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1978c "An Analysis of the Function of the Social Work Faculty in Medical Schools." Journal of Medical Education 51 (January): 64-5.

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SOCIAL WORK AND SOCIAL WELFARE: A CONCEPTUAL MATRIX

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ABSTRACT

Through a structural-functional analysis, the relationship between the profession of social work and the institution of social welfare is examined. Social welfare is defined as an institution concerned with those legitimated needs of people which relate to the quality of life which cannot be met in the marketplace. The central mission of the institution of social welfare is seen in three dimensions: social control, humanitarianism and feedback to society of patterns of social hurt which prevent the achievement of humanitarian aspirations and threaten the stability of the social order.

Institution provides one set of coordinates to the grid of social structure which is depicted. The other set of coordinates is provided by social class and class conflicts which define both form and content of the institution of social welfare and the contradictions of the relationship between the profession of social work and its anchoring institution.

Through examining the place of social work in social structure, it is suggested that theory can be developed to explain problems of professional development and guide the evolution of the profession.

This paper is an effort to build a conceptual matrix to enhance understanding of social work through a structural-functional analysis. We will inquire into the social functions carried out by this profession, the social structure in which it is located and the interrelationship between structure and function. Elizabeth Wickenden has highlighted the importance of such social analysis in this telling criticism:

Social welfare is one of the major instruments for creating a supportive community in both a positive sense and in minimizing or reversing its inadequacies. As such it should have a high priority in policy planning and the allocation of resources in money, personnel and leadership. It should be the instrument of a mutuality of shared relationship and the fact that it is not today widely recognized as such is a challenge to our resources in leadership. We really cannot complain that our social function is not generally understood unless we ourselves are better able to interpret what we do and why.
Introduction

The relationship of the social work profession to the institution of social welfare represents a dialectical unit not often recognized. The two concepts are reciprocal, each intertwined with the other in a constantly interacting relationship, each influencing the other. The institution's constant unfolding of newly legitimated social needs evokes new services as the profession feeds back to society its continuing discovery of the patterning of social hurt emanating from its practice experience.

In defining social work and attempting to direct its future, locating this institutional relationship provides a basis for increased conceptual clarity. Periodic waves of self-flagellation can be obviated, since social work no longer needs to seek institutional inadequacies entirely within its own ranks. Recognizing the institution of social welfare as a battleground of contending forces and ideologies, the profession of social work can affirm its own ideas with respect to the need for a more caring society and enter more knowledgeably into the inevitable political conflicts. Accepting the interpenetration of policy and practice inherent in this institutional relationship, social work can eschew an artificial dichotomy between these interdependent professional functions.

We require theoretical formulations which help us to explain the contradictions so visible in our practice. Not only do we urgently need theory which describes and explains in parsimonious terms, but we also need theoretical propositions sound enough to continue to guide the evolution of the profession. Our work involves a dynamic balance of elements which foster social control with elements that stress humanitarian concerns. We argue with one another about which element is really truer, which is the more basic strain in social work. At the same time, others among us urge us to move towards social reform, implying that we often block social reform by our very efforts to ameliorate rather than correct social evils.

We will assume that all these statements contain elements of truth. We require, therefore, a set of propositions which can contain these conflicting dimensions in a logical relationship strong enough to describe, explain and guide the evolution of the work of the profession. This paper is an effort to contribute to the development of such a conceptual matrix.

The Concept of Institution

A way of grouping critical social activities is offered by the concept of institution. Institution is an organizing principle which assumes that the social order requires the performance of certain central societal functions, such as law, health, education and social welfare. Thus, institution may be understood as encompassing the laws, regulations, roles, role expectations, norms, customs, organizations, occupations and particularized ideas related to the satisfaction of a critical societal need or function.

The institution of education, for instance, is the means by which a society transmits
its knowledge, values and customs to succeeding generations. It is a way of trans-
mittting unfolding knowledge and ideas to all members of a rapidly changing and emerg-
ing society. It can perpetuate the class divisions of an economically striated soc-
order to the degree that it works to track children into class-biased paths of soci-
existence. It provides advanced education which contributes to a potential for up-
ward economic mobility for some students.

The institution of law sets boundaries for accepted social behavior and provides
penalties for those who violate these boundaries. Law provides a defined basis for
political, economic and social transactions, thus affording a sense of structure
and ritual to the way people interact with one another to address complex needs.
As in education, law affords opportunities for both perpetuating and changing the
relationships of people in society, tending to be the servant of those dominant in
the social order.

The Institution of Social Welfare

Social welfare is a very special kind of institution. Social welfare is primarily
intended to compensate for the failures of other institutions to meet legitimized
needs relevant to the quality of individual and social life. In this "residual"
sense, social welfare is a kind of fail-safe device designed to spread a net to
reach those who are being failed. It consists of "collective interventions" to
meet individual and social needs and, at the same time, meet the interests of those
who exercise power. The social policies which guide such interventions must satisfy
both conditions as the basis for continuity.

Social welfare is concerned with those legitimated needs of people which relate to
quality of life which cannot be met in the marketplace either because there is no
market or because the individuals do not have access to the market.

The residual view of social welfare, which continues to be predominant in the United
States, centers its concern on the quality of life for individuals from the lower
social classes who live a precarious kind of social existence. The "safety net"
idea can be observed in public assistance and unemployment insurance. These pro-
grams "catch" people failed by the inability of the labor market to provide employment for
all those ready, willing and able to work.

Child welfare also offers many opportunities to see the fail-safe contribution of
social welfare. Foster care provides substitutive services which "rescue" children
of the poor from a childhood of destitution when their parents are unable to ful-
fill the responsibilities of parenting. The population of families served by foster
care programs is a class phenomenon. People of means do not usually entrust their
children to child welfare agencies. Instead, boarding schools, governesses and camp
serve similar purposes.

In contrast to the residual view of social welfare, the institutional view holds the
society has become so complex that common measures are required for ensuring the qua-
ty of life of all citizens. Rather than residual or "latent," such programs should
be regarded as social utilities accessible to all in need.\(^5\) The United States is moving from a more residual approach to a more institutional view but still has a long way to go.\(^6\) Sweden, for instance, provides free hot lunches for all school children. Britain has a "universal" school lunch program which does not stigmatize poor children.\(^7\) We still grapple with vouchers, different lines and varicolored tickets to segregate those children whose families cannot afford to pay. Our uneven social policies meet individual and family need on a continuum of commitment and resources which wavers between two poles. One group of people receives assistance that only allows a marginal physical and social existence. Other groups are, indeed, being restored to the mainstream of economic and social existence as a consequence of assistance being received. Definition of need, determination of the standard of need and allocation of resources to meet need are the product of political processes in which the dominant groups and classes hold sway. They are the people who determine the quality of life which others should have and then provide the means for achieving it or not achieving it.

"Quality of life" as we have used the term is the equivalent of Crouch's concept of "human subsistence."\(^8\) Human subsistence or quality of life can be divided into physical, economic, emotional, political and social aspects. Each aspect of human subsistence for the lower social classes is defined through a "deeming" process in which dominant groups and classes determine the content and range of supportive activities within the social welfare institution as well as other institutions. The "deeming" process is anchored in the political, social and class conflicts of institutional existence. Both policies and administration of policies within the social welfare institution can be viewed as the outcome of such continuing conflict.

The degree to which recipients of assistance from the social welfare institution are able to understand their common plight and organize to exercise power will cause benefit levels to rise. Conversely, the degree to which they passively and individually accept what is deemed appropriate for them will retard any increases in the level and scope of benefits. The degree to which collective effort to exercise power is manifested will help determine the marginal utility of such groups for the social order. Sometimes recipients or potential recipients are aided by coalitions and alliances in which they are a part. At other times, economic and political conditions particular to a given period of history will affect the marginal utility of the service recipient.

The Relationship of Profession to Institution

In examining the institutions we have cited, one is struck with the centrality of professions. The institution of education has a host of professions engaged in its work, but one is dominant -- the teaching profession. The legal profession is dominant in the institution of law. In health, where many professions are involved, the profession of medicine exerts the greatest influence.

The functions performed by the professions include the direct provision of many of the important services provided by the institution as well as activities which shape, guide, lead and direct the evolution of the institution. The capacity to exercise
leadership in institutional policy formation is given authenticity by the primary role of service provision. Professions "feed back" to their institutions recommendations for adaptive or corrective change based upon the experience in service provision and analysis of patterns of social hurt.

In this formulation, there is no policy-practice dichotomy since the two constellations of activities are dialectically related. That is, they are mutually interdependent as the influence of one interpenetrates and changes the other. The practice of those engaged in the institution's work must continue to change if the institution is to continue to fulfill its functions under the changing conditions of social life. This urgent requirement for change creates a demand for effective leadership from the relevant professions. Professions retain their significance to institutions as they exercise leadership in contributing to the capacity of institutions to change in order to maintain their usefulness to society.

This relationship of profession to institution has been defined by Stein as the systems maintenance function. In his view, this function includes "not only measures to ensure the coherence, continuity, and stability of the social structure but also measures to plan for and cope with change." Systems maintenance refers to all those social provisions and services that have the effect of maintaining social stability and cohesion through meeting needs of people in accordance with prevailing social values."

It is in this latter aspect of systems maintenance, that is, its concern with prevailing social values, in which we begin to understand the sense of being enmeshed in conflict which characterizes the profession of social work today. Prevailing values must be understood as meaning the continuing emergence of conflict synthesis arising from the constant interplay of contradictory values reflective of contending social forces and ideologies. Both the form and content of institutional activity continue to be shaped by such conflicts which, in turn, shape the form and content of the relationship of profession to institution.

The Profession of Social Work and the Institution of Social Welfare

The institution of social welfare is evident in all societies when towns and cities begin to replace family, tribal or other social structures which were self-sufficient and self-contained entities. In the increasingly complex social structures which replace the more primitive self-contained social units, increasing specialization of labor requires the development of alternatives for the care of families and individuals who cannot meet their own legitimated needs. Hospitals, alms houses, poor houses, lunatic asylums, work houses, orphanages, leper colonies and hospices are all examples of structures which evolved over the long history of social welfare in Western society.

Social work, on the other hand, is a modern social invention which came into being to the United States during the latter part of the nineteenth century. Social work had to emerge because the level of complexity of the social welfare institution had grown to such an extent that expert knowledge and sanctioned leadership were required.
Provision of service no longer could be entrusted to volunteers who were frequently armed only with good will and religious conviction. Organizations, the jurisdiction of which overlapped, could no longer work in isolated ways squandering scarce conformity resources through duplication or ignorance of new helping methods. Scientific knowledge and scientific method, exercised by those who were specialists in this were thought necessary for the evolution of social welfare and its organizations.

Although anchored in the institution of social welfare, the profession of social work, like other professions, works in more than one institution. Wilensky and Lebeaux suggest a formulation which characterizes this diffusion: "functional generalization." That is, social work lends its expertise to institutions other than social welfare by working with the people whose needs are not easily met by the institution. In this way, the institution may continue in the main course of its activities without being held back by the failure to meet the needs of people who, without such help, might well prove disruptive.

Although social work is involved in other institutions besides social welfare, it must play a role subordinate to that of the professions who exercise a controlling influence in such institutions. Social work's nomenclature tends to describe such relationships of power in euphemistic ways, referring to the superordinate profession as the "host profession." As the welfare state advances, the establishment of a "citizenship base" for determining eligibility for service and for guiding the policies of these institutions, social work's subordination may tend to decrease. The incompleteness of this shift, and the emergence of egalitarian rhetorics before the reality of transition to a defined citizenship base, create great confusion and uncertainty as to real professional status and influence for social workers in such institutions.

Social work, as a young profession, must compete with others for leadership and influence in the conduct of the affairs of its anchoring institution, social welfare. The peculiar nature of social welfare as a fail-safe net for the social order makes it a concern for the entire society in which many professions and social forces compete for leadership. Resources for social welfare must be reallocated from the revenues available to all institutions, a factor which makes control over social welfare a concern for the entire social order.

The people aided by the institution of social welfare tend to be low in their possession of power. As a result, the social work profession is not easily able to add the power of its clientele to its own to achieve a substantial position of power within the social order. In addition, as Cloward and Epstein have pointed out, many people aided by the profession are affected by various stigmas denoting their lack of social esteem. As a result, these stigmas tend to cover the profession as well.

Social work is a profession which struggles to achieve an influential role which can affect the social welfare institution. In defining social work, this definitional anchor of institutional relationship is frequently ignored by many contemporary writers. As a result, they miss the conflict-ridden societal relationships which keep engulfing the profession, causing many professional practitioners to experience deep
uncertainty about the social meaning and direction of the profession, and their work as professionals.

Social work's primary functions as a profession are to provide many of the important services of the social welfare institution and, at the same time, to provide a sense of direction for the institution. In doing so, social work must necessarily become entangled in some of the primary conflicts of our society. One aspect of that conflict is class struggle.

Class struggles emerge out of the contradictory needs of social classes. Class refers to a grouping of people by common economic interest. In the Marxian sense, such interests derive from a common relationship to the ownership of the means of production. Max Weber suggests that the term, market relationship, would be a more accurate economic denominator to define commonality of interests. Whichever approach one uses, the contradictory interests of classes exist as a matter of objective social reality independent of the exercise of the will of any particular individual or group. These interests clash more or less sharply depending upon particular historical conditions.

Social workers are members of the middle class and, at the same time, many may also be regarded as workers. Middle class attributes are to be seen in educational level, residence, salary, aspirations, and other manifestations of a middle class lifestyle. At the same time, most social workers are employees of bureaucratic organizations which are in many cases quite large and anonymous. As participants in bureaucracy, social workers have to contend with many problems of bureaucratic dysfunction noted by Merton and others. Social workers who are part of unions experience conflicts quite similar to those of other workers.

With this contradictory class orientation, social workers experience another basic contradiction in the agency. Agency boards or other policy-making units are usually made up of people who are representative of the most humanitarian elements of groups and classes dominant in society. On the other hand, clients most frequently come from the lower social classes — those without social power. The provision of services must take into consideration the dialectical interplay of this bipolar configuration.

These contradictions characterize all of social welfare and are reflected in the different forces which may be characterized as the social control motif and the humanitarian motif. Both forces can be perceived in the work of social agencies, resulting in tensions experienced in service delivery and policy formation. The humanitarian motif of a caring society is epitomized in Samuel Johnson's observation that the true test of any civilized society lies in the way it cares for its poor. The social control motif is reflected in Charles Loring Brace's concern that child welfare services be provided lest children grow up to be members of a social class dangerous to the existing social order. The profession of social work has never sought to be regarded as the only source of social services. The location of social work as a profession in the institution of
Social welfare helps us to understand why such a criticism is untenable. Social services are the helping actions undertaken by a social agency in the achievement of sanctioned purposes. Taken together, such services are the "product" of the structure of the institution. Many different kinds of individuals can and do provide such services, as is the case in other institutions. For instance, health services are provided by many others besides physicians, and legal services are provided by people other than lawyers.

However, it is the profession of social work which uniquely has the capacity to provide needed social services at a high level of sophistication and complexity, which can direct others in the rendering of such services and which can pull together the patternings of experience for direction-setting and analysis. Those who argue for the destruction of the profession of social work or the blunting of its drive for more confirmed professional status are, in essence, arguing for the transfer of these functions to others less equipped by tradition, education and codified ethical structures to exercise the duality of service provision and professional leadership.

The weaker the profession, the less able it will be to contribute its energies to the evolution of a more just social order through design and advocacy of policies which seek the elimination of root causes of social problems. Stein refers to this function of professions as "developmental." He defines the developmental functions of social work as those "that have an impact on the analysis, planning, and implementation of broad social policy affecting large segments of the population." 17

While the status of social work in society determines its ability to exercise both the systems maintenance and developmental functions, the converse is also true. To the degree that the profession attempts to discharge both functions through contributing its leadership to the social welfare institution, the respect and credibility of the profession will be enhanced.

Conclusion

We have suggested a way of understanding social work by inquiring into the functions this profession performs in meeting the needs of its anchoring institution, social welfare. Like all professions, social work seeks to guide, lead, shape and influence its anchoring institution and is in turn shaped through the interpenetrating processes of a reciprocal relationship.

Social welfare's central mission was seen in three dimensions:

1. Social control: actions which contribute to the stability of the social order.

2. Humanitarianism: actions which contribute to the realization of legitimated humanitarian aspirations.

3. Feedback: actions which contribute to the understanding of the dominant groups in society of the patterns of social hurt which prevent the achievement of humanitarian aspirations and threaten the stability of the social order.
The continual emergence of new syntheses of policies stemming from basic conflicts in the social order determines the direction, scope and adequacy of activities within social welfare. Social work as an organized profession participates in these conflicts and is itself affected by their outcomes.

More than in any other profession, the clients of social workers have tended to come from the lower classes. The profession of social work, if it is not alert to the danger, may very well serve only the interests of the groups and classes which dominate the social order. On the other hand, social work is often pressed by some of its critics to emphasize only the needs of those who are most oppressed and in this way ignore the needs and views of those who occupy key positions in policy-making boards and government hierarchies.

Neither polarized view can long prevail as a solitary determinant of the profession's actions. Emphasizing social control alienates social workers from the oppressed populations. Emphasizing the need for radical social change in power configurations leads to withdrawal of support and sanction from those who possess and exercise power.

The dialectical formulation of the unity and struggle of opposites which relate to each other through bonds of tension, giving rise to social change as the tension becomes too great, helps us to understand the simultaneous existence of these two poles of contradiction. While social work can indeed become an agent of oppression, there is nothing inherent in its existence in social structure which prompts this. Mis-guided or opportunistic social workers may go this way, but they can be corrected or opposed by their colleagues and others. Similarly, there is nothing inherent in the social situation of the profession which automatically favors a pursuit of wider social commitment to social justice. A conscious struggle has to be waged to keep this goal alive in both the rhetoric and reality of professional activity.

What we do in our daily work is help people cope with crisis in their lives. In doing this, we ameliorate some of the worst effects of class-based oppression. This is a contribution to the quality of life of the service recipient and, indirectly, to the quality of life of the total society. If we did not do this, some other group would receive sanction to carry out these activities because of their dividend of reduction of tension to the social order.

The way we make this contribution is important. We can help raise the consciousness of the people we serve as to the rights and entitlements for which they are eligible, thus assisting them in making claims on the social order, and, at the same time, we can feed back the patterning of social hurt to which we are witness, thus contributing to the pressure for corrective social change.

This way of work exposes us deliberately to the tensions, conflicts and contradictions of a class-stratified society and permits us to live with them through professional action based on our analysis of the options and constraints inherent in delivery of our social functions.

There is in all this a great temptation to escape these conflicts through a misuse of
the widespread assumption in the profession about the desirability of the "institute
al" approach to expanding social welfare to meet the emerging needs of all classes a
groups in society. This approach requires the provision of services to those who are
afford to pay some or even all of their cost.

There is less tension involved in rendering such services as the social class differ-
entiation between client and worker is lessened or becomes nonexistent. Education
levels, cultural symbols, language of communication -- all contain significant ele-
ments of sameness, thus lessening the distance and tension experienced when there a
wide gulf in class standing between client and worker. As agency or program budget
incurs fewer deficits through greater dependence on clients who can pay for services
salary and perquisites of office can more easily be increased. More opportunities to
achievement of status, such as time for professional writing and conference partici-
ation, may be possible.

There is an ever-present temptation to substitute services to more well-off groups to
services to the poor who generally are dependent on public funding to a much larger
degree. Public funding these days tends to be quite capricious as legislators as well
as administrators change priorities, fail to keep appropriations in step with infla-
tion and insist on such red tape as to cost agencies so much in administrative costs
as to make the venture quite harmful to the fiscal integrity of the sponsoring organi-
ization.

Social services to the disenfranchised groups are difficult under the best of cir-
cumstances. The difficulties are magnified greatly when the country moves to the right
because of a tendency on the part of controlling groups to shrug off responsibility
for creating conditions of oppression by blaming the poor for their predicament and
blaming their helpers for maintaining the problem.

Bearing these ideas in mind, the profession of social work, as it favors more uni-
versal approaches to meet the needs of all social classes, must work towards clear pro-
vision for disenfranchised groups. Without such a countervailing effort, the path of
least resistance will push us to concentrate our work on the most comfortable groups,
leaving the lower social classes to their uneasy fate. Another form of reacting to
such pressures, which is sometimes experienced by individual professionals, is a mov-
ement to private practice on a part-time basis while retaining full-time agency em-
ployment. Here the danger of withdrawal from conflict roles in agencies is quite great
as professional reward and satisfaction is gained elsewhere.

What this paper suggests is the existence of options as well as constraints for the
social work profession. We do have choice, and we are not automatically preordained
to act out one or another relationship of profession to institution. While the con-
sciousness of men can be said to derive from his social relationships, this process
does not happen in real life in a straightforward or linear manner. We do need a
theoretical matrix firm enough to explain our place in social structure and clear
enough to guide our actions. Continued examination of social function and structure
can be the basis for such theoretical development.
FOOTNOTES


2. This definition of "institution" builds on the definition provided by Theodorson and Theodorson: "An interrelated system of social roles and norms organized about the satisfaction of an important social need or function." See George A. Theodorson and Achilles G. Theodorson, Modern Dictionary of Sociology (New York: Thomas Y. Crowell Company, 1963), p. 206.

3. The conceptualizations of the "residual" and "institutional" views of social welfare were developed by Harold L. Wilensky and Charles N. Lebeaux, Industrial Society and Social Welfare (New York: The Free Press, 1965), pp. 138-150.

4. This definition of the dual conditions to be met by the collective interventions of the social welfare institution builds upon an earlier definition of social welfare by Richard Titmuss: "...collective interventions to meet certain needs of the individual and/or to serve the wider interests of society." At another point, Titmuss suggests that such collective interventions are "...manifestations first, of society's will to survive as an organic whole and, secondly, of the expressed wish of all of the people to assist the survival of some people." See Richard Titmuss, Essays on the Welfare State (Boston: Beacon Press, 1969), pp. 34-55.

5. For an understanding of social services as social utilities, see Alfred J. Kahn, Social Policy and Social Services (New York: Random House, 1973), pp. 76-78.


12. This observation can be made of most of the articles of the special issue of Social Work devoted to the creation of a conceptual framework for understanding the profession. Of all the authors, only Neil Gilbert attempted to anchor an understanding of the profession of social work in social structure. See Neil Gilbert, "The Search for Professional Identity," Social Work, Vol. 22, No. 5, September 1977, pp. 401-406.

13. Marxism pivots on the concept of a fundamental contradiction between the three primary classes of capitalist society: salaried workers, capitalists and owners. Ownership of the means of production permits capitalists to purchase the labor power of workers. In selling their power to work, workers receive less than the full value produced by their labor. The proportion of value retained by the owner of the means of production, over and above the costs of production, is known as surplus value and constitutes the basis of profits.

The relationships between worker and capitalist are therefore viewed as fundamentally opposed. While class interests exist objectively, the consciousness of belonging to a class varies. Marx saw that entry into struggle to protect one’s own interests was capable of producing a “consciousness of unity, a feeling of separation from other social classes, and even a feeling of hostility from other social classes.” He referred to this change as the development of a class in itself to a class for itself.


17. Herman D. Stein, op. cit., p. 3.
This article clarifies the distinction between clinical and counseling sociology and provides some direction for the practice of counseling sociology. This is accomplished by a consideration first, of sociological contributions to the understanding and facilitation of individual behavior and its change, and second, of historical precedents in the field.

CURRENT STATUS OF COUNSELING SOCIOLOGY

Several articles in the professional sociological literature have focused upon the concept of clinical sociology (Gardner, 1978; Glass, 1978; Straus, 1978; Schwartz, 1978; Glassner and Freedman, 1979; Lee, 1979). These writers report that: (1) this is not a new specialty in sociology; (2) it has been and is being practiced; (3) it is an emerging and timely specialty; (4) it is viewed as applied sociology; (5) the common focus is upon the role of social factors in individual behavior and individual behavior change, even when it utilizes sociological perspectives with the intent of altering social structures; (6) it can be defined broadly as the utilization of the sociological perspective, concepts, and methods in problem solving interventions at the level of individual, group, organization, or community; (7) it can be viewed narrowly with respect to the involvement of professional sociologists in therapeutic problem solving for individuals and families; and (8) both types of situations require appropriate internships.

Data about counseling sociology are more limited than are data about clinical sociology. While Glass (1978), Gardner (1978), Straus (1978), and Glassner and Freedman (1979) all touch upon the role of clinical sociology in individual therapy, only the latter provide a very extensive treatment of this aspect of clinical sociology. Even they do not consider it under the concept of counseling sociology.

Both concepts are made clearer in the process of differentiating clinical sociology from applied sociology. Glass (1978) and Glassner and Freedman (1979) are particularly helpful in this task. Glass defines the applied sociologist as being a researcher of social problems, quite possibly in non-academic settings and of a policy nature, and views the clinical sociologist as an intervener who has behavioral and organizational change as an end. Like Glass, for Glassner and Freedman, a key factor in differentiating these two concepts seems to be the commit-
ment to intervention for change on the part of the clinician. Clearly, these writers imply that the clinician is involved in the total change process of the individual or group rather than with just a fragmentary part of the process, such as social policy research or evaluation research. Thus, the clinical approach is distinguished from what they perceive as an engineering approach. Munson (1973) in reviewing the literature on applied sociology indicates that applied sociologists do, in fact, practice in some cases on both the micro and macro levels. Glasser as well as Glassner and Freeman, by contrast, emphasize the idea that historically the concept of applied sociology has not, in fact, resulted in application on the part of sociologists. Rather, the findings of applied sociologists are quite often implemented by a third party. Consequently, Glass and Glassner and Freeman suggest that the applied sociologist who is indeed a practitioner would be more appropriately or correctly labeled as a clinician.

It is out of this attempt to clarify the relationship between applied sociology and clinical sociology that the need to clarify the relationship between clinical and counseling sociology becomes evident. Perhaps the most concise distinction resides in what may be referred to as the broad and narrow focus of clinical sociology. The distinction appears to be on the process used rather than on the client served. That is, with the narrow focus the therapeutic process is emphasized, while in the broader focus counseling sociology would simply be seen as being one method among many others which might be used in problem-solving intervention. In effect, one could do counseling not only with an individual but also with a group or family, organization, or community. The literature makes it clear that the use of the concept of clinical is not limited to the medical model. It is, rather, the notion of the professional sociologist utilizing the sociological perspective, concepts, and methods in problem-solving interventions at the level of individual, family, group, organization, or community. The narrow focus, which is seen as therapy or counseling, is only a method or process in the broader approach.

While this is a valuable clarification of the field, it leaves the definition of clinical sociology unnecessarily broad. More importantly, it fails to take note of or deal with a critical issue of the profession. That is the legitimate role of sociologist as counselor or therapist. While the clinical sociologist may, in fact, consider a broad range of problem-solving interactions as appropriate, including counseling or therapy, many important groups, such as state legislatures, third party insurance contractors, liability insurance carriers, and the general public will tend to view the role as involving consulting and intervention with large groups or organizations and not as including one-to-one, family, small group, or private practice counseling. Hence, the sociologist will continue to be denied a legitimate role in the field of counseling. It would seem appropriate, therefore, to separate clinical sociology into those practices which deal with organizations and/or the largest social groups, have an essentially indirect role in counseling, and use a team approach. Counseling sociology, then, would describe those professional sociologists involved in counseling with one person, families, or in other small group situations.

In differentiating clinical from applied sociology, Glassner and Freeman (1973) raise an issue which is important for the definition of counseling sociologist outlined here. That issue has to do with the relationship of clinical sociology to.
social work. In their overall evaluation of social work, they characterize it as being rooted in psychological theory and practice. Glass (1978) concurs in this view. If one agrees with this description, then clinical sociology may be viewed as being separate and distinct from social work. Similarly, counseling sociology may be considered separate and distinct from social work. While recognizing that historically and currently social workers have often grounded their practice methods upon sociological theory (Turner, 1979; Black and Enns, 1980), social workers are not specifically committed to either developing theories of counseling sociology or utilizing sociological models for their work. By contrast, the specific orientation of the professionally trained sociologist lies in developing and implementing sociological theories and models in counseling. Although counseling sociology is conceived as being separate and distinct from social work, this does not imply or necessitate an antagonistic or competitive relationship between the two practices. For example, Cleveland (1978) in his analysis of the clinical sociology program at Drake University, suggests that there is a compatible relationship between clinical sociology and social work. He reports that social workers constituted one of the major groups that participated in the program. David A. Rogers (1979) a psychologist, who is head of the psychology section at the Cleveland Clinic Foundation, also suggested that the relationship between clinical psychology and clinical sociology need not be antagonistic either. He considers each of the helping professions as having a viable role in meeting the needs of their respective specialties. It should be noted that this clinic was one of the first to utilize a clinical sociologist in a counseling role.

HISTORICAL BACKGROUND

Current literature quite correctly points to the first use of the concept, clinical sociology, as being that by Louis Wirth (1931). He defines it as the application of sociological knowledge and methodology to understanding and treating personality problems of those who come to the clinic. The clinic provides sociologists an opportunity for carefully controlled observation. In addition, he discusses the contributions of W. I. Thomas and Dorothy Swin Thomas to the field. Specifically, Wirth notes their idea of the "beneficent framing" method of social therapy and their sociological approach to behavior problems outlined in The Child in America (1928).

Aside from current literature, two other writers discuss clinical sociology. Argow (1941) reaffirms Wirth's contention that application of the "academic principles of sociology" to "therapeutic practice" in the clinical setting is a realistic possibility. Observation of "group response" to "therapeutic efforts" first hand constituted the clinical study of society for Lee (1955). In addition, he underscores the clinical nature of the contributions of many of the classical social scientists.

A similar description of such a specialty in the field of sociology was projected by Bain (1936) under the label, socio-therapy. Schein (1969) uses this concept to describe one who enables a group or organization to solve its own problems by using sociological knowledge of the dynamics and structure of organizations and the change process within them. Using Parsons, Edelson (1970a) provided
the major theoretical framework for socio-therapy. A second work by Edelson (1968) outlined a model for socio-therapy and an in-depth case study demonstrating that model.

As well as noting variations in nomenclature attached to similar ideas and practices, attention should also be given to the development of specialized fields which acknowledge the role of social factors in facilitating individual behavioral change: social work, social psychology, social psychiatry, social psychotherapy, and a variety of radical therapies (Jaffe 1975). Each of these particular fields acknowledges a specific role of sociology in the practice of counseling. While it is difficult to find a unified definition of such specialties, each has its area counseling expertise outlined by legal certification and professional association requirements. Any admission or utilization of the sociological perspective is secondary to the area of primary focus, circumscribed by legal certification. No professional sociologist would be permitted to counsel from his or her sociological expertise unless licensed in the primary specialty.

Sociology does, however, have its own historical and theoretical development which suggests that it has a legitimate role to play in counseling. Extensive literature has indicated from the very inception of the professional journals the necessity of understanding the sociological perspective if one is to work with individuals and for individual behavioral change. Examples of such research include attention to the role of social factors in: (1) suicide (Gibbs 1960); (2) mental illness (Gore 1970); (3) neurosis (Horney 1937); (4) psychosis (Dunham 1937); (5) schizophrenia (Demerath 1943); and (6) anxiety (Montague 1955).

A somewhat different support for the role of sociology in the counseling process emerges out of the attempt by the American Sociological Association to protect sociologically trained social psychologists from licensure laws passed by the American Psychological Association. After lengthy negotiations, a report from the American Sociological Association Committee on State Certification and Legislation (1961; 989) indicates that an acceptable agreement has been worked out with the American Psychological Association to provide recognition of social psychologists trained from the sociological perspective. Criticism of the licensure laws is made by Borgata (1956) on the basis that these kinds of laws inhibit sociologists and other social scientists from performing in areas of their own training and expertise. In other words, through licensure, psychology makes a claim to areas of individual and group behavior neither historically nor scientifically belonging to psychology alone. While Goode (1959) does not anticipate much problem for sociologists because of the licensure laws, he does struggle with the need for the concept "sociologist" to take on definite meaning. As this meaning becomes clear and the sociologist's skills are demonstrated, Goode predicts the sociologist can do his own work under his own label. Although these discussions focus specifically on sociologically trained social psychologists, a logical conclusion of the discussion is that facilitating individual behavioral change (counseling) is a method, technique or process and is not restricted to any one discipline or any specific content. More specifically, counseling does not arise out of the discipline or content of psychology. Many disciplines or fields contribute to individual behavioral change (counseling). Again, although Borgata (1956) is talking with reference to social psychology, he indirectly underlines sociology's legitimate role in the counseling process. He
makes the point that if psychology has something uniquely its own as a field of practice, that is what should be specified, and only that restricted. In other words, psychology has no unique claim on changing individual behavior or counseling. White (1947) contends that sociologists will be as successful in listening to an individual behavioral problem as will psychologists, and their analysis will not be less significant. White (1947) emphasizes that cultural approaches to some behavioral problems are more effective than psychological approaches. Likewise, Link (1948) feels that the sociologist tends to relinquish his or her rightful role in working with individuals seeking help for personal problems.

THEORETICAL CONTRIBUTIONS TO COUNSELING SOCIOLOGY

Sociology's contribution to counseling lies not only in the use of sociology by separate disciplines in their counseling, or in the numerous studies indicating that social factors are significant in resolving individual emotional crises and facilitating behavioral change. Individual theorists have made contributions paralleling, and in some cases anticipating, the counseling approaches developed in other fields. Such theoretical developments clarify the sociological base underlying much individual and group counseling. Some of these contributions have been directly acknowledged by other counseling specialties.

Both Lee (1955) and Goulthorpe (1957) consider Durkheim as one of the most important early and major theorists for (1895) clinical sociology. Similarly, Durkheim is clearly an important contributor to the use of sociology in counseling. Writing about the influence of society upon individual behavior and resulting patterns of conformity, he utilizes the concept, "collective consciousness" (Martindale 1960). This has significant parallels with Jung's (1937) "archetypes" and treatment of the "collective unconscious" (Proffitt 1973). Both express the idea that society is more than the sum of the individuals in it. The idea that society and history are inextricably bound to each other is common to both. It is expressed by the idea that society is a reality in itself which influences the individual's behavior. For Durkheim the influence is the collective consciousness, for Jung, the archetype.

That particular school of sociological theory, labeled symbolic interactionism, provides singularly fruitful parallels for counseling. Cooley's (1902) treatment of the development of the self, as expressed in the concept "looking glass self," (involving the imaginations people have of one another [Martindale, 1960; 347]), deserves as serious consideration as that of Freud's (1924) hypothesis of the importance of the ego and superego in the development of self or Berne's (1961) or Harris' (1967) paradigms of parent, child and adult stages. Goffman's "situational propriety" (1961, 1963) and Garfinkel's "degradation ceremonies" (1956) provide analysis of ritualistic behavior which is equally as significant in understanding individual behavior and behavioral change as Freud's (1924) treatment of ritualistic behavior. Dramaturgical sociology as developed by Goffman (1959, 1963) finds a counterpart in Berne's (1964) games. The focus of symbolic interactionism upon the importance of the symbolic nature of human interaction has much to contribute to an awareness of insights into individual behavior expressed in symbolic actions and perceptions as outlined by both Freud (1924) and Jung (1923; Proffitt, 1973). The latter of whom contends that the link between society and psychic energy is the symbol.
That branch of symbolic interactionism labeled phenomenological sociology, including Weber's *verstehen* (the consideration of the meaning of action and social structures for actors [Martindale, 1960; Kando, 1977]), is an essential complement to Frankl's logotherapy (1962, 1965) or "meaning" therapy, Reik's (1948) "third ear," gestalt psychology's emphasis upon perception, configuration, dissonance and meaning (Kando 1977), Lewin's (1972) field theory with emphasis upon motivation and meaning (Kando 1977), Perls' gestalt therapy (1969a, 1969b) which emphasizes self-actualization and meaning, and Rogers' (1961) client centered therapy. All of these, like phenomenology, posit the importance of empathetically understanding the meaning of a specific experience for the actor. Thomas and Znaniecki's (1918-20) analysis of motivation parallels Maslow's (1955) hierarchy of needs and Perls' (1969a, 1969b) self-actualization.

Schools of role and labeling theory have also contributed to counseling sociology. Thomas' (1918-20, 1923) definition of the situation, Merton's (1948) restatement as self-fulfilling prophecy, Marxian conflict theory (1939), and Shaff's (1966) residual deviance all merge with the work of psychiatrists who have rejected the concept of mental illness: Eysenck (1960), Laing (1956), Szasz (1961, 1970), and a variety of radical therapists such as Jaffe (1975). Labeling theory also has parallels with a more traditional figure in the field such as Menninger (1963) in his significant discussion on the history of psychiatric classification.

Mention should also be made of the methodologies used by symbolic interactionists such as participant observation, personal records and documents, and the arts including poetry, drama and literature, which directly correspond with a counseling approach such as that of Kopp's (1972) "pilgrimage," as well as more traditional therapies.

Finally, mention should be made of studies in the area of sociobiology which have similarities with and make contributions to behavioral approaches in psychology and the uses of behavior modification in counseling. Kemper (1973) points to the legitimate role sociologists make to the understanding of emotions. While Michaels and Green (1978) do not explicitly contend that sociology is a legitimate role in counseling, their definition of behavioral sociology would seem to imply it. Although their main point is to indicate the use of operant conditioning in understanding and altering human behavior, perhaps equally important is their documentation of the failure of sociologists to become involved in or give consideration to applied behavioral analysis. Baldwin and Baldwin (1978) report that, in the past decade, behaviorism has moved toward recognition of the importance of private behavior, cognition and emotion. In discussing the behavioral view on *verstehen* and *erklären*, they indirectly support the contention of the present research that sociology (particularly as expressed in the symbolic interactionism school) has a legitimate claim to individual and personal counseling for individual change.

**A MODEL FOR COUNSELING SOCIOLOGY PREDICATED UPON CULTURAL RELATIVITY**

While a number of contributions and parallels between sociology and other disciplines practicing clinical work and counseling can be identified, sociology, at present, has made no concentrated effort to present a theoretical formulation.
for utilization of the sociological perspective in counseling, nor in developing models out of which counseling sociologists might practice. In essence, any of the theoretical approaches previously discussed could provide an underlying theory for counseling sociology and contribute one or more counseling models. At the same time, it is important to recognize that sociology contributes a viewpoint which unites several of the theoretical insights presented here that would be fruitful for developing models for application in counseling. This construct emerges from historical discussions in the field of cultural relativity (Lee 1966) and finds current expression in what Kando (1977) labels cultural sociology. Kando conceives of cultural sociology as a unifying approach in social psychology. While he includes cultural-humanism, symbolic interactionism, phenomenology, ethno-methodology and existential-humanistic sociology as contributors to cultural sociology, functionalism, conflict theory, and sociology of knowledge also contribute to the process of cultural relativity. It needs to be emphasized again that the cultural relativity perspective is offered only as directional, both in terms of theory and models, rather than exhaustive. As the previous discussion should have made clear, one could use for example, a sociobiology model, a dramaturgical model or a symbolic interaction model. Other models based on sociological theory, but not implied in the previous discussion could also be developed for example, a structural-functional model.

With respect to the model suggested here, that of cultural relativity, a good deal of literature posits the importance of culture upon personality and individual behavior. Both Kando (1977) and White (1947) cite Durkheim (1938) with respect to this, emphasizing his view of society as sui generis reality in which the independent existence of social structure and culture is assumed, and individual and interpersonal behavior is considered to be determined by the former. Sumner's (1940) contention that "The mores can make anything right" (Christensen, 1960: 31) is used to demonstrate the importance of culture for individual behavior. It is argued by Christensen that Sumner's idea challenges the notion of absolute standards of judgment to be applied uniformly regardless of time or place. Marx (1930) and Mannheim (1936) indicate that everything one believes or knows is colored by one's culture, class, social position, and environment. Thus, no one is right or no one is wrong (Kando, 1977; 289). Wirth (1931) documents W. I. Thomas and Dorothy Swain Thomas' view that behavior is a cultural product. Likewise, Berger and Luckman consider culture to be a significant determinant of human behavior (Kando, 1977: 100). Lee (1966) outlines four cultural models important in understanding an individual's opinions, emotions and actions. Zola (1966) raises the issue of relativity with reference to social pathologies in his discussion of the role of culture in illness. Link (1948) emphasizes culture as important in human behavior in a discussion on socio-somatics.6

Since the paradigm offered here for counseling sociology is that of cultural relativity, it should be acknowledged that it has recently been stated that cultural relativity has fallen into disrepute among sociologists (Spencer 1977). However, several writers have still pointed to the producing of a mild culture shock among introductory sociology students, researchers and others as a legitimate goal (Arensberg and Niehoff, 1964; Bock, 1970; Lee, 1973; Spencer, 1977). Recognizing that culture shock is, at least in part, a result of an awareness that others do
not hold one's own culture or social structures as absolute in their appropriateness, one is brought quickly back to the issue of cultural relativity. Woodward (1938) notes that cultural anthropology also has this effect of undermining one's ethnocentrism.

It is both culture shock and this effect of undermining one's own world view which is the foundation of a sociological counseling model based upon the idea of cultural relativity. Berger (1963) and Lee (1966) are particularly helpful in bringing this counseling model into focus. If, as Berger contends, one task of sociology is to create recognition of the relativity of one's own culture, society, and life style, then this "task" can be viewed as presenting an opportunity for sociologists to become involved in activities, such as counseling, that promote individual behavior change. If, in fact, this is a legitimate goal in the teaching of sociology to groups of students, there is no logical reason to assume it is not an equally legitimate goal in working in a one-to-one situation. If, as Lee claims, sociologists can first, help the lonely and tense people of the twentieth century, "by interpreting social realities as data with which . . . people may . . . deal . . . and . . . [still] accept the challenges and opportunities of those realities . . ." and second, to "assist people to make their own assessments of social mythology . . . (what treasured and preserved, what discarded, what irreverently and experimentally probed)," (Lee, 1966; 360-1), then this presents the sociologist with the occasion for individual behavioral change. Once again, as with Berger, assuming that this is a legitimate goal in the teaching of sociology, there is no logical reason to assume it is not a legitimate goal in working with a single individual in a one-on-one situation. The model for counseling sociology which emerges from both of these perceptions of the task of sociology is consistent with Rogers' (1951) characterization of counseling as an educational or learning process. This is also consistent with Schein's (Glass, 1978; 6) description of social therapy with respect to organizations. It consists of enabling a "client to learn self-diagnosis and self-intervention." In essence then, counseling sociology based upon cultural relativity is teaching sociology one-on-one, with relativity of cultures and societies as the focus. It is important to recognize that other models can be and quite possibly are being employed in counseling sociology.

Several sociologists provide alternative models and methodological variations from the cultural relativity vantage point of counseling sociology. Marx (1933) explains behavior in terms of class conflicts. Much individual behavior labeled deviant and/or antisocial is rational and moral when perceived in light of persons dominated by those in power in a capitalist society. This behavior does not indicate an emotional or psychological problem of the individual, but rather is a result of a basic problem in the social structure. The approach or methodology recommended or counselors for this individual in resolving the problem is political action or class revolution. Thomas (Nitch, 1931; 65) offers "modification and manipulation of a child's social world" (re-defining the situation) as a means of changing behavior harmful to the child. This method of social therapy is labeled "beneficent framing." As an attempt to resolve the struggle with the multiplicity of conflicting ideologies which confront an individual, Mannheim (1936) sets forth the process of "dynamic relationism." The process involves a recognition that first, all ideologies claim absolute validity yet, are "related to a particular position and [are] adequate only
to that one." Second, the individual must assimilate "all the crucial motivations and viewpoints, whose internal contradictions account for . . . [one's] social-political tension [if] the . . . [individual is to be] in a position to arrive at a solution adequate to our present life-situation" (Lee, 1973; 115). Lee (1966) outlines the method of "cultural multivalence as the most helpful and healthful approach . . . " to enable individuals to alter old routines and deal with anonymity and anxieties. Cultural multivalence is the ability to be of many minds, to be many things to many people, and to perceive it as normal (1966; 79). "Sociological Machiavellianism" is the technique developed by Berger to assist individuals "weakly, hesitatingly, sometimes passionately trying to be something else" (1963; 156). The technique is designed to help individuals understand "the rules of the game . . . so that one might be in a position to cheat." Sociology can serve as "a course in how to beat the system" (1963; 152).

The additional and unifying element which the cultural relativity viewpoint for individual counseling sociology brings to each of these varied methodologies is the idea that if an individual, through the one-on-one teaching of sociology, becomes aware of the processes labeled "the looking glass self," "situational propriety," "degradation ceremonies," the role of "symbols," "meaning," and "ideology," "the definition of the situation," "self-fulfilling prophecies," "labeling," and "class conflict," and alternatives to these, he or she may decide to alter his or her perception or meaning of culture, roles, statuses, groups, institutions, symbols, interaction, and self. If, in fact, these perceptions or meanings are altered to include the recognition of the relativity of these elements, there is then, significant opportunity for individual behavioral change.

Labeling theory provides a helpful, if very general, example of the application of this model. This approach hypothesizes that by enabling the individual to perceive that his or her behavior is determined by these labels, and exploring alternatives, individual behavioral change is a possibility.

If Thomas' "definition of the situation," and Merton's "self-fulfilling prophecy" represents role theory (Kando 1977), rather than labeling theory, they too provide interesting although general examples from a somewhat different theoretical perspective. Change the definition of the situation for an individual, or for those interacting with an individual, and it is possible that the prophecy inherent in the original definition may not be fulfilled.

In other words, sociology taught one-on-one from the construct of cultural relativity, offers an opportunity for an individual to become aware of the relativity and effects of the forces and processes of society, culture, and self upon himself or herself. This knowledge creates the possibility that the individual will alter his or her perception of the importance and meaning of past, present, and future responses to these forces and processes. Such an approach facilitates the possibility of individual behavioral change.

SUMMARY AND CONCLUSION

What the current research demonstrates is first, the need to differentiate counseling sociology from clinical sociology. Clinical sociology is defined as those practices which deal with organizations and/or the largest social groups, have
an essentially indirect role in counseling, and use a team approach. Counseling sociology, then, describes those professional sociologists involved in counseling with one person, families, or in other small group situations. Second, there is historical precedent in sociology for the application of sociological knowledge to counseling. Third, there is theoretical support for a sociological claim to a role in the counseling process. Fourth, the construct of cultural relativity provides theoretical and methodological direction for a counseling sociology, which consists of a one-to-one teaching of sociology or the teaching of sociology to a small group with facilitation of individual behavior change as a goal.

NOTES

1 While the articles do not always state this directly, it is expressed indirectly, or by the authors in discussions of the field.

2 While the American Association of Marriage and Family Counselors and the International Association of Applied Social Scientists provide sociologists the opportunity to engage in counseling, they do not, nor were they meant to, embody a strictly sociological approach to counseling. Thus, they do not lead to recognition of this approach either by the public or by the legal system.

3 These examples are meant only as documentation of research in these areas and in no way represent an exhaustive presentation of the research in these areas.

4 In other words, a sociologist need not be trained as a psychologist or social psychologist to utilize his expertise in facilitating individual behavioral change (counseling). Nor, on the other hand, if counseling is a process utilizing a variety of perspectives, does a psychologist need training as a sociologist or social-psychologist to engage in counseling, although many personal problems may be more easily resolved from a sociological framework.

5 Humanists Berger (1963) and Lee (1966) also merge with the work of those psychiatrists.

6 Even Freud recognized the significance of culture in individual behavior and particularly with reference to what some societies tend to label aberrant or deviant behavior, see Civilization and Its Discontents (London: Hogarth Press, 1926).

7 Some early sociologists did, in fact, teach with the goal of increasing students' awareness of the diversity of cultures and societies, and of demonstrating the validity of such diverse cultures and societies. The issue of "value free" sociology is not a new one (Coulour 1970). Even today some contemporary sociologists teach with the aim of expanding students' knowledge and acceptance of other cultures and societies (Berger, 1963; Lee, 1973; Gouldner, 1970). In some instances, there are even latent hopes that students will embrace and encourage others in society to adapt some alternative element of another culture, society, social structure, institution, or organization.
Essentially, what this recognizes is that education is itself a process of 
human growth and development. Any discipline with appropriate internships in 
counseling and human growth and development has a valid contribution to make to 
this developmental process. This has been the thrust of humanistic and liberal 
arts education from time to time throughout history. This was the original focus 
of the concept of the "well rounded" person. It was an attempt to facilitate the 
development of whole personalities.

REFERENCES

Arensberg, C. M. and A. H. Niehoff. 

Argow, W. W. 
1941 "The practical application of sociology." American Sociological 
Review 6: 37-44.

Bain, Read. 

Baldwin, John D. and Janice L. Baldwin. 

Berger, Peter L. 
1963 Invitation to Sociology: A Humanistic Perspective. Garden City: 
Doubleday.

Berne, Eric. 

New York: Grove Press.

Black, Clifford M. and Richard Enos . 
1980 "Using phenomenology in clinical social work: A poetic 

Bock, P. K. (ed.) 

Borgatta, Edgar F. 
1958 "The certification of academic professions: The case of Psychol-

Christensen, Harold T. 
1960 "Cultural relativism and premarital sex norms." American 
Cleveland, Charles.
1976 Clinical Sociology. Des Moines: Drake University.

Committee.

Coolcy, Charles Horton.

Demerath, N. J.

Dunham, H. Warren.

Durkheim, Emile.

Edelson, Marshall.

Eysenck, Hans J.

Frankl, Viktor E.

Freud, Sigmund.


Harris, Thomas A. 1967 I'm OK--You're OK. New York: Avon Books
Horney, Karen.

Jaffe, Dennis T.

Jung, C. G.

Kando, Thomas M.

Kemper, Theodore D.

Kopp, S. B.

Laing, R. D.

Lee, Alfred McClung.

Lewin, Kurt.

Link, Eugene P.
Mannheim, Karl.

Martindale, Don.

Marx, Karl and Fredrick Engels.

Maslow, Abraham.

Menninger, Karl, Martin Mayman and Paul Pruyser.

Merton, Robert.
1948 "The self-fulfilling prophecy." Antioch Review (Summer).

Michaels, James W. and Dan S. Green.

Montague, Joel B.

Munson, Carlton E.

Perls, Frederick S.

Progoff, Ira.

Reik, Theodor.
Rogers, Carl R.  

Rogers, David A.  

Scheff, Thomas J.  

Schein, Edgar.  

Schwartz, Charlotte.  

Spencer, Metta.  

Straus, Roger A.  

Sumner, William Graham.  

Szasz, Thomas.  


Thomas, W. I. and Florian Znaniecki.  
1918- The Polish Peasant in Europe and American (5 vols.). Chicago: University of Chicago.

Thomas, W. I.  

Thomas, W. I. and Dorothy Swain Thomas.  
Turner, F. J. (ed.)
1979 Social Work Treatment: Interlocking Theoretical Approaches.
     New York: Free Press.

White, L. A.
1947 "Culturological (vs) psychological interpretations of human

Wirth, Louis.

Woodward, James W.
1938 "The relation of personality structure to the structure of

Zola, Irving K.
1966 "Culture and symptoms--an analysis of patient’s presenting
FACTORS INFLUENCING THE DECISION OF MINORITY STUDENTS TO ATTEND GRADUATE SCHOOLS OF SOCIAL WORK

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ABSTRACT

This study of 255 minority students enrolled in Graduate Schools of Social Work examined factors which influenced them to decide to attend these schools. The most frequently mentioned reasons were the curriculum and location of the school followed by prestige, financial incentives, emphasis on minority concerns and influence of significant others. Those schools which attracted greater numbers of minorities tended to attract them on the basis of curriculum, emphasis on minority concerns and not requiring entrance examinations. Formal recruitment activities were not seen as particularly effective.

Introduction

Since the late 1960's, higher education in general and social work education in particular have made public commitments to, and direct efforts toward increasing the enrollments of, minority students. Unfortunately, the volume of the rhetoric and the surfeit of public declarations have exceeded the actual impact of policies and performance. For example, it was only last year that the number of Black students attending universities and colleges (undergraduate and beyond) was proportionate to their percentage in the population at large (ratio 1:1.03) (Gordon, 1976; U.S. Bureau of the Census, 1977b). Looking at graduate education, the situation is also distressing: 13.2% of all whites 14 to 34 have completed five or more years of college; for Black citizens, the percentage is 5.7 (U.S. Bureau of Census, 1977). The situation is even worse for Mexican Americans and Native Americans. Indeed, recent data suggests that the Black enrollment as a percentage of White enrollment in colleges and universities is beginning a slow decline (Gordon, 1976; U.S. Census Bureau, 1977b).
The call for new commitments in higher education to those ethnic and racial groups who are deprived and discriminated has inspired a confusing array of policies and programs designed to encourage their enrollment or, at least, attract their interest. Programs have been created to establish new recruitment practices or to improve recruitment procedures. Efforts, both lackluster and vigorous, have been made to infuse previously barren curriculum content with minority perspectives; to forge new links between minority communities and the university; and to search for minority faculty who can breathe life and vitality into these corrective efforts.

Social work education is no different than higher education in this regard. Its accomplishments thus far have been an embarrassment to its ethical foundations. Many schools and consortiums of schools have, often under pressure, constructed latticeworks of recruitment, curriculum development, faculty development to redress previous inequities and foreclose future failures.

Current Status of Minorities: Higher Education

In higher education in general, \(1.9\%\) of all Blacks \(14\) years of age and over have completed 5 or more years of college (compared to \(3.1\%\) of Whites and \(1.8\%\) of those of Spanish origin). This represents a continuing increase of minority students over the past six years. For example, the percentage increase in Black students enrolled in college was \(103.4\%\) from 1970 to 1976. For Whites in the same period, the increase was \(28\%\) (U.S. Bureau of Census, 1977a). It is difficult to find accurate figures for actual minority student enrollment in graduate schools of all kinds. As a rough indicator, El-Khawas and Kinder's survey of 123 Ph.D. granting institutions by field of study found that the percentage of Black students enrolled in graduate study ranged from \(1.4\%\) in the physical sciences to \(7.2\%\) in education (Institute for the Study of Educational Policy, 1976).

Current Status of Minorities in Social Work Education. As of November 1, 1976, \(13.5\%\) of all fulltime first year graduate social work students were Black, \(1.1\%\) Mexican American, and \(1.2\%\) Asian American. The percentage of fulltime Black second year students was \(11.3\%\); comparable figures for Chicanos and Asian Americans were \(2.5\%\) and \(1.7\%\), respectively (Shyne and Whitcomb, 1977). For Blacks then, the situation is roughly one of parity. In 1975-76, 9,080 MSW's were granted: \(11.1\%\) went to Blacks, \(2.1\%\) to Mexican Americans, \(1.3\%\) Asian Americans, and \(4.4\%\) to Native Americans (Shyne and Whitcomb, 1977). For Black students these figures represent a decline of about \(1.5\%\) from 1974.
both in social work and, perhaps, in higher education in general (Ripple, 1975).

The message, then, seems clear: some advances have been made, in part, because the situation could not worsen and, in part, because of the highly variable administrative initiatives and intentions. However, especially considering the importance of the minority experience to social work's concerns, there is a long way to go in accurately and genuinely representing minority concerns, perspectives, and realities in social work education. And whatever advances are made will depend significantly on successes in recruiting minority students and faculty.

Previous Research

Research efforts to understand the parameters of minority recruiting efforts and to evaluate their success have no great numbers but are suggestive in implications.

Kleinbaum and Kleinbaum (1976) discovered in a sample comprising about one-half (n = 322) of the minority population of the University of North Carolina, Chapel Hill in 1972, that 91% chose the school for its academic reputation, 72% because it provided good financial resources, and 62% because of the urging or advice of a friend, relative, or teacher. Unlike the White students sampled, few minorities chose the school for social reasons (53% of the majority students did) and few chose the school because it was integrated or because the town has a reputation for progressive race relationships (at the time of the study, Chapel Hill was one of the few relatively integrated town in the south with a Black Mayor).

A special recruitment program at Smith College School of Social Work begun in 1969, involved the active seeking out of juniors at Southern Black colleges, providing them with a summer of social work and remedial education, and career planning, and then, after their senior year admitting them to Smith or helping them apply to other schools of social work. Mabel Wells suggested that the initial resistance to their recruiting efforts was due to doubt about the sincerity of Smith's intentions and fears about the rigorous standards of graduate schools. The summer spent at Smith assuaged these doubts. In summary, the program at Smith was as successful as it was because of the extremely energetic recruiting effort (very much akin to the recruiting that goes on within collegiate athletic programs) (Wells, 1973).
Gullerud (1977) is of the opinion that many programs fail in recruitment because most programs are perceived (correctly, he believes) to be assimilative. As such they tend to define ethnic group membership as ipso facto evidence of educational disadvantage and tend only to prepare students (minority and non-minority) to assume roles in majority communities. Few programs are ethnic-directed, designed specifically to prepare students for helping roles within minority communities, and few have realistic and encouraging perceptions and assumptions about minority applicants and students. "There should be a match between ethnic aspirations, program orientation, and employment possibilities." (Gullerud, 1977). Lacking this kind of match, minorities may find the program minimally attractive and, if they attend, find themselves assuming marginal status.

Hernandez, et al., (1973), contend that any recruitment program for minorities in graduate education faces an uphill battle in that "years of uncertainty, ascribed inferiority, postponed or residual gratification are puzzling when someone has already experienced the same process in other ways and is seeking a coherent pattern of adult life." This may help to explain the rising attractiveness to minorities of increasingly open trades and crafts: the financial rewards are more immediate, career development surer, and status anxiety considerably less than in academia.

Design and Method

The usual approach (and there has not been much research in the area) to finding some relationship between school policy and structure and minority enrollment is to correlate various structural and process variables with the measures of the extent of minority enrollment. For example, Mollenhauer (1976) selected a series of 48 predictor variables (predictive of variations in numbers of minorities enrolled at various schools of social work). These variables included: elements of the minority recruitment program; aspects of curriculum and the administrative structure of the school; demographic aspects of the school and its environment; admissions criteria. The results were perplexing, to say the least. The only variable which adequately predicted differences in minority student population size was whether the recruitment program involved personal contact on the part of school personnel (faculty or student). To the extent that it did, higher minority enrollments were found.

Another research strategy, and one employed herein, is to ask the minorities who have enrolled why they selected their school and not
other schools to which they applied. The few studies that we were able to find provide some clues. John Conyers (1968) found that Blacks chose to pursue graduate education (in any field) at a particular university for a complex of reasons that tended to vary dramatically between students. However, three common reasons cited were: the reputation of the school academically, the location of the school (convenient and near a Black community), and the school's previous contact and experience with Black students. Epps and Howze (1971) suggest in their review of some of the data, that potential graduate students who are Black need to be assured that the school has made every effort to eliminate discriminatory practices and that each Black applicant is aware that these practices do not exist. The same is true, they contend, in the recruitment of Black faculty.

In this study it was decided that opinions of a national sample of minority social work students be examined to discover the reasons these students used in selecting the school of social work they attend. Questionnaires were sent to the admissions officer of every accredited school of social work in the United States. The admissions officers were requested to circulate them to all minority students, first and second year, full-time and part-time. The questionnaires were mailed out in March 1977.

The measuring instrument was a 68 item questionnaire divided into the following parts: background information, admission procedures, information about the recruitment experience of the student, attitudinal information, work and educational projections and plans, assessment of the school's comparative handling of minority concerns—curriculum, faculty hiring, etc.—and a summation of the factors that influenced the decision of the student to attend that school. The instrument has both closed and open-ended items allowing students to rate the factors important to their enrollment and to assess their school's performance in certain pertinent areas.

In November 1976 there were approximately 3,000 full-time and part-time minority students in schools of social work in the continental United States (excluding both Howard and Atlanta Universities). Thus minority students account for 16.3% of the total number of graduate students enrolled in schools of social work (Shyne and Whitcomb, 1977). Out of this pool of minority students, 255 questionnaires were returned, approximately 9% of the total population of minority students. We can safely generalize beyond the respondents because probability sampling procedures were not utilized and the low rate of return.
Of the 255 respondents, 49% were Black, 19% Mexican American; 13% Asian American; 6.7% Native American; 1.6% Puerto Rican; and 10% were an assortment of other minorities including other Latinos. The median age of the respondents was 26.4 years; 68% were female and 32% were male; 65% were presently married and 35% were not married. The median family income was $9,980. These 255 respondents represented 40 different schools (47%) of social work in the continental United States.

As a measure of the attractiveness of different schools to minorities and the relative effectiveness of these schools in enrolling minorities, the percentages of minority students in each of the schools were computed from CSWE data and added to each respondent's data record. Schools were classified into those with a low percentage (LP) of minority enrollment (0-12%), those with a moderate percentage (MP) of minorities (13-27%), and those with a high percentage (HP) of minorities (28-51%). Approximately 1/3 of the respondents fell into each of these categories. By categorizing the schools in this manner we can examine a crude notion of the variable impact of recruitment efforts and policies on minority enrollment as well as the effect of the numbers of minority students on individual minority students' relevant perceptions about their school.

Results

Attractiveness of Schools. Examining the most frequently mentioned attractions to schools yields some interesting differences between those students attending LP, MP, and HP schools.

The prestige of the university or social work program in particular was mentioned as a prime attraction by 12.7% of all the respondents with little difference between students in LP, MP, or HP schools. While 39.2% of the respondents named the location and proximity of the school as important, the minority students in LP schools were more likely to do so than minority students at either MP or HP schools. Curriculum seemed more important to students at HP schools than students at LP and MP schools. Financial incentives, prominently cited in the literature as an essential or the central reason for selection of a school influenced only 11.2% of the respondents, and students in LP schools were more likely to assess it as important. In one study, previously cited, 62% of the respondents named the encouragement of a significant other as a reason for selecting a university (Kleinaum and Kleinaum, 1976). Among respondents in our study, only
7.1% noted the importance of a significant other in this process and again, more students from LP schools than students from either MP or HP schools. Finally, and interestingly enough, considerably more students in HP schools recounted the school's emphasis on minority concerns as an important reason for selecting the school. By way of interpretation, we might suggest that students from HP schools are somewhat more likely to choose a school for reasons related to perceived
intrinsic qualities—curriculum, minority perspectives—than students from WP or LP schools. All the students were most influenced by either curriculum or proximity. The relative weakness of financial incentives was surprising given the literature and the conventional wisdom. However, it must be remembered that we are asking students after they have already enrolled and experienced graduate education for at least six months.

Table 2

Factors Associated With Minority Student Attendance at Graduate Schools of Social Work by Level of Minority Enrollment

<table>
<thead>
<tr>
<th>Factors Associated With Low Moderate High Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Attendance (N=84) (N=89) (N=82) (N=255)</td>
</tr>
<tr>
<td>Contacted by Recruiter</td>
</tr>
<tr>
<td>Official Recruitment Information</td>
</tr>
<tr>
<td>Student Involvement in Recruiting</td>
</tr>
<tr>
<td>Presence of Recruitment Publicity</td>
</tr>
<tr>
<td>Word of Peers</td>
</tr>
<tr>
<td>Having an Entrance Examination</td>
</tr>
</tbody>
</table>

*  \[ X^2 = 21.6, \text{df} = 2, p < .0001 \]

** \[ X^2 = 12.5, \text{df} = 2, p < .002 \]

*** \[ X^2 = 17.5, \text{df} = 2, p < .0002 \]
Recruitment. With respect to recruiting efforts per se, 35% of the respondents indicated that students were involved in their recruitment, but this percentage was significantly higher for students in HP schools. Given the expressed concern about minorities in social work education, recruitment publicity directed at minorities would seem an obvious tactic. According to our respondents, it is a slightly employed tactic, however obvious. About 23% of the respondents identified recruitment publicity as important, 73% made no such identification. Once again, respondents from HP schools were significantly more likely to perceive and note recruitment publicity directed at minorities at their schools. Of interest, too, is the fact that only 27% of the respondents were actually contacted by a recruiter; the remaining 73% mentioned no such contact. This did not vary much by the three categories of schools. Only 17% of the total respondents were influenced by the recruiter to attend a given school. The implications appear to be that certain aspects of recruiting may be important (to the extent they are mentioned by students in HP programs), but official recruiters themselves may be of lesser importance. Peer contact (other students) and media efforts may ultimately have more effect than the singular, administrative forays of an official recruiting officer.

Entrance Requirements. The debate over the effect (political, social, and individual) of entrance examinations on minority applicants has hardly subsided in recent years. To some observers, many minority hopefuls perceive the entrance exam as a dread prospect and avoid it by selecting schools where one is not required. The report of the respondents here indicates that nearly two-thirds of them (65.1%) were not required to take an entrance examination. However, over one-half (54.1%) of the students in HP schools did take an entrance exam, compared to only a quarter of the students in HP and HP schools. A tentative conclusion, then, might be that entrance exams, often accused of cultural bias, drive away prospective minority students. (And, in this study, may account for the low percentage of minorities at schools which require such exams.)

Influences of Significant Others. Although there was little difference between the three groups of students, it is interesting to note, comparatively, the influence of peers as opposed to the influence of official recruitment information on students' decisions to attend a particular school. On the one hand, 77% of the students cited information about the school passed through peers as especially important. On the other hand, only 17.5% identified the influence of official
recruitment information as important. Informal networks, it appears, are overwhelmingly more influential than official formal networks.

Student Perceptions of School on Pertinent Minority Issues. It has been assumed that minority students are concerned about minority issues and perspectives and that their attraction to a school may be dictated by their judgments, however premature or ill-formed, about where a school stands on certain of these issues with respect to other schools. We asked students to give us a comparative rating of their schools on several issues pertinent to minorities. Did they think their school was better than most, about the same as most, or worse than most with regard to these issues?

When asked to rate how their schools compared to others in percentage of minority students enrolled, about 30% of the respondents assess their schools as about the same as other schools, 25% as better than most, and 45% as worse than most. The perceptions of the students seem reasonably accurate here as the differences between the assessments of students in LP, MP, and HP schools relate to actual percentages of minorities enrolled. 41.3% of the students in HP schools rate their school as better than most schools in the percentage of minority students enrolled. This compares with 11.6% and 22.6% of the students' ratings in LP and MP respectively. On the other hand, 59% of students in LP schools, and 50% of students in MP schools rate their schools as worse than most in this regard. Only 26% of the students in HP schools make such an assessment.

Similarly, students in LP and MP schools are significantly more likely to rate their schools' image in the community as worse than most compared with students in HP schools. Also, the students in HP schools more frequently see their schools as having a positive image in the minority community.

Considering their perceptions of numbers of minority faculty, students from HP schools seem more disposed to judge the percentage of minority faculty at their school as better than most but, a greater percentage also judged their schools as being very poor in this regard. This may only mean, of course, that some HP schools have a relatively high percentage of minority faculty and some do not. Or, it may suggest that students in HP schools, because of their numbers may be more critical and have higher standards for performance at the school, and recognize that while their school may be doing relatively well, few schools do well enough.
Table 3

Minority Student’s Perceptions of Their Particular School of Social Work

<table>
<thead>
<tr>
<th>How Does Your School Rate (N=54)</th>
<th>Level of Minority Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low (N=84)</td>
</tr>
<tr>
<td>1. In Number of Minority Students Enrolled</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>11.6</td>
</tr>
<tr>
<td>About the same</td>
<td>29.5</td>
</tr>
<tr>
<td>Worse than most</td>
<td>59.0</td>
</tr>
<tr>
<td>2. In Image of School in Minority Community</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>13.9</td>
</tr>
<tr>
<td>About the same</td>
<td>38.9</td>
</tr>
<tr>
<td>Worse than most</td>
<td>47.2</td>
</tr>
<tr>
<td>3. In Number of Minority Faculty</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>11.7</td>
</tr>
<tr>
<td>About the same</td>
<td>35.1</td>
</tr>
<tr>
<td>Worse than most</td>
<td>53.3</td>
</tr>
<tr>
<td>4. Involvement of Minority Faculty in Decision Making</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>11.1</td>
</tr>
<tr>
<td>About the same</td>
<td>54.2</td>
</tr>
<tr>
<td>Worse than most</td>
<td>34.7</td>
</tr>
<tr>
<td>5. Absence of Racism</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>16.2</td>
</tr>
<tr>
<td>About the same</td>
<td>55.4</td>
</tr>
<tr>
<td>Worse than most</td>
<td>28.4</td>
</tr>
<tr>
<td>6. Commitment of the School to Minority Recruitment</td>
<td></td>
</tr>
<tr>
<td>Better than most</td>
<td>11.7</td>
</tr>
<tr>
<td>About the same</td>
<td>29.9</td>
</tr>
<tr>
<td>Worse than most</td>
<td>58.5</td>
</tr>
</tbody>
</table>

*p*probability level derived from chi-square
A similar effect is observed when the students are asked to assess the degree of minority faculty participation in decision-making. Students from HP schools perceive their schools as better than most more frequently than students from MP and LP schools (they account for 45% of such assessments) but they also are the most likely to assess their school comparatively as poor in this regard.

Students from HP schools were also the most likely to assess their schools as comparatively free of racism and to assume that their school has a higher commitment to minority recruitment than students at schools with lower levels if minority enrollment.

**Discussion and Conclusions**

In this study of 255 minority students in graduate schools of social work several points emerge as significant. The curriculum of the school and the location of the school were the most frequently mentioned attractions, followed by prestige, financial incentives, emphasis on minority concerns and influence of significant others. It was found that the more successful schools of social work (in terms of attracting minorities) were more apt to attract minority students on the basis of their curriculum and their emphasis on minority concerns than the less attractive schools. The extent to which students are part of the recruitment process appears to be an important item as the more successful schools of social work (in terms of attracting minorities) were more likely to involve their students in recruiting than the less successful schools, and also to engage in recruitment publicity (posters, TV, radio, etc.). Because contacts with official recruiters were so slight the effectiveness of recruiters is uncertain.

Word of mouth, i.e., information communication networks tended to be more important in student decisions to attend a school than official recruitment, i.e., the formal communication network. It was determined that schools with high percentages of minorities tended not to have entrance examinations whereas schools with low percentages of minorities tended to have them. It can be concluded that entrance examinations serve as repellants to potential minority applicants. The perception of the individual student's selected school as to its attractiveness to minorities tends to be consistent with actual selection practices. That is, those schools which appeared to provide the most attractive atmosphere for minorities tended to be the most successful in attracting minority students into their program.
It seems, then, that minority students were attracted to schools for primarily academic reasons: a curriculum relevant to their career interests and the curriculum response to particular minority concerns and issues. They do not go to schools primarily for money or for social reasons.

Formal recruiting programs may be somewhat wasteful in that informal contacts by current students seem singularly important to applicants. Perhaps the word of a student is regarded as more trustworthy. It may be, too, that the potential student may perceive this word as an accurate sign of the emotional and social support available at the school.

Minority students tend to perceive their schools accurately in terms of their accomplishments in areas of minority concern. If that is the case, then we might expect that the informal network relays this information to the prospective students, and is another element in the attraction process.

Finally, and very important, there is a clear relationship between the use of entrance examinations as an admissions requirement and the percentage of minority students enrolled. While the debate about these examinations rages on, minority students appear to avoid schools which require them as one of the rites of passage.

References

Conyers, James E.
Phylon 29:209-223

Eppes, Edgar and Glenn Howze

Gordon, Milton
Gullerud, Ernest N.

Hernandez, Jose, Jerry Strauss and Edwin Driver

Institute for the Study of Educational Policy

Kleinbaum, David G. and Anna Kleinbaum

Mollenbauer, R.
1976 A study to identify the predictors of minority enrollment success in master's degree social work programs. Unpublished Ph.D. dissertation, University of Texas at Austin.

Ripple, Lillina

Shyne, Ann and G. Robert Whitcomb (eds.)

U.S. Bureau of the Census


Wells, Mable G.
SOWING THE SEEDS OF TROUBLE: AN HISTORICAL ANALYSIS OF COMPLIANCE STRUCTURES IN CHILD WELFARE

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University of Houston
Graduate School of Social Work

ABSTRACT

Amotai Etzioni's concept of compliance structures is used as a focus for an historical analysis of the organizational structures through which child welfare services have been offered in the U. S. This article shows how a dual compliance structure arose, both normative and coercive, but with more emphasis on the coercive. The expansion of public child welfare services since 1935, especially foster care and placement services rather than in-home services, has drawn public attention to widespread ineffectiveness. Stress and strain are particularly intense at the service delivery level. Yet the problems and social policies have not been analyzed in terms of building and using congruent or consistent organizational compliance structures and services to implement them. The authors suggest that Etzioni's organizational compliance theory may be a useful starting point for studying specific organizational responses to parental failure in order to clarify the existing confusion about organizational goals, means, and ends in child welfare.
INTRODUCTION

The purpose of this article is to use Amitai Etzioni's concept of compliance structures as a focus for an historical analysis of the organizational structures through which child welfare services have been offered in the United States. Special attention is given to the rise of foster care in the context of a dual compliance structure which is both coercive and normative. First the present problems of foster care are examined. Then Etzioni's concepts about compliance structures are explained. Using these concepts, the history of child welfare organizations is traced, highlighting the rise of the dual compliance structure. Finally there is a discussion about how present organizational conditions works against the achievement of either the social order or the cultural goals of child welfare legislation.

It is the thesis of this article that inadequate and ineffective foster care services may result either from the nature of their organizational compliance structures or from failure to recognize and make self-conscious distinctions between different compliance structures being used with clients. Also, the normative service delivery structure is less well developed than the coercive. This article will take two perspectives in analyzing some of the structural problems of child welfare:

(1) Amitai Etzioni's concepts of compliance structures will be used as a framework for an organizational analysis of child welfare services.

(2) The development of child welfare will be viewed from an historical perspective in order to identify possible causes of long standing organizational strains.
THE PROBLEM

National attention has focused on child welfare in the United States as a result of a series of Congressional hearings beginning in 1975 on H.R. 7200 which contained amendments to Title IV of the Social Security Act. Experts in the field of child welfare testified regarding the inadequacy and ineffectiveness of the foster care program. Themes running throughout these proceedings were that children's needs are not being met, that foster care programs are poorly staffed and administered, and generally fail to provide quality services to children who must live apart from their families. H.R.7200 would have required states to develop a wide variety of in-home services to prevent out-of-home placements or to facilitate returning the child home. These services included homemaker and housekeeper services, day care, consumer education, respite care, transportation services, family and individual therapy, psychiatric counseling. H.R. 7200 passed the United States House of Representatives on July 18, 1977. It was referred to the Sub-Committee on Public Assistance of the United States Senate Finance Committee in April, 1978, but was never voted out of committee.

The issues were presented succinctly by a recent Secretary of the U. S. Department of Health, Education, and Welfare, who called the foster care system a morass.

...If we are to fashion a humane and meaningful family policy for America then we must begin with the foster care system.

...It is a system which places 350,000 children but too often places them in improper conditions.
Although foster care placements are intended to be temporary, children often remain for long periods. Fifty percent stay in foster care two or more years, 26% have been in foster care for more than five years, 12% remain for more than ten years.

Children are often placed without planning for their future placements or without adequate follow-up to implement proper plans.

Too frequently few efforts are made to reunify children with the natural family or to seek adoption.

Social worker caseloads are often considerably heavy, making individualized attention to foster care children very difficult.

States often do not afford due process to the children of families immeshed in the system. (Califano, 1977, p.106)

The national consciousness that foster care programs are in trouble should not seem surprising or new. The professional social work literature contains eloquent critiques of foster care dating back more than 25 years. Maas and Engler (1959) dramatically illustrated the problems of children locked in the foster care system. More recently Jenkins (1974) described child welfare as "poor services for poor children" (p.19). Rein, Nutt and Weiss (1974,p.24) argued that as foster care is a class bound system, its stability and dysfunction lie in the system's class biases. After observing the operation of the foster care system closely through a five year longitudinal study of over 600 foster children, Fanshel and Shinn (1972) concluded,
We are impressed with the number of apparently irrational elements in the system. We would characterize the foster care system as being isolated from other systems serving social and health needs. We also view the delivery of foster care services as being less than optimally organized and almost impossible to manage soundly. (p.26)

All social welfare programs, including foster care, operate within a framework of organizational structure. Structure refers to the conditions, forces and circumstances of an organization that are relatively constant over a period of time. "Structural variables are seen as shaping behavior, and hence as causing behavioral phenomena." (Kilmann, 1977, p.14)

CONCEPTS OF COMPLIANCE STRUCTURE

Etzioni (1961) chose the concept of compliance as a basis of his theory for analyzing and explaining complex organizations.

Compliance refers both to a relation in which a person behaves in accordance with a directive supported by another actor's power, and to the orientation of the subordinated person to the power applied. Compliance is universal, existing in all social units. It is a major element of the relationships between those who have power and those over whom they exercise it. (p.59)

"Power refers to the ability of an individual or group to get some other individual or group to change in some manner." (Filley, House, and Kerry, 1976, p.92) The organizational power system includes the directives the organization issues, the sanctions by which it supports its directives, and persons in power positions. Etzioni classified organizational power into three types based on the nature of rewards which are manipulated: (1) Coercive power rests on the
application or the threat of application of physical sanctions, generation of frustration through restriction of movement, or controlling through force the satisfaction of basic needs. (2) Remunerative power is based on control of material resources and rewards. (3) Normative power is the allocation and manipulation of symbolic rewards and deprivations (Etzioni, 1976, p.5).

Most organizations use all three types of power but emphasize one. Power is differentiated from authority. Power is the ability to act, authority is the right to act.

Organizations can be ordered according to their power structure, taking into account which power is predominant, how strongly it is stressed compared with other organizations...and which power constitutes the secondary source of control. (Etzioni, 1961, p.62)

In this theory, involvement refers to the orientation of the participants toward organizational power. Etzioni identified three kinds of involvement: (1) Alienative involvement is an intensely negative orientation in which participants do not have the same values as the organization. (2) Calculative involvement, predominantly found in business-employee relationships, usually results in mildly negative or positive commitment to organizational goals. (3) Moral commitment results in a positive orientation of high intensity and commitment to organizational goals. Organizational goals refer to a state of affairs which the organization is attempting to realize. In addition to three kinds of power and three kinds of involvement in organizations, there are three types of goals which are pursued by organizations. (1) Order goals are found in organizations which attempt to control individuals who are considered deviant by
society. (2) Organizations with economic goals produce goods and services which are purchased by others outside the organization. (3) Organizations which have culture goals are responsible for the creation and preservation of symbolic objects considered valuable and necessary for maintenance of beliefs and values of society (Etzioni, 1961).

The three kinds of power when paired with the three kinds of involvement can result in nine types of compliance structure. Three of these are considered to be congruent, meaning that the type of involvement by the participants is the type expected by the organization in order to attain organizational goals. Examples of congruent types of compliance structure are coercive power/alienative orientation/order goals, a prison; remunerative power/calculative orientation/economic goals, a factory; and normative power/moral commitment/cultural goals, a church. The other six categories are considered incongruent, in which the involvement of the participant differs from the kind of involvement and the type of goals expected by the organization. Etzioni believed that the study of processes involved in the six incongruent types of compliance structures could be useful to explain the nature of organizational conflict and strain.

Etzioni's (1961) dynamic hypothesis states that congruent types of organizations are more effective than incongruent types. "Hence, to the degree that the environment of the organization allows, organizations tend to shift their compliance structure from incongruent to congruent types." (p. 69)

Etzioni considered organizations which simultaneously utilize two types of power to have a dual compliance structure and theorized that these organizations would tend to shift toward more congruence.
The next section of this article will provide an historical perspective on the compliance structures which have prevailed in child welfare services and foster care in particular.

The program of foster care which exists now is relatively recent in origin. It was a small part of public child welfare until the early 1960's. Therefore, the history of foster care in a broad sense is the history of child care and public welfare in the United States.

CHILD WELFARE IN THE NINETEENTH CENTURY

Nineteenth century organizations concerned with poor and dependent children used coercive power and their purposes were the maintenance of social order and the regulation of deviant members of society. "Social order arises...from a permanent running compromise between constraint and freedom, between the interests of the individual and the goals of society." (Cumming, 1968, p.4) Three methods of relief were available to poor and dependent children in the early 1800's. These were indenture or living out, home relief and almshouses. Numbers of children were bound out or auctioned off to the highest bidder, and sometimes entire families were sold to whomever would assume responsibility for their care (Abbott, 1938, p.4).

An example of an early 19th century charitable group which provided home relief was the Ladies Society for Relief of Poor Widows with Small Children which was founded in New York in 1797. The relationship between members of the Ladies Society and its beneficiaries was an example of coercive compliance. Provision of food and shelter was dependent upon the poor mothers' assumption of a very pious, self-effacing role toward the Ladies Society. The Ladies
Society helped only those mothers who were willing to work and only those of good moral character.

This latter requirement was not left to chance; the means, character and circumstances of each applicant were thoroughly investigated before any help was given and aid was denied any who failed to come up to the good Society's high standard. (Geiser, 1973, p.158)

The New York Association for Improving the Condition of the Poor was created in 1843 to repress pauperism according to Trattner (1974) who concluded that in the final analysis, members of the AICP no doubt loved the poor less than they feared or even hated them. "In effect, the AICP was less a charitable agency than an instrument for social control, a means of keeping society orderly, stable and quiet." (p.65)

Polier (1941) graphically described the degradation and the service nature expected of poor children who were recipients of home relief.

Children in need of charity were to be fitted for menial service in the community. They were to be taught obedience and docility. They were expected to voice publicly their gratitude and recognition that those who had sheltered them had complete power over their destiny. (p.5)

Children who received charity were expected to conform totally to the requirements of the organizations which helped them. In spite of the stringent moral requirements necessary to receive relief from some charitable organization, home relief was the subject of much criticism because of variable standards and poor and corrupt
local administration, and also because it was widely believed that giving money to poor families would perpetrate idleness, laziness and poverty (Polier, 1941, p.11).

By the mid 1830's, home relief was in decline and it was believed that the almshouse was the best place for dependent children and poor families. By all accounts, conditions in almshouses were deplorable. Geiser (1973) described almshouses as human scrap heaps and in some places, "admission of children under a year of age was tantamount to signing their death certificates." (p.174) However, almshouses served as a way of controlling social deviance by ridding communities of the poor. The result was that "dependent and neglected children were taken from such homes as they had and were confined...in places of filth, corruption and degradation...high hopes and promises set forth by proponents of the almshouse system soon proved illusory." (Polier, 1941, p.11)

One exception to the prevailing trend of confining children to almshouses was the work of Charles Loring Brace (1973) who undertook a program of sending homeless New York children to the midwest. During the period 1854-59 a survey showed that several thousand children were given to families who would provide homes for them.

Public reaction against the deplorable and inhumane conditions in which many children were forced to live was never very outspoken. It was not until the 1860's that real efforts were made to move children out of almshouses. However, children went from almshouses to institutions. One type of social control was exchanged for another. The decade of 1874-1884 has been labeled "The Era of Big Buildings" when the belief prevailed that more and better large institutions would be the solution to the problems of dependent children (Van Waters, 1939, p.39). The ideas of control and coercive power continued.
In the terms of Etzioni's theory, 19th century charitable organizations, almshouses and institutions used coercive power in dealing with children and families. Their main purpose was social control and in many almshouses children were denied even the most basic needs of adequate food and shelter. Although many of the officials supervising these organizations were motivated by religious interests, the welfare of poor children as we understand their needs today did not seem to be of primary importance. Etzioni (1961, p.74) noted that in organizations utilizing coercive power, individuals exhibit a high level of alienation, low performance obligations and high subordination. According to this theory, children raised in conditions of degradation could be expected to relate to these organizations in an alienated way.

These examples of charitable organizations, almshouses and institutions represent congruent compliance structures according to Etzioni's theory. The social goals were control of the poor by removing them from the community. Coercive power was used to achieve these goals. Within this context, almshouses and institutions were successful organizations. Societal values of the 19th century supported the goals of these institutions.

CHILD WELFARE DURING THE PROGRESSIVE ERA

Throughout the literature of the 19th century there is little or no mention of the importance of the family as necessary for proper growth and development of the child. This idea was first clearly recognized as a public policy issue in a national forum at the first White House Conference on Children held in 1909. Proceedings from the Conference stated that "home life is the highest and finest product of civilization. It is the great molding force of mind and character. . .Except in unusual circumstances the
home should not be broken up for reasons of poverty." (White House Conference on Child Health and Protection, 1931, p.320)

This Conference served to mobilize the support necessary to enact in 1912 the legislation creating the Federal Children's Bureau, a milestone in the history of child welfare. During this era, limited systems of supervision of children living in foster homes and institutions were developed in some states where progressive child welfare legislation was enacted. (Pers, 1975) For example, in 1911 the first statewide mother's aid legislation was passed in Illinois. This law, and those subsequently passed by other states, "constituted public recognition by the states...that it was in the public interest to conserve the child caring functions of mothers." (Abbott, 1938, p.229) This legislation also represented a revolt against the current policy of separating children from their mothers on the grounds of poverty alone and caring for them at greater cost in institutions and foster homes.

The mother's pension movement had successfully challenged the philanthropic division of labor which attributed to public agencies a marginal, negative function, and removed some of the stigma attached to public assistance. But it failed in the opportunity presented to modernize the public welfare system. Equally important, the sponsors of mother's pensions adopted the private charity organization society as the model for a public assistance program. This meant essentially adoption of casework goals aimed at family rehabilitation. (Lubove,1968,p.111)

There was a gradual recognition by the public that families provided better care for children. This resulted in a movement toward the use of normative means and away from the social control and the use of coercive power predominant in almshouses and large
institutions. Because of these changes, organizations serving children shifted from a congruent compliance structure to a non-congruent one where strategies of coercive power were incompatible with more moral, humanitarian goals. Almshouses and large institutions experienced gradual decline because of inflexibility. However, the small, charitable and religious organizations which endured and which had been providing relief to poor families and placing children in foster homes, were able to modify their organizational structures to incorporate the new goals of rehabilitation and the new methods of normative power, without giving up the old methods of power and control. This was the beginning of the development of the dual compliance structure of welfare organizations which exists today.

CHILD WELFARE IN THE EARLY TWENTIETH CENTURY

During the early 20th century social work was emerging as a profession concerned about the needs of the poor. The methods of professional social work were based on a normative re-educative philosophy of change which recognized that with proper methods of intervention, poor families might be helped to improve and the destiny of the poor was not fixed and unchanging. The normative re-educative approach "brings direct intervention by change agents into the life of the client." (Chin and Benne, 1976, p. 32) The most important element of this strategy was the emphasis on the involvement of the client in the working out of changes, the idea of mutual involvement. Change was not forced or imposed, but was to be promoted in a benevolent collaborative way. In contrast, coercive approaches to effecting change, along with the use of economic sanctions, emphasized the utilization of power.
The idea that normative power exemplified by professional social work methods should be incorporated into public agencies concerned with provision of financial assistance provoked bitter controversy and philosophical differences. The contradiction and incompatibility apparent between methods being developed in voluntary agencies and the old rigid, punitive public agency methods was clearly stated in a report by the Charity Organization Society.

Administration of relief within the homes of the poor... required deep, abiding personal and sympathetic interest (normative power) in sharp contrast to the mechanical, wasteful, unconstructive and harmful procedures of public agencies; the latter, taking account simply of natural needs, fostered that degradation of character manifested in pauperism. (Lubove, 1968, p.103)

From 1911 to the early 1930's the conflict between voluntary and public agencies went on unabated. During this time when the profession of social work was emerging, many social workers who were identified with voluntary agencies strongly opposed gradual government intrusion into the province of relief giving. One authority (Porter, 1931) during this period noted the apparent incompatibility in the prospect of social treatment amidst the harsh realities of poverty.

For dealing with such (economic) problems, social case work, whether administered under public or private auspices, is a wholly inadequate substitute for broad constructive programs of economic adjustment. (p.51)

Stated another way, normative power is not sufficient to deal with problems of poverty.
Another issue basic to this discussion is changes in the selectivity of clients. Prior to the mother's aid legislation, both public and private agencies had considerable discretion over the clients they served. If, for some reason, the clients were unwilling or uncooperative, they were not dealt with. For voluntary agencies, selectivity functioned to reduce incongruence of compliance structure by insuring that only persons who conformed with the goals of the organization (moral compliance) would be handled by the agency. Laws which entitled mothers to aid under specified circumstances resulted in increasing numbers of women demanding aid who may or may not have needed services, along with pensions. Having to accept all eligible clients for services, some of whom were committed to organizational goals and others who were not, forced an organizational dilemma.

Public organizational tendencies toward noncongruence and ineffectiveness increased as numbers of clients who were openly hostile to the basic societal goals of the organization became eligible for services. As the proportion of alienated clients increased the use of normative power would be less effective.

In discussing child welfare, Lurie (1939) stated that

the traditional child care agency which provides case work services will have little success in overcoming problems of inadequate community resources, family economic security and other demoralizing tendencies in the community. (p.614)

Here again is the recognition of the inability of normative methods to deal with economic problems of alienated clients.
Public agencies, which provided financial assistance and services to an increasing number of needy clients fell heir to many of the private agencies' unwanted and insoluble cases. Taussig (1939) described the tendency of private agencies to reduce their caseloads.

Custodial cases, old cases, short time cases... fell to the lot of the inexperienced and harrassed public agency worker. It is safe to say that a second or third generation of these families can be found in any large agency today. (p.385)

In family agencies, intake was becoming more and more selective in character, with the tendency to select those particular situations where the services of the agency, consisting now largely of skills and resources of professional case workers, could be introduced successfully. The environment of charitable organizations in the 1930's, both public and private, was characterized by continuing conflict and disagreement. Many of these organizations pursued two disparate goals, social control and rehabilitation by the use of two disparate kinds of power, coercive and normative.

Keith-Lucas (1941,p.1) clearly describes the dilemma with respect to the new professional social work ideology in the protective services. He noted that in the early days, social workers saw their responsibility to the community as paramount. However, during the 1920's and 1930's, the client's needs were increasingly important. Thus, a caseworker was confronted with inconsistency and confusion in trying to provide services to neglected and abused children and trying to uphold responsibility to the community.
Thus, there is a convergence of two philosophically antithetical forces—the new ideals and goals of social work and the old repressive and degrading methods by which charitable organizations had historically dealt with the poor.

THE SOCIAL SECURITY ACT OF 1935

The impetus which caused public welfare organizations to shift more toward a normative/moral compliance structure and away from coercive power was the passage in 1935 of the Social Security Act. This Act had two major implications for the welfare of children. First, federal funds were appropriated to assist states in the provision of financial assistance to needy dependent children. Second, funds were appropriated for the development of services for the protection and care of dependent children in predominately rural areas. Services were limited to rural areas because of resistance by the Catholic Church to public intervention in family services. (Gilbert, 1975, p. 122) The Act made no provision for care of dependent children not living with their own families or for protective services to children in cities. Initially, little money was actually made available and many states set grant levels for children very low. (Piven & Cloward, 1971, p. 116)

Even with its limitations, this legislation had the effect of initiating the beginning of a dual compliance structure for public welfare organizations. The Depression had the effect of moving more social workers into public employment, especially to the new public assistance programs, where the idea of services was becoming more and more important for the amelioration of poverty. "Casework and 'services' were implicit in public assistance from the beginning, though not specifically legislated" according to
Gilbert (1975, p.121) who noted that when the Social Security Act was passed the doctrine and practice of social work was fixed in a professional mold antithetical to a modern public administrative style necessary for provision of financial aid.

It was here that the seeds of trouble were sown and the future inability of public welfare organizations to function effectively was impaired by the imposition of incongruent compliance structures.

The shift toward normative/moral compliance structure in public welfare considerably increased organizational stresses and strains. In 1930 one author (Arnold, 1940) discussed several major problems which were developing in the child welfare field as a result of the passage of the Social Security Act. There was a severe shortage of trained staff.

Another problem...is the absorption of state and local (child welfare services) agencies with the administrative problems of public assistance...since the child welfare program is primarily a service program, it will suffer particularly because of this absorption. (p.2)

Even though services for children were gradually being emphasized, the other purpose of public agencies was not completely forgotten, which was regulation and maintenance of social order by controlling through coercive power the behavior of alienated poor persons who deviated from moral values of the times.

In response to widespread dissatisfaction with the AFDC program, particularly as it related to the unmarried mother, suitable home laws were adopted by a number of states in the 1940's and 1950's.
As a result of these laws, a needy child living with persons of "unsuitable moral character" was made ineligible for financial support. Illegitimate pregnancy was usually a factor if suitability of a home was questioned. (Kadushin, 1967, p.187) Restrictive legislation of this type is another example of the use of coercive power in welfare organizations. Social workers attempting to improve lives of poor and dependent children were continually confronted with the contradiction implicit in providing needed services and promoting public morality at the same time. The dependent child was often caught in the middle of this conflict. Pers (1975,p.459) noted that state discretion in the area of "suitable home laws" created a dangerous situation for needy children. Major difficulties resulted from attempting to deal with these social problems within the context of a dual compliance structure.

**THE 1962 AND 1967 AMENDMENTS TO THE SOCIAL SECURITY ACT**

The Social Security Act Amendments of 1962 established as national policy two purposes for public welfare, financial aid and social services. Although Congress had previously authorized services, this was the first time that costs of these services would be reimbursed by the federal government. (McEntire & Haworth, 1967,p.22) In relation to child welfare, the amendments provided additional resources to states for removing children from unsuitable homes and placing them in foster care. Also mandated was extension of child welfare services to all counties in the U. S. by 1975.

The amendments encouraged social work professionalism and "...unambiguously favored services over income supports, especially
for prevention and rehabilitation in AFDC, the most controversial program."

(Gilbert, 1975, p. 127) McEntire & Haworth (1967, p. 27) considered the combination of financial assistance and services in basic law a major problem, particularly in regard to administrative organization. Major policy questions not dealt with in the law related to whether services should be separated from eligibility determination, the professional qualifications of social workers, and the inadequacy of the traditional social work model (verbal-insight) for helping public assistance clients.

The profession of social work actively promoted the service components of the amendments. However, foster care services expanded far more than in-home services did. The dual compliance structure became firmly entrenched in public welfare but there was little awareness of this at the service delivery level.

Also, it was during this period that relatively large numbers of children were being moved into foster care.

The 1967 amendments to the Social Security Act intensified the conflict between culture and order goals. On one hand, there was increased funding and more recognition of the importance of social services in improving the quality of family life, a culture goal. In particular, day care was defined as an element of public assistance for the first time in American history. On the other hand, a work incentive plan (WIN) with coercive overtones was enacted which made work training compulsory for able-bodied welfare recipients and AFDC mothers with school age children (Lewis, 1974, p. 430).

The trend toward movement of more children into the foster care system continued as AFDC eligibility was extended to many children.
previously placed in foster homes by court order. This had the effect of making it easier for states to finance and maintain children in foster homes than to develop in-home services.

The contradictions inherent in the goals of the 1967 amendments can be summarized as follows: 1) There was increased funding and recognition of the importance of social services (culture goal). 2) There was a mandatory work or work-training requirement for mothers of school age children unless certain specified conditions were met (order goal). 3) Incentives for states to move children back to their own families from foster care were decreased by the provision of more financial aid for children in foster homes previously not covered by federal regulations and failure to develop in-home services. Thus, the passage of the 1967 amendments highlighted the tension between culture and order goals and contributed to increased stress in public welfare organizations.

TITLE XX

Another Social Security Amendment, Title XX, which became effective in 1975, gives the states more authority in determining the types of services they wish to offer. Provisions are made for the establishment of goals for children in foster care which hopefully will promote better services and lead to more viable alternatives to out of home care. Neil Gilbert (1977) noted that Title XX emphasized the trend toward universality of services, planning, maintenance and care oriented services rather than just reduction of dependency. Thus, the emphasis on services (normative power) continues. However, it is not clear what the total impact of Title XX will be. Mott (1977) noted that "...thus far there is little indication that the states are doing anything other than maintaining their existing programs with just a few variations. Foster care,
for instance, is still being emphasized at the expense of services that would keep the family together." (p.66)

CURRENT ORGANIZATIONAL STRAINS IN CHILD WELFARE

This historical analysis of the evolution of child welfare services in general, but foster care in particular, has shown that the use of both normative and coercive compliance structures has become intertwined over the years. Foster care is used primarily where there is a concern about child abuse and neglect. This concern arises from basic normative and cultural goals concerning child rearing and family life. Where a child's life is threatened, a social control goal becomes inevitable. Therefore, a dual compliance structure may be unavoidable where protective services are concerned.

Although coercion is used to remove children from their homes and place them in temporary care, the child welfare agency aims to use normative approaches to improve the natural family's situation so that the child can be returned home. There are many pressures on child welfare workers to use normative approaches. Legal tradition and cultural norms favor the rights of biological parents. If a child is in danger, the child welfare agency bears the burden of proof to show that parental care fell below the minimally acceptable standard. What is minimally acceptable varies from community to community. Although it is clear that the court can remove a child from his home because of neglect or abuse, the legal basis for terminating parental rights is vague in many states. This militates against continued use of coercion against natural parents. Yet the rights of natural parents must be terminated before a child can be adopted by new parents. Attitudes romanticizing the natural
family may be reinforced by professional education which teaches innovative ways of providing in-home services which are not yet incorporated into agency structures.

Several factors make it almost impossible for child welfare workers to reunite some families using normative approaches. A normative approach requires in-home supportive services such as homemakers, day care, twenty-four-hour crisis intervention, emergency temporary shelters, crisis nurseries and other preventive services. Although the 1967 Social Security Amendments stated a policy goal of providing in-home services, these services are expanding very slowly. At present they exist only as pilot projects in those states which have them at all. There are no federal funds specifically earmarked for in-home services to prevent family breakdown. The AFDC foster care funds may be used only for foster care maintenance payments, not for services to enable a child to remain in his own home. Most states have not chosen to use the planning flexibility in Title XX to develop in-home services. Consequently, child welfare organizations have not developed the organizational means to achieve the goal of keeping children in their own homes through a normative compliance structure.

The most widely publicized approach to getting children out of foster care drift is the Permanent Planning Project at Portland State University in Oregon (U.S. DHEW, 1978). This project focuses on assertive, time-limited work with parents of children who have been in foster care more than one year and advocates laws making it easier to terminate parental rights in order to insure permanent homes for children. Although they use rehabilitative in-home services which exist, they emphasize the appropriate use of coercive authority if necessary to prevent a child from drifting in foster care.
The Oregon Project attempts to reconcile some of the strains in the dual compliance structure by emphasizing reasonable but clearly coercive means to attain a permanent home for each child. This makes the compliance structure more congruent with present organizational realities.

SUMMARY AND CONCLUSIONS

Etzioni's theory suggests that organizations which attempt to combine two types of power to accomplish two different kinds of goals at the same time will have difficulty achieving either one. This historical analysis of child welfare, shows that through the nineteenth century, organizations serving children used coercive means and were clear that their goals were the maintenance of social order and the regulation of deviant members of the society. The organizational compliance structures were congruent. The use of coercive methods was condoned by society. Needy children were served primarily in almshouses and institutions. A type of foster care began to develop in a few places under private auspices.

During the early twentieth century there was public policy recognition at the national level and in some states of the importance of the family as necessary for the proper growth and development of the child. Mothers' aid legislation in some states represented a revolt against separating children from mothers on the grounds of poverty alone and caring for them at greater cost in institutions and foster homes.

The developing social work profession encouraged the use of normative, re-educative, in-home services worked out with the active, mutual involvement of the client. These methods were more congruent
with clients who came voluntarily to receive services from private agencies than they were in public agencies serving poor alienated people with inadequate and non-comprehensive service delivery system or income maintenance programs.

The Social Security Act of 1935 and each set of major amendments to the sections dealing with children have stated the public policy goal of enabling children to remain in their own homes. Yet foster care, an out-of-home service, has expanded rapidly while in-home services such as those emphasized in H.R. 7200 remain undeveloped. This article has explained how a dual compliance structure has arisen in child welfare.

Previous amendments to the Social Security Act have not addressed the elements in the policies which lead to more confusion about this dual compliance structure. To the extent that children move into foster care as a result of neglect and abuse, the use of power in child welfare organizations is intrinsic. Parents referred for child welfare services in these circumstances can be expected to relate to the organizational structure in alienated ways because of the nature of their problems. Etzioni suggests that coercion is necessary to engage the alienated client.

The ideal of using a normative compliance structure cannot be attained without in-home services in order to reduce excessive foster care placements. However, the coercive use of foster care has been historically more acceptable as a necessary part of protective services than the use of in-home services.

The national attention currently focused upon the problems in foster care makes it more urgent to find a conceptual framework which holds some potential for clarifying the social policy issues,
explaining the organizational dilemmas, and proposing solutions which will lead to greater effectiveness in the delivery of child welfare services. Etzioni's organizational compliance theory may be a useful starting point for studying specific organizational responses to parental failure and clarifying the existing confusion about organizational goals, means and ends in child welfare.

REFERENCES

Abbott, Grace

Arnold, Mildred

Brace, Charles Loring

Califano, Joseph A., Jr.

Chin, Robert and Kenneth D. Benne

Cumming, Elaine

Etzioni, Amitai (ed.)
Fanshel, David and Eugene B. Shinn
Folley, Alan C., Robert J. House, and Steven Kerry
Gaiser, Robert L.
Gilbert, Charles E.
Gilbert, Neil
Jenkins, Shirley
Kadushin, Alfred
Keit-Lucas, Alan
Kilmann, Ralph
Lewis, Mary R.
Lubove, Roy
Lurie, Harry L.  

McEntire, Davis and Joanne Haworth  

Maas, Henry S. and Richard E. Engler  

Mott, Paul E.  

Pers, Jessica S.  

Piven, Frances Fox and Richard Cloward  

Polier, Justine Wise  

Porter, Rose  
Rein, Martin, Thomas E. Nutt, and Heather Weiss

Taussig, Frances

Trattner, Walter

U.S. Department of Health, Education, & Welfare, Office of Human Development Services

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ABSTRACT

Stages in the civil rights careers of a sample of women active in northern communities were studied. Committed to racial justice, most intensified their participation in the early 1960's. In the second half of the decade, the "Black Power" phase, roles for whites became fewer. Organizations experienced changes in membership and direction; factionalism ensued. Many women welcomed black leadership and played roles in new black-led community agencies. Arrests of blacks allegedly involved in riots elicited support in the formation of defense committees and prison reform organizations. Later, many women entered human service professions; they chose jobs with poor, minority or disadvantaged clienteles. Half are still volunteers. Continuity is sought between paid or volunteer work and social concerns. In its absence, a sense of loss or guilt is experienced. Movement commitment tends to be translated into institutional roles, most especially paid careers in the human services.

Although research is accumulating, many questions of theoretical as well as social policy interest remain about the nature of white participation in the civil rights movement of the 1980's. Some suggest that whites, as outsiders, became a hindrance in the later stages of this minority movement (Marx and Useem 1971). Another approach stresses the generally declining function of the membership base in civil rights during the latter half of the 1960's, the "Black Power" phase. It was during this period that government, business, and foundations helped to create paid social movement careers (McCarthy and Zald 1973). Financial resources provided by mainstream white institutions would appear to have

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replaced, in effect, the direct action participation of relatively powerless whites. Or did committed whites find new roles to play during the second, less integrationist phase of the movement? If most newly-created paid movement jobs were allocated to blacks and members of other minorities (as a pacification effort, to be sure) what occupational roles were available to the white activists?

Clearly, longitudinal studies are needed to address such issues (Williams 1977). Stages in the growth or decline of white activism, its relationships to changing movement philosophies, organizational contexts and resources -- as well as to individual life history -- are all areas open for exploration.

Most frequently, movement participation is seen as characteristic of college youth, who do not bear responsibility for adult roles and have periods of unscheduled time available (Demerath et al 1971; Fendrich 1977; McCarthy and Zald 1973). Follow-up studies of student activists have been made but little is known of what happened to their adult counterparts (Erlanger 1977; Fendrich 1977.) Yet a 1964 national survey of white civil rights activists found that fifty-two per cent of them were over the age of thirty (Pinkney 1968).

To begin to fill this gap I present data on a sample of white females who range widely in age, most of whom were wives and mothers during the 1960's. Their civil rights participation took place primarily in a relatively neglected context of the movement -- northern communities. (1) In the 1950's and 1960's they joined interracial housing, education, and human rights groups, and branches of national organizations such as NAACP and CORE. Their activities ran a wide gamut: from public speaking and the writing of newsletters and leaflets to organizing, demonstrating, and lobbying. Several travelled to the South to participate in special campaigns.

This paper is concerned with the processes and contexts of their involvement, and the meanings attached to civil rights work. It examines the evolution of movement roles, starting with preconditions to involvement; traces participation through changes that occurred during the Black Power phase; and, finally, looks at the current activities, paid and volunteer of sample members.

The intermeshing of movement careers with family careers has

(1) Reference is made here to the northern activism that paralleled the early thrust of the southern movement.
been dealt with elsewhere (Goldstein 1978; Blumberg 1980). The term "career," as used here, refers to a major involvement over time which helps shape individual identity, and is not limited to paid work (see Becker and Strauss 1970). For those studied, the movement was an intense experience which gave meaning and direction to their lives. As family careers evolved and children grew older, many of the women returned to school or to paid employment. Whether or not these new interests represented "defection" from civil rights commitments is a question that shall be examined.

Sample and Methods

Use of a reputational method solved the problem of locating former activists. My first-hand acquaintance with their everyday world, a world I had shared, included many contacts. Through these I derived a snowball sample of white females, well-known for civil rights activities in their own communities in the State of New Jersey. (2) The respondents' networks led to seven centers of interracial movement activity, although this by no means exhausted such centers in the state. Length of participation varied, but each individual was included only if she considered racial justice to be an important personal value. Forty-one women met this criteria.

In-depth interviews focused on the dynamics of voluntary association and social movement participation as related to stages in the individual's life course. (3) A brief follow-up contact by mail and telephone in December 1976 brought information up to date.

To provide a clearer image of the respondents, some background characteristics are presented. Their median year of birth is 1927, with a range of from 1898 to 1945. Two of the younger women have never been married. Of the ever-married, one-half are married to first husbands, a little over 15% to second husbands; a little over one-quarter are divorced, and slightly over 10% are widowed. More than two-thirds possess a bachelor's or higher degree, but their educational status was

(2) The suggestions of as many different respondents as possible were utilized; where feasible at least two were chosen from each community represented.

(3) Most subjects were highly verbal and talked freely; the open-ended nature of the interview favored the exposure of serendipitous data.
lower at the time of their activism. Religious backgrounds are varied and will be discussed later. Many women recall the effect of the Depression on their families, with more than a third saying they were poor or very poor during childhood. A few of the families were relatively well-to-do.

Typing the White Civil Rights Activists

Categorizations of white civil rights workers have sometimes differentiated between political "liberals" or "reformists" and political "radicals," corresponding to the individual's degree of alienation from the social structure (Demerath et al 1971:171; Marden and Meyer 1977:200). But an individual's strong commitment to racial equality need not be tied to overall political radicalism (Meier 1970). Pinkney has used the terms "civil rights liberals" and "civil rights radicals" to indicate degree of commitment to the cause rather than to signify a general political stance (1968). This recognition that individuals vary in the extent of their willingness to serve a particular cause is implicit in such distinctions as those made between "core" and "peripheral" members.

Another concept, "white positivism" has been said to characterize:

that small number of white Americans who not only think that blacks should gain complete equality for their own sake, but believe that it is essential for liberating whites, morally and ethically (Marden and Meyer 1977:200).

Members of the sample take varying positions about the viability of the present social system. Of the need for racial justice, however, they have no doubt. They cite practical as well as moral reasons for believing that this goal serves their own self-interests. A quest for interracial experiences for their children propelled many of them into civil rights activities. Equality for black people is frequently now encompassed within broader ideals, such as economic equality or "equality for all peoples." Said one respondent, as a typical example:

Maybe it's enlightened self-interest, this feeling that as long as there are large segments of the American population that are second class, that don't have their rights, that this inevitably threatens me as well. (Interview 108)

These women, then, most closely fit Marden and Meyer's concept of "white positivists" or Pinkney's concept of "civil rights radicals."
Differences between white male and female activists have not
been analyzed in depth, although hypotheses have been advanced.
Follow-up interviews of a sub-sample of young white volunteers
in a 1965 summer voting project ("SCOPE") found that women were
more likely to become "reformists," "disengaged," or "drop-cuts"
than "radicals." The authors then generalized that, "women may
not be good bets for sustained activism of any sort." (Demerath
et al 1971:180.) Their female volunteers appeared to be more
oriented to marriage than were males. Obviously, intensity of
involvement in a social movement needs to be weighed against the
pull of other commitments or other careers. In the case of this
sample, marriage and motherhood were highly valued; however, the
women generally found the combination of motherhood and activism
compatible (Blumberg 1980). In some cases, husbands were partners
in social movement activity, while others placed some restraints
on their wives (Goldstein, 1978).

The data presented may be compared to studies of voluntary
association participation which assume life careers based on male
models. Women's career combinations are changing, but paid employ-
ment was deferred by most members of the sample in favor of family
careers. With a few exceptions, they worked sporadically or
part-time while their children were young. As suggested elsewhere,
changing patterns of female labor force participation may have
significant impact on voluntarism (Kreps and Clark, 1975). In
contrast to the reported male tendency to join organizations
connected with paid employment (Wilensky 1961), the women activists'
eventual choice of full-time employment appeared to be influenced
by prior movement "work." As will be seen, those with options
tended to choose careers in the human service field and to work
with minorities or other disadvantaged clienteles.

Preconditions to Entering the Movement

A strong emotional reaction to injustice, sometimes but not
always focussed on race, was the personal precondition expressed
clearly by the women. More than half recalled having had such a
feeling in childhood, and described specific incidents. Others
shared the sense of outrage against injustice, but attributed it
to parental socialization and parental modelling. (4) Over 75% of
report having been socialized to a humanistic, religious, or
political ethic stressing justice and equality.

(4) Civil rights activists in a national study report having had
a similar general humanitarian feeling long before they became
specifically involved in civil rights (Pinkney 1968).
The sense of injustice was sometimes attributed to personal experience of poverty or marginality, as in the following two cases:

When I was in private conversation with people who were bigoted and prejudiced, I was too unsure of myself to speak up. I would just sort of get sick inside. When they were talking about Jews -- and my maiden name was Reilly, and I didn't look Jewish, so nobody knew I was half Jewish -- and when they'd talk about the "niggers" and the Jews, I'd get sick inside but I wouldn't say anything. It wasn't until I was married and had children that I finally got to the point where I could talk up.

(Interview 006)

My feeling of commitment (to racial justice) goes back to the earliest time that you can think of. I've always felt like this. I was a very poor little girl, who had stigma placed upon her because of poverty ... It is related to problems based upon racial or religious or ethnic discrimination and deprivation.

(Interview 125)

Although questions about anti-Semitism were not asked, both Jews and non-Jews introduced the topic frequently. Abhorrence of racial discrimination was linked with similar feelings about Nazi anti-Semitism. The generalized concern with injustice became focussed on race early in life for many of the women. Almost half recalled having had a significant personal relationship with a black individual before graduating from high school. By the time of young adulthood, more than three-quarters had had such experiences.(5)

Entry into the Movement

Most sample members report that they did not translate their first internally-felt reaction against racial injustice into overt action. The personal pain was tolerated because of shyness,

(5) Surace and Seeman note that one of the correlates of civil rights activism for whites is equal status interracial contact (1967). I was, at first, puzzled by the long-lasting effect on some of the women of early contacts with black servants. As children, a low status group within the majority group, they were allowed much freer and more personal contact with these servants than their parents experienced. However one may react to this, the white children and black employees shared an equally low status.
uncertainty, or a sense of powerlessness, as in one interview quoted. However, a little more than a third do recall taking some public stance. Such individual behavior typifies the early stages of an incipient movement, when people grope for solutions independently.

The respondents' entry into group activity focussed on racial injustice has been classified into five time periods (see table 1): before 1950, from 1950-59, from 1960-64, from 1965-69, and from 1970 on. The early sixties were obviously the main period for entry, with almost 40% joining organizations at that time. However, an even larger percentage were involved in group activity prior to 1960.

<table>
<thead>
<tr>
<th>Time Period</th>
<th>No.</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1950</td>
<td>7</td>
<td>17.0</td>
</tr>
<tr>
<td>Between 1950-59</td>
<td>11</td>
<td>26.8</td>
</tr>
<tr>
<td>Between 1960-64</td>
<td>16</td>
<td>39.0</td>
</tr>
<tr>
<td>Between 1965-69</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>From 1970 on</td>
<td>1</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Although CORE groups operated as early as 1942, the proliferation of direct action organizations occurred after 1955 (Marden and Meyer 1978). Some date the nonviolent action period of the modern civil rights movement by the action period of Mrs. Rosa Parks on Dec. 1 of that year when she refused to surrender her seat to a white man on an Alabama bus. The historic Montgomery bus boycott, in which Martin Luther King, Jr. rose to prominence, followed (Abernathy, 1971). Others see Feb. 1, 1960 as the beginning phase of southern activism -- the day four black students sat in at a Greensboro, North Carolina lunch counter (Demerath et al 1971).

Respondents report taking part in early efforts to desegregate public facilities such as swimming pools, hotels and restaurants, which were undertaken by small groups of friends or NAACP chapters. Left-oriented organizations were also in the forefront in trying to obtain justice for imprisoned blacks, and in waging campaigns against lynching. A little more than a quarter of the women came from homes with radical or labor backgrounds or else joined left-oriented groups, both Socialist and Communist, while still single. Such women were prepared from childhood to take part in social change efforts, and sought out civil rights organizations. Note the following case:

My parents were left activists in civil rights... before I was born. ... I worked for a union for about one and a half
years, and it was during that time that I wound up in New York and eventually in North City. At some point along the way I had written national CORE. I had been getting their calendar and newsletter for a few years. I had asked them where a local chapter was in New York or New Jersey, and before I got an answer I ran into somebody from Brooklyn CORE and started getting involved with Brooklyn CORE... And (then) I started getting involved in North City CORE.

(Interview 106)

Several women became active organizationally while in college and one while a college teacher. More typically, the first mode of entry into the movement came through membership in traditional organizations, such as YWCA's, PTA's, church social action groups, Leagues of Women Voters, and political parties. Many of the future activists had moved to new communities with their husbands and children; they entered public life by way of the existing and available organizations. Children were placed in socially-oriented Sunday schools and parent-cooperative nursery schools. The women tried to create interracial settings for their children in both pre-school and public school. In two cases of late entry into the movement, younger women who were welfare mothers became allied with blacks through poverty programs. Atypically, an older woman became active after her husband's retirement. In a somewhat peripheral case, the latest entry, also the youngest respondent and unmarried, joined a core of older activists in a local organization after 1970.

The Growth of Involvement

Unlike those with socialist or communist backgrounds, most women grew in awareness and radicalism through their community experiences. Voluntarism in traditional organizations affected them in three ways. First, they developed knowledge about racial inequities in the local community. Secondly, when some of their churches or other organizations became slightly involved in the civil rights movement, respondents pushed for greater commitment. If unsuccessful, they consciously moved on to more focussed civil rights organizations. The following case is lengthy, but illustrates both of these experiences:

When my oldest was in kindergarten I did all the proper things. I became a room mother and joined the PTA. It gave me something to do. And the PTA drove me up the wall, absolutely up the wall. I tried to do something to stir up the women there. And then I started discovering things in the school district. The only Black kids came from Robbsville,
and they all went to that one little elementary school. The kids there were in real poverty.

...Along with this activity, at the same time, I was going to the local Lutheran Church. And they invited three people to come to talk about this new group that was forming, this Human Rights Council. What they were doing was drumming up interest and hoping that other people would join. Well, everyone sat there and smiled and said it was marvelous, and they waved good-bye to them, and that was the end of it... The church didn't join the Human Relations Council, but I did.

(Interview 101)

Another woman describes her entry into the NAACP in this way:

What happened was -- we left Pittsburgh and went to New Jersey, and the local church was not as socially oriented as the other church (in Pittsburgh). It's an old conservative church, with very conservative Republican members. They were the ruling element ... and they said, "We don't want any of that stuff going on in our church." So I picked myself up and went and got involved in the civil rights movement. ...Along about that time, through the League of Women Voters, I had acquired a friend who was black, and she took me to my first NAACP meeting.

(Interview 103)

A third reoccurring element is touched on here -- the ease with which respondents developed contacts with black people and acquired black friends. The presence of even one black in a predominantly white organization could be instrumental in facilitating the transition to movement groups.(6) On occasion, more traditional community organizations -- such as the YWCA -- proved a satisfactory avenue for civil rights work and membership was continued. The League of Women Voters was credited by some as an important educational source.

The Meaning of Civil Rights Work

The activists tended to switch out of membership groups in which they felt uncomfortable or dissatisfied. Some had questioned teachings of their churches even in childhood. Over 60% eventually

(6) As a social policy implication, it should be noted that the black integrator of a predominantly white group can serve as an important catalyst.
changed religious affiliations -- either moving from one Protestant denomination to another or, more frequently becoming Unitarians, Quakers, or persons without religious affiliation. (7) (See table 2.)

Table 2: Religious Identification

<table>
<thead>
<tr>
<th></th>
<th>I.D. in Childhood</th>
<th></th>
<th>I.D. Now</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Percent</td>
<td>No.</td>
<td>Percent</td>
</tr>
<tr>
<td>Protestant</td>
<td>19</td>
<td>46.3</td>
<td>10</td>
<td>24.4</td>
</tr>
<tr>
<td>Protestant and Jewish</td>
<td>1</td>
<td>2.4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Protestant and Quaker</td>
<td>1</td>
<td>2.4</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Jewish</td>
<td>15</td>
<td>36.6</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Catholic</td>
<td>3</td>
<td>7.3</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Unitarian</td>
<td>0</td>
<td>0.0</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Quaker</td>
<td>1</td>
<td>2.4</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>No religious I.D.</td>
<td>1</td>
<td>2.4</td>
<td>11</td>
<td>26.8</td>
</tr>
</tbody>
</table>

Passing through various membership groups is part of the process by which new reference groups become adopted. There is a "continued and cumulative interplay between the deterioration of social relations within the membership group and positive attitudes toward the norms of a non-membership group" (Merton 1968:323-324). This is what happened to those who withdrew from traditional organizations. When the disillusioned would-be activists left these groups and joined ones dedicated to civil rights, their moods changed. The groups felt "right"; finally the women were in the company of equally concerned peers. The interracial social action organization was the membership group most closely approximating the positive reference group of an integrated, non-discriminating society.

Here two respondents describe their sense of belonging and identification with movement organizations:

After I had lived here a short time, one of the friends I made told me about the Human Relations Council. It really enriched my life. I felt it was for me. The right thing...

(7) A similar tendency to switch to more liberal religious preferences or to no religion was found in a study of peace activists (Bolton 1972). Bolton's control group of non-activists not only changed religions much less frequently, but such changes were randomly distributed among various churches.
I was active in PTA for just a while... The Human Relations Council was my main activity. (Interview 135)

The second, who became highly politicized in the movement, was more analytical:

I began to realize that you just can't spread yourself out so thin, and be a dabbler in everything. And I began to see myself as developing an "umbrella" in terms of what types of political activities I would be involved in, and what types I wouldn't be involved in. And I would not, for example, be involved in PTA at a school, and I recognized very clearly that those kinds of things are just not relevant to the kind of person I am, and I began to think through very carefully, before I get involved in any project, just what they were about, and how they hooked into the political person that I see myself as. (Interview 004)

Identifying with civil rights groups, the activists report little concern about criticism directed toward them by other whites. Some were relatively impervious to physical danger. Said one:

I know there were times when we were involved in kinds of demonstrations... where I felt a physical danger, and it's an uncomfortable feeling... but it's too much a part of me not to be doing these things. The kind of people who didn't respect me or feel that I was doing the right thing are really not people who are of personal or intellectual interest. (Interview 106)

Another, when asked how her parents felt about her being arrested, stated,

Well, I think they were duly horrified, but by that point I don't think it was terribly significant to me... They had been horrified so many times before that it didn't particularly matter. (Interview 120)

And a woman who travelled South to participate in restaurant sit-ins in the early sixties, describes the experience: "We submitted to stares and nasty looks. It was a lovely experience, really beautiful." (Interview 121)
The Changing Movement

In the second half of the sixties, the movement evolved into its Black Power phase (Pinkney 1968; Yinger 1973). Black leadership became viewed as essential and integration goals downgraded by formerly integrated organizations such as CORE and SNCC (Killian 1975). Black nationalist positions stressed self-determination and community control (West 1979). A series of urban riots brought home the fact of black discontent. Two cities in which sample members lived experienced such riots. The black movement erupted on campuses throughout the nation.

The federal government met the threat of black insurgency with repression. Black leaders were killed or imprisoned; organizations were infiltrated by government agents (Killian 1975; Pinkney 1976). At the same time, programs which resulted from the movement, such as school desegregation, poverty programs, and affirmative action were put into motion.

An important change occurred in the resources available during this period. Government and foundation support of movement organizations increased dramatically. Industry too, became heavily involved in social action programs (McCarthy and Zald 1973). The connection between increased black militancy and the financing of organizations by mainstream institutions is a question which cannot be dealt with here. However, some of the effects are relevant. The phase has been described as one in which "professionalization of social movement careers" took place (McCarthy and Zald 1973). Given the nationalist mood, and the need to placate angry blacks, much of the "poverty money" went to black agencies and the jobs to black people. Universities developed special programs for "minorities" and "the poor," many of which were geared to blacks.

The Reaction of the White Activists

What happened to this group of white female activists after the mid-sixties? Their experiences varied, and were tied to their own changing family careers. However, examining the duration of their involvement in the movement, three women were active only in the period of 1960-64, four more confined their activity to the period between 1965 and 1969 and seven others were active only between 1960 and 1969. Thus, not only were most women active in the second half of the sixties, but almost two-thirds participated before and after the civil rights decade.

Duration of involvement is one key to variations in commitment, but other factors are also present. Personal and family health,
and the need to find full-time employment turned out to be important variables. Among those whose group activity occurred only in the 1960's and who might, therefore, be considered less seriously committed, are four women whose families became interracial through marriage or adoption. The problems of black people would necessarily continue to be of vital concern to them.

How did the women react to the black separatist phase? Working closely with blacks, they had observed the reality of black-white cultural differences, and shared disappointments at the pace of success. Despite their own integrationist ideals, many were acutely aware of the need for black leadership and came to see separatism as a necessary stage in strengthening the black community. Appointed to the board of a new community action agency, one respondent made strenuous and successful efforts to have a radical black appointed as its director. Another left the movement before the mid-sixties, over the issue of black leadership. She explains:

I dropped out shortly after that issue because I didn't like the leadership being so predominantly white... If I had a role I would be glad to play it, but not as anybody who was going to be an organizer. This was something that I felt... the NAACP and the other black people in town were trying to do. And I didn't see a damned bit of reason why a bunch of middle-class white people should be organizing or taking it over.

(Interview 104)

Respondents agreed with the black mood in broadening their concerns to include economic issues, and began to see links between poverty-related organizations and civil rights. Here one indicates how she made the connection:

I remember thinking at that time that race and welfare were two different issues... I was sort of pushed into it, and was asked to come down and work...as it turned out, I realized that I was working in the racial area on a different economic level. Where previously I was working with middle class

(8) Critiquing an article on voluntary participation, Blenker noted the omission of considerations of physical vigor and functional capacity as affecting participation (Margaret Blenker 1961).

(9) A similar focus on economic issues was found in a follow-up study of student civil rights activists (Demerath et al 1971).
blacks in a housing area, now I had moved to a lower economic and welfare area, and it was still the race issue...

(Interview 005)

The changes in the direction of the movement created repercussions that came to affect the availability of movement roles for whites. All communities did not experience these changes in the same way, nor did all of the respondents. Some representative cases follow.

One fair housing council in Scenic City operated successfully into the late 1960's. It had received funds to hire an executive director and a community organizer. A former member explains its success:

We were one of the few that kept active... I think the reason we did is because we shifted gears. The old concept of placing one black family in a white neighborhood just wasn't valid anymore, because economics had entered the picture. If there's no housing in the price range that people can afford, why talk about placing a black family? You've got to tackle it at its source, which is zoning.

(Interview 127)

The very changes that kept this organization alive led to its eventual decline. Factionalism developed over the new programs. As the council turned to economic issues and sought housing for poor blacks, its membership and corporate support dwindled. The factionalism reported here, as in a number of other cases, tended to occur over issues and directions rather than by racial lines. But the result was frequently the loss of some white members.

In another location, North City, a formerly well-integrated organization decided to focus on the recruitment of lower-income blacks. One respondent removed herself from a leadership position at this point. She states:

There was a real effort to involve more people from the particular area around where our office was. The composition of the chapter changed considerably. There really was no point, I thought then, either for college-educated people who stood out, or whites, to be in leadership positions. So there was a change at that point and I supported the change and decided to leave the board.

(Interview 116)
Finding it difficult to be less active, she took the advice of a black organizational leader and returned to graduate school, to specialize in community organization.

Some respondents were appointed to official citizen advisory boards, such as those of Community Action projects, Legal Services, and community funding agencies, based upon their civil rights credentials or the support of black leaders. The black activists frequently moved into paid careers with these agencies; the white women tended to enter by way of voluntarism, although some were later hired. In Pleasant County, a black agency utilized several respondents in community action and pre-school projects. Their skills in education, writing and administration were recognized and tapped. Later the agency recruited blacks from other communities, factionalism developed, and three of the more active white women were caught in the cross-fire of internecine disputes.

Central City, another important locale for activists, experienced a major disturbance in which many blacks were arrested. Rather than alienating the white activists, the riot created new avenues for their support. They helped to form a defense committee for the accused persons, which drew upon the pool of white civil rights workers in surrounding communities. Increasingly skeptical of official justice, members of the committee raised funds and attended the numerous trials that ensued. Related activities developed — the transportation of and visitations to black prisoners, as well as general concern with the prison and justice systems. Prison reform organizations gained the activists' attention.

Colleges and universities provided a context where involved faculty members found roles to play. They helped to create recruitment and support programs for minority students and pushed for the hiring of black faculty (Alman 1971). One younger respondent became allied with blacks through special minority programs at a community college. Only one of the women joined what have been called "twin-track" organizations — organizations of white "friends" (such as Friends of Welfare Rights) which supported parallel black groups (West 1979).

A small number of women who had been extremely active into the late 1960's experienced personal challenges leading to temporary withdrawal or lessened roles, either being openly criticized or involved in the black factionalism described above. Another was a target of some (but not extensive) criticism from blacks for adopting an interracial child — and was little daunted. She reasoned:
At the time we adopted him it was really the height of black separatism and there was an awful lot of discussion among blacks about whether it was right to place them in white families. It became very clear to us that if there were sufficient black families to adopt black children, that was fine, but that we knew definitely we were preferrable to a succession of foster homes.

(Interview 120)

The women had to disassociate anti-white rhetoric from their own experiences and were usually able to do this; they themselves had fought racist whites. Many were seen as trusted supporters by blacks who knew them and who continued to draw upon their skills and resources. In a few cases, their organizational base disappeared, and they moved on to unrelated activities.

For persons more peripherally involved than these core activists, the Black Power phase provided a justifiable end to participation. But most of the respondents sought ways to continue their involvement.

Was this group of activists unique in seeking new roles to play during the Black Power phase? My hypothesis is that they were not, and that similar networks of core white activists -- "white positivists" or "civil rights radicals" can be found. Further studies are needed to isolate the multiple variables involved in persistence, and to analyze more systematically the changing contexts described above.

Current Roles: Occupational and Volunteer

Close to 90 per cent of the women are now holding paid jobs, the vast majority full-time. About half do not now participate in volunteer activity: of these, almost all are working full-time, in school, or both (See table 3).

The most frequently mentioned voluntary activities are related to the criminal justice system, such as work on defense committees and with prisoners. Church-related social action groups and service on boards of community agencies are next in times cited. Women who entered civil rights with a left political orientation are still committed to socialism of various sorts, and some are involved in associated political or cultural organizations. Only a few respondents appear to confine their voluntarism to fund-raising for traditional charities. (10)

(10) The volunteer efforts described probably understate organization participation, as respondents tended to mention only what they considered their most significant affiliations. Occasionally they would suddenly recall other related memberships.
### Table 3: Current Activities: Work, Educational and Voluntary Roles

<table>
<thead>
<tr>
<th></th>
<th>Participates in Volunteer Activity</th>
<th>Does not Participate in Volunteer Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Works Full-time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attends Graduate School or College</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Does not Attend Graduate School or College</td>
<td>10</td>
<td>24.4</td>
</tr>
<tr>
<td>Works Part-time</td>
<td>7</td>
<td>17.1</td>
</tr>
<tr>
<td>Attends Graduate School or College</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Does not Attend Graduate School or College</td>
<td>6</td>
<td>14.6</td>
</tr>
<tr>
<td>Does not Work</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>Attends Graduate School or College</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Does not Attend Graduate School or College</td>
<td>3</td>
<td>7.3</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>51.1</td>
</tr>
</tbody>
</table>

Efforts to find appropriate careers were frequently sparked by changes in marital status -- divorce or widowhood -- and changed economic circumstances. Money was needed to help put children through college or to supplement the retirement income of husbands.

Other movements gained ascendancy in the late 1960's and early seventies. The women's movement drew fewer active participants from this sample than did the peace movement. However, its indirect affect was clearly acknowledged. The trend for adult women to enter or re-enter paid employment is well-established, and their widespread return to colleges and universities is more recent. Sensitive to societal currents, many respondents grasped
the educational opportunities newly available to mature women. Full-time employment, age or illness prevented others from doing so.

Work Roles and Their Meaning

The current occupations of sample members provide a partial indication of their work roles (See table 4).

Table 4: Present Occupation (December 1976)

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>9</td>
<td>22.0</td>
</tr>
<tr>
<td>Teacher or School Director</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Social Worker</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Social Worker B</td>
<td>8</td>
<td>19.5</td>
</tr>
<tr>
<td>Office or White Collar</td>
<td>5</td>
<td>12.2</td>
</tr>
<tr>
<td>Lawyer</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>Home Business</td>
<td>2</td>
<td>4.9</td>
</tr>
<tr>
<td>Writer</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Waitress</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Student, Not Working</td>
<td>1</td>
<td>2.4</td>
</tr>
<tr>
<td>Not Working nor in School</td>
<td>4</td>
<td>9.8</td>
</tr>
</tbody>
</table>

Two characteristics of the roles, when known in more detail, stand out. First -- with one exception, those who returned to school prepared themselves for careers in the human service professions, such as teaching, social work and law. That exception is a woman who acquired a business degree related to her full-time job, but who plays an important role in civil-rights related legal work. Incidentally, the organizational skills acquired in voluntarism may help explain why many of the women quickly rose to administrative positions.

Secondly, within their paid careers, the clients or target groups of the women are most frequently poor, minority, elderly or handicapped people. Non-mainstream teaching contexts are numerous -- cooperative nursery schools, day care programs, alternate schools, special education programs, and social action-oriented religious schools. The carry-over from civil rights appears in varied ways: a city planner is developing low and moderate income housing; a woman whose new business involves home demonstrations immediately brought in and trained several black associates.

The changing life careers of these women attest that, at
least in the United States, the openness of work careers in the modern world now extends to women (Berger, Berger and Kellner 1974). Most respondents could not have foreseen their future occupations when they were deeply immersed both in the movement and in the daily details of child-rearing. It is clear, though, that they now search for consistency in meaning between the different stages of their lives, in line with the observation that, "As the individual reflects about the successive moments of his experience, he tries to fit their meanings into a consistent biographical framework." (Berger and Luckmann 1967:64)

In claiming this continuity, most of the women say they consider their occupational roles compatible with movement interests. For example, a social worker who counsels low income, unmarried mothers credits her rapport with clients to earlier sensitization to the problems of race and poverty. A full-time peace worker considers civil rights and peace to be "twin movements," parallel, compatible, and mutually reinforcing. Respondents indicate that, within their paid careers, they make judgments in terms of, and are guided by, their basic commitment to racial and human justice. As administrators, many have opportunities for such judgments in decision-making and hiring. Some of those who did not return to school are continuing their civil rights related volunteer activities.

A small number of women feel that they no longer contribute to the movement in any way. They express a sense of guilt, emptiness, or puzzlement over the discontinuity. One of them, who resigned from a prisoner's defense committee during the 1970's because of ill-health, cannot accept her inaction. Her tale sounds somewhat like the portrait of battle fatigue that characterized field workers at the height of the Mississippi campaigns -- she describes nightmares, tension and misunderstanding with fellow workers, adding:

Yes, I feel guilty about it...I don't want to give up on the people. After all, they're still in prison. We still have injustice.

(Interview 115)

Conclusion

This paper has traced the careers of a sample of white females who were highly involved in the civil rights movement. Their precondition to activism was a strong sense of injustice; many were forerunners in the movement, active before the 1960's. The majority of them persisted in the movement through its Black
Power phase. In the late 1960's, when many black activists found paid careers in government, business, and foundation-sponsored minority programs, volunteer roles for still-committed whites changed and became fewer in number. Some respondents were brought on to the citizen advisory boards of community agencies; others went into prisoner defense and related legal work. Some continue to take part in social action committees of religious or political groups.

Later stages of the women's lives were influenced by marital, health, and financial contingencies and by the growing women's movement. New opportunities for higher education were successfully utilized in many cases. Close to 90 per cent of the former activists are now in paid work, mainly in human service professions. They tend to serve non-traditional clienteles, especially the poor and minorities. About half still participate in voluntary activities. Those who cannot find a connection between their present lives and their former intensive involvement express a sense of guilt, loss or discontinuity.

These data suggest additional elements which need to be considered in assessing the decline of social movement participation. As is true of former student activists, the adult women experienced changes in their personal lives which required entrance into paid careers. At the same time, movement roles for whites changed.

The movement functioned in many ways for its participants: the women found contexts of action for deeply-felt concerns. They enlarged their sensitivities about human inequality and acquaintance with political processes. They gained skills in such areas as administration, writing and public speaking.

The findings of this research are congruent with those of a recent follow-up study of former Legal Services lawyers (Erlanger 1977). Rather than lamenting the turnover of lawyers in this agency that serves the poor, conclusions emphasized the long-term effects of agency experience. The former Legal Services lawyers tend to serve more moderate income and minority people, and to do more pro bono work, than their matched non-Legal Services-trained peers.

A large proportion of the women civil rights activists also direct their paid career efforts toward minorities, the poor and the disadvantaged. The civil rights movement furthered the development of humanistic citizens who now bring their values and skills to positions in the institutional system, and who may have impact thereupon.
REFERENCES

Abernathy, Ralph D.

Alman, Emily

Becker, Howard S. and Anselm Strauss

Berger, Peter L. and Thomas Luckmann

Berger, Peter L., Brigitte Berger and Hansfried Kellner

Blenker, Margaret

Blumberg, Rhoda Lois

Bolton, Charles D.

Demerath, N.J. III, Gerald Marwell and Michael T. Aiken

Erlanger, Howard S.

Erdrich, James M.

Goldstein, Rhoda Lois


ABSTRACT

The social ethics of relief giving (the bases on which relief ought to be given) in natural disaster situations are explored through a case study of public reactions to Red Cross activities. Red Cross policies and public reactions to them are reviewed, and survey data pertaining to attitudes toward the Red Cross and toward relief giving in natural disasters of residents of a western New York county are presented. Specifically, public satisfaction with present Red Cross distribution policies is explored, and public perceptions of "loss vs need" as bases for relief giving are examined. Although there are some qualifications, findings show a large segment of the public supporting bases other than "need" for the distribution of disaster services. This is especially true for those who have actually received disaster aid. Implications are that the public does not always support a redistributive role for relief giving, but in some cases with some populations expects relief giving to reinforce the status quo.

Introduction

Public dependence is nearly universal, but social response to it is not. Social expectations regarding "relief giving" (who should get how much) vary according to the circumstances causing dependence and the population involved. Because relief giving is usually associated with social welfare, however, this variation has generally gone unnoticed and uninvestigated. In the case of social welfare, "need" is supposed to determine eligibility for relief (the needy being those who cannot work to support themselves and who have no other resources on which they can depend). Social welfare is a limited sample of all relief-giving, however, in that it is a societal response particular to the dependence of the lower and working classes, a dependence which is mostly due to vulnerability to unfortuitous economic circumstances (recession, automation, inflation, etc.). As well as the lower classes, however, the middle and upper classes also periodically receive re-
lief. Also, as well as through economic processes, large segments of the population may also become dependent through other classes of disasters, including epidemic disease, war, political upheaval and riots, and natural disasters. The purpose of this paper is to "expand the sample" of expectations for relief giving by analyzing the social response to dependence produced by natural disasters and to compare public expectations for relief giving in natural disasters to those in economic disasters. Specifically, this will be a case study of public expectations for relief-giving from the Red Cross in the case of natural disasters.

Social Welfare Giving

Poverty is likely to be viewed in the United States as a status into which the individual has voluntarily drifted rather than one in which he or she was forced by economic or social circumstances (Matza and Miller, 1976). As such, poverty is seen to be a result of indolence, and relief giving a response that potentially reinforces indolence. Reputable dependence, in this case, is therefore limited to those who have been excluded from the expectation to work for other reasons. The very old, the very young, the disabled, and to some extent women are among those who can legitimately claim social welfare. Even in these cases, all other resources and possible means of support must be exhausted. Rarely are able workers deemed reputably eligible. Direct relief is given to these people only in case of severe economic disaster, and then only for a brief period until indirect work relief programs can be devised. Where social welfare relief is given, then, it is given sparingly, it is made difficult to obtain, and those who accept it are stigmatized as morally inferior and untrustworthy.

As a societal response to dependence, then, social welfare is given to those in economic need; those who are "legitimately" unable to work and otherwise unable to support themselves. It is expected to maintain the pauperized individual or family at a minimal level. Through the use of minimal support, strict eligibility rules, harassment and stigma, the recipient is expected to be forced back into the labor force (Piven and Cloward, 1971).

Natural and Economic Disasters

Tornados, hurricanes, floods, droughts, blizzards and earthquakes, as well as economic disasters, regularly force large sections of the population into positions of dependence by destroying property, causing death, and disrupting the economy. Natural disasters have somewhat different effects on the social system than do economic disasters, however. First, natural disasters affect the various socio-economic strata more equally than do economic disasters. Although those in the lower classes are sometimes more likely to be exposed to the disaster conditions (poorer people often live in low lands and on flood plains, for example), and middle and upper-middle class people are more likely to be insured against loss, all classes are subject to severe financial loss, death, deprivation and psychological trauma.
Second, natural disasters are generally acute while economic disasters are generally chronic. Natural disasters are immediately visible, quick in their onset, dramatic in their effects, and quick to subside. In comparison, economic disasters are often gradual in onset, difficult to identify, and sometimes ambiguous in their effects.

Finally, natural disasters are viewed as "acts of God". They are seen as uncontrollable outside forces which reduce the population to a position of dependence as opposed to dependence which is produced by voluntary drift.

As well as differing from economic disasters in terms of their effects on the social system, natural disasters also differ from economic disasters in the way in which society is organized to respond in relief giving. First, disaster relief giving is much more decentralized and less bureaucratized than is social welfare. Here, private agencies still hold major responsibility for collecting and distributing relief. As opposed to the relatively centralized federal social welfare system, a variety of private agencies compete to provide disaster relief, and local agencies within the national organizations often have a considerable amount of control over their own activities. Often, where government funds are given, they are funneled through private agencies. The government's major role, however, is in providing long term financial assistance through more traditional welfare programs.

Second, relief giving in natural disasters, because it is private, relies heavily on voluntary contributions of money, supplies, and labor, where social welfare is collected and distributed under the auspices of federal authority.

Finally, relief giving in natural disasters is much less professionalized than is social welfare. Natural disaster organizations use a large amount of part-time and voluntary labor which have minimal training. Also, there is little professional training for paid staffs, and boards of directors are often appointed according to their status in the community rather than their disaster-related skills (See Form and Nosow, 1958:187-216).

In summary, natural disasters are less class specific in their impact, have more recognizable effects, and are less likely to produce dependence which is blamed on the individual than are economic disasters. Also, the organization of disaster relief giving is decentralized, nonprofessional, and supported through voluntary giving. The implication is that private relief organizations are unable to use bureaucratic and professional authority and indirect and involuntary funding mechanisms to insulate themselves from public opinion regarding who should get how much disaster relief.

**The Red Cross: A Case Study in the Ethics of Relief Giving**

Perhaps the best evidence concerning public expectations regarding relief giving in natural disasters comes from studies of public reactions to the policies of the American Red Cross. The Red Cross is the major provider of direct relief dur-
ing and immediately after natural disasters in the United States. Until the early 1960s, the Red Cross was the primary source of disaster relief for individuals and families. At this time, responsibility for much of the more extensive and long-term financial relief was assumed by the federal government. The Red Cross' current efforts, then, are aimed at restoring individuals' and families' ability to resume functioning independently through the provision of food, clothing, emergency shelter, small loans and referral of victims to governmental and other nongovernmental sources of aid. The Red Cross remains very visible to disaster victims, then, and it is not surprising that it is identified by the public as being the major provider of disaster relief even beyond its actual activities and responsibilities (Harris Poll, 1976).

Most of the studies of public reactions to Red Cross relief giving policies come from the period before the 1960s when the Red Cross was the primary source of aid. During this period (and up until 1969) it was the Red Cross policy to attempt to distribute services on the basis of "need". This involved the use of extensive interviews aimed at determining the extent of victims' personal resources and the extent to which those resources would have to be supplemented in order to enable the individual or family to again be able to function independently (Form and Nosow, 1958:207). As a result of this policy, varying levels of aid would be given to victims depending on their ability to support themselves. Disaster relief, then, was given out in a similar manner to that of social welfare relief.

In implementing these policies, however, the Red Cross managed to incur a considerable amount of animosity from the public. Part of this was from the working class victims who resented the bureaucratic red tape and the intrusion into privacy involved with eligibility interviews (Form and Nosow, 1958:207). More telling, though, is that middle class victims resented the "need not loss" basis on which relief was distributed (Bates, et. al., 1963: 50; Form and Nosow, 1958:207; Barton, 1970:297). More specifically, middle class victims were offended because they expected relief to correspond to their status in the community, and to their losses due to the disaster, while this was not a common complaint among the working and lower classes. Middle class victims, that is, tended to demand relatively larger amounts of relief to correspond to their losses due to disasters, regardless of their abilities to support themselves in an absolute sense. Rather than as an undeserved gift, then, disaster victims seemed to view relief as a corrective to a naturally induced injustice.

The upshot is that overall, the public does not see the welfare model of relief giving to be appropriate for natural disaster. Eligibility interviews required too much disclosure of information, and standards dictated that one be pauperized to qualify for aid. The public felt, rather, that disaster relief should help them recoup their losses, or at least not differentially help those who had lost less.

Perhaps public dissatisfaction with Red Cross relief giving reached its peak in 1969 during Hurricane Camille. Hurricane Camille was a major disaster to which
the response by the Federal Government as well as the Red Cross was judged to be inadequate by a Senatorial committee. The Red Cross, for example, was asked to leave Pass Christian, North Carolina, probably the city hit hardest by the hurricane. Also, some elements of the public charged the Red Cross with discriminatory giving; particularly with giving more aid to poorer victims. Characteristic of the complaints were: "The Red Cross only gave to the extremely poor" or "helped people who didn't need it" or "Red Cross based contributions on 'need' which puts it in a welfare system." "The Red Cross should have helped all people..." "They didn't help me because I rent my home and a good-paying job..." ("Federal Response___," 1970:1325).

In response to these charges the Red Cross altered its relief giving policies for natural disasters. First, it standardized the rules according to which relief would be given. Thus everyone would deal out disaster relief according to fixed formulas, eliminating the discretionary judgment of workers. Second, rather than basing the amount of aid given on "need", which would be determined by an eligibility interview, the amount of aid given would be uniform, varying according to the number of individuals in the family. Further, all families in the disaster area would be deemed qualified to receive aid.²

The Red Cross response to complaints of discriminatory giving, then, was to move away from the social welfare model of relief-giving toward a policy based on universal eligibility (for disaster victims) and equal shares in terms of the amount of aid given. However, no direct studies of the public response to this modified policy have been done. General opinion surveys concerning the Red Cross indicate that the number of public complaints about all Red Cross services have declined since 1969 and that specific complaints about unfairness in relief giving are not among the dominant charges made (Harris Poll, 1976). This would seem to indicate that where relief is given equally to all (regardless of need) the public is likely to perceive it as fairly distributed.

Hypotheses

It was earlier suggested that the social response to dependence varies with the circumstances and the population involved. In the case of disaster relief, the circumstances are viewed as "accidental" and a broad spectrum of the population is involved, whereas in the case of welfare relief dependence is viewed as voluntary and mostly the lower and working classes are involved. The bases of public support and the perceived bases for relief giving, then, should vary between the two. More specifically, it can be hypothesized that disaster relief should receive more public support than social welfare relief. That is, relief giving in natural disaster situations should be perceived as more legitimate than relief giving in economic disasters.

Second, it was suggested that social welfare relief is expected to be allocated on the basis of need, e.g. to those who legitimately cannot support themselves. On the basis of a case study of public reactions to Red Cross disaster relief giving, however, it can be hypothesized that loss or equality, rather than
need, should be perceived by the public as the appropriate basis for relief giving in natural disasters. Following this, there should be few complaints from those who have received disaster aid concerning discriminatory giving in that current Red Cross policies distribute aid equally.

Data Collection

Data for this study were collected by telephone interviews of residents of a county in Western New York in March, 1979. The county referred to is the proximate service area of a local Red Cross referred to in the study. The area is subject to periodic flooding and harsh winter conditions, and as such is an area in which the Red Cross is fairly active in providing disaster-related services.

For data collection, a two stage sampling design was used. First, households were drawn randomly from a recent telephone directory corresponding to the area in question. Within households, a quota sampling technique was used which tied the adult respondent to the number of male and female adults in the household (Backstrom and Hursh, 1963). Calling was done in the late morning, the afternoon, and in the evening. Of 595 households that were randomly sampled and contacted, 208 refused to cooperate and 387 completed the interview for a response rate of 65%. Refusals to cooperate did not seem to be systematic. Reasons given for non-participation varied widely, ranging from "not enough time" and "dislike of interviews" to "illiterate and cannot understand" and "deaf and cannot hear well enough."

Despite precautions, a disproportionately large number of women were interviewed (70%). This was partly because the quota sampling technique, given the average family size in the area, disproportionately selected women; partly because of the somewhat larger proportion of women in the population; and partly because women were somewhat more likely to cooperate than men. The age, income and educational characteristics of the sample, on the other hand, seemed to be reasonably representative of the population.

Findings

To begin with, it was suggested that public support for disaster relief would be greater than public support for welfare relief. To gauge public support, respondents were asked to rate disaster relief (helping victims of hurricanes, floods, or other natural disasters) and welfare-relief (providing food, shelter and etc. for the poor and needy) as very important, important, or unimportant community services. Results are presented in Table 1. Although few respondents thought that either service was unimportant, respondents were more supportive of disaster than welfare services. Over half (60%) of the respondents rated disaster services as very important compared to one third (34%) who rated welfare services to be very important.
Table 1: Public Support for Disaster and Welfare Relief Giving

<table>
<thead>
<tr>
<th></th>
<th>Very Important</th>
<th>Important</th>
<th>Unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster</td>
<td>60.1% (217)</td>
<td>37.7% (136)</td>
<td>2.2% (8)</td>
</tr>
<tr>
<td>Welfare</td>
<td>33.6% (119)</td>
<td>59.0% (209)</td>
<td>7.3% (26)</td>
</tr>
</tbody>
</table>

Table 2 presents the percentage of respondents perceiving disaster and welfare services to be very important broken down by respondents' family income, education, age, and gender. These data characterize the structure of public support for the two kinds of relief giving. Although the overall patterns of support for relief giving remain the same within categories, with disaster relief being perceived to be more important than welfare relief, there are marked variations. Support for disaster relief is relatively stable across all categories. The only variations in the otherwise broad base of public support is that males and those with less education are somewhat less supportive of disaster services.

Table 2: Public Support for Disaster and Welfare Relief by Income, Education, Age and Gender (% Very Important)

<table>
<thead>
<tr>
<th></th>
<th>Disaster</th>
<th>Welfare</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5,000</td>
<td>61% (28)</td>
<td>39% (17)</td>
</tr>
<tr>
<td>5-9,999</td>
<td>54% (33)</td>
<td>34% (22)</td>
</tr>
<tr>
<td>10-14,999</td>
<td>65% (34)</td>
<td>36% (18)</td>
</tr>
<tr>
<td>15-19,999</td>
<td>60% (48)</td>
<td>34% (27)</td>
</tr>
<tr>
<td>20-24,999</td>
<td>63% (20)</td>
<td>30% (9)</td>
</tr>
<tr>
<td>25-29,999</td>
<td>54% (14)</td>
<td>23% (6)</td>
</tr>
<tr>
<td>30 and over</td>
<td>61% (11)</td>
<td>29% (5)</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less Than High School</td>
<td>40% (21)</td>
<td>35% (18)</td>
</tr>
<tr>
<td>High School Grad</td>
<td>63% (100)</td>
<td>37% (57)</td>
</tr>
<tr>
<td>Some College</td>
<td>59% (41)</td>
<td>25% (17)</td>
</tr>
<tr>
<td>College Grad</td>
<td>67% (36)</td>
<td>33% (17)</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Up to 35</td>
<td>62% (88)</td>
<td>40% (58)</td>
</tr>
<tr>
<td>35-49</td>
<td>59% (49)</td>
<td>30% (25)</td>
</tr>
<tr>
<td>50 and over</td>
<td>59% (79)</td>
<td>28% (35)</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>52% (56)</td>
<td>26% (28)</td>
</tr>
<tr>
<td>Female</td>
<td>65% (160)</td>
<td>38% (90)</td>
</tr>
</tbody>
</table>
For welfare relief, on the other hand, the structure of support is somewhat specialized. Similar to disaster relief, females are more supportive of services than males. For welfare relief, however, those with less income, those who are younger, and to some extent, those with less education are more supportive of services. Disaster services, therefore, receive a higher and broader level of public support than welfare services. Also, there is some tendency for welfare services to receive greater support from those on the lower end of the socio-economic continuum, at the lower end of the life-cycle ladder, and in the less powerful gender role (e.g., those in subordinate statuses).

The structures of public support for disaster and welfare relief are different, perhaps suggesting that expectations for disaster relief giving will be different also. It was suggested earlier that public expectations for disaster relief giving would be based on loss or equal amounts rather than need (the criterion for social welfare). Respondents were asked "Which of the following statements best describes how you personally feel disaster relief should be given to victims? 1) People who have the most need (who are least able to support themselves) should get the most aid; 2) People who have lost the most (who have lost the most money’s worth in possessions) in a natural disaster should get the most aid; and 3) All victims should get the same amount of aid." Results are presented in Table 3.

Table 3: Perceived Basis for Disaster Relief Giving

<table>
<thead>
<tr>
<th>Bases for Relief Giving</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>55.4%</td>
</tr>
<tr>
<td>Loss</td>
<td>14.4%</td>
</tr>
<tr>
<td>Equal Amounts</td>
<td>30.2%</td>
</tr>
<tr>
<td>Total</td>
<td>100%</td>
</tr>
</tbody>
</table>

Contrary to expectations, the majority of the respondents perceived need to be the appropriate basis for disaster relief giving. Over half (55%) claimed aid should be given on the basis of need (to those least able to support themselves), while one third (30%) favored equal amounts and one sixth (14%) favored loss (those who have lost the most due to the disaster). The structure of public support for need, loss and equal amounts is also rather unvarying. Table 4 presents respondents' perceptions of bases for disaster relief giving broken down by income, education, age, and gender. Curiously, men are more supportive of need as a basis of giving than women. The only place that loss and equal amounts combined represent a majority of the respondents, however, is in the very high income category and the very low education category. This perhaps suggests that if the middle class is unsupportive of the welfare model of discriminatory giving, it is a segment of the middle class characterized by status inconsistency (high income and low educational achievement) and status insecurity.
Table 4: Perceived Basis for Disaster Relief Giving by Income, Education, Age and Gender

<table>
<thead>
<tr>
<th>Income</th>
<th>Need</th>
<th>Loss</th>
<th>Equal</th>
<th>Amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $5,000</td>
<td>59%</td>
<td>9%</td>
<td>32%</td>
<td>(26)</td>
</tr>
<tr>
<td>5-9,999</td>
<td>60%</td>
<td>13%</td>
<td>27%</td>
<td>(14)</td>
</tr>
<tr>
<td>10-14,999</td>
<td>54%</td>
<td>15%</td>
<td>31%</td>
<td>(16)</td>
</tr>
<tr>
<td>15-19,999</td>
<td>56%</td>
<td>18%</td>
<td>27%</td>
<td>(21)</td>
</tr>
<tr>
<td>20-24,999</td>
<td>59%</td>
<td>9%</td>
<td>31%</td>
<td>(10)</td>
</tr>
<tr>
<td>25-29,999</td>
<td>54%</td>
<td>17%</td>
<td>29%</td>
<td>(7)</td>
</tr>
<tr>
<td>30 and over</td>
<td>42%</td>
<td>11%</td>
<td>47%</td>
<td>(9)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less Than High School</td>
<td>37%</td>
<td>22%</td>
<td>41%</td>
<td>(21)</td>
</tr>
<tr>
<td>High School Grad</td>
<td>57%</td>
<td>14%</td>
<td>29%</td>
<td>(44)</td>
</tr>
<tr>
<td>Some College</td>
<td>66%</td>
<td>11%</td>
<td>23%</td>
<td>(16)</td>
</tr>
<tr>
<td>College Grad</td>
<td>60%</td>
<td>11%</td>
<td>28%</td>
<td>(15)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0-34</td>
<td>54%</td>
<td>11%</td>
<td>35%</td>
<td>(46)</td>
</tr>
<tr>
<td>35-49</td>
<td>56%</td>
<td>16%</td>
<td>28%</td>
<td>(23)</td>
</tr>
<tr>
<td>50-98</td>
<td>57%</td>
<td>16%</td>
<td>26%</td>
<td>(34)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>60%</td>
<td>13%</td>
<td>27%</td>
<td>(29)</td>
</tr>
<tr>
<td>Female</td>
<td>53%</td>
<td>15%</td>
<td>32%</td>
<td>(74)</td>
</tr>
</tbody>
</table>

Also used to gauge public expectations for disaster relief giving were questions pertaining to public reactions to Red Cross disaster relief giving activities. Since approximately 1969, Red Cross policy has been to distribute relief on the basis of equal amounts and almost universal eligibility. Respondents were asked (if they had received disaster aid in the past 10 years): "How well do you think the Red Cross performed its service in this case?" and "If you have received disaster aid from the Red Cross and were dissatisfied with their performance, why were you dissatisfied?" Table 5 presents these results.

Table 5: Satisfaction with Red Cross Disaster Relief

<table>
<thead>
<tr>
<th>Performed Extremely Well or Very Well</th>
<th>Good</th>
<th>Just Fair or Poorly</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>84%</td>
<td>6%</td>
<td>9%</td>
<td>100%</td>
</tr>
<tr>
<td>(27)</td>
<td>(2)</td>
<td>(3)</td>
<td>(32)</td>
</tr>
</tbody>
</table>

Approximately 8% of the respondents had received disaster aid. Of these 84% expressed that the Red Cross had performed its services either extremely well or very well. Only 3 individuals, in fact, rated the Red Cross performance just fair or poor. Also, only 3 specific complaints were received about the disaster ser-
vices, and none of these was related to charges of discriminatory giving.

Despite the fact that the majority of respondents claim that need should be the basis for disaster giving, then, those who have received disaster aid are highly satisfied with the service and have no complaints about the basis on which aid is distributed. While the former finding implies that disaster relief is expected to be distributed in a manner similar to that of welfare relief, the latter finding implies that, indeed, individuals expect disaster relief to be distributed differently.

One explanation of these discrepant findings is that need may be the socially appropriate answer, or the answer given by those who are idealistic and inexperienced with natural disasters. Some support for this argument, in fact, does exist. Table 6 presents data comparing respondents' perceived bases for disaster relief giving by whether or not they have received disaster aid. From these data, it is clear that those who have received aid are less likely to favor need as a basis for giving than those who have not. Over half (54.5%) of those who have received disaster aid, in fact, perceive either loss or equality as the appropriate basis for giving.

<table>
<thead>
<tr>
<th></th>
<th>Disaster Relief Recipient</th>
<th>Non-Recipient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Need</td>
<td>45.4% (15)</td>
<td>54.4% (168)</td>
</tr>
<tr>
<td>Loss</td>
<td>21.2 (7)</td>
<td>13.8 (41)</td>
</tr>
<tr>
<td>Equal Amounts</td>
<td>33.3 (11)</td>
<td>29.9 (89)</td>
</tr>
</tbody>
</table>

Table 6: Perceived Basis for Disaster Relief Giving by Experience With Disaster Services

Discussion

Although the evidence is not definite, the hypotheses presented seem to have support. First, disaster relief giving is more legitimate than is welfare relief. Public support for disaster relief giving is higher among a more broadly based public. Further, the public expects disaster relief to be given out on a basis different than that of welfare. Although the majority of the public in general chose "need" as a basis for disaster relief giving, those who had actually received disaster aid preferred either "equal amounts" or "loss". Further, the vast majority of those receiving aid were well satisfied with the Red Cross' performance and no complaints pertaining to discriminatory giving were registered. Thus the Red Cross policy of universal eligibility and equal amounts for giving seem acceptable to the public in practice. Although the general public may tend to transfer the welfare model of relief giving to disaster situations, then, those with experience in natural disaster, who would have more defined expectations concerning who should get what, are likely to choose bases for giving other than need.
As a social response to dependence, then, disaster relief is unlike that of social welfare relief. Whether this is due to the character of the event causing dependence, the character of the recipient population, or the extent and nature of the relief, disaster relief seems to be regarded by the public as compensation for loss rather than as an undeserved gift. Whereas in economic disasters, victims must have lost everything to be considered legitimate recipients of aid, in natural disasters victims must have only suffered minor losses.

Are there other cases in which the public supports relief giving regardless of need? If the character of the event determines the social response we would expect similar expectations for giving for victims of crime, war, epidemic disease, etc. If the nature of the population determines the response, however, we would expect support for giving to the middle and upper classes wherever they have incurred losses, be it due to natural or economic causes. We would expect to find, for instance, public support for aid to failing corporations, for compensation for losses due to seizure of corporate property by foreign governments, as well as compensation for corporate losses due to war and natural disaster.

It is the latter case that is perhaps the most interesting. It would not be surprising to find that relief is actually given on different bases to different classes of people, because that is the reality of an unequal distribution of power. The surprise would be if the public were supportive of such a system of relief giving. Evidence is that the public does expect "market" forces to produce inequality to some extent (Robinson and Bell, 1978). Rather than off-set these inequalities, then, relief giving would be expected to complement them. The findings presented here constitute some evidence that this is the case.

FOOTNOTES

1. A version of this paper was presented at the annual meeting of the Society for the Study of Social Problems, Boston, August 24-27, 1979.

2. Relief giving is used here to refer to non-contributory programs for the transfer of resources. That is, social insurance programs, to which recipients have made direct contributions, are excluded from relief giving by this definition.

3. See guidelines for relief giving published by the American Red Cross, ARC 3045: "American Red Cross Disaster Services: Subject: Family Services--Assistance to Families."
References

Backstrom, Charles, H. and Gerald D. Hursh

Barton, Allen H.


"Federal Response ___"

Form, William H. and Sigmund Nosow

Harris Poll
1972 The American National Red Cross

Matza, David and Henry Miller

Piven, Francis Fox and Richard A. Cloward

Robinson, Robert V. and Wendell Bell
THE DENYING OF DEATH: A SOCIAL PSYCHOLOGICAL STUDY*

Henry H. B. Chang
University of Maine at Presque Isle

and

Carla Kaye Chang

ABSTRACT
Cultural studies indicate the existence of a ubiquitous death fear. This fear is usually manifest through the defense mechanism of denial. In American society, the contradiction between life-oriented cultural themes and the death theme intensifies the denial of death.

Past studies indicate that a host of social and psychological variables are associated with death denial. The present study consisted of a survey of death attitudes. The results showed that death denial is associated with age, marital status, death of a parent, feeling of nervousness, and participation in dangerous activities. On the other hand, sex, health, and religious activity were not found associated with death denial.

INTRODUCTION
The concept of death permeates each and every strand of the unconscious fabric of society. The ubiquity of the concept reflects man's deep fear and anxiety, which, if uninterrupted, would destroy both individual identity and group solidarity. To deal with such a threat, a host of social and psychological mechanisms have emerged. Thus at the societal level we have religion, mythology and the death institution; at the individual level, death denial, death avoidance, and other defenses.

In American society, as a consequence of the contradiction between the life-oriented cultural ethos—activism, hedonism, conquest—and the death theme, death denial has intensified and emerged as the predominant mechanism to counter against death fear. In support of this assertion, Goer (1965) found that no major work of literature in the past twenty years portrayed any major characters as dying from natural death; and, Wolfstein (1950) discerned that death is not included in American films unless it is absolutely necessary to the plot.

Past studies indicate that a large number of social psychological
variables are associated with death denial; including age religiosity, feelings of nervousness and anxiety, willingness to participate in dangerous activities, and others. In the present study, attempts were made to verify these propositions and the relationships between death denial and a host of other significant variables. Death denial is defined as an unconscious tendency to dissociate with death and its related phenomena. Since it is unconscious, death denial may manifest through contrary attitudes and actions toward death at the conscious level. Thus an individual with strong death denial may be more willing to participate in daredevil activities. In the following, a brief discussion of the literature ensues.

**REVIEW OF LITERATURE**

There have been abundant studies and literature concerning death fear and death denial. One of the earliest and most adamant spokesman in this area is Freud (1972), who proposed both the concepts of "death instinct" and "unconscious immortality." In accordance with the former concept, all matter is first inanimate until it is rendered organic by a strong force, and it is the goal of all beings to return to the original state of inactivity. In accordance with the latter, man is incapable of conceiving of his own death. The contradiction between the unconscious immortality and the inevitable death triggers some defense mechanisms including death denial, repression and projection of death fear.

Past studies lend support to Freud's proposition. Kastenbaum (1971) noted the vague and ambiguous use of the word "death" in the English language, and asserted that the limited use of the word is a defense mechanism against death fear. Kern (1973) found most adults cannot remember the first time they heard about death. Zollberg asserted that man could not function if he were always conscious of death. Goldberg (1966) found that people with more unconscious death fears took longer to respond to death stimuli and to recognize death words. While Carson (1974) revealed that nightmares are abundant with death themes, Hersen (1974) asserted that people who have more nightmares had significantly greater losses of a parent or significant other during childhood.

Kastenbaum (1972) claimed that nightmare-prone people are more moody, depressed and neurotic than normal people. He therefore concluded that nightmares may be a symptom of a general neurotic personality system stemming from a fear of death. Kastenbaum also postulated that insomnia is a symptom of death dear, noting that during illness man suffers from insomnia more than when in health.

Freud also postulated that religion evolved to provide men with a social structural basis to deny death. Findings of past concerning the relationship between religion and death fear were inconclusive. Fifel (1959) asserted that religious people fear death more than non-religious people. Durkheim (1969) stated that religious ritual reduced death anxiety. Kastenbaum (1972) suggested that religion provided men with avenues to release death anxiety. Anxiety is decreased when released in the form of prayer, ritual observances, and social gatherings. On the other hand, Alexander and Alderstein (1959) argued that religious individuals were less afraid of death than non-religious. Magni (1970) indicated that theology students who were planning to become priests were less fearful of death than those students who planned to teach or to do research.

The American ethos, the rapid acceleration of American technology, and an increasingly objective scientific method reinforce man's unconscious belief in his immortality and also his tendency toward death denial. Death is considered embarrassing or something to be avoided and the dying person is considered deviant. The dying person is defined as socially inferior, and then isolated from society (Kastenbaum, 1972). Thus Kallish (1966) found Americans maintain a great social distance from the dying. Wheeler (1972), Fifel (1959), and LeShan (1972) found that medical professionals tended to avoid and to define the dying as deviant.

**RESEARCH DESIGN**

The present study involved the collection of a sample of approximately one-hundred and fifty persons, the majority living in Morehead, Kentucky. However, approximately twenty percent of the sample was collected from other areas. About forty-five percent of the sample were students attending Morehead State University. Among the sample: approximately sixty percent were below thirty years of age; forty-five percent were male; forty-five percent were married; ninety-one percent were Caucasian, and eighty-five percent were Christians.

Questionnaires were constructed and distributed to the sample. A large variety of scales were constructed and used in the study. The most significant scale in the study is the Death Denial Scale (DDS). It consists of six items, all of which were taken from earlier studies on death attitudes (Nelson & Nelson, 1975; Collett & Lester, 1969; Templar, 1970). Those six items are listed in the following:

1. I am very much afraid to die.
2. I am not particularly afraid of getting cancer.
variables are associated with death denial; including age, religiosity, feelings of nervousness and anxiety, willingness to participate in dangerous activities, and others. In the present study, attempts were made to verify these propositions and the relationships between death denial and a host of other significant variables. Death denial is defined as an unconscious tendency to dissociate with death and its related phenomena. Since it is unconscious, death denial may manifest through contrary attitudes and actions toward death at the conscious level. Thus an individual with strong death denial may be more willing to participate in daredevil activities. In the following, a brief discussion of the literature ensues.

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1. I am very much afraid to die.
2. I am not particularly afraid of getting cancer.
3. I worry a lot about dying a painful death.
4. I dread to think about having an operation.
5. I am afraid to be put to sleep for an operation.
6. I worry about accidents when I travel on highways.

The Death Denial Scale is a Likert-like scale. Five optional responses are assigned to each statement, ranging from strongly agree to strongly disagree. Other scales were constructed to measure relevant social psychological variables. Some of the more significant variables include: age, sex, marital status, religious activity, death of a parent, psychosomatic symptoms, health, and others. Hypotheses concerning the relationship between these social psychological variables and death denial were proposed and tested.

**FINDINGS**

**Age and Death Denial**

The relation between age and death denial is an apparent and logical one. Eastenbaum (1972) stated that as the spatial distance between an individual and death decreases, the social-psychological distance between the individual and death increases. Hence, the closer one approaches death, the more likely he is to deny death.

In the present study, it was hypothesized that there is a positive relation between age and death denial; the older one is, the more likely he is to deny death. The results of the study are shown in the following table.

<table>
<thead>
<tr>
<th>Age</th>
<th>Death Denial Low (7-11)</th>
<th>Death Denial Medium (12-15)</th>
<th>Death Denial High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young</td>
<td>20</td>
<td>42</td>
<td>16</td>
<td>76</td>
</tr>
<tr>
<td>(Below 30)</td>
<td>(26%)</td>
<td>(54%)</td>
<td>(21%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Old</td>
<td>1</td>
<td>13</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>(4%)</td>
<td>(54%)</td>
<td>(45%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

X²=7.17, df=2, p<.05

Table I shows that while among young people twenty-six percent had a low death denial score; only four percent among older people had a low death denial score. Conversely, while only twenty-one percent among the younger people had a high death denial score, forty-two percent among the older individuals had had high denial scores. The relationship is statistically significant (X²=7.17, df=2, p<.05). This finding supports the hypothesis that as age advances the tendency to deny death increases.

**Sex and Death Denial**

Previous studies indicated that women have a higher degree of death anxiety than men. Anthony (1940) found that women tend to become more depressed when experiencing death situations; whereas men tend to act out their anxiety. Alexander and Alderstein (1958) found that coeds fear death more than males. Since women are more security-oriented and tend to repress their emotions, it is believed that they have a higher tendency to deny death.

In the present study, the relation between sex and death was examined. The findings are shown in the following table.

<table>
<thead>
<tr>
<th>Sex</th>
<th>Death Denial Low (7-11)</th>
<th>Death Denial Medium (12-15)</th>
<th>Death Denial High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>6</td>
<td>25</td>
<td>14</td>
<td>45</td>
</tr>
<tr>
<td></td>
<td>(17%)</td>
<td>(56%)</td>
<td>(31%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>30</td>
<td>52</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(17%)</td>
<td>(56%)</td>
<td>(29%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

X²=0.49, df=2, N.S.

The results showed no significant difference between male and female in their tendencies to deny death. This finding was accepted at its face value.

**Marital Status and Death Denial**

The effect marriage has upon personal feelings of security and well-being is well known. Marriage functions as a strong buffer against tension and anxiety, and as a security blanket for fear. In a classical study of suicide, Durkheim found that married individuals had the lowest suicide rate. Involved in a secure and warm relationship, an individual should have less fear for death.

It was hypothesized in the present study that married individuals have a lower rate of death denial than single, divorced, or widowed persons. Findings of the study concerning the relation between marital status and death denial are shown in the following table.

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>Death Denial Low (7-11)</th>
<th>Death Denial Medium (12-15)</th>
<th>Death Denial High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single, Divorced, Widowed</td>
<td>8</td>
<td>34</td>
<td>12</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td>(17%)</td>
<td>(63%)</td>
<td>(22%)</td>
<td>(100%)</td>
</tr>
<tr>
<td>Married</td>
<td>13</td>
<td>21</td>
<td>15</td>
<td>49</td>
</tr>
<tr>
<td></td>
<td>(27%)</td>
<td>(43%)</td>
<td>(31%)</td>
<td>(100%)</td>
</tr>
</tbody>
</table>

X²=4.65, df=2, p=.10
3. I worry a lot about dying a painful death.
4. I dread to think about having an operation.
5. I am afraid to be put to sleep for an operation.
6. I worry about accidents when I travel on highways.

The Death Denial Scale is a Likert-like scale. Five optional responses are assigned to each statement, ranging from strongly agree to strongly disagree. Other scales were constructed to measure relevant social psychological variables. Some of the more significant variables include: age, sex, marital status, religious activity, death of a parent, psychosomatic symptoms, health, and others. Hypotheses concerning the relationship between these social psychological variables and death denial were proposed and tested.

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In the present study, it was hypothesized that there is a positive relation between age and death denial; the older one is, the more likely he is to deny death. The results of the study are shown in the following table.

<table>
<thead>
<tr>
<th>Table I: Age and Death Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
</tr>
<tr>
<td>Young (below 30)</td>
</tr>
<tr>
<td>Old</td>
</tr>
</tbody>
</table>

$X^2=7.17, df=2, p<.05$

Table I shows that while among young people twenty-six percent had a low death denial score; only four percent among older people had a low death denial score. Conversely, while only twenty-one percent among the younger people had a high death denial score, forty-two percent among the older individuals had high denial scores. The relationship is statistically significant ($X^2=7.17, df=2, p<.05$). This finding supports the hypothesis that as age advances the tendency to deny death increases.

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In the present study, the relation between sex and death was examined. The findings are shown in the following table.

<table>
<thead>
<tr>
<th>Table II: Sex Differences in Death Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sex</strong></td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
</tbody>
</table>

$X^2=0.49, df=2, N.S.$

The results showed no significant difference between male and female in their tendencies to deny death. This finding was accepted at its face value.

**Marital Status and Death Denial**

The effect marriage has upon personal feelings of security and well-being is well known. Marriage functions as a strong buffer against tension and anxiety, and as a security blanket for fear. In a classical study of suicide, Durkheim found that married individuals had the lowest suicide rate. Involved in a secure and warm relationship, an individual should have less fear for death.

It was hypothesized in the present study that married individuals have a lower rate of death denial than single, divorced, or widowed persons. Findings of the study concerning the relation between marital status and death denial are shown in the following table.

<table>
<thead>
<tr>
<th>Table III: Marital Status and Death Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Marital Status</strong></td>
</tr>
<tr>
<td>Single, Divorced, Widowed</td>
</tr>
<tr>
<td>Married</td>
</tr>
</tbody>
</table>

$X^2=4.65, df=2, p=.10$
Table III shows there is indeed some difference between the married group and those who are either single, divorced, or widowed in their degrees of death denial. Although married individuals had lower death denial scores than the unmarried individuals, the difference was not significant at the .05 level (p=.01).

Religion and Death Denial

Past studies were inconclusive on the relationship between one's religious belief and death denial (Freud, 1972; Fifel, 1959; Kastenbaum, 1972; Alexander and Alderstein, 1959; Magni, 1970; Speigel, 1959). However, from the functional viewpoint, religion serves as a buffer against and reconciliates the death experience. In the present study, it was hypothesized that a religious person is less likely to deny death than a nonreligious person. Three different dimensions of religiosity--church membership, belief in God, belief in life after death--were examined. The relationship between each of these religious dimensions and death denial is shown in the following tables.

### Table IV: Church Membership and Death Denial

<table>
<thead>
<tr>
<th>Church Membership</th>
<th>Death Denial Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>47</td>
<td>22</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

$\chi^2=1.37$, df=2, N.S.

### Table V: Belief in God and Death Denial

<table>
<thead>
<tr>
<th>Belief in God</th>
<th>Death Denial Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>17</td>
<td>47</td>
<td>22</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

$\chi^2=0.71$, df=2, N.S.

### Table VI: Belief in Life after Death and Death Denial

<table>
<thead>
<tr>
<th>Life after Death</th>
<th>Death Denial Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>13</td>
<td>36</td>
<td>18</td>
<td>67</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>19</td>
<td>9</td>
<td>36</td>
</tr>
</tbody>
</table>

$\chi^2=0$, df=2, N.S.

The above tables showed no relation between one's religious life and one's tendency to deny death. The present findings are accepted at their face value.

Parents Living or Deceased and Death Denial

One's earlier experience with death, particularly if involving those of a close and intimate relationship, would certainly affect one's attitudes toward death. Morrison (1971) cogently stated that children under ten years of age who lose a parent or significant other undergo a process of concomitant denial and ego arrest. Although a child may accept the death of a parent, a part of his ego will continue to deny that death. The denying aspect of the ego will remain fixed while other areas continue to expand. Ego arrest is an important factor in shaping adult neurotic personalities. Brown (1961) found that a large majority of adult patients exhibiting depression lost a parent during early childhood. Loss of one's parents at an early age may even induce mental illness in adult life. Kastenbaum (1972) found a close relation between the loss of parents in childhood and schizophrenic reactions.

In the present study, sample subjects were questioned whether their parents were alive or deceased. The relationship between death denial and whether one's parents was deceased were measured. The findings are shown in the following tables.

### Table VII: Mother Living or Deceased and Death Denial

<table>
<thead>
<tr>
<th>Mother Living or Deceased</th>
<th>Death Denial Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living</td>
<td>21</td>
<td>51</td>
<td>16</td>
<td>88</td>
</tr>
<tr>
<td>Deceased</td>
<td>16</td>
<td>13</td>
<td>16</td>
<td>46</td>
</tr>
</tbody>
</table>

$\chi^2=11.05$, df=2 p<.01
Table III shows there is indeed some difference between the married group and those who are either single, divorced, or widowed in their degrees of death denial. Although married individuals had lower death denial scores than the unmarried individuals, the difference was not significant at the .05 level (p=0.1).

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<thead>
<tr>
<th>Death Denial</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Church Membership Yes</td>
<td>17</td>
<td>47</td>
<td>22</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>14</td>
</tr>
</tbody>
</table>

$\chi^2=1.37$, df=2, N.S.

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<table>
<thead>
<tr>
<th>Death Denial</th>
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<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
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<td>17</td>
<td>47</td>
<td>22</td>
<td>86</td>
</tr>
<tr>
<td>No</td>
<td>4</td>
<td>8</td>
<td>5</td>
<td>17</td>
</tr>
</tbody>
</table>

$\chi^2=0.71$, df=2, N.S.

Table VI: Belief in Life after Death and Death Denial

<table>
<thead>
<tr>
<th>Death Denial</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life after Death Yes</td>
<td>13</td>
<td>36</td>
<td>18</td>
<td>67</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>19</td>
<td>9</td>
<td>36</td>
</tr>
</tbody>
</table>

$\chi^2=0$, df=2, N.S.

The above tables showed no relation between one's religious life and one's tendency to deny death. The present findings are accepted at their face value.

Parents Living or Deceased and Death Denial

One's earlier experience with death, particularly if involving those of a close and intimate relationship would certainly affect one's attitudes toward death. Morrison (1971) cogently stated that children under ten years of age who lose a parent or significant other undergo a process of concomitant denial and ego arrest. Although a child may accept the death of a parent, a part of his ego will continue to deny that death. The denying aspect of the ego will remain fixed while other areas continue to expand. Ego arrest is an important factor in shaping adult neurotic personalities. Brown (1961) found that a large majority of adult patients exhibiting depression lost a parent during early childhood. Loss of one's parents at an early age may even induce mental illness in adult life. Kastenbaum (1972) found a close relation between the loss of parents in childhood and schizophrenic reactions. In the present study, sample subjects were questioned whether their parents were alive or deceased. The relationship between death denial and whether one's parents was deceased were measured. The findings are shown in the following tables.

Table VII: Mother Living or Deceased and Death Denial

<table>
<thead>
<tr>
<th>Death Denial</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother Living</td>
<td>21</td>
<td>61</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>Deceased</td>
<td>34</td>
<td>13</td>
<td>16</td>
<td>63</td>
</tr>
</tbody>
</table>

$\chi^2=11.05$, df=2 p<0.01
The results are shown in the following table.

Table VIII: Father Living or Deceased and Death Denial

<table>
<thead>
<tr>
<th>Death Denial</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father Living</td>
<td>16 (23%)</td>
<td>42 (61%)</td>
<td>11 (16%)</td>
<td>69 (100%)</td>
</tr>
<tr>
<td>Deceased</td>
<td>5 (16%)</td>
<td>13 (38%)</td>
<td>16 (47%)</td>
<td>34 (100%)</td>
</tr>
</tbody>
</table>

χ²=11.05, df=2, p<.01

In Tables VII and VIII, a consistent pattern of relation was found between whether a parent was living or deceased and one's tendency to deny death. A large percentage of those whose parents were living had low death-denial scores than those whose parents were deceased. Conversely, a much smaller percentage of those whose parents were living had a high death-denial score than those whose parents were deceased. The relations were statistically significant. It was therefore concluded that individuals whose parents are living are less likely to deny death than those whose parents are deceased.

Feelings of Nervousness and Anxiety

Psychosomatic symptoms, such as feelings of nervousness and anxiety are indications of strong unconscious fears. Past studies have indicated a close relationship between psychosomatic symptoms and death fears. In this study, the relationship between death denial and feelings of nervousness was explored. Sample subjects were asked whether they have vague feelings of being nervous and anxious. The relationship between these feelings and death denial was examined through statistical measures. The results are shown in the following table.

Table IX: Feelings of Nervousness and Anxiety and Death Denial

<table>
<thead>
<tr>
<th>Death Denial</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nervous &amp; Anxious</td>
<td>13 (29%)</td>
<td>25 (56%)</td>
<td>7 (16%)</td>
<td>45 (100%)</td>
</tr>
<tr>
<td>High</td>
<td>11 (23%)</td>
<td>18 (32%)</td>
<td>3 (13%)</td>
<td>23 (100%)</td>
</tr>
<tr>
<td>Medium</td>
<td>6 (17%)</td>
<td>12 (34%)</td>
<td>17 (49%)</td>
<td>35 (100%)</td>
</tr>
</tbody>
</table>

χ²=19.05, df=2, p<.01

In the above table, people who are nervous and anxious are found to be less likely to deny death than those who are not nervous and anxious. The findings contradicted the original hypothesis; the finding is accept-

ed at its face value.

 Participation in Dangerous Activities and Death Denial

Previous studies concerning the relation between participation in dangerous activities and death denial are inconclusive; some postulated a positive relation, while others have hypothesized a negative one. From a psychoanalytic viewpoint, willingness to participate in dangerous activities is an indication of death denial. In this study, it was hypothesized that those individuals who like to participate in dangerous activities have higher death-denial tendencies than those who do not desire to participate. The relationship between the two variables was examined through statistical tests; the results are shown in the following table.

Table X: Participation in Dangerous Activities and Death Denial

<table>
<thead>
<tr>
<th>Participation</th>
<th>Low (7-11)</th>
<th>Medium (12-15)</th>
<th>High (16-18)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death Denial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td>11 (15%)</td>
<td>43 (69%)</td>
<td>18 (25%)</td>
<td>72 (100%)</td>
</tr>
<tr>
<td>Low</td>
<td>10 (32%)</td>
<td>12 (39%)</td>
<td>9 (29%)</td>
<td>31 (100%)</td>
</tr>
</tbody>
</table>

χ²=8.18, df=2, p<.01

The above table shows that a larger percentage among those who do not like to participate in dangerous activities (32%) have low death-denial scores. The statistical tests show a significant relationship (χ²=8.18, df=2, p<.01). The results confirmed the hypothesis that those who are willing to participate in dangerous activities have higher tendencies to deny death.

Physical Health and Death Denial

The relationship between one's physical condition and his tendency to deny death is an apparent one. One whose physical condition is delicate has deeper concern for death. In this study, it was hypothesized that those who have good health are less likely to deny death than those with poor health. The hypothesis was tested statistically and the results are shown in the following table.
The results are shown in the following table.

**Table VIII: Father Living or Deceased and Death Denial**

<table>
<thead>
<tr>
<th></th>
<th>Death Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Father</td>
<td>(7-11)</td>
</tr>
<tr>
<td>Living</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>(23%)</td>
</tr>
<tr>
<td>Deceased</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>(10%)</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 11.05, df=2, p<0.01 \]

In Tables VII and VIII, a consistent pattern of relation was found between whether a parent was living or deceased and one's tendency to deny death. A large percentage of those whose parents were living had low death-denial scores than those whose parents were deceased. Conversely, a much smaller percentage of those whose parents were living had a high death-denial score than those whose parents were deceased. The relations were statistically significant. It was therefore concluded that individuals whose parents are living are less likely to deny death than those whose parents are deceased.

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**Table IX: Feelings of Nervousness and Anxiety and Death Denial**

<table>
<thead>
<tr>
<th></th>
<th>Death Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>Nervous and Anxious</td>
<td>(7-11)</td>
</tr>
<tr>
<td>High</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>(29%)</td>
</tr>
<tr>
<td>Medium</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>(9%)</td>
</tr>
<tr>
<td>Low</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>(17%)</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 19.05, df=2, p<0.01 \]  

The above table shows that a larger percentage among those who do not like to participate in dangerous activities (32%) have low death-denial scores. The statistical tests show a significant relationship (\( \chi^2 = 8.18, df=2, p<0.01 \)). The results confirmed the hypothesis that those who are willing to participate in dangerous activities have higher tendencies to deny death.

**Physical Health and Death Denial**

The relationship between one's physical condition and his tendency to deny death is an apparent one. One whose physical condition is delicate has deeper concern for death. In this study, it was hypothesized that those who have good health are less likely to deny death than those with poor health. The hypothesis was tested statistically and the results are shown in the following table.
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denial intensify.

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to the proposition that ant

Since married people than 
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dãath experience, death
defense
tendency

Death

Second, the present study found that the social and medical definitions of death expands. Until recently, death has been primarily a psychological concern; sociological investigations of death have been seriously undertaken during the last two decades. There is much of a gap left between various disciplines concerning the death concept and phenomena. The present study is only an exploratory attempt. Much vigorous in-depth study is desired to examined this elusive phenomenon of death.

BIBLIOGRAPHY


Table XI: Physical Condition and Death Denial

<table>
<thead>
<tr>
<th>Death Denial</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Condition</td>
<td>(7-11)</td>
<td>(12-15)</td>
<td>(16-19)</td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>5 (21%)</td>
<td>11 (48%)</td>
<td>7 (30%)</td>
<td>23</td>
</tr>
<tr>
<td>Good</td>
<td>13 (22%)</td>
<td>29 (48%)</td>
<td>18 (30%)</td>
<td>60</td>
</tr>
<tr>
<td>Fair, Poor</td>
<td>3 (15%)</td>
<td>15 (75%)</td>
<td>2 (10%)</td>
<td>30</td>
</tr>
</tbody>
</table>

X^2 = 0, df = 4, N.S.

The above table showed no significant relation between physical condition and death denial. The finding was accepted at its face value.

CONCLUSION

Death is not only inevitable, but also the most feared experience of mankind. From the prehistoric era, man has attempted to deal with this fear by using a multitude of defenses. In American society, as a consequence of the contradiction between the life-oriented cultural ethos and death experience, death denial has intensified and become a predominant defense against death.

In the present study, the relationships between a number of social psychological variables and death-denial were tested. A positive relation was found between aging and death denial; older people were found to have a higher death-denial score than younger people. This finding lent support to the proposition that as age advances, the distance between man and his death lessens; and as the distance is lessened, death fear and death denial intensity.

Second, married people were found to have a lower death-denial score than the unmarried. This finding concurred with the classical theory of Durkheim that the degree of social integration constrains one's behavior. Since married people are more socially integrated, their fear and anxiety and tendency to deny death is lessened.

Third, the present study found that people with deceased parent or parents have a higher death denial score than those whose parents are alive. This finding concurred with the symbolic interactionist theory, particularly Mead's notion of "the significant other". Apparently, the death of one's significant other--the parent--intensifies one's denial of death.

Fourth, the present findings showed that those who participate in daredevil activities have a higher death-denial score than those who do not. This finding agreed with the original conception of death denial; to participate in daredevil activities is conceived as a conscious manifestation of the unconscious death-denial motive.

Finally, the present study found no relation exists between one's sex identity, religious activities, and death denial tendencies. Also, nervous people were found to have a lower death-denial score than those who are not. For the time being, these findings are accepted at their face value.

Death is increasingly becoming a major area of public and scientific concern. As our medical science continues to advance, the gap between the social and medical definitions of death expands. Until recently, death has been primarily a psychological concern; sociological investigations of death have been seriously undertaken during the last two decades. There is much of a gap left between various disciplines concerning the death concept and phenomena. The present study is only an exploratory attempt. Much vigorous in-depth study is desired to examine this elusive phenomenon of death.
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**BIBLIOGRAPHY**


Purposive Social Change and Interorganizational Networks: The Case of Three Prepaid Health Programs

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Charles K. Warriner
Department of Sociology
University of Kansas

ABSTRACT: An important perspective emerging in the areas of community and organizational analysis is the political economy approach to interorganizational relations. This approach treats organizations as seekers of basic political and economic resources which are found in their environments. This approach has special implications for persons interested in the study and/or implementation of programs of change, because it sensitizes the observer to the problems of political and economic conflict in interorganizational relations. The perspective also offers useful insights into the development of intervention strategies that minimize the conflicts often associated with social change. In order to demonstrate the usefulness of this approach to social change and interorganizational relations, three attempts at creating prepaid health care programs in rural areas of the midwest are considered.

Historically, sociologists have tended to treat social change within a macroscopic perspective that emphasizes the unplanned and societal-wide consequences of general social movements and trends. Recently, some sociologists have turned their attention to less encompassing attempts at social change that involve implementation of limited programs of change that are restricted to the community or sectors within it. Such efforts include attempts to alter the community sectors of juvenile justice, social welfare, and health care. In an effort to distinguish this type of social change from others, Warren calls it "purposive social change." This is planned change that takes the form of specific programs of action that seek to alter the existing type and/or range of services in the community. Purposive social changes takes place within a restricted and identifiable environment or organizations, associations and publics that constitute the local community. Thus, not only does purposive social change have an outcome that is limited to the community level, but the community elements that are most likely to be influenced by the change also constitute a portion of the most immediate and relevant environment of the change agent.
This paper is concerned with the relationship between purposive social change and community organization. Specifically, this paper reports the findings of an exploratory study on factors influencing the implementation of three prepaid health care programs in three rural communities in the midwest. Before considering the research itself, it is necessary to review the important theoretical and empirical concepts and issues that surround the study and analysis.

THE COMMUNITY CONTEXT OF PURPOSIVE SOCIAL CHANGE

In the past the community has been conceptualized from a number of perspectives, but recently some sociologists have begun to treat it as a social unit that is made up of interconnected organizations, associations and publics. Although the linkages between the organizational components may vary from community to community or even shift over time within a single community, it is possible to conceptualize the various components and linkages as sufficiently stable that they constitute a series of networks that are directed toward differing areas of community activity and control. The community, for example, is partially made up of a health care network, a criminal justice network and a social welfare network.

Because communities are conceptualized as sets of inter-organizational networks, a central problem involves the sources for network integration. That is, what are the factors that contribute to the linkage of the various organizations, associations and publics? Because much of this research has been directed toward limited types of interorganizational linkages, the findings tend to emphasize single factors. Thus, Levine and White emphasize the importance of exchange relations, Litwak and Hylton emphasize coordinating agencies, Dill stresses information, and Aiken and Hage emphasize the integrating consequences of joint programs. Recognizing the limited influence of any single factor, other analysts have attempted to identify sets of factors that simultaneously operate to integrate interorganizational networks. Evan's notion of the organization set is, for example, based on the combined influence of personnel role-sets, information, personnel flows and flows of products and services. Similarly, Perrow emphasizes the impact of various types of "technological inputs" and Warren, et. al. stress the combined impact of domain agreements, system norms, and institutionalized thought structure.

Recently, several analysts have attempted to bring the various factors influencing interorganizational integration into a more
general and theoretical perspective, i.e., the political economy approach. This perspective is perhaps best summarized by Benson who claims that organizations are primarily concerned with the problem of resource acquisition. The most critical resources are money and authority. Authority is the basis for the organization's domain which consists of agreements about the nature and types of activities that it can control. Money, on the other hand, is a basic resource that is necessary for developing and maintaining organizational facilities, programs, and personnel.

Interorganizational networks emerge out of the process of resource acquisition because the establishment of patterns of exchange and dependency become necessary if organizations are to attain the resources that are required for operation. When the relations of exchange and dependency become patterned and stabilized, it is possible to speak of the interorganizational networks as being in a state of equilibrium. The equilibrium is not totally static, however. It is stabilized to the extent that resources continue to flow and are distributed in patterned ways, but a change in either the flow or distribution of resources will disrupt the equilibrium. When this occurs, units within the interorganizational network act to preserve or expand their control over basic resources.

Many efforts at purposive social change have the general consequence of disrupting the established pattern of interorganizational relations within the community. Consequently, efforts at purposive social change may--intentionally or unintentionally--provide some members of an interorganizational network with the opportunity to increase their control over basic resources. Those organizations that successfully take advantage of such opportunities will improve their political and economic positions in the community. In addition, there is another possible consequence of purposive social change that is important for those concerned with community organization and social change. That is, many of the most fundamental bases of interorganizational power are often hidden during times of stability and equilibrium. Indeed, it may be recognized by organizational leaders that it is in their best interests to mystify or in some other way hide some features of their relationships with other organizations. Because they disrupt both the obvious and the hidden aspects of interorganizational relations, efforts at purposive social change often have the unintended consequence of exposing the most basic sources for interorganizational power and dominance. The study of interorganizational relations during times of purposive social change, then, offers a number of advantages to those persons interested in developing the political economy perspective.

In the final section of the paper we will consider how some of the issues raised here are related to the problem of changing
the organization and delivery of health care services within communities. Before turning to these issues, however, it is necessary to look at the nature of the research project and the research findings on which this paper is based. These concerns occupy the next two sections.

RESEARCH PROBLEM AND DESIGN

The research that is partially summarized below is part of an exploratory study of nine attempts at creating prepaid health care programs in six different communities in the states of Iowa, Missouri, Kansas, and Nebraska. All of the communities are of relatively small size with the largest being a city of a little less than three hundred thousand. The significant community factor influencing the development of these programs, however, is not population size, but the nature of the interorganizational relations that constitute their health care networks. This is especially true for many rural areas where the health care network may extend over a large territory and is not limited to a single town.

Each of the health organizations studied claimed to be a part of the general "health maintenance organization (HMO) movement" that seeks to restructure health care organization and delivery. Like many similar programs of change, the general intent of HMO legislation is subject to differences in interpretation. Tessler and Mechanic summarize its major intent by stating:

Its primary goals are to encourage early and preventive medical care utilization through comprehensive benefits made available to consumers on a prepaid basis, to guard against unnecessary hospitalization and surgery through financial disincentives to providers, and to foster efficiency through the pooling of resources and the effective use of health manpower.13

Thus, the major goals of the HMO movement are the reduction of medical costs through preventive practices, the efficient use of medical knowledge and personnel and the discouragement of unnecessary services. The Health Maintenance Organization Act of 1973 also implies that HMOs offer the opportunity to expand medical care to persons and groups that have previously not had regular access to such care, such as the poor. In addition, they offer a means of introducing greater consumer influence into the organization and delivery of health care services. The HMO Act, for example, requires that all HMOs have consumer membership on policy boards. In general, HMOs represent a potentially
innovative approach to health care organization and delivery that could have implications for consumers and providers alike.

Whether HMOs are effective in achieving these goals, is, of course, a subject of considerable debate. Some observers note that although HMOs may not be a panacea for current American health care problems, there is evidence that they are effective in achieving some of their goals. Others note that HMOs are often implemented in such a way that they either do not significantly change the established practice of medicine or they exacerbate the problem of patient powerlessness and estrangement from providers by encouraging impersonal and "assembly-line" practices. It is not the purpose of this paper to assess the effectiveness of HMOs in achieving their goals, nor to take sides in this debate; rather, it is to discuss some of the problems associated with their establishment in rural areas. It should be noted, however, that many of the promises of the HMO movement are of special importance to rural people because these areas are among the most disadvantaged in receiving integrated and comprehensive health care. For this reason, many persons concerned with rural health care look upon the HMO movement with considerable interest. The evidence indicates, however, that although HMOs may be useful in dealing with the problems of rural health care delivery, these organizations tend to locate in other areas.

The issue of how to establish HMOs in rural areas is, then, an important one for both practitioners and theorists in the areas of health care delivery and interorganizational relations. During the time of this research (1975-76), formal government criteria defining HMOs were of little relevance in most rural communities. Like many urban prepayment programs, many rural people interested in the HMO concept found the government guidelines too restrictive and expensive; consequently, they did not seek government certification, although they did incorporate many of the characteristics of certified HMOs in their programs. If a stricter definition had been used, the research would have been impossible. Because at that time there were no full-fledged HMOs in the rural areas of these four states. Because none of the programs were certified as HMOs, they are here referred to as "prepaid health care programs."

The major technique used in the research was the interview and, for the most part, the data were collected through interviews with as many knowledgeable persons within the community health care networks as possible. Because each health care network varied in its elements and organization, there was some variation in the types of persons and organizations contacted, but in general the sponsor or
sponsors of the prepaid programs were interviewed, as were representatives of the local medical associations and other physicians, hospital administrators, members of the local health planning councils and any other persons or agency officials who were found to be significant in influencing the fate of these programs. In all eighty persons representing sixty-one organizations, associations, or publics were contacted. In addition, public documents—such as feasibility studies, grant applications, newspaper reports and official minutes of meetings—were used to supplement the interview data.

Data were collected on the nature of the health care networks within the communities, the implications of the prepaid programs for those networks, and the responses of members of the networks to the new programs. Because the research was exploratory, the data collection and analysis techniques were qualitative, rather than quantitative. These techniques were useful in identifying the critical events surrounding the establishment of each of the prepaid programs studied. Because it is difficult to fully report on nine case studies in a short paper, we have selected three cases to discuss here. Each of these cases is representative of the general findings of the research. In addition, each represents a different approach to the introduction of prepaid health care programs into rural areas. Thus, they provide a basis for the more general discussion of the best ways to create change within the political and economic structure of rural communities. This discussion will follow the description of the cases.

THREE APPROACHES TO IMPLEMENTING PREPAID HEALTH CARE PROGRAMS IN RURAL AREAS

Case One
This case involves a collaborative attempt by a local migrant worker organization and the federal Department of Health, Education and Welfare (HEW) to provide health care services to the rural poor and others in an eight county area of this state. The local agency was originally organized by HEW to provide housing and related services to migrant workers in the 1940s and 1950s. Because many of the migrant workers remained in the area, the organization has more recently become involved in health care services. Specifically, the organization developed a health care program for the settled workers that was similar to a standard medicaid program. That is, the migrant worker organization certified the eligibility of the applicants and the local providers provided the medical services. One important problem with this program, however, was that the migrant worker organization had no control over the providers' fees and, consequently, some providers charged exorbitant fees to such patients.
Because the migrant worker organization had experience with a significant portion of the poor population and the medical providers in the area, the HEW plan for a prepayment program was implemented through it. The plan was not limited to former migrant workers, but was intended to include the general population of the area, since they all suffer from the problem of inadequate health care services. As the program developed, it became separate from its original sponsor and developed a new administrative component and new agreements with providers.

The major changes accompanying the program were for physicians. Under this plan, each physician member receives eighty percent of his or her usual fee for each prepaid patient treated. The other twenty percent was held until the end of the fiscal year (in part, to protect against cost overruns) and the money left at this time was distributed among the physicians. One reason for this practice was the desire to build into the program an incentive for reducing overtreatment. None of the other medical providers were directly affected by the program. The hospitals, for example, continued to receive fee-for-service payments.

The new program did, however, introduce a new organization into the local health care network. This organization was the administrative component of the prepaid program. Indeed, the addition of this organization into the interorganizational network was important because it continued to maintain its ties to HEW which provided funds for both the indigent members of the program and its administrators. Thus, the prepaid health care program emerged as a powerful element in the health care network of this region. In addition, its initial development and power rested on the actions of an agency outside the local area. This is one important reason why the program was resisted by many local providers, particularly physicians. There are three primary factors that account for this resistance.

The first factor is the time and location of the implementation of the program. The program was not introduced into all eight counties at the same time; rather, a three county area was initially selected for the program and it was gradually introduced into the other counties. This procedure was consistent with the general policy of the planners and administrators who hoped to continue to expand the territory of the program until it included much of this region of the state (perhaps as many as twenty-two counties). A major source of resistance to the program was the physicians located in the original three counties. Related to this, and the second factor, was resistance based on type of
medical practice and setting. Generally, the solo and small group practitioners who practice general and family medicine were most resistant to the program and the practices in the original counties were overwhelmingly of this type. Thus, the resistance of the physicians in the initial counties should not be interpreted exclusively in terms of the time factor.

A final factor influencing the resistance of some physicians (particularly, those in the original three counties) was the procedure for introducing the program. The prepaid program was designed by members of the migrant worker organization and they only included medical providers as consultants who were sought out at a very late date in the planning process. Thus, some resistance to the program stemmed from suspicions of physicians and others about the full implications of the program for their practices. This suspicion and resentment was exacerbated by two additional factors. First once the prepaid program was placed in a new organization, the issue of selecting a project director became important. According to those who resisted the program, a local congressman who had been instrumental in developing the program intervened to get a local political supporter appointed as the project director, although the person had no experience in the field of health care. A second issue involved the continued rejection by HEW of recommendations of the local health planning council about the program. Although this body approved the initial feasibility study, it consistently recommended against HEW funding of the program that was created. Each time, however, the program was funded and the opposition (particularly physicians) resented it.

In sum, although the program involved relatively little change in the practices of local providers, it was resisted because of the way it was introduced. Of special importance here is the fact that it was initiated by two organizations (HEW and the migrant worker organization) outside the local health care network. Indeed, the program did not gain significant provider support until it was expanded into a new area that contained a large multi-specialty clinic.

Case Two

Program Two involved a prepaid plan developed by a hospital located in a city of about one hundred thousand. It differed from Case One in that the sponsor is an active member of the community health care sector and its impact was primarily limited to the immediate community and its periphery. This program is also unique because it was still in the planning stage at the time of the research and it was, therefore, impossible to study the full process
of implementation. At the same time, the planning was sufficiently developed that it was possible to assess the responses of other members of the community's health care sector. In fact, as will be seen later, the significant factor of concern to the program planner was not the responses of local health care providers, but uncertainty about the requirements of federal certification as an HMO.

Another difference between Case Two and Case One is that this program was initiated by a hospital that has been operating a type of prepaid program for many years. The hospital was originally built and operated by a railroad company that limited hospital services to employees and their dependents. It has employed a full-time staff of physicians and other medical personnel who work for the hospital exclusively. In addition, the board of directors of the hospital has been dominated by members of the railroad company, both management and labor. Thus, for the past forty years the railroad has operated on principles that are consistent with the HMO movement.

More recently, the hospital has shifted from a strict orientation to the railroad company to a more community-based approach. Specifically, the hospital has begun to accept patients from the larger community, regardless of their occupational affiliations, and it allows its physicians to maintain limited fee-for-service practices outside the hospital. At the same time, the board of directors of the hospital continues to be dominated by railroad company employees and the majority of the hospital's patients are affiliated with the railroad.

The history of the hospital is important in identifying its place in the community health care sector. Specifically, the hospital has been an important, but isolated member of the health care network. It has served a restricted clientele that is recognized and easily identifiable within the community. In doing so, it has not competed with existing hospitals that serve different segments of the community. The physicians who have worked for the hospital have also restricted their practices to the hospital setting and have not been involved in either competitive or collaborative relations with other physicians. Even with the expansion of hospital and physician services into the larger community, the impact has been quite limited. Consequently, it is possible to characterize the hospital, its staff, and clientele as isolated parts of the health care network that are defined by clearly understood notions about proper domain.
For the most part, the prepaid program of the hospital was simply an extension of its past activities and more recent movement into the nonrailroad segments of the community. As such it involved relatively little change in the ongoing practices of other elements of the health care sector. First, the program had little impact on physicians because the primary care services would be provided by three new primary care physicians who would be recruited from outside the community and would work for the prepaid component of the hospital exclusively. Specialist services would be paid on a fee-for-service basis. Because the hospital was developed as a more or less self-contained health facility, many of the services that might otherwise involve outsiders—such as laboratory services—were already available in the hospital and would, therefore, involve no change for these elements of the community health care network. Similarly, the board of directors and administration of the prepaid program would be the same as those of the larger hospital.

The responses by members of the health care sector of the community were neither supportive or oppositional; indeed, most responses can best be characterized as indifferent. The county medical society, for example, originally established a liaison committee to keep informed on the hospital's plans, but disbanded it after only two meetings. In addition, interviews with physicians and hospital administrators in the community indicated a widespread state of ignorance about the program and very little desire to know more about it. The indifferent response of members of the health care network was reflected in the planners' feeling that the most significant problem retarding the implementation of the program was the federal government (HEW) and the various restrictions placed on programs seeking HMO certification.

In sum, the program was conceived by an isolated and somewhat marginal member of the health care network. The isolation and marginality of the hospital was largely based on the generally recognized domain of this organization that limits its impact primarily to one segment of the community. The prepaid program was seen as an extension of that domain into the larger community, but not a sufficient expansion to alter the hospital's domain or relationship with other health care elements.

Case Three
Program Three was initiated by two organizations. One of the collaborators was a private-nonprofit insurance company that was responsible for the recruitment of members and the insurance aspects of the program, e.g., collecting premiums and paying charges. The other component was a multi-speciality clinic in a
small town (less than three thousand people) which primarily served the local and the surrounding communities.

The clinic was begun by a physician who formerly worked for the Mayo Clinic and wished to return to his hometown and reproduce it on a smaller scale. Thus, he wished to bring together a number of specialists into a professional corporation which would provide specialized treatment as well as primary care services to persons in the area. At the time of this study, the success of the clinic was reflected in a number of ways. First, the clinic had a relatively large staff of physicians and others who provided highly specialized services, including obstetrics, dermatology, surgery, internal medicine, pediatrics, otorhinology, dentistry, ophthalmology, psychiatry, and psychiatric social work. Second, the clinic was the major health care organization that served not only persons in the immediate community, but patients from larger communities in surrounding counties. Third, there was only one other physician in the county and he was part of the prepaid program. Using involvement in some aspect of the clinic as the major criterion, then, the clinic controlled all physician services in the community. Finally, the success of the clinic was reflected in its ability to get a hospital built in the community (about 25 years earlier) even though sufficient hospital facilities were available in nearby towns. It has expanded as the clinic has grown and demanded new facilities and services.

Utilizing Leffman's terminology, this clinic was a type of health care empire because it controlled most of the local health care agencies and resources. In addition, it was significant in shaping the health care networks of surrounding communities by competing with nearby physicians and hospitals for patients. Indeed, the initiation of the prepaid program is best understood within the larger context of the region, because its implementation was an attempt to expand the domain of the clinic to outlying areas.

The prepaid program involved little meaningful change in the organization and delivery of health care services. All of the providers continued to operate as they had in the past with no new controls over their operations. In addition, most of the established financial arrangements remained. The non-clinic physician continued to charge the insurance company on a fee-for-service basis, as did the hospital and any other providers outside the clinic who might be used. The physicians within the clinic were only indirectly affected by the prepaid program because they continued to receive their salaries from the clinic. The impact of the program was indirect in that the physicians--being partners in the corporation--shared in the profits of the clinic at the end of the year. The physicians found it in their best interests to minimize overtreatment because the insurance company paid the clinic a capitation fee based on the number of patient members and any
money saved from the capitation fee (profits) was distributed among the clinic physicians.

The only source of resistance to the program came from providers in the surrounding counties. Several physicians and medical societies in these counties protested to the state medical society and the state insurance commissioner. The claim of the protesting physicians (which was supported by some hospital administrators) was that the prepaid program was one more ploy in the continuing strategy of the clinic to win patients from the surrounding area. The state insurance commissioner responded by requiring the prepaid program officials to abide by any decision made by the state medical society on the matter. The state medical society placed two limitations on the program. First, the clinic could not offer the prepaid program to any out-of-county patients who had not been using clinic services for two years. Second, the clinic had to offer membership in the prepaid program to all physicians in the surrounding area. Not surprisingly, none of the physicians accepted membership. Because the state medical society limitation was for only three years, some of the competing physicians began to organize themselves into group practices that could eventually offer similar prepaid programs.

The third prepaid program, then, involved a sponsoring organization that was centrally located within two interrelated health care networks. It was the dominant organization within its community and an important organization in the health care network of the region. The involvement of the clinic in the prepaid program was based on the competitive relations of the larger region and officials of the clinic explicitly stated their primary concern was with expanding their clientele. The major opposition to the program, then, stemmed from competing providers in nearby counties.

DISCUSSION AND CONCLUSION

The above descriptions involve several issues of importance for students of purposive social change. First, despite the rhetoric of the HMO movement, each program involved limited commitment to it. None of the programs, for example, was significantly committed to preventive health care programs, little effort was directed to providing health care services to previously excluded groups, and they did not offer new avenues for the expression of patient concerns or control over health care organizations and professionals. Instead, each of the sponsors used the rhetoric of the HMO movement for their own ends. The migrant worker organization and HEW used the HMO movement as a means to justifying their alteration of the existing pattern of funding health care for the poor, the hospital used the HMO movement to justify expansion of a previous policy toward greater community
involvement, and the sponsoring clinic used the HMO movement as a mechanism for making inroads into new sources for patients in the surrounding counties.

Looked at one way, then, these findings indicate that organizations use programs of social change in order to better pursue their political and economic goals. There is, however, at least one other way of looking at these cases and findings. Each of the cases involves a somewhat different point of introduction of change into the communities and their surrounding regions. In the first case change was initiated by two organizations that were tenuously connected to the health care networks of the affected communities. In the second case the sponsor of the program was an established member of the community health care network, although it was somewhat isolated based on its ties to the railroad. The third case involved the introduction of change through an insurance company that was external to the community and a clinic that controlled significant portions of the affected area.

Because two of the three cases described have become operational and the other case has neither succeeded or failed, it can be claimed that each of them offers a different example of how purposive social change can be introduced into rural areas. On the other hand, if purposive social change is conceptualized as involving some degree of commitment to the development of new approaches to social problems, then all of them cannot be seen as equally promising. Notably the third case involves no attempt or real incentive to redefine health care and the problems associated with it. Although the capitation arrangement between the clinic and the insurance company may be seen as one mechanism for encouraging physicians to minimize overtreatment and to encourage preventive health practices, the major thrust of the program is not in the direction of redefining the health care problem, the organization of health care services or the place of the consumer in the health care network. Rather, this case is an example of how programs of change can be coopted by established organizations so that few or none of the aims of the program are achieved.

The first case offers a better approach because it involves two organizations that are connected to the local health care network, but they are not directly involved in it. It could be assumed that such agencies are not so likely to define their self interests in terms of the local market for patients. The problems with this approach are apparent in the above description. First, such an approach involves implementation through existing health care organizations that may not view the new program favorably. A second problem with this approach is that the sponsors are external
to the affected communities and this may give rise to local resistance. Such resistance may be exacerbated when local providers are ignored by the planners and funders, as occurred in Case One. The problems of such a strategy are the same as those described by Warren, et. al.; that is, the local organizations and professionals that are needed to implement the new program either coopt the innovation by redefining it within existing modes of thought and action, or they attempt to destroy it by refusing to cooperate with the sponsor or by engaging in political activities to discredit it.

A third approach to implementing purposive social change is offered by Case Two in which an established, but non-competitive, agency within the community health care network is the sponsor of the program. Several factors deserve special note here. First, the sponsor of the program exists as an established part of the community health care network. This means that the sponsor has worked within the prevailing agreements about interorganizational domains, norms and modes of thought and it is not an outside agency that is "imposing" itself on the local providers. Indeed, in this case the sponsor is an accepted and trusted member of the health care network of the community; rather, it has traditionally dealt with a limited clientele and responded to a special and limited set of community interests. Such a position has allowed the sponsor to respond to its constituency in ways that have been different from the prevailing community patterns without incurring serious opposition from other health care elements. Finally, the sponsor is an established health care provider that is organized to provide a wide range of health care services without fundamentally altering its traditional structure. Thus, the prepaid program does not involve the establishment of a new agency in the community nor does it significantly alter the number and types of health care professionals.

What we are suggesting is that many interorganizational networks contain members that are accepted, but marginal. In such networks, the marginal member if freer to innovate because such activities are less likely to be perceived by other organizations as threatening to the existing patterns of resource distribution. To use the language of Benson, it is insufficient to only be concerned with the monetary resources of interorganizational networks. Intervention policies must also consider the issue of authority (agreements about organizational domain). When authority is considered, the range of viable sponsors for innovative programs is limited. In the case of prepaid health care programs in rural areas, such sponsors might include railroad affiliated hospitals, university medical centers, union sponsored health programs, or rural co-ops. Because
programs of purposive change involve considerable time, staff and
money, agencies interested in facilitating change should be
selective in the organizations that are used as community-based
sponsors. In some cases, appropriate sponsors may be unavailable
and other strategies must be used, but the risks of local
opposition and cooptation are greater in these communities.

In conclusion, the political economy perspective on
interorganizational relations is a useful approach to under-
standing the dynamics and problems of purposive social change.
By emphasizing the importance of resource acquisition in
interorganizational relations, this approach sensitizes observers
to the political and economic consequences of change. Equally
important, it provides a theoretical framework for developing
intervention strategies that minimize some of the problems
associated with purposive change. The above discussion of prepaid
health care programs is one example of the usefulness of this
approach.

REFERENCES

The data that are included in this paper were collected, in part,
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Professional Responses to Change: A Sociological Study of the
Environmental Responses to Health Maintenance Organizations,"
University of Kansas, 1976. The research was partially funded
through the Office of Research Administration and the Graduate
College of the University of Kansas (project number 3292-5038).

1. Roland L. Warren, "Types of Purposive Social Change at
the Community Level," Brandeis Paper on Social Welfare no. 11
(Waltham, Mass.: Florence Heller Graduate School for Advanced

2. See Walter B. Miller, Rainer C. Baum and Rosetta McNeil,
"Delinquency Prevention and Organizational Relations," in CONTROLLING
DELINQUENTS, ed. Stanton Wheeler (New York: John Wiley & Sons, Inc.,
1968): 61-100; Roland L. Warren, Stephan M. Rose and Ann F.
Bergunder, THE STRUCTURE OF URBAN REFORM: COMMUNITY DECISION
ORGANIZATIONS IN STABILITY AND CHANGE (Lexington, Mass.: D. C.
Heath and Company, 1974); Nancy Milio, "Health Care Organizations
and Innovation," JOURNAL OF HEALTH AND SOCIAL BEHAVIOR 12 (June
1971a): 163-173; Nancy Milio, NINETY TWO TWENTY SIX KERCHEVAL:
THE STOREFRONT THAT DID NOT BURN (Ann Arbor: University of


10. Ibid.


SOCIAL WORK'S DIMINISHED COMMITMENT
TO THE PARAPROFESSIONAL

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ABSTRACT

This paper reviews the rise during the 1960's and the apparent
decline during the 1970's of social work's support of the paraprofessional and concludes that failure to follow through unequivocally
on its early commitment to the paraprofessional is likely to create
future difficulties for the profession.

A critical shortage of graduate social workers, a restructuring
of the social services, and a national policy of employing the poor
and disadvantaged in social service occupations all led to the intro-
duction of large numbers of paraprofessionals into both urban and
rural social service employment during the 1960's. Sheldon Siegel
cites Census Bureau data that indicate that approximately 32 percent
of all social service workers in the United States in 1970 had less
than a baccalaureate degree. The social work profession affirmed
the necessity and the desirability of this trend, not only as a method
of solving the shortage of trained personnel that existed at that time
but also because many of these new entrants to the field were indige-
nous to the client groups that social work sought to serve and had
characteristics and skills congenial to those groups.

It was during the 1960's that the long-standing shortage of
trained personnel in social work ceased to be viewed solely as a need
for more holders of the master's degree in social work. The social
work profession resolved a long-standing debate and decided that it

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was possible to prepare workers for the social services with less than graduate education and that this need not necessarily lead to a lowering of the standards of service offered. In fact, it was even suggested, though not necessarily widely believed, that, given the proper preparation of the new workers and the development of appropriate ways of deploying them, a qualitative as well as quantitative improvement in service might result.  

In the second half of the 1960's, a great many articles appeared in the social work and related professional literature on the subject of paraprofessionals in the human services. These articles either reported the results of using such personnel or advocated their increased use on various grounds, usually the continuing shortage of professional workers or the unique contribution that the paraprofessional purportedly could make. For example, in 1966, Robert Barker and Thomas Briggs, reviewed almost 200 publications reporting the use of nonprofessionals in social welfare settings.

Few of these articles reported the results of formal research studies or provided a conceptual framework for social service staff differentiation that could be widely applied. In fact, few attempted to do so, being content to suggest that certain tasks, traditionally carried out by professionals, could be delegated to others without professional training or that professional services could be supplemented by the additional work that paraprofessionals could do. However, some empirical data on the use of paraprofessionals in the human services did appear, including Alan Gartner's Paraprofessionals and Their Performance: A Survey of Education, Health, and Social Service Programs. Gartner cites the results of studies of work performance in a variety of human service fields to support his thesis that the introduction and innovative use of these new kinds of personnel led to qualitative as well as quantitative benefits for the clients of human services.

Similarly, in a 1968 survey of the roles of over 100,000 nonprofessionals working in 185 mental health settings (predominantly community mental health centers) Francine Sobey found that the nonprofessional mental health workers were contributing to mental health service provision in two ways: "(1) filling new roles based on patient need which were previously unfulfilled by any staff; and (2) performing parts of tasks previously performed by professionals, but tailoring the task to the non-professional's abilities." The combination of these two roles was seen as resulting in a "task gestalt" unique to the nonprofessional.
While these and other reports on the use of paraprofessionals were appearing with some frequency in the professional literature, there was some effort within social work to grapple with the theoretical issues involved and to develop conceptual models that might provide guidelines for the profession. For example, NASW and other organizations supported considerable research during the 1960's into the use of different kinds and levels of social service personnel. Based on their extensive studies on behalf of NASW into differential use of social work manpower, Barker and Briggs reported, in 1969, good results from the use of social work teams in mental hospital settings. They developed a fairly sophisticated conception of how the team would work, and their model and subsequent elaborations of it gained fairly wide acceptance within the profession, at least on a theoretical if not a practical level. In these various versions of the social work team, significant roles for paraprofessional workers were assumed and, with some degree of specification, were described.

The place of paraprofessionals was given formal recognition by NASW in its Standards For Social Service Manpower, published in 1974. A six-level classification plan was set forth that included four professional and two paraprofessional or preprofessional levels. The purpose of the standards was "to help bring order and uniformity to the personnel classification systems of social agencies, enable more appropriate utilization of personnel, and provide more effective service." It was assumed that "the optimum effectiveness in the provision of most social services requires the use of various levels of competence."

While the practice arm of the profession was taking these steps to incorporate paraprofessionals into its thinking about the range of available social service personnel and the way they should be deployed, those members of the profession concerned with preparation for practice were, through the Council on Social Work Education (CSWE), assuming leadership in the development of educational programs for multiple levels of social service personnel, including the paraprofessional.

In 1968, CSWE, following a Board decision to expand its activities from graduate education for social work to all levels of post-secondary education for social welfare, carried out a study of community college programs in areas related to social welfare.

The report of this study identified the thrusts which had led to rapid growth of technical education during the 1960's and, specifically, the development of community college programs for social welfare areas. The implications of the emergence of these programs for social work and
especially for social work education were noted, and it was suggested that CSWE might appropriately assume an active role in community college education for social welfare and related areas.\textsuperscript{13}

CSWE began to offer consultative services to community colleges and proceeded to develop, in cooperation with the American Association of Junior Colleges (AAJC), a Guide for associate degree programs in the social services. The guidelines were approved by the Board of Directors of CSWE in November 1969 and were published in early 1970.\textsuperscript{14}

The Guide reaffirmed the need for the development of a corps of associate degree workers for the social services, citing the following factors which were giving rise to this need: (1) the predicted continued expansion of the human services; (2) recognition by the social work profession that the manpower needs for present and future services could not and should not be met by personnel with only the highest levels of education; (3) changes in social service delivery systems which called for the utilization of manpower with different levels of educational preparation; (4) recognition that qualitative as well as quantitative gains could be achieved in the social services when different kinds of personnel were involved in problem solution, particularly within a team approach; (5) the benefits to be derived by involving persons indigenous to the communities being served; and (6) the trend toward community control of local health and welfare services. It was the hope of CSWE that the Guide would help community colleges to decide if they wanted to introduce programs in the social services and, if so, how they might implement them.\textsuperscript{15}

Early in 1970, CSWE, in cooperation with AAJC, sponsored workshops in Chicago, Philadelphia, and Los Angeles with the purpose of publicizing the Guide and assisting community colleges to establish quality educational programs for the community and social services. These workshops were followed, in June 1970, by a CSWE-sponsored institute for community college faculty who were interested primarily in curriculum development for associate degree programs in social welfare areas and, in May 1971, by a workshop for community college educators who examined trends and issues emerging from the development of these new programs. The latter workshop, together with the results of a national survey of community college programs sponsored by CSWE in 1971, resulted in CSWE's third publication on community colleges.\textsuperscript{16}

Noting that it was the organization that provides "leadership and service in the field of social welfare education on all levels," in 1970 CSWE invited "community colleges and other associate degree-granting institutions interested in developing education for the social
services at the technician level” to become members of the organization.17

All of these activities seem to reflect a growing desire on the part of CSWE to play an active and constructive role in the development of appropriate training for paraprofessionals and, in particular, the development of community college programs for social service personnel. This assumption of leadership for all levels of social work education including the associate degree level, is further reflected in other pronouncement of the Council in the early 1970’s.18

Although, as recently as 1976, the CSWE House of Delegates affirmed "the importance of the responsibility already accepted by CSWE to provide service and assistance to community college programs preparing for the social services,"19 none of the tangible services or assistance (such as the workshops or publications noted earlier) has been provided to community college programs since 1972.

As we come to the end of the 1970’s there is considerable evidence that the commitment of the social work profession as a whole to the paraprofessional has diminished significantly. Articles dealing with this level of social service worker have all but disappeared from the professional literature. The licensing and other regulatory efforts of NASW and its state chapters disregard the person who does not have at least a bachelor's degree; and a number of other factors seem to have caused social workers to be less supportive of paraprofessionals.

One of the major forces working against the acceptance of the paraprofessional may well have been the "de-professionalization" or "declassification" movement in the social services which began during the Nixon administration and is still a major concern within the profession. Early in 1971, NASW was warning its members that "this administration is endeavoring to make a major ideological shift in the concept of services, in the administration of services, and training required to provide (social) services." NASW noted that administration spokesmen had repeatedly expressed "their belief that there is little, if any, correlation between a master's degree in social work and the kind of services that this country needs" and that "people with less education and a different kind of education are required in the new delivery system."20 This kind of thinking was viewed by NASW as disastrous for the social services and for the social work profession and was to be strenuously resisted.

The issue has remained a critical one throughout the 1970’s and NASW has attempted to combat the threat of declassification by devoting
substantial effort to the achievement of legal regulation of social work. Noting that 15 states now license social workers and 23 have some form of regulation of social work practice, either in the form of licensure or title registration, NASW recently stressed eight principles that it considers essential for adequate regulation of social work practice, one of which is that:

"Regulation must recognize those levels of practice that are based on discipline and knowledge of the profession, i.e., the social worker or BSW; the graduate social worker or MSW; and the certified social worker, which requires an MSW and two years of specialized experience as the minimum for independent practice."  

While this statement does not, on its face, imply that paraprofessionals are to be prevented from participating in the provision of social services, the intent clearly is to curtail the activities of those who do not fit into the categories mentioned and it is hard to see how this could avoid having a negative impact on paraprofessionals, in the absence of clear guidelines specifying what roles they are to play. Minimally, the psychological climate created is an adversary rather than supportive one.

Another aspect of the fight against declassification is what NASW calls "validation" of social work. Observing that "efforts to declassify social work positions in public agencies (open them to untrained personnel) threaten to affect the private sector in the future," NASW held its second national conference on the validation of social work in May 1978. The purpose of the conference was to train state chapter leaders who were "actively engaged in development of state merit system validation techniques," that is, to demonstrate to state Civil Service or Merit System Boards why social service jobs require professional social workers.

While these efforts to counter declassification have been going on at the national level, state chapters of NASW have been carrying on their own fights with recalcitrant state administrations. As well as mounting a vigorous, but unsuccessful, licensing effort, the Pennsylvania Chapter of NASW recently asked the state legislature to ensure that the new secretary of public welfare brought to the position "the commitment to the utilization of professional personnel in provision of quality services" and the chapter initiated its own validation study.

What is important to note is that these activities, at various levels and in various areas, (regardless of their motives, their
necessity, or their degree of effectiveness) have created a climate that is not supportive of the paraprofessional.

While the declassification issue, together with a less expansive job market for social service personnel, may explain the present unsympathetic attitude toward the paraprofessional, there are other, less obvious factors that also should be considered. For example, there is some evidence that, even when the social work profession was most committed to the use of paraprofessionals there were systemic barriers to the optimum use of this type of worker.

As early as 1969, in a study of the impact of the paraprofessional on the professional's role in a variety of anti-poverty programs, William Denham and Bunice Shatz found that the professionals involved experienced a high level of anxiety and reacted negatively towards their paraprofessional colleagues for reasons that were unrelated to the job performance of the latter. For example, the frequent argument that the use of the paraprofessional for performance of simple routine tasks would free the professional "for performance of previously undone tasks requiring a high degree of skill or the assumption of new tasks was not realized in any patterned or sustained fashion" in the programs studied. In many agencies, the professionals had historically performed a multiplicity of tasks, many of which were of a simple routine nature, so that they "had little opportunity to use, let alone develop, the more highly technical skills" and furthermore "had become accustomed to performing routine functions." In addition to the expectation that they would function as "expert practitioners" the professionals were often expected to take on the role of "training supervisors" of the paraprofessionals. This was also a role for which most were unprepared and to which they reacted "with considerable anxiety, much of which was displaced on the aides, who were accused of being trouble-makers and interfering with the old order." Noting that all of the programs studied "suffered from minimal operational clarity" and that "whether intentionally or not, the nonprofessional in most of these programs functioned as the exclusive giver of service," Denham and Shatz found that "the professional reacted to these unanticipated developments with considerable tension and anxiety, which was often dysfunctional as far as the viability of the nonprofessional role was concerned." For example, the professionals often adopted a punitive attitude toward the nonprofessionals by "threatening them with overly subjective and negative evaluations,"
limiting (their) role to the more menial tasks, or 'caseworking' (them)" as a way of placing them in a client role.30

A major systemic problem which the Denham and Shatz study reveals and which has particular relevance for this discussion is that in the programs they studied, which are probably not atypical, lack of clarity about roles and functions led to a "de-professionalization" of services (i.e., direct service activity was carried out almost exclusively by nonprofessionals) rather than the more appropriate and supportable "differentiation" of services among various types of personnel. It is not difficult to see why the professionals involved would find reasons to turn against the paraprofessional. When services are performed exclusively by paraprofessionals, questions of quality inevitably arise and, in the absence of objective data to the contrary, such service will be, by professional definition, inferior service.

It is hard to determine how widespread and persistent the problems identified by Denham and Shatz are but some recent studies suggest that they are not at all uncommon. In 1975 Hisashe Hirayama reported the results of a study of indigenous nonprofessionals and associate-degree technicians in five community mental health centers and five neighborhood health centers in Philadelphia, Trenton, New York and Baltimore.31 He found that, among other things, the definition of paraprofessional roles and functions was not the result of careful assessment of the paraprofessionals' capabilities but was based on expediency. Specifically, "the fewer the professional workers available, the more the indigenous paraprofessionals and associate degree technicians are expected to carry out responsibilities ordinarily carried out by professionals."32

Despite this rather haphazard approach to role assignment, Hirayama found that 87% of the professional staff judged that the indigenous paraprofessionals were making a valuable contribution to service delivery and 100% were of the opinion that the associate degree technicians were making a valuable contribution.33 However, "the predominant attitudes of professionals were superiority and indifference toward the nonprofessional"34 and Hirayama raised questions about 'the centers' commitment to the continuing and best use of these workers." Citing such factors as federal funding cutbacks, a more conservative mood in American Society, and a diminished commitment to racial equality (88% of the paraprofessionals in this study were Black or Puerto Rican) he concluded that the paraprofessional's "job security has become seriously threatened and their future at the moment is not at all promising."35
The lack of long-range commitment to the paraprofessional that Hirayama found in community mental health centers and neighborhood health centers appears to apply in other settings also. In their study of the impact of federal anti-poverty funds on voluntary social agencies, Camille and Leah Lambert found that traditional social work agencies had tended not to incorporate paraprofessionals into their regular service and budget operations, even though they had had extensive positive experience in the use of paraprofessionals.36

If, as has been suggested here, social workers, social service agencies and social work education have decreased their commitment to the education and use of the paraprofessional, it is important to examine the possible consequences of this development.

It is fairly clear that social agencies have not organized their services around differential job and role assignments37 (and this creates problems for the baccalaureate social worker as well as the paraprofessional). This is usually attributed to a shortage of jobs. However, there is substantial evidence that social service employment, which expanded at nearly seven times the growth rate of the civilian labor force as a whole during the 1960's, continued to expand (at nearly four times the rate of growth of the civilian labor force) during the recessive first half of the 1970's.38 Consequently, the paraprofessional does not seem likely to disappear. The President's Commission on Mental Health recently observed that while "there has been a marked increase in the number of professional and paraprofessional mental health practitioners." . . . "rural areas, small towns, and poor urban areas still have only a fraction of the personnel they need."39

In relation to what it calls the "new kind of paraprofessional" who emerged with the development of associate degree human service programs in community colleges, the Commission estimates that there are now more than 200 such programs graduating 10,000 students a year.40 Noting the wide range of vital functions performed by the paraprofessional, the Commission states that "no one can ignore the contribution they have made or the need to increase the effectiveness of that contribution. And, in order to better integrate the paraprofessional into the mental health personnel system, the Commission recommended to the National Institute of Mental Health that it "accelerate its efforts to develop guidelines defining the various levels of paraprofessionals, specifying the activities they should perform, and the supervision they need."41

Clearly the Commission does not expect paraprofessionals to disappear; it sees them as having performed a very valuable function
in the delivery of mental health services; and it expects them to continue to do so if steps are taken to integrate them properly into service systems. This is one of the major themes emerging from Michael Austin's recent study of professionals and paraprofessionals employed in Family, Neighborhood, and Community Health Services in six eastern cities. Austin found that the paraprofessional worker in the social service agencies studied was predominately female and most likely to be a member of a racial or ethnic minority group, although he notes that entry into employment as a paraprofessional social service worker appears "to be more a matter of economics than of race." Consequently, while the impact of the paraprofessional can be evaluated in many ways, on the most basic level, "they have integrated - racially and in terms of social class - the staff of many social service agencies" and on a more complex level "they have influenced the practice of social work by providing a new source of knowledge about the realities of the client's world."

Professional social workers in the agencies Austin studied "accepted both the presence of the paraprofessionals and their performance of many duties that professionals in the past had thought of as part of their monopoly," but he was at a loss to understand "why it is taking agencies so long to adapt administrative practices to this new personnel thrust." In the absence of the necessary systemic changes, the status and survival of the paraprofessionals will either continue to be threatened, as Hirayama suggests, or they will turn to other sources of recognition and support. Either outcome would be regrettable since Austin found that "given a hypothetical choice of careers and asked to assume that they had all the necessary qualifications, paraprofessionals overwhelmingly (70 percent) selected the social work profession."

However, despite their strong identification with social work, there are already some tangible signs of the paraprofessional's alienation. For example, in the absence of the kind of leadership that CSWE initiated in the 1960's but has failed to provide in recent years, the Southern Regional Education Board (SREB), with the support of S.I.K.H., has initiated "two related credentialing projects to develop the models and mechanisms for certification of mental health/human services workers and for approval of human services/mental health worker training programs."

One of the results of this three-year effort was the creation in February 1979 of the Council on Standards for Human Services Education (CSHSE), a national organization whose purpose will be to improve the quality, consistency and continuity of training of human service workers
at both the associate and baccalaureate degree levels through the development of national standards for training and the mechanisms for reviewing and assessing programs against these standards. 48

The need for such a standard-setting body has arisen, according to SREB, as a result of the existence of some 400 Human Service Training Programs which graduate perhaps 50 percent of direct service workers in the human services nationwide, with wide variations in goals and content, uneven standards of competence, competitive relationships with existing groups of professional workers, and uncertain and often limited opportunities for career advancement. 49

Austin observes "that the professional social worker serves as one of the major gatekeepers for paraprofessional advancement." 50 Apparently, the social work gate is viewed by a significant proportion of paraprofessionals as being closed. As a consequence, a group of workers who constitute a substantial proportion of social service practitioners seem likely to have their preparation for practice guided by a body upon which the social work profession may have little influence.

Another sign of the paraprofessionals' alienation from the social work profession and their search for other sources of support is their rapidly increasing enrollment in the Public Employee Unions. While it is true that both professional and paraprofessional social workers are joining unions, 51 the latter constitute the overwhelming majority in Social Service Union memberships. 52 For example, in Pennsylvania the powerful public employee unions have successfully recruited a very large proportion of the workers who presently deliver the public social services, the great bulk of whom are nonprofessionals or paraprofessionals. In its licensing efforts the state chapter of NASW has found itself in conflict with the unions which are naturally concerned, among other things, about the job security of their members. The unions have been a powerful and, so far, effective opponent of social work licensing legislation in Pennsylvania.

In summary, there is considerable evidence then that social work's commitment to the education and use of paraprofessionals has diminished markedly. This has occurred despite the fact that the arguments that were advanced in the 1960's in support of the paraprofessional are no less compelling today. That the paraprofessional can make a valuable contribution to the social services has been fairly well documented. The very high proportion of minority and low-income persons among the paraprofessional ranks is quite clear, providing social work with a prime opportunity to involve these groups in social service roles and, subsequently, to welcome many into full professional membership. The
job creation potential of the social services for these needy groups is equally clear. While it is often argued that the job market in the human service area has changed dramatically for the worse during the 1970's, this is misleading and has generated a "them or us" mentality among social workers. The human services have continued to expand much faster than most other employment fields during the 1970's and can be expected to continue to grow, with shortages of trained workers still occurring in at least some areas of the country.\(^{53}\)

The proportion of paraprofessionals involved in the delivery of social services is quite high and is likely to continue to be too significant to ignore. The assumption that the paraprofessional will eventually disappear from the social service scene is unrealistic and fosters an irresponsible attitude toward appropriate social service staff differentiation. Failure to address the issue of the place of the paraprofessional in the social services or, worse yet, antagonism toward this group of co-workers, simply forces them into other alliances that may reduce the possibility of optimum professional-paraprofessional collaboration in the future and could make it more difficult for social work to play what it sees as its rightful leadership role in the social services.

**REFERENCES**


15 Ibid.


20 Memorandum to ELAN Team Leaders, Chapter Presidents and SPAC Chairmen, National Association of Social Workers, Washington, D.C., February 16, 1971, p. 3.


25 "Validation Study Approved" Newsletter, Vol. IV, No. 6 (March 1979), p. 2.

Ibid., p. 181.

Ibid.

Ibid., p. 180.

Ibid., p. 183.


Ibid., p. 138.

Ibid., pp. 143-144.

Ibid., p. 126.

Ibid., pp. 127-128.


Siegel, op. cit., p. 7.

41 Ibid.


43 Ibid., p. 73.

44 Ibid., p. 221.


46 Ibid., p. 187.

47 Letter to the author from Edward J. Jacobs, Director, Program Approval Project, Southern Regional Education Board, Atlanta, Georgia, May 4, 1979.

48 Ibid.

49 Ibid.

50 Austin, op. cit., p. 241.

