpetuate the control inherent in the practice. That is their job.

The first technique addressed here has to do with therapeutic techniques of counseling, and the second with organization—the necessities of bureaucratization and the techniques of gathering, assessing, cumulating, storing, and retrieving data. These latter operations are becoming more common and more legitimate in social agencies both because of the availability and ease of data processing techniques, and governmental requirements for accountability in the use of public funds.

1) Technologies of Persuasion

Stivers says All of the techniques of human intervention are ideologically defended as in man's best interest, to help him adjust and conform, often in ways in which he is led to feel that he is expressing his individuality: underlying such techniques are the assumptions of and preference for a basic compatibility if not total synthesis of man and society (1975:387).

The reasoned perception by theorists and social workers of non-conforming people as pathological, the proliferation of organizations to "help" them to conform, and the overwhelming message given through mass media and socializing institutions in support of non-deviance through mental health leave little room for those who do not "fit in." Worse, not "fitting in," being harmlessly different, is often seen as deviance by the people so labeled. Convinced of the necessity to conform, worried that their natural reactions to stress are "emotional instabilities," confused by their alienation to a society which promises so much, they hasten to be "redone," cured by the social experts. They become more stressed when they cannot meet the expectations of those people who "know" what good behavior and good emotions are, and may be lost as whole persons in the process of diagnosis, labeling, treatment, and conformation. Though there are surely some people who, for whatever reasons, cannot cope with problems alone, this number is probably minimal in comparison with the number of people processed by social agencies.

Any human service intervention has inherent within it elements of power and dependency, and therefore involves social persuasion. Whether that intervention be the state as parens patriae removing a child from its natural parents, the AFDC program granting financial assistance, or therapeutic counseling to help hold a marriage together, the client comes to the relationship as dependent petitioner. Indeed the act of seeking help, admitting to dependence or loss of personal power, is prerequisite to intervention. Such dependence, as necessary as it may be, lends a vulnerability on the part of the client that enhances the use of power and therefore control.
In some cases, particularly those which deal with programs for the poor, such control is matter-of-fact, taken for granted. We are well aware of the class inequities represented in both criminal and juvenile justice systems. In the first, the system supports the illusion that crime is the product of a small group of personally dangerous criminals who come primarily from the lower socioeconomic class. This focuses attention away from the social, financial, and personal costs of offenses of people in white-collar crime and corporate manipulation. In the second, where the system was originally intended to protect children rather than punish them, most rights of due process, though guaranteed by law, have been in practice removed from children and their families (Sarri, 1974). In both adult and juvenile justice systems, it is evident that the majority of those apprehended, tried, convicted, and incarcerated (or whatever euphemisms may be used for juvenile justice) are poor and non-white (Sarri, 1974:65).

Control is more subtle in other agencies. While we may be aware of the discretionary power of AFDC to control family budgets or remove children from the home "for their own good," few of us consider that public assistance programs are also normative controls which maintain marriage and sex role expectations. Dependence and sexual "morality" for women are assured by surveillance for "suitability of home" and discretionary use of programs. For men, harsh requirements for eligibility and for continued assistance revolve around attachment to the work force even when disabilities or economic conditions prevent their employment (Day, 1979).

Beyond those agencies which have overt control, many are available for people who have not yet done anything "wrong." They offer help to remain "right" according to so-called middle class values—the nuclear family, the supporting father and wife and mother roles for women, individual achievement through education and work, the correct way to bring up children, and so on. There are two reasons why it is difficult to criticize such organizations as Boy and Girl Scouts, Family Services, Mental Health Agencies, or recreational organizations. The first is that, along with such institutions as schools and churches, they are engaged in protecting society and its people by teaching normative standards. The second, however, is that they also teach not to question or criticize the functions of society and its norms. While they stress achievement they may also teach derogation of those who do not achieve, and the importance of monetary reward—if something does not have a computable economic value it may not be worth having, or being, or doing. While they help with marriage or job adjustment, they may place societally imposed limits on individual freedom. And so on—for every positive function, there may be one which is negative. As workers, we must recognize our responsibility for both, but as we also have been taught, we may not perceive the latent functions or know how to criticize them.

It is unlikely that most social agencies aim at control per se. Yet the techniques exist for control and are used throughout the social welfare institution to some degree. These techniques range from interpersonally oriented therapies such as empathy, modelling, gestalt, or psychoanalytical techniques, for example, through those which involve use of mood-altering drugs, hypnosis, or behavior modification. Moreover, in addition to conscious learning and/or problem-solving, other learning may take place which obviates volition and enhances reliance on external controls. Even the most beneficent therapy is based on scientific knowledge of methods which
...analyze traditional types of rewards, such as money, esteem, approval, and status, and discover which are most efficient in which circumstances. Such knowledge produces a powerful tool, a truly scientific method of social control...

(Partridge, 1978:143).

Add to this that clients learn that some other agent is responsible for behavior and for happiness—the therapist, drugs, hypnosis, society—and there is even more vulnerability for social control.

Throughout even our most benign agencies runs the underlying theme of conformity and an emphasis which teaches that to question authority, whether at the personal or political level, is not to be tolerated in ourselves or in others. Conformity to the status quo, as we are taught, has both political and economic ramifications. For example, one of the obvious aspects of community political economy is the conduct of business of United Way. The organization effectively controls by finances the scope and kinds of programs offered by member agencies. It is in turn controlled by business and organizational interests of the community, and we may be sure of the attention paid to conservatism, to maintenance of the status quo, to providing primarily middle class services, and to the promotion of business interests (Chernow, 1978:15-18).

To not know how to perceive that there are problems in our society, or to be unable to question why that society is inauthentic for so many, is a bitter thing. It affects us personally, the groups of which we are a part or care about, and the nation as a whole. We must recognize that our social agencies have a part in helping people to be lock-stepped in place—gently, lovingly—but lock-stepped none the less.

2) The Computer Never Forgets

Much of the software of human services cannot be categorized, nor should it be. The uniqueness of each individual and the ramifications of his/her problems, the creation of a relationship, the judgments and choices involved in that relationship, all militate against classification, categorization, and quantification. Yet increased government funding and the competition for it, require program evaluation, and the easiest kind of evaluation is counting the numbers of people served. Since the long-range effects of human service programs are difficult to assess, organizational procedures turn to an easier evaluation. Once in the organizational habit of assessing quantity, quality becomes secondary. It is, of course, essential that we be held accountable for expenditure of public monies. Nevertheless, dehumanization and loss of attention to quality can be the real effects of such accountability.

In speaking of the systems approach so widely used today, Hoos says so enticing has been the prospect of a "social balance sheet" however, that social scientists, who should know better, and bureaucrats and politicians, who cannot be expected to know better, have allowed themselves to overlook the shortcomings and inadequacies of the systems approach (Hoos, 1972:78).

Practitioners in social work should know even better, perhaps. Unfortunately, once the substitution emphasizing quantity becomes part of agency process, it may be difficult to re-include components of quality and effectiveness.
The problems posed by wider cumulation of data must also be considered. There is a movement now from computer systems to interlocking networks of computers. Recording and reporting techniques are sophisticated enough that to the degree that coordination becomes a reality...to the degree that records are kept accurately, the ability of an individual to "forget" and be "forgotten" becomes less possible (Berry, 1975:358).

In the past, community-wide client registers were eliminated because of the danger of intrusion into client privacy they presented. Today we have a much more accurate and speedy type of client information system, and because it is a new technology practitioners are delighted rather than concerned.

This computer based network allows scores of community mental health centers and state hospitals to feed clinical data on individual patients into one central facility (Laska, 1975:315). This not only permits a "client treatment package," it lends itself to surveillance of clients by any number of officials, for computer banks are easily accessed and interlocked.

Moreover, some are beginning to see that such central information systems can be used to forestall dysfunction by reducing rates of occurrence of particular disorders in the population.

Data contained in the record, such as diagnosis, demography, and location, aggregated for specified time periods, may identify the distribution of behavioral disorders and possible determinants...Demographic analysis of communities must be interfaced with the demographic characteristics of populations currently being served so that high-risk sub-groups...can be identified, coordination of services enhanced, and community well-being facilitated (Laska, 1975:32).

We already know who the populations at risk are, since social science has catalogued particular social problems as more likely to affect the poor, minority groups, women, and other disadvantaged people. Those groups most likely to be oppressed by systemic inequalities, and therefore alienated, are those who will be even more subject to surveillance and "preventative measures." As we know, the likely result of increasing programs is to increase reporting and the spiral of labeling. Not only do more people become aware that they are deviant but they go on record in the community as deviants. It is in the interest of the organization to expand its clientele, and

As more agencies...become members of networks...there is improvement in detection systems as well as...an increased viability in the definitions of deviance.... As the definitions are more widely used and...more viable, the need for treatment becomes prominent in the mind of the public. These definitions, because of their official nature, become methods by which individuals...carry with them permanent or at least long term consequences (Berry, 1975:358).
If Stivers is right in saying that where technology impacts against humanity it overwhelms it, the human services, their workers, and clients may all be lost in dehumanization as technology rolls over social welfare.

Conclusion: The Political Economy of Social Welfare

The social welfare institution in America is huge. It entails large bureaucracies at all levels of government and many private organizations closely linked to each other and to the public sector through professional ties and funding sources. It employs thousands, from case aides to highest level professionals. The amount of money spent in services, programs, agency maintenance, and direct financial aid and services is enormous. We would be naive to believe that such an enterprise has been undertaken as a "pure public good." First this assumes that there is such a thing as pure public good, and secondly that there is agreement among people as to what it is.

Moreover, to envision social welfare as having utility beyond mere good will, as we must if we are to understand its enormity, we must assume that its utility lies in service to other than clients. This is especially true given the level of services provided to some. We postulate, therefore, that the utility, though altruistic in part, derives more fully from the social control it offers, and the support for systems and organizations which implement that control.

Looking at social welfare's political economy, we see on one level a real financial input. There is, for example, social work employment, from university professors studying deviance or teaching social work to the suppliers of food, bedding, and equipment for institutions. Salaries and welfare payments input into local economies, providing economic and social benefits beyond the "market power" of individuals in aggregate. Certainly the maintenance of a low wage work force and control of civil disorder as postulated by Piven and Cloward benefit local as well as other economic systems (1971).

On another level, it is astute politically and economically to keep people in conformity to certain ideals and beliefs, and to encourage them to doubt themselves rather than to question inequalities and alienation from the wider system. By thus defusing personal frustration into personal blame, social action against problems is vitiated. By redefining conflict as social problem and putting us to work at solutions, we have a semblance of action which accomplishes little but maintains control. Social workers are implicated as middlemen in this, and we need to know what interests we are forwarding with our good works. If there were nothing to question about the American Way of Life we would not need to be concerned, but as Stivers says

...the techniques of organization, treatment, and communication for the social control of deviant behavior are related to other human techniques such as education, industrial relations, and leisure. Taken together, they form a massive attack on human individuality (1977:388).

Human service technology is inextricably bound to the growth of the therapeutic state, for it offers the methods by which control can be maintained. The problem with the therapeutic state is its insatiable desire to restructure our social and cultural environments
under the banners of prevention and rehabilitation both through
the cooptation of the potentially maladjusted at an earlier
and earlier age and the sponsorship of therapy for everyone....
The real issue is not the growth of the therapeutic state
but the growth of and centralization of power within the
state... (Stivers, 1975:389-390).
If we believe in a controlling elite in our society, and a study of the political
and economic systems surely make one tend toward that conclusion, then we must see
ourselves as agents of social control. Our human feelings as well as our techno-
logical talents are being used. Our own desires for increasingly potent technolo-
gies in the service of others, our subjugation of idealism to the use of power,
are contributing to a society of control and conformity.
The discussion above has different implications for different sets of people.
For theorists it entails a scientific study of the practices of social welfare for
controlling functions, and a working partnership with social work practitioners in
understanding and use of such research. For educators and administrators in
schools and programs of social work, it requires a re-evaluation of the product
goals they may have for students. Client advocacy and the perpetuation or in-
stillation of positive client orientations and values appropriate to social action
are essential. Moreover, we must educate our students in the means and uses of
policy analysis at all levels of practice, and in a practical understanding of the
place of the social work professional in the complex organization.
For social work practitioners and their professional associations, there must
be continuing emphasis on latent as well as manifest functions of the organization,
its services, and its processes. Policy must become one of the most important
considerations in practice. Where it is detrimental to clients or is seen as
more beneficial to others, a professional position must be taken and upheld.
Awareness of social work as social control may not change the control. But
we need to realize that we are implicated in the controlling functions of an
inequitable society. We must at least know that. Those of us in the profession
because of a desire to find truth or from altruistic beliefs about human needs
and services need at least to look honestly at what we do with our good works,
negatively as well as positively. Given that, we may shed new light on both
theory and action on social problems, client problems, and social welfare as
social control.

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SOCIAL VALUES IN SOCIAL WORK:
A DEVELOPMENTAL MODEL

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ABSTRACT

The article suggests a five stage model which describes the development of social values in the socialization to social work and other human service professions. The five stages of development include the following: antecedent factors, anticipatory socialization, professional training period, performance in a professional organization and the crystallization of a professional worldview. The main thrust of the paper is the idea that the professional person develops himself for a very long time before reaching professional maturity. This development represents a constant dialogue between the person's background factors, needs and motives and the institutional and organizational contexts he encounters in his career. Along this developmental sequence, conflicts and incongruencies many times arise between the developing professional and his system of values and the organization and its demands. These conflicts will force the developing professional to come out with coping solutions that may involve leaving the field or the profession. Some practical as well as theoretical implications for further research and application are discussed at the end of the article.

In social work as in other professions, academic studies have the aim of equipping students with knowledge and skills in their area of study. In addition to knowledge and skills, academic studies seek to develop in the student a system of values that reflects the world view of the profession. This system of values is generally expressed in an abstract way and justified on ethical or philosophical grounds. Change in the student's world view and value system is intended to equip him or her with certain moral and cognitive attitudes with which to examine the phenomena around him or her according to scientific principles and democratic values. This is true of social work education as well as in other professions.
In study for social work and for other "personal service professions" (as Halmos (1970) defines them), a great deal of emphasis is placed on the moral development of the student, because of the importance of moral issues for the professional who has to interact with clients individually, in groups, or in organizations.

Studies of social work education concerned with the acquisition of social values can be divided into two kinds: descriptions of changes in social values following professional socialization and surveys of attitudes and values of different groups of social workers (Varley, 1963, 1966, 1968; McLeod and Meyer, 1967, Sharwell, 1974). Generally, these studies suffer from both theoretical and methodological deficiencies. Few make use of theory and data on general socialization processes or on adult socialization. Thus, they seldom "control" for factors such as individual background of subjects or for variables reflecting maturation and anticipatory socialization. They also suffer from methodological deficiencies. Chief among these are failures to use comparison groups of subjects and to do longitudinal studies showing the development of values or ideological commitment over time.

In this article, in order to describe stages in the development of a professional value system and a "social work world view" in social workers, a developmental model is constructed which may also be used to study professional socialization in other personal service professions. Each developmental stage is explained using both theoretical and empirical evidence. Finally, some implications for the selection and training of social workers are discussed.

In this model the process of an individual's socialization to social work's value system consists of five major stages which are further divided into sub-stages (see Figure 1). It is important to emphasize the complete cycle of professional development in which each developmental stage is linked to the one preceding and following it. With this developmental process in mind, one can understand how an individual's professional values develop and how his or her professional world view crystalizes.

Leading theoretical explanations of professional socialization are represented by such studies as Becker (1961), Becker and Geer (1958), Merton (1957) and Olesen and Whittaker (1968, 1970). A general assumption of these studies is that socialization to a profession is initially a process of accommodation and adjustment by the student to the perspectives, orientations, and student subculture that prevails in the socializing institution. Thus, a person preparing for a profession enters a system of institutional forces which exert pressures to conform. The candidate for professional
studies is assumed to be almost a blank, tabula rasa, and the function of the professional socialization process is seen as molding him or her into an acceptable professional by utilizing reference and primary groups within the educational institution. Becker (1961, 1967, 1968) states that there is no socialization except that which is done in groups utilizing the commitment a person makes to group norms.

Levinson (1967), in an article critical of Becker's theory, presents another view of professional socialization. "Socialization research deals with the interplay of environmental contexts and relatively enduring, yet changeable, personality structures" (p. 258). The organizational structure only molds and influences the persons who enter it. Their background and personality cannot be ignored. Future theoretical and empirical work might ask: What is the maximal change that can be achieved through socialization to a profession? How does personality and cognitive or cultural background influence the professional socialization process? Can personality characteristics be influenced? In the following sections these issues will be examined as the model of socialization to social values and professional world view in social work presented in Figure 1 is explored.

The Model (Figure 1).

A. Antecedent Factors

1. Socio-economic background factors. In postulating a "discontinuity hypothesis," Feldmand and Newcomb (1969) point out the possible negative contribution that certain socio-economic background factors may make to a person's professional development preventing him or her from bridging the gap between his or her value system and that of his or her new professional environment. McLeod and Meyer (1967) found correlations between American social work students' economic and ethnic background and values held. Bargal (1975) found variance in social values held among Israeli students could be accounted for by students' socio-economic background, especially by students' fathers' birthplaces and their degrees of religiosity.

2. Cognitive emotional climate of early life experiences. There is considerable evidence demonstrating the influence of an individual's early life experiences on the kinds of values he or she holds later in life. Haan, Block & Smith (1968) examined biographical variables for a group of students in relation to their responses to a test of moral judgment. It was found that students who held conformist and conventional attitudes regarding law and order came mainly from conservative families. They demanded educational and normative conformity which frequently was supported by the idea of keeping harmony in the family "at any price." "Activist" students were
FIGURE 1 The stages in socialization to social values and professional world view in social work and other personal service professions.

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<th>A. Antecedent factors</th>
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<tbody>
<tr>
<td>1. Socio-economic background factors.</td>
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<td>2. Cognitive-emotional climate of home: tolerance for conflict, encouragement of independent thinking, etc.</td>
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<th>B. Anticipatory socialization</th>
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<tr>
<td>1. Anticipatory socialization of the person to the norms and values that exist in the profession.</td>
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<td>2. Psychological anticipation: mental images of the profession and its components as a result of projections, needs and coping mechanisms.</td>
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<th>C. Influences of the professional training period</th>
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<td>1. Maturational Factors.</td>
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<td>2. Impact of the educational institution and its organizational and interpersonal arrangements.</td>
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<td>I. accentuation of values brought by the student.</td>
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<td>II. acquisition of structures and new combinations of values and world views.</td>
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<th>D. Work in a bureaucratic professional organization</th>
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<td>1. Reinforcement, widening and deepening of values acquired during professional training period.</td>
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<td>2. Withdrawal to the system of values brought to professional studies.</td>
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<td>3. Identification with and acting according to bureaucratic values.</td>
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<td>4. Conflict between organizational and personal-professional values.</td>
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<th>E. Crystalization of a professional world view</th>
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<td>1. Crystalization of a substantiated professional world view autonomic and integrative to the personality.</td>
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<td>2. Adoption of an opportunistic value system.</td>
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<td>3. Inner conflict and incongruence between bureaucratic pressures and personal and professional values.</td>
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- occupational choice
- students leaving or being rejected because of major incongruency with cognitive moral demands of the institute.
- leaving the organization.
- resignation and leaving the field (profession)
characterized by autonomy. In their families there was a great deal of encouragement and tolerance for cognitive conflict. Autonomous thinking, and "constructive rebelliousness" among siblings was encouraged (Bennis, 1964). The works of Kohlberg (1963, 1969) and Maccoby (1968) show relationships between early socialization and the development of moral judgment and ideology. With respect to the social work profession, which is mainly a woman's profession, Haan, et al. (1968) noted that it was rare to find female students who reached high levels of autonomous behavior. A possible explanation for this phenomenon was that child-parent relationships, especially between mothers and daughters, may influence women to be independent and less autonomous than males. One also has to consider the traditionally passive, altruistic image of women in Western culture, an image which suggested women's main social contributions were expressed in nurturing functions (Hoffman, 1972).

3. Personality Factors. Personality factors are also important determinants of professional career development. Studies by Harvey, Hunt and Schroder (1961), Bieri, et al. (1966) and Witkin (1962), which explore personality types, suggest intelligence, modes of perception and relative dogmatism are important personality variables which influence the impact of professional socialization on student's values.

B. Anticipatory Socialization

Even though anticipatory socialization is mentioned by nearly all socialization theorists as an integral part of the process of professional socialization it has seldom been studied empirically (Brim and Wheeler, 1966). Feldman and Newcomb (1969) call this phenomenon "differential attraction" (p. 327) meaning that when people choose to prepare for a profession, they "self-select" according to their emotional and intellectual inclinations.

In the following section two aspects of anticipatory socialization: socialization to professional norms and values and psychological anticipation will be explored.

1. Anticipatory socialization to professional norms and values. Merton (1957) and Merton & Kitt (1950) describe this mechanism as "the assumption a person has concerning the values of the group which he wants to join" (p. 265). Rosenberg (1957) discusses this phenomenon in a similar way: "the image a person holds about his future professional occupation will exert an influence on the present attitudes and behavior of the student" (p.24). Anticipatory socialization as a psychological mechanism can be either constructive
or destructive to professional socialization. It is constructive when a person entering a socializing institution prepares in such a way as to contribute to the successful outcome of socialization. If we recognize that it is impossible to change an adult's values to any great extent, it becomes understandable that a previously appropriate state of mind can have considerable influence on the success of professional socialization outcomes (Brim and Wheeler, 1966).

2. Psychological Anticipation. Potential negative or destructive kinds of anticipatory socialization to the professional socialization process occur whenever a potential professional person develops unrealistic images and stereotypes of the profession, its operation, and his or her role in it. Such images and stereotypes often reflect personal wishes and fantasies which are the expression of psychological and personal needs. They may have nothing to do with the "real" profession and may therefore cause serious problems of adjustment and adaptation during the professional socialization process. Awareness of the dual role that the anticipatory socialization mechanism can play in the successful socialization of the potential student can be useful for purposes of devising admission procedures and for planning individualized educational experiences in order to create an appropriate "fit" between professional education programs and their students.

Rosenberg (1957) illustrates the relationship between the value system a person holds and the occupation he or she has chosen. His research found that social work students are characterized by altruistic motivations (e.g., helping those in need). One can speculate that those who choose social work mainly because of altruism may face considerable personal conflict when they are asked to perform in certain social work professional positions such as protective services or other "authoritarian" settings. Problems associated with compromise between an individual professional's needs and ideals and those of employing organizations are especially important in a woman's profession. Davies & Olesen (1963) found this problem when studying the nursing profession. "For girls in our society," they wrote, "the identity equation of adulthood is more complex and less monochromatic in its constituent psychosocial elements than it is for boys. The (girls) must seek to balance out and effect viable combinations among such roles as companion, worker, sexual partner, and mother." (p. 348). Hoffman (1972) and Horner (1972) examined the need for achievement and its relationship to the childhood experiences of women. Hoffman wrote:
"It is suggested that females have high needs for affiliation which influence their achievement motives and behavior, sometimes enhancing them and sometimes blocking them. Since girls compared to boys have less encouragement for independence, more parental protectiveness, less pressure for establishing an identity separate from the mother, and less mother-child conflict which highlights this separation, they engage in less independent exploration of their environment. As a result they develop neither adequate skills nor confidence, but contrive to be dependent on others. Thus while boys learn effectiveness through mastery, the effectiveness of girls is contingent on eliciting the help of others. Affective relationships are paramount in females, and much of their achievement behavior is motivated by a desire to please. If achievement threatens affiliation, performance may be sacrificed or anxiety may result". (p. 129).

Hoffman's conclusions become relevant for understanding the process of socialization of women for professional leadership positions, for social action functions, and for filling administrative and organizational roles. Her findings may clarify the processes by which women select particular areas of social work practice.

C. Influence of the professional training period.

1. Maturational Factors. The impact of maturational factors on student values has been investigated extensively by personality psychologists (Sanford, 1962, 1966); and (Feldman and Newcomb, 1969). These factors are seldom mentioned in studies of socialization to professions (Olesen and Whittaker, 1968); Becker on medicine (1961) or on social work (Varley, 1963, 1966); Fuller 1962). The reasons why investigators do not consider these factors may be both theoretical and methodological. Sociological theories of socialization generally consider influences. The methodological reason relates to research design. Most studies in this field are conducted using one population sample without any comparison groups. Investigators frequently assume that change in values between "before" and "after" measures is a result of being in a socialization setting; they rarely consider the possibility that some change may be due to maturation.

2. Impact of Organizational and Interpersonal Arrangements. The socialization institution and its structural arrangements serve as context for the main variables in research studies of socialization to professions. In one study (Bargal 1975),
important changes in the values held by social work students in Israel following professional training were found. Such changes did not occur among psychology students. The structure of the curriculum and interpersonal interaction in a specific educational setting combined with the impact of social work's value system probably led to changes in values held by social work students. One of the main theoretical problems in interpreting any data on attitude and value change following professional education is that even if one discovers some changes in the values of students following professional education what may be concluded about the nature of those changes. How "deep" are they? How consistent or not are they with the system of values students held when they entered the professional school?

The key to the process of professional value inculcation seems to lie in what is termed "accentuation" of previous values brought by the student to the educational setting (Feldman and Newcomb, 1969). Using a cognitive developmental approach such as Kohlberg's (1969), one may conclude that changes in values will probably not occur as a consequence of academic and professional studies. Only accentuation and stabilization of those values students held before beginning professional studies seems likely to occur. According to the work of Keasey (1973) and Langer (1969), little progress in terms of what Kohlberg calls "moral development" can be expected as a result of professional education.

Accentuation of students' previously formed values may sometimes strengthen attitudes and beliefs which may be inappropriate in a decidedly liberal profession such as social work. Value acquisition must be more than acquisition of mere professional jargon. It should not be a result of what Kelman (1961) calls "compliance" or what Bennis (1964) terms "defensive identification." Ideally, value acquisition should be the result of non-coercive interaction between student attitudes and beliefs and those of the profession as presented in the educational setting. We do know it is very difficult to achieve deep changes in the student's personality at the age when professional education takes place. Furthermore, to create significant value changes, entirely new types of professional socialization institutions seem required. In order to achieve profound value change a socializing environment must be created which will constantly challenge the "cognitive balance" of its students (Langer, 1969). Relationships between teachers and students must be based on
what Bennis (1964) terms "defensive identification." Ideally, value acquisition should be the result of non-coercive interaction between student attitudes and beliefs and those of the profession as presented in the educational setting. We do know it is very difficult to achieve deep changes in the student's personality at the age when professional education takes place. Furthermore, to create significant value changes, entirely new types of professional socialization institutions seem required. In order to achieve profound value change a socializing environment must be created which will constantly challenge the "cognitive balance" of its students (Langer, 1969). Relationships between teachers and students must be based on what Bennis (1964) terms "positive identification." The type of teaching that is crucial in this type of system demands close interaction between the students themselves as well as between students and teachers in small groups. Very few of these mechanisms exist today in educational institutions serving adults and they are uncommon in professional social work education.

At this developmental stage in the process of socialization to a profession, some students leave the school or university. They are usually persons who feel major incongruences with the school's cognitive and "value" or moral demands. This "self-selection" process is a very important and necessary stage in professional development which is often misunderstood and even feared by educators since it may threaten their sense of confidence in the appropriateness of their function.

D. Work in a Bureaucratic Professional Organization.

Entrance into professional roles at the end of academic study sends the graduate from the relatively protected conditions of the "Ivory Tower" into the bureaucracy of the professional agency. There, controlling behavioral norms are influenced jointly by professionals and by administrators. The first few years of work in a professional social service organization are, in the author's opinion, the most crucial for the crystallization of a system of values and a professional identity. Becker (1961) asserts that the main contribution of the bureaucratic professional organization after formal academic studies is the creation of a highly professional sub-culture in which appropriate norms and values continue to mold the novice professional. Some graduates are successfully absorbed into organizational systems and some suffer conflicts because of incongruencies between personal and organizational values (Merton, 1957; Gouldner, 1957; and Billingsley, 1964). At this stage of professional development some graduates will find solutions to conflicts generated between
the values held by them and those esteemed in bureaucratic, professional organizations. Some will surrender to the pressures of the bureaucracy while others will attack the system. There will also be those who will leave the organization in search of employment that will be congruent with their system of professional values. One may find workers who withdraw totally from their profession because they cannot balance their values with those of the social service bureaucracies.

E. Crystallization of a Professional World-View.

The crystallization or development of a professional world-view based on values among human-service professional is a subject seldom explored in social work literature. This concept is similar to but not as broad as the concept of ideology as defined by Shils (1968) as: "those comprehensive patterns of cognitive and moral beliefs about man, society, and the universe in relation to man and society...." (p.66). Levy (1973) identifies three components of social work professional values "which are or ought to be shared by all social workers and related by them to all elements of their professional practice: (1) values as preferred conceptions of people, (2) values as preferred outcomes for people, (3) values as preferred instrumentalities for dealing with people." (p.38). The main purpose of professional education may be to facilitate the acquisition and integration of these three components into a professional value system and world-view which controls professional behavior toward clients. The crystallization of a professional world-view is closely tied to the professional person's identity formation. Erickson (1968) has termed this stage in the life cycle as "ideological commitment vs. role diffusion." Perry (1970) has described it as the development of "commitment." Kohlberg (1969) has defined it as "autonomy." These terms convey nearly the same meaning, namely, that the individual has been able to synthesize his or her personal needs and experiences with the intellectual and moral heritage of the relevant culture into an amalgam which serves the purpose of guiding and orienting his or her professional attitudes and behavior. The crystallization of a comprehensive professional world view is often a long process in the life of the developing professional person. Additional research is necessary to trace this developmental process among professionals in the human services.

CONCLUSIONS AND IMPLICATIONS

The developmental professional model which has been described suggests educational efforts in social work and other personal service professions might re-examine assumptions about their goals and objectives. Socialization to professions has been seen as a process
consisting of several stages, resulting in a "career" during the person's years of working in his or her profession. While it is common to view socialization to a profession as taking place primarily in formal socializing institutions such as a professional school, this model recognizes the cumulative importance of the interaction between the developing person and the environments in his or her personal and professional lives. It is noteworthy in this context to emphasize again the significant contribution of early life experiences to the crystallization of a professional world view.

Attempts were made to distinguish between the acquisition of values and their accentuation and the crystallization of a professional world view. The description of socialization to a profession as a dynamic ongoing "dialogue" between the developing personality and its surrounding educational and organizational environments enhances understanding of the reasons why persons leave a profession or its practice settings. The process of leaving an organization or the profession itself may be caused by conflicts between the professional's values and those values of efficiency often esteemed in professional-organizational settings.

From a research perspective longitudinal studies are necessary to trace the development of professional careers in various fields. Such studies might analyze crucial points in careers, such as entering professional school; graduation; the first year in a professional, bureaucratic organization, and so on in order to elucidate what processes a person engages in to survive and remain a committed professional. Research of this sort has been conducted on careers in business and administration but little exists on the human-service professions. Some relevant information might be obtained through retrospective in-depth interviewing of outstanding professional leaders. One might be able to identify key points in their careers when they ascertain ways which proved to have significant bearing on later career development. This information might be used to illustrate career development processes for students in the social service professions.

From an "applied" perspective the model of professional development presented here offers social workers and other human-service professionals suggestions for education and training. Considering the importance of a person's "background" in influencing development of professional values and perspectives, professional schools ought to pay much more attention to their recruiting and selection procedures. Alternatively, if students lacking adequate anticipatory socialization are admitted into a professional school, it may be the school's responsibility to provide suitable compensatory socialization. Since Feldman and Newcomb's (1969) comprehensive research in the area of value changes in the college years, it is known that a socializing institution can attempt, at most, to
accentuate the existing values of its students. In order to achieve any considerable change in students who do not hold values relatively compatible with the profession, extraordinarily intensive educational programs are necessary if professions want to protect themselves and their clients from practitioners who do not uphold professional standards and values.

Taking into account the difficulties that exist in initiating value change in adulthood through institutional socialization (Brim and Wheeler, 1966), professional schools should be realistic in their expectations of their students. In order to cause even modest changes in students' values, new patterns of teacher and student interaction may be developed. Such patterns could include intensive contacts between students and teachers in challenging environments which constantly stimulate students to examine their beliefs.

Understanding of the function of anticipatory socialization can give educators in professional schools a leverage point for dealing with students' values and stereotypes. These values and stereotypes often reflect students' unrealistic wishes and fantasies and they could be examined as one factor in selecting students for a given profession. It may be necessary to advise applicants to a school of social work to pursue another career if their values and career objectives seems totally incongruent with social work demands. In the future, careful analyses of the processes of professional socialization may yield more precise information for use by those concerned with developing social work values in students and professionals.

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SOCIAL WORK RESPONSE TO PROBLEMS OF OCCUPATIONAL HEALTH

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ABSTRACT

An emerging area of concern for social work professionals is occupational safety and health. This article explores problems of the workplace with a specific focus on Brown Lung disease, or byssinosis. The authors present a model for field practice whereby students develop skills in organization, self-help group development and systems change strategies, thereby moving from a traditional methods model of practice to one that is focused on social problems.

Introduction

During the past several years, there has been a small but stirring interest within the helping professions in regard to problems of occupational health and safety. As long as man has had to work for a living, there have been numerous accounts of the unique and often dangerous conditions associated with the workplace. The mining of minerals, blacksmithing, long hard hours of exposure to noise, heat and toxic substances have resulted in millions of workers developing serious and often fatal diseases or losing their lives in unsafe workplaces due to unpredicted explosions, fires, mechanical failures and the like.

Concern over occupational health and safety problems has been sporadic at best. Much of the reform movements of the late nineteenth and early twentieth centuries directed their energies toward the sweatshops of this early industrial period. Eliminating child labor and reducing the number of hours in the workday were the major concerns.

In the mid and late sixties, numerous mine explosions took the lives of many miners. At that time, through the efforts of miners' widows, concerned persons in the medical field, disabled miners themselves, and the rank and file miners of the United Mine Workers rebelling against the union's national leadership, sufficient pressure was imposed to pass national legislation which created the Coal Mine Health and Safety Act of 1969. In 1970, Congress passed the Occupational Safety and
Health Act which was designed, at least ideally, to guarantee all workers a right to a safe and healthy workplace. OSHA provided the development of exposure safety and regulations, notwithstanding general problems encountered as a result of state options to administer the act, too few inspectors, overall ineffectuality of the process of imposing penalties for violations, and the hostile reaction of industry.

Social workers generally have not been involved with efforts to intervene in the problems of the workplace. This is an unfortunate fact considering the severity of the problem. It is estimated that 14,000 workers are killed each year in work accidents and more than 2.2 million disabled as a result of occupational diseases and work-related accidents. More reports show 100,000 workers dying annually from occupational disease and 20 percent of all cancers being directly related to carcinogenic exposures in the workplace. In the Appalachian area alone, in which 15 percent of this country's industries are located, statistics show that workers suffer death and disability more than three times the national average. Industries located in the region such as mining, textiles and agriculture, lead the nation in accident frequency.

In addition, workers face a new type of danger which has accompanied the vast increase in the industrial use of chemicals and synthetics. Hundreds of thousands of chemicals are used in industry, yet there exist standards for only 500 of them. Given their shared characteristic of latency, we will only continue to discover just how dramatic an impact these industrial chemicals have had on our workers' health.

The Case Of Brown Lung

Unfortunately, not all occupational health hazards are an outcome of newly-discovered, man-made chemicals. If this were true, then we might justify the minimal attention given to the problem. Instead, we read in the newspapers everyday of industrial health hazards which have been documented for decades, but through a process of concealment and minimization by industry and government, virtually nothing has ever been done to prevent the hazards or properly care for those who become disabled. A classic example lies within the textile industry. Doctors and officials name the problem byssinosis, the mill workers simply call it Brown Lung.

One of the largest employers in the South is the textile industry. It in turn produces a health hazard which the Occupational Safety and Health Administration (OSHA) targeted as one of the top five industrial health hazards in the country—a chronic obstructive pulmonary disease which cripples the worker and can ultimately lead to death. Brown Lung is caused by continuous exposure to cotton dust. Through the process of turning raw cotton into thread and cloth, small particles of dust fill the air. Continued inhalation of this dust can leave the worker with a chronic lung disease, a disease which leaves the worker breathless, making even the simplest task an excruciating experience. It is estimated that some 35,000 textile workers are already disabled by the disease and this figure does not even include the 800,000 textile workers who are presently at risk.
Even considering the fact that there have been conscious attempts to conceal the scope of occupational diseases such as Brown Lung, it is still disturbing that the helping professions have in no way addressed these most serious health and social problems. As both Dr. Jeanne Stellman and Dr. Susan Daum noted:

Oddly enough in this advanced technological society, practically no one is trained to study, recognize, or treat occupational disease. A person who visits a doctor [or as we might add--a caseworker, a Social Security worker, a public health worker, etc.] is not usually asked about his or her occupation or what kind of work is performed.7

To take Daum and Stellman's analysis one step further, neither has anyone, including the worker, been trained to understand remedies for occupational disease problems. Few have any knowledge concerning the practical application of the OSHA law--a law which gives the worker a right to a healthy workplace and provides the means for enforcement of this right. Few know anything about workers' compensation laws and how they can be utilized to encourage prevention and provide a basic employer responsibility for the workers. And finally, very few helping professionals know anything about active outreach education for workers and how to assist them in attempts to organize their voices so they change the injustices which accompany an occupational disease. These injustices include: workers not knowing about the dangers within the place which they work; industries which conceal the extent of health hazards; industries which violate health and safety standards; an understaffed regulatory agency which is often rendered ineffective because of political intrusions; poor state compensation, and political pressures which seek to resist regulation and limit liability for occupational diseases.

Social Work and Occupational Health

For the most part, those who have addressed the problem of occupational diseases have consisted of a loose coalition of unions, public interest groups, local organizations concerned with occupational health (the COSH groups), and grassroots, self-help organizations. As noted previously, social work has not concerned itself with this problem, or even, in a broader sense, with workers' issues at all. Leo Perlis cites three reasons why this area of industrial social work has remained untouched. First, industrial interests are dominated by a concern with production and profit; the safety, health and welfare of the workers are of secondary importance. Second, organized labor has traditionally concerned itself with similar economic issues such as higher wages, better fringe benefits and fewer hours. Third, the field of social work has concerned itself with developing a professional image, struggling with its identity and concentrating its focus on casework and group practice outside the workplace.8

As a result, any venture by social work into the area of occupational health will demand it perform in concert with other organized interests. This is certainly not a new concept--social work has based much of its work on a team approach to its practice. However, "the team" in occupational health issues is not comprised of other professionals. Rather than working with psychologists and doctors, the social
A Rural Organizing Model

In 1977, a small group of students and faculty at the School of Social Work, University of Georgia, began efforts to assess alternative models of social work practice and how, from an educational perspective, these models could be implemented.

Due to a shared interest in occupational health and organizing as a field of practice, graduate students were placed with the Carolina Brown Lung Association, a member-controlled, grassroots organization of retired disabled textile workers. This placement exposed these social work students to an entirely new model of practice—a model which finds the practitioner in a primarily rural setting, with few resources and in which she/he must develop an organization which blends service with an advocacy approach to change.

The students' task, though simple in words, represented an enormous challenge. The State Board of the South Carolina Brown Lung Association asked the students to organize a chapter in the largely rural textile community known as Horse Creek Valley. For the students, this mandate evoked many questions and concerns. How would the transition be from a college campus to a rural, Southern community? Could they fit in as student labor within the existing staff of the organization? Could they be accepted as students in a new community? Could the community accept an organization which in many ways challenges the dominance of the local textile industry? Could they actually organize a group and could it survive?

In order to familiarize themselves with the organization and its activities, about one week was spent visiting other chapters and talking with their members and staff. During that time, the staff helped prepare the students with written material and shared their experiences of organizing the present chapters.

Over the next nine months, the students worked and lived in Horse Creek Valley and successfully showed that social workers could perform an organizing role in occupational health issues. A chapter was formed, accepted in the organization and has significantly contributed to the CBLA's goals of organizing textile workers, preventing the incidence of Brown Lung disease and fighting for compensation for those disabled.

The model employed by the students is discussed below. Underlying its components is a basic philosophy which is quite different from the prevailing founda-
tions of the field. Namely, complete emphasis is directed toward organizing "client" groups to provide services and initiate change. Social workers are taught to provide services themselves to individuals or small groups. Rarely have they engaged in organizing experiences, for such work requires social workers not only to possess certain unique skills but to also commit themselves to actively transfer and develop these skills among their "clients." Secondly, the model stresses change as well as service. Therefore the social worker finds himself/herself on one side of a polarized issue and must participate in social action strategies which quite often involve confrontation tactics. This is a clear diversion from the profession's professed impartiality and reluctance to involve itself in political issues. In this case, the students, by working with CBLA, accepted the facts that industry and government have neglected the problem and must be pressured on a social, economic and political front in order to remedy the situation.

With these assumptions understood, let's examine the programmatic model utilized by the students.

1. Outreach

It was very clear to the students that textile workers, who had little or no knowledge about Brown Lung and who had been completely dominated by the industry, would not eagerly approach them, asking for help and wanting to participate in an organization which was challenging the industry over this issue. Even if a worker wanted to approach the students, he or she could not, simply because there was no money available to fund an office or to provide a phone. In addition, the students found that other social service agencies, those which usually employ social workers, knew nothing of the problem and reflected the conservatism and skepticism locally directed toward worker and citizen organizations.

As a result, the students realized that the only effective means to reach and educate potential victims of the disease was to go right to their doorstep. "Door knocking," as it is called, brought the social workers directly into the community and provided a means to educate workers and recruit initial members of the chapter. At first, this was done blind—the students went to the mill village, picked a street and then knocked on every door. From these contacts, other names of friends and relatives were obtained, slowly building a network of interested workers.

Another means of outreach was organizational in nature. The students spoke at Council on Aging lunches and to church groups, anywhere a majority of the members were former or active textile workers.

It is important to note that outreach did not stop with initial recruitment efforts. Outreach remains an ongoing function of the chapter and even established functions such as meetings are often carried on in members' houses. In short, the students are familiar guests in everyone's homes.

2. Research

A new and different kind of research was required of the students. Their target was the community and their method was comprehensive examination of the
community, its institutions and its leaders. More so than any other areas of organizing, social work has contributed to this knowledge base as evidenced by the work of Roland Warren and others in community analysis.  

Basically, community analysis demands practical research skills. You must know where and how to examine property tax records, public ownership records, land holdings, interlocking directorships on industrial and community boards; you must identify other community groups and assess how they can be of some service to your group; you must identify community programs on television and radio which might provide a forum for your issue; you must have to identify the leaders of the community, assess which ones could be of help as well as those who might undermine your work; and you must know basic statistical information about the community--how many workers, what kinds of industry, their profits, their wages, their benefits, and the rate of unemployment.

Information such as this gave the students a definite handle on the community and though they were strangers to it, they could move on in their work with a basic understanding of its social and political make-up.

3. Building an Organization

Once people are identified, the hardest task then becomes the process of building an organization around their mutual experiences and shared concern. This is particularly different in the rural South due to the historic absence of workers' organizations. Labor history clearly shows just how militantly industries and states crushed workers' attempts to organize. The legacy of those actions is still quite strong.

Given these social and political constraints (not to mention the physical constraints of organizing sick people), the students, from the beginning, suggested that the workers might want to develop some structure to guide their activities. Steering committees were developed at first, but these soon branched into committees defined by tasks such as compensation and fund raising. Meetings began to occur at regular intervals and after a few months, officers were elected and bylaws written.

Later, the group began to acquire other organizational features. An office was rented, a local newsletter developed, a post office box rented and stationery was bought. Though these trappings were certainly not as important as the group experience, they served an important function to reinforce the organization's identity both to the members and the rest of the community.

4. Leadership Development

It is extremely difficult for young, intelligent students to restrain themselves from leading the organization. The workers look up to them with quite a bit of admiration and constantly try to defer decisions and leadership to the organizers. Likewise, other professionals, bureaucrats, politicians, and the media have a tendency to approach the students as the leaders of the group. As a result, the stu-
dent must combine self-discipline with his/her skills to develop leadership within the organization.

Leadership development is primarily a process of building upon skills which are already present within the worker. A member who talks well might give a report at a chapter meeting, then lobby a legislator, then talk to the press, and finally testify before a Congressional committee. With experience and preparation, any organizational skill can be mastered. The students found a traditional social work technique, role playing, a particularly useful learning tool.

5. Program Development

In concert with the members, the students were instrumental in developing the chapter's program. Generally, the program was a combination of service and action. Services drew members into the organization and as they learned more about the problem and what needed to be done, they began to participate in national, state and local actions. Take, for example, the service aspects of CBLA's program. Free medical screening clinics introduce workers to the problem and give them some indication of their own condition. Doctor and lawyer referrals are available as is education about workers' rights. Their awareness of the problem and the transgression of their rights then lead many of the workers to a program of change. In this instance, the program included lobbying for changes in the state and federal compensation laws, pressing actions against legislators, the textile industry and state agencies, and demanding a voice in relevant legislative and administrative policies. Only through these means can we move beyond symptoms to eradicate the problem.

Before any school sponsors a learning experience for its students which is built on this model, it must be prepared to do several things. First, it must take the responsibility to seek out organizations which lie outside the traditional social service placement. Second, the school must allow nonMSW field supervision. Third, the school should provide some coursework opportunities for students interested in occupational health and organizing. And finally, the school must be prepared to resist attempts to eliminate placements such as these because they are too controversial.

If social work is to concern itself with basic social problems such as occupational health, then its educational institutions must provide the spawning ground for this interest. Occupational health is but one of a series of interrelated health problems in this country--problems which genuinely reflect distinct divisions in social position and influence. As a profession which prides itself on critical examination and commitment to help those in need, the field of social work must shift its focus from a therapeutic approach to the individual and begin to train practitioners who are sensitized to social problems and who possess the skills to effectively work for change on a larger level. Whether or not the field will move in this direction remains an open question. Nevertheless, by at least providing learning models such as the one above, the field can give its practitioners an opportunity to explore new horizons and define the field of social work for themselves.
Footnotes


3. Appalachian Alliance, "Appalachia 1978: A Protest From the Colony."


6. Dr. Eula Bingham, Director of the Occupational Safety and Health Administration, February 4, 1979, CBS Interview.

7. Daum and Stellman, op. cit., p. 5.


This article makes an assessment of the possible impact of welfare reform on families currently receiving AFDC payments. An analysis of the data on variations in AFDC monthly payments, the per capita income and AFDC grants, and other selected factors for Mississippi, Nebraska, and New York suggests that the effects of federalization on welfare would indeed be far-reaching. For example, it would increase the economic level of Black mothers and children living in Mississippi (state with the lowest monthly payment), and possibly at the same time decrease the flow of Black emigration from that state.

Early in his term President Carter proposed a plan for welfare reform which would shift the major responsibility from the states to the federal government and lessen, if not eliminate, present state inequalities in benefits. This program has little chance of enactment in the immediate future but it does address some of the perennial problems of a welfare system almost universally assumed to be faulty and it is likely that some day a similar program will be enacted. In the debate over the program one thing often overlooked is the variation in regional impact. In the northeastern states it is unlikely that welfare reform would lead to increased benefits for welfare recipients and conceivably it could lower them. In the deep South and especially in the poorest state in the nation, Mississippi, its effects would be revolutionary. The obvious or manifest effect would be a major increase in Mississippi welfare grants, the latent effects involve significant change in social and familial relationships.

The Carter Plan

According to President Carter, his Program for Better Jobs and Incomes would "transform the manner in which the federal government deals with the income needs of the poor and begin to break the welfare cycle." His plans calls for the elimination of three key components of the present system: 1) Supplementary Security Income (SSI) for the blind, aged and disabled; 2) Food Stamp Program; and 3) Aid to Families with Dependent Children. These benefits would be replaced by cash grants to lower income people, determined on a national basis and paid by the federal government. Moreover, the plan proposes to provide "jobs for those who need work, dispensing fairer and more uniform cash benefits, promoting family stability and
improving the self-respect of recipients." According to a succinct statement in the Editorial Research Reports:

Carter explained that his welfare proposal consists of a "job-oriented program for those able to work and a simplified, uniform, equitable cash assistance program for those in need who are unable to work by virtue of disability, are or family circumstances." Cash benefits for Americans able but unwilling to work would be reduced. Up to 1.4 million full and part-time public service jobs would be created to persons unable to find employment elsewhere. These jobs would pay the federal minimum wage and recipients would be required to spend five weeks each year looking for non-subsidized employment. The Program for Better Jobs and Income, Carter said, "will ensure that work will always be more profitable than welfare and that a private or non-subsidized public job will always be more profitable than a special federally funding public service job."

CHART 1

<table>
<thead>
<tr>
<th>WELFARE REFORM CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESENT SYSTEM</strong></td>
</tr>
<tr>
<td>Format</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Benefits</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Cost</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Employment</td>
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<tr>
<td></td>
</tr>
</tbody>
</table>

Critics of the Carter Proposal usually operate from a northern perspective. They are afraid it might encourage a lower level of payment to the needy and they doubt that the work incentive aspect of the program would be effective in a period of high unemployment or needed in a time of prosperity. They also charge that the public service jobs would be of the meaningless dead-end variety.

Such criticisms may have merit but in the deep South they fall into insignificance compared to the changes that bringing this part of the country under a national welfare umbrella would involve. To explore this point let us look at the impact of welfare reform on families now covered by the AFDC program. While the Carter welfare reform proposal would eliminate the AFDC label, the type of families...
comprising the AFDC caseload would still be receiving welfare payments. AFDC is the largest form of categorical assistance. Hence, an analysis of the effect of federalization on this type of family will clarify the probable effect of the welfare reform proposals.

Mississippi, Nebraska, New York: A Comparison

Variations in AFDC Monthly Payments

The program for Aid to Families of Dependent Children is currently operated on a matching basis in which the contribution of the Federal Government is related to the payment by the individual states. A rather complicated federal formula provides more assistance to poor states than to wealthy ones but it is still true that the state's payment may be a considerable burden and there is a tendency for the low income states to have smaller AFDC grants. This is indicated by the variation in the monthly payments for AFDC families and is illustrated in Table 1. To analyze the effect of this variation, let us look closely at three states, using the detailed information available in a 1973 HEW survey. New York is taken as an example of a high grant state, Mississippi the state with the lowest average grant payment and Nebraska is about midway between New York and Mississippi.

Table 1

AFDC Payments, December 1977

<table>
<thead>
<tr>
<th>State</th>
<th>Monthly Payment Per Family</th>
<th>Monthly Payment Per Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
<td>High</td>
</tr>
<tr>
<td>Mississippi</td>
<td>$47</td>
<td>$15</td>
</tr>
<tr>
<td>South Carolina</td>
<td>84</td>
<td>29</td>
</tr>
<tr>
<td>Georgia</td>
<td>103</td>
<td>37</td>
</tr>
<tr>
<td>Tennessee</td>
<td>104</td>
<td>37</td>
</tr>
<tr>
<td>Texas</td>
<td>104</td>
<td>33</td>
</tr>
<tr>
<td>Alabama</td>
<td>112</td>
<td>37</td>
</tr>
<tr>
<td>Hawaii</td>
<td>$369</td>
<td>$115</td>
</tr>
<tr>
<td>New York</td>
<td>366</td>
<td>114</td>
</tr>
<tr>
<td>Rhode Island</td>
<td>311</td>
<td>103</td>
</tr>
<tr>
<td>Massachusetts</td>
<td>310</td>
<td>99</td>
</tr>
<tr>
<td>Connecticut</td>
<td>310</td>
<td>102</td>
</tr>
<tr>
<td>Michigan</td>
<td>310</td>
<td>99</td>
</tr>
</tbody>
</table>


If we look at various aspects of the AFDC families there are rather sharp differences between Mississippi and New York with Nebraska, as expected, occupying an intermediate type of position.

First looking at the matter of the unmet monthly need in the family budget. In New York, at only 81 cents per family, the unmet monthly need was practically nonexistent. In Nebraska it was $48.08 and in Mississippi $128.56. Not only was the unmet need greater in the other two states but the theoretical "budgetary need"
was lower. This was calculated at $300.61 per month in New York, at $265.11 in Nebraska and at $223.00 in Mississippi. Most of the variation in the estimates of budgetary need was apparently accounted for by a differential treatment of assumed expenses for shelter, fuel, and utilities. These amounted to $27.34 in Mississippi and $116.75 in New York or a difference between the two of nearly $90 per month as contrasted to a difference of the estimated budgetary need of $77.00 per month. In Nebraska the figure was $96.00, a difference with New York of about $20.00 per month while the difference in total budgetary need was $35.00. These figures are accentuated when it is mentioned that nearly a third (30.3%) of Mississippi recipients receive nothing at all for fuel, shelter and utilities as contrasted to under six percent for both New York and Nebraska. It should be added that Mississippi in 1973 was not the most extreme state since Louisiana and West Virginia budgeted nothing at all for these items.

AFDC has been used disproportionately by Black families; the national percentage in 1973 being 45.8 percent Black while in Mississippi it was 87.4, in Nebraska 28.3, and in New York 39.3 percent. In New York the race of approximately 30 percent of the recipients was listed as Spanish origin descent, which in most cases presumably referred to the Puerto Rican population. Thus in New York the minority group representation was about 70 percent of the population. In Nebraska it was around 30 percent, but in Mississippi AFDC was overwhelmingly a program for Black families.

Although Mississippi's AFDC recipients are a comparatively high percent of its total population, the proportion of either Whites or Blacks receiving AFDC is lower than in the other two states. The high total of AFDC in Mississippi is related to the higher proportion of Blacks living in that state (see Table 2).

Table 2

<table>
<thead>
<tr>
<th>State</th>
<th>% of Blacks in State Populations</th>
<th>% Black Population on AFDC</th>
<th>% White Population on AFDC</th>
<th>Total Percent on AFDC</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>13.0</td>
<td>24.4</td>
<td>2.1</td>
<td>5.30</td>
</tr>
<tr>
<td>Nebraska</td>
<td>3.4</td>
<td>22.2</td>
<td>1.3</td>
<td>2.00</td>
</tr>
<tr>
<td>Mississippi</td>
<td>37.2</td>
<td>14.6</td>
<td>1.1</td>
<td>6.10</td>
</tr>
</tbody>
</table>

Sources:
Table 11, Public Assistance Statistics 1976, U.S. Department of HEW, Social and Reh Services, Office of Information Systems, National Center for Social Statistics
Table 9, Part 1, Demographic and Program Characteristics, Findings of AFDC Study. Also, Table 3, Part II and Financial Circumstances, Findings of the 1973 AFDC Study.
The three states clearly illustrate the usual relationship between rural population composition, percent black and size grant (See Tables 2 and 3). New York typifies the large urban industrial state with a high minority AFDC proportion and high monthly payments, Nebraska represents the more rural state with a largely White AFDC population and medium payments, and Mississippi is the extreme example of a rural state with a largely Black AFDC population and low monthly grants.

States with a large Black rural population tend to have lower grants and this is most pronounced in southern states which have both a substantial rural AFDC population and more than 50 percent Black AFDC recipients. In all the states in which the AFDC populations was 13 percent or more rural and 54 percent or more Black, except Virginia, grants were under $131 per month. In states with a largely white AFDC population but 13 percent or more rural, the grants ranged from $149 to $306. In states with fewer than 13 percent of the AFDC population in rural areas the proportion of Blacks on AFDC was not related to the size of the payment. Thus, the impact of low AFDC payments falls mainly on rural Blacks. It may be significant that these rural Blacks live in states where, at least until recently, blatant racism was openly proclaimed as well as practiced. They also live in states where the welfare rights movement has never been an effective force.

Per Capita Income and AFDC Grants

Variation in AFDC grants has only a slight relation to either per capita income or living costs. Mississippi per capita income is 63 percent of New York but the AFDC payment is only 19 percent of the New York average.

Table 3
Per Capita Income, Unmet Need, Average Grant, Family Budget and Percent Minority for Three Selected States

<table>
<thead>
<tr>
<th>State</th>
<th>% AFDC Minority**</th>
<th>Family Budget</th>
<th>Average Monthly AFDC Grant</th>
<th>Unmet Need*</th>
<th>Per Capita State Income 1973</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>70.8</td>
<td>$300.61</td>
<td>$269.99</td>
<td>.81</td>
<td>$5,657</td>
</tr>
<tr>
<td>Nebraska</td>
<td>36.5</td>
<td>265.11</td>
<td>151.46</td>
<td>40.08</td>
<td>5,251</td>
</tr>
<tr>
<td>Mississippi</td>
<td>87.7</td>
<td>223.00</td>
<td>52.61</td>
<td>128.56</td>
<td>3,579</td>
</tr>
</tbody>
</table>

*Since family resources are considered when making the grant, the unmet need is smaller than the gap between the grant and the budget.

**30 percent of the New York AFDC are listed as Spanish origin descent.

Sources:
Table 9, Part 1, Demographic and Program Characteristics, Findings of the 1973 AFDC Study. Also Table 3, Part II B, Financial Circumstances, Findings of the 1973 AFDC Study.
AFDC grants do show some relation to Black female per capita income. In New York in 1970 the average AFDC grant was $3,252 and the per capita income for Black females was $3,319, indicating that the AFDC family grant was 98 percent of the average Black female income. In Mississippi the Black female income in 1970 was $964 and the average AFDC family grant was $560 or 58 percent of the average Black female per capita income. In 1970, 51.2 percent of the Black female workers in Mississippi were either service or household workers compared to 32.6 percent in New York State.

Let us assume that there is a federalization of AFDC grants. In 1973 it would have required a grant of $181 per month or $2,180.90 per year to meet (with other family resources) the estimated needs of the Mississippi AFDC family. This would have meant an AFDC grant equaling 226 percent of the per capita 1970 Black female income.

It is also worthy of note that the 1970 per capita Black male income in Mississippi was $2,237 or about the same as an AFDC grant which would have met "recognized needs." The high rate of illegitimacy in Mississippi indicates a certain resistance to marriage and it is doubtful that a welfare grant as large as the average black male income would make matrimony more attractive. Indeed the evidence from income subsidies elsewhere indicates that a higher welfare income is associated with increased divorce rates. An adverse effect on the formation and stability of the two-parent family does not necessarily justify rejection of an adequate welfare program. It could indeed be argued that it is a net gain when families are no longer held in matrimony by sheer poverty. However, it is intellectually dishonest for welfare reform advocates to ignore the evidence that higher welfare payments may be accompanied by higher divorce rates.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>$5,710</td>
<td>$3,416</td>
<td>$3,252</td>
</tr>
<tr>
<td>Nebraska</td>
<td>4,425</td>
<td>2,124</td>
<td>1,818</td>
</tr>
<tr>
<td>Mississippi</td>
<td>2,237</td>
<td>964</td>
<td>560</td>
</tr>
</tbody>
</table>

Some AFDC Patterns in New York, Nebraska and Mississippi

The Mississippi AFDC program emerged in a state in which family life is still linked to developments of an earlier era. One aspect of this is the strength of the extended family. Nearly half of the AFDC children are illegitimate and more than half are cared for in extended family households. More than four-fifths of the mothers were born in this state. Almost a third of the mothers are employed but wages - even with AFDC grants - are inadequate for family needs. The survival of the plantation pattern of white paternalism is seen in the fact that over 30 percent of the mothers live in houses which are rent free. Over half of the families live in rural areas are nearly ninety percent of the caseload is Black.

The New York AFDC family contrasts with the Mississippi AFDC family in almost every respect. In terms of joint residence, the extended family is infrequent and most AFDC mothers and children live in separate households. Illegitimacy is slightly lower than in Mississippi. Only a third of the mothers were born in New York state. Grants meet the budgetary definition of adequacy and less than ten percent of the mothers are employed. Nearly 99 percent of the AFDC families live in urban areas. The caseload is three fifths minority and the percentage of the total families receiving AFDC, both majority and minority, is nearly twice that in Mississippi. In brief, the AFDC system in New York state fairly well reflects the sentiment that the one-parent family is expected to maintain an independent household and to be entitled to the adequate public support in time of need.

Nebraska, as might be expected, is somewhat different from either of the other states. A majority of the caseload is White although the proportion of Whites receiving AFDC is lower than in New York and only slightly higher than in Mississippi. The proportion of Blacks receiving AFDC is greater than in Mississippi and nearly as high as in New York. Slightly more than half the AFDC recipients were born in the state. The proportion of illegitimate children is the lowest of any of the three states and the proportion of children living in a non-maternal home is halfway between New York and Mississippi. Approximately a fourth of the mothers are employed and grants averaged fifty dollars a month below budgetary needs. The Nebraska situation is influenced by the survival of rural attitudes in a legislature dominated by farming interests. There are, however, few Blacks living in rural areas and the Black proportion of the caseload is overwhelmingly urban as is the White as well. Grants are larger than in Mississippi but not enough to meet family needs and the proportion of mothers working, while slightly lower than in Mississippi, is two and a half times a high as in New York. Nebraska AFDC seems to be influenced by possible differences in the situation and attitudes of White and non-White AFDC families as well as by resistance to the idea that the independent one-parent family should be entitled to complete maintenance by public funds. However, Nebraska AFDC policies are definitely closer to New York than to Mississippi.

Most AFDC families are one-parent families. This was true of approximately 87 percent of the families in New York and in Nebraska and 80 percent of those in the United States as a whole. For Mississippi it was true of only 74 percent. New York and Nebraska have the AFDC-U provisions which allow for the inclusion of an unemployed male parent but Mississippi does not. On the other hand, in 24 percent of the households in Mississippi there was no adult recipient of AFDC, meaning that...
the child lived with someone other than a parent. This was true in ten percent of the families in Nebraska and in only about four percent of the families in the state of New York.

Table 5
The Status of AFDC Families in Three States on Six Selected Variables

<table>
<thead>
<tr>
<th></th>
<th>Percent Rent Free</th>
<th>Percent in None-Maternal Home</th>
<th>Born Percent in State</th>
<th>Percent Mothers Employed</th>
<th>Percent Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>5.8</td>
<td>15.9</td>
<td>33.2</td>
<td>36.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Nebraska</td>
<td>3.3</td>
<td>22.9</td>
<td>56.3</td>
<td>26.4</td>
<td>24.6</td>
</tr>
<tr>
<td>Mississippi</td>
<td>30.3</td>
<td>53.8</td>
<td>86.5</td>
<td>44.5</td>
<td>31.2</td>
</tr>
</tbody>
</table>


The same pattern was born out in the classification of AFDC families by head of household. In the United States as a whole 69.1 percent were headed by a mother. In New York this was true of 84 percent of such families and in Nebraska of 77 percent but in Mississippi only 46.2 percent of the families were headed by a mother. In Mississippi the families were more apt to be headed by a male relative, this being true of 17.4 percent as contrasted to a United States average of 7.1 percent; approximately 5 percent in Nebraska and only 1.5 percent in New York. Other family relatives, presumably grandparents, were also important in Mississippi where approximately 15 percent of the AFDC families were constituted in this fashion as against a United States average of 6.5; about 6 percent in Nebraska and about 3 percent in New York state.

The figures on illegitimacy indicate that this was highest in Mississippi where over 44 percent of the AFDC families had illegitimate children as contrasted to a United States percentage of 31.5 percent; 36.7 percent in New York and only 26.4 in Nebraska. The number of illegitimate children per family was also greatest in Mississippi where 18.5 percent of the AFDC families had three or more illegitimate children. This contrasts with a figure around eight percent for the United States as a whole; about 12 percent in New York and about six percent in Nebraska. Thus AFDC families in Mississippi were more likely to have illegitimate children, to have a larger number of illegitimate children and to have someone other than the mother as head of the household.

The Mississippi AFDC program seems to have supported an older pattern of family life. This is one in which the working mother is a common phenomenon, although her wages may be low; in which illegitimacy is high, and in which relatives other than the mother frequently manifest a willingness to care for needy children. In fact, Mississippi is unique in that less than half of the AFDC families are headed by mothers living in a separate household.
Possible Results of Welfare Reform

Even though there might be a regional differential, perhaps one as great as the differences between states’ budgets ($300 in New York and $223 in Mississippi in 1973), it is likely that federalization would reduce migration from south to north. More than 70 percent of the New York recipients in 1969 were born outside of the state and a third were born in a southern state. By contrast nearly 87 percent of the Mississippi AFDC mothers were born in the state and most migrants had come from other southern states.

This does not mean that northern welfare problems are primarily caused by a migrant population or that southern Blacks usually are unsuccessful in adjusting to northern urban environment. Indeed, available research indicates that southern Blacks have higher average income levels than those born in the north and are less likely to be receiving welfare payments, although migrants since 1965 do have slightly high AFDC rate.

The impact of welfare payments on interstate migration is a sensitive issue on which it is impossible to obtain absolute proof. Sometimes an assumption is made that Blacks are fleeing from southern racism and that the size of welfare payments does not constitute a migration incentive. Racism, of course, is not a monopoly of the South and the northern variety may be even more irritating. Further, Blacks like Whites, are attracted by the sun belt. Undoubtedly the prospect of better paid employment is a major factor in migration. Employment, however, is likely to fluctuate and a welfare pattern in which the New York payment is seven times that of Mississippi would certainly discourage a return to the South when unemployment occurs.

Although the migrant flow is already greater from North to South than vice versa, it seems plausible that a system in which Mississippi welfare payments were approximately equal to those elsewhere would have some effect on deterring migration northward. In spite of the success of migrant adaptation to New York, the migrants do comprise a significant part of the welfare caseload and they do face traumatic adjustments. A further diminution of the migration flow would restrict the New York labor supply, but it might also decrease the number of welfare clients. On the other hand, if Mississippi women find that they can get either remunerative jobs or adequate welfare in their home state they are likely to remain in Mississippi and to find fewer difficulties than they would encounter as migrants.

Any federalized program, including the Carter proposal, will raise substantially the incomes of poor families in states at all similar to Mississippi and in the process wipe out the last remnants of white paternalism still found in rural areas (see Table 5). With higher cash grants both the extended family and white planters would be less inclined to assist actual or potential AFDC families. The extended family pattern in which AFDC recipients live with other relatives is also likely to diminish. The AFDC family would be more likely to approximate the New York family in which the typical household consists only of mother and children living in rented quarters, with the mother not working. Although with the rise in grants there would probably be more demand to pay for housing and less assistance from extended family, it is also probably that the level of living in AFDC households would rise to a significant extent.

There is a strong presumption that a significant rise in payments to Mississippi AFDC families would result in a reluctance of women to accept available jobs.
As a matter of fact, this was one of the findings in the Wilkinson and Ross assessment of a demonstration project involving higher grants for AFDC recipients in two rural Mississippi counties, and was also the result in similar experiments in other states where the increase in welfare payments was smaller than would be true in Mississippi and where the available jobs were more remunerative.

Most welfare reform proposals include administrative provisions to force welfare recipients to work. Such provisions may satisfy the moral conviction that idleness should be penalized but they have proved ineffective whenever they have been utilized. This would undoubtedly also be true in Mississippi where the ratio of welfare payments to earned income is higher than in most states. Mary Sanger has summarized studies dealing with the effect of the size of welfare payments on work effort and concluded that the disincentive to work has more effect on the lowest income households and more effect on women than on men. Since Mississippi has the lowest income in the country the disincentive effect of increased welfare payments would be expected to be even stronger there than elsewhere. Larger AFDC payments would probably attract a large number of both Black and White mothers. If the proportion of both races receiving AFDC approximated the New York percentages, this would nearly double the Mississippi total (see Table 2).

CHART 2
Current and Predicted Status of AFDC Families in Mississippi

<table>
<thead>
<tr>
<th>Current AFDC Program in Mississippi</th>
<th>Predicted Effects of Carter's Program in Mississippi</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grants far below the &quot;needs&quot; level.</td>
<td>Grants will approximate the &quot;needs&quot; level.</td>
</tr>
<tr>
<td>30% of AFDC families get free rent.</td>
<td>Free rent will diminish along with other types of white paternalism.</td>
</tr>
<tr>
<td>31.2% of the AFDC mothers employed.</td>
<td>Employment of AFDC mothers will decrease.</td>
</tr>
<tr>
<td>Substantial tendency to move to northern states.</td>
<td>Low income population will stabilize in Mississippi and some may return from northern states.</td>
</tr>
<tr>
<td>Only 14.6% of the Black population are receiving AFDC compared to 24.4% in New York</td>
<td>Proportion of population on welfare will increase.</td>
</tr>
<tr>
<td>44% of AFDC children are illegitimate.</td>
<td>Illegitimacy will remain the same or increase.</td>
</tr>
</tbody>
</table>
Conclusions

The involvement of Mississippi in a national welfare reform which would bring approximately uniform payments across the nation with no more than cost of living variation, would have striking effects. It would raise the economic level of Black mothers and children, and it would diminish the flow of Black emigration from Mississippi to industrial states. Among Blacks it would also raise the economic position of the unmarried or separated mother in relation to either the married woman or employed man. At the same time it would probably weaken the cohesiveness of the extended family since mothers and children would now have the resources to maintain a separate household. Evidence from both Mississippi and other states indicates that a higher level of welfare payment reduces the willingness to seek and accept employment, thus decreasing the economic productivity of both the individuals involved and the state as a whole.

Reaction to these changes will vary according to value premises and there are some who will not see higher living levels for welfare recipients as a clear gain. Piven and Cloward maintain that welfare payments which are kept low or made difficult to secure, tend to depress the wages of the bottom strata of workers. Certainly the level of welfare payments in Mississippi is consistent with its reputation as a state with low labor costs. Presumably housewives who profit from cheap domestic help and farmers or industrialists seeking lower labor costs would be disturbed by any effort to raise welfare payments. However, most others would applaud the effect of increased welfare in raising lower income Mississippians above the level of extreme poverty.

While the lineup on this issue is fairly clear, the reaction to some of the latent changes involved in welfare reform is likely to be more confused. These changes would result from the degree of economic independence which higher welfare payments would give the Black woman of Mississippi. The Black woman would no longer be dependent on the extended family, the labor market, White paternalism or a husband. In an era which has a general emphasis on women's rights, such increased female independence is likely to be seen as a social gain. In at least one respect it might even be seen as strengthening family life since women who reject low paid employment will be able to stay home and care for their children. In this case increased protection for children would be balanced against the loss of productivity due to a decreased labor force and whatever harm is felt to result from greater dependence on welfare.

Even more difficult to evaluate are the changes which might come about in the position of the welfare recipient compared to either the working woman or the Black male. Unless the work ethic is totally discounted, it is hard to be enthusiastic about a system which would enable the welfare recipient to get more than twice as much as the average working woman. Likewise, it is disturbing to the male parent's sense of responsibility when welfare payments equal his own earnings. These factors also operate in New York and Nebraska but to a much lesser degree than they would in Mississippi, given welfare reform.

Mississippi is the poorest state in the Union with a per capita income more than 30 percent below the national average. What we are considering is the extension to Mississippi of welfare standards similar to those of the rest of the nation while leaving the rest of the Mississippi economy essentially changed. Such a move may be preferable to a continuation of the present pattern in which much of the
Mississippi population live in dire poverty. However, placing the welfare recipient in an economic position greatly superior to many of the fully employed would alter relationships with resultant strains on family functioning.

An alternative plan of action might concentrate on general economic development in Mississippi rather than focusing primarily on welfare reform. Such economic development would raise living levels across the board and by increasing the demand for labor would be especially helpful to the lowest income strata. Further, if economic growth were greatly increased, then welfare payments similar to the national standard would be seen as giving normal care to welfare recipients rather than setting them apart as a privileged group. In the context of rapid economic development an approximation of national welfare standards by Mississippi would be a logical step. In the absence of a generally improved state economy, the introduction of higher welfare levels in Mississippi would have a tendency to weaken or at least modify the extended family, to weaken the work ethic, to work against the formation and preservation of two-parent families, and to increase the stigma of inferiority already endured by many Black males.

In summary, while the application of nationwide welfare standards to Mississippi would raise the economic level of those now covered by AFDC it might also stimulate other changes more controversial in nature. A general pattern of economic development which would bring the Black population of the state closer to the national level would be less socially disruptive. However, it is far more difficult to bring about a diffused economic growth than to simply raise welfare payments. Hence, there is reason to believe that eventually, and probably in the fairly near future, the dissonance caused by a 7 to 1 variation of AFDC grants between Mississippi and the most prosperous states will be ended by legislation bringing a greater degree of uniformity in welfare payments.

Footnotes
2. Ibid., p. 936.
3. Ibid., p. 936.

This study provides far more detailed data than is usually available and is a principal source in this article. The grants have moved up a bit in recent years but the relationship between states is still about the same. Since most data are from the 1973 study, they will not be comparable to the 1977 data in Table 1.


7. Statement on migration is based on data in Table 34, Findings of the 1969 AFDC Study, Part 1, Demographic and Program Characteristics.


CHILD HEALTH AND DEVELOPMENTAL PROBLEMS AND
CHILD MALTREATMENT AMONG AFDC FAMILIES*

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ABSTRACT
This paper explores the complex interrelationship among the physical health and developmental problems of a child, child abuse and neglect, and poverty. Gaps in agency attention to children's medical needs are identified and recommendations made for reducing these gaps. The analysis is based on interview and agency data for 45 families randomly selected from a group of 365 AFDC recipient families under supervision for child abuse and neglect.

A prominent theme in the child abuse and neglect literature is that certain children have characteristics that increase their vulnerability to abuse and neglect. Characteristics that have been identified are mismatches between the personalities of mother and child (Schaffer and Emerson, 1964; Steele and Pollack, 1968), unattractiveness (Dion, 1974), and the resemblance of a child to a disliked relative of the parent (Helfer, 1970). Exceedingly limited attention has been paid to the way in which the physical health problems and developmental disabilities of a child contribute to parental frustrations and difficulties, thereby increasing the likelihood of child abuse and neglect.

Among the wide range of children's physical health and developmental problems which are potential precipitants of maltreatment, only prematurity of low birth weight of newborns has received much attention. The higher rate of abuse found among these infants has been attributed, in part, to the fact they tend to be less attractive and more difficult to care for than normal babies and consequently, more likely to evoke a negative response from their parents. In addition, such infants often require prolonged hospitalization and special medical care which separates them from their mothers shortly after birth. This separation, to the extent that it interferes with the establishment of emotional bonds between infant and parent, is thought to increase the likelihood of subsequent abusive behavior (Brown and Baker, 1974; Elmer and Gregg, 1967; Klein and Stern, 1971; Silver, Dublin, and Lourie, 1971; Skinner and Castle, 1969; and Stern, 1973). Helfer (1970) observes that a child who imposes special demands upon its parents, such as a handicapped, mentally retarded, or hyperactive child may repre-
sent an intolerable stress factor, provoking the parent to rejection or abusive behavior. Friedman (1976) in a review of the child abuse and neglect literature, notes that a number of studies reveal that abused children have a higher rate of physical and developmental problems than children in comparison groups. Although there is little evidence to support it, the prevailing interpretation is that these problems are the result rather than the cause of the maltreatment (Helfer, 1976). There is little doubt that severe physical abuse or neglect has the potential to impair a child's physical health and development. There is also little doubt, albeit an interpretation receiving much less attention, that the physical health and developmental problems may contribute significantly to parental maltreatment of a child. Raising a child with an acute or chronic illness, a physical disability, or a developmental problem is an extremely difficult task for any parent. It is even more of a burden for poor parents who live in deprived material circumstances and may, themselves, suffer from some physical or emotional problem. Children's health and developmental problems and the capacity of parents living in poverty to provide adequate care are viewed as closely interrelated, each often the cause and effect of the other. This paper, based on a study which focused upon the total set of physical health and developmental problems of poor children, seeks to demonstrate how these factors, occurring in a context of poverty, are related to parental behavior that comes to be identified as abuse and neglect.

Study Methodology

The analysis is based on a study of 45 families randomly selected from a larger sample of families receiving Aid to Families of Dependent Children (AFDC). All were under the supervision of the public child welfare agency for child abuse and neglect. The small sub-sample, representative of the larger group of maltreating families, afforded a concrete and in-depth picture of the complex interrelationships among children's health and developmental problems, difficulties associated with living in extreme poverty, and parental neglect and abuse of children. Sources of data were interviews with parents, comments and observations of interviewers, and reviews of agency case records of the families interviewed (Wolock and Horowitz, 1979).

Description of the Families

Demographic characteristics. Forty-three of the 45 families were one-parent families headed by women. Fifty-three percent were black (24), forty-two percent white (19), and four percent Puerto Rican (2). The average number of children per family was between 4 and 5 (4.24). Forty-two percent of the families (19) had 5 or more children. Sixty-one percent of the families (28) lived in the most densely populated and socially and economically deprived urban areas of the state. Twenty-two percent (10) lived in urban and suburban communities of somewhat lesser social and economic deprivation, while the remaining families (16%, or 7) resided in suburban and rural communities which were the least socially and economically deprived.

Material living conditions. The sub-sample was drawn from a group of families who lived in severely deprived material circumstances. Overcrowding, often going without heat and hot water, and housing in poor repair were typical of the conditions under which these families lived. Most families reported that their welfare check ran out before the end of the month and many faced frequent financial crises such as evictions and utility shutoffs (Wolock and Horowitz, 1979).
Parent's problems. Fifty-three percent of the parents (24), mostly mothers, had a physical illness or problem including hypertension, anemia, asthma, susceptibility to pneumonia, heart disease, emphysema, various conditions which had been treated by surgery, and complications resulting from surgery. Thirty-three percent of the caretakers (15) suffered from a serious mental or emotional problem. Severe depression was most common.\(^1\) Sixty percent of the families (27) had an adult member who used alcohol excessively and 20 percent an adult member who had been a heroin user. Two mothers were identified as having limited intellectual capacity. All but 6, or 87 percent of the caretakers had at least one of these problems; many had multiple problems.

The maltreatment. The predominant type of maltreatment was neglect only, found for 69 percent of the families (31). Both neglect and physical abuse occurred in 24 percent of the families (11) and physical abuse only, in 7 percent (3). The main form of physical abuse was severe beatings or other physical acts resulting in an actual or potential physical injury. Sexual abuse, subsumed under physical abuse was found in two families.

The most frequent type of neglect, occurring in 51 percent, or 23, of the study families was the failure to provide adequate physical care of the children in terms of nutritional and regular meals with sufficient amounts of food, adequate clothing, and safe and hygienic living quarters. Next in frequency (in 40% or 18 families) was the failure to provide adequate supervision such as leaving children alone for extended periods of time or leaving them with inappropriate baby-sitters. Inattention to the schooling needs of children was noted in 16 percent (7) of the families and emotional neglect or harassment in 11 percent (5).

The child’s medical condition was given as a reason for agency supervision in 18 percent of the families (8). In all but one of these situations the parent had neglected the child’s medical problem. For example, a visiting nurse referred one family to the agency because the mother failed to obtain medical care for two children. One child had an acute infection of the subcutaneous tissue, cellulitis, and another had a malformed foot. One family was reported to the agency because an eight-year-old with a seizure disorder and rheumatic heart disease was not being brought to the hospital clinic for medical treatment. In the one case which did not constitute neglect by the parent, the mother herself sought financial help from the agency so that she might obtain medical care for one child who needed open heart surgery and for a second child, described by the mother as a "bleeder."\(^2\)

The Physical Health and Developmental Problems of Children

The overall picture of the physical health and developmental problems of the children is exceedingly grim. Seventy-eight percent of the 45 families (35) had at least one child and nearly 60 percent (26) more than one child with a physical health or developmental problem. Over a third (16) had three or more children with

\(^1\)The caretaker was identified as having a serious emotional problem when the case record indicated that a professional diagnosis of such a problem had been made, the caretaker had been hospitalized for mental illness, the caretaker had made one or more suicide attempts, and/or the caretaker reported extended and extreme feelings of depression.

\(^2\)The family was included in the study because the mother was not feeding the children properly.
such problems. One large family had nine children with physical health or development problems. Many of the children had multiple problems. Thirty-eight percent (17) of the families had a child under five with a physical health and/or developmental problem.

Nearly two-thirds of the 45 families (29) had a child with some chronic illness such as rheumatic heart disease, asthma, high blood pressure, sickle cell anemia, failure to thrive, lead poisoning, and hemophilia. Nearly a fourth (11) had a child who had suffered from an acute illness including pneumonia, colds serious enough to require hospitalization, acute bronchitis, meningitis, chronic diarrhea, gastroenteritis, gonorrhea, severe hemorrhaging as the result of an abortion, and a bladder ulcer. Twenty-nine percent of the families (13) had a physically handicapped child. A speech defect, hearing problem, paralysis, clubbed foot, crippled arm, one leg markedly shorter than another, and a malformed foot were among the conditions noted. Children's neurological disorders such as cerebral palsy, epilepsy, other seizure disorders, and various neurological impairments were found in 18 percent (8) of the families.

Nearly a fourth of the families (11) had a child who was mentally retarded. Compounding the situation, in all but one of these families other children had some physical health problem.

As appalling as this picture is of the health and developmental problems of children, it probably is an underestimate of the actual number of health and developmental conditions. The information is based on what parents reported in interviews and what was recorded in the case record. It has already been amply documented that when interviews are the source of data on illness there tends to be underreporting of conditions (National Center for Health Statistics, 1975). Furthermore, information in the case record about children's health tends to be uneven and reported primarily when it is prominent and extremely serious. In addition, case workers sometimes focus their attention on one or certain children in the family, providing information on these children only.

Comparisons with other studies of children's health problems are difficult because of differences in study populations, time periods, indicators of health status, and methods of assessment. Nevertheless, the findings of this study suggest an even greater prevalence of physical health problems among the children of these families compared with the children of other poor families. Overall, 46 percent of the 191 children (92) had a serious medical condition. Data reported by the National Center for Health Statistics for families earning $5,000 or less (1973) indicates that examination by a physician showed that 12.6 percent of children aged 6-11 and 28.3 percent of youths 12-17 had significant abnormal findings.3

3Excluded were acute infections, dental caries, defective vision or hearing that would be evident through testing or abnormal laboratory findings.
quire the carrying out of complex and time-consuming treatment regimes which make more difficult the execution of normal household routines and activities. It is not uncommon to find that ill children present greater problems than healthy children in such areas as feeding, sleeping, toilet training, irritability, school adjustment and performance, and social development. Mothers (and fathers too) in addition to constantly worrying about the ill child often feel guilty about having treated the child "badly" prior to the onset of the illness or handicap, and, in the case of a genetically-based medical condition, guilty about having transmitted the condition to their child. Parents who have to watch their child experience pain describe themselves as feeling desperate and helpless. Due to the need for constant surveillance and the uncertainty of the possible occurrence of a medical crisis many mothers feel going out of the home and are deprived of social and recreational outlets.

Difficulties for the mother also stem from the impact of a child's illness on other family members and relationships. Healthy children in the family, resenting the greater attention to the sick sibling, sometimes make greater demands on the mother or are more difficult to manage. The mother, who may have been more lenient with the sick child may also feel she must be equally lenient with the well child, thus, in some instances, compounding the behavioral problems. Under certain circumstances, a sick child in the family has been found to adversely affect the marital relationship. The physical and emotional exhaustion experienced by the parents is thought to limit opportunities for gratifying marital interactions. Husbands and wives who are unable to communicate about the child's illness tend to drift apart.

Caring for a chronically ill or disabled child generally imposes a heavy financial burden on the family's resources. Many chronically ill children need to be periodically hospitalized. Depending on the existence and type of medical insurance or Medicaid eligibility, and the hospital's policy of billing poor families, the financial burden varies but may be devastating. Transportation to emergency medical care, regular office or clinic visits, and trips to distant specialists also pose a serious financial problem for many families. Special and costly equipment and supplies are often needed. While some of these expenses may be paid for by philanthropic organizations or tax-supported programs, only part of the cost or certain items may be covered. Food costs tend to be higher since children with chronic illnesses often require special diets. This is likely to impose a particularly great hardship on the low income family since such diets often require the purchase of more costly food items. In the light of these problems, it is not surprising that a number of studies show that mothers of chronically ill and handicapped children are more likely to have emotional problems than mothers of normal children (Breslau, 1980; Cummings, Bayley, and Rie, 1966; Kulczycki, Robinson, and Berg, 1969).

These pressures, difficulties, and frustrations are likely to contribute to child abuse and neglect in families which are far less vulnerable than the families in this study. Among the study families, beset by numerous other difficulties, a child with a physical or developmental problem is apt to be an even more powerful precipitant of child abuse and neglect. Most of the families, headed by single mothers, lacked the help of a spouse in caring for the family. They were socially isolated and therefore without the emotional and tangible support of friends and family. In all but two of the 35 families in which a child had a medical or developmental problem, the mother herself had a physical condition or illness, a severe
emotional problem, a problem with alcohol or drugs, or was reported to be "slow" or mildly retarded. Seventy-one percent of these families (25 out of 35) had between four and fifteen children. All were living in deprived material circumstances; 19 or 54 percent lived in very crowded or in the most deplorable conditions.

Numerous comments in the case record note that the parent felt overwhelmed by the many pressures she faced. The situation of one family vividly illustrates the stress which is placed upon mothers, who, themselves physically and emotionally handicapped, must care for children with physical health and developmental problems in a context of poverty.

In this family of four children, five to thirteen years of age, three have serious physical problems. The oldest had tubercular meningitis and lead poisoning at the age of two and as a result is now brain damaged. The child was in a coma for six weeks and had to spend six months in an iron lung. He also has had frequent bouts with pneumonia and has had to be hospitalized for the disease five times. Another, younger child is described as bleeding easily. A third child, the youngest, has cystic fibrosis and ciliated disease. The mother herself has been physically ill. In recent year she has had an ovarian cyst, a rectal growth, rheumatic heart disease, phlebitis, and anemia. At age 16 she had a heart condition. In addition, she has been emotionally depressed and at one time had a problem with alcohol. The mother is under agency supervision for ignoring, harassing, and berating the children.

Maltreatment as a Contributing Factor to Health and Developmental Problems

The neglectful and abusing behavior of the parent, particularly when it occurs in a context of material deprivation, exacerbates the health and developmental problems of the children and, in some instances, is a major cause of these problems. When the specific types of maltreatment were examined in relation to the particular health and developmental problems of the children, we found that among the families in which a child had a health or developmental problem there were 71 percent, 25 out of the 35 families, in which it seemed highly likely that the maltreating behavior aggravates the child's physical condition. A frequently occurring neglect situation was the failure to adequately supervise children. Yet many of the children who were victims of this type of neglect suffered from conditions which required very close supervision. Examples are asthma, sickle cell anemia, rheumatic heart disease, hemophilia, epilepsy and mental retardation. Similarly, other frequently occurring forms of neglect were failure to provide nutritionally adequate and regular meals, warm enough clothing in the winter time, and homes which were sufficiently clean and safe. A number of the children who failed to receive proper physical care suffered from illnesses and conditions which were likely to become more serious or lead to other illnesses as a result of this type of care. Asthmatic attacks tend to be triggered by conditions such as bronchitis, colds, and pneumonia which occur more frequently when nutrition is not adequate or a child is not dressed warmly enough. Rheumatic fever which can follow an inadequately treated streptococcus infection is more likely to occur in a home in which nutrition is poor, children are not kept warm enough, and unsanitary conditions exist. Nutritional anemia may be the result of a poor diet in the first place and is likely to get worse if the poor diet continues. Cystic fibrosis, a chronic lung condition, requires, among other types of care, excellent nutrition, avoid-
ance of colds, and controlled temperature and humidity. Moreover, when these types of neglect occur in a context of material deprivation, that is, where there is also overcrowding, insufficient heat and hot water, stopped up plumbing, inadequate garbage removal, poor rodent and roach control, and hazardous housing conditions (peeling paint, unprotected radiators, broken windows, etc.) the ill health of these children is likely to result in major and permanent impairment.

Parents emotionally abused or neglected children who were brain damaged, neurologically impaired, had asthma, epilepsy, speech problems or a serious heart condition. The parental behavior is likely to aggravate such conditions which require utmost patience and understanding. Among the victims of physical abuse were children with asthma, high blood pressure, brain damage, mental retardation, rheumatic heart disease, and neurological impairments, problems which need a home climate of stability, trust, and acceptance.

In four of the 35 families it seemed evident that the maltreatment was a major cause of the child's physical problem. In each of these cases the mother had not provided adequate nutrition and as infants the children had failed to gain weight and had been identified as "failure to thrive" babies. In one family the malnourished infant also had a shattered skull, multiple contusions, and a broken arm. Subsequent retardation was thought to be a possible consequence. In another family the "failure to thrive" infant also had a crippled arm as a result of early battering.

Child Health and Developmental Problems and Poverty

The situations of the study families demonstrate how inextricably interwoven are poverty, maltreatment, and the physical health and developmental conditions of children. Many of the children's problems are likely to be a direct consequence of the deprived material circumstances in which they live. Limited food budgets which result in nutritionally inadequate diets, lack of heat during the winter, insufficient clothing, unsanitary conditions, crowded housing, and housing in poor repair increase the susceptibility of the child to a wide range of illnesses and handicaps. The deplorable material conditions, the lack of medical knowledge by the parent, and the lack of adequate care severely limit effective treatment of the physical illnesses and impairments. For example, it would be virtually impossible for the poor parent to provide the asthmatic child with the type of environment and care that is needed. Basic care of this condition requires a dust free, pet free, hypoallergenic, appropriately heated, spotlessly clean apartment or house. The child should be kept away from other children with colds and other respiratory infections which may set off an asthmatic attack. With increased attacks the child becomes sicker. Constant supervision is essential so that immediate treatment can be given in the event of an attack.

In order to further clarify the impact of poverty upon children's health and developmental problems, the relationship between the material deprivation of the study families and children's health was examined. The families, all of whom represented the poorest of the poor (Wolock and Horowitz, 1979) were divided into those living in average material circumstances for this sub-sample and those in even more deprived material circumstances. Indicators of material level of living included adequacy of space, children's sleeping arrangements, the frequency with which the
family went without heat and hot water, rat infestation, the condition of the building, the amount and condition of the furniture, the frequency of financial crises such as evictions and utility shut-offs, and the extent to which the family went hungry. A rating of "average" often included a certain amount of overcrowding and a problem in one or two other areas such as having been without heat during the winter months or having gone hungry on one or two isolated occasions because of lack of food in the house. The rating of more severe material deprivation was given when the material conditions were poor in most of the areas considered.

Sixty-two percent of the families (28) were living in the less deprived material circumstances and 38 percent (17) in the more deprived. Ninety-four percent, or 16 of the 17 families living in the most severe material deprivation had at least one child with a health or developmental problem, compared with 68 percent (19 out of 28) who were less severely materially deprived. A substantial number of studies, based on comparisons of children in broad socioeconomic groupings, have demonstrated that the health of children and socioeconomic status are inversely related (Keniston, 1977; Health, U.S., 1978; Coles, 1965). The finding that among extremely poor families relatively greater material deprivation is associated with the poor health of children is even more powerful evidence of the crucial role of material deprivation in the onset and exacerbation of medical and developmental problems.

Children's Health and Developmental Problems and Agency Intervention and Services

The underutilization of certain health services by the economically disadvantaged has been well documented. The poor are less inclined to take preventive measures (Rosenstock, 1975), delay longer in seeking medical care (Irelan, 1966), use medical specialists less (Lefcowitz, 1976) and are less likely to have a regular physician for their children (Health, U.S., 1978). The differential utilization has been attributed both to characteristics of the poor (their knowledge and attitudes about health and life style) and to characteristics of the medical care systems which serve the poor (Pratt, 1971; McKinlay, 1975; Keniston, 1977).

Whatever obstacles and barriers interfere with the utilization of health care by the poor, they are likely to be even more prominent for these families. They are representative of a larger group of families who are not only in worse material circumstances but are more socially isolated than other poor families (Wolock and Horowitz, 1979). It is thus expected that they will be even more reluctant to take the initiative in seeking medical care for their children.

In working with child abuse and neglect cases the public child welfare agency is supposed to identify the overall needs and problems of the family and to assist the family in obtaining the necessary services and resources. The agency is thus in a position to encourage and help families obtain appropriate medical care for their children and to provide the support and help which the family is likely to need in carrying out the special care and supervision that the child may require. This may entail, for example, watching for certain behaviors and symptoms which may signal the onset of a medical crisis, the administration of medication, the preparation of special meals and special housekeeping practices. It is essential that the worker not only have full knowledge of special community resources available to children with a particular type of physical or developmental condition but aggres-
sively intervene to obtain them.

An effort was made to determine how well the agency responded to the widespread and serious health and developmental problems of the children. In only three of the 35 families with a child with this type of problem was the agency extensively involved in helping the family obtain proper medical care. Arrangements were made for the necessary physical examinations and treatment and the child and mother taken to the physician. Two families were helped obtain consultation and treatment by specialists in addition to the initial examination by a primary care physician.

At the other extreme were eleven families, nearly one-third, in which there was no indication of any agency attention to the medical or developmental problems of the children, despite the fact that their problems seemed as severe as those of other children. One of the eleven families was specifically referred to the agency for medical neglect, as well as for other types of maltreatment. One of the children had an acute infection of the subcutaneous tissue and another, the baby, had a malformed foot.

For the remaining 21 families with children with health and/or developmental problems there was some but limited agency attention to these problems. The assistance provided was not nearly commensurate with the severity of the problems noted. Mention often was made of arranging for and even taking the child for a medical evaluation but there was no indication of the outcome. Many of the case records merely indicated that the child, or children, had been referred to a medical facility but not whether treatment had been recommended or provided. In many situations the agency helped the family to obtain medical evaluation or treatment for one or two children but not others, even though the case record indicated that other children in the family also had serious health problems.

In no instance was there evidence indicating that the agency had helped the parent carry out medical recommendations regarding the supervision and care of the children. However, homemaker service was provided for variable periods of time to 40 percent, or 14, of the families with children with medical and developmental problems. Even though these problems were not the primary reason for homemaker service, it is likely that the homemaker was of some help in caring for these children.

Some of the children's medical problems may have been correctable had they been detected and treated early enough. Others are the consequence of not having properly treated antecedent illnesses and conditions. Still others are likely to worsen further if not properly cared for, possibly to the point of threatening the life of the child. This is not to imply that the public child welfare agency is to blame. The pattern of services in relation to the physical and developmental problems of children is similar to the patterns of services and interventions provided for other types of problems. The public child welfare agency is overburdened by extremely high caseloads of families with the most difficult problems and has exceedingly limited resources. It seems to be able to do little more than perform a holding operation as a last resort for these extremely deprived families. Given the constraints under which the agency operates, supportive services for children's health problems may be regarded by the agency worker as having lesser priority, the responsibility thought to belong more appropriately to the medical care system. However, medical care services for the poor are largely public and institutionally
based, operating through emergency rooms and outpatient departments of municipal and county hospitals and public health department clinics. These are chronically underfunded and understaffed, resulting in care which tends to be impersonal and lacking in continuity. The supportive services which these families need with respect to their children's health care are not likely to be provided given such conditions. The study showed that the various agencies involved with the family appear to constantly shift among themselves the burden of responsibility for necessary supportive services without having any clear lines of responsibility. Hospitals, visiting nurses, neighborhood health clinics, and physicians referred cases to the public child welfare agency when the parent did not seem to be attending properly to the problem or keeping medical appointments. The public child welfare agency seemed to consider its obligation fulfilled when it referred the child to a medical facility without determining whether the appropriate services were provided. Moreover, the public child welfare agency seems far more attuned to the psychological needs and problems of the family; interventions and services are more oriented toward these problems than to the physical health problems of either the children or the parents. The emphasis seems unwarranted since the state of the art is much further advanced in preventing and alleviating physical health conditions than it is in remedying emotional and mental health disorders.

Summary
An intensive analysis of a sub-sample of 45 families, randomly drawn from a larger group of AFDC recipient families identified as maltreating their children, revealed an appallingly high rate of physical health and developmental problems among the children. Caring for an ill or handicapped youngster and child abuse and neglect were depicted as reciprocally interrelated, each the cause and effect of the other. Among this group of severely economically disadvantaged families greater material deprivation was associated with having a child with a health or developmental problem. In spite of the high rate of children's medical and developmental problems, the agency accorded them only limited attention.

Although the number of families studied was relatively small, they were randomly drawn from a larger group supervised by the public child welfare agency for child abuse and neglect. Consequently, the study families are representative of this group in terms of the high incidence of serious medical and developmental conditions of the children and the patterns of agency interventions.

Implications and Recommendations
Further confirmation of the role of children's health and developmental problems in child maltreatment awaits more rigorous research designed to include a non-maltreating economically disadvantaged comparison group.

The astonishingly high rate of severe physical illness and developmental problems among the children of the 45 poverty families points to the critical need for major reform of the current health care delivery system. A program of universal medical coverage is recommended in order to overcome the inequity of the current system which provides poorer quality care to the poverty patient. However, there is little likelihood that legislation creating such a program will pass in the near future. Therefore, support of a universal health care program for children as outlined by Keniston (1977) and the Children's Defense Fund (1976) is urged. Until a
comprehensive child health care system is in place, efforts must be directed toward the strengthening of the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT) of 1967. The Child Health Assessment Program (CHAP) bill, a step in this direction, expands coverage and strengthens enforcement by providing bonuses for above-average compliance and penalties for noncompliance based on performance standards such as percentages of children assessed, treated, and immunized.

Finally, it is crucial that the public child welfare agency become more aware of and responsive to the physical health and developmental problems of the children. Recommendations for achieving this include:

1. Training of agency staff in basic health knowledge in order to increase their awareness of health problems generally, to enable them to recognize early signs and symptoms of illness and to increase their understanding of the treatment and care of various illnesses and conditions.

2. Fully informing agency staff, through training sessions and written manuals, of the special community resources and programs which provide financial and other types of tangible assistance to children with certain illnesses and handicapping conditions.

3. The development of collaborative programs with the public health nursing agency to ensure the ready availability of a public health nurse for consultation and for visiting the families.

4. The development of programs which ensure more adequate access to medical services, including the provision of home nursing service, home health aides, and physician assistants with a back up of a physician on call.

5. The provision of homemakers and home service aides who have special training in identifying and caring for individuals with medical and developmental problems. These personnel would provide care and teach parents how to more adequately care for children with medical and developmental problems.

6. The establishment of closer collaboration between the public child welfare agency and the county welfare agency directed toward encouraging parents to participate in the child health assessment and treatment program, whether it be EPSDT or CHAP. Mechanisms should be created which involve the participation of agency staff in critically reviewing these and other medical programs so that health care delivery to their clients is improved.

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MAKING IT LEGAL: A COMPARISON OF PREVIOUSLY COHABITING AND ENGAGED NEWLYWEDS

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ABSTRACT

In view of the recent emergence of cohabitation as an alternative form of courtship, it is important to determine its possible effects on the subsequent marital union. Are the premarital experiences, marital goals, patterns of marital power and levels of conflict discernably different for those who have lived together before marriage? Comparing cohabiters with noncohabiters, we attempted to pursue this question in a sample of 139 recently married, nonparental, college matriculating, young adults using a lengthy focused interview.

Largely due to parental pressures "to make it legal", both cohabiters and noncohabiters moved towards matrimony with equal speed, marrying at approximately the same age. In the first years of marriage, cohabiters were highly concerned with the educational and career goals of both spouses and were much more likely to espouse postponed parenthood or voluntary childlessness. Cohabiters were judged to have a higher proportion of egalitarian unions in comparison to the more husband-dominated unions of the noncohabiters. With respect to marital conflict, however, no significant differences in levels of conflict between the two groups were found; although different areas of disagreement and modes of conflict resolution seemed to occur.

INTRODUCTION

It has been more than half a century since the British philosopher, Bertrand Russell, made the prescient observation that:

"Contraceptives have altered the whole aspect of sex and marriage and have made distinctions necessary which could formerly have been ignored. People may come together for sex alone, as occurs in prostitution, or for companionship involving a sexual element, as in Judge Lindsey's companionate marriage or finally for the purpose of rearing a family. These are all different and no morality can be adequate to modern circumstances which confounds them in one indiscriminate total."

(Russell 1929:167)

As this statement attests, cohabitation has not lacked advocates for the past fifty years. Lindsey (1927), Russell (1929), Mead (1970) and Satir (1967) are among those...
who have propounded a rationale in support of it. Yet it was not until the nineteen seventies, that its increasing prevalence among university students attracted research interest in the United States: Arafat and Yorburg (1973), Henze and Hudson (1974), Peterman, Ridley and Anderson (1974), Macklin (1972), Bower and Christopherson (1977) and Danziger (1978). Henze and Hudson may indeed be correct in asserting that "...cohabitation patterns on college campuses are in the 1970's what dating patterns were in the 1920's, an expanding dimension of the courtship process." (1974:726)

Clayton and Voss (1977) have provided a basis for estimating the prevalence of cohabitation among young men, aged 20 to 30. Based upon a random sample of selective service records, they found that 18 percent of their respondents had at some time cohabited for six months or more. In view of recent census data, Westhoff states:

"In the U.S., in 1976, one million couples (about 2% of all couples living together) were unmarried. It appears certain that cohabitation will become more popular in the near future." (Westhoff 1979:54)

Undoubtedly cohabitation is increasing in other advanced industrial societies, especially Western Europe. Trost (1975) reports that 12 percent of Swedish couples were unmarried cohabiters, and suggests that cohabitation has led to a reduction in the Swedish divorce rate.

The rapid rise in cohabitation as an alternative courtship, as a preliminary to marriage, has become associated with a controversy over its relative merits. The question seems to be whether or not and to what extent the marriages of cohabiters are more satisfactory or more enduring compared to those who enter matrimony through the traditional portal of engagement. Since most studies were conducted with samples of university students who were cohabiting and had not married; Lyness, Lipetz and Davis (1972), Arafat and Yorburg (1973), Macklin (1974), Standford (1977) and Danziger (1978), little is known about the consequences of cohabitation on later marriage. In the absence of sufficient evidence, the views of social scientists vary considerably. One group takes a skeptical view:

"It is no doubt true that most living-together people believe that they will have better marriages for having engaged in this behavior. There is not so much as one shred of evidence to support this claim." (Whitehurst 1973:11)

Others believe that premarital cohabitation may hold important benefits for the couple:

"In addition to the fact that the two individuals have been able to acquire greater knowledge about each other, it is broadly accepted by sociologists that the older the people are at first marriage, the greater their chances are for success; and cohabitation is apparently correlated with delaying of marriage. This delaying of marriage will probably lead to depressed birth rates, an increase in sexual equality, an
increase in the autonomy of the adult members of the family, and increased freedom from traditional marital restraints." (Danziger 1978:80-81)

Similarly, Trost states:
"...the situation will arise that many marriages between two partners not fitting together will never be formed, those marriages being formed will be 'happier' and thus the divorce rate, ceteris paribus, will be lower." (Trost 1975:682)

The present paper hopes to provide information relevant to this controversy. In the light of the previous research, two questions seem to be worth pursuing:
1) What is the nature of cohabitation as an alternative path to matrimony? 2) After marriage, what differences exist between previously cohabiting and previously engaged couples with respect to the formation of marital goals and modes of marital adjustment?

THE NEWLYWED STUDY: PURPOSES AND METHODS

Since 1971, we have conducted a study of young married adults in the pre-parental state of their family life-cycle, focusing on the first two years of marriage to determine changes in marital and personal goals and modes of adjustment to marriage (Sherlock and Moeller, 1979). Briefly speaking, the method utilized was to obtain a lengthy focused-interview from recently married young adults as well as follow-up questionnaires after five years of marriage. We obtained a purposive sample of 139 caucasian respondents, 82 women and 57 men, on which the present report is based.

In this paper we will present a comparison of newlyweds who lived with their spouse before marriage (N=33) with those that did not (N=106). These two groups which we designate as cohabiters and noncohabiters will be compared in terms of differences in marital goals, marital power and marital conflict in an effort to see if cohabitation has any discernible effects upon the early years of marriage. Since previous research has largely focused upon the personal and social characteristics of cohabiting college students, it is important to investigate the question of the "value" of cohabitation as an alternative path to marriage.

Names and addresses of recently married individuals were solicited from students majoring in sociology at a California State University. From this pool of referrals, respondents were selected if they met the following criteria: first marriage, no longer than two years duration, residents of the San Francisco-Oakland Bay Area, had attended college and had no children nor were they expecting one. Individuals who met these criteria were interviewed if they gave written assurance that they were willing to grant the two or three interviews required. A voluntary or purposive sample of one hundred and thirty-nine respondents, eighty-two newlywed women and fifty-seven newlywed men were interviewed. Although not selected on a
random basis, a comparison with 1970 census data indicates that the sample is representative of college attending, young married adults. The interviews were conducted by sociology students who had received a two-quarter practicum in research methods, including approximately thirty to forty hours of supervised interviewing training. The interviews were conducted in the respondent's home and required two or three sessions to complete. They were tape recorded and transcribed verbatim. The interviewer schedule was a modification of an instrument previously developed by Lowenthal and her associates for their Adult Transitions Study (Lowenthal et al., 1975). Additional sections dealing with courtship experiences and reproductive goals were included.

The interviews were content analyzed by the investigators and a group of graduate students in sociology trained to a 90 percent level of intercoder agreement. Quantitative analysis involved the pretesting of a code book, coding of the interviews item-by-item, and globally, and statistical analysis utilizing the S.P.S.S. Computer Program. Qualitative analysis involved repeated readings of the protocols to extract important themes. The combination of both modes of analysis permitted us to combine their advantages and achieve a better integration of the findings. (Filstead, 1970)

Before describing the courtship and marital relationships of the two groups, a comparison of their social characteristics will be of value. No significant differences on a variety of social characteristics such as educational achievement, occupational status and age at marriage were found. With respect to religious preference and church attendance, cohabiters considered themselves less religious and were less frequent attenders. On the other hand, the educational status of cohabiters' fathers was significantly higher, $\chi^2 = 45.1, p < .03$ and their father's occupational status was also significantly higher, $\chi^2 = 46, p < .09$, than the fathers of noncohabiters. Thirty-three percent of cohabiters' fathers held professional level occupations. More cohabiters came from 'broken homes' than noncohabiters, 27 percent of their parents were either divorced or separated, compared to 17 percent of noncohabiters, and they tended not to see their family as "tight" and "warm" as the engaged respondents. On the basis of these statistical comparisons, it appears that cohabiters came from somewhat higher social class origins and a looser family structure.

COHABITATION AS A PATH TO MATRIMONY

Engagement, the traditional path to matrimony, prescribes a sequence of prenuptial activities by which the couple and their parents share a cooperative venture in staging a wedding and its attendant festivities. The temporal structure of the engagement process is most clearly revealed by the fact that once the nuptial date is selected, a schedule of activities is planned which will fill the time from the announcement of the wedding to its actual celebration. Once the couple publicly discloses their intent to wed, they are expected to proceed towards that destination along a timetable, unless the engagement is broken.

Similarly, we found that cohabitation also had a timetable, a set of
sequentially-tied events, which moved the cohabiting couple towards a legally sanctioned relationship. After an initial period of covert living together, the cohabitation was usually disclosed to one or both sets of parents. The disclosure predictably introduced considerable pressure to marry. In the majority of cases, these pressures indeed contributed strongly to the couple's decision to "make it legal". Thus, cohabitation although certainly not as a formal a path to marriage as engagement, nonetheless creates a prenuptial timetable. In this regard it is very revealing that both cohabitators and noncohabitators in our sample were married at approximately the same age i.e. 21½ years for women and 24 years for men, even though cohabitators had moved out of their parents' home much earlier. Hence, we speculate that cohabitation is not a radical departure from middle class norms bearing on "courtship", but rather a modification of the conditions under which it is carried out. This speculation will now be examined in the light of our data.

In our sample, both female and male cohabitators had moved out of their parental home earlier than the noncohabitators. They had usually lived in apartments or dormitories with same-sex roommates while they attended college. A small number were working while living away from home. Freedom from parental supervision and a wish to be independent were usually given as reasons for living away. After a period of casual dating, they began an exclusive relationship. The average time of dating before cohabitation was six months. The predominant pattern was that there was no distinct decision to live together, but that it happened rather gradually. Typically the young woman stayed at her boy-friend's place on weekends, then also one or two nights during the week, until finally after a few months they were spending every night together. Often she kept her apartment for some time in order to avoid conflict with her parents or to have a place to retreat to "...if things do not work out". She went back occasionally to pick up mail, clothes, or personal belongings, but spent most of the time with her partner. After a period of living together, the woman gave up her apartment, because they "...were spending so much time together anyway" or "...it was so much more economical". Usually, the woman moved in with the man who, sometimes, was living with male roommates. Less frequently they moved together to a different place, in only two of thirty-three cases did the man move in with the woman.

During this time, usually of a few months length, the situation was disclosed to parents. Since the relationship was seen as an ongoing one, continued secrecy was becoming less tolerable. While almost all of the men's parents were informed, only sixty percent of the women's parents knew about their daughter's cohabitation. Most of these women were then confronted with the disapproval of parents, who applied moderate to very strong pressure to either break the relationship or legalize it. Even if their parents were not aware of the cohabitational relationship, the woman usually felt uneasy, guilty and feared discovery. When strong disapproval occurred, the couples often tried to reconcile with their parents. Frequently, the woman put some pressure on her partner to legalize their relationship.

The typical length of the cohabitation period was between six months to a year; however, ten respondents lived with their future spouse for two years or longer. As was stated previously, most received varying amounts of influence to legalize their
relationship, only six did not report any parental pressure. Reasons for marriage were predominantly to legalize the relationship and to avoid family conflict. "Companionship" and "love", which were the main reasons given by engaged couples, were mentioned less frequently. While these were also motives to live together, the desire for legalization was probably influenced more by outside forces. Reading the interviews, one notes some regret, that they yielded to family pressures rather than continuing to live together on a "free-choice-basis".

Wedding ceremonies of cohabitors were usually smaller and less traditional than those of the engaged respondents. There was a higher degree of involvement by the couples themselves. They wrote their own vows, dressed in less traditional garb and in general asserted themselves as nonconformist persons. More than non-cohabitors, they did have a honeymoon, and if they did, they tended to go on longer trips.

Varieties of Cohabitation

Three different types of cohabitation could be distinguished:

1. The live-in-engagement. The partners dated for some time, frequently not longer than six months, got seriously involved and the question of marriage was raised. One or both partners requested that they live together for a premarital trial-period. In a few cases, the couple became engaged and set a date for the wedding before cohabiting; in the other cases no exact dates were set, but cohabitation was undertaken on the condition that they would marry. The cohabitation period was rather brief, about six months, and the couple was then married. Ten respondents reported this type of cohabitation which resembles somewhat a traditional engagement. The prevailing attitude among these respondents was that they considered marriage to be a very serious step which should be taken on the basis of a compatible relationship:

"I mean you wouldn't buy a car without driving it around the block. You wouldn't make any decision without trying it out first. Marriage is the most important decision you ever make in your life. Yet all these people propose that you go through this meaningless, little courtship where nobody really is themselves, and dive into it without knowledge."

This group felt little pressure from their parents. Although not in active agreement with the situation, their parents accepted the cohabitation because it gave every indication of leading to a marriage.

2. Open-ended Cohabitation With Parental Pressure. The partners gradually moved into a cohabitational relationship. Marriage was not an explicit goal, sharing one's life on a more intimate basis was the overriding motif. The majority of these respondents received a considerable degree of pressure when their parents became aware of the situation. As a result, some of them became formally engaged and decided to marry as soon as possible. A number of weddings were performed in the wedding chapels of Reno with a brief ceremony and only a few relatives in attendance.
The cohabitation usually lasted between six months to one year. Seventeen respondents followed this path.

3. Open-ended Cohabitation Without Parental Pressure. Six respondents did not receive any pressure from parents, although their relationship was not necessarily intended to lead to marriage. These couples lived together until they felt ready to get married. Cohabitation lasted the longest here, usually between one to three years. Unlike those who experienced strong parental disapproval, expressed in myriad forms, these cohabitators felt that their parents either approved or were benignly indifferent. In a few cases, the parents were themselves cohabiting after a divorce. Some parents seemed to believe that cohabitation insured against a premature marriage. These latter wished their sons and daughters to finish college or gain more maturity before marrying. Whatever their motives; they simply did not exert pressures towards matrimony.

The majority of cohabitators evaluated their experience of living together very positively. Few regrets were mentioned, although there had been traumatic conflicts with their families in some cases. They emphasized that they would do it again, recommend it to other couples and to their future children. The possibility to test their compatibility and to grow in a dyadic relationship were mentioned as important advantages:

"I would advise my own kids to do it. I think when we got married... the chances of obtaining that same thing without living together were very minuscule."

Less security, less commitment and pressures from parents and society were cited as disadvantages. These were more frequently stated by women than men. Overall, men evaluated the period of cohabitation more positively than women; they had initiated it more often and were not as exposed to parental pressures. Their fears of being trapped in a premature marriage were allayed. Men often had a deep mistrust of marriage. As one man said: "The idea of marriage still doesn't appeal to me, living with my wife does." Women often felt less secure in the cohabitational relationship. They were exposed to more parental pressure and the double-standard, and thus tried to transform cohabitation into marriage in order to avoid family conflict and achieve the status of "wife".

We now turn our attention to the major question of this paper: In what ways are the marital relationships of previously cohabiting newlyweds discernibly different from their noncohabiting peers? We will make comparisons in three crucial areas: marital goals, marital power and marital conflict.

MARITAL GOALS

The topic of marital goals was extensively explored in our newlywed interviews using questions about their global and specific goals, the development of their goals, perceived sources of support or hindrance, and the steps they had taken to achieve various goals. We wished to determine if cohabitators had different goal
orientations than the other newlyweds. Indeed, we found this to be the case with respect to both career and family planning goals. Cohabitors, male and female, tended to be more seriously involved in higher education and preparing for professional or managerial positions. As a group, they held higher educational and career aspirations and were more likely to plan in terms of a dual-career marriage. A high proportion of the cohabitors, 71 percent of the husbands and 63 percent of the wives, sought professional or semi-professional careers as a major life goal, compared to only 40 percent of husbands and 51 percent of wives in the noncohabitors' group. "Individual achievement", "self-fulfillment" and "growth" were very frequently expressed as global goals, compared to "contentment", "happiness" and "family satisfaction" which were more frequently mentioned by the noncohabitors. The differences between cohabitors and noncohabitors were most clearly revealed in their family planning goals. Based upon the description of their goals, we were able to classify the newlyweds as Early Parental (those planning a family within the first five years of marriage), Postponers (those deferring a family until after five or more years) and Voluntarily Childless (those who had already decided not to have children).

<table>
<thead>
<tr>
<th>Cohabitors</th>
<th>Noncohabitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Parental</td>
<td>12%</td>
</tr>
<tr>
<td>Postponed Parental</td>
<td>70%</td>
</tr>
<tr>
<td>Voluntarily Childless</td>
<td>18%</td>
</tr>
<tr>
<td>(N=33)</td>
<td>(N=106)</td>
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</tbody>
</table>

As Table 1 indicates, only 12 percent of the cohabitors desired to begin their family within the first five years of their marriage, whereas 38 percent of the noncohabitors did. Clearly, the majority of cohabitors, 70 percent, could be accurately designated as long-term postponers. They were generally affirmative on the question of parenthood, albeit vaguely so in many cases; but wished to wait until their educational and career goals had been achieved. Some expressed the wish to enjoy couplehood before undertaking the responsibilities of parenthood. Whereas cohabitors could be characterized as holding the view: "Kids? Maybe later!", a large proportion of noncohabitors, especially wives, were rather enthusiastic about beginning a family as soon as it was feasible. Extensive questioning on reproductive attitudes and plans often revealed an ardent wish to become parents. Noncohabitors tended to express negative views in their attitudes towards abortion or childlessness. They would utilize abortion only in the direst circumstances and generally felt a mixture of pity and contempt for voluntarily childless couples, seeing them as "self-centered" or "materialistic." Cohabitors, on the other hand, did not view abortion or voluntary childlessness as deviant behavior. They were more likely to espouse abortion in the event of an unplanned pregnancy.

In sum, it seems that the noncohabitors expressed a more traditional conception
of their marital goals compared to the previously cohabiting newlyweds. The cohabit-
tors aimed at establishing both husband and wife in a professional career before parenthood. Although there may be some convergence of goal orientations with the passage of time, our data indicate that cohabiters will tend to delay parenthood and will have a higher proportion of voluntary childlessness.

MARITAL POWER

Based upon the respondent's answer to an item: "Who, would you say, is the boss in your marriage?" as well as the coder's assessment, we attempted to classify the distribution of marital power. Information on the way in which important dec-
cisions were made was obtained. We queried, for example, how they allocated their money and decided on major purchases such as automobiles, furniture and appliances. The relative influence of each spouse on career plans, family, planning goals and even choice of leisure activities was weighed. Keeping in mind the caution that some marriages do not readily fit into a typology of "power" and that "marital in-
fluence" may sometimes be a more accurate designation, let us examine Table 2.

Table 2.

<table>
<thead>
<tr>
<th></th>
<th>Cohabiters</th>
<th>Noncohabiters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Egalitarian</td>
<td>54%</td>
<td>36%</td>
</tr>
<tr>
<td>Husband Dominant</td>
<td>36%</td>
<td>57%</td>
</tr>
<tr>
<td>Wife Dominant</td>
<td>9%</td>
<td>7%</td>
</tr>
</tbody>
</table>

(N=22) (N=72)

\[ \chi^2 = 3.04 \text{ df=2 p < .15} \]

Table 2 presents a comparison of cohabiters and noncohabiters in terms of mar-
tial power, i.e. who exerts the most influence in decision making. We have utilized a simple classification of "egalitarian", "husband dominant" and "wife dominant." Some cases were excluded from analysis, however, because we could not make a defi-
nite assessment. As Table 2 indicates, it appears that more cohabiters developed "egalitarian" marriages, while noncohabiters had a higher proportion of "husband dominant" unions in the first two years of marriage. More than one half of the cohabiters were classified as "egalitarian," whereas more than half of the noncohabiters were classified as "husband dominant." A classification by gender revealed that 51 percent of the wives and 69 percent of the husbands in the noncohabitor group had a "husband dominant" situation. These young husbands saw themselves, and were perceived by their wives, as more competent in financial matters. In contrast, the previously cohabiting husbands and to a slightly lesser extent the wives, were more likely to report an egalitarian mode of decision making. A careful reading of the interviews confirms their view that they were indeed seriously attempting to divide household labor, and share responsibility and decision making, equally. This was often an arduous enterprise, since they too had been socialized in traditional
families where the father was the major income provider and ostensibly the head of the household.

One underlying reason for this strong effort to create an egalitarian relationship appears to derive from their more intense career interests. As previously discussed, they wished to postpone children and pursue educational, career and recreational interests. Since both will work and earn incomes, both partners claimed an equal voice in financial expenditures. Also sharing of household functions such as shopping, cooking, cleaning and paying bills became more important when both husband and wife were engaged full time in their jobs and studies. Unlike those who lived at home until marriage, the cohabitators attempted to continue a pattern of equality and mutual participation in household affairs which they developed earlier. Thus, they did not move as readily into segregated marital-roles as those who enter marriage directly from their parental home. They avowedly sought a different type of man-woman relationship. As one husband, a teacher, whose wife was in dental school stated:

"We are closer than most any other couple we know. Neither one of us is really the boss; we just do what each person does best. We don't try to pull any power plays on each other."

MARITAL CONFLICT

Like marital power, marital conflict was an elusive phenomenon to observe and measure. It was even more problematic to assess its significanc in a given marriage; couples vary in their toleration of disagreements and dissatisfactions. The assessment of conflict by coders was based upon not only "what was fought about," but also the way in which disagreements were expressed, conflicts managed and the overall balance of marital satisfaction and dissatisfaction. Expenditure of money, disagreements over goals, relations with in-laws, and differences in taste and leisure preferences were common areas of conflict. Some couples disagreed over the frequency of sexual intercourse, but unless one party drastically reduced their involvement, it was not usually a major problem. Specific areas of disagreement, styles of expressing anger, and even frequency of disagreements did not seem to be as important as the respondents' interpretation that the marriage was satisfactory and hence reasonably durable. Thus conflict, dissatisfaction and estimates of marital durability were viewed by our newlyweds as interrelated phenomena. We judged a marriage as "severely conflicted" if the respondent believed that it was becoming intolerable and might not last very long, and conversely we judged it "low" in conflict if he or she felt it was durable and satisfactory. In other words, frequency of conflict, overall sense of dissatisfaction and estimates of marital duration were all weighed to arrive at an assessment of marital conflict.

We originally expected cohabitators to have considerably less conflict. We thought that their prior living-together would have provided ample time to address and partly resolve many of their differences. Many internal problems of marital adjustment, we believed, would have been adequately handled before they married.
Table 3. Level of Marital Conflict of Previously Cohabiting and Noncohabiting Newlyweds.

<table>
<thead>
<tr>
<th></th>
<th>Cohabitors</th>
<th>Noncohabiters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimal Conflict</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Moderate Conflict</td>
<td>32%</td>
<td>38%</td>
</tr>
<tr>
<td>Severe Conflict</td>
<td>11%</td>
<td>14%</td>
</tr>
</tbody>
</table>

(N=28) (N=84)

$\chi^2=.77$ df=2 $p < .70$

As Table 3 shows, this does not seem to be the case. The proportion of cohabitators and noncohabitators at each level of conflict do not differ significantly. Although we found some suggestion that husbands who had cohabited were more satisfied with their marital relationship than the engaged husbands, the small number of cases does not warrant a generalization. Contrary to our original expectations, the process of cohabitation does not seem to be associated with a reduction in conflict during the first years of marriage.

In retrospect, perhaps we should not be surprised that this was the case. Although they have had more experience in living together, perhaps they have come to regard conflict as an inevitable part of an intimate relation. It had become integrated into their relationship and was not viewed as threatening or potentially disruptive. We found that the previously engaged tended to suppress conflict in the interest of rapidly achieving a state of putative harmony. Since they favored a segregated division of labor and male leadership, they were able to avoid many opportunities for disagreement. Related to this we found that noncohabitators tended to disagree over different matters than cohabitators. Relations with parents and in-laws, family planning and financial matters were more often sources of conflict for the noncohabitators. Cohabitators had more arguments about values and beliefs and marital communication. In their struggle for an egalitarian relationship they tried to "talk things over," "argue" and "discuss;" to remain autonomous and have a relationship at the same time. More arguments and more communication were the result, as expressed by this woman:

"We have a lot of communication. We have a lot of conflicts too, but that is expected as far as I'm concerned. Some people would probably get a divorce if some of these came up, but as far as I'm concerned they are normal things that have to be ironed out eventually, or at least mellowed down, one of the two."

Another wife stated:

"I feel I have an exceptional marriage, and the single most important reason is that we can talk things out. We also both feel that the year we lived together before we were married was instrumental in achieving this ability."
SUMMARY AND DISCUSSION

Summarizing our results, we can say that there were indeed, important differences in the courtship experiences and marital outcomes of the two types of newlyweds. While both experienced some form of parental influence to legalize their relationship, the cohabitants were much freer of parental surveillance and able to conduct their courtships in a more autonomous manner. We speculate that their higher social class backgrounds and somewhat less close, looser family ties and more permissive parents may have been predisposing influences.

During the first two years of marriage, we found that most cohabitants wished to postpone parenthood in order to pursue educational and career goals. They seemed to be evolving towards a marriage in which both spouses aspired towards managerial or professional careers. Self development was underlying theme in their goals; "personhood before parenthood" could be said to be their motto. Associated with these goals, was the finding of more equality in their marital relationship. Decisions were made on the basis of a consensus. In contrast, noncohabitants were more frequently oriented towards early parenthood and a more traditional male-dominated, i.e. husband-as-leader-and-provider marriage. The level of marital conflict was about the same for both cohabitants and noncohabitants, however, although it seemed to center around different issues.

Can we conclude that cohabitation has a positive effect upon the subsequent marriage? Perhaps all that we can safely say is that their marriages seem to be different, possibly more satisfactory at this stage. The question of durability may not be as important as the participants' perception of fulfillment. It appears that cohabitational unions are more open to contemporary trends towards greater communication, sexual equality and occupational achievement. We agree with Trost's (1976) and Danziger's (1979) contention that marriages undertaken on the basis of a rather romanticized courtship, undiluted by daily realities, may not be as readily formed by cohabitants; thus reducing the proportion of matrimonial misalliances.

The conclusions of the present study would, of course, be less tentatively phrased if they were based upon a larger, longitudinally-studied sample. Furthermore, it was not possible to disentangle the effects of cohabitation per se from those possibly stemming from the family backgrounds, social class and personality characteristics of cohabitants since an experiment of factorial design would be required. It could be argued, for instance, that cohabitants had different value orientations which were expressed in their marital goals and relationships, even if they had not cohabited.

As the United States and other industrial societies move comparatively rapidly towards a population equilibrium, the emerging trends towards premarital cohabitation, postponed parenthood and married women in the labor force will gather momentum. A more symmetrical relationship between spouses, with less attachment to their families of origin, and greater involvement in the occupational structure will characterize the family of the foreseeable future. We predict that cohabitation far from being considered a deviant or illicit arrangement, will be seen as a sound
preparation for a satisfactory marriage. From our present perspective, it strongly appears to be a harbinger of changes in the family, which will accompany our entry into the next millennium.

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COMMUNITY SERVICE OPPORTUNITIES AND OLDER AMERICANS

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Abstract

Contemporary society has brought about a situation where older Americans have limited opportunities for contributory roles. They have limited involvement in the development and provision of services aimed to promote their own well-being and the welfare and well-being of others. This article examines the importance of contributory roles and functions in light of theoretical perspectives, social work values, and research evidence which indicates that life satisfaction and psychological well-being of older persons is related to continued productivity and the opportunity to carry substantive social roles. This article reviews and discusses contributory opportunities for older persons as part of community service employment programs, sponsored volunteer programs, and associations of older persons and substantiates the benefits of these organized efforts for older Americans, sponsoring organizations, and service consumers. Continuation and expansion of contributory roles for older persons will improve the quality of their life, will reduce the extent to which they are considered a resource consuming national problem, and will contribute to the development of a conception which views older Americans as a valuable national resource.

THE IMPORTANCE OF CONTRIBUTORY ROLES FOR OLDER AMERICANS

The idea of using public funds to enable older persons to contribute to their own well-being and that of others rather than being passive recipients of benefits and services is a relatively new one for the general public and for human service professionals. Yet, it is one which demands examination and exploration in the light of both social service principles, human services needs, and what research indicates about the life satisfaction and well-being of older persons being related to continued productivity and the opportunity to carry meaningful social roles.

Old age is inevitably associated with incremental losses and declining competencies; however, the alienation of older persons is often associated with their dispossession from meaningful roles and functions which is brought about primarily by political and economical forces of
our contemporary society. Societal forces deprive a large fraction of older persons of job incumbency, adequate income, and the opportunity to play contributory roles unless they are among the fortunate whose wealth and status in the community cushion them against exclusion from community participation and provide them with options for contributory roles and creative self-expressions. The less fortunate aged are perceived as passive consumers of societal resources, made available to them by national benefits and services primarily through the Social Security Program and the Older Americans Act. The status of beneficiary and service consumer has little prestige in our contemporary society in which one's command of resources and contributions are highly valued (14, 18).

The importance that contribution plays in determining status and prestige in various societies has been a topic of continued interest in the social science literature. In all cultures the nature of attachment of the individual to the social system varies through time and is usually related to the contributions made by a person to the society in which he lives. In cultures with traditional orientations past contributions are valued and considered on behalf of older persons in their advanced years of life. The contributions are seen in a past-present-future perspective, meaning that one's past contributions count today and will continue to count in the future. In our contemporary society, unlike in traditional cultures, contributions are seen primarily in their present light, therefore, the status and prestige of the aged decline along with the diminishing contributions on their part to the society in which they live (7, 14). Dowd suggested that in the case of the aged, their decreased status and prestige is the eventual result of their reduced contribution potential vis-a-vis their social environment to the point where all that remains for them is the humble capacity to comply (9). Four primary functions appear to be indicated as most important determinants of status and prestige in old age. These include advisory (how much is one's advice sought and/or needed), contributory (to what extent can one contribute to the well-being of others), control (to what extent can one care for himself and control his own destiny), and residual (to what extent is one's earlier status and contribution recognized) (18).

Empirical evidence indicates that in addition to good health and sufficient financial resources, the ability to engage in meaningful activities and the opportunities to contribute to the well-being of others are important correlates of well-being in old age. Research indicates that not all older persons desire to continue an active pace of life. For those who attribute importance to active involvement in contributory roles, however, having the opportunity to be active and to contribute to the well-being of others is of primary importance (16).

The ability to engage in meaningful contributory roles plays importance in all stages of life. For older persons this issue often constitutes a serious existential problem. The glamorized golden years, portrayed in travel ads showing retirees walking contentedly in the
Florida sunshine or manicuring a small garden, is a gross exaggeration of life in retirement. While some older persons may be contented not having the pressure of the world of work, there are many others for whom growing old in a period of inflation means that they need full or part time opportunities to work in order to maintain or achieve a minimal standard of living (3). For a significant segment of the older population the opportunity to work on a full or part time basis is necessary for a minimal level of instrumental security, and for another segment of the older population the ability to be contributory, productive and community oriented is important for their psychological well-being (6).

Need for Sponsored Community Service Opportunities

Large numbers of older persons in contemporary society are gradually and/or abruptly denied of recognized and meaningful roles and functions, including being forced into retirement against their wishes. For these reasons, there have been attempts to counteract societal pressures and to create opportunities for older persons to invest their energies and creativities and to make it possible for those interested to work on a full or part time basis. There are additional reasons for the need to develop sponsored community service opportunities for older Americans. These include the changing population trends in our society and the growing demand for human services which go unmet because of scarcity of resources on the part of community agencies.

Current population trends indicate that informal supportive networks have been declining and will continue to decline in the future. This is demonstrated by declining fractions of intact (husband and wife headed) families, by rising numbers of one person headed households, and by the increasing percentage of female participation in the labor force. These trends indicate that the family as an institution will have a reduced ability in the future to provide the necessary attention and assistance needed by the very young, by select groups of adults (ill, disabled, retarded), and by impaired aged. These functions will have to be provided for, to an increasing extent, by formal organizations funded from public sources. These organizations are facing an increasing demand for their services, at a time when their financial resources do not allow the needed expansion of services. These agencies will be obliged, therefore, to use, to a greater extent, the services offered by volunteers. However, as indicated above, changing population trends indicate that the availability of the traditional volunteers (married housewives) will decline, and therefore, service agencies will be in need of manpower from new sources (4).

Older persons, whose numbers and relative fraction of the total population is projected to continue to rise in years to come, can be seen as prime candidates to provide this much needed effort. Research indicates that only a small fraction of the older population (those who volunteered in their younger years) find their way to volunteer their services on their own. Self-initiated volunteerism in old age tends to
follow previously established patterns, namely, those with previous voluntary association tend to continue their participation patterns into old age, while those who did not engage in voluntary roles in earlier years continue to be non-joiners in old age as well. Research also indicates that predictors of voluntary intent among older persons parallel predictors of actual participation patterns -- the younger, the better educated, those with a perceived interest and ability to serve others are more likely candidates to express an interest in volunteerism. It is obvious, therefore, that organized efforts are needed to recruit, train, and employ the services of older persons in community services (11).

**Community Service Opportunities for Older Americans**

A review of the literature reveals three types of organized efforts which provide older persons with the opportunity to help themselves and to help others. These are federal employment programs for the aged, Action sponsored volunteer programs, and associations of older persons.

Officially, the primary purpose of employment and Action programs is to enhance the economic and social well-being of the program participants. There is a realization on the part of initiators and funders of such programs that there is a sizeable fraction of the older population who live in states of economic deprivation and many of them do not have the opportunity to contribute on their own to the well-being of others in their communities. These programs aim, therefore, to address the economic well being of program participants providing them with remuneration and/or stipends for their time and effort. These programs also profess to offer their participants channels of involvement which serve to reduce the isolation which a sizeable fraction of them would otherwise experience in their communities (4).

There is an awareness on the part of initiators and sponsors of these programs that critical and extensive community service needs go unmet because of the scarcity of financial resources. These community service programs, by capitalizing on the time, energy, experience, and skills of older persons, make it possible for community service agencies to serve more people, to address more needs, and in some instances to address unmet needs by engaging in new service ventures. These programs while important for older persons are also instrumental in augmenting the efforts of human service organizations, thereby making it possible for more people of various ages to be beneficiaries of human services (4, 11).

The primary purpose of the associations of older persons is to provide benefits to their own membership in a variety of areas (pensions, financial benefits, insurance benefits, travel cost discounts, purchase discounts, etc.). They also aim to improve the images of older persons in our society, and to a more limited extent to work on legisla-
tive and programatic issues which benefit a larger segment of the older population. From time to time, associations of older persons mobilize their membership to lobby for improved benefits and for other legislative issues of interest to older persons. Most of the associations of older persons, with the exception of Gray Panthers, are not even mildly mili-tant in lobbying for their causes. For the most part, then, associations of older persons provide opportunities for their members for social and political involvement and those that sponsor community service employment programs provide opportunity for older persons to invest their energies for the benefit of others.

Volunteer community service opportunities for older persons exist in nonprofit agencies. The traditional volunteers, however, include primarily those who do not have to work during their adult years. The sponsored community service employment and volunteer programs make it possible for a larger segment of the older population without prior volunteer or human service experience to engage in such activities on a volunteer basis, for a stipend, and/or for pay. The traditional and sponsored volunteer programs and the sponsored community service pro-

grams for older persons provide an organized framework for investment of energy by older persons for the benefit of service consumers in a variety of human service organizations in the community, in congregate living environments, and in institutional settings (11).

Community service programs saw their beginning in Mainstream, initiated by the Economic Opportunity Act of 1965. Older Americans were one of the target groups to be served by Mainstream. At this time, the Department of Labor has jurisdiction over employment programs which have seen over the years growth, retrenchment, and regrouping. After years of legislative deliberations, community service employment programs were consolidated in the Older Americans Community Service Act (Title IX-1973). Since 1975, this legislative enactment has been the major vehicle for the distribution of federal funds for (a) nationally adminis-
tered contracts offering part time jobs for low income older persons, and (b) statewide programs providing part time work for older persons. At present, eighty percent of funds go to five national sponsors: Green Thumb, National Council of Senior Citizens, National Council on the Aging, National Retired Teachers Association-American Association of Retired Persons, and the U.S. Forest Service. These national associa-
tions also provide the sponsorship for the locally administered com-
munity service programs. The other twenty percent of the funds have been allocated to state governments for the employment of older persons in community services. Title IX program participants numbered 12,400 in 1975. Their numbers grew to 22,400 in 1977 and to 47,500 in 1979 under what is now the Title V Program of the Older American Act. During 1978, the average hourly wage of older persons employed under this program was $2.80. An additional number of 24,600 older persons (about one percent of all participants) found employment with the Comprehensive Employment and Training Program, under the jurisdiction of the Department of Labor (21).
Action—Older American Volunteer Programs—the federal volunteer agency established in 1971, administers several volunteer programs. The more extensive of these programs include: (a) Foster Grandparent Program, (b) Senior Companion Program, and (c) the Retired Senior Volunteer Program. Under the Foster Grandparent Program, in 1976, 13,500 older persons worked with children in a variety of settings including hospitals, homes for dependent and neglected children, institutions and correctional facilities. The primary goal of this program is, as its name implies, to provide grandparental love and care to children with special needs. In 1978, 16,600 older persons offered their services to 41,500 children (21).

The Senior Companion Program was modeled after the Foster Grandparent Program with its purpose to offer assistance and attention to older people. Senior companions, who are themselves low income older persons, provide their services in private homes in the community as well as in residential care settings for the aged including nursing homes. This program is rather small and involved only 1,372 in 1976 and 3,300 in 1978.

Retired Senior Volunteer Program (RSVP) provides volunteer opportunities for older persons, most of whom are without prior volunteer experience, in a wide range of social, educational, health, rehabilitation, nutrition and other service agencies. In 1976, RSVP operated in 50 states and also in the District of Columbia, Puerto Rico, and the Virgin Islands. This program provided in 1976 volunteer opportunities for approximately 200,000 older persons. Participants in this program in 1978 numbered 250,000 at an average cost of $80 per volunteer a year (21).

As indicated, associations of older persons and public and private human service organizations initiated demonstration projects which were the forerunners for the categorical Community Service and Action programs. The administration of these programs have taken place on the local level. The funding for community service opportunities for older persons has come almost exclusively from the Federal government. Only in very few instances have projects, initiated by local service agencies, been funded by private foundations or from local funding sources.

Community Service Program Impact

Descriptive data from program narratives indicate program benefits to program participants (satisfaction with roles and functions and with funds received), and to beneficiaries of their efforts (children, adults, and older service consumers). Children are reported to have been aided to better adjust to school functioning and to have a better feeling about themselves (15). Physical and mental status of retarded children have been improved by the efforts of community service program participants (12). Sponsored volunteer programs have improved the satisfac-
tion of program participants and that of those who received their attention (11). Widows who were recipients of attention from volunteers reported that they have been helped and a majority of those receiving attention became volunteers themselves (1).

A number of programs were more systematically evaluated, some employing control groups in their research design. Reynolds' study of 16 schools utilizing older persons as service providers demonstrated benefits to providers, children, and school administration (19). Cowan's research on the use of older persons as school mental health aides indicated that program participants enjoyed their work, were open to new learning and training, as well as the satisfaction of school administrators with the quality of their work. Children, evaluated by teachers and aides, were found to have improved in their school adjustment (8). Ferrari studied foster grandparents in work with problem children in slum area schools and a control group of non-elderly volunteers working with similar children. Children interviewed reported that they were helped most by the foster grandparents. Attitude testing showed that the program had a more positive effect upon the lives of foster grandparents than on members of a control group (10).

Gray's study of a group of foster grandparents and a control group of adults who were not service providers, indicated that the foster grandparents experienced greater life satisfaction as a result of their work (13). Saltz' preliminary findings of a nationwide longitudinal study of foster grandparents in homes for dependent children, day care programs, and in work with retarded and emotionally disturbed individuals were highly indicative of effectiveness (20). Greenleigh Associates were employed by the Federal Administration on Aging to monitor a sample of 10 of the first 21 Foster Grandparent Programs in the first two to three years of operation. Their findings indicated benefits to program participants, financial savings to agencies, and improvement of agency services (17).

Kirschner Associates employed for a nationwide evaluation of Senior Aide Programs identified a number of positive attributes of senior workers in community service as compared to younger persons: richness of experience, stability, dependability, and willingness to accept modest wages. Noting that most were employed in non-profit community agencies, their conclusion was that the older worker may also be of value for the small private employer, despite the general reluctance on their part to employ older persons (2). Senior Companion Program impacts are illustrated by Breslau & Haug (1972) who found that program goals were well met for volunteers, and for community individuals serviced in a one-to-one basis in the Cincinnati Catholic Charities Service Friend Project (5).

The reviewed research indicates that older persons can play a significant contributory role in community service programs. These studies point to increased life satisfaction and improved social and
personal adjustment for service providers, financial savings, freeing of professional time, and improvements of agency services. These in addition to the program benefits for the children, adults, and older persons who were, of course, the consumers of the services provided. One must conclude, therefore, that the community service employment and sponsored volunteer programs provide community service agencies with an invaluable manpower resource from which they and their clientele stand to benefit to a considerable extent. In turn, the opportunity for older persons to play contributory roles enhances their economic, social and mental well-being.

Implications for the Future

Review of community service programs leads one to a number of important conclusions which have clear implications for policies affecting communities, human service agencies and older Americans.

First, while there is little doubt that participation in community service roles enhances the economic, social, and psychological well being of the older person, at present the opportunity for this in our society either in business or community service is limited. The area of community service appears to offer rich potential for further development. Present programs have only scratched the surface of need. The evaluated programs clearly demonstrate the older person's capability for and interest in community service. Urgent need exists to gain wider public acceptance for the employment of older persons and for formulation of a national policy to institutionalize part time remunerative community service employment for persons who seek them, for whatever reason--income supplementation, the chance to contribute to society, or merely for self-enhancement.

Second, traditional volunteer activities provide valuable instrumentalities for negating the deleterious effect of retirement. Yet, traditional volunteer activity may serve the needs of only a select group: the better educated, and the more affluent. Volunteer community service may not interest or serve the need of low income persons. This suggests that ways will be needed to imbue volunteering with greater status, that training will be a necessary component if meaningful and effective service is to be provided, and that financial stipends may contribute to an increase in the number of older volunteers.

Third, paid employment and volunteering for a set stipend appears to be an important alternative, especially for low income persons who need financial supplementation. There is reason to believe that since community service represents a new area of endeavor for most persons that training must be built into programs to assure maximum benefits to service recipients. Surprisingly, few programs now provide this. In addition to multiplying community service opportunities, ways must be found to permit older persons to remain part time in areas of employment which they are already skilled.
Fourth, currently available community service opportunities for older Americans constitute only a very modest beginning in need of considerable expansion and funding stability in the future. These programs deserve greater local and national recognition than they are presently receiving. RSVP, the largest of sponsored volunteer programs, offers community service opportunities for approximately one percent of older Americans. Other Action programs which carry some stipends and the community service employment programs reach only less than one-half of one percent of older Americans. It is obvious, therefore, that considerably more employment opportunities, part time employment, and sponsored volunteer services need to be developed to augment the efforts of community service agencies in order to benefit older persons and the communities in which they live.

Since private agencies do not have the necessary resources to expand community service opportunities to any significant extent, it is evident that the viability and continuance of these programs and the expansion of new options for community service will depend upon favorable public policy and financing, as well as on the initiative and ongoing sponsorship of community agencies.

Fifth and finally, expanding employment opportunities for older Americans on a full or part time basis, increasing their options for participation in traditional and action volunteer programs, and their increased involvement in formal associations of older persons will enhance the quality of their life. It will reduce the extent to which they are considered a resource-consuming national problem and pave the way for acquisition of a new and contributory status in our society whereby they will be recognized as a valuable national resource.

References


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The Employment vs. Inflation Debate

Since the early 1960's many economists and policy makers have contended that full employment and price stability are unattainable goals. Stimulated by the works of A. W. Phillips, a British economist, they have argued that there is an inverse relationship between inflation and unemployment; that is, as unemployment decreases, inflation increases. Phillips in his original article, "The Relationship between Unemployment and the Rate of Change in Money Wage Rates in the United Kingdom," cautiously reasoned that when demand for commodities, services or labor was high relative to supply, prices increase. Increasing prices for labor draw out unemployed people into the labor market. The more people that are drawn out of unemployment, the higher the wages and the higher the total spending. Conversely, when demand for commodities, services or labor was low, relative to supply, prices decreased. Decreasing prices in commodities and services usually result in higher unemployment, because of "lay-offs." Decreasing prices for labor do make workers reluctant to enter the market for less than the prevailing rates when demand is low and unemployment is high. Consequently total spending is reduced. Based on the analysis of his data, Phillips hypothesized that as unemployment increased wages tended to decrease.

Although Phillips spoke of the relationship between wages and unemployment, the connection between wages and prices is quite direct: periods of high employment stimulate higher wages which in turn increase business operating costs. These increases in cost are passed on to the consumer in terms of higher prices. Consequently, during periods of high employment prices tend to increase and vise versa. In short, there appears to be a trade-off between
inflation and unemployment. This simple but powerful piece of research has influenced many policy makers all over the world. The Phillips curve, as this relationship is called, has had, and continues to have profound economic, political and social implications as we shall shortly see.

By no means is the Phillips curve noncontroversial or fully accepted. Many economists, policy makers and lay persons refute the notion of a trade-off between unemployment and inflation. Some critics, on the basis of their studies, argue that the foundation of the trade-off thesis is based on classical price theory, a theory which no longer explains market pricing because of the lack of competition in the market. A frequent example used, although there are many others, occurred during 1975 when demand for United States made automobiles decreased, but prices for these automobiles actually increased by about $1,000 per car. This happened because the falling demand increased the per unit cost of production. Large oligopolies must compensate for a drop in demand by increasing prices to meet cost and maintain target or projected profit levels. Given the concentration of large corporations in the economy and the lack of competition, prices rise at the will of large firms, in spite of the demand and employment or unemployment situation. Thus the causes of inflation are more complex and require action on several levels and fronts.

Other studies have shown that the inflation-unemployment thesis is too simple and does not account for external factors which influence our economy, e.g., oil embargo, devaluation of the dollar, foreign imports, grain sales, etc. For example, in 1974, because of the oil extortion and the grain deal, food prices accounted for about half of the inflation increase.

Another argument commonly heard against the Phillips curve, is that the actual inverse relationship data does not hold true for the United States in recent years. Figure 1 presents data for inflation and unemployment, and what has come to be known as stagflation. This empirical data does not support, statistically, an inverse relationship between unemployment and inflation.
Finally, and by no means have all the opposing arguments and findings been covered, Bach argues that consumers and business have come to anticipate inflation and by doing so, have increased the inflation rate by their spending habits, irrespective of unemployment rates.

In a world of excess income claims and government insertion of new money to avoid (reduce) unemployment, everyone will come to understand the inflationary process or, at least, to anticipate continued inflation. Thus wage earners, businessmen, borrowers, lenders—all the participants in the economic process—will begin to build inflation anticipations into bargains on wages, prices and interest rates on loans. But once they do, the government's power to reduce unemployment by government spending of new money is undercut. The main way expansionary government monetary-fiscal policy creates more jobs is by expanding demand, which induces businesses to hire more workers. But if workers push up wage costs as fast as demand increases and prices rise, businesses have no incentive to expand output and hire more workers. The result is simply higher wages, costs, and prices all around, but no more jobs. And the more government spends to reduce unemployment, and more inflationary expectations will rise and the more inflation will occur, without more than temporarily reducing unemployment.8

These then are some of the major findings in opposition to the inflation-unemployment thesis. They are responsible works which have been substantively developed by respectable economists and policy analysts. Yet, the impact which these findings have had on changing economic policy or many peoples' minds about the Phillips curve has been nil.
## Changes in Consumer Prices and Unemployment Rates for the United States, 1953-1977

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent Increase in Annual Average Consumer Prices</th>
<th>Percent Unemployment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1953</td>
<td>0.8</td>
<td>2.9</td>
</tr>
<tr>
<td>1954</td>
<td>0.5</td>
<td>5.5</td>
</tr>
<tr>
<td>1955</td>
<td>-0.4</td>
<td>4.4</td>
</tr>
<tr>
<td>1956</td>
<td>1.5</td>
<td>4.1</td>
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<tr>
<td>1957</td>
<td>3.6</td>
<td>4.3</td>
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<tr>
<td>1958</td>
<td>2.7</td>
<td>6.8</td>
</tr>
<tr>
<td>1959</td>
<td>0.8</td>
<td>5.5</td>
</tr>
<tr>
<td>1960</td>
<td>1.6</td>
<td>5.5</td>
</tr>
<tr>
<td>1961</td>
<td>1.0</td>
<td>6.7</td>
</tr>
<tr>
<td>1962</td>
<td>1.1</td>
<td>5.5</td>
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<tr>
<td>1963</td>
<td>1.2</td>
<td>5.7</td>
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<td>1964</td>
<td>1.3</td>
<td>5.2</td>
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<td>1965</td>
<td>1.7</td>
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<td>1966</td>
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<tr>
<td>1969</td>
<td>5.4</td>
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<tr>
<td>1970</td>
<td>5.9</td>
<td>both high 4.9</td>
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<tr>
<td>1971</td>
<td>4.3</td>
<td>rates of 5.9</td>
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<tr>
<td>1972</td>
<td>3.3</td>
<td>unemployment 5.6</td>
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<td>1973</td>
<td>6.2</td>
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<tr>
<td>1974</td>
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<tr>
<td>1975</td>
<td>9.1</td>
<td>inflation 8.5</td>
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<tr>
<td>1976</td>
<td>5.8</td>
<td>7.7</td>
</tr>
<tr>
<td>1977</td>
<td>6.5</td>
<td>7.0</td>
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Source: U.S. Department of Labor, Monthly Labor Review.
Why have we as a nation carried out our economic policies during the past two decades on the basis of a theory which is at best only partially valid? The answer to this question lies in the economic, political, social and moral arena of our society. It concerns a redistribution of resources, a reallocation of status, and a redefinition of group and personal relationship. Because ultimately, behind the theoretical analysis of the inflation-unemployment tradeoff is the real issue of cost, and who shall pay the greater burden of the cost. The following analysis will attempt to elucidate these costs.

Inflation

During periods of high inflation everyone in society is affected, but in different ways. Not too many years ago it was conventional wisdom that inflation was bad because it affected those least able to afford it: the poor and persons on fixed incomes. While this was, and still is, true it is only half of the truth. Inflation affects the non-poor and business firms also, but in different ways. During his inflationary periods, the poor and people on fixed incomes spend a greater percentage of their income on basic needs—food, shelter, clothing, etc. Consequently, they have less additional money for other necessities. As prices continue to increase they begin to substitute and often eliminate some goods and services; this situation creates great hardships. The non-poor and business firms do not face such hardships of having to substitute or eliminate basic necessities; though they too have to pay more for their basic needs and business costs. A major difference is that they have additional resources, income, savings, etc., which they can use, if they wish to continue their standard of living or business operations. The poor and persons on fixed incomes generally do not have additional resources; they must make do with their incomes, pensions, or welfare allowances. If these are not enough, they must go without, beg, borrow or steal.

On the other hand, during periods of high inflation, savers, lenders, some investors and many corporate firms lose large sums of money in terms of real income and returns on interest rates. Generally
speaking the more money that is tied up in savings, loans or production just prior to an increase in inflation, the greater the loss of real money value. This was the case during 1973 and 1974 when inflation nearly doubled each year. For example, a lending institution which in 1972 made a single loan for $100,000, to be paid back in two years at 7% interest and in 1973 and 1974 inflation increased 3% and 6% respectively, from a previous 3% annual rate, lost approximately $6,400 in two years. Put more dramatically, the anticipated returns when the loan was first issued was $10,500 in two years. The actual returns with the increase of inflation was $4,100, a loss of over 50% on this one loan.

By reversing this example to apply to an investor, say a person with a savings account, we can also see how inflation is a costly matter. Suppose that a person or firm had $100,000 invested and was receiving a 7% annual interest return. During the first year, using the above 3% and 6% inflation rate increases, this investor is really only receiving 4% returns or losing $3,000 in interest. In the second year, this investor is only receiving a 1% return and losing $6,000 in returns - a total of $9,000 in two years.

Multiplying these two examples by the thousands of lending institutions and the millions of loans they make and the millions of investors, one can see that inflation is a very costly matter. It is for this reason that entrepreneurs do not favor inflation: they simply stand to lose large sums of profits and real income.* For this reason, it will not be surprising to hear about a "fluctuating interest rate" tied to an inflation indicator. This will be a safeguard against inflation losses if the inflation rate should increase. In fact, this practice is now common with many lending institutions. The net consequence of this practice is a guaranteed profit margin to lenders.

*It should also be pointed out that during his inflationary periods, borrowers fare better than lenders, in that they are paying back loans at a lower value rate than they originally borrowed.
This also means that the traditional justification of profit due to risk taking is no longer valid since with the fluctuating interest rate tied to inflation, there is no risk, in terms of returns, involved.

It should also be pointed out that with fluctuating interest rates, interest payments would be lowered when inflation decreases. Nevertheless, the above consequence still stands.

**Unemployment**

Just as inflation affects everyone in society, so does unemployment; though again, the consequences affect different groups differently. It is common knowledge and a matter of fact that unemployment affects members of minority groups, the young, the elderly, and women disproportionately.

The ratio of unemployment for members of these groups is 2:1 and even 3:1 among labor force participants. It is also common knowledge that the actual unemployment rate of these groups is double and triple that of the official reported figures. Prolonged unemployment for members of these groups often means exhausting any possible savings, borrowing from relatives and friends, selling personal belongings, going on public assistance, increase family conflicts, loss of personal pride, self-worth, self-respect, and an overwhelming sense of uselessness. The road from unemployment to humiliation to poverty to alienation is well documented.* What is not well documented is how unemployment affects everyone, even the employed.

The costs of unemployment to society are extremely high and quite often invisible. Unemployment is a very costly social problem which we all pay for, whether we like it or not. We pay billions of dollars annually for unemployment in terms of lost production of goods and services; a loss which could never be recovered. A decrease in production due to unemployment

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*See Michael Borrero, "The Emotional and Psychological Impact of Unemployment," in this Volume.
means fewer tax revenue dollars being collected, while at the same time an increase in expenditures for social programs. As unemployment increases so do the expenditures for unemployment insurance, aid to dependent families, food stamps, medicaid, general assistance, psychiatric hospitalization, penal rehabilitation, employment training programs, to name but a few of the more visible costs. If we were to figure out the opportunity cost involved in just these few programs the cost would be staggering.

We pay for unemployment in terms of increases in crimes, suicides, emotional disturbances, mortalities, juvenile delinquency, alcoholism, and violence against women and children. We pay in terms of family deterioration, greater conflict between parents and children and spouses; even the children of the unemployed have been found to achieve less in school. But perhaps the greatest price we all pay for unemployment is the tremendous waste of human creativity and productivity. To deprive a person of work, in an age when personal meaning, identity and one's self-worth are derived from work, it is to deprive one from belonging to the community and society. Such denial of active membership can only lead to greater hostilities toward those who are withholding full social participation.

Dealing with The Dilemma

There seems little doubt that behind the choice between price stability and full employment or unemployment and inflation, is the concept of cost and the assumption that the cost of high levels of unemployment is a lower and lesser price for society to pay than is the cost for high rates of inflation. The reasoning behind this concept is not difficult to figure out: while inflation affects everyone, it affects most, in monetary terms, those persons and groups with greater monetary assets, large corporations, lending institutions, wealthy individuals, etc. Unemployment, while it too affects everyone, it mainly affects the employment vulnerable: ethnic minorities, the young, women and the elderly. It is not difficult to see that a result of a price stability policy perpetuates racism, sexism, and the oppression of the young and elderly. It is a policy
the protects the economically and politically powerful at the expense of the economically and politically weak.

It is also clear that a full employment policy at a 1% or 2% level given our market and corporate structure, e.g., lack of competition and market monopolies, etc., would create very high levels of inflation. Our economic and political policies in dealing with the unemployment-inflation dilemma have been merely reactionary and see-saw like: when inflation is "too high" we cool down the economy which means increased levels of unemployment; conversely, when unemployment is "too high" we stimulate the economy by pumping more money and consequently more jobs. And so continues our see-saw economic and political policies; we merely release the pressure valve when the steam gets too "high."

There are other alternatives to deal with this dilemma, though they too have their problems. For example, dismantling our oligopolies and monopolies would create greater competition, more jobs, more investments, greater efficiency, probably greater distribution of wealth, lower prices and not necessarily higher inflation. This, however, would be taking on the muscle of capitalism and the threat of corporate dissolution. We could attempt again, a more strategic plan and enforcement of price and wage controls. The goal here would be to reach a better balance between unemployment and inflation; that is, to achieve lower levels of unemployment and inflation. However, wage and price control is not a popular idea, let alone a practice. It contradicts free enterprise and it is difficult and costly to enforce. Finally, we could attempt some combination of the above. We could dismantle many conglomerates, oligopolies and monopolies, and in those areas which this is not feasible, we could develop stringent, clear and enforceable wage and price controls. Thus, it appears that unless and until we change our market and corporate structure, our economic policies will merely continue to be reactive rather than pro-active, "see-saw like," and those policies will not address the fundamental issues and problems identified in this paper.
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POOR URBAN BLACKS AND COMMUNITY PARTICIPATION

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ABSTRACT

This research elaborates the concept of community participation utilizing activities that reflect the experiences of poor urban Blacks. The residents of a low income housing development are studied with emphasis on how these people involved themselves in community affairs and how they interact with other tenants in their day to day activities. It is largely a descriptive study, in that it attempts to uncover and explain styles of participation that are not generally counted as meaningful participation. Therefore criteria for participation is defined in a manner to include some informal activities and other activities which seem to correspond to the traditional view of the concept. Data for the research were obtained with the use of a semi-structured interview guide and participant observation.

INTRODUCTION

Studies about poor urban Blacks very seldom deal with their potential for community participation. The research is generally segmented, focusing on various aspects of Black culture and lower class life. Many of the studies concentrate on life in the Black ghetto (Keil, 1966; Hannerz, 1967; Liebow, 1967; McCord, 1969), to show the contrast between
poor urban Blacks and other groups in society. Some of these reports accent illicit and illegal activities (Liebow, 1967), so the data are not easily discussed as meaningful participation. Other studies have focused on poor Black families with emphasis on the various strategies they use to cope with urban society (Jeffers, 1967; Hannerz, 1967; Hill, 1977; Stack, 1977). The organizing theme of these family studies is the fortitude that poor Blacks have, in spite of the adversity. Stack, for example, elaborates on the intricate domestic and kinship networks she uncovered in her study of a poor Black community. Other reports have depicted various informal activities in Black communities (Billingaley, 1972; Hill, 1977) used to support a Black family structure. Embedded in many of these studies are activities that could be viewed as community participation, but these researchers are generally more concerned about remedying the negative image of the Black family.

This research attempts to elaborate the concept of community participation to reflect the experiences of poor urban Blacks. Attention will be given to the activities to involve people in community activities beyond the general function of the family. The poor, in general, do not have as many outlets for participatory activities as other groups, therefore a large amount of their responses do occur through informal arrangements. These informal arrangements, nonetheless, assist people in obtaining certain goods and services at a community level, even though they don't become a part of a family network. Some poor Blacks, indeed, resist the close association of the family, although they might cooperate with other people to obtain certain needs. In some instances the activities of poor urban Blacks are similar to the participation of other groups, but in many instances they develop strategies in accord with their styles of living.
This study was conducted with the residents of a low-income housing development in a midwestern city. Strategies used to collect data included field research and participant-observation. Along with field observations of various activities, a semi-structured interview guide was used to probe questions about people's involvement and lack of involvement in certain activities. The interviews were conducted with 50 residents in the development and this accounted for approximately 10 percent of the population. It is not a representative sampling as the purpose of the research was to attempt to understand various activities of people that could be defined as community participation. Prior to the research I had worked in public welfare and this experience had been primarily in poor Black communities. This previous experience and other involvement with poor urban Blacks (Stevens, 1978) provided me with some contacts and background for understanding participation of poor Black people.

The sample was obtained from an official list of the residents with the initial respondents being referred by the management and community leaders. As the research got underway respondents suggested other tenants to be interviewed. This snowball effect was used because it seemed to reflect various sub-groupings of tenants and varying styles of living. Community leaders, for example, suggested people who participated in their organization, while the management identified tenants with clean records. Other respondents generally suggested their friends and associates. Through this procedure along with participant observation I discovered that residents tended to form small clusters of informal groupings of tenants which were used in day to day activities and as a source for other important information. These vaguely defined groupings provided a basis for a response to what residents viewed as community problems. Later I was able to supplement the sample with certain kind of tenants who were omitted in the referral system.

The segmentalization of tenants appeared to be arbitrary yet it did explain the diversity in life styles of the residents. Attempts were made to include persons from these various sub-groupings in the sample as they seemed to be useful for individual tenants in obtaining basic
goods and services. Persons from the following sub-grouping were included in the sample. The Community elites, a grouping of tenants identified by other tenants and the management as community leaders because of their active involvement in community affairs. Six of the respondents in this grouping held offices in organizations such as Welfare Rights and Tenants' Council. Five other respondents were involved in city wide councils and advisory boards. The established citizens, a grouping of tenants who had resided in the development between ten and twenty years. These persons were generally described as the "settle people" because of their tenure as residents. Owing to their length of residency these persons were knowledgeable about the community and the community leaders. The old folk, a grouping of elderly tenants (age 60) provided a visible sub-grouping due to their advanced age. This sub-grouping was also visible in local organizations and in their support of the community elites. The young adults, a sub-grouping of tenants that ranged in ages from 18 years old to 25 years old, provided a more transient sub-group. These residents tended to resist formal organizations, although they were quite vocal with their complaints to the management about the conditions of the housing development. Official interviews were conducted with persons from the various sub-groupings, but contact with the respondents also included a variety of activities beyond the interviews. The ten month period of the research contact with tenants included participation in community organizations, such as planning a program to explain food stamps to residents and observing a political rally. Informal activities included social gatherings such as rap sessions and parties. This aspect of the research increased the number of residents involved and these data were recorded as part of field notes. The combination of the official interviews and observations provided data to understand how residents involved themselves in the life of their community.
POOR BLACKS AND THE TRADITION OF PARTICIPATION

The notion of a "culture of poverty," which indicates that certain poor groups are not equipped to participate in urban society has contributed greatly to the dismal portrait of poor urban Blacks. As Valentine (1968) informs us, this viewpoint can be traced to the earlier works of leading social scientists prior to its formulation by Oscar Lewis (1959). Given the conception of a "culture of poverty," one would not expect to find poor Blacks involved in activities at a community level. Some social scientists, on the other hand, have argued against the "culture of poverty" viewpoint (Rossi, 1969; Roby, 1974; Cloward and Piven, 1974) suggesting other reasons for the lack of participation of poor people. One important omission in the discussions about participation of poor people is that concepts, such as social participation and "citizen participation" are biased in their traditional meanings and have not been updated to include current illustrations and activities. Jon Van Til (1970) argues that over time citizen participation has come to include the activities of ordinary citizens, rather than holding to the interpretation of involvement of civic leaders in an advisory capacity to a local planning agency. This old view, contends Van Til, omits too large a portion of the urban population. Definitions of the concept, nonetheless, retain a conservative element and the traditional view is upheld. Consequently, measures used to depict citizen participation and social participation exclude those activities and groups that are not a part of the established tradition. The bias is generally in favor of a small segment of the middle class who are involved in the narrowly defined activities. Poor people, obviously, don't meet the criteria, as they are omitted from the activities and the tradition. One could make the argument, it seems, that it is not that poor people don't participate, but their involvement is not in accord with the tradition. As a result many of their activities are not given
full credit as meaningful participation.

BACKGROUND

The basic assumptions used to guide this research emerged from my experiences with poor people via the social welfare institution and through my involvement in local community organizations. The initial experience can be traced to my employment as a social worker approximately twelve years ago. At that time I was engaged in the work of providing social services to clients who lived in areas generally described as poor communities. Many of these persons could be identified by the stereotype of welfare clients, "Slum dwellers" and the urban poor in general. Most of the people who lived in these areas required some assistance from public support grants and those who worked tended to have menial jobs. A professional observation of the community and its inhabitants suggested that the environment could be enhanced, if people would use the social services. One could easily get the impression that these poor people were not as well informed as other citizens (Galper, 1975), as they seem to have an "I don't know" attitude and a passive response to their existence. During the time there were several incidents and actions which led me to believe the people were not as passive as their verbalizations and attitudes indicated.

I can recall one illustration of the social agency's concern about the unemployable status of a client. At the time there were only certain reasons acceptable to justify a client's unemployed status. To be unemployed did not jeopardize one's welfare grant, but if one could legitimately claim unemployment status it alleviated a lot of contact with the social agency. Several clients were able to provide an acceptable rationale for the unemployed status and the reasons were incontestable. Interestingly, these clients used similar reasons to explain their unemployed status. In another experience a woman, although she had received public welfare for only a short time, was able to explain the procedure necessary for resolving a problem with the social agency. Incidents such as these
began to raise questions, for me, about the potential of poor people. If they were really passive, as their verbalizations and attitudes suggested, how could they develop the "air tight" alibis or acquire information about the agency. All of the people were not as knowledgeable, but these events did suggest that, maybe people were not as docile as the agencies or literature would have you believe.

With the coming of the Welfare Rights movement the participation of poor people was more clearly evident (Piven and Cloward, 1971). In these local and indigenous organizations the poor had leadership roles, especially in poor Black communities. The activities of these groups, to a large extent, resembled the traditional view of participation and indicated that poor people do participate in formal organizations. A closer observation of these activities indicated that only certain people were involved in these organizations (Leven, 1968). People such as those described in the earlier illustrations could not be found in these community organizations. One could interpret their lack of presence in "their" organizations as general apathy or lack of interest in the environment. On the other hand, if one considers the ingenuity that goes into the efforts of the welfare clients to explain why, "I can't work", the response does not seem to be a random or individual one. It could also be interpreted as a response that has been worked out within small groups at a local level by people who share common problems, a collective response used by people to resolve what they considered to be a community problem. This kind of a response could serve an important function for people in poor urban communities in meeting certain needs and obtaining services. These activities are internal to the lives of poor people, so they don't get counted as meaningful participation. While all activity can not be viewed as community participation, it seems that there are more activities that could be used to explain the participation of poor people.
DEFINITION OF CONCEPT

Traditionally, social participation has come to mean the formal involvement with voluntary associations and other designated institutional structures in a rather specific manner. For this investigation the traditional use of the concept is not rejected; rather, it will be expanded to encompass the use of local and indigenous structures as well as the formal organizations. Social participation will be defined as the shared activities and interactions people use as a channel of communication to obtain goods and services needed to sustain themselves as well as others as a part of society. The concept will therefore include the ability to share meaningful information with others regarding the use of services, whether it is transmitted through informal procedures or through traditional outlets for participation. The volition of the respondent is crucial, since the concept will be distinguished from other forms of participation by its purposeful intent and orientation to services people use.

STYLES OF PARTICIPATION

Two major styles of involvement seem to be prominent among the inhabitants of poor Black communities. One style of participation can be characterized as a professional form of involvement. This is the form that is associated with the elite and traditional model of participation. Persons involved in this procedure often hold official positions in formal organizations as the activities tend to have a career orientation. Social network participation, the second style of involvement is characterized by participation in various informal activities that do not always have a formal structure. In some instances there is an overlap as "career participants" become involved in the networks to enhance their positions in formal organizations. Social network participants on the other hand, sometimes use formal structures to obtain needed services. A discussion
of these procedures can elaborate some of the ways poor people involve themselves in community affairs.

The career participant can be defined as one who uses involvement as a professional activity. Participation for this person, in keeping with Becker's concept of career (1963), is a sequence of movements from one position to another similar to an occupational system. The person makes a special effort to become involved in community affairs in a very visible manner, as this activity becomes a part of one's existence. It is a career. In middle class communities career participants serve on the board of directors of various organizations and their names appear on the letterhead of various civic organizations.

In poor urban communities there are not many outlets for this kind of participation. Career participants among the poor can be found in the organizations of the poor that do exist, nonetheless. The Welfare Rights organization is perhaps the most obvious illustration for this form of participation. In this community "career participants" maintain the official offices in this formal structure as well as provide a cadre of people who are instrumental in carrying out the daily operations. While their names are not engraved on official stationery they are known throughout the locality for their active community participation. Other places "career participant" can be found include the tenant council, senior citizen groups and, in this community, one career participant is involved in an official political organization. Most of the time these persons are very articulate and knowledgeable about different aspects of their community (Stevens, 1978) and their activities generally resemble that of their middle-class counterpart.

These persons generally have attachments and connections beyond the locality and in some instances they are used as representatives for the poor. During the observations of this community career participants were located on a city wide planning committee for public housing as well as on a Mayor's commission for social services. Although the reputation of poor "career
participants" extend beyond their immediate locality, they remain dependent upon other poor people to maintain their careers. Career participants, in this sense, need the support of their neighbors, friends and associates who reside in the locality. They can acquire support through local informal networks as well as by their deeds as leaders. In many instances these leaders have charismatic qualities and receive unquestioned support, as one resident explained about some of the local leaders, "...they are a part of us and they just understand how we feel..." If for some reason these career participants are not able to maintain this respect they jeopardize their standing in the community. One community leader, for example, lost her credibility when the residents learned that her son was involved in serious delinquent activities.

Everyone does not want to be a career participant and there are only a few places where such positions are possible. Through informal arrangements, however, other inhabitants in poor communities do have some control over their indigenous leaders. If the career participants don't produce in accord with the expectations of others at a local level they do not receive their support. People will simply ignore the leadership of the career participants. This response can be observed in some instances when people resist patronizing certain community programs and activities developed for their benefit. Residents in the development refused to use a local community center, for example, as a form of protest about the inadequate facilities and lack of initiative on the part of community leaders who were responsible for the center. Mrs. Jones makes a comment to express this sentiment.

...most of the people I know 'real well' don't use that center. Our kids play in the house and visit each other. See, the people up there can't control these 'bad kids'. They are just too wild. So we have to keep our kids at home or it will cause more problems.
Another tenant, Mr. Brown also verbalizes displeasure about the community facility.

...I don't really approve of the people they have in charge of that center. They don't know how to handle the kids. I heard other people talk about that place... they say the same thing. So we have decided to keep our children away from the center until the people up there know what they are doing...

The non-participation was a deliberate response to a specific problem. It is a signal to indicate to community leaders that their plans are not in accord with others in the locality.

The passive response is one way of dealing with a problem when people do not believe a particular activity holds a solution to a problem. In another illustration tenants, who had been active in a local organization, refused to attend a meeting in which a politician was a speaker because of his poor service record. This response was not a formal activity of a group, however, tenants had talked about the meeting and decided to stay at home. Community leaders were surprised since they had no warning that residents were going to boycott the meeting. Since responses of the poor are not always verbalized openly, the leaders in these communities must have a shrewd knowledge about their constituents to anticipate their actions. Career participants need the support of other poor people, so they must be sensitive to their demands. Although leaders may have knowledge and insights about problems they have to adjust their activities to fit within the context of other poor people or jeopardize their careers.

From an outsider's view such responses as indicated in these illustrations can easily be misunderstood. The response of passive resignation could very well be viewed as no response. It leaves one with the impression that poor people have little interest in resolving problems. Social planners, social service workers and other "caretakers", misinterpret this activity
when they are not aware of the internal struggles in a poor community (Galper, 1975; Gans, 1965). Viewed from the internal perspective, such responses are used to deal with conflicts between different elements in a community. The passive response, while it might not be the best approach, has a purposeful intent in terms of solving a problem. It alerts the leadership of weaknesses without creating additional problems for individuals. Given the restrictions placed on the urban poor such a response is not unusual. The interpretation of the activity as deviant and the negative categorization that frequently accompany it, however, clouds the understanding of the styles of living among the urban poor. Richard Ball (1968), in an interesting article about the poor of Appalachia, argues that a response, such as a passive resignation, is an adaptation to what people believe to be an insoluble problem. In certain conditions of poverty, Ball found that people from a problem sub-culture as a survival strategy. The response to the environment in the sub-culture is, in some instances, non-rationalistic as it is used to cope with an insoluble problem. In these illustrations the passive resignation has a purposeful intent, although it is not productive in resolving the problem.

Social network participation places emphasis on the maintenance of important social groups and associations, rather than participation as a routine. This form of involvement suggests that participation in community affairs is characterized by vested interests. Briefly stated, people participate because it is necessary to do so, to maintain contacts with associates to sustain relationships in their daily living. Interactions and activities serve a dual purpose; they connect people to informal groupings for day to day activities; and, they help people in obtaining goods and services in the local community and the community at large. Whether the action that results becomes a part of an organization, or whether it remains as an informal procedure depends on how people believe a problem can be resolved. The response of passive resignation, it seems, is an illustration of an action that occurs as social network participation. Although the action was not officially a boycott, through various informal
interactions, people decided not to attend the meeting or use the community facility. Social network participation tends to correspond to the way poor people live and how they utilize local resources. It takes into account the various informal groupings people use in their day to day activities.

Career participants and elites, we have stressed, need a public forum, other people, sometimes, obtain services with less fanfare. Involvement with formal organizations is, in some instances, disruptive to one's style of living. Illicit activities and quasi-illegal behavior, often, dictate that some people maintain a low profile. Secrets about family composition and income number among the reasons why people don't want to have a public image. Formal organizations to a large extent, one could argue, have not been productive for the poor in resolving these local community problems. One respondent, for example, was accused of a crime because of her involvement with a community organization. The resident reported an incident to the police, in accord with the objectives of the organization, and was later held as a prime suspect for the crime. Some of the other tenants were not surprised as this respondent had been told the organization was not the way to resolve the problem. Due to these problems many poor people avoid the formal structures and rely on smaller groupings and associates, where they feel more secure. Implied in social network participation is that activities have a productive outcome on the one hand and that interactions maintain one's contact with local networks on the other.

The commitment in social network participation is to the maintenance of the groupings of people who share mutual perspectives about life. It is within this association with others like themselves that people develop some degree of confidence. Participation remains an action of a group, but it is the activity worked out in these informal groupings that take priority. Therefore, a response is not necessarily a formal procedure. This form of activity can be deceiving as it might appear to be an individual response, rather than a group activity. One respondent, for example, resolved a problem with the public school when she had a personal conference with the principal of the school. While it was an individual encounter, this parent
had been well informed by other parents in the locality about how to proceed in resolving the problem. The request for the conference with the principal was not based on his authority in the school, it was inspired by the parent's involvement with others who had experience with the problem. In a discussion about the problem, the respondent was informed by an associate in this manner.

....don't talk to the teacher, go to the principal. That is the only way you can get results. I know what I'm saying.
Talk to Miss Jones, down the street she will tell you the same thing. Talk to him and you won't have any more trouble with the school...

The people involved in this activity, of course, do not view it as a form of participation. The information is important, nonetheless, in obtaining a community service, as well as assisting a friend. When the activity resembles traditional participation it is not necessarily defined as community participation. Several residents, in another illustration, organized ad hoc group to resolve a problem with the local utility company. An outgrowth of this action was the improvement of the service for the entire community. The people involved in the activity, in retrospect, do not view the experience as community participation. These participants insist they were involved in the activity because of their friends and associates. Social network participation does not contradict the traditional view of participation, as the illustration indicates, it does suggest that the ideology of social participation is not always a part of the involvement.

SUMMARY

In this study several activities and events have been used to describe the participation of poor urban Blacks. It does not suggest that
other index of participation. Such activities could include interactions between neighbors and others through informal networks when the communications have a purposeful intent, but they also include activities that result in actions when the issue of intent does not arise. The involvement that result from these informal activities may give the appearance of an individual action; such as individual demands one may make of a welfare worker. The individual negotiations with larger institutions, such as public schools and police may also result from involvement through informal activities. While these experiences seem to be individual encounters with the various structures they are frequently inspired by associates and through local networks. The action is carried out by an individual, but it is a product of the interaction with others and therefore fulfills the criteria for participation.

SPECIALIST SERVICES:
The purpose of these activities is to provide people with knowledge about specific problems and "expert advice" about agencies and services they use. It is a consultant service provided by certain knowledgeable tenants. Since these activities are geared to assisting people obtain leverage on social institutions they may be a part of a formal outlet as well as informal arrangements. The community elites and "career participants" frequently serve in these specialist roles. The tenant who was able to explain to other tenants how to negotiate with the project administration to obtain a larger apartment is also a community consultant. To acquire this specialist or consultant title one must "set up shop" similar to other professionals who are involved in a specialist-client relationship. Such activities require unique talents. Given the investment necessary for such an operation, specialist or consultant activities qualify as participation, even if the advice does not lead to the resolution of the problem.
such activities occur only among Black people, nor that all activities are considered as community participation. The criteria used to depict participation were determined through observations of various activities in the locality. Nevertheless, there is a pattern to the involvement and there are certain requirements that must be fulfilled in order to be considered participation.

The activities and interactions used to describe participation are those procedures that have a purpose and lead to a particular action. The purpose of the involvement is related to the enhancement of the services people use with an action that is believed to correspond with the improvement of the services. To a considerable degree, participation, in this research, is related to the procedures people use to get things done to improve their conditions and surroundings or to improve conditions of others. The styles of participation discussed in this research can be observed in the following activities.

FORMAL ORGANIZATION:
The involvement of people in formal organizations when the activities of these organizations are explicitly concerned with the enhancement of the community qualify as participation. Involvement in such activities as a tenant's council and a local community organization easily meet the requirement of participation. In some instances people in poor communities develop ad hoc groups around a particular problem, although they are not officially sanctioned groups. The actions of these groups resemble the activities of formal organization, except they don't have an advertised public presence of a more traditional structure. Many times people involved in these ad hoc ventures do not consider their activities as community participation. Success is not a standard used to judge participation, it is the purpose of the involvement and how the interaction is used.

INFORMAL ACTIVITIES:
The involvement of people through informal activities with others, when the communications are related to the services people use, is an
REFFERAL SERVICES:

Closely related to specialist activities are referral services. This activity is a more indirect procedure than other activities. Referrals are based on one's ability to direct other persons to resources that will help them with their problems. The appropriate resource may be a specialist or it might be a more traditional resource. It is an important service because of the communication that is transmitted. These activities qualify as participation because of the information that is passed on during the interaction. The actions that result from the interactions can be distinguished from small talk, or casual conversation by its utility in regards to the services people use.

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BOOM TOWN VICTIMS: SOCIAL WORK'S LATEST CLIENTS

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ABSTRACT

The current energy crisis appears to be presenting social work with a new breed of client as the profession moves into the decade of the 1980's. This new clientele — the boom town victim — may be an individual, a group, an entire community or even a geographical region. Accordingly, an effective response to these victims may well require the entire repertoire of social work's helping functions (e.g., clinical, research, community organization, social planning, social action, policy formulation). Since the energy crisis gives every indication of not only continuing, but intensifying, it behooves the social work profession to devote more attention to the social consequences and human costs of energy development. This paper will examine the magnitude of energy development; it will discuss the social consequences and human costs of such development; and it will suggest possible responses by the profession of social work.

MAGNITUDE OF ENERGY DEVELOPMENT

The national emphasis on energy self-sufficiency has affected every part of the United States. However, this paper will essentially focus on the West since that region is experiencing the most development, and since that region may be the least prepared to cope with and manage rapid change. Small towns and rural areas, when faced with burgeoning energy-related growth, encounter dramatic increases in such social indexes as alcoholism, delinquency, and child abuse. Social work could be in a unique position to help.

Energy development in the West generally refers to the development of such resources as oil, oil shale, coal, gas and uranium. The region also possesses hydroelectric, solar and geothermal potential. Additionally, rapid development of these resources results in substantial growth in the construction and transportation industries. A 1979 report by the U.S. Department of Energy covering Region VIII (Colorado, Montana, Utah, North Dakota, South Dakota and Wyoming) indicated that some 325 communities in that region alone were either "currently or imminently impacted" by over 900 energy resource impacts.¹ Region VIII, which represents 16 percent of the nation's land area and three percent of the national population, has 46 percent of the nation's coal reserves, almost half of the uranium and all of the high grade oil shale deposits.²
According to the Department of Energy report:

From 1970 through 1980, the population of 17 percent of the communities surveyed will increase by over 100 percent and 43 percent of the communities will experience a population increase of over 40 percent. The greatest impacts will be experienced in Wyoming where 58 percent of the communities will double in size from 1970 to 1980. Wyoming is followed by Colorado - 34 percent, Utah - 12 percent, Montana - 7 percent, North Dakota - 5 percent and South Dakota - 5 percent. Sufficient energy-related growth is also occurring in other Western states such as Arizona, Idaho, New Mexico and Nevada. Furthermore, these statistics and projections were compiled prior to President Carter's national address on energy. His plans to continue the expansion of nuclear power, to step up the process of converting factories to coal rather than oil-fueled power, and to stimulate the development of synthetic fuel can only serve to increase rapid growth in the energy-rich West.

Several specific examples should serve to illustrate the degree of growth being experienced in states such as Colorado and Wyoming. Wheatland, Wyoming, a small ranching-farming town of 2,498 residents in 1970, grew to an estimated 3,705 in 1977, and an estimated 6,000 plus in 1979. Gillette, Wyoming, which saw an oil gas boom followed by a coal boom, went from 3,500 in 1967 to 7,200 in 1970, an estimated 9,000 in 1976, and will reach an estimated 35,000 in 1985. Craig, Colorado grew from a population of 4,500 in 1973 to 10,000 in 1978. And as a final example, Rock Springs, Wyoming skyrocketed from 11,500 people in 1970 to between 40,000 and 48,000 in 1978, with a projected 1980 population of 80,000.

SOCIAL CONSEQUENCES AND HUMAN COSTS

Social workers and other human service providers from many parts of the nation may be unfamiliar with the social consequences and human costs of such rapid development and change. Those who have wrestled with the problems of economically declining Northeastern cities or economically depressed areas in Appalachia may well be surprised to learn that growth has negative as well as positive consequences.

One phenomenon related to rapid growth frequently goes by the sobriquet of boom town, defined by Weisz as "a community which is undergoing rapid growth and rapid change," by Cortese and Jones as "the rapid and extreme growth of population in communities adjacent to mines and construction sites," and by the authors as:

1. a community experiencing above average economic and population growth,
2. which results in benefits for the community (e.g., expanded tax base, increased employment opportunities, social and cultural diversity),
3. but which also places or results in strain on existing community and societal institutions (e.g., familial, educational, political, economic).10

These definitions, and most others, tend not to affix a specific percent in population growth since communities vary in their capacity to absorb change. However, the Denver Research Institute concluded that a small town could accommodate a five percent increase in annual growth rate, that an annual growth rate of ten percent strains local service capabilities, and that a growth rate above 15 percent seems to result in breakdowns in local and regional institutions.11

Problems in impacted communities appear similar to those of any area undergoing rapid industrialization.12 In fact, Cortese and Jones state that "the boom town experience as it affects preimpact community residents can be better understood within the theoretical constructs of urbanization and modernization."13 These problems, however, are accentuated by the relatively small population base in many western communities. For example, a metropolitan area might experience minor problems in accommodating one or even several industrial plants or business organizations. But the ensuing problems (e.g., need for more classrooms) are manageable within a framework of planned and orderly growth. On the other hand, the construction of a power plant or the opening of a mine requiring several thousand new workers and their families might all but overwhelm the typical western town of several thousand inhabitants. Such projects result in significant changes in the physical, social and cultural environment. These changes, while perceived and defined somewhat differently, affect both "old timers" and "newcomers."

Bates, a Montana social worker, examined the people problems of western boom towns and asserted that frontier expansions were consistent in their crash, unplanned development and that boom town results:

...seem always to leave in their wake the grim statistics of spiritual depression, family disorganization, emotional damage and alcoholism, impaired social development of children, delinquency, suicide, dissipation and death.14

Hanks, et. al., described the socio-physical problems associated with impacted communities thusly:

... superinflation by which the already critical national inflation is exacerbated with the special added inflation of boom towns arising from high labor costs, shortages (such as in housing and shopping facilities and services), and quick-buck exploitation by "get-rich" entrepreneurs: the inundation of demands from the markedly increased population on government and related facilities and services, such as law enforcement, courts, streets, sewers, schools, hospitals, retailers, and supportive business services and all social services, such as mental health, senior citizen programs, vocational rehabilitation, employment services, and Social Security District services.15
Inflation rates vary by boom town, but a rule-of-thumb used by the Department of Housing and Urban Development holds that "the prices of lots and houses double during the course of construction, while the rents for housing double or triple."16 Some workers, of course, locate housing elsewhere and commute. However, the immense distances between most western towns and extreme weather conditions frequently make commuting a less than viable alternative.

According to Hanks, et. al., some of the social consequences associated with the socio-physical problems include: alcoholism and substance abuse; prostitution; depression; family crises such as desertions, separations, divorces and parent-child troubles; school difficulties such as truancy, drop-outs and rapid student turnover; and the special vulnerability of the aged existing on fixed incomes.17 These problems, for the most part, exist to a degree in any community. However, available evidence supports the contention that they are compounded and intensified by the boom town environment and experience.18

Kohrs, a social scientist and former clinical director of the Central Wyoming Counseling Center in Casper, Wyoming, gained much attention and generated considerable debate by characterizing many boom town problems as the "Gillette Syndrome," based on the problems of impacted Gillette, Wyoming. This syndrome can perhaps be best illustrated and understood through Kohr's graphic description of life in an energy production boom town.

A housewife, after fighting mud, wind, inadequate water and disposal systems, a crowded mobile home and muddy children all day, snaps at her husband as he returns from a 16-hour shift. He responds by heading back downtown and spending the night at a bar drinking and trading stories with men from similar circumstances.

Divorce, tensions on children, emotional damage and alcoholism were the result. Children went to school in double shifts; motels turned over linens in triple shifts. Jails became crowded and police departments experienced frequent changes in personnel in the tradition of frontier justice. Out of frustration with the quality of living, it appeared that mayors shuttled in and out of office like bobbins in a loom. Depression was rampant with suicide attempts at a rate of one per 250 people. Suicide attempts were rarely fatal but they became the tool to regulate the lack of human concern. It was the ultimate method to express that something was wrong and needed changing.

When neglect went beyond tolerable limits, divorce was the natural consequence. Fatigued men working long shifts and driving long distances to work came home to equally fatigued wives coping with a mud-spattered world.

Trailer courts offered only a mud patty for children's play as they raced between trailer houses and trailer court traffic. Even schools
were in trailers similar to those in which the children lived. Nothing seemed permanent. Difficult in coping with transient living, angry school personnel teaching under less than adequate conditions, and parental conflicts led to poor school adjustment and achievement, then truancy, then delinquency, and finally a residential environment.

Jails often became a protection of wives from beatings by drunken spouses rather than detention for real crime. Psychiatric and alcoholic withdrawal problems were maintained in the jail because of overworked medical personnel and inadequate medical facilities. The hospital was a first aid station to maintain life until transported to a hospital in Casper, Billings, or Denver.

The pattern of depression, delinquency and divorce was so well documented that the consequences were predictable. Kohr's "Gillette Syndrome," which gained wide recognition, was not favorably received by everyone.

Thompson, a sociologist, and others questioned the validity of some of Kohr's data and the existence of the "Gillette Syndrome." Thompson's research did not tend to substantiate all of Kohr's findings, and at the very least, he maintained that social scientists should eschew such colorful phrases as the "Gillette Syndrome" and even "boom town" in favor of more objective and scientific terminology.

The middle ground between the "Gillette Syndrome" and the "Myth of the Gillette Syndrome" may have been found by Weisz and associates at the Campbell County Office of the Northern Wyoming Mental Health Center. Weisz, a community psychologist, used the concept of stress as a bridge between public health, mental health, medicine, sociology and other relevant human service disciplines. During the summer and fall of 1977, his mental health center conducted "a study of stress and mental health-related consequences of energy-related impact in the town of Gillette and Campbell County." The study found that:

... at least in 1977, the population of Gillette experienced high levels of stress generated not only by the amount of change in their lives, but also from the needs and frustrations produced by deficits in community services, the demands of adjusting to life in a new community, family needs, plus a variety of other stresses stemming from a boom town situation.

Since high levels of stress are associated with mental health problems, Weisz analyzed mental health records covering 1974-1978 to see if the expected increase in mental health problems had actually occurred. A comparison of Campbell County with four nonimpacted counties indicated that:
1. the total increase in mental health center admissions in Campbell County was well above the increase that might be predicted from population changes; and

2. the admission figures from the Wyoming State Hospital out of the Northern Wyoming Mental Health Center's other counties, when compared with Campbell County figures, seem to strengthen the hypothesis that highly stressed communities generate more than their share-by-population of severe illness.23

While additional research is necessary, stress theory appears to offer much in terms of understanding and dealing with many of the immediate human problems in boom towns.

However, some social scientists, including Cortese and Jones,24 and Gold,25 perceive long-range problems which require much more attention and concern. According to Cortese and Jones:

... our investigations clearly show that the social impacts of boom-town growth involve changes far beyond the mere increase in population, strain on municipal services, and the mental health problems usually attributed to such strains and which constitute the bulk of 'socio-economic' impact assessments. Less visible but considerably more important for the long range are the underlying changes in the social structure and cultural systems that are, and will continue to be, precipitated by energy-related boom town developments.26

They believe that these changes require more than the usual provision of more adequate housing, more professionalized police departments or more mental health centers. Instead they see such solutions as parts of the problem since "such innovations add to the process of increasing anonymity, differentiation, bureaucratization, centralization, impersonalization, specialization and orientation of local community units toward extra-community systems." They further believe that communities facing impact should possess a knowledge of the possibility of major social and cultural changes before making a decision for or against development.

These concerns over major structural changes in the community are shared by staff of the Western Action Training Institute in Denver, who perceive the danger as nothing less than social and cultural genocide. Their vision of the future is as follows:

Within the next decade, the people of the Rocky Mountain and Northern Plains region not only face the loss of the beautiful and awe-inspiring physical environment in which they live, but also -- and of great impact -- they face social and cultural genocide, the destruction of their way of life. The social disruption affects everyone, even the new arrivals, people often working in resource
development, who find themselves in fractured environments hostile to them, the 'newcomers,' and difficult in which to set down roots. There is a widespread sense of hopelessness, a feeling of being trampled in the stampede to strip the land of its resources.

The physical communities grow and change. So, too, do the social and governmental organizations of the communities. Each person becomes a smaller part of the larger community... the social networks, presently a source of community strength and personal individual support, will be unable to respond to the massive influx of people. The social systems will break down, leaving old-timers and newcomers alike in a sick community, glutted by growth.

The list of symptoms is long, the magnitude, awesome; and the meaning clear. The social and cultural community values are being overwhelmed. Longstanding informal social support and networks are broken. The sense of community, of belonging, is gone. The nature and quality of life have been destroyed. Craig and Rock Springs are pictures of the future for more than 200 communities in the region unless action is taken to help residents organize themselves to deal with the issues which growth is forcing upon them.

Indeed, unless the powerless organize themselves into effective local, state, and regional coalitions to advocate for their interests, they may as well start packing, for the boom will surely and literally blow them out of their homes and communities, socially, culturally, spiritually and physically.28

In sum, the vast amount of energy development in the United States, especially in the West, has significant social consequences and human costs. While experts differ in their definition and classification of these, several major problem areas seem to receive the most attention: (1) superinflation from the demands of large numbers of incoming energy-related personnel and families; (2) demands for all types of services, including human services, exceeding the capacities of local systems to meet them; (3) increases in incidence and nature of many "people problems," commonly referred to as the "Gillette Syndrome" and probably associated with stress related to rapid change; and (4) structural changes in the community which change its very nature, and which have even been characterized as social and cultural genocide.

A SOCIAL WORK RESPONSE

While individual social workers have struggled with the problems created by energy development, the social work profession as a whole has been slow in responding to the crisis. A partial explanation might lie in the fact that most energy development has been in rural areas and social work has had a
definite urban bias and preoccupation. A related explanation is that graduate schools of social work, which tend to generate research and publications, are not especially numerous in the West. Region VIII, for example, has only the urban-oriented University of Denver and the University of Utah with graduate programs. An immense area covering Montana, North Dakota, South Dakota and Wyoming has no graduate program within it.

These circumstances, and perhaps others, have prevented or retarded the development of social work responses to problems created by energy development. This is unfortunate since the knowledge, skills and values of the profession seem ideally suited to these problems. Additionally, boom town victims are not served most effectively when non-social workers must take time to "rediscover the wheel" in planning and delivering human services. For example, the Wyoming Human Services Project is a relatively effective blend of a number of standard social work and human service approaches. However, its non-social work directors have claimed such "innovations" as a multidisciplinary team approach, a systems perspective on problems, and the concept of the community as client. A cursory examination of the literature would have revealed that variations of multidisciplinary teams can be traced back to at least the Charity Organization Societies and Settlement Houses in the 1870's and 1880's, and that the annals of community organization abound with examples, especially in O.E.O. and Model Cities endeavors. Literally thousands of social workers who used the Pincus and Minahan textbook would be astounded to learn that the application of systems theory to human problems is new. And a number of social work community organization practitioners who have gone to their reward would turn over in their graves to hear that viewing the community as the client is a new concept. Nevertheless, the absence of a solid social work commitment to energy impact problems permits such situations to exist.

The social work profession would do well to develop a coordinated and comprehensive strategy toward preventing and mitigating impact problems. The National Association of Social Workers could allocate staff and fiscal resources, including funding of chapter programs dealing with impact; it could devote coverage to impact-related stories in N.A.S.W. News; it could publish articles in its journals, perhaps even devoting one issue of Social Work to this theme; it could make this issue a priority topic for the 1981 Professional Symposium; and its advocacy, legislative and lobbying activities could include an emphasis on impact problems. Since much energy development occurs in rural areas, N.A.S.W. could incorporate at least some of these measures into its increasing emphasis on social work in rural areas, perhaps utilizing the assistance of the Rural Social Work Caucus and the N.A.S.W. Rural Task Force.

Another professional social work organization which should focus on this area is the Council on Social Work Education. C.S.W.E. could encourage the development of educational and training material via the provision of staff and fiscal resources; it could give coverage of impact-oriented educational activities in the Social Work Education Reporter; it could publish articles in the Journal of Social Work Education; and it could feature boom town papers and workshops at the Annual Program Meeting.
Since both C.S.W.E. and N.A.S.W. are not overly endowed with fiscal resources, they could secure grant and foundation monies for special education, demonstration and research projects. Jointly sponsored programs with agencies, institutions and state units actually located in impacted areas might be an excellent undertaking. Projects could range from developing educational modules to research and demonstration programs on the needs of sexual assault victims in boom towns.

Individual social workers, as well as professional organizations could initiate and/or support efforts to mitigate the confusion, fragmentation of efforts and lack of coordination in the burgeoning number of impact-related activities. One approach, which would incorporate a variety of social work functions, entails the creation of state and regional institutes on energy impact and the human services. These institutes, which would have a broader prospective than just social work, might possess some or all of the following functions: library, clearinghouse, research, consultation, planning and coordination, and education and training.31

Social workers involved in advancing the interests of such vulnerable groups as women, minorities and the aged should be aware that these groups experience added difficulties in boom towns. National policies and programs affecting these groups should include an equitable focus on boom town victims.

New endeavors should build on the work of the few social workers active in this field. These would include Bates' structural approach,32 Agte's focus on the aged,33 Jirovec's emphasis on community planning and organization,34 and the Davenports' contributions in the areas of team approaches,35 women's issues36 and proposals for state and regional institutes.37

Furthermore, since urban models of social work intervention are not always easily and effectively transferred to rural or sparsely populated locales, much valuable information could be gleaned from the developing knowledge base of rural social work. Of special value would be the newsletter-journal Human Services in the Rural Environment, the proceedings of conferences focusing on education and practice for rural areas.39

**SUMMARY**

Concluding, this paper has examined the magnitude of energy development in the United States, especially in the American West; it has discussed the social consequences and human costs of this development, especially the boom town effect; and it has suggested possible responses by the social work profession. An underlying message has been that while social work has not played an active role in this crisis, the profession is uniquely equipped to deal with the social and human problems of energy impact, and the time for action is now!
NOTES AND REFERENCES


2. Ibid., p. iii.

3. Ibid., p. 1.


7. Ibid.


12. An excellent analysis of problems related to industrialization and how social welfare services were developed to meet those needs may be found in Harold L. Wilensky and Charles N. Lebaux, Industrial Society and Social Welfare (New York: Russell Sage Foundation, 1958).

13. Cortese and Jones, op. cit., p. 87.

15John W. Hanks, Keith A. Miller, and Julie M. Uhlmann, "Boom Town Interdisciplinary Human Services Project," paper presented at the Fifth Biennial Professional Symposium of the National Association of Social Workers (San Diego, California, November, 1977), p. 3.


17Hanks, Miller, and Uhlmann, op. cit., pp. 3-4.


21Weisz, op. cit.

22Ibid.

23Ibid.


26Cortese and Jones, op. cit., p. 87.
27Ibid.

28Western Advocate, op. cit., pp. 1-2.

29See, for example, Julie M Uhlmann, Providing Human Services in Energy Impacted Communities (Laramie, Wyoming 1978).


32Bates, op. cit.


37Davenport and Davenport, "Regional and State Institutes: Rx for Human Services in Boom Towns," op. cit.

See, for example, Lester I. Levin, (ed.), *Educating Social Workers for Practice in Rural Settings: Perspectives and Programs* (Atlanta, Georgia: Southern Regional Education Board, 1974); Patrick G. McGill and Carolle A. Bell (eds.), *Helping People in Rural America* (Logan: Utah State University Department of Sociology, Social Work and Anthropology, 1977); and Lynn R. Hulen, (ed.), *Educating for Social Work Practice in Rural Areas* (Fresno: California State University, 1978).
FACTORS DISTINGUISHING URBAN AND RURAL STATE MENTAL HOSPITAL PATIENTS IN FLORIDA*

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ABSTRACT

This study compares the patients of two state mental hospitals, one serving an urban region, the other a rural district. The purpose is to explore urban and rural patient differences on background, hospital history and experience, post-release living situation, use of community mental health services, and post-release functioning. A summary attempt to distinguish urban from rural patients using discriminant function analysis established that rural-urban differences exist in symptom manifestation, the patient's personal and social environment, and institutional processing patterns. These patient differences have implications for the development of aftercare services.

The traditional focus of rural-urban differentials in mental health research has been almost exclusively one of predicting incidence and prevalence of disorder. Typically these issues have been answered by pointing to urban settings and situations coinciding with them that are thought to promote higher rates of disturbance, treated or untreated. Hence, the stresses of urban living (Faris and Dunham, 1939), especially mediated by social class (Eaton, 1974; also Liem and Liem, 1978) have been considered risk factors in mental disorder. Other contributing dimensions include in-migration of the psychiatrically disturbed from rural areas to urban (Murphy, 1965); lower tolerance of deviance and weaker primary relationships in urban areas (Eaton, 1974); and the greater availability, accessibility and utilization of psychiatric

*Data for this study were collected for the Aftercare Project, of the Florida Department of Health and Rehabilitative Services, Mental Health Program Office and are used with permission of that agency.
services in urban areas (Eaton, 1974; Dohrenwend, 1975). Not only are incidence and prevalence seen to vary with urbanization, but type of disorder also appears subject to that influence. Rural areas have been associated with more functional psychoses, except schizophrenia, which along with the neuroses and character disorders, tend to be urban phenomena (Dohrenwend, 1975: 370).

If there are real urban-rural differences in the extent and nature of disorder, based on different stresses, different social definitions of behavior, and different service utilization patterns, then it is reasonable to expect treated patients to differ according to their urban or rural situation. The purpose of this study is to compare the discharged patients of two state hospitals, one serving a cosmopolitan urban region, the other a more homogeneous and essentially rural district, and to consider the possible ramifications for aftercare in the two areas. The issue to be addressed here is the extent to which two groups, one rural, and one urban, differ on some combination of variables related to (a) other demographic characteristics; (b) hospital history and experience; (c) post-release living situation and use of community mental health and (d) post-release functioning.

METHODS

The initial sample of 414 consisted of all willing patients released from February to April, 1976, from one urban, and one rural state hospital in a southeastern state. The severely medically infirm and those with criminal charges pending were excluded from the sample. At release, background social data and clinical information were gathered from hospital records and with a brief interview with each patient. At six months post-discharge, a follow-up interview was conducted with all patients who were still in the community and a "significant other" (SO) designated by the patient. Patients readmitted before the six months follow-up were also interviewed as soon as possible after return to the hospital, along with an SO. With attrition due to deaths, geographic moves, and refusals at follow-up, the total sample with sufficient data for analysis was reduced to 332; 227 came from the urban institution, 105 from the rural. Of the total, 240 were still in the community at six months, and 92 had relapsed. Readmission for the urban group was 30%; for the rural group 24% - this was not a statistically significant difference. Diagnoses for the groups were relatively homogeneous; 70% were designated functionally psychotic, primarily schizophrenic; the remaining 30% were equally spread among the organic syndromes and character disorders, all considered severe. Table 1 describes the sample demographically.

The follow-up interviews, use of a patient-SO combination to provide information on the patient, and a number of composite indices of adjustment and functioning were based on the prior studies
TABLE 1: PATIENT DEMOGRAPHIC CHARACTERISTICS AND REGION

<table>
<thead>
<tr>
<th></th>
<th>Rural (n=105)</th>
<th>Urban (n=227)</th>
<th>TOTAL (n=332)</th>
<th>x²</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>57%</td>
<td>60%</td>
<td>59%</td>
<td>.19</td>
</tr>
<tr>
<td>Female</td>
<td>43</td>
<td>40</td>
<td>41</td>
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</tr>
<tr>
<td><strong>Marital:</strong></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ever married</td>
<td>63%</td>
<td>51%</td>
<td>55%</td>
<td></td>
</tr>
<tr>
<td>Never married</td>
<td>37</td>
<td>49</td>
<td>45</td>
<td>3.39</td>
</tr>
<tr>
<td><strong>Occupation:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White collar</td>
<td>25%</td>
<td>14%</td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td>Laborer</td>
<td>64</td>
<td>63</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>11</td>
<td>23</td>
<td>19</td>
<td>9.81**</td>
</tr>
<tr>
<td><strong>Age:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-29</td>
<td>32%</td>
<td>40%</td>
<td>37%</td>
<td></td>
</tr>
<tr>
<td>30-49</td>
<td>32</td>
<td>39</td>
<td>37</td>
<td></td>
</tr>
<tr>
<td>50+</td>
<td>36</td>
<td>21</td>
<td>26</td>
<td>7.49*</td>
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<tr>
<td><strong>Ethnicity:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anglo</td>
<td>63%</td>
<td>57%</td>
<td>59%</td>
<td>.87</td>
</tr>
<tr>
<td>Non-Anglo</td>
<td>37</td>
<td>43</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td><strong>Religion:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protestant</td>
<td>67%</td>
<td>55%</td>
<td>59%</td>
<td></td>
</tr>
<tr>
<td>Catholic</td>
<td>9</td>
<td>27</td>
<td>21</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
<td>18</td>
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<td>13.78**</td>
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<tr>
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</tr>
<tr>
<td>High school or less</td>
<td>65%</td>
<td>58%</td>
<td>60%</td>
<td></td>
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<tr>
<td>High school diploma or more</td>
<td>35</td>
<td>42</td>
<td>40</td>
<td>1.02</td>
</tr>
</tbody>
</table>

* p < .05; ** p < .01

of Freeman and Simmons, 1963; Angrist, et.al., 1968; Michaux, et.al., 1970; Katz and Lyerly, 1963; Katz, 1966; Katz, et.al., 1966, 1969. The indices of patient performance, revalidated and re-analyzed to assure internal reliability, included twin measures of social functioning and symptomatology based on both the patient's self report and the ratings of the SO, typically living with or in daily contact with the patient. In addition, S0s were assessed as to their general attitudes, beliefs and stereotypes of mental patients (the SO-Stereotype Index).

Patient performance, then, was considered to involve (1) the patient's adequacy in social functioning as represented by indices measuring the quality of leisure time use and successful social relationships, and feelings of social rejection and stigma; (2) the patient's psychiatric symptom level as represented by indices of anxiety, depression, general psychopathology, and incompetence in self care and personal management. Further details on the
sampling, instrumentation, index validation, and field data collection have been reported in Nuehring and Thayer (1978).

Since the basic task was to distinguish urban from rural patients, Discriminant Function Analysis (DFA) was selected. (Becker and Kronus, 1977; Klecka, 1975; Morrison, 1969). DFA is a multivariate technique used to distinguish two or more groups, by means of a statistically "best" combination of variables forming a single dimension or "function" (Table 2). To paraphrase Becker and Kronus (1977: 488), it is assumed that urban patients cluster at one pole in space, rural patients at the other pole. Variables which discriminate strongly between the groups "gravitate" closer to one pole or the other and have large weights, or large standardized discriminant coefficients. Variables which do not differentiate the groups very much are located midway between poles, and have small standardized discriminant coefficients. The mean scores of the groups on the function, called "centroids," then determine what variables in the function characterize which group. The group with the highest mean score is the one best described by variables displaying large positive (+) standardized discriminant coefficients; the group with the lowest mean score is the one best typified by variables with large negative (−) coefficients.

Beyond separating groups, DFA also provides a basis for classification of individuals to their appropriate groups. If the discriminant function allows correct classification in excess of chance, it is regarded as useful. The more sensitive standard against which to test the discriminant function is the proportion of the smaller group correctly classified. Thus, a high percentage of correctly classified rural cases is sought in this analysis.

**Distinguishing Urban and Rural Patients with Multiple Variables**

For present purposes, the DFA was used to investigate the following questions: What conditions or characteristics in combination differentiate urban from rural patients? Which of the variables in the constellation are most important in separating the groups? How well does this combination of variables, mathematically translated into a discriminant function, differentiate the groups?

Table 2 exhibits the results of the DFA achieved for urban versus rural patients with a wide array of discriminating variables concerning patient background, hospitalization history, post discharge situation and performance available to contribute to the discriminating function.

Taking the last discriminant analysis question first, the best combination of measures derivable differentiated the urban from the rural patients moderately well (group centroids, −.75 to +.41).
<table>
<thead>
<tr>
<th>Function 1</th>
<th>Function 2</th>
<th>Correlation (r)</th>
<th>Lambda Square</th>
<th>Lambda Square</th>
<th>Percent of Total</th>
<th>Chi-Square</th>
<th>Degrees of Freedom</th>
<th>Significance</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td>0.45</td>
<td>0.88</td>
<td>0.36</td>
<td>1.3</td>
<td>0.000</td>
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<tr>
<td>Occupation (white collar, laborer, none)</td>
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<td></td>
<td></td>
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<tr>
<td>Admission Status (inpatient)</td>
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<td></td>
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<td>Employment Status Discharge</td>
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<td></td>
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<td>Social Relationships (50 Report)</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Feelings of Stress (Parent Report)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Discriminant with Living Situation</td>
<td></td>
<td></td>
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<tr>
<td>Anxiety (50 Report)</td>
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<td></td>
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<tr>
<td>Personal Incompetence (50 Report)</td>
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<td></td>
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<tr>
<td>Psychopathy (Parent Report)</td>
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<td></td>
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<tr>
<td>Anxiety (Parent Report)</td>
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</tbody>
</table>

TABLE 2: DISCRIMINANT FUNCTION ANALYSIS ON RURAL AND URBAN HOSPITAL PATIENTS
Correct classification of the smaller group, rural patients, was 66% -- better than chance, although 36 of 105 rural patients were wrongly predicted to be among the urban group. Wilks Lambda, prior to derivation of the function, was statistically significant (.68), suggesting the array of available measures offered respectable discriminating power. The canonical correlation squared indicated about one third of variance (31%) in the groups was explained by the function. Overall, then, there is an identifiable gulf between urban and rural patients with respect to their demography, their hospitalization history and experiences, their post-release situation and functioning.

However, the discriminant function is not a cohesive, singular dimension, owing to the complex nature of the urban-rural difference. The function, better viewed as an equation or "model", is comprised mainly of measures of psychiatric symptoms and characteristics of the most recent hospitalization, with occupation and age representing the only reasonably strong demographic discriminators.

Roughly in order of discriminating power, patients can be differentiated as follows: Rural patients were more likely than urban patients to have been admitted involuntarily and to have stayed in the hospital longer. Confirmed by both patient and SO indices, rural patients were more anxious and also more personally incompetent after discharge; however, they did not experience feelings of social stigma and rejection as did the urban patients. Demographically, rural patients were older than urban (consistent with Eaton's 1974 observation that hospitalization occurs at a later age among rural persons). They were more likely to claim an occupation, white collar or blue collar, than urban patients, but there was a better chance that the urban patient with an occupation would have been employed after discharge. Rural patients were more likely to be Protestant while the urban group was heavily represented by Catholics and a small number of Jewish persons.

Social role performance did not seem to vary by urban-rural region, except that urban patients were seen as having slightly more successful, interactive social relationships than rural patients.

 Barely separating the groups at all, there was a slight tendency for urban patients to be more uncomfortable with their living situations (which were somewhat more likely to be non-familial settings) and to report a greater level of general psychopathology (bizarre thoughts, hallucinations, memory impairment, etc.).

DISCUSSION

Observations based on these data are generally consistent with other research documenting different manifestations of mental disorders between urban and rural settings, in which rural patients
appear to be more afflicted with the functional psychoses (see Dohrenwend, 1975).

In addition to the nature of illness, urban and rural patients appear to be processed differently by their respective institutions. Succinctly, the urban person is a quickly expedited, relatively young voluntary patient while the rural citizen is likely to be an older involuntary patient and to be confined longer, perhaps reflecting a personal situation that in fact tolerates deviant individuals longer but ultimately uses more coercion. An interesting variable, which these data do not contain, is the degree to which patients in urban settings are processed in and out of the hospital exclusively by social and psychiatric agencies, while in rural settings, family and community maintain greater control over the decision to hospitalize. The "professional" decision to hospitalize may be met with greater patient compliance, particularly if it has also facilitated earlier detection of the problem. On the other hand, the "family" decision to hospitalize could evoke patient resistance, feelings of betrayal, and the like, resulting in involuntary procedures and longer confinements.

Urban-rural patient differences, then, appear to be based on a complex interaction of degree and type of symptoms and institutional processing. Of these two aspects of the urban-rural differential, the one that has been least investigated is the latter: the workings of rural versus urban social agencies, courts and hospitals and the implications for patient identification, patient labeling, and modes of intervention. This encourages an organizational focus that subsequent studies need to take in considering regional and administrative differences in mental health care patterns, including hospitalization and aftercare.

With respect to aftercare, rural patients seem to be an older, longer institutionalized, less socially adept, and more impaired group. They also report occupations but are less likely to be employed after release. This argues for development of rural psychosocial rehabilitation programs with provision for long term involvement with patients, which can focus on minimal vocational skills, transitional and/or sheltered employment, and social activities. Supervised living could also aid this older, more handicapped group, along with medication maintenance and psychiatric supervision.

To date, however, comprehensive long-term psychosocial programs offering the full array of vocational preparation, sheltered work settings, social opportunities, supervised living as needed, and psychiatric aftercare have developed for the most part in metropolitan areas. Good examples are Fountain House in New York City and Fellowship House in Miami, Florida. Fellowship House, for instance, is a multi-site organization providing chronic mental patients permanent membership in a system offering a wide variety of social activities and recreation, places to live with varying degrees of
supervision, sheltered employment, training for competitive employment, and "transitional" employment which bridges the gap from Fellowship House's own work programs to the competitive job market. At Fellowship House diagnoses and treatment are irrelevant concepts. All "members" are seriously and chronically disturbed and medical intervention is aimed at chemotherapy maintenance only. The program's goals are to engage individuals on a long term basis and to enhance quality of social life, capacity for independent functioning, social adjustment and level of productivity within the real limits imposed by the psychiatric handicaps.

Urban patients were somewhat more sensitive to feelings of stigma after discharge; for them, aftercare programs might orient toward socially easing the transition back to the community by putting released patients in contact with self-help groups of other mental patients and by counseling families and significant others to minimize pejorative stereotypes and to help shape realistic expectations of the patient. The urban group -- younger, with briefer hospital histories, greater social skills, less psychiatric disability -- also evidenced a somewhat better likelihood of employment if they had occupations.

Thus, it appears that the urban patients could be relatively well served within the existing network of service if that network were systematically pursued. There are, in metropolitan areas, existing resources for self-help group involvement, outpatient counseling for patients and families, medication maintenance, and vocational preparation. The key to effective delivery of these services is, of course, that hard-to-attain level of coordination required to bring multiple services from multiple agencies to an individual.

An alternative is again offered by psychosocial rehabilitation programs such as Fellowship House, where comprehensive aftercare is provided within one program. For the urban patient, psychosocial rehabilitation might emphasize more work with the individual's own social and family network, rather than replacing it with program structured social and residential life. Also, a vocational thrust aimed at training and preparation for competitive employment as opposed to long-term sheltered work may be more feasible.

Hence, for rural patients, aftercare should focus in part upon providing a nurturing social environment, enhancing independent functioning and social adjustment, and locating opportunities for individuals to engage in some degree of productive activity. A rural application of psychosocial rehabilitation would be desirable, with emphasis on social and residential programming, along with sheltered work or competitive employment situations in which patients' existing occupational capabilities could be used. For urban patients, aftercare should focus in part upon providing new
skills to enable individuals to engage in productive activity and upon modifying existing social networks to maximize the patient's ability to be maintained within them. Psychosocial rehabilitation models, such as Fellowship House, again are promising urban systems, if emphasis is directed somewhat less toward total maintenance of the patient and more toward development of the patient's own vocational and social strengths, and the patient's optimal autonomy.

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THE CHANGING FAMILY AND FAMILY POLICY

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ABSTRACT

The concern for the loss of family functions in the process of social change has led some to call for a family policy to support the family to cope with stress in meeting its basic functions. Change in functioning of the family is inclusive of various spheres: economic, status giving, educational, religious, recreational, protective and affectional. These changes are seen as indicative of the decline in the family. This view is moderated by the spectrum of change in the family interactions. Support for family policy is essential though it can not be developed on the idea of the perilous decline in the family due to a loss of its functions.

"All our lives long, every day and every hour, we are engaged in the process of accommodating our changed and unchanged selves to changed and unchanged surroundings; living, in fact, is nothing else but this process of accommodation; when we fail in it a little, we are stupid, when we fail flagrantly, we are mad, when we suspend it temporarily, we sleep, when we give up the attempt altogether, we die". Samuel Butler
The Changing Family and Family Policy

There are many who advocate for a national family policy to support the family in the performance of its basic functions during times of social change. The recent White House Conference on Families brought diverse groups together to advance their interests. The family is seen to be struggling in meeting its basic functions because of change and lack of support (Pardeck, 1979). There is a gap between social change and family policies in the United States as compared to various European countries indicative of unmet need (Kahn, Kamerman, 1975). A recent lead editorial in Social Work calls for a basis for the development of family policy to be incrementally initiated and decentralized (Gilbert, 1979).

The theoretical basis in which many advocate a family policy derives assumptions of the loss of family functions. The following will address this theory in light of the classic sociological report of William Ogburn called "The Family and Its Functions" (1933), compare it with other more current research, and relate these findings to the process of the development of support for family policy. There is a loss of family functions but the loss is moderate and ideas of perilous decline in family functioning are not supportable and thus policy can not be developed from this vantage point.

Ogburn's classic report on the family and its functions came to two major conclusions—-one being a decline in the institutional functions of the family and the second is the resulting predominant importance of the family in the development of personality functioning. It is important to note that when discussing the family, we are talking of a general phenomenon—-one which is not monolithic but varying according to race, lifestyle, geographics, culture and attitudes. The major focus of this paper will be on
the loss of functions which Ogburn outlines: economic, status giving, education, religious, recreational, protective and affectional. It will emphasize the economic, as did Ogburn and his critics.

Loss of Functions

Economic

The loss of economic functions of the family was given more attention in Ogburn's report than the loss of the other functions. He studied the transfer from the home of labor such as baking, sewing, laundrying, and some cleaning. These features reduced the economic importance of women in the home and set the trend for women to seek employment outside the home. He looked at other data to buttress this loss, such as the types of dwellings one lives in, size of space, use of home energy and time spent at household work. He compared changes as well between urban and rural living finding a unanimous decline.

In a later work, the focus of loss of economic functions by the family took a more central role (Ogburn and Nimkoff, 1955). They viewed technological changes as causing family changes. The effects do not always occur simultaneously and at times a cultural lag develops, especially when causes are remote and change dispersed.

Ogburn and Nimkoff saw the loss of economic functions by the family as leading to the gradual emergence of romantic marriage. The decline in economic functions of women in the home is traceable to technological developments. They linked changes in family patterns to these causes. For example, they cite age at marriage, size of family, changing male and female roles and relationship changes as indicative of this. This was seen as causing family decline. It was not argued that technological change was the sole cause of family change, only a major one.
In a historical study of change and the family in nineteenth century England, Smelser (1959) studied the impact of technological change on the family structure also. Change in technology was viewed as it changed the extended family to the nuclear family and built an ideology to accompany this. This trend in thought was descriptive of the weakening of the family. The loss of old norms was seen not as leading to the development of new ones but as social disorganization and chaos. The extended family does not fit with the demands of industrial society and thus is replaced with the evolution of the nuclear family arrangement. The nuclear family "fit" with industrialism is more compatible.

Industrialization and family change can be seen as variables which are interactive (Goode, 1969). Changes in women's roles such as by the introduction of labor saving devices interact with other variables which in combination have different sorts of casual implications. In an earlier article, Goode (1968) states that not only does industrialism change the family but the family also has the capacity to change the nature of industrialism and thus is potentially adaptive and not disorganizing. Goode labels the "classical family of Western nostalgia" as the perpetuation of myths about an ideal extended family. This relates to the fact that changes in the family occurred before industrialization; the relations between the family and technology are not linearly cause and effect. For example, ideological change in China was encouraged to alter family forms in order to facilitate modernization. The ideology was the factor enduring change in family structure while interacting with other factors in the change dynamics.

Furstenberg (1969) follows along a similar vein when he asserts that change in the American family has been exaggerated and changes from an extended family to a nuclear family began occurring before industrialization. He also notes that features of disorganization
were amply evident before industrialization—such as child abandonment, lack of discipline of children, a dislike for domesticity, and others. Some features of strain in the family existed before industrialization, others were intensified by it, and some resulted from changes incurred by adaptations to industrialization.

These adaptive functions of the family posit that there is actually not a loss of economic functions but a change of form (Vincent, 1969). As Ogburn's study fit a stereotyped image, it was popularly accepted. The economic function of the family, however, shifted from production centered in the home to consumption centered in the home—a function of not less significance though of a very different character (Goode, 1968). The current economy depends on consumption patterns in which the family plays a critical role.

Cross cultural studies also refute Ogburn's thesis of the loss of functions of the family causing a breakdown as seen in the decline of the extended family. The reports note the exceptions in the modernization of Brazil, as well as maintenance of the extended family patterns in Japan and China after modernization (Levy, 1964). Other research details the disorganization of the nuclear family found in Barbados despite the lack of technological changes (Greenfield, 1961). This concludes that the evidence does not support the Ogburn thesis and suggests the importance of other interacting historical and ideological features. Nisbet offers similar evidence in his study of the decline of patriarchal ideology in the Roman epoch (1972).

Seward studied the American family since colonial days and concludes that the idea of the great change in the family due to a loss of functions is a myth. He maintains the family has held a high level of structural integrity and that external pressures due to economic changes have not caused much change in the family at all (1978).
Seward describes the Ogburn and later Ogburn and Nimkoff and also Smelser thesis as a romantic notion based in part on a rural nostalgia and in part on a thin base of data which is borrowed back and forth with compounding inaccuracies. The economic limitations of pre-industrial society precluded the widespread existence of extended families to all but the very wealthy. The data shows a common pattern from pre-industrial colonial society across time to current society in various features: size of family membership, ages of members, sex composition, generational composition, number of marital pairs and number of siblings. This data will be reviewed later when discussing further trends.

Ogburn and Nimkoff acknowledge the importance of other features which can also contribute to changes in the family. They talk of ideologic change as one important feature—what they call new psychology/humanism. This is in contradistinction to economic determinism. Engles (1972) views ideology as a method of support for economic order, a falling into a supportive pattern. Thus, the decline of patriarchy is not the history of monogamy as a reconciliation of relationships but a subjugation of the female sex to maintain a dimension in the economic realm—the division of labor in the home. But, it is not Engel's technological imperative base which is the focus of Ogburn. His attention is on the variety of factors contributing to the decline of family functions.

Status Giving

The family serves to provide status to members which they as individuals may not have. Ogburn traced changes in domestic relations laws to illustrate the status giving function of the family as declining. He talked nearly exclusively of the role of women and changes in laws regulating domicile, income, property and child custody. He saw these laws, some of which were unjust to his idea,
as focusing attention on individuals. This individualization combined with other social changes weakened the status giving function of families. He also mentioned geographic mobility and urbanization as weakening features of family loyalties. He noted his inferences in this area were sketchy.

Changes in sex roles are not evidence of a decline in status giving functions per se. Intervening variables need attention, such as the passing of wealth and privilege, or of deprivation, from one generation to the next in the family which would need to be assessed. Also, the changes in affectional ties could here be considered. America, as a nation of immigrants with a sense of manifest destiny, certainly knew geographic mobility. Ogburn's association of mobility with his romantic rural bias against urbanization, saw this as a sign of decline. He did not, however, attempt to measure the meanings of "community" in the new settings.

Family loyalties are difficult to judge. Perhaps the work of R. D. Laing (1971, 1972) with schizophrenics indicate that such loyalties may not be entirely positive. Ivan Boszormenyi-Nagy (1973) working with troubled families also argues that family loyalties under considerable stress remain durable. Ogburn's seeing change as decline may not have captured the dimensions of the issue. The area of status giving was not highlighted by the writers.

Education

The school teacher may be viewed as a substitute parent with regard to the function of training the child. The school performs many of the functions that were once fulfilled by the family. Ogburn documented the increasing demand for more education by showing growth in school attendance, increase in numbers of schools, course work and changing educational demands for employment, also the
average number of days spent in school and measures of the universal value of education. This array of data from a variety of sources had shown the loss of educational function of the home to a rapidly growing educational system of the state.

This trend persists. The average education of the head of households continues to rise as do the general enrollments. The state is greatly involved in the education of its people. Growth of technical education, continuing education and the education of the very young and the older persons is significant. But has the family lost its central function of educating its members? Vincent (1967) thinks not as reflected in a series of questions he asks. Is not the family seen as the key variable in determining the success of the failure of the child in education?* Who gets blamed for school failures? dropouts? Did parents years ago spend as much time, energy or investments in education as do parents today? Did pioneering families who withdrew children to participate in the labor force hold more of an educational function than do parents today? This series of somewhat oversimplified questions points to complications in assessing a decline in family functions in education.

Educational research in the last decades shed more light on the relationship of the American family and the educational functions showing the home environment to be critical to the child's development and performance levels. Parent involvement has become a key figure in the complex question. The perennial turmoil in desegregation shows a positive need for family involvement in policy formulation. Family involvement in education merely by participation remains high. The loss of this function by the family is unsupported though much change has occurred.

*For example, see the writings of Bronfenbrenner on the ecology of education (1976).
Religion

Ogburn notes that not only did the family perform religious activities together but was seen itself as a sacrament in many religions. His survey of religious mores found a similar decline in functioning of the family. His data indicated time spent in prayer at home to be declining, (more so in urban than rural settings), church attendance was also declining as was time spent by the family in reading the bible. Ogburn noted trends in organized religion and in the family depicting the loss of this function in the family.

Again, data is available showing a decline in areas of church attendance, prayer and religious participation by families but explanations about the meaning of these changes are not readily forthcoming. Do these measures effectively get at beliefs or other basics of religious functioning? Do children maintain the similar religious beliefs as of their parents? The last several decades have seen changes in how religious functions are performed but perhaps these too are adaptive functions. The family may not have relinquished as much of this area as Ogburn thought. This is in spite of the maneuverings of what some call "churchianity".

The loss of religious functioning by the home has been studied in various ways. Demographics show a decline in membership of some churches, such as the Roman Catholic Church, and increases in membership of others, such as the Mormon Church. The increase of participation is difficult to measure--the decline in numbers of priests and nuns is a form of this decline (Leslie, Larson, Gorman, 1973). The current infusion of religious dogma into public policies continues. The wedding of fundamentalism and right-wing politics is a growing phenomenon. How this is related to a decline in family functioning is the focus of concern and interest.
Recreation

The growth of the creation and amusement industry contribute to Ogburn's analyses of loss of family control of this function also. He documented broad growth areas, such as of municipal parks, athletic clubs, the growth of organized sports, of the motion picture industry and even industrial recreational expenditures. With this drawing together of data, he did note also the concomitant growth of in-home recreation and related home entertainments. He studied family budgets to determine the recreational outlays.

Vincent (1969) states that just as the family maintains a central role in economic functions via a consumption role, so it does in the realm of recreation. He talks of the massive amounts spent on gadgets, toys, cameras, recreational equipment, etc. ad nauseum. Today's family produces its own recreation via consumption. The growth of leisure business is still a functionally developed area within, in part, the family.

The role of leisure as it relates to family functions and the control over leisure seems to be an issue of contemporary significance. Whether leisure gains of working persons is a loss of family control over them or not is not uniquely defined by Ogburn. This is an area conceptually vague and unconvincing. For example, is the recent United Auto Worker's contract with, in effect, a four day workweek a contribution to family control over leisure? Perhaps a more critical question is about the impact on other workers, particularly those excluded from the market by virtue of race, age or sex. The question of the impact of leisure gains on the family and change is not answered by the methodology employed by Ogburn.

Protective

The protective functions performed by the family are another area Ogburn developed in his study. In his broadly based focus, he
looked at various areas where the protective functions were taken over by other institutions, such as in health; care of the aged, youth, ill and retarded; and also in studies of families in crisis. This loss of functions was seen as further decline in the family.

Health is the first area Ogburn studied to demonstrate his theory. He documented the growth of environmental health, sanitation and also public health services. He documented the growth and expansion of hospitals and other medical services. This data was precursory to the phenomenal growth of public and private health outlays of the decades that followed the virginal study. The current issue of health is of interest to most. The 1975 National Conference of Social Welfare discussed seven root causes of the current health care crisis:

1. absence of a national health policy
2. runaway costs (in 1974,$10.4 Billion, 7.7% of the GNP)
3. lack of access
4. fragmental organization of services
5. inadequate quality of care
6. private insurance failure of cost containment and meeting needs
7. the interrelationship of the above factors (Glasser, 1975).

Concern over health issues is clearly a public issue, one of which other social institutions have garnered considerable influence. Public policy reflects in part the fear of what some consider over-commitment by the public. There is no question of the astounding costs sky-rocketing, though whether this is at the expense of family control is less clear.

The protection of the aged took a dramatic turn about the time of the 1933 report in the passage of the Social Security Act. This came in hand with other features of the welfare state. The family is no longer seen as sole guardian of its member's interests. The
debate of whether the welfare state expedites the decline of the family's functions continues both in academia and in politics in general. The growth of the welfare state is seen by some as concomitant to the decline of the family (Briggs, 1967).

Ogburn also delineated other protective functions of the family diminished by the welfare state. He talked about the protection of the mentally ill, the retarded, and the abused. He saw the state taking over more and more areas which the family had formerly controlled. The question of how well the family traditionally took care of such issues is one not addressed. Thus, change over a time is not addressed and hence support for the idea of decline is vague. It is by increasing support for the family by the state in the provision of a range of services (to the abused, neglected, handicapped, the vulnerable) that this will enhance the protective capacity of the family, though altered from an individualist approach. This is particularly relevant when in-home supportive services such as homemaker, chore services, home-health care, or counseling services are considered. Also, is the issue of deinstitutionalization a return of such functions to the family?

Challenges to this decline are found in the research of social networks (Litwack, 1969; Sussman, Burchinal, 1969). These demonstrate that when in stress, the extended family meets the needs of what some have labeled an isolated nuclear family. Also, children's advocates see the decline in family control by increased state intervention in protective functions as a move toward children's overall protection (Steiner, 1976). The public demand for services, such as found in Title XX, for state protection of the neglected and abused, and in the range of other services to the exploited and the vulnerable, argues in a sense for the acceptance of the state's interventions in areas where the family perhaps fails in its protective functions.
Growth in the state's involvement in the protective function may support Ogburn's idea of decline or it may more likely reflect changes which demand more of the protective function within the family. A change in the character of the function is not a decline in the protective function but by community pressure, an enhancement of this family function. Ogburn's analysis raised important policy issues, though his conclusions call for reinterpretation.

Affection

The only family function Ogburn felt grew as a result of changes in the family was the area of affectional ties. If for no other reason than due to the decline of the other functions, the personality functions have taken on a greater significance. The rearing of children and securing happiness are of much greater emphasis. In a later work, Ogburn and Nimkoff (1955) develop a historical pattern from the more functionally diverse role to the current personality oriented family. In earlier times, religion, family background, race, status and economic functions were far more important than after the decline of the extended family.

Seward (1978) states that this is a shift which is romantically accepted but is historically fictitious. He notes that the romantic shift is not found in the data he studied. He studied census data, songs, letters, magazines, newspapers and in these he found no evidence of this shift. Morgan (1969) also notes this in his discussion of the Puritans.

Summary

Ogburn's "The Family And Its Functions" has been a major contribution to the study of the family, social change, and the use of sociological data to understand the events in life which we share in. Critics have strongly questioned the accuracy and the validity of
his data but the monumental methodological contribution continues to provide rich insights. Ogburn did not, as did some of his contemporaries, most notably Zimmerman (1947), decry the decay and impending disaster because of the changes in the family. However, neither did he foresee that change was perhaps a positive indication of adaptation. This review can provide a format for viewing the continued changes and be used as a background for the analysis and development of a family policy. An understanding of functional changes in the family is helpful before interventions are advanced.

Further Trends and Comments

Continued insights are gained about the current functions of the family. The earlier extended family was very limited to conditions of wealth and certain religions by a host of features. History has shown over time a continuity in the cultures of American families. This is documented in the basically unchanged patterns in the membership sizes of the family (slight decrease), ages of members, sex composition, generational composition, number of marital pairs and number of siblings. This trend is as documented in Here To Stay by Banes (1976). The following data is from Seward (1978: pages 79, 88, 92, 163, 166, 167, 169).

<table>
<thead>
<tr>
<th>Year</th>
<th>Household Family</th>
<th>Percentage of Families with No Subfamilies</th>
</tr>
</thead>
<tbody>
<tr>
<td>1774</td>
<td>6.14</td>
<td></td>
</tr>
<tr>
<td>1880</td>
<td>5.04</td>
<td>4.83</td>
</tr>
<tr>
<td>1930</td>
<td>4.11</td>
<td>--</td>
</tr>
<tr>
<td>1950</td>
<td>3.39</td>
<td>3.54</td>
</tr>
<tr>
<td>1960</td>
<td>3.33</td>
<td>3.65</td>
</tr>
<tr>
<td>1970</td>
<td>3.07</td>
<td>3.57</td>
</tr>
<tr>
<td>Year</td>
<td>Marital Pairs</td>
<td>Sex of Head of Family</td>
</tr>
<tr>
<td>------</td>
<td>---------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>1850</td>
<td>86%</td>
<td>1850 91.1% 8.9%</td>
</tr>
<tr>
<td>1880</td>
<td>89%</td>
<td>1880 89.8% 10.1%</td>
</tr>
<tr>
<td>1950</td>
<td>91%</td>
<td>1950 90.7% 9.3%</td>
</tr>
<tr>
<td>1960</td>
<td>90%</td>
<td>1960 90.7% 9.3%</td>
</tr>
<tr>
<td>1970</td>
<td>87%</td>
<td>1970 89.2% 10.8%</td>
</tr>
</tbody>
</table>

This data does not support the assumptions of considerable changes in the family over the course of American history brought on by the industrial revolution and combined technological innovations. The number of children seems to have decreased but part of this is the product of larger numbers of couples in older ages. This life expectancy data illustrates this impact (Leslie, Larson, Gorman, 1973: 367):

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>White</th>
<th>Nonwhite</th>
</tr>
</thead>
<tbody>
<tr>
<td>1900</td>
<td>47.3</td>
<td>46.3</td>
<td>48.3</td>
<td>47.6</td>
<td>33.0</td>
</tr>
<tr>
<td>1930</td>
<td>59.7</td>
<td>58.1</td>
<td>61.6</td>
<td>61.4</td>
<td>48.1</td>
</tr>
<tr>
<td>1950</td>
<td>68.2</td>
<td>65.7</td>
<td>71.3</td>
<td>69.1</td>
<td>60.8</td>
</tr>
<tr>
<td>1960</td>
<td>69.7</td>
<td>66.6</td>
<td>73.1</td>
<td>70.6</td>
<td>63.6</td>
</tr>
<tr>
<td>1967</td>
<td>70.5</td>
<td>67.0</td>
<td>74.2</td>
<td>71.3</td>
<td>64.6</td>
</tr>
</tbody>
</table>

The data does not verify large changes in the family throughout American history on which Ogburn based his theory. When changes are discussed and family policy analyzed, this moderation is critical to a proper perspective on family policy. Ogburn and others talk of features of disorganization of the family. Ogburn cites causes rooted in the loss of family functions. Leontine Young (1973) talks of the collapse of the family based on an overall assessment of rapid change brought on by similar reasons--
that the family has lost its power and direction. She laments the decline of the role of motherhood and the general commitment decline of members to each other. She sees childless families as lacking permanence and commitment. She talks of families as a bastion against emptiness, loneliness and rootlessness in mass society: a family in decline!

Individuals with concern about the state of the family see change as symbolic of social disorganization. The figures on divorce are frequently brought to bear to portray this scenario. Divorces are certainly ideologically more acceptable and in most states legally easier to obtain. A prominent concern is what happens to the children whose parents divorce. Of the children born in the 1970's, 45% lived with a single parent for some of their life. What is the nature of the intrapsychic distress caused by divorce on children and what does this disequilibrium do? And what of the re-adjustment problems of blended families? Between 1966 and 1976, the rate of divorce in the United States increased by 113%. Whereas in 1966 one divorce was granted for every four marriages performed, by 1976 the ratio had changed to one divorce for every two marriages. Nearly one million divorces a year can now be expected (Wallerstein, Kelly, 1979).

Leslie (1971) talks about the problems in coming to conclusions about the breakdown of the family and using divorce statistics in this discussion. He feels it difficult to predict trends given the cyclical nature of the phenomenon. He also talks of the significance of the rates of remarriage figures called serial monogamy by some. Two figures which provide a meaningful overview and provide credence to this moderating effect are cited by Dyer (1979). The percentage of persons married throughout the twentieth century in the United States has been continuously increasing, from about 55% in the early part to more currently about 75%, with slight differences between
males and females. Also, the rates of which persons marry has remained stable throughout this century. This would indicate that marriage is considerably more stable than the view which divorce rates suggest.

Many of the features which illustrate concern in the decline of the family are offset by related statistics. Two examples are here offered. A concern is often expressed by the increase in the number of teenage pregnancies. While the numbers of pregnancies of older teens is decreasing, the number of pregnancies of younger teens is increasing (Chilman, 1969). This is somewhat balanced by the fact that in 1950 the average age at marriage was 21 and it was 23 in 1973. High mobility (geographic) rates are also seen as a sign of disorganization of the family. For example, the military has attempted to minimize stress in moving their families. While nearly 20% of the population changes addresses every year, this figure has not increased the last several decades. The peak remains with that portion of the population which would be expected—persons in their early twenties (Barabba, 1973). What appears evident in prediction of trends is that alarming statistics of family instability reflect the attitudinal frame of which they are presented as much as they do a theoretical force in themselves. It is for this reason that a context of which one operates has important implications for family policy.

Conclusion

This review questions the trends cited as a decline in the family. Though social change is pervasive, it is not ominous. Family policy needs to be explored in light of anticipated resource exchanges; changes in allocations, rights and deprivations; and in changes in the overall social quality of life (Gil, 1976). The utilization of the social sciences in the formulation of family
policy can play a meaningful role but the wisdom of policy needs to be moderate, tentative in its alternative approaches, tolerant of diversity and not all-inclusive.

Family policy can be an unmanageable and potentially dangerous concept with significant potential for individual denigration (Barbaro, 1979). Entering family policy into the political arena can potentially advance narrow interests. The evidence of family study and social change does not support a family policy which is based on fears of a rapidly declining institution buffeted by change and disorganization. The measures of a humane society are challenged by the concept of a family policy but not from the evidence of the loss of family functions. Social change and change in functions have occurred. The strain on families in this interactive context calls for policies to support families enhance their functioning and strengthen individual members. The caring functions need buttressing. Social change has not seen the family in perilous decline and the need for family policies estranged from narrow interests calls for active support.

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Bronfenbrenner, U. Experimental Ecology of Education. Teachers College Record (78), December 1976, 157-204.


Gilbert, N. An Initial Agenda For Family Policy, Social Work (24)6, November 1979, 447-450.


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ABSTRACT

The social and economic consequence of disability is of increasing interest in American society today. The numbers of persons reporting disabling conditions is rising, as is the number of persons qualifying for public disability benefits. This article examines the impact of current United States disability policy on disabled women, and concludes that the major programs -- disability insurance, supplemental security income, workers' compensation, vocational rehabilitation -- because of their relationship to labor market participation, disadvantaged women. Women not only receive fewer, but less generous benefits. Explanations of this outcome, and implications for future policy are addressed.

Introduction

The 1980s are likely to bring with them increased attention to the social and economic consequences of disability. Already this concern has been exhibited nationally through the convening of the 1977 White House Conference on Handicapped Individuals, and internationally through the designation of 1981 as the International Year of Disabled Persons. The highly symbolic political attention to the circumstances of disability in the American polity has emerged from three sources. One is the public's increased awareness of the extent of disability in our society, another is the increased cost associated with public and private disability benefits, and a third is the increased demands of the disabled themselves.

Not until the 1970 Census was there any systematic attempt to identify the number of disabled persons living in the United States. The Census counted 11.2 million persons between the ages of sixteen and sixty-four (one in eleven persons) with functional disabilities. Of this number, approximately 1.7 million persons were homebound due to chronic health disorders or degenerative diseases, and 2.1 million
were institutionalized (President's Committee on Employment of the Handicapped, 1977). In 1972, the Social Security Administration conducted its Survey of Disabled and Nondisabled Adults, and counted one in nine persons disabled (15.6 million persons between the ages of twenty and sixty-four) including approximately 7.7 million severely disabled (Allan, 1976).

Those first attempts at enumeration, however, have been criticized as underestimating the numbers of disabled persons in our country. The disability classification used in both surveys is based upon the individual's capacity to work. Those whose health prevents or limits them from working are classified as disabled. But many disabled persons do work, hence their disability is not an impediment to employment. Such persons, as well as persons over age sixty-four, are omitted from among the disabled by the Census and the Social Security Administration surveys.

Responding to the limitations of these studies by expanding the concept of disability, two alternate estimates of the number of disabled in our society have been put forth. The White House Conference on Handicapped Individuals estimated that 33 million persons living in the United States have physical or developmental disabilities, while the American Coalition of Citizens with Disabilities estimates the number at 36 million — one in six persons. Thus the sheer number of persons having some handicapping condition has alerted policymakers and the public to the needs of this group.

While it is not known whether physical and developmental disabilities among adults are on the rise in American society (since most enumerating attempts have been so recent), it is apparent that the number of persons who qualify for public benefits on the basis of disability is increasing. The numbers of workers who qualified for social security disability insurance benefits, for example, has doubled in seven years. The cost of the program has quadrupled since 1970 (Singer, 1978). Under the supplemental security income program, too, benefit receipt contingent upon disability is the fastest growing component. Workers' compensation and state vocational rehabilitation programs also are experiencing rapid growth. (Between 1977 and 1978, workers' compensation benefit outlays increased from $3.9 to $5.8 billion).

Many provisions of the programs themselves have contributed to these increases, but the experiences of privately financed disability plans, and of government programs in other countries generally have paralleled those of federal and state programs. Hence one conclusion
might be that the public acceptance of the government’s role in compensating for the functional limitations brought about by disability is growing. In 1979, federal benefit outlays for the disabled were estimated at totaling $35 billion (U.S. Office of Management and Budget, 1979). These growing budgetary outlays naturally have brought public disability programs increased -- and often unwelcome -- attention from national policymakers. And this attention predictably will continue.

A final impetus to the public concern about disability has come from the disabled themselves. Increased militancy by advocates of the disabled has generated new programs, and placed new demands on policymakers. The disabled are striving to achieve mainstreaming in education, barrier free environments, special transportation facilities, and equal access rules. Exercising their political muscle, the disabled have witnessed mixed results. While new programs are being developed, the budgetary implications of these demands are generating alarm and resistance at all levels of government.

Three factors, then, are combining to propel social policies for the disabled into the forefront of our national agenda for the 80s. As existing programs undergo new scrutiny, it is appropriate to ask how their benefits affect disabled women. This paper will explore the impact on disabled women of current United States policy for disabled persons.

**Programs That Benefit the Disabled**

Programs aimed at assisting the disabled have a long historical tradition. The lame, as they were earlier called, were regarded along with the aged and children as unable to fully participate in the economic activity of society. Because this inability to contribute was involuntary and unchanging, such individuals were seen as deserving of support by the larger collectivity. Resources generated by the able-bodied were transferred to the lame individual as part of a social contract. In early societies this transfer of resources occurred informally through family or clan; in more developed industrialized societies this collective responsibility has shifted to the formal organizations of government through the implementation of public policies.

Currently there are a wide range of benefits available to disabled individuals through public programs. Most of these programs are administered and funded by the federal government. Official government estimates identify more than 120 programs and activities serving handicapped individuals sponsored by twenty federal departments (U.S. Depart-
Several of these programs provide services to children or the aged, but the majority of public policies that concern themselves with disability are directed to working-age adults. And the major purpose of these programs is either to replace earnings lost through disability, or to provide services that rehabilitate handicapped persons so they may reenter the labor force and become self-sufficient. The four most significant programs are the disability insurance program under social security (DI), the supplemental security income program (SSI), the state workers' compensation, and vocational rehabilitation programs.

Disability Insurance Under Social Security

The social insurance features of United States social security policy, embodied in Title II of the Social Security Act, provide for the partial replacement of earnings lost to workers and their dependents because of the worker's retirement in old age (old age insurance), disability severe enough to prevent substantial gainful employment (disability insurance), or death (survivors' insurance). Disability insurance pays wage-related benefits to the worker, the worker's children, and the caretaker (usually the mother) of the children of the disabled worker. In July 1979, the disability insurance cash benefit program provided monthly benefits to about 2.9 million disabled workers and 1.9 million dependents of disabled workers.

While now an integral part of the social security system, disability insurance provisions were enacted twenty-one years after the retirement program, and seventeen years after enactment of survivors' insurance. "The delay," in the words of the 1979 Advisory Council on Social Security, "was the result, in part, of fears that providing social security disability benefits would discourage rehabilitation and encourage malingering, and that the costs of disability insurance would be difficult to control." (U.S. Advisory Council on Social Security, 1979, p. 139). These fears led to the adoption of a very limited disability insurance program in 1956. Only persons aged fifty and over were eligible for benefits. By 1960, benefit eligibility was liberalized, and coverage under DI began to parallel coverage under the old age and survivors' insurance provisions.

Benefit entitlement and benefit eligibility continued to liberalize in the 1960s and 1970s, and by 1975, the number of workers being awarded disability benefits was roughly twice its 1965 level. After 1975, however, the number of new awards declined, although benefit outlays continued to rise. Recent legislative proposals have been aimed at curtailing these continually rising costs.
Eligibility for disability insurance benefits are contingent upon three things: (1) insured status; (2) disability status; and (3) age. A worker must be sixty-four years of age or younger, and have a required number of quarters of coverage to be fully insured under the program. For fully insured status, a worker must have twenty quarters of coverage in the forty quarters preceding the onset of his/her disability. (A quarter of coverage is a calendar quarter in which the individual receives wages of $50.00 or more.) In effect, then, at the time of his/her disability, an individual would have to have contributed to the social security system at least five of the preceding ten years.

In addition to fully insured status, an individual must fit the statutory definition of disability to be eligible for benefits. In the Social Security Act and its regulations, disability is defined as "the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to last for a continuous period of not less than twelve months. A person must be not only unable to do his/her previous work or work commensurate with the previous work...but cannot, considering age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy..." (U.S. Department of Health, Education, and Welfare, 1974). Under current regulations, earnings of more than $280.00 a month for nine months are assumed to demonstrate an ability to engage in "substantial gainful activity" (SGA), and thus result in a loss of benefit entitlement.

The disability insurance program is financed by part of a payroll tax paid half by the covered employee and half by the employer, and a tax paid by self-employed people on their earnings. Persons who have not contributed to the social security system are not eligible for benefits. The disability insurance program is administered by the Social Security Administration.

The Supplemental Security Income Program

The Social Security Administration administers a second program that pays benefits to the disabled. Also part of the Social Security Act (Title XVI), the supplemental security income program (SSI) provides benefits to the nonaged blind and disabled in financial need, as well as to people aged sixty-five and over who are in financial need. While disability insurance provisions are a fairly recent addition to the Social Security Act, aid to the needy blind dates back to the original Act of 1935. Under the 1950 social security amendments, federal matching funds were also provided to states that wished to provide public assistance payments to persons who were "permanently
and totally" disabled. In 1974, SSI, a federally administered and financed program of assistance using a federal definition of disability and a uniform federal payment standard, replaced these various federal/state programs.

SSI, unlike DI, is not a social insurance program but a welfare program. Benefits are based upon one's current income status, unrelated to past contributions or work history. The program provides a federal minimum level of income to those disabled who meet income and resource tests. As of July 1980, SSI benefits of $238.00 per month for an individual and $357.00 for a couple were the maximum amounts payable to those with virtually no other income. As income from other sources increases (excepting certain disregards), SSI payments are reduced. About 1.9 million blind or disabled persons under age sixty-five were receiving benefits under the supplemental security income program in mid-1979.

Workers' Compensation

Workers' compensation is a system of state-sanctioned insurance programs that are to provide protection against loss of income, medical expenditures, or death due to injuries on the job. While the first workers' compensation program was enacted in the early 1900s, it was not until 1949 that all states had adopted workers' compensation programs. By 1978, nearly 90 percent of the labor force was covered by programs which would compensate for work-related accidents or occupational diseases.

Since it is a state program, workers' compensation lacks uniformity among jurisdictions in coverage, benefit structure, and administration. Unlike DI and SSI, which by definition include only the most severely disabled, workers' compensation is designed to cover the entire range of disabilities, of which only a small percentage are long-term and severe. As a consequence, workers' compensation has developed a far more flexible eligibility/benefit structure that can differentiate between permanent and temporary, as well as total and partial disability (Joe and Bogatay, 1980).

Workers' compensation is intended to protect employees from health hazards at their place of work. As a consequence, benefits are closely tied to the work-relatedness of the disability. In general, to qualify for benefits, the employee must have sustained an injury or been killed in performing his duties, but the injuries or death must not have arisen due to the employee's gross negligence, willful misconduct, or intoxication. Workers' compensation programs are financed almost entirely
Vocational Rehabilitation Services

The three programs just reviewed provide cash benefits to disabled workers. Their purpose is to partially replace income lost because of a disability. There exist another set of programs which provide services to the disabled, services intended to rehabilitate. The largest of these is the vocational rehabilitation (VR) program.

All beneficiaries of the DI and SSI programs are categorically eligible for consideration for state vocational rehabilitation services. By statute, all beneficiaries who have the potential to engage in substantial gainful activity must be referred for consideration. To serve these clients the states administer three vocational rehabilitation programs: a basic state program, and two special programs mandated by the Social Security Act — one for DI beneficiaries (paid out of the Social Security Trust Fund), and the other for SSI beneficiaries (paid out of general revenues). The federal government funds 100 percent of the special programs and 80 percent of the basic program.

Services of all forms can be provided to the disabled under VR programs — medical, psychological, training, tools, and placement. These services are to be provided to any severely disabled individual, without regard to financial need, under two conditions: there is a physical or mental disability that results in a substantial impediment to employment, and there is a reasonable expectation that vocational rehabilitation services may benefit that individual in terms of employment. The purpose is to rehabilitate individuals towards "maximum participation in gainful employment." (Joe and Bogatay, 1980, p. 46).

In 1977, expenditures for all three programs exceeded $1 billion, and about 1.9 million persons received services. Of these, close to 300,000 were claimed "rehabilitated," at a cost of about $3,000 per rehabilitation (U.S. Department of Health, Education, and Welfare, 1978b).

Commonality of Programs

The common element underlying each of the programs described above is their relationship to work in society. These programs only offer benefits to a disabled person who cannot work in the marketplace. They either try to make that person "more employable," or give him or her a stipend. Even rehabilitation services, with their emphasis on "vocational rehabilitation," have been seen from their inception in 1920 as
a way of saving money and increasing industrial output, rather than as a method of reintegrating disabled people into society (Erlanger et al., 1979). Both disability insurance and workers' compensation benefits are contingent upon labor market participation, while the supplemental security income program incorporates in its disability definition the criterion of the capacity to engage in substantial gainful activity. Because women have historically had weaker ties to the labor market, this benefit contingency on labor market participation has meant that these programs have been less responsive to the needs of disabled women.

Women and Disability

The Social Security Administration's (SSA) 1972 Survey of Disabled and Nondisabled Adults provides the best available data on the prevalence and nature of disability among adult American women. It also provides data on women's participation rates in the disability insurance and supplemental security income programs. Two findings emerge:

- women represent a somewhat greater proportion of persons in the population who report suffering from one or more chronic conditions or impairments,

and yet,

- women are less likely than men to receive public income maintenance benefits (Allan, 1976; Posner, 1977; Krute and Burdette, 1978).

The implications of these two findings for the economic well-being of the disabled woman in the United States are very serious.

Sex Differences in the Prevalence of Disability

In the 1972 SSA Survey, disability prevalence was found to be greater among women than among men (15.2 percent of women had some impairment compared to 14.0 percent of men). Not only were women more likely to report a chronic disease or impairment, but the condition was more likely to result in a severe disability. Eight percent of the women but only 6 percent of the men reported that they were severely disabled. Table I displays these different prevalence rates by sex.

The 1976 Survey of Income and Education conducted by the Bureau of the Census reports similar findings. Of the 28.2 million people three years old and older who were reported to have some activity limitation due to a health condition, about 53 percent were women (U.S. Department of Health, Education, and Welfare, 1979a).
TABLE 1

Disability Prevalence Rate (per 1,000 population), By Sex

<table>
<thead>
<tr>
<th>Population</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>With chronic conditions</td>
<td>464.7</td>
<td>507.3</td>
</tr>
<tr>
<td>Disabled</td>
<td>139.6</td>
<td>152.4</td>
</tr>
<tr>
<td>Severely disabled</td>
<td>59.0</td>
<td>85.0</td>
</tr>
</tbody>
</table>


When these differences are looked at by major disease group, women report higher rates of cardiovascular diseases (primarily peripheral vascular disorders such as varicose veins and high blood pressure), mental disorders, urogenital conditions, neoplasms, and endocrine disorders. According to the Social Security Administration, the excess of urogenital and endocrine disease among women is due to disorders of the female reproductive system and to thyroid problems, respectively. More women than men also report visual problems — serious difficulty seeing or blindness.

While accidents and injuries caused a significant proportion of the chronic diseases and/or impairments reported by SSA survey respondents in general, on this dimension women are underrepresented. The proportion of men with an accident-related condition ranged from 16 percent of the nondisabled to 31 percent of the currently disabled. The comparable figures for women were 5 percent and 18 percent, respectively (Krute and Burdette, 1978).

Looking at other demographic variables, the composition of the disabled is heavily weighted toward older people. Most chronic conditions and impairments take years to develop. For any condition, the rates for persons aged fifty-five to sixty-four are from one and one-half to three times higher than for persons under forty-five. Not only are older persons more likely to suffer from a chronic condition or impairment, but also they are much more likely to be disabled as a result. But as Allan points out, "Some of the relationships between age and disability may...reflect the work-related definition of disability. Regardless of health, many people begin to work less in their late fifties and early sixties as a mode of preparation for retirement....
The availability of social security benefits reinforces the effects of ill health on encouraging retirement." (Allan, 1976).

As with age and sex, the composition of the disabled population is heavily weighted toward those with low educational attainment. More than 40 percent of the severely disabled group had no high school. And related, blacks and other nonwhites are more heavily represented among the disabled than among the general population.

Finally, the disabled population -- in particular, the severely disabled -- is composed of unmarried individuals to a larger extent than the nondisabled population. Since the disabled are older than non-disabled, they are more likely to be widowed, separated, or divorced.

Work Limitation and Disability Among Women

Women not only report themselves as more disabled when asked, they also report more serious work limitations as a result of their disability. In 1976, the Bureau of the Census found 13.3 percent of the 124.6 million Americans between the ages of eighteen and sixty-four reporting some level of work disability. But a breakdown by sex, marital status, and household relationships as they reflect level of work disability shows some significant differences. (See Table 2)

The implications for women of the data in Table 2 as regards their receipt of benefits under current United States programs for the disabled are important. First, the data make clear that women suffer more serious work disability than men. Their disability is more likely to prevent them from working at all, or from working regularly. The disparity between men and women on these measures is observable from age thirty onward, and steadily increases with age.

Women who suffer a work disability are also more likely than men to be living without a spouse. This sex-related difference is greatest among those women whose disability is severe enough to prevent them from working. Additionally, the extent of disability found among persons who are the head of their households is greater for women than for men. One in five women in female-headed households have some work disability; the comparable figure for male-headed households is one in eight. In the case in which the work disability is severe, female-headed households are twice as likely to have a head unable to work than are male-headed households.
TABLE 2

Work Disability Status of Persons 18 – 64 Years of Age, By Sex and Selected Characteristics, U.S., 1976

With a Work Disability (Percent of total)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Total</th>
<th>Prevented from Working</th>
<th>Unable to Work Regularly</th>
<th>Able to Work Regularly</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>F</td>
<td>M</td>
<td>F</td>
</tr>
<tr>
<td>Total</td>
<td>13.3</td>
<td>13.3</td>
<td>5.1</td>
<td>6.4</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–24 years</td>
<td>6.4</td>
<td>4.9</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>25–29 years</td>
<td>7.6</td>
<td>6.2</td>
<td>2.0</td>
<td>1.9</td>
</tr>
<tr>
<td>30–34 years</td>
<td>8.1</td>
<td>8.2</td>
<td>2.4</td>
<td>2.9</td>
</tr>
<tr>
<td>35–44 years</td>
<td>10.2</td>
<td>11.5</td>
<td>3.2</td>
<td>4.5</td>
</tr>
<tr>
<td>45–54 years</td>
<td>18.3</td>
<td>19.0</td>
<td>7.6</td>
<td>9.4</td>
</tr>
<tr>
<td>55–64 years</td>
<td>29.4</td>
<td>29.5</td>
<td>14.7</td>
<td>17.9</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married, spouse</td>
<td>13.0</td>
<td>11.8</td>
<td>4.7</td>
<td>5.3</td>
</tr>
<tr>
<td>Married, no spouse</td>
<td>11.9</td>
<td>17.7</td>
<td>3.5</td>
<td>8.5</td>
</tr>
<tr>
<td>Household Relationship</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Head of household</td>
<td>13.2</td>
<td>20.5</td>
<td>4.8</td>
<td>9.9</td>
</tr>
<tr>
<td>Wife of head</td>
<td>-</td>
<td>11.8</td>
<td>-</td>
<td>5.4</td>
</tr>
<tr>
<td>Unrelated Indiv.</td>
<td>14.2</td>
<td>19.3</td>
<td>6.1</td>
<td>10.3</td>
</tr>
</tbody>
</table>


Women are therefore more likely than men to be limited or prevented from working because of their disability, are likely to experience a higher degree of work disability at an earlier age than men, and are more likely to be without a spouse. Being married is particularly important to disabled persons because the presence of a spouse provides greater income and extra attention to personal care needs. Each of these factors support the urgent need of women to have available to them some form of public income support protection. But because of women's more tenuous ties to the labor force, and the contingent relationship
between disability programs and labor force participation, women are largely excluded from public disability benefits.

**Labor Force Participation of Women**

By mid-1977, forty million American women were in the labor force—about 41 percent of the country's entire labor force, and 49 percent of all women sixteen years of age and over. (By contrast, 77 percent of all men aged sixteen and over were in the labor force). Most women who work outside the home do so in clerical occupations (34.9 percent) and service sector jobs (17.9 percent). Of the 5.6 million women in professional and technical jobs in 1976, nearly 40 percent were elementary and secondary school teachers (U.S. Department of Labor, 1977).

While labor force participation by women has been increasing steadily in the last thirty years, women still constitute about three-fourths of the population outside of the labor force. Most of these women do not want jobs because of their home and family responsibilities. Thus women who head families (especially divorced women) are more likely to be in the labor force than wives living with their husbands.

Womens' participation in and rewards from work outside the home differ from mens' in several ways. First, women are more likely than men to work part-time or only for part of the year. The Bureau of Labor Statistics reports that of the 42.8 million who were employed in 1975, 41.4 percent worked all year (50 to 52 weeks), 25.7 percent worked part of the year (1 to 49 weeks), and 32.9 percent worked at part-time jobs. The comparable percentages for men are shown in Table 3.

**TABLE 3**

**Work Experience of Women and Men, 1975**

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number (in thousands)</td>
<td>42,881</td>
<td>58,359</td>
</tr>
<tr>
<td>Percent</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Worked at full time jobs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 52 weeks</td>
<td>41.2</td>
<td>63.9</td>
</tr>
<tr>
<td>27 to 49 weeks</td>
<td>12.2</td>
<td>13.3</td>
</tr>
<tr>
<td>1 to 26 weeks</td>
<td>13.5</td>
<td>10.3</td>
</tr>
</tbody>
</table>
### TABLE 3 (cont.)

Work Experience of Women and Men, 1975

<table>
<thead>
<tr>
<th>Work Experience</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked at part-time job</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 to 52 weeks</td>
<td>11.8</td>
<td>4.4</td>
</tr>
<tr>
<td>27 to 49 weeks</td>
<td>8.3</td>
<td>3.0</td>
</tr>
<tr>
<td>1 to 26 weeks</td>
<td>12.8</td>
<td>5.1</td>
</tr>
</tbody>
</table>


In addition to working less than full time, women have been on their current job a substantially shorter time, on average, than men. The largest differences are for persons age forty-five to sixty-four. These differences are highlighted in Table 4.

### TABLE 4

Median Number of Years Worked at Current Job By Women and Men by Age, 1973

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Median Number of Years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
</tr>
<tr>
<td>Total, 16 years and over</td>
<td>2.8</td>
</tr>
<tr>
<td>16 to 19</td>
<td>0.6</td>
</tr>
<tr>
<td>20 to 24</td>
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<tr>
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</tr>
<tr>
<td>35 to 44</td>
<td>3.6</td>
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<tr>
<td>45 to 54</td>
<td>5.9</td>
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<tr>
<td>55 to 64</td>
<td>8.8</td>
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<tr>
<td>65 and over</td>
<td>10.9</td>
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</table>


Thus in 1973, the median number of years on the current job for all women employed was 2.8 years while for men it was 4.6 years.
A final dimension upon which women's relationship to work outside the home differs from that of men's is compensation. The great majority of working women have not yet attained parity with working men in earned income. Women who worked at year-round, full-time jobs in 1977 earned only 59 cents for every dollar earned by men. This figure is actually down from the 1955 level of 64 cents for every dollar. A recent Department of Labor report notes: "Men's median weekly earnings exceeded women's by $116, so that a woman had to work nearly nine days to gross the same earnings men grossed in five days." (U.S. Department of Labor, 1979). The situation is no better if educational level is taken into account. In both 1970 and 1974, the median income of women college graduates aged twenty-five and over who worked full-time was only 60 percent of the comparable male median income (U.S. Department of Commerce, 1976). Surveys of starting salaries of women and men graduating from college have for many years revealed differences in "offers" received by women and men job seekers. The majority of women continue to receive lower offers than men.

Thus, as most women workers continue to be concentrated in lower paying occupations that provide limited opportunities for advancement, and as discrimination in hiring, promotion, and pay scales continue to be a major obstacle to equality for women in the workplace, women's rewards from work outside the home are significantly less than men's.

Women and Public Programs

All of the factors just reviewed as regards the labor force participation of women help explain why women receive fewer, and less generous benefits from public disability programs. Fewer women than men are in the labor force, and therefore fewer are eligible for coverage under disability insurance or workmen's compensation programs. Women engaged in full-time homemaking activities do not participate in the social security system at all, and therefore are not eligible for DI benefits should they become disabled. To be fully insured under the disability insurance program, workers must have contributed through their payroll taxes a prescribed number of quarters within a prescribed period of time. Both length of time worked during the year and tenure on the job, less for women than men, thus may exclude women from benefit entitlement under DI. And since DI benefit levels are indexed to earnings, even women workers covered under the program will receive substantially lower benefits than men if they become disabled. Program participation rates make clear the disadvantage disabled women face vis-a-vis our current public policies on disability.
Participation of Women in Disability Programs

In 1977, of the 40.5 million women in the labor force, 32 million were insured by the Social Security Administration in the event of disability. A quarter of these were young women, under age twenty-five. As would be expected, coverage increases with age. About 74 percent of working women under age twenty-five were fully insured, 78 percent of those aged 25 to 54, and 88 percent of those fifty-five and over (U.S. Department of Health, Education, and Welfare, 1978c). Thus in 1977, nearly 9 million American working women were without disability insurance protection under social security. While there are more men in the labor force than women, fewer men were uninsured (about 3 million).

Within the social security program, disability insurance benefits play a smaller part in providing income replacement for women than for men. Of the 1.88 million workers who were receiving DI benefits in 1976, 1.15 were men and 730,000 were women. In the Social Security Administration 1972 Survey of Disabled and Nondisabled Adults only 9 percent of severely disabled women were found to be receiving benefits because of their disability. Fully one-third (33 percent) of the severely disabled men were receiving benefits. Additionally, twice as many severely disabled men as women received benefits for early retirement. The situation was reversed for dependents' benefits. Twice as many severely disabled women as men received benefits as dependents of disabled, retired, or deceased workers (Allan, 1976).

For the disabled worker, benefit levels vary by sex. The average benefit received by men in 1977 was $320.40; the average benefit received by women was $228.50. Those persons more recently gaining eligibility had, on average, higher benefit awards than earlier eligibles. A woman worker who became eligible for DI benefits between 1960 and 1964, for example, would be receiving an average monthly amount of $199.60. One becoming eligible between 1975 and 1977 would average $227.10 (U.S. Department of Health and Human Services, Table 77, 1980). For those wives of disabled workers whose entitlement was based on children in their care, their average monthly benefit amount in 1977 was $76.80 (U.S. Department of Health and Human Services, Table 67, 1980).

The average age of women workers who are receiving disability insurance benefits is about 52 years old. Fully 76 percent of women DI beneficiaries are between the ages of fifty and sixty-four. And it is these older disabled women workers who receive the lowest benefit levels from the program, and who are more likely to have fewer resources available to them. Many are widowed, divorced, or separated. Thus,
while fewer disabled women than men benefit from the disability insurance program, even those who do remain seriously economically disadvantaged.

While underrepresented in the disability insurance program, women are overrepresented under supplemental security income. Public assistance is a more important source of income for women than for men, and becomes increasingly important with the severity of the limitation. Women now constitute about 60 percent of SSI beneficiaries reflecting their weaker work force attachment. For those women who have worked too little to gain eligibility under the disability insurance program, or who while eligible may only qualify for minimum DI benefits, public assistance in the form of supplemental security income offers the only means of support.

Public income maintenance programs such as workers' compensation and veterans disability programs are also less important for women than for men. (See Table 5). A study done in 1975 on the workers' compensation program of five states found that 82 percent of claimants were male and only 18 percent were female (Joe and Bogatay, 1980).

Rehabilitation services are available infrequently to disabled women. Due to the VR screening process and inadequate funding, not all individuals eligible for VR services receive them. Only one-quarter of those awarded disability insurance or supplemental security income benefits in a given year are referred for rehabilitation services. Less than half of those referred are accepted into the program. Thus eight out of every nine beneficiaries do not receive VR services (Joe and Bogatay, 1980). And those who are referred are young -- 36.5 years old for DI clients, 29.8 years old for SSI clients (U.S. Department of Health, Education and Welfare, 1979b). The typical disabled woman, however, is more likely to an older recipient, and thus more likely to be screened out of the vocational rehabilitation process as having a lower potential for engaging in substantial gainful activity after rehabilitation. This bias towards providing services to individuals who can reenter the labor force effectively excludes women who may have been full-time homemakers, or who may have had tenuous labor market connections prior to the onset of their disability, or who may now be at an age where reentry into the labor force would be difficult because of age discrimination.
### Table 5

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<th>Sex</th>
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<td>00.8</td>
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**Source:** U.S. Department of Health, Education, and Welfare, Social Security Administration.
Conclusions and Policy Implications

After twenty years of development, disability policy in the United States is undergoing a serious reassessment. The role and function of disability insurance, public assistance, and rehabilitation services in the life of the disabled individual, both male and female, is being questioned. Application rates for the disability insurance program are rising, and so are the costs. Between 1970 and 1979, the cost of DI cash benefits grew from $2.8 to $13.6 billion. Yet, the program experience for the period 1968 to 1978 reflects, in the words of one author, "...disquieting trends in terms of future cost potential, and apparent erosion of the rate in which disabled beneficiaries leave the benefit rolls for reasons other than death or the attainment of retirement age." (Joe and Bogatay, 1980, p. 132). Since 1960, yearly "recoveries" have remained constant at approximately 40,000, although rolls have been steadily rising. In effect, then, over 90 percent of those who become DI beneficiaries never "recover." The resulting loss to the society of the economic contributions of these individuals is causing great concern. Countless proposals have recently been made to alter the various disability programs in such a way as to strengthen the incentives to reenter the labor force for those disabled who can, to increase the adequacy of public benefits for those who cannot, and to make more effective and efficient the available rehabilitation services (Sussman and Hagan, 1977; U.S. Advisory Council on Social Security, 1979; U.S. Senate Finance Committee, 1979).

All of these proposals, if adopted, will strengthen United States policy on disability so as to more greatly benefit all disabled persons, men and women. But marginal improvements in program specifics will not solve what is a continuing problem for women -- the strong relationship between program benefit entitlement and labor force participation. As long as the major (and most generous) disability protection programs are premised upon a model of life-long, full-time employment outside the home, with disability being explicitly defined in a work-related context, women will continue to be disadvantaged.

The policy implications of this "disadvantage" are different, of course, for women who are employed and those who are not. For the majority of the 41 percent of American adult women who are now in the labor force, disability insurance benefits under social security provide the primary income assurance program in the event of disability. Yet only 32 percent of recent successful applicants for the DI program were women, and of those applicants who were denied
benefits, more than three-fourths had incomes under $4,000. And for
those women who qualify as beneficiaries, benefits remain low. Over
42 percent of female workers who are severely disabled are classified
as service workers. These workers typically earn low wages (the median
usual weekly earnings of full-time women service workers in 1976 was
$109), and about 31 percent have less than a high school education
(U.S. Department of Labor, 1977). Thus, such workers would not only
receive low benefits, but would be poor candidates for retraining.

The low benefits awarded women workers who become disabled re-
sult in a dramatic decline in their income. In 1970-71, 82.8 percent
of recently disabled adult women experienced a drop in their yearly
earnings of 50 percent or more (U.S. Department of Health, Education,
and Welfare, 1979a). This decline has a differential effect on dis-
abled women with spouses and those without. The estimated median
family income of severely disabled married women in 1977 was $9,543.
For nonmarried women the figure was $2,225 (Lando and Krute, 1976).

Thus, if they can qualify, employed women can rely upon dis-
ability insurance benefits in the event of disability. But these
benefits are likely to be very low and present a particular hardship
for women who have no spouse present. Some older women who do not
qualify for DI benefits on their own work record may be eligible for
a disabled widow benefit under social security. But this category
is very restrictive, serves few women, and provides a very low
average monthly benefit.

For those 49 percent of women outside the labor force, fewer op-
tions are available in the event of disability. If married, they may
qualify for the supplemental security income program. For these dis-
abled women, their annual income guarantee would be no more than
$2,856, about 84 percent of the poverty line in this country.

The implications of the above data are clear. There is need for
an urgent reassessment of the impact of current disability policy on
the disabled woman. While labor force participation rates of women
are on the rise, social circumstances of child rearing and homemaking
will always keep large numbers of women from working outside the home.
Increasing divorce and separation is also enlarging the number of
female-headed households in this country. The presumption that the
disabled woman will either be protected from a loss of income because
of adequate disability insurance protection, or by the presence of a
spouse is patently false. As long as those presumptions underlie
major United States disability programs, women will remain unpro-
tected from the economic threats associated with disability.
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U.S. Advisory Council on Social Security

U.S. Congress, Senate Finance Committee

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U.S. Department of Health, Education, and Welfare

U.S. Department of Labor
U.S. Department of Labor

U.S. Office of Management and Budget
This story is meant to be read primarily by or to children of elementary school age as it is written in language that they can identify with and understand. It is also intended as reading for social workers and educators for the purpose of enhancing their understanding of the emotional dilemmas experienced by abused children. Especially stressed are the feelings of ambivalence, betrayal, anger, loss, concern, guilt, desertion, sadness and loyalty to one's parents/caretakers, no matter how bad the situation may seem or how urgent the need for placement.

This paper poses for thought the author's feeling that oppression breeds anger which results in unnecessary pressure being brought to bear upon the oppressed, whether this be pressure to conform or pressure to rebel. This oppression, when not dealt with, or when dealt with unsuccessfully or inappropriately, can lead to the ongoing stress that is evident in situations of abuse.

A secondary purpose of this paper is to point out some of the shortcomings of foster placement - both in the area of pre-placement preparation as well as the child's need to maintain some type of contact with his/her home situation while in placement. Because it is very difficult for any child to experience and understand all of the emotions that surface prior to, during and after placement, this story is meant to convey the message that only in the most necessary of circumstances should a child be removed from home.
"TOMMY - The Story of an Oppressed Family"

Karen N. Bianco

Tomy was unhappy. He loved his MommTy and Daddy, but he thought that they didn't love him. Everytime he walked into a room where his Mommy and Daddy were, they would yell at him. Tommy didn't pick up his dirty clothes. Tommy didn't feed his dog. Tommy tore his dungarees. Tommy wasn't nice to his baby sister.

Tommy thought it was hard to be nice when nobody was nice to him. Mommy and Daddy called him "bad" so much that Tommy began to think that "bad" was his name.

Tommy didn't know where to put his dirty clothes because his whole house was a mess. He could never find his clothes and Mommy was always asleep when he went to school. She said it was good for Tommy to learn to dress himself.

Tommy didn't feed his dog because his dog just ate yesterday and yesterday Mommy said there was no more money to buy dog food until next week. There wasn't much food left so Blackie only got a little every other day. Tommy thought tnis was a better idea than giving Blackie all the food at once and then running out of it for two or three days until Mommy could buy some more. Tommy didn't understand why Mommy kept yelling at him for not feeding Blackie. Mommy must have forgotten what she told me yesterday, Tommy thought. Mommy forgets alot now.

Tommy tore his dungarees playing ball at school. Tommy had fun at school. He was happy there. His teacher, Mrs. Wilson, was real nice. Mrs. Wilson said it would only take Tommy's Mom-y a few minutes to patch his jeans because it was only a little tear. Mrs. Wilson said that she didn't think Mommy would be mad. Lots of kids, boys and girls, tear their jeans at one time or another, Mrs. Wilson said. Mommy was mad. Real mad. Tommy said Tom-y should tell Mrs. Wilson to fix his jeans if she was so smart.

Tommy wasn't nice to his baby sister, Sarah. She always broke his toys. All Sarah had to do was cry and boy, would Tommy get it. Lots of times, Tommy had to stay
in his room alone because he yelled at Sarah and made her cry.

Tommy cried a lot.

When Tommy was in his room alone, he remembered things. Like feeling hurt and scared all the time. Not hurt from being hit even though that happened to him a lot, but hurt because no one he loved seemed to love him. He thought he could take being slapped because, after all, he must have done something to deserve it. But he didn't like feeling like he was alone all the time. Tommy felt like he had nobody to talk to when he got scared and lonely, mostly because the people who he wanted to talk to - Mommy and Daddy - were the ones who made him feel scared and lonely. They never seemed to have time for Tommy and when they did have time, all they did was holler at him and call him terrible names - like "Stupid" and "Brat" and "Pain in the Neck." Sometimes they even said that they were sorry Tommy was ever born. Boy, did Tommy hurt when he heard that. At least Mrs. Wilson seemed to be glad that Tommy was alive.

One day Mrs. Wilson told Tommy that his Mommy and Daddy were coming to school that afternoon. Mrs. Wilson had called them last night. She had called Miss Jones, too, and had asked her to come to school at the same time. Miss Jones used to come to Tommy's house a lot to see Tommy's Mommy. All Tommy knew was that Miss Jones was always nice to him. She smiled at him a lot and she even played ball with him. Tommy liked Miss Jones. She told him that she really likes kids and that was why she always came to see Tommy's Mommy - to try to make things better at home for Tommy and Sarah. She said that Mommy needed a friend. She said that one of the neighbors had told her that Tommy's Mommy was always hollering at him and sometimes even Sarah. The neighbor even told her that Tommy and Sarah would cry hard when they got spanked. She could hear them next door, she said. And it happened almost every night. Miss Jones said that she wanted to help Mommy feel better so this wouldn't happen. Tommy didn't think his Mommy was sick so he never understood what Miss Jones meant about making Mommy feel better, but whatever she was doing wasn't working anyway because Mommy still hollered at Tommy, and usually spanked Tommy, for no reason, especially after Miss Jones would leave. Tommy didn't want to tell Miss Jones this because maybe then she wouldn't come back and play ball with him. Mommy used to call Tommy "Stupid" for even talking to Miss Jones.
Mommy would ask Tommy what he said to Miss Jones but before he could say anything, Mor-my slapped him. Right across the mouth. It hurt. Then she would send him to bed. Sometimes Tommy's nose would bleed and Tommy thought he was going to die. But then Mommy would say she was sorry and help Tommy get cleaned up and then cook him his favorite meal for supper. Tommy loved Mommy.

Tommy was scared but he didn't know why. He remembered the telephone ringing last night and when he asked Daddy who it was, Daddy just yelled, "Nevermind, it's none of your business!" Then all of a sudden, he started picking on Tommy again. He hadn't yelled at him too much after school. What did I do now, Tommy thought.

Mommy and Daddy went to school but they were late. Tommy's stomach hurt. First he thought that Mommy and Daddy had gotten into a car accident and that was why they weren't there on time and it was all his fault. Then he thought that they forgot. What would Mrs. Wilson say? Maybe she'd get mad, too, and then even school wouldn't be fun anymore.

When Mommy and Daddy finally got there, the meeting started. Tommy sat down beside Mrs. Wilson and Mommy and Daddy just kept staring at him. Mrs. Wilson was telling them that Tommy was having a hard time in school now and she wanted to know if Mommy and Daddy could give him some help at home after school. Mommy and Daddy told Mrs. Wilson that they always help Tommy but Tommy always misbehaves so they always end up sending him to his room. They had to, they said, so Tommy would know who was "Boss." Tommy wondered how come Mommy and Daddy said this to Mrs. Wilson because it wasn't true. Well, not all true. It was true that Tommy was always being sent to his room, but every time he asked Mommy and Daddy to help him with his school work, they told him they didn't have time, and besides, they said, if Tommy didn't fool around so much at school, he wouldn't be so stupid and he would learn what he was supposed to and then he wouldn't have to ask Mommy and Daddy to help. Tommy was mad at Mommy and Daddy for lying to Mrs. Wilson - she was too nice to lie to.

Mrs. Wilson was asking Mommy and Daddy some questions about Sarah, too, like how old is she and does she like Tommy. Tommy could tell that Mommy was getting mad. She kept staring at him and Miss Jones. This is how she looks just before she yells at me and spanks me, Tommy thought. But she didn't yell at Mrs. Wilson. And Mrs. Wilson was
too big to spank. Phew, Tommy said to himself.

Then Mrs. Wilson told Tommy that she and Miss Jones wanted to talk to Mommy and Daddy alone and she wondered if Tommy would like to go back to his classroom and write on the blackboard. Tommy loved to write on the blackboard, especially after school 'cause there were no kids to laugh at him if he spelled a word wrong or something.

When Mrs. Wilson and Miss Jones were done talking to Mommy and Daddy, Mommy was crying. Tommy was mad at Mrs. Wilson because she must have made Mommy cry. Tommy told Mrs. Wilson he didn't like her stupid old blackboard anyway.

Mommy and Daddy were very quiet all the way home. Tommy was, too. For some reason, he was scared. Scared to look at Mommy and Daddy in the eye.

Blackie greeted them at the door, as usual. And Tommy gave him a hug, as usual. No one else seemed to care, Tommy thought.

Mommy and Daddy were hollering at each other as Tommy was going to the refrigerator to get some milk and something to eat. He was hungry now, now that the meeting at school was all over. Mommy yelled at Tommy and told him to keep the refrigerator door shut. Tommy said all he wanted was a glass of milk. Mommy said there wasn't any. But Tommy knew there was. And he told her so. Mommy yelled again at Tommy and said there wasn't any milk. "Liar!" Tommy said. "Liar, liar, liar, just like all the lies you told to Mrs. Wilson!"

All of a sudden, Mommy got real mad. Madder than Tommy had ever seen. She screamed at Tommy and called him a brat. She grabbed him by the shirt and, as she was smashing at his little body, she hollered about how she hated him for embarrassing her for having to go to school and be told that Tommy was stupid. "They must think I'm stupid, too," Mommy screamed. "How humiliating!" All the while, Tommy kept ducking Mommy's slaps, but each time he bent down, Mommy kicked him. Blackie was barking at all the commotion. Tommy was crying. When he could catch his breath, he yelled at Mommy to stop, but she didn't.

It seemed like forever.

Tommy woke up in the hospital. Miss Jones was sitting
near his bed. So was Tommy. At first Tommy thought he was dreaming because everything looked blurry. He went to rub his eyes and felt a bandage on one of them. It hurt real bad. Tommy asked Mommy what happened, but Mommy couldn’t answer. She was crying and stroking Tommy's hair. Miss Jones told Tommy that Mommy had lost her temper last night and had hurt her. The next door neighbor had heard Tommy crying and Blackie barking and Mommy yelling and had called the police. The police called Miss Jones when they got to Tommy's house because that's who Mommy said could help. Miss Jones and Mommy had brought Tommy to the hospital.

After five days in the hospital, Tommy could go home. Tommy couldn't wait. Mommy had been to see him every day, but this wasn't the same as being home.

When Tommy got home, Mommy and Daddy told him that he could stay up later that night - after Sarah went to bed. Tommy was real happy. This only used to happen on Tommy's birthday.

After Sarah went to bed, Mommy called Tommy into the kitchen. Daddy was there, too. He didn't even look at Tommy.

Mommy told Tommy she was sorry. She said she didn't know what for, but she was sorry. Tommy thought back to what had happened before he went to the hospital. Maybe Mrs. Wilson found out that Mommy and Daddy lied to her and maybe she yelled at Mommy and called her a liar like I did, Tommy thought. Maybe Mommy was sorry for lying. Mommy started to cry. Sometimes, when I lie, Tommy thought, Mommy finds out and yells at me and then I cry.

Mommy said that Sarah and Tommy would have to go to live with someone else for a while. Tommy didn't want to leave Mommy 'cause she felt so bad, but then he thought that he may be going to see Uncle Ben. Uncle Ben always used to tell him that he wished he had a nice boy like him. Mommy and Daddy didn't like Uncle Ben. Tommy knew because he heard them talking about him one night. They said he was always sticking his nose in other peoples' business and he shouldn't try to tell people how to bring up their kids, especially when he didn't have any of his own. They said the same thing went for Miss Jones.

When Tommy asked Mommy if he was going to Uncle Ben's, Mommy said no. She cried even harder now. Now what did
I do, Tommy thought. Maybe something bad had happened to Uncle Ben.

Tommy knew Mommy was upset and he told her it was okay. He really didn't think that it was, but he wanted Mommy to stop crying. When she cried, Tommy felt bad, and he felt like crying, too.

Tommy really wondered where he was going and how long he was going to be there. He wondered if the people would be nice, like Mrs. Wilson, or would they be mean. Tommy remembered that Mrs. Wilson used to be nice until she made Mommy cry. Tommy wondered if anybody was nice besides Mommy.

Tommy was scared. He didn't want to go to any other place to live. Who was going to feed Blackie? And who was going to make sure that Tommy got up in the morning? Tommy thought if he promised Mommy that he'd try real hard in school and be real good, maybe he wouldn't have to go. And he could tell Sarah to be real good, too.

Mommy told Tommy that he still had to go. Then Tommy thought that it would make Mommy happy if he told her he would come to visit her a lot until he could come home again. Like Mommy did for Tommy when he was in the hospital. Mommy started crying again. Then Daddy told Tommy to go to bed. Tommy heard Sarah crying when he went into his room. Then he heard Daddy yell, "Shut up!", to Sarah. Sarah still kept crying, but so was Tommy now.

When Tommy woke up, he couldn't find any of his clothes. Not even the dirty ones. When Tommy found Mommy, he saw he putting all his clothes in boxes. Sarah's were in a big green garbage bag. Did Tommy have to leave already?

Mommy put out a clean T-shirt and jeans for Tommy to wear. She said he had to look nice when he went to his foster home so the new people wouldn't think Mommy was a slob.

Daddy was talking to Miss Jones at the door now. Tommy knew Miss Jones liked him so maybe he wouldn't have to leave already if she could convince Mommy and Daddy that he wasn't really stupid or bad. They must talk about me, Tommy thought, because every time Miss Jones comes to visit, Mommy makes me play outside, even if I don't want to.
Pretty soon Miss Jones asked Tommy if he and Sarah would like to go for a ride in her car. She said they were going to the foster home. That's a foster home, Tommy thought. Does that mean that the peoples' names are Mr. and Mrs. Foster? How long would he and Sarah have to stay there? Where are Mommy and Daddy going to be? How will they know where to find us? How would Blackie ever find me?

Tommy said he didn't want to go, but Mommy said he had to. He had to help Sarah, Tommy said, because she didn't want to go either. Well, Tommy thought, how can I help Sarah when I don't want to go. Sometimes, I don't even like Sarah, Tommy thought, but at least we'll be together and I'll know somebody there.

Then Daddy got mad because Mommy started crying again. Tommy and Sarah got in the car with Miss Jones and their green garbage bag and Tommy's boxes. Sarah started to cry and kept looking at Mommy and Daddy and banging on the window of Miss Jones' car. Mommy and Daddy didn't even wave goodbye. At least Blackie said goodbye, he was chasing Miss Jones' car down the street. Tommy was sad.

Miss Jones seemed to talk forever. She said that Tommy and Sarah would have to stay with their foster parents for about three months to give Mommy and Daddy time to work out their problems at home. She kept saying that she wished that Tommy and Sarah could have met their foster parents, Mr. and Mrs. Hall, before they had to leave Mommy and Daddy, but there wasn't time. Tommy didn't even know what a foster parent was and Sarah didn't seem to care. She was asleep now.

Miss Jones said that foster parents are people who take care of kids when their Mommies and Daddies can't. Tommy wondered why Mommy and Daddy couldn't keep taking care of him and Sarah. They had both promised to be good, and even if Mommy and Daddy couldn't keep taking care of them, why couldn't they go to live with Miss Jones? She was nice.

Miss Jones told Tommy everything about Mr. and Mrs. Hall but Tommy wasn't listening. He wondered how Mommy and Daddy were. He even missed Mrs. Wilson, the big creep. This was all her fault. He hoped he never saw her again.

Then they were there. Mrs. Hall was outside smiling.
Tommy wasn't smiling though. Sarah was awake now and she was crying again. I wish she'd go back to sleep, Tommy thought. She's always crying.

Miss Jones gave Mrs. Hall all of Tommy's things. Sarah's, too. If Tommy said it was only for a little while, how come I don't have anything left at home, Tommy said to himself. Did Mommy lie to me, too, like she did to Mrs. Wilson? Mommy wouldn't do that. Not to me, Tommy thought. Not my Mommy!

Miss Jones talked to Mrs. Hall for a long time. Then she said she had to go. This time Tommy wanted to go with her, but Miss Jones said he and Sarah would have to stay.

After Miss Jones left, Mrs. Hall kept smiling at Tommy but he didn't feel like smiling back. She told Tommy that he looked real nice and said he must have a nice Mommy who takes such good care of him to make sure that he looked nice.

Mr. Hall came home when Mrs. Hall was cooking supper. It smelled good and it was Tommy's favorite — spaghetti. Tommy wasn't hungry though. His stomach hurt again, just like it did the day his Mommy and Daddy were going to see Mrs. Wilson at school. He missed Mommy and Daddy — even if they always yelled at him. And he missed Blackie.

Mr. Hall played with Tommy after supper. He said Tommy could climb on him and he'd give him a piggyback. Tommy never had a piggyback before but he didn't want to now. Then he saw Sarah playing with Mrs. Hall so he thought he should play with Mr. Hall so he wouldn't hurt his feelings. Before he knew it, Tommy heard some laughing — it was him — Tommy. Mr. Hall kept tickling him. Tommy laughed so hard that his face got red. Then all of a sudden, he started to cry. He was trying hard not to and he kept telling Mr. Hall that he must have gotten something in his eye when they were playing. But Mr. Hall knew that this wasn't true. He knew Tommy was sad about everything and he told him everything would be okay. He told him that he knew he missed his Mommy and Daddy and that he must be mad because it felt like they sent him and Sarah away. Tommy said he didn't care about Sarah but Mr. Hall knew this wasn't true either. Tommy was just scared and lonely, even if there were people around. Mr. Hall hugged Tommy and Tommy felt better. He didn't even know Mr. Hall but he kept hanging on to him and he didn't want to let him go. He wished he was home so Mommy and Daddy
could hug him instead of some stranger — but they never did anyway. Only Mrs. Wilson did that.

The next three months were hard for Tommy. Tommy didn't know how long three months was, but it seemed like forever. And it was Summer, too, so he missed playing with all of his friends that he knew from school.

Mrs. Hall helped Tommy understand three months by putting a big red mark next to the day's date on the calendar each night before Tommy went to bed. At least this way Tommy had some idea of how many more days it would be before he and Sarah could go home.

Tommy still cried inside though. He missed Mommy and Daddy, and Blackie. But he also knew it was almost time to go home because Mommy and Daddy said so the last time they visited. But then Tommy kept thinking about the time that Mommy and Daddy lied to Mrs. Wilson and he couldn't help thinking that maybe Mommy and Daddy lied to him, too, and if this was true, maybe he would never go home. Maybe Sarah would, 'cause Mommy and Daddy loved her. They used to hug her a lot.

Then one day Miss Jones came and talked to Tommy and Sarah for a long time. Sarah wasn't too interested but Tommy was. Miss Jones said that Mommy and Daddy felt better now and that meant that Tommy and Sarah could go home next week. Tommy asked Miss Jones if Mommy and Daddy were sick or something. He didn't understand. Miss Jones said that Mommy and Daddy used to have some big problems but now they weren't so big. The problems were like not being able to talk to each other about things that bothered them. And there were lots of things that bothered them. That's funny, Tommy thought. All he remembered about problems was that he used to hear Daddy ask Mommy what her problem was and Mommy would say she didn't have a problem. Tommy still didn't understand. Miss Jones said that sometimes it's hard for grown-ups to say that something is wrong because it makes them feel bad. Especially if they have a problem that they don't know how to fix. And when a lot of problems come at the same time, and they're not talked about or taken care of, well, then all it takes is one little thing to happen to make everyone upset. Like Tommy asking for milk or Sarah crying or Blackie tracking mud all through the house. Then Mommy and Daddy get really angry — not because they're mad at Tommy or Sarah or Blackie but because they're mad already at themselves and there's no one else to take it out on. And usually
kids don't fight back - because they love their Mommies and Daddies and don't want to hurt them. And besides, they're not big enough.

Miss Jones said that some day Tommy and Sarah would be older and then they would understand grown-up problems. Like Mommy and Daddy problems. But some things Tommy and Sarah could possibly understand now. Like other problems Mommy and Daddy had. Like not having enough money to buy food. Then Tommy remembered about Blackie. He felt sad. Sad because he wanted to be sure that Blackie was okay. Sad because he must have made Mommy feel bad when he kept asking her to buy some more food for Blackie.

And besides all that, Mommy and Daddy didn't have enough money to buy Tommy and Sarah the clothes they wanted them to have to make them look nice like the other kids. Mommy and Daddy felt bad when the other kids teased Tommy and Sarah about the clothes they wore or not having a nice apartment or not having a washing machine - everyone had a washing machine. Daddy had a hard time getting a job because he didn't have a car to go back and forth to work. After Daddy had looked for a job for a long time and couldn't find one, he got discouraged. Tommy asked Miss Jones what "discouraged" meant. Miss Jones said that sometimes people don't feel like trying if they always seem to fail. Like Tommy used to feel when he couldn't do his arithmetic. He tried and tried but he could never figure it out. And when he went to the blackboard in front of his whole class, he'd feel funny, like everybody was staring at him. Sometimes the kids would even laugh at him when he got a problem wrong, even though Mrs. Wilson told them that it wasn't nice to laugh at anyone, especially when they were trying real hard. Miss Jones told Tommy that sometimes this was how Daddy felt. Daddy didn't really want to stay home all day, but he used to feel so bad that he couldn't even make himself get up in the morning to go to look for a job. Then he would be crabby all day and yell at Tommy and Sarah and even Mommy. Tommy remembered Daddy yelling at Mommy and Mommy used to cry. Tommy sometimes told Daddy that he hated him for making Mommy cry.

Tommy was beginning to understand grown-up problems now. And Miss Jones said that was good because now when things go wrong at home, Tommy would know that his Mommy's and Daddy's problems were not his fault. And Tommy wasn't bad like he always thought - or stupid.
Miss Jones said things were better now, too, because Daddy had a job. A new neighbor had moved in next door and so worked at the same place where Daddy's job was so he could ride back and forth to work with him. And now Tommy felt better, too. She never liked to yell at Tommy and Sarah and spank them all the time. She just felt awful inside and sometimes when people feel this way, they make everybody else feel awful, too. Especially the people they care about, because people who really love you, never go away, no matter how mad you get at them sometimes. And Mommy and Daddy never wanted Tommy and Sarah to go away - at least not until they wanted to when they were big. Mommy and Daddy wanted to make things better for Tommy and Sarah and themselves and they needed time to do it. Things weren't always going to go well, Miss Jones said, but at least now, the chances were much better. And understanding that there is a problem is a big step in making it go away, she said.

Miss Jones said that she could help, too. She said she would try to be a friend to Mommy and maybe this would make Mommy feel better about herself. And there was something else. How Mommy would have another friend to talk to when she was feeling sad and having grown-up problems. Daddy. But sometimes Daddy had a lot on his mind so he wouldn't always be able to be there. But at least Mommy knew that she had two friends who cared about her and her feelings. Friends make you feel better, no matter how bad your problems get - whether you're a grown-up or a little boy, Miss Jones said. Tommy knew what she meant. Blackie was his friend and he always made Tommy feel good.

The day finally came for Tommy and Sarah to go home. Tommy was real happy but Mr. and Mrs. Hall were real sad. They said they were never so happy as when Tommy and Sarah were with them. They were real good kids, they said. Mrs. Hall even started to cry when she saw Miss Jones' car coming up the street. Mommy and Daddy were with Miss Jones. Tommy couldn't wait to get home. Mr. and Mrs. Hall asked Mommy and Daddy if Tommy and Sarah could come to visit them once in a while. They said yes, but never for this long again because they never wanted Tommy and Sarah to have to leave again. Mr. Hall said that he understood what they meant, because they weren't even his kids and he and Mrs. Hall didn't want them to go.

The first thing Tommy saw when he got home was Blackie. Boy was he happy. He looked great, just like Tommy said. When they got in the house, Mommy started to
cry and Toryy thought, oh-oh. But this time, Daddy told Mommy it was okay. And then Daddy and Mommy hugged each other and then they hugged Toryy and Sarah. And then they all were crying and they didn't know why except that they were all very happy to have each other. Toryy felt so good, he even went over to give Blackie a hug. And Blackie barked and lapped his face, almost like he always knew that Toryy would come back, just like he did. And Toryy told Blackie that he would never leave him again, and Blackie was happy. Because when you love someone, you never want them to go away....
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