March 1988


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

Part of the Social Work Commons, and the Sociology Commons

Recommended Citation

Available at: https://scholarworks.wmich.edu/jssw/vol15/iss1/1

This Complete Issue is brought to you for free and open access by the Social Work at ScholarWorks at WMU. For more information, please contact maira.bundza@wmich.edu.
The JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE is edited and published at the SCHOOL OF SOCIAL WORK, WESTERN MICHIGAN UNIVERSITY, Kalamazoo, MI 49008.

It is sponsored jointly by: Western Michigan University, the College of Health and Human Services, and School of Social Work, the College of Arts and Sciences, and the Department of Sociology.

Editor
Robert D. Leightoninger, Jr.

Associate Editors
Edward J. Pawlak
Danny H. Thompson

Editorial Board
Mimi Abramowitz
Paul Adams
Kenneth Branco
Thomas Briggs
William Buffum
John Cardwell
Ben Carniol
Harris Chaiklin
Pranab Chatterjee
Mary Jo Deegan
Padmini Galati
Alejandro Garcia
David Gil
Charles Guetta
Margaret Hartford
John Herrick

Book Review Editor
Shimon Gottschalk School of Social Work, Florida State University, Tallahassee, FL 32306

Founding Editors
Norman Goroff and Ralph Segalman

JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE
Volume XV  March 1988  Number 1

Editorial  3
ROBERT D. LEIGHTNINGER, JR.
EDWARD J. PAWLAK
DANNY H. THOMPSON

FERNANDO CHILI-HUNG CHEUNG

The Social Class and Mental Illness Correlation: Implications of the Research for Policy and Practice  27
CHRISTOPHER G. HUDSON

A Commentary on The Social Class and Mental Illness Correlation  55
JULIUS ROTH

An Analysis of the General Well-Being of Blacks and Whites: Results of a National Study  57
SONJA PARKER REDMOND

Exposure of Young Welfare Recipients to Family and Peer Receipt of Welfare and Unemployment Benefits  73
VIOLE A. SHUART
JOHN H. LEWKO

Welfare Workers as Surplus Population: A Useful Model?  87
PAULA DRESSEL
MIKE SWEAT
MICHELLE WATERS

SHULAMITH LALA ASHENBERG STRAUSSNER
NORMA KOLKO PHILLIPS

Technology in Clinical Practice and the "Technological Ethic"  119
JOHN W. MURPHY
JOHN T. PARDECK
FERNANDO CHIU-HUNG CHEUNG

The Social Class and Mental Illness Correlation: Implications of the Research for Policy and Practice 27
CHRISTOPHER G. HUDSON

A Commentary on The Social Class and Mental Illness Correlation 55
JULIUS ROTH

An Analysis of the General Well-Being of Blacks and Whites: Results of a National Study 57
SONJIA PARKER REDMOND

Exposure of Young Welfare Recipients to Family and Peer Receipt of Welfare and Unemployment Benefits 73
VIOLA E. SHUART
JOHN H. LEWKO

Welfare Workers as Surplus Population: A Useful Model? 87
PAULA DRESSEL
MIKE SWEAT
MICHELLE WATERS

SHULAMITH LALA ASHENBERG STRAUSSNER
NORMA KOLKO PHILLIPS

Technology in Clinical Practice and the "Technological Ethic" 119
JOHN W. MURPHY
JOHN T. PARDECK
Editorial

We have survived the first year of publishing as well as editing JSSW at Western Michigan University. None of us can understand how Norm Goroff managed it all by himself. Perhaps it is too early to say that we have mastered the technology and organizational relationships that our new format requires, but the fact that the last two issues have come out within a month of their targets is a good sign. We are pleased with the new look and have received many compliments on it. It remains to be seen whether this support will be extended to new subscriptions, but we are hopeful.

You will notice that Christopher Hudson's article is followed by a comment from one of our Editorial Board members, Julius Roth. The comment was Roth's review, which we thought raised important issues. Rather than reject the paper or ask the author to find some way to incorporate the criticism, we preferred to bring the issues into the open as we had done in Vol. 14, #1 with the symposium on the work of Specht, Britt, and Frost. In this way we hope to continue to foster criticism without suppressing ideas contrary to our own.

We welcome your comments on our articles, our editorial policies, and our new format.

ROBERT D. LEIGHNINGER, JR.
EDWARD J. PAWLAK
DANNY H. THOMPSON

FERNANDO CHIU-HUNG CHEUNG

The University of California, Berkeley

The one-child family policy in China, if successfully implemented, will drastically alter the population age structure in the coming years which will in turn affect the demand and supply of the welfare state. Using several population indices projected on the basis of different total fertility rates, it is found that the aged population will increase significantly and hence their needs for social services including social security and health care will increase accordingly. Because the responsibility for caring for the old in China still largely falls on the family, it is important to establish an universal social security system supported by the State in order to reduce fertility. On the other hand, because the baby boom cohort in the 1960s are entering their adult ages, the labor force will continue to grow and maintain at a high level for at least another forty years, despite the decline in birth rate. While the shrinkage of the young will offset part of the increasing burden of the elderly, the government must develop an universal social security system and improve occupational welfare, child care, and higher education in the near future in order to achieve the goals of the four modernizations as well as population control.

China, in many respects, is not a country to be taken lightly. It is now the most populous country in the world and its population accounts for about 22% of the total population in the world. A combination of the population of the Soviet Union and the United States only barely exceeds 50 per cent of China's 1982 total (Tien, 1983, p. 3). Therefore, China's population growth and the degree of control exercised over it will have a substantial impact on the overall trend of world population growth and on world population problems in general.

Given China's vast population size and its backward eco-
omic state (China's per capita GNP in 1979 is US$253), several questions quickly come to mind: how does China support her population? what is the general welfare of the people? and how will future population change affect the development of the welfare system in China?

In order to tackle the crisis of population explosion, leaders in Beijing, in 1979, launched the most ambitious population control campaign in human history—the "one-child family policy." Its goal is to limit the number of children per couple to one. If successfully implemented, China's population will begin to drop in the next century. The policy will, no doubt, have profound effects on the population structure which in turn will affect the demands and resource base (supply) of the welfare state in China.

The purpose of this paper is to explore and predict the effects stated above. First, we briefly review the current welfare system, which is followed by a brief discussion of the emergence of the one-child family policy (OCFP). Several population indices are calculated based on the population projections produced by several Chinese demographers (Sung, Tien, Yu, and Li, 1982). Using these indices, we are able to predict the implications of population change on the development of the welfare state in China.

The Chinese Welfare State—a Brief Overview

The welfare state of many Western societies has developed to an extent that individuals are being cared for by the state from "cradle to grave." In socialist China, the welfare of individual citizens is also said to be a major concern of the government. Premier Zhao Ziyang declared in a recent report that the fundamental purpose of socialist construction is to meet the growing material and cultural needs of the people (Zhao, 1981, p. 60).

In reality, the Chinese government has done a reasonable job in providing housing, education, health care, and other forms of material relief or welfare to its vast population. In less than forty years, China has lifted herself from extreme poverty to a hopeful developing country. The life expectancy of its people was raised and infant mortality dropped dramatically. Housing, education, health care, child care, and other services are made
universal to many who are in need. Limited provision of services to the physically and mentally handicapped and to the poor are also available.

Although some general principles seem to apply to social welfare programs and services both in rural and urban China, it would be practical to look at them separately because there are fundamental differences between them.

**Rural Welfare**

China has remained an agrarian society where 80% of its population live in rural areas. Welfare and social services are delivered largely through the collective sector in rural China. The basic structure of the rural collective sector is composed of the people's communes, production brigade, and production team. Most social services and welfare are delivered through the production team, which is the smallest unit in the commune system.

Responsibility for caring for the old, the weak, the young, and the handicapped largely falls on the family. Aids are restricted to only a few who are in extreme need. Long term assistance is given to less than 5% and usually about 1% of the population (Davis-Friedmann, 1983, p. 609). Several characteristics are summarized about welfare services in rural China:

1. The family bears the major responsibility for care for its members. Usually, only those who are either very old or completely disabled (including the blind, the deaf, the mentally ill, etc.) and lacking both the ability to work and responsible kin to care for them are eligible for aid.
2. Loans or partial grants, both in kind and in cash, are available only on a short-term basis to solve a temporary crisis.
3. The standards of assistance depend on local economic conditions and they vary greatly among production teams and communes.
4. Institutional care is very rare.

The primary long-term welfare assistance in rural China is the system of 5-guarantees. It guarantees (a) enough food, (b) enough clothing, (c) enough fuel, (d) an honorable funeral, and (e) free medical care. The production teams are responsible to deliver the program with financial assistance from the bri-
gades and communes. Based on some field observations and interviews of former residents of the mainland, Davis-Friedmann (1983, p. 609) draws four generalizations about the 5-guarantees welfare system:

1. The majority of recipients of 5-guarantees are old women.
2. The 5-guarantees do not cover all expenses; most recipients seek work or establish special relationships with other villagers.
3. Most efforts to establish personal ties to supplement the 5-guarantees resemble family rather than friendship relations.
4. Rural welfare programs are not necessarily more successful or more generous in rich villages than in poor.

Urban Welfare

Urban welfare services are based on government laws and regulations in the socialist sector of the economy. In other words, social welfare and services in urban China are largely welfare or benefits related to work. Generally speaking, urban residents enjoy a much higher living standard and receive much more welfare and services than those who live in rural China. Major welfare delivery agents are the work units, trade unions, and neighborhood organizations.

The quality of welfare and services one enjoys depends on the occupation group to which he or she belongs. Vermeer (1979, pp. 864–5) distinguishes five occupational groups in urban China: (a) cadres and political elites; (b) staff, workers, and employees of the State-owned enterprises; (c) contract workers and temporary workers who have been hired for a definite period by a State enterprise; (d) subcontract workers, organized in neighborhood committee factories or in suburban communes; and (e) the unemployed.

Within the class of cadres and political elites, one can still make a distinction between three groups: (a) a few hundred remaining survivors of the Long March, (b) Party members who joined before the Party took power in 1949, and (c) new members (35 million). The same order also applies to the social and political positions of these three groups and the amount of welfare and services to which they are entitled. Together with the People's Liberation Army, they are considered the elites of Chinese society on the mainland and enjoy the highest level of welfare and benefits.
The second occupational group, employees of State-owned enterprises, is entitled to a full range of social welfare schemes including workmen’s compensation, maternity benefits and old-age pensions. This group constitutes the majority of the working force in urban China.

The third and fourth group do not participate in regular State-regulated social welfare schemes and “will not receive any bonuses, nor will they enjoy services provided by the factory such as housing, training programs, theater tickets, and other recreational facilities” (Vermeer, 1979, p. 865). However, they do receive a social welfare scheme which is less comprehensive than that of the State-owned enterprises.

The fifth group, the unemployed, mainly urban youth, receive no specific welfare. Their parents or families are supposed to take care of them. If they are legal residents of the city, they continue to receive rations for food and clothing. The government has sent some 17 million youths from the cities to rural areas to relieve the burden of urban unemployment since 1969. This practice was stopped in the late 1970s and a number of dissatisfied youths who were being sent to the countryside came back to cities illegally. The illegal residents do not receive any welfare or help from the government and have to depend entirely on their families or relatives.

The following characteristics serve as a summary of urban welfare practice in China:

1. Pensions, disability benefits, and other social security programs exist not as rights for everyone but as privileges to be earned through work.
2. How much social welfare and services one is entitled to depends on the occupational group to which he or she belongs.
3. When benefits have not been earned, direct public assistance is to be given only as a last resort.
4. The management of welfare benefits is decentralized down to work units and neighborhoods (Whyte & Parish, 1984, pp. 71-76).

Summary

Major welfare and social services in China are centered around the work place. Those without employment receive early minimum support from the government if they cannot be sup-
ported by their families. Everybody is expected to work and contribute to society. The family is still a major source of support for its members. The state intervenes only when all sources of help are exhausted. Elderly people without pensions may receive welfare only when their family and relatives cannot support them. The same practice applies to the handicapped, and the widowed. In general, the welfare and service delivery system is highly decentralized. As remarked by Vermeer, "provision of social welfare is, in the first place, a duty of small groups (family, village, factory), and only after that fails does the State take over" (Vermeer, 1979, p. 879). Thus the Chinese government has avoided the creation of an extra bureaucracy to administer the welfare services. In addition, the living standard of the public is maintained at or above the level of subsistence without having to draw too much resources from the State.

One-Child Family Policy

According to the 1982 census, there are 1,031,822,511 people in China which accounts for about 22% of the total population in the world. China has become the world's first "demographic billionaire." The figure reflects an increase of 314 million in the 18 years since the last census in 1964 (Tien, 1983, p. 3). The huge size and large annual growth of China's population have aroused anxieties among policy makers and scholars.

Before 1949, "China's population growth pattern was characterized by a high birth rate, a high mortality rate and a low natural growth rate" (Qian, 1983, p. 295). After the founding of the PRC, the population expanded rapidly. Improved health care services resulted in a substantial decline in mortality rates and infant mortality. However, the birth rate remained at a fairly high level from 1949 to 1970 (above 33%). Combining these factors inevitably led to a high natural growth rate in the first two decades of new China.

Since 1971 China has become more pragmatic about its population policy and committed to control its population. The campaign of "wan xi shao" or "later, longer, and fewer" was launched to establish the three reproductive norms of "late marriage (mid-20s for women; late 20s for men), longer intervals between births (three to four years), and fewer children—no more than
two per family in cities and three in rural areas" (Tien, 1983, p. 5). Between 1970 and 1979, China was able to lower the birth rate from 33.59 to 17.90 per thousand, a decrease of 46.7%. The natural growth rate also dropped dramatically from 25.95 to 11.7 per thousand (a decrease of 54.9%) (Qian, 1983, p. 297).

Despite their success in bringing down the natural growth rate of the population, Chinese officials came to realize that the large number of people born during the 1960s and early 1970s are now in their marrying and child-bearing ages; therefore “even a two-child family would mean continuing population growth for at least half a century” (Tien, 1983, p. 5). Leaders in Beijing realize that the size of the population has to be further reduced if any success of their four modernizations can be achieved. Vice Premier Chen Muhua reports about the burden of the vast population on the national economy and on individual couples:

“With over 900 million persons, even a small rise in each individual's demand will produce a shocking large aggregate figure. (Moreover) at the present time, the cost of raising an infant to 16 years of age is about 1,600 yuan\(^6\) in rural villages and 4,800 yuan in medium-sized cities and small towns, and 6,900 yuan in large cities . . . Based on these figures, the accumulated total cost to the state, the collective, and families for raising the 600 million persons born since liberation has been more than 100 billion yuan—or about 30 percent of the accumulated total national income over those years” (Chen, 1979).

Thus the Chinese government embarked on a vast and ambitious experiment: the creation of a nation of one-child families. If successful, the structure of Chinese society will change drastically; the traditional social network will disappear; the size of China’s population will be maintained and begin to fall in the next century.

Sichuan, the most populous province of China, started to adopt the policy of “one-child” in early 1979 under the leadership of Zhao Ziyang, then the governor of the province. By 1982, the “one-child” policy was widely adopted throughout China. The legal base of the policy was also written in the new 1982 Constitution: “The state promotes family planning so that population growth may fit the plans for economic and social development,”
and "both husband and wife have the duty to practice family planning" (Tien, 1983, p. 13). And the Marriage Law also states that "late marriage and late childbirth should be encouraged" (Qian, 1984, p. 19).

The current population policy in China is three-fold: (a) to encourage each couple to have one child, (b) to strictly control second births, and (c) to resolutely forestall third births (Qian, 1984, p. 19).

By 1985, according to a nation-wide survey, there are 35,000,000 only children in China. One-child families now compose 21.2% of all Chinese families with children (Health and Family Planning News, 1985). The goal of the policy, however, is far from being attained. Chen Muhua, Vice-Premier and then the Director of the State Birth Planning Commission, stated in 1980:

"We will try to attain the goal that 95 per cent of married couples in the cities and 90 per cent in the countryside will have only one child in due course, so that the total population of China will be controlled at about 1.2 billion by the end of the century" (People's Daily, 1980)

Rewards and Penalties

The OCFP involves a set of incentives to those who are willing to accept the single-child certificates and disincentives to those who do not. Amounts and levels of rewards and penalties vary from province to province. In rural areas, the package of benefits to those couples who have accepted the single-child certificate typically covers these items (Davin, 1985, pp. 48-9):

1. A nutrition or welfare allowance reckoned monthly in cash (typically 5 yuan) or in workpoints from the birth of the child or the time when the parents sign the one-child pledge.
2. A single payment, typically 20 yuan, but was reported as high as 300 yuan.
3. Paid maternity leave or extra paid maternity leave.
4. An allocation of a private plot of land and housing land for the single-child family equal to that normally given for two children, or where land is short, 1.5 children.
5. A full adult grain ration.
6. Free medical, educational, and kindergarten facilities for the child.
In the cities, single-child certificate holders receive similar rewards. In addition to a cash health or welfare subsidy paid by the work units, the single child “has priority of admission to nurseries, schools, hospitals, clinics and in job allocation and all educational and medical fees from birth onwards are to be waived or at least reduced” (Croll, 1985, p. 29).

There is also a set of penalties being imposed for a third child and sometimes even on the birth of a second child. These economic sanctions are usually carried out more strictly in urban than in rural areas. In the countryside, examples of penalties include, as observed by Davin (1985, p. 50):

1. A deduction of 20% of the couple's income to apply from the date when a second pregnancy is discovered. The deduction is repaid if abortion is accepted.
2. A deduction of a set percentage (5% in Sichuan, 10% in Shanxi) of the couple's wages until the child reaches a specified age (7 in Shanxi and Qinghai). This is less severe than the level of urban penalties, presumably because many peasants live so close to subsistence that higher rates were thought unnecessary and perhaps unenforceable. Deductions from income are set at even higher levels for the third, fourth and subsequent children.
3. No per capita allowance of grain, private plot, responsibility plot or housing land for children born outside the plan.

In the cities, “regulations permit employment units to deduct 5 to 10% of the total income of a couple for somewhere between ten and sixteen years after birth, a proportion which rises to 15% for a fourth and 20% for a fifth child” (Croll, 1985, p. 30). The costs of the birth and subsequent medical and educational expenses of the second child are borne by the family. Moreover, couples who gave birth to more than one child are “not eligible for promotion or a bonus for a number of years and cannot apply for subsidies in case of hardship” (Croll, 1985, p. 30). Finally, single-child certificate holders who are found to have violated the single-child rule will have to pay back all the benefits they have received.

As in other countries, the population control policy is more successful in urban than rural areas. It was reported that the proportion of first births in urban China has reached 83% and 62.3% in rural areas (Health and Family Planning News, 1985).
Summary

Since the founding of the PRC, the population in China began to grow rapidly. The population continues to grow because the birth rate has remained high (33 per thousand) for a long period of time (1949–1970) and there was a substantial decline in the mortality rate (from 20 per thousand before 1949 to about 7 per thousand in early 1970s). In the early 1970s the government began to take serious steps to control the population.

By the late 1970s, the birth rate dropped considerably. However, since there was a huge baby boom in the 1960s and the cohort is entering into marrying ages in the 1980s, Chinese officials realize that a second boom will come if they do not further limit the number of births per couple. There were also concerns that the backward state of agriculture may not be able to keep up with the number of mouths to be fed. Thus the government launched a most ambitious program to control its population growth—the OCFP campaign. Rewards and penalties are being imposed on every couple to encourage the practice of only having one child in each family. So far the campaign is relatively successful and is more effective in urban than in rural areas.

Implications of OCFP on the Welfare State Development

The extent to which the OCFP is successfully implemented will have different effects on the age structure of the population. The age structure, on the other hand, will have profound effects on the supply and demand of the welfare state (e.g. national budgets on pensions and health care services for the aged).

The median age of China has remained relatively stable from the 1950s to 1970s. However, if the fertility rate continues to decline and the mortality rate remains low, the proportion of elderly population will increase rapidly. Ansley Coale estimates that by 2035, given that the decline of fertility is fast enough to reach zero population growth by the year 2000 (the original target of the one-child family policy), about one-quarter of the total population would be over age 65 (Coale, 1981, pp. 85–97).

Here, different projections of indices are calculated based on the population estimates produced by Song and his associates. These indices can help evaluate and project future changes in the welfare state in China. They are, namely, labor force index,
child dependency index, aged dependency index, dependency index, and the young and old ratio (Song et al., 1982; 1985).

The ideal goal of the One-Child family policy is to achieve a total fertility rate of 1 ($B=1$); or in other words, one child per couple. However, it is unlikely that the Chinese officials can keep such a low fertility rate throughout the whole country. Therefore, the fertility rate of 1.5 is a more feasible goal for China. If unexpected resistance or difficulty is encountered during the implementation of the population control policy, the total fertility rate may easily reach 2.0. The projections in tables 1 to 3 are based on these three different total fertility rates (TFR).

**Elderly Services**

Comparing the percentages of the aged population under the three different TFRs, one finds large variations in the year 2030. In fact, the differences among them increase as time extends. China will have almost one third of its population reach the age of 65 or over by 2030 if the TFR ($B$) remains at one until that time. For $B=1.5$, the elderly population will account for 23.9 per cent of the total population, and 19.1 per cent for $B=2$ in 2030.

The aged dependency index reflects a similar trend. If we

<table>
<thead>
<tr>
<th>Year</th>
<th>% of Children</th>
<th>% of Aged</th>
<th>Old &amp; Young Ratio</th>
<th>Labor Force Index</th>
<th>Child Dependency Index</th>
<th>Aged Dependency Index</th>
<th>Dependency Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>33.2</td>
<td>5.1</td>
<td>0.15</td>
<td>61.7</td>
<td>0.54</td>
<td>0.08</td>
<td>0.62</td>
</tr>
<tr>
<td>1985</td>
<td>25.5</td>
<td>5.8</td>
<td>0.23</td>
<td>68.7</td>
<td>0.37</td>
<td>0.08</td>
<td>0.45</td>
</tr>
<tr>
<td>1990</td>
<td>18.4</td>
<td>6.7</td>
<td>0.34</td>
<td>74.9</td>
<td>0.25</td>
<td>0.09</td>
<td>0.34</td>
</tr>
<tr>
<td>1995</td>
<td>15.4</td>
<td>7.6</td>
<td>0.48</td>
<td>77.0</td>
<td>0.20</td>
<td>0.10</td>
<td>0.30</td>
</tr>
<tr>
<td>2000</td>
<td>14.6</td>
<td>9.0</td>
<td>0.62</td>
<td>76.4</td>
<td>0.19</td>
<td>0.12</td>
<td>0.31</td>
</tr>
<tr>
<td>2005</td>
<td>14.3</td>
<td>10.3</td>
<td>0.72</td>
<td>75.4</td>
<td>0.19</td>
<td>0.14</td>
<td>0.33</td>
</tr>
<tr>
<td>2010</td>
<td>12.7</td>
<td>11.8</td>
<td>0.92</td>
<td>75.5</td>
<td>0.17</td>
<td>0.16</td>
<td>0.33</td>
</tr>
<tr>
<td>2015</td>
<td>10.5</td>
<td>14.6</td>
<td>1.30</td>
<td>74.9</td>
<td>0.14</td>
<td>0.20</td>
<td>0.34</td>
</tr>
<tr>
<td>2020</td>
<td>8.8</td>
<td>19.0</td>
<td>1.90</td>
<td>72.2</td>
<td>0.12</td>
<td>0.26</td>
<td>0.38</td>
</tr>
<tr>
<td>2025</td>
<td>7.8</td>
<td>22.6</td>
<td>2.80</td>
<td>69.6</td>
<td>0.11</td>
<td>0.33</td>
<td>0.44</td>
</tr>
<tr>
<td>2030</td>
<td>7.5</td>
<td>29.6</td>
<td>3.80</td>
<td>62.9</td>
<td>0.12</td>
<td>0.47</td>
<td>0.59</td>
</tr>
</tbody>
</table>
Table 2


<table>
<thead>
<tr>
<th>Year</th>
<th>% of Children 0-14</th>
<th>% of Aged 65+</th>
<th>Old &amp; Young Ratio</th>
<th>Labor Force Index</th>
<th>Child Dependency Index</th>
<th>Aged Dependency Index</th>
<th>Dependency Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>33.2</td>
<td>5.1</td>
<td>0.15</td>
<td>61.7</td>
<td>0.54</td>
<td>0.08</td>
<td>0.62</td>
</tr>
<tr>
<td>1985</td>
<td>25.8</td>
<td>5.7</td>
<td>0.22</td>
<td>68.5</td>
<td>0.38</td>
<td>0.08</td>
<td>0.46</td>
</tr>
<tr>
<td>1990</td>
<td>20.5</td>
<td>6.5</td>
<td>0.32</td>
<td>73.0</td>
<td>0.28</td>
<td>0.09</td>
<td>0.37</td>
</tr>
<tr>
<td>1995</td>
<td>19.6</td>
<td>7.2</td>
<td>0.37</td>
<td>73.2</td>
<td>0.27</td>
<td>0.10</td>
<td>0.37</td>
</tr>
<tr>
<td>2000</td>
<td>20.3</td>
<td>8.3</td>
<td>0.41</td>
<td>71.4</td>
<td>0.28</td>
<td>0.12</td>
<td>0.40</td>
</tr>
<tr>
<td>2005</td>
<td>19.7</td>
<td>9.4</td>
<td>0.48</td>
<td>70.9</td>
<td>0.28</td>
<td>0.13</td>
<td>0.41</td>
</tr>
<tr>
<td>2010</td>
<td>17.4</td>
<td>10.5</td>
<td>0.61</td>
<td>72.1</td>
<td>0.24</td>
<td>0.15</td>
<td>0.41</td>
</tr>
<tr>
<td>2015</td>
<td>15.0</td>
<td>12.8</td>
<td>0.86</td>
<td>72.2</td>
<td>0.21</td>
<td>0.18</td>
<td>0.39</td>
</tr>
<tr>
<td>2020</td>
<td>13.5</td>
<td>16.3</td>
<td>1.20</td>
<td>70.2</td>
<td>0.19</td>
<td>0.23</td>
<td>0.42</td>
</tr>
<tr>
<td>2025</td>
<td>13.2</td>
<td>18.8</td>
<td>1.42</td>
<td>68.0</td>
<td>0.20</td>
<td>0.28</td>
<td>0.48</td>
</tr>
<tr>
<td>2030</td>
<td>13.2</td>
<td>23.9</td>
<td>1.88</td>
<td>62.9</td>
<td>0.21</td>
<td>0.38</td>
<td>0.59</td>
</tr>
</tbody>
</table>

Table 3


<table>
<thead>
<tr>
<th>Year</th>
<th>% of Children 0-14</th>
<th>% of Aged 65+</th>
<th>Old &amp; Young Ratio</th>
<th>Labor Force Index</th>
<th>Child Dependency Index</th>
<th>Aged Dependency Index</th>
<th>Dependency Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>33.2</td>
<td>5.1</td>
<td>0.15</td>
<td>61.7</td>
<td>0.54</td>
<td>0.08</td>
<td>0.62</td>
</tr>
<tr>
<td>1985</td>
<td>27.0</td>
<td>5.6</td>
<td>0.21</td>
<td>67.4</td>
<td>0.40</td>
<td>0.08</td>
<td>0.48</td>
</tr>
<tr>
<td>1990</td>
<td>23.4</td>
<td>6.3</td>
<td>0.27</td>
<td>70.3</td>
<td>0.33</td>
<td>0.09</td>
<td>0.42</td>
</tr>
<tr>
<td>1995</td>
<td>24.2</td>
<td>6.8</td>
<td>0.28</td>
<td>69.0</td>
<td>0.35</td>
<td>0.10</td>
<td>0.45</td>
</tr>
<tr>
<td>2000</td>
<td>25.0</td>
<td>7.7</td>
<td>0.31</td>
<td>67.3</td>
<td>0.37</td>
<td>0.11</td>
<td>0.48</td>
</tr>
<tr>
<td>2005</td>
<td>24.0</td>
<td>8.5</td>
<td>0.35</td>
<td>67.5</td>
<td>0.36</td>
<td>0.13</td>
<td>0.49</td>
</tr>
<tr>
<td>2010</td>
<td>21.5</td>
<td>9.4</td>
<td>0.44</td>
<td>69.1</td>
<td>0.31</td>
<td>0.14</td>
<td>0.45</td>
</tr>
<tr>
<td>2015</td>
<td>19.3</td>
<td>11.1</td>
<td>0.58</td>
<td>69.6</td>
<td>0.28</td>
<td>0.16</td>
<td>0.44</td>
</tr>
<tr>
<td>2020</td>
<td>18.6</td>
<td>13.8</td>
<td>0.74</td>
<td>67.6</td>
<td>0.28</td>
<td>0.20</td>
<td>0.48</td>
</tr>
<tr>
<td>2025</td>
<td>18.8</td>
<td>15.4</td>
<td>0.82</td>
<td>65.8</td>
<td>0.29</td>
<td>0.24</td>
<td>0.53</td>
</tr>
<tr>
<td>2030</td>
<td>18.7</td>
<td>19.1</td>
<td>1.02</td>
<td>62.2</td>
<td>0.30</td>
<td>0.31</td>
<td>0.61</td>
</tr>
</tbody>
</table>
One-Child Family Policy

take the middle projection \((B=1.5)\), the aged dependency index will rise from 0.08 in 1980 to 0.38 in 2030. In other words, every person in the labor force in 2030 will have to support 0.38 old people whereas the current burden is only 0.08.

This dramatic increase of the aged dependency index may imply a serious threat to the supply side of the welfare state. Fortunately, the tremendous drop of the child dependency index will offset at least part of the burden. In addition, the entering of the baby-boom cohort into the labor force in the coming years will maintain the labor force above 68 per cent of the total population at least until 2020. Therefore, the overall dependency ratio will fall rather than rise in the coming ten to twenty years, depending on the \(TFR\).

On the other hand, although the increase of the aged population may not increase the burden on the labor force in the coming one or two decades, it certainly implies a rise in the demand for elderly services.

At present, most Chinese elderly can only turn to their families, relatives, or friends for help if they cannot support themselves. The state is taking a very limited responsibility in providing services to the aged population. This is especially true in rural China where most people do not benefit from the pension system offered by the state to its employees. The elderly in the countryside have to depend on their married sons, as they have traditionally. Married daughters are considered as members of the sons-in-law's families and therefore do not bear much responsibility for supporting their own parents. Thus one could easily understand why it is very difficult for couples to limit their birth to only one child if the child turns out to be a girl. Moreover, boys always bring home more money than girls simply because the average income of male workers is higher than that of the females.

In addition to the threat to financial security in their senior years, couples in rural China have other reasons to have more than one child. The introduction of the responsibility system in the early 1980s has allowed households to become the basic unit of production. Instead of having to go through the distribution process through the production teams and brigades, individual households can now produce and retain their own profits. Si-
deline businesses are also encouraged. Incomes of those households with greater labor force quickly pick up and those with relatively fewer members in the production and more dependents suffer most. It would therefore only be natural for the peasants to want to have more than one child since more children means a larger labor force within the family.\textsuperscript{13}

With the reluctance of the state to assume more responsibility for supporting the old and the current open economic policy, the OCFP has created a "catch 22" situation. The success of the OCFP depends heavily on the effective elimination of the widespread fears about old-age security among parents of only children by making pension benefits more widely available. The expansion of social security, however, implies heavier burden on the state and hence a slower economic growth. The failure of the OCFP, on the other hand, will imply rapid population growth which will in turn retard the economic growth and the development of the four modernizations.

In urban China, state sector employees comprise a majority of the working force (Liu, 1982, pp. 119–129).\textsuperscript{14} Until the late 1970s, most older workers have preferred work over retirement. One of the reasons was that many of them had not yet worked up to twenty years and therefore were not eligible for receiving the full benefits of their pensions at that time (Liu, 1982, p. 121). As time extends, more and more state employees will be entitled to receive full benefits. As the actual number of them grows, the state has to give a sizable amount of resources to cater to this growing need.

\textbf{Child Care}

Tables 1 to 3 reveal that the child dependency index will drop from 0.54 in 1980 to 0.12, 0.21, or 0.3 in 2030, depending on how successful the OCFP will be. The state will no doubt save on the cost of nurturing and educating the children because of the reduction in fertility rate. Currently, such cost to support a child to 16 years of age is estimated to be 1,600 yuan in the countryside, 4,800 yuan in small towns, and 6,900 yuan in the cities (Croll, 1985, p. 24). According to another estimate based on 1978 data, the average cost is 2,200 yuan. "Raising the 600 million children born since 1949 to the age of 16, therefore, re-
quires a total expenditure of 1,300,000 million yuan. This is roughly 30 per cent of the total gross national income over the period since 1949" (Liu, 1981, p. 9). Table 4 shows the various levels of costs for nurturing and other basic needs under different TFRs in year 2000.

It is estimated that the state will be able to save a sizable amount of money on supporting the child population in the coming twenty to thirty years. Even considering the increasing expenses of the aged population, one Chinese demographer estimated that the state can save on the average 10 billion dollars (RMB) per year until the year 2000 (Tian, 1984, p. 11). However, it is doubtful whether there can be any true savings because, as one demographer maintains, "aged dependents have much more costly needs, particularly for health services, than do young dependents, and their care and nurture poses more serious and

Table 4
Basic Needs in Year 2000

<table>
<thead>
<tr>
<th>TFR</th>
<th>Average arable land (mu per person)</th>
<th>Average jin of foodgrain per person per year</th>
<th>Average # of children entering primary school annually 1996-2000 (in millions)</th>
<th>Total nurturing expenses incurred (100 million yuan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1.05</td>
<td>618</td>
<td>1.8</td>
<td>9,768</td>
</tr>
<tr>
<td>2.3</td>
<td>1.16</td>
<td>682</td>
<td>1.4</td>
<td>6,864</td>
</tr>
<tr>
<td>2</td>
<td>1.22</td>
<td>718</td>
<td>1.3</td>
<td>5,453</td>
</tr>
<tr>
<td>1.5</td>
<td>1.32</td>
<td>777</td>
<td>0.9</td>
<td>3,410</td>
</tr>
<tr>
<td>1</td>
<td>1.42</td>
<td>833</td>
<td>0.7</td>
<td>1,760</td>
</tr>
</tbody>
</table>

*aCalculated on the assumption that by the year 2000 the country’s arable land can be maintained at 1.49 billion mu (one mu = \(4/15\) hectare or \(1/6\) acre)

*bCalculated on the basis of a progressive yearly production increase of 10 billion jin (one jin = 0.5 kg or 1.1 lbs.)

*cCalculated on the basis of an average of 2,200 yuan in nurturing expenses for each person born between 1979 and 2000

more intractable problems than does the care of children" (Aird, 1984, p. 23, 25). It is also important to note that part of the savings, if there is any, will in turn be used to cover the high benefit costs of the OCFP. "So far, urban employment units and rural production teams have been responsible for the monthly allowances, medical and educational fees, priority housing, and other benefits promised to one-child certificate holders. These can be an intolerable drain on the welfare funds of unprofitable urban enterprises and endanger the living standards of other families in poor rural areas" (Tien, 1983, p. 36). It is unclear as to how much these benefits to the one-child couples are actually costing the state and the collectives; however, the amount may be substantial.

As far as education for the young is concerned, reduction in the numbers of children of primary and middle (high) school ages in both the cities and the countryside will become a general trend. "The number of urban primary school pupils, around 8,250,000 in the late 1970s, will drop to 7,100,000 by 2000, being the lowest in 1986 or thereabouts at 4,800,000—a reduction of 42%. The number of middle school students, now 9,690,000 (assuming all children of that age group go to school), after rising somewhat before 1980 will steadily decline thereafter to reach its lowest point of 4,750,000 in 1991—a more than 50% decrease" (Hu & Li, 1981, p. 127). This poses the problem of how to reallocate the growing surplus of primary facilities and staff in the coming years.

While the seats of primary and middle schools should be reduced according to the decline of need, Chinese officials should be aware that the current rates of school attendance are relatively low. According to a national survey in 1983, the school attendance rate for seven year old children is only 62.2%, and 65.3% for the 14-year-olds. School enrollment in rural areas is also much lower (78.8%) than in the cities (93.1%) for children between seven and fourteen years old (National Statistics Bureau, 1985, pp. 19–20). If school enrollment and school attendance rates are to be pushed up in the coming years, the decline in need for primary and middle school education will be less dramatic.

The same can be applied to the need for nursery care. Cur-
rently, only 11.3% of all pre-school children (age 0-6) receive nursery services. The figure is much lower in the countryside (6%) than in the cities (34.4%) (National Statistics Bureau, 1985, pp. 19–20). As more and more couples are joining the labor force, both men and women, there is an increasing need for nursery care services. With a steady increase in family income, higher quality services will be in great demand. Therefore, even as the actual number of pre-school children is decreasing rapidly, the need for nursery services may actually rise and the quality of such services will need to be improved.

Another possible trend of child care may be that more and more children will be cared for by their grandparents. Looking at the old and young ratios under different TFRs (see Table 1–3), we find the proportion of the aged population will surpass that of the child in about thirty to forty years. For B=1.5, for example, every child will have 1.88 elderly to care for them in 2030 whereas the current figure is only 0.22 (1985). This implies more grandparents are available to care for their grandchildren. As the cost of nursery care rises, this practice will become increasingly popular.

Services for Adults

Tables 1 to 3 reveal that the adult population (labor force) will increase rapidly and stay at its peak until 2015. For B=1.5, the labor force index maintains above 70% from 1990 to 2020. The dependency ratio can be kept around 0.4 during this period. This is relatively low when compared to 0.68 of 1978. A Chinese demographer termed this time the “golden period” for China to achieve the four modernizations (Tian, 1984). However, a rapid expansion of the labor force may imply a higher unemployment rate if the job market cannot accommodate such a large labor supply or the educational levels or skills of the large labor force do not match the market’s needs.

China has been using the strategy of high employment, low income, and low cost of living to maintain a minimum living standard for her vast population. The effort has been quite successful. During the 1950s, about 30% or less of the urban population was employed. By the late 1970s, the figure rose to 50 to 55% (Whyte & Parish, 1984, p. 37). In addition, Chinese officials
have used various policies to tackle or prevent the problem of unemployment. For example, the send-down of some 17 million urban educated youths (over 10 per cent of the total urban population) (Whyte & Parish, 1984, p. 39) to the countryside, or sometimes called the "up to the mountains and down to the villages" campaign, was at least partly aimed to solve the unemployment crisis among urban educated youths. Strict migration regulations are also mainly aimed at preventing rapid urbanization which will usually result in high unemployment and crime rates in the cities.

Despite these efforts, China is not exempted from the problem. "According to Chinese sources, by the start of 1979 there were 5 to 12 million unemployed persons, which translates into 5 to 11% of the nonagricultural labor force. This is a fairly high rate for any society, and indicates that even with impressive controls on migration and labor allocation the battle against unemployment is not easily won" (Whyte & Parish, 1984, p. 42). The problem is expected to be more serious in the cities than in the countryside because most peasants can now engage in sideline businesses when they are not busy in agricultural production.

In addition to the increasing burden of unemployment, the expansion of the labor force also implies more investment on work-related welfare and benefits. Greater demand for vocational and higher education is likely to be another trend since the market will need a more skilled labor force as China becomes more and more industrialized. Putting more youths through higher and vocational education can also serve to ease the pressure of providing employment for such a huge labor force.

Summary

Using the population projections under different TFRs, several population indices are calculated in order to locate future changes in the supply and demand of the welfare state in China. Results indicate that the elderly population will increase rapidly. However, this does not post a heavy burden on the labor force because of the growing adult population. A drastic decrease of the child population also implies that the state will save a considerable amount of money in the education and nurturing of
the young. This saving, however, will be needed to create a
more universal and comprehensive welfare scheme for the el-
derly population. If the OCFP is to be successfully implemented,
the fear of lack of old-age security among the one-child parents
in rural and urban China has to be eliminated. This can be done
only by a higher commitment to support the elderly on the part
of the state.

On the other hand, the age structures created by the OCFP
will give a "golden period" for China's four modernizations and
economic growth in the coming 35 years (from now till 2020).
The high labor force and relatively low dependency ratio imply
that a large resource base, at least in terms of manpower, is
available to China. However, this may also lead to more serious
unemployment problems and greater demands for work-related
benefits and rising need for vocational and higher education.

References

Aird, J. S. (1984). Future implications of alternative family planning policies. Pa-
ter presented at the workshop on China's 1982 Population Census co-
sponsored by the Joint Committee on Chinese Studies, American Coun-
cil of Learned Societies, and the East-West Population Institute, East-
West Center.

Chen, M. (1979, August 11). To realize the four modernizations, it is neces-
sary to control population growth in a planned way. People's Daily.

Coale, A. (1981). Population trends, population policy, and population stud-

Macmillan Press.

D. Davin, & P. Kane (Eds.), China's One-Child Family Policy. Macmillan
Press.

ment, 6, 609–618.

Health and Family Planning News. (In Chinese) [Number of only-child in
China has reached 35 millions.] Beijing: January 18.

Beijing: New World Press.

Liu, L. (1982). Mandatory retirement and other reforms pose new challenges

Vice-Premier Chen Muhua speaks at a family planning meeting. February 14, 1980. People's Daily.

Footnotes

2. This does not include the population of Taiwan, Hong Kong, and Macau.
3. This is a three-level rural organization with the team as the basic, and the brigade as an intermediate organization, and the commune at the top. They are both political and economic entities at the grass-roots level of rural China. However, with the recent introduction of de-collectivization and responsibility system, communes have begun to lose their functions. For detail explanations of the commune system, see William Parish & Martin Whyte, 1978, pp. 30-43.
4. In some instances, the fifth guarantee is listed as education for children rather than medical care.
5. The modernization of agriculture, industry, national defense, and science & technology.
6. Then, one yuan roughly equals to US$.67.
7. The labor force index is the ratio between the labor force (the population of age 15 to 64) and the total population.
8. The child dependency index is the ratio between the children population (the population of age 0 to 14) and the labor force.
9. The aged dependency index is the ratio between the aged population (the population of age 65 or over) and the labor force.
10. The dependency index is the ratio between the number of people with no working ability and the population of the labor force.
11. The young and old ratio is the ratio between the population of the aged and the children.
12. These indices were also used by Song and his associates. For further explanations of these indices, please see Song, et al., 1982; and Song, J., Tuan Chi-Hsien, & Yu Jing-Yuan, 1985.
13. Note that children in rural China can become economically productive as early as age ten.
14. However, the urban state sector only comprises 19% of the total labor force in China.
The Social Class and Mental Illness Correlation: 
Implications of the Research for 
Policy and Practice

CHRISTOPHER G. HUDSON 
Salem State College

Ongoing efforts to unravel the causal issues involved in the correlation between socioeconomic status and mental illness suggest that the hypothesis of a recursive or interactive relationship may be the most tenable, at least with the psychoses. Implications of this research are explored, with particular attention paid to the mental health costs of economic policies, the principles with which states allocate mental health resources, and the use of this knowledge-base in service planning.

One of the symptoms of the drift to the right in public opinion is the tendency to isolate social problems in their most severe manifestations. The chronically mentally ill and homeless, for instance, are more likely to be identified as social problems than the conditions which precipitate and perpetuate the various types of mental illness and poverty. These populations, however, can be viewed in the context of the growing class inequality in American society. Specifically, they need to be understood in relation to one of the most consistent and well-documented findings in the social sciences: The correlation of the lower socioeconomic statuses (SES) with relatively high rates of mental illness (MI).

Those who have reported the SES-MI correlation, however, have failed to rigorously explicate the causal nature of the relationship. Do the stresses of lower socioeconomic conditions provoke mental illness? Do the disabilities attendant upon a genetically-triggered schizophrenia prevent its victims from competing effectively, and thus, drifting into lower classes? Despite much that is known about the SES-MI relationship, its implications for mental health policy and practice have not been
systematically explored in the social service literature. This article therefore, reviews the development of knowledge about the SES-MI association and explores its possible applications, specifically those pertaining to the distribution of resources and alternative service strategies for the mentally ill.

The Central Finding

Among the first to identify the inverse correlation between socioeconomic status and mental illness were Faris and Dunham who found a disproportionate rate of mental illness in the poorest parts of Chicago (Faris and Dunham, 1939). After World War II the landmark study by Hollingshead and Redlich examined rates of psychiatric disability in New Haven, Connecticut. They found that 1% of their psychiatric cases were in the upper class, while this class consisted of 3.1% of the population; in contrast, 36.8% of the psychiatrically disabled were from the lowest class, while this group consisted of 17.8% of the population (Hollingshead and Redlich, 1958, p. 199). The inverse correlation was subsequently attributed to the disproportionate numbers of mentally ill in the lowest two classes rather than differences between the other three groups (Mishler and Scotch, 1965, pp. 258–305).

Within a few years researchers in Midtown Manhattan supported the New Haven findings with data on both treated and untreated cases. Unlike Hollingshead and Redlich, the Midtown researchers computed impairment rates, classified them by SES strata, and found that 47.3% of the lowest social strata were mentally impaired, in contrast with 12.5% of the highest strata. Furthermore, treatment rates were positively correlated with SES, thus confounding the negative class correlations (Srole, et al., 1978, p. 309). A more recent study reported SES to be the single most significant correlate of the prevalence of mental illness in two Florida counties, with the prevalence in the lowest class five times higher than in highest class (Swab, 1979, p. 73).

A total of 21 studies conducted throughout the world between 1950 and 1980 reported rates of psychiatric disorders according to class. While 10 of the 15 non-United States (US) studies found the highest rates in the lowest class, five out of the six US studies obtained the same finding. In the US studies the lowest
Mental Illness Correlation

class had 2.37 times the rate as that in the highest, on average. Across all studies there was an average rate of psychopathology in the lowest strata 2.73 times that which was found in the highest class (Dohrenwend, et al., 1980, pp. 55-58).

Socioeconomic class is typically measured by utilizing a weighted average of the head of household's occupational status, educational level, income, and sometimes place of residence. Because of the multiple dimensions involved, a full specification of the relationship has required measuring the effects of each of these indicators independently.

The relationship holds up not only between occupations of various prestige levels (Roman and Trice, 1972, pp. 157-66), but within occupational categories as well (Blauner, 1964). Blauner and Kornhauser both found that lower status employment, that which is repetitive and menial and which offers little opportunity for advancement, is associated with high rates of mental illness (1965).

The relationship of educational level with psychopathology is also fairly consistent. Although some of the classic studies, such as the New Haven and Midtown Manhattan investigations, did not report separate breakdowns for education, several more recent studies have done so. Eaton found that while 3.8% of those with grade school education developed schizophrenia, only 1.9% of those with a high school education, and 0.3% of the college educated developed the same condition, and that this did not vary by urban or rural location (1974, pp. 289-99). Rushing and Ortega, similarly, found an inverse relation between education and both schizophrenia and organic brain disorders, and that this did not vary by sex. They also reported an inverse relationship between education and manic depressive psychoses, neuroses, and personality disorders, and one which was of a more complex curvilinear nature (1984, p. 1176).

Although the type of SES indicator has only nominal value in specifying the central relationship, this is not the case when type of psychopathology is considered. Most notable is the finding of a positive relationship between SES and the neuroses, and a strongly negative relationship with the psychoses and personality disorders (Hollinghshead and Redlich, 1958, pp. 248-49). It was suggested that while lower classes externalize their
pathology in the development of "anti-reality" alloplastic psychoses and personality disorders, the upper classes tend to internalize conflict in the development of "anti-instinctual" autoplastic neurotic conditions (p. 366). The inverse relationship with the psychoses, and specifically schizophrenia, has often been replicated with an average rate of psychoses in the lowest class 2.58 times that of the highest class (Dohrenwend, et al., 1980, pp. 55–58). Similarly, Gallagher reports that the social class gradient in schizophrenia has been examined in over fifty studies to date, almost all of which found the highest rate in the lowest classes, especially in urban areas (1980, p. 257).

Recent findings, however, have failed to confirm Hollingshead and Redlich's conclusion that there is a positive SES-neurosis relationship. Three other studies examined this question and reported the lowest class had on average 1.34 times the prevalence of neuroses than that of the highest class. Though only two studies have considered personality disorders they have found a ratio of 3.31 for the prevalence of such conditions in the lowest over the highest class (Dohrenwend, 1980, pp. 55–58).

The particular indicator of SES has little impact on the overall relationship, as noted above, whether it be occupation or education. However, the relationship does vary with type of psychopathology, with the strongest relationship occurring with the most severe conditions, the personality disorders and psychoses, in particular, schizophrenia. The correlation has typically been characterized as being linear (Srole, et al., 1978). Yet, data from a few of the studies would indicate that it may actually be curvilinear, with as sharp rise in the lowest strata (Jaco, 1960).

The earliest studies have had serious methodological limitations since they only examined treated rates of psychopathology, but most of the post-1950 researchers have looked at both treated and untreated rates through community surveys. Critics of the New Haven and Midtown studies have pointed out that the case finding and classification techniques used were not independent of class. For example, the Langner scale used in the Midtown study has been criticized because it measured psychophysiological symptoms of emotional distress. Critics contend that this study did not differentiate when these symptoms
were, in fact symptoms of emotional distress or physical problems. Lower classes have a higher prevalence of medical problems that inflates their estimates of psychiatric pathology (Crandell and Dohrenwend, pp. 1527–37). Others have argued that class bias in the application of psychiatric labels has created a spurious relationship (Goldenburg, et al., 1979, pp. 1021–22). Most of these difficulties, however, have been addressed in recent studies such as the Florida Health Survey, with little impact on the finding of a strong, consistent, inverse relationship between socioeconomic status and psychopathology, especially the psychoses and personality disorders (Schwab, et al., 1979). Unfortunately, researchers have rarely reported coefficients of correlation or significance tests (other than chi-square). Thus, it is not possible to fully assess how strong and generalizeable the findings are.

Intervening Variables

Even though the association between social stratification and mental anguish has been consistently replicated, little is understood about intervening variables. It has been commonly assumed that a high frequency of stresses in the lower classes accounts for the high prevalence of mental illness, yet since research has found only modest correlations with various stress factors, sociologists subsequently have turned their attention not only to demographic factors, but also to variables involving social support, personal vulnerabilities, or most typically, a combination.

The role of demographic factors in mediating the basic relationship is significant. The impact of SES is most pronounced with males, but still present with females (Hollingshead and Redlich, 1958, pp. 199–200), and present in all age groups except the 15 to 24 years old group. The disparity in prevalence rates between the lowest and highest SES groups increases as age increases, indicating that the inverse correlation is confounded with age (pp. 201–202).

Control for race did not change the essential relationship, except in Class III, the lower-middle class. Therefore, when the relationship between race and impairment has been examined, control for SES has usually caused the disparity in rates between
racial groups to disappear. Parallel findings were obtained for religion (pp. 203–205). Eaton reports data that indicate that the SES-MI correlation is more pronounced in urban, in contrast to rural areas. Much of this difference, he reports, is attributable to differential effects of occupation and not education, in the two types of areas (1974, pp. 289–99). While the SES-MI relationship holds up under most demographic conditions, it is clearly most pronounced in males, older adults, and urban dwellers.

The most commonly offered explanation for the SES-MI correlation is that there is a greater frequency of stressful economic or personal life events in the lower SES groups. Beginning in 1973 Harvey Brenner spearheaded a new line of research through an examination of the correlation between aggregated manufacturing employment and first-time psychiatric hospital admissions in New York state over a 127 year period. He reported a consistent inverse correlation of over \(-0.80\) in virtually all periods and subgroups (1973, pp. 32–33). The strongest relationships between unemployment and mental hospitalization were found among males (pp. 37–41), the less educated (pp. 126–29), less economically secure (pp. 123–125), the single and separated (pp. 118–119) and unexpectedly in the under 19 and over 70 age groups, among both sexes (pp. 112–117). Brenner suggests that the SES-MI relation may in part be explainable in terms of the stresses of unemployment:

Stresses brought about by large-scale economic change are likely to fall most heavily on those in lower-socioeconomic strata. The lowest socioeconomic groups may, for this reason, show the highest rate of mental hospitalization (and perhaps of mental disorder as well). (p. 232)

This analysis has been criticized for the use of first-time hospitalization data, lack of control for hospital capacity, use of detrending techniques, and of lags of one year or greater in his correlation of time series. Nevertheless, many of these same criticisms have been remedied in replications of the study. Marshall and Funch, for instance, found the essential correlation to hold up for working-age populations of both sexes, however, mental hospital capacity proved to be a better predictor for the admis-
Mental Illness Correlation

sions rate of the very young and the aged (Marshall and Funch, 1979, pp. 282–89). Dear examined Canadian mental hospital admissions and discharges in relation to unemployment and found that the higher hospitalization rates during periods of employment are explainable in terms of a relatively smaller decline in discharge than admission rates (Dear, et al., 1979, pp. 43–53). In contrast, Catalano and Dooley found in an individual-level analysis that economic decline provokes a greater number of stressful events and subsequently increased psychiatric symptoms and utilization of mental health facilities (Dooley and Catalano, 1984, pp. 160–176).

While the impact of unemployment on mental hospitalization, which is assumed to be a valid indicator of the prevalence of psychiatric disorders, has been confirmed, there are few data on the impact of other economic variables. Inflation was found to correlate with admissions: A 10% increase in inflation produced a 13.4% decrease in psychiatric beds provided. (Dear, et al., 1979, p. 52). Dooley and Catalano found that economic change, per se, tends to lead to service utilization, irrespective of the actual level of psychiatric symptomatology (1984, p. 164). In general, the research supports the role of economic factors, particularly unemployment, in explaining one of the key mechanisms by which SES is related to mental hospitalization, especially among working age men of lower educational and occupational levels. The degree that mental hospitalization is a valid indicator of psychopathology, however, remains questionable.

The research on noneconomic stresses or life events has been less fruitful. Beginning with Holmes and Rahe there have been numerous attempts to rate the stress levels of a range of life events, such as divorce, death of a spouse, or promotion (1967, pp. 213–218). This effort has been beset with numerous methodological problems, one of the most significant of which is the confoundedness of life events with dependent variables involving mental health (Tausig, 1982, pp. 52–64). Does divorce cause stress, or did the stress precede the divorce and cause it? Furthermore, it has been extremely difficult to rate the inherent stressfulness of an event due to the extreme variation in response patterns. Due to these problems most research has pro-
duced only nominal correlations between the number of types of stressful events and mental illness. Furthermore, it has been found that there is only a minimal correlation between socio-economic class and the frequency of stressful life events (Langner and Stanely, 1963, p. 151). These problems have led to the hypothesis that the most significant factors are support systems, whether material or interpersonal, and also personal vulnerabilities, whether psychological or biological. These together may explain the variations in reactions to stressful life events, and in turn, the impact of SES. What perhaps is needed is the identification of specific types of support and personal competencies required for the mastery of major life events, such as unemployment, divorce, or death of a parent.

One explanation for the SES-MI association involves inadequate material, service, and interpersonal supports available to those in the lower class strata. The early studies in New Haven and Midtown Manhattan clearly demonstrated this to be the case. The combined treatment census of public and private hospitals positively correlated with SES, with 202, 422, and 664 persons per 100,000 from the upper, middle, and lower strata hospitalized, respectively. The opposite was the case with outpatient services, with 1501, 756 and 396 rates for utilization of mental health outpatient facilities (Srole, et al., 1978, p. 328). The higher classes clearly utilized, perhaps preventatively, less intensive services, while the lower classes did not use services until they were adjudged as requiring hospitalization. Recent studies, however, indicate that this disparity is disappearing. Kulka examined utilization in 1957 and 1976 and found that neither education or occupation could account for differences in the use of various types of outpatient services in 1976, in contrast to 1956 (Kulka, et al., 1979, pp. 2-17). These differences may be attributable to the diffusion of outpatient services to lower classes in recent years due to such policies as the Community Mental Health Act of 1963.

Little has been found concerning the role of many key characteristics of communities in mediating the relationship between SES and MI. Urbanization and modernization have been extensively researched, yet have not proven to be significant (Kadushin, 1983, p. 186). One explanation offered is that the key
consideration may be the interaction between characteristics of the interpersonal environment and the larger social system. Kadoshin investigated this possibility though a survey of the conditions under which Vietnam Veterans who were exposed to combat developed post-traumatic stress disorder (PTSD) in communities with varying types of support networks. He found that interpersonal environments with high social density had low PTSD if they were in small cities and urban areas, whereas more specialized support networks, such as Vet groups, were associated with lower stress reactions in metropolitan areas, and yet led to a high prevalence of the disorder in rural areas (1983, pp. 190–97). It would, therefore, be expected that in low-income areas with neither constellation of support factors there would be the greatest prevalence of stress reactions. Other researchers have examined the impact of social networks on personal crises (Boswell, 1969, pp. 32–56), help-seeking behavior (McKinley, pp. 275–92), hospital admissions (Tolsdorf, pp. 407–17), and claimed happiness (Boswell, 19669, pp. 32–56). These studies suggest that those with sparse, undifferentiated networks tend to exhibit poorer coping behavior and emotional stability than those with highly elaborate networks that contain mutually supportive relations (Liem and Liem, 1978, p. 151).

In spite of the extensive research on the role of family and interpersonal supports in the etiology and maintenance of mental illness, only a few studies have explicitly examined the role of these factors in the context of the SES-MI correlation. Brown, for instance, found that the lack of an intimate relationship to be a significant intervening variable between SES and depression in a sample of British women (Brown, 1975). Liem and Liem also conclude in their review of this research that, “there is substantial support for the view that the degree of stress associated with the experience of life events, economic and noneconomic, depends in part on the individual’s familial supports” (1978).

The sparsity of significant findings on the effect of stress has also been confronted through research which has hypothesized that a critical dimension involves personal vulnerability to stress, whether this sensitivity is psychological or biological. Brown, for instance, found that both loss of a mother during childhood and having at least three children at home, were two of the most
significant factors intervening between SES and unemployment, on one hand, and depression on the other hand (1975, pp. 225–254).

A more productive line of investigation has been on the effect of attitudes in mediating the SES-MI relationship. The most noted theory is that of Melvin Kohn who proposed that both a conformity orientation, characteristic of lower classes, and genetic predisposition interact to produce schizophrenic reactions to the stressful life events most commonly encountered by the poor. It is suggested that this socialized conformity orientation produces an inflexibility in responding to stressful events (1972). While Mechanic has claimed that Kohn's reported correlations of 0.13 to 0.38 between SES and conformity orientations are nominal (Mechanic, 1972, p. 302), Kohn responded by arguing that such modest correlations are sufficient for inclusion in a model involving multiple variables which, collectively, explain a phenomenon (Kohn, 1972, p. 311).

More recently Wheaton has proposed an attributional theory that suggests the lower class person's tendency to attribute causation for personal failure to external sources becomes dysfunctional and undermines coping efforts. The presence of fatalism was found to have a 0.32 correlation with the development of psychopathology, and also a slight negative correlation with a measure of SES (1980, pp. 100–174). Later, Wheaton refined his model to include inflexibility as an additional variable, improving its predictive ability. He noted that schizophrenia was the least determinable condition and that depression and anxiety disorders were better explained by the model (1985, pp. 208–229).

Research has provided some evidence supporting a "sociomedical" interpretation of the SES-MI relationship (Rushing and Ortega, 1984, p. 1176). In discussing the findings from twin studies on genetic components of schizophrenia, Rushing and Ortega suggest that it is possible to account for these results by such factors as intrauterine insufficiency, perinatal hypoxia, and birth trauma, some of which have been correlated with low SES. Viruses, they note, have also been implicated in schizophrenia, and this they suggest is also consistent with the SES-MI association since lower class persons receive fewer immunizations, lower quality prenatal care, and are subject to unsanitary living
Mental Illness Correlation

conditions (p. 1189). In general, most of the biological conditions proposed to explain the etiology of schizophrenia and also of organic brain disorders have been correlated with the circumstances of the lower strata involving poorer medical care, unsanitary conditions, industrial accidents, etc. (p. 1189). Thus, it is clear that the SES-MI association is not inconsistent with the findings of medical research, and in fact, this research may serve to account for some of the intervening paths of influence just as the sociological research has sought to do through the examination of the dimensions of stress, support, and personal vulnerability.

The Question of Causation

The discovery of a causal relationship involves not only the identification of co-variation between two variables and specification of all intervening variables, but also the demonstration that changes in the proposed independent variable precede those in the dependent variable. It has been this third requirement which has plagued researchers the most in their attempts to fully interpret the causal nature of the SES-MI relationship. The earlier studies have been cross-sectional—conducted at one point in time—and have had to rely on retrospective data to interpret the basic relationship, and thus provide only indirect evidence on the question of causation.

Methodological limitations and varying ideological predilections have contributed to the proliferation of explanations offered as to the causal direction of the SES-MI relationship. The most commonly proposed has been the social causation hypothesis: the great stresses experienced by and few supports available to lower class persons tend to provoke the development of the various mental illnesses. It has been theorized that the development of mental illness is often in response to a “poverty complex” and processes precipitated by “role discontinuity.” (Srole, et al., 1978, pp. 229, 231–232) This orientation has been strongly influenced by the work of Merton, who proposed that the stresses of the lower classes are created by environmentally induced disjunctions between goals and the means to achieve them, between aspirations and actual achievements (Merton, 1957).

The major competing hypothesis is that natural vulnerabil-
ities, perhaps genetic in origin, cause the development of the mental illnesses, and that the disabling features of these illnesses cause its victims to be differentially selected into various socioeconomic strata in a Social Darwinistic manner. There are two major versions of the social selection position. The downward drift hypotheses suggests the mentally ill migrate downward occupationally, economically, and/or geographically to poorer conditions than earlier periods in their own lives. The other is that the mentally ill do not progress as young adults, and thus fail to match the socioeconomic status of their families of origin.

Evidence for the social causation hypothesis dates back to the Faris and Dunham study. These researchers concluded that the high rates of schizophrenia in Chicago slum areas could account for the migration of the subjects from other more well-to-do areas (1939). Similarly, LaPouse, Mond, and Terris examined the social histories of 587 first admission schizophrenics in New York, and concluded that, “The findings of this study show quite conclusively that for the first admissions of schizophrenics . . . the concentration in low economic areas is not the result of downward drift from higher areas” (1956, pp. 978–986). Hollingshead and Redlich also argue for the social causation hypothesis on the basis of data which seem to contradict the social selection hypothesis. Ninety-one percent of the schizophrenics in their sample were in the same class as their family of origin, and that only 1.3% were in a lower class (1958, pp. 244–49). This was challenged as it has been suggested that any study which uses education as an indicator of SES will tend to obscure mobility, since education is a relatively fixed attribute once a person becomes an adult (Turner and Wagenfeld, 1967, pp. 104–113).

The Midtown Manhattan study was also based on the social causation hypothesis. The study’s examination of SES levels in the families of origin permitted it to conclude that the differential rates were partly attributable to relationships between both the individuals’ and their family’s SES and mental illness. The investigators interpreted this to indicate that class differences in the families of origin implanted personal vulnerabilities in lower class individuals, which then interacted with the poor conditions of their adult lives to provoke their pathol-
ogy. They concluded that the evidence of their study, "highlights the status system as an apparatus that differentially sows, reaps, sifts, and redistributes the communities' crops of mental morbidity and of sound personalities" (Srole, et al., 1978, p. 316). Since neither the New Haven or Midtown studies were longitudinal, the evidence they present for social causation should be regarded as indirect and suggestive rather than definitive.

The stress version of the social causation theory found some support in the work of Langner and Michael who reanalyzed the Midtown data and found a disproportionate number of stressors in the lower classes, although the significance of the differences in these rates has been disputed. When stress is held constant, there remains a correlation between low SES and high MI (Langner and Michael, 1963). Kohn proposed that what may be needed to explain the relationship is not an unidimensional stress model, but one that incorporates both stress and personal psychological and genetic vulnerabilities in an interactive manner (1972).

The interactive effects of genetic vulnerability and social stress have been examined in two studies, and these have been based on a design proposed by Dohrenwend. He argued that if genetic vulnerability is a critical factor then low-income whites should have higher rates of pathology than minority groups exposed to racial oppression. Low-income whites should face fewer barriers to upward mobility than low-income blacks, therefore leaving them with a higher percentage of mentally ill in the lowest class. Non-disturbed whites from the lowest class will be more upwardly mobile than their minority counterparts, creating high prevalence rates in the lowest class of whites. If, instead, lower class whites have fewer mentally ill among them, this would be evidence for the stress theory, as minority groups are exposed to not only the economic, but also to discriminatory barriers to upward mobility. The first of these studies conducted by Dohrenwend, himself, revealed that the lowest class blacks had, in fact, considerably higher rates of schizophrenia than their white counterparts, thus supporting the social causation-stress theory (Dohrenwend, 1975, pp. 365–92). These results, however, are based on treated rates indicating that at least blacks are more likely than whites to be targets of social control and hospitali-
zation. Furthermore, the pattern with other racial minority groups in this study was equivocal.

Some of the problems of the earlier cross-sectional studies have been confronted by several recent longitudinal studies. Lee, for instance, re-analyzed the data from the 1952 Stirling Country study and its 1962 follow-up, examining the differential in cross-lagged panel correlations. This method involved measuring SES and MI at two points in time, and then measuring the differences in the diagonal (i.e. cross lagged) correlations between the two variables at the two points in time. They found that the 1952 SES and 1962 MI correlation to be slightly stronger than the reverse, supporting the social causation explanation of the relation between SES and mental illness (1976, pp. 1–8).

Wheaton utilized a similar design with data from three prior studies, and with the inclusion of an earlier measure of SES and father's SES. He interpreted his results to support social causation since the correlations between the earlier SES and later MI variables were larger (as high as 0.25, though often considerably lower) than the opposite correlations. He noted that,

While the panel data from Illinois and Michigan, in general, support social causation, the findings concerning social causation apparently apply to a range of moderately severe anxiety/depression symptoms which persist over time and thus are relevant to the diagnoses of a number of non-psychotic disorders (1978, p. 399).

He hypothesizes on the basis of this research that the status effects may be greatest in younger adult ages and/or in socio-economically progressive environments (p. 401).

In a follow-up study, Wheaton used two intervening variables measuring personal vulnerabilities, inflexibility and fatalism, and found that a model incorporating chronic stressors, fatalism, and inflexibility best explained the development of depression, with an unstandardized regression coefficient of 1.31; secondarily anxiety, 0.25; and schizophrenia, 0.47, thus improving on his initial model (1983, pp. 208–209).

The social selection hypothesis was first proposed as an alternative interpretation of the Faris and Dunham data (Myerson, 1940, pp. 995–97). Critics of the study suggested that the disproportionate rates of schizophrenia in the slum areas of Chi-
Mental Illness Correlation

cago could be accounted for by downwardly mobile men who had drifted into these areas from higher status areas (Jaffe and Shanas, 1935, pp. 534–39). However, none of the research to date has presented any significant evidence for the intragenerational or "downward drift" version of the social selection hypothesis. In contrast, several studies have found a failure of the mentally ill to replicate the status of their family of origin, supporting the intergenerational version of the social selection hypothesis. Both Hare, Price, and Stater (1972, pp. 515–24) and Goldberg and Morrison (1963, pp. 785–802) in England found that although the social class of fathers of schizophrenics had the same distribution as the overall population (in contrast to findings in US studies), schizophrenics themselves were disproportionately found in the lower classes, evidence for the intergenerational view. Lystad, in a study of first admission schizophrenics also found that these patients were more downward mobile than their controls (1957, pp. 223–227).

One of the strongest studies favoring social selection utilized the Monroe County psychiatric register data, the most complete longitudinal database available on the psychiatric histories of patients on a county-wide basis. Wagenfeld and Turner found almost no evidence in support of downward drift, but definite evidence that schizophrenics failed to replicate the social status of their families of origin (1967, pp. 104–113). On the basis of these and a few other studies, Dunham reversed his earlier position, and argued for a social selection interpretation of the SES-MI relationship (Vol. 31, pp. 233–27).

The most recent data in support of the social selection position has been provided by Birtchnell (1971, pp. 209–221), Attunes, (Vol. 58, pp. 361–68), and Harkey (1976, pp. 194–204). Attunes replicated Dohrenwend's multi-racial quasi-experiment and found a clear pattern of disproportionate rates of mental illness in low-income minority groups, after controlling for SES. This study of 16,000 persons in Southern Appalachia provided data which supported the conclusion that the primary effect of psychological disorders has been to retard upward mobility, rather than to cause downward drift.

Those who have argued for social selection have usually emphasized personal vulnerability factors, and considered stress
and social support as secondary. While these vulnerabilities may be psychological, having their roots in early childhood development, it is often assumed that the major vulnerability is genetic. There has been virtually no research examining the interaction of both genetic and environmental factors, however, several models have been proposed to characterize the particular types of interactions which may occur. Kendler and Eaves suggest that genotype and environmental factors may (a) interact in an additive fashion; (b) that there may be specific genes which create greater sensitivity to environmental stresses; or (c) that there may be genes which control the extent of exposure to pathogenic aspects of the environment. The authors interpret the results of several studies on personality disorders and alcoholism as being consistent with a combination of the first two models, while other studies on schizophrenia and depression as being consistent with the first model involving additive effects (1986, pp. 279–89).

That there is a strong inverse correlation between socioeconomic status and mental illness is no longer disputed. This is one of the most consistently replicated findings in social science literature, and one that has been replicated with the major indicators of SES, education and occupation, and all major types of psychopathology, especially with schizophrenia and the personality disorders. It is a relationship which has been identified under most demographic conditions, but is strongest in urban areas, with men, and with advancing age.

Evidence that low SES leads to psychopathology is consistent with the above correlational findings. The stresses of unemployment in working age groups has been found regularly to precede mental hospitalization. In addition, a sparsity of financial, social and family supports, along with such personal vulnerabilities as a conformity orientation, rigidity, fatalism, and genetic predispositions, all have been implicated in this relationship, though each factor has shown to contribute minimally to explaining the overall relationship. That causation flows from SES to MI is evidenced by five major cross-sectional studies which utilized retrospective and indirect data, and for this reason they can not be considered sufficiently strong to reject the alternative hypothesis. This body of research is supplemented
by a quasi-experiment and two major longitudinal studies which provided direct evidence of the relationship, though the relative correlations were marginal. That genetic research has failed to explain more than 20 to 30 percent of the variation in schizophrenia is further evidence, albeit indirect, in support of the social causation hypothesis (Mechanic, 1980).

Although there is virtually no evidence to support intra-generational downward drift, there is clear evidence from over at least seven studies, several of which were longitudinal, and a major quasi-experiment, that with schizophrenia, upward occupational mobility is clearly retarded, leading to intergenerational downward mobility. These studies have also had insufficiently strong designs to cause the rejection of the social causation hypothesis.

It is, thus, reasonable to hypothesize that there is a recursive or interactive relationship between socioeconomic status and mental illness, at least, with the more severe forms of pathology. Research suggests that the stresses of occupational and economic forces associated with the lower class strata lead to a disproportionate rate of depression and anxiety through inadequate employment, few social supports, and personal vulnerabilities. When, due to acute personal attitudinal and genetic vulnerabilities, these stresses precipitate the development of the schizophrenias and personality disorders, the disabling impact becomes sufficient to retard upward mobility. Because this usually happens in younger adults, it leads to intergenerational downward mobility. The self-reinforcing interplay of these two processes explains not only the fact that the schizophrenias and personality disorders have the highest inverse correlations with SES, but also that the correlation is strongest in urban rather than rural areas where there may be greater stratification and fewer natural social supports.¹

Implications: Policy

Beginning with Brenner’s findings on the consequences of employment levels for psychiatric disability, it became apparent that mental health and economic policy could no longer be compartmentalized. Brenner and others proposed that, at a minimum, the costs of increased mental health hospitalization and
services be included in any benefit-cost analyses of alternative
economic policies, especially those expected to affect unemploy-
ment levels (Brenner, Paper No. 5, 1976). In fact, the relatively
high correlations uncovered in this line of research has made
this goal feasible. The proposal raises the larger possibility of
factoring in not only service, but other costs of mental illness,
such as lost income, into analyses of proposals which could be
expected to alter the market distribution of educational, occu-
pational, and cash benefits—critical components of SES—to
various populations. Should it be expected that a proposal will
increase or aggravate mental illness in some individuals in order
that a larger number may receive some other benefit, the Kalder-
Hicks principle would dictate not only that this effect be mini-
mized, but that the disadvantaged minority be compensated
(Dunn, 1981, p. 237). Alternatively, policies which are successful
in addressing the economic problems of low-SES would dimin-
ish the need for costly services.

The finding of an inverse SES-MI correlation, some of which
can be attributed to the impact of class on pathology, provides
a vital element for an empirical basis for determining the re-
sources required to serve the mentally ill. A more immediate
need, however, involves the application of this research to de-
cisions concerning allocations between constituent jurisdictions
within states, and between subgroups of the mentally ill. Each
year state governments distribute billions of dollars to local gov-
ernments, mental health boards, and agencies and, thus, they
must constantly struggle to assess the degree and types of needs
of the competing applicants.

A significant portion of state mental health dollars are spent
on contracts with private agencies for the delivery of community
mental health services. States have evolved a variety of systems
for distributing these dollars. Some divide the resources be-
tween agencies and localities on the basis of professional as-
sessments of community need and agency capability; however,
many states utilize funding formulae. Formula systems are most
commonly used whenever there is a strong board or county sys-
tem of services. A few states, like New Jersey, utilize formula
based on need indicators, however, most do not. Other states,
such as Arkansas or Minnesota, use a formula based on
population.
Mental Illness Correlation

Whatever the causal direction of the SES-MI relationship, the fact that an inverse correlation has been established—one in which the lowest class has about two and a half times the prevalence of mental illness than the highest class—makes it clear that population and other similar formula tend to discriminate against economically-impoverished regions, and in favor of wealthy areas. For instance, if a state government uses a population formula to distribute community mental health funds to mental health boards serving two counties, each with the same size population, they will both receive the same size grant. If one county is predominately poor and the other wealthy, the mental health board serving the impoverished county may have two to three times the number of mentally ill to serve with the same grant amount as the board in the wealthy county. States which continue to distribute their mental health dollars on a formula basis are clearly moving in the direction of strengthening local authority systems, and along with this trend, implementing the use of population formula. To do this, it has been in the interest of proponents of such systems to promote politically-expedient population formula which superficially appear to be fair but which favor the middle and upper class constituencies in order to build political support.

The bureaucratic allocation of mental health dollars may be more significant in the community mental health portions of state budgets, however, this is not the case with the institutional share which is the larger piece in most cases. These dollars are allocated by current state legislatures and administered by state executive departments of mental health in response to broad or narrow commitment criteria, established by past legislative activity. Commitment decisions are made on a case-by-case basis by mental health professionals and the courts: institutional funding is reactive to the cumulative effect of these individual decisions.

To the extent that a state's laws restrict hospital commitment to only those who are dangerous and mentally ill, mental hospital censuses will be minimized, and the community mental health programs will be pressured to expand to accommodate the de-institutionalized. Since state mental hospitals have served primarily the lower classes, their contraction in recent years has forced the indigent mentally ill either to be 'trans-institutional-
ized' in nursing homes, transferred to Single Resident Occupancy (SRO) and other inadequate community housing resources, or to become ultimately homeless. When state commitment laws contain provisions for persons to be hospitalized due to 'grave disability', the inability to care for oneself, the indigent will have a greater likelihood of access to hospital care, ameliorating the inconsistent availability of preventative community services relative to the middle and upper classes (Durham and Pierce, 1986, p. 42). The success of states in targeting their community mental health dollars to a full range of community services for the chronically mentally ill will make possible moving away from reliance on the hospital as an agent of social control of the 'bad and the mad,' and the indigent.

As distributional and eligibility issues are settled, questions of the optimal form in which resources should be provided tend to emerge on the public agenda. To what extent should these resources be divided between cash benefits and services? While the understanding of etiology is not as crucial for resolving distributional questions, this is not the case in respect to intervention strategy, in which the concern is not only with prediction but also with ameliorative intervention. Since low-SES contributes to poor mental health, strategies which impact positively on the occupational, educational, and the economic conditions of vulnerable groups can be expected to prevent psychopathology. Public education, along with unemployment insurance, social security, and other income maintenance programs, will tend to minimize mental illness. The major challenge, however, involves measuring the strength of these associations and their gradient (or slope). While improved education innoculates some against mental breakdown, its usefulness as a preventative strategy depends on the strength and slope of this association, and also the relative costs of education and mental health services. Since mental illness leads in some cases to poor socioeconomic conditions, preventing its victims from advancing educationally and occupationally, services are clearly required, especially those of a secondary and tertiary nature. When personal vulnerabilities, especially those of a genetic character, play a critical role in etiology, then a tertiary approach involving either rehabilitation or maintenance becomes a critical strategy for interrupting the disabling effects of the more severe pathologies.
Intervention needs to be not only individually-tailored to address individually-variable causative factors through the provision of services, but also tailored to larger units such as communities, so as to manipulate non-personal factors through administrative, community, and political strategies. Personalized case services target dysfunctional attitudes (i.e., fatalism, conformity) and weak interpersonal supports among other variables, but they can not be expected to significantly alter the structure of opportunities for oppressed groups.

Understanding etiology is useful for intervention if manipulation of causative factors is not only possible, but also economical, ethical, and socially acceptable. If etiology resides in the structure of socioeconomic opportunities, manipulation of these opportunities is possible through strategies such as affirmative action. It is probably only politically feasible to manipulate socioeconomic opportunities through guaranteed employment, increased educational provisions, or negative income taxes to the extent that it can be demonstrated that the costs of these programs will be compensated for by savings in service and other factors directly attributable to disability, such as lost income. For this reason preventative strategies must be based on carefully controlled research which identifies the consequences for target populations of manipulating discrete components of educational and occupational opportunities, something which the research to date has not done. The movement in state mental health services away from primary prevention to providing tertiary services for the chronically mentally ill suggests a disillusionment with prevention, and the belief that mental illness is mainly a function of personal psychological and medical factors, best manipulated through rehabilitative services so as to minimize the disabling consequences.

The evidence for social causation indicates that the preventative manipulation of educational and occupational opportunities can be expected to impact on most forms of illness. The problem, however, is more complex with the psychoses considering the evidence for social selection and the particularly strong SES-psychosis relationship. Both social causation and social selection are operative in creating the highest rates of schizophrenia in the lowest classes, as compared with other disorders. Thus, both the preventative and the rehabilitative strategies are
clearly indicated. The optimal mix of services may be characterized by the programming principles embodied in the balanced service system approach involving the utilization of programs ranging from the least to the most restrictive.

Implications: Practice

The most fundamental implications of the research for direct practice involves the necessity of careful attention to clients' socioeconomic statuses, the various cultures associated with class, and their impact on the clients' perceptions of their difficulties and the treatment relationship itself. Social workers, in their efforts to establish rapport, are perhaps prone to minimize class differences, and while doing so, project their particular values onto their clients as unrealistic expectations. For instance, the upper middle class conception of a career, of deriving a sense of meaningfulness out of work, may easily translate into the expectation that lower-middle and working class clients should find the same satisfactions in their work, potentially creating new stress rather than assisting in its mastery.

The assessment process provides the practitioner the opportunity to gauge the changeability of those factors which are perpetuating the client's difficulties. It is within the context that research on the SES-MI relationship is invaluable in its heuristic ability to generate diagnostic hunches. Each of the variables which are implicated in psychopathology—illiteracy; repetitive, menial, deadend jobs; unemployment; lack of social family, and other interpersonal supports; and such attitudes as a conformity orientation or fatalism, along with many others, are risk factors which the practitioner needs to carefully search for, and when found, explore their significance. The development of hypotheses about client difficulties will draw on this exploration to determine not only the saliency of the identified factors, but the major directions of influence, and an identification of those which are manipulable and causally related to maintaining the psychopathological conditions. In one case, lack of family support may be both a causative and manipulable factor, whereas in another, fatalism and the lack of coping efforts may be the most changeable of those factors maintaining the emotional disorder.
Mental Illness Correlation

The assessment of the saliency, manipulability, and continued relevance of factors implicated in the SES-MI and other mental health research provides a basis for treatment planning. Intrapsychic, interpersonal, community, occupational, and educational factors involved are critical in the selection of modality—individual, family, group—or overall strategy—psychotherapy, family life education, advocacy, or employment services. The moderate correlations and extreme individual variability identified in most of the research clearly supports the provision of personalized services, whether psychotherapy or advocacy. The frequent lack of support systems is a critical consideration, one which augurs for the provision of family and group work interventions, both for the neuroses and psychoses.

Direct service with the chronically mentally ill presents a more complex problem than for most groups considering the stronger inverse correlation with SES, one which partly reflects the disabling effects of the illness. The treatment of schizophrenia not only involves medical and social interventions, but also needs to consist of interventions directed at minimizing its impact on employment. Intensive job counseling and placement services, including occupational advocacy, are needed along with the use of night hospitalization to minimize job loss, permitting patients to maintain employment while taking advantage of full-time support, treatment, and structured activities during off hours.

A recursive relationship between SES and mental illness suggests that the ecologically- and systems-oriented social assessment must be attuned to identifying positive feedback loops, at least for the most seriously disturbed. Unlike the negative feedback loop which operates like a thermostat in stabilizing temperatures by adjusting them to a comfortable level each time they go above or below a specified range, a positive feedback loop does the opposite, as each adjustment creates an over-reaction of the variable, serving to magnify rather than reduce its fluctuations, creating accumulating and sometimes uncontrollable changes for better or worse. These positive feedback loops may be the basis for revolutionary and creative leaps to higher levels of insight and adjustment, or in contrast, may be the basis for spiraling destructive conflict or downward psychological
regressions. For this reason such dysfunctional feedback loops between recovering patients and key persons in their occupational and economic lives, such as supervisors or key customers, need to be carefully monitored, and, if possible, interrupted to permit their replacement with stabilizing negative or growth-facilitating positive feedback loops.

Conclusion

The systematic elaboration of the SES-MI relationship has uncovered key intervening variables, such as sex, geographic locale, unemployment, support systems, and psychological and genetic vulnerability, which enable the beginnings of a theoretical understanding of the association. The larger body of research has been hampered not only by its overuse of cross-sectional designs, but under use of multivariate and inferential statistical techniques, and especially longitudinal designs. The few longitudinal studies have usually utilized treated cases, and uncovered only moderate evidence of a causal relationship. The weight of evidence favors social causation for the less severe mental illnesses, however, the picture is more complex with the psychoses. The earlier studies typically provided data to support social causation, however, more recent research, specifically on the occupational progression of schizophrenics, suggests the reverse. Since neither body of research is sufficiently strong to reject the alternative explanation, the hypothesis of a recursive relationship becomes the most tenable.

The relationship has not been fully specified with its multiple causal pathways, nevertheless, this research is sufficiently strong to be a critical component of the knowledge base for both mental health policy and service planning. Its implications for intervention planning can not be divorced from questions of values and objectives; however, mental health policy can no longer be ignored in economic decisions, and the assessment of problems such as homelessness and chronic mental illness, along with their resource needs can not be isolated from an understanding of the realities of socioeconomic stratification. These findings, furthermore, call for careful assessment and intervention planning around issues involving client educational accomplishments and occupational progression, along with their
support systems, individual vulnerabilities, and also treatment interventions aimed at impacting dysfunctional positive feedback loops. As the SES-MI research unravels complex recursive or interactive causal structures, so intuitively meaningful to the practitioner, it will be able to identify practical points of intervention in such potentially destructive interactions.

References


Mental Illness Correlation


**Footnote**

1. Furthermore, it becomes understandable why such nominal to moderate relationships are found when only one hypothesis or the other is examined separately in spite of the relatively high overall correlations found when the relationship is examined in cross-sectional data. For instance, a 0.62 overall relationship between two variables can be accounted for in a recursive relationship in which the two directional relationships each have a 0.50 and a 0.40 correlation. See James A. Davis, "The Logic of Causal Order," A Sage University Paper #55, 1985, pp. 66–67.
A Commentary on The Social Class and Mental Illness Correlation: Implications of the Research for Policy and Practice

JULIUS A. ROTH
Department of Sociology
University of California

This paper represents an extraordinary review of literature on the association between SES and mental illness. I think most social scientists would find it impressive. It also conveys some cogent reasoning about the relevance of these findings for social policy. I think most social workers would find it impressive.

What troubles me is that the author is using concepts which I regard as worthless. I think we should dispense with the concepts mental illness and mental health. They have led us astray in a host of ways and are an obstacle in thinking about people's problems. The construction of various ways of measuring SES and the reification of social class is also an intellectual stumbling block. Here is a lengthy paper which pays no attention to the extensive criticism of these concepts. The author accepts them as given. And he is right. That is what is usually done. But I see no reason to encourage this practice.

As for implications for social policy, I see no reason to demonstrate that unemployment and homelessness leads to mental illness which in turn is a monetary drain upon the state. We should strive to reduce unemployment and homelessness because they make people miserable. No other justification is needed. These elaborate arguments simply obfuscate the issues. A pox on them.
An Analysis of the General Well-Being of Blacks and Whites: Results of a National Study

SONJIA PARKER REDMOND
California State University, Hayward

The importance of race as a factor in mental health status has been a topic of controversy. This study examines racial variances in the relationship between selected socio-demographic variables and general well-being. The study also examines the appropriateness of an additive versus an interactive statistical model for this investigation.

Unlike other recent community based mental health studies, this study revealed significant differences between the general well-being of Blacks and Whites. Blacks continued to exhibit significantly lower levels of well-being even after adjustments were made for income, education, marital status, sex, age and place of residence. Statistical interaction was found between race and sex with Black females reporting lower levels of well-being than either Black or White males or their White female counterparts.

The controversy over the influence of race on mental health is a longstanding one. Early mental health status research invariably showed Blacks to have higher rates of mental illness. More recent researches vary in their reports, some claiming higher mental health status for Whites, while others report no differences between the two groups. Attempts to compare the mental health status of Blacks and Whites have traditionally been fraught with numerous methodological biases. Small population specific samples and the use of inappropriate statistical techniques often cause findings to be suspect and difficult to generalize. In addition, comparative studies have devoted little time to the selection of a suitable model for examining within and cross-racial differences in the relationship between mental health status indicators and socio-demographic variables. The purpose of this research is twofold: (1) to examine the relationship between race and mental health status (using the General Well-
Being Schedule as a measure) and (2) to examine racial differences in the relationship between selected socio-demographic variables and mental health status in order to determine an appropriate statistical model (additive or interactive) for analysis.

Research in the mental health area has followed a clear pattern. Early mental health studies were conducted almost exclusively using institutionalized populations where the main purpose was to examine “cases” of psychiatric impairment with the notion of trying to predict their occurrences. The second group of mental health studies focused on a more epidemiological approach using population based samples, but still with the basis being psychiatric case finding usually focusing on the prevalence of depressive and schizophrenic conditions. The third wave of mental health status research used social and psychological indicators to assess such states as happiness, satisfaction, morale or general well-being. The difference in this latter trend is that the emphasis is not “case” finding, but an attempt to assess the general mental health status of various population groups. Recently, there has been some progress in utilizing community based populations to study incidence and prevalence of psychiatric conditions (Weissman, 1987).

Research in the area of racial differences in mental health status has followed a pattern similar to that of the general mental health literature. Early clinical studies focused mainly on differences in levels of depression and schizophrenia, reporting higher rates of the more serious illness, namely schizophrenia, in Blacks (Green, 1914; Bevis, 1921). During the fifties there was some attempt to avoid some of the earlier stereotyping that had occurred (Malzberg, 1959; Schermerhorn, 1956). Early community studies examining mental health status used more epidemiological approaches, but had such small samples of Blacks that racial variations were not reported (Srole, L., 1962; MacMillan, 1959; Gurin, Veroff & Feld, 1960). The third wave of studies using a community based social psychological indicator type approach has reported, with few exceptions, significant zero order relationships between race and mental health status. This significant relationship usually disappears when socio-demographic variables are controlled. To a great extent, Blacks have been neglected in large community surveys (Berkman, 1971;
Warheit, Holzer, & Schwab, 1975; Comstock & Helsing, 1976; Freichs, Aneshensel, & Clark, 1981; Eaton & Kessler, 1981; Neff & Husaini, 1980). The recent Epidemiological Catchment Area Study sponsored by the National Institute of Mental Health is an exception (Weissman, 1987). This present research uses a national community based sample to examine the relationship between race, selected socio-demographic variables and general well-being, utilized here as an indicator of general mental health status.

Methods

Data for this analysis come from the first National Health and Nutrition Examination Survey (NHANES I) conducted between April, 1971 and October, 1975. This survey is the result of efforts by the National Center for Health Statistics to fulfill its Congressional mandate to obtain information about the health status of the population of the United States. NHANES I represents a nationwide probability sample of approximately 28,000 persons, aged 1-74 from the civilian non-institutionalized population of the coterminous United States, excluding those persons residing on Indian reservations (Miller, 1978).

The sampling design for this study is a multistage, stratified, probability sample of clusters of persons in land based segments. Of the 28,000 persons selected, 20,749 persons received the general nutrition component of the survey. A subset of 6,913 persons was selected to receive questions related to health care needs and to receive a more detailed examination. The specific source of data for this study is the 6,913 sample persons in the final detailed component.

Several aspects related to the study design have implications for the analysis of these data. These issues include the need for weights, the effect of cluster sampling on sampling error and the size and representativeness of the Black sample as a national sample.

The need to utilize adjusted sampling weights arises from three aspects of the design—the probability of selection into the sample, nonresponse and post-stratification. NHANES I was over sampled on certain subgroups, namely, persons with low incomes, preschool children, women of childbearing age and el-
elderly persons for the general nutrition component. The nonresponse rate for the entire study was 26% and 30% for the detailed component. A study comparing NHANES I nonrespondents to respondents on certain health characteristics revealed no major discrepancies. Nevertheless, adjustments were made. In order to make the sample more closely resemble the civilian noninstitutionalized population of the United States, poststratification was employed. Consequently, in order to adjust for unequal sampling probabilities, nonresponse, and poststratification, adjusted sampling weights were used.

Another design aspect which has implications for the analysis of this study is that of the effects of clustering on sampling variance. With cluster sampling, the possibility exists that sample elements within a cluster are more homogeneous with respect to specific characteristics resulting in sampling variances which may be higher than those obtained from simple random sampling. SUPERCARP, a program using the Taylor Linearization technique for analyzing complex surveys was available. However, a decision was made not to use it when advice from statisticians familiar with the program and NHANES I data set indicated that because of the small Black sample, resulting statistics could be rather unreliable. As a result, conventional statistical procedures assuming simple random sampling were used and inferences made concerning statistical results are put into perspective considering the possible influence of “design effect”.

A final consideration about the design NHANES I and its implications for analysis of these data has to do with the size and representativeness of the Black subsample and the resulting restrictions on performing detailed between and within group analyses. Blacks represent 873 or 12.6% of the total unweighted detailed examination sample of 6,913. When the weighted factor was applied, Black representation was reduced to 691 or 10% of the sample. In 1970, Blacks represented 11.1% of the total United States population and 9.8% of those persons 24-74 years of age. Although these figures seem to be comparable to the proportion of Blacks in the population, it is unclear whether 691 respondents meet the size requirement for a national sample (Sudman, 1976). With over one-third of the 35 nationwide strata containing less than ten Blacks, the question of the representa-
tiveness of the Black subsample was raised (See Table 1). A subsequent comparison of the Black sample's distributions on selected socio-demographic variables to 1970 population estimates revealed similar distributions for race, sex, age, residence and marital status. Therefore, the evidence seems to suggest that the Black sample is a national one and is representative for the most part, although the size of the Black sample renders a detailed within group analysis difficult.

The main dependent variable, general psychological well-being, was measured by the National Center for Health Statistics' General Well-Being Schedule. General well-being here refers to "the net impact of the many sources which affect an individual's emotional or feeling states" (Dupuy, 1978). The Schedule contains eighteen items reflecting some of the major aspects of psychological well-being or distress that appear in the literature and represent six major concepts: freedom from health worry and concern, energy level, satisfying, interesting life, cheerful versus depressed mood, relaxed versus tense and anxious mood and emotional-behavioral control. The score ranges from 0-110 with a higher score representing a higher level of well-being or a lower level of distress.

In order to accomplish the goals of the study, the analysis was divided into five major phases. The initial step was to examine the sample design and frequency distributions using measures of central tendency. Secondly, the General Well-Being Schedule was examined to determine if the item-to-item and the item-total correlations were similar for Blacks and Whites. Dissimilarities in the Black-White correlations would implicate possible response bias in the data. If the correlations were substantially different, the indication would be that the questions were measuring different things in the Black and White populations and that the scores may not be comparable.

Thirdly, preliminary F-tests of the hypotheses concerning the equality of variable means for income, education, age, marital status, sex and place of residence were performed. Assuming a difference in Black-White mean scores, the question became one of accounting for it.

Fourthly, in order to determine if the effects of each of the independent variables on the dependent variable was the same
Table 1

Number of Examined Persons by Race and Stratum Number in the Detailed NHANES I Design: U.S. 1971-75

<table>
<thead>
<tr>
<th>Stratum</th>
<th>Total 6,913</th>
<th>White 6,040</th>
<th>Black 873</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>167</td>
<td>117</td>
<td>50</td>
</tr>
<tr>
<td>2</td>
<td>143</td>
<td>121</td>
<td>22</td>
</tr>
<tr>
<td>3</td>
<td>146</td>
<td>106</td>
<td>40</td>
</tr>
<tr>
<td>4</td>
<td>189</td>
<td>139</td>
<td>50</td>
</tr>
<tr>
<td>5</td>
<td>240</td>
<td>202</td>
<td>38</td>
</tr>
<tr>
<td>6</td>
<td>130</td>
<td>100</td>
<td>30</td>
</tr>
<tr>
<td>7</td>
<td>143</td>
<td>90</td>
<td>53</td>
</tr>
<tr>
<td>8</td>
<td>122</td>
<td>115</td>
<td>7</td>
</tr>
<tr>
<td>9</td>
<td>121</td>
<td>116</td>
<td>5</td>
</tr>
<tr>
<td>10</td>
<td>153</td>
<td>134</td>
<td>19</td>
</tr>
<tr>
<td>11</td>
<td>196</td>
<td>192</td>
<td>4</td>
</tr>
<tr>
<td>12</td>
<td>179</td>
<td>176</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>177</td>
<td>176</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>228</td>
<td>223</td>
<td>5</td>
</tr>
<tr>
<td>15</td>
<td>177</td>
<td>155</td>
<td>22</td>
</tr>
<tr>
<td>16</td>
<td>185</td>
<td>147</td>
<td>38</td>
</tr>
<tr>
<td>17</td>
<td>192</td>
<td>185</td>
<td>7</td>
</tr>
<tr>
<td>18</td>
<td>176</td>
<td>160</td>
<td>16</td>
</tr>
<tr>
<td>19</td>
<td>208</td>
<td>202</td>
<td>6</td>
</tr>
<tr>
<td>20</td>
<td>169</td>
<td>165</td>
<td>4</td>
</tr>
<tr>
<td>21</td>
<td>271</td>
<td>271</td>
<td>0</td>
</tr>
<tr>
<td>22</td>
<td>169</td>
<td>113</td>
<td>56</td>
</tr>
<tr>
<td>23</td>
<td>204</td>
<td>161</td>
<td>43</td>
</tr>
<tr>
<td>24</td>
<td>174</td>
<td>137</td>
<td>37</td>
</tr>
<tr>
<td>25</td>
<td>237</td>
<td>187</td>
<td>50</td>
</tr>
<tr>
<td>26</td>
<td>243</td>
<td>196</td>
<td>47</td>
</tr>
<tr>
<td>27</td>
<td>236</td>
<td>220</td>
<td>16</td>
</tr>
<tr>
<td>28</td>
<td>275</td>
<td>180</td>
<td>95</td>
</tr>
<tr>
<td>29</td>
<td>225</td>
<td>207</td>
<td>18</td>
</tr>
<tr>
<td>30</td>
<td>248</td>
<td>215</td>
<td>33</td>
</tr>
<tr>
<td>31</td>
<td>203</td>
<td>191</td>
<td>12</td>
</tr>
<tr>
<td>32</td>
<td>222</td>
<td>212</td>
<td>10</td>
</tr>
<tr>
<td>33</td>
<td>219</td>
<td>215</td>
<td>4</td>
</tr>
<tr>
<td>34</td>
<td>211</td>
<td>209</td>
<td>2</td>
</tr>
<tr>
<td>35</td>
<td>335</td>
<td>305</td>
<td>30</td>
</tr>
</tbody>
</table>
Well-Being of Blacks and Whites

for both races, null hypotheses regarding the similarity of effects were tested using the product interaction, race *X; i = 1, . . . , k. A "p" value ≤ .05 was used to reject the null hypothesis. If the effect within the Black and White groups were similar, the remainder of the analysis would assume that the multivariate effects of these variables were additive and could be examined without regard to racial status. Finally, analysis of the final equation resulting from a forward stepwise regression procedure was conducted to determine the relative contribution of significant variables.

Findings

Initial examination of the frequency distributions of the dependent variable, general well-being, and several independent variables revealed that Blacks had lower general well-being scores than Whites with the weighted mean score for Whites being approximately 7 points higher than that of Blacks (See Figure 1). The mean score for Whites was 81.10 and 74.31 for Blacks. White scores exhibited less variability with a SD = 17.053, whereas the SD for Blacks was 20.017. Preliminary F-tests of the hypotheses concerning the equality of category means revealed significant overall F's for Whites for income, education, age, marital status, and sex (See Table 2). For Blacks, overall F' reached significance for the same variables with the exception of age (See Table 3). Place of residence was not significant for either group. When each of the socio-demographic variables was entered separately as controls with only race in a categorical regression model, general well-being scores for Whites remained significantly higher than those of Blacks.

Examination of the General Well-Being Schedule's internal consistency revealed very small differences existed between Black and White responses in terms of homogeneity of items, their relative contribution to total test variance and their correlation to each other and the corrected total. The instrument produced Alpha levels of .91 for Whites and .90 Blacks.

Using the general interaction model to test whether the effects of each of the independent variables on general well-being were the same for both races, the analysis revealed significant
interaction between the races, no significant interaction effects were found between race and the independent variables income, marital status, age and place of residence. At each variable category, Whites had scores which were higher than those of Blacks. In both the Black and White sample, those families with incomes less than $6,000 (poverty or near poverty) had significantly lower mean general well-being scores than those in the over $6,000 income group. For both Blacks and Whites, those who were widowed, separated or divorced had significantly lower mean scores than those married or never married. The differential between races was greatest at the never married category where the Black-White mean score differential was twice that for the married category. Married Blacks had mean scores which ap-
Table 2

Mean General Well-Being Scores by Selected Sociodemographic Variables for Whites

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean GWB Scores</th>
<th>Weighted SD</th>
<th>Weighted N</th>
<th>P ≤ .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>81.10</td>
<td>17.05</td>
<td>6,222</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; $6,000</td>
<td>76.46</td>
<td>19.52</td>
<td>1,318</td>
<td></td>
</tr>
<tr>
<td>&gt; $6,000</td>
<td>82.64</td>
<td>16.00</td>
<td>4,653</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High School Graduate</td>
<td>78.24</td>
<td>18.79</td>
<td>2,078</td>
<td>*</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>81.31</td>
<td>16.09</td>
<td>2,304</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>83.44</td>
<td>15.65</td>
<td>1,811</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-39</td>
<td>80.99</td>
<td>16.53</td>
<td>2,292</td>
<td></td>
</tr>
<tr>
<td>40-54</td>
<td>80.86</td>
<td>17.16</td>
<td>2,021</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>80.34</td>
<td>17.65</td>
<td>1,138</td>
<td></td>
</tr>
<tr>
<td>65-75</td>
<td>83.19</td>
<td>17.29</td>
<td>772</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>81.92</td>
<td>16.46</td>
<td>4,976</td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>81.70</td>
<td>17.19</td>
<td>387</td>
<td></td>
</tr>
<tr>
<td>Widowed, Separated,</td>
<td>76.05</td>
<td>19.36</td>
<td>857</td>
<td></td>
</tr>
<tr>
<td>Divorced</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>83.87</td>
<td>15.80</td>
<td>2,975</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>78.55</td>
<td>17.75</td>
<td>3,247</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>82.08</td>
<td>17.21</td>
<td>4,179</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>81.06</td>
<td>16.74</td>
<td>2,043</td>
<td></td>
</tr>
</tbody>
</table>

*Overall F-test significant at P ≤ .05.

proximated those of Whites indicating a borderline statistically significant marital status-by-race interaction effect. For both Blacks and Whites, the 65+ age group reported the highest mean general well-being scores.

There was a positive relationship between education and general well-being for both groups. Those Blacks with some college showed scores approaching those of their educationally
Table 3

Mean General Well-Being Scores by Selected Sociodemographic Variables for Blacks

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean GWB Scores</th>
<th>Weighted SD</th>
<th>Weighted N</th>
<th>P ≤ .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>74.31</td>
<td>20.02</td>
<td>691</td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>&lt; $6,000</td>
<td>69.73</td>
<td>22.51</td>
<td>316</td>
<td></td>
</tr>
<tr>
<td>&gt; $6,000</td>
<td>78.14</td>
<td>16.65</td>
<td>349</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>&lt; High School Graduate</td>
<td>71.99</td>
<td>22.17</td>
<td>377</td>
<td></td>
</tr>
<tr>
<td>High School Graduate</td>
<td>75.06</td>
<td>17.18</td>
<td>196</td>
<td></td>
</tr>
<tr>
<td>Some College</td>
<td>81.46</td>
<td>14.81</td>
<td>106</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>25-39</td>
<td>72.86</td>
<td>17.80</td>
<td>271</td>
<td></td>
</tr>
<tr>
<td>40-54</td>
<td>75.47</td>
<td>19.79</td>
<td>238</td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>72.92</td>
<td>24.29</td>
<td>107</td>
<td></td>
</tr>
<tr>
<td>65-75</td>
<td>77.82</td>
<td>21.30</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Married</td>
<td>77.16</td>
<td>18.47</td>
<td>424</td>
<td></td>
</tr>
<tr>
<td>Never Married</td>
<td>71.90</td>
<td>20.54</td>
<td>70</td>
<td></td>
</tr>
<tr>
<td>Widowed, Separated, Divorced</td>
<td>69.00</td>
<td>22.06</td>
<td>193</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
<td>*</td>
</tr>
<tr>
<td>Male</td>
<td>79.45</td>
<td>17.75</td>
<td>304</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>70.26</td>
<td>20.78</td>
<td>387</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>74.49</td>
<td>19.98</td>
<td>571</td>
<td></td>
</tr>
<tr>
<td>Rural</td>
<td>73.74</td>
<td>20.24</td>
<td>120</td>
<td></td>
</tr>
</tbody>
</table>

*Overall F-test significant at P ≤ .05.

similar counterparts, thus producing the significant education-by-race interaction effect. Males in both the Black and White sample had significantly higher mean scores than females. Black females had the lowest mean score of all. Significant sex-by-race interaction was reported with a “p” = .005.

In order to test the persistence of the sex-by-race and the education-by-race interaction, each of the other independent
variables was added sequentially to the equation containing the main effects as well as the interaction terms. The education-by-race interaction was no longer significant when the effects of income were controlled. The sex-by-race interaction remained significant at $F = 6.84$, "p" = .01. The persistence of the sex-by-race interaction suggests that the manner in which maleness or femaleness affects general well-being does differ by racial status. The lack of interaction on all the other variables indicates that their effects on general well-being are the same regardless of racial value.

Finally, in a forward (stepwise) inclusion regression procedure with pre-established hierarchy for race, education and sex, all of the variables entered the equation revealing a statistically significant difference in Black and White general well-being scores ($T = 6.11$, "p" = .01). Table 4 indicates an almost constant effect of moving from one category of education to the next. Unstandardized regression coefficients revealed a 5 point loss in general well-being when moving from the above poverty group to the poverty or near poverty group. Age showed a somewhat similar constant, though slightly decreasing trend in moving from the eldest group to the younger group. Unstandardized regression coefficients for the marital status categories were similar for the married and single groups with the effect of the widowed, separated or divorced status being slightly more severe. The sex-by-race interaction remained significant in the model. Using a matrix coding system for the final equation variables, it was revealed that White males experienced a 10.29 point increase in general well-being scores as compared to Black women. Black male scores were 8.39 points higher than Black females. The Black female's White counterparts had scores which were 5.79 points higher than their own.

Discussion

An examination of the zero order relationships between selected socio-demographic variables and mental health status of Blacks and Whites revealed results similar to those reported in the literature. The variables race, income, education, sex, and marital status were all significant predictors of general well-being for Blacks and Whites with age being significant for Whites only.
Table 4

Unstandardized Regression Coefficients, Standard Errors, T-Ratios and Beta Coefficients for Variables in the Equation

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>Standard Error B</th>
<th>T-Ratio</th>
<th>Beta</th>
</tr>
</thead>
<tbody>
<tr>
<td>D1 Race (White)</td>
<td>5.79</td>
<td>.95</td>
<td>6.11</td>
<td>.10</td>
</tr>
<tr>
<td>D3 Education (some college)</td>
<td>4.35</td>
<td>.57</td>
<td>7.58</td>
<td>.09</td>
</tr>
<tr>
<td>D2 Education (high school)</td>
<td>3.42</td>
<td>.52</td>
<td>6.56</td>
<td>.11</td>
</tr>
<tr>
<td>D1 Sex</td>
<td>8.39</td>
<td>1.33</td>
<td>6.32</td>
<td>.22</td>
</tr>
<tr>
<td>D1 Income (&lt; $6,000)</td>
<td>-5.55</td>
<td>.56</td>
<td>-9.85</td>
<td>- .12</td>
</tr>
<tr>
<td>D1 Age (25-39)</td>
<td>-7.06</td>
<td>.73</td>
<td>-9.65</td>
<td>- .19</td>
</tr>
<tr>
<td>D2 Age (40-54)</td>
<td>-6.58</td>
<td>.73</td>
<td>-9.04</td>
<td>- .18</td>
</tr>
<tr>
<td>D3 Age (55-64)</td>
<td>-5.45</td>
<td>.78</td>
<td>-7.01</td>
<td>- .11</td>
</tr>
<tr>
<td>D2 Marital Status (single)</td>
<td>2.76</td>
<td>.62</td>
<td>4.36</td>
<td>.07</td>
</tr>
<tr>
<td>D1 Marital Status (married)</td>
<td>3.88</td>
<td>.99</td>
<td>3.94</td>
<td>.05</td>
</tr>
<tr>
<td>D1 Residence (urban)</td>
<td>-.96</td>
<td>.46</td>
<td>-2.12</td>
<td>-.02</td>
</tr>
<tr>
<td>Race*Sex (white—male)</td>
<td>-3.79</td>
<td>1.38</td>
<td>-2.73</td>
<td>-.11</td>
</tr>
<tr>
<td>Constant</td>
<td>75.88</td>
<td>1.29</td>
<td>-58.69</td>
<td></td>
</tr>
</tbody>
</table>

The positive relationship between general mental health status and income and education has long been documented in the literature (Berkman, 1971; Warheit, et al., 1973; Comstock & Helsing, 1976; Dohrenwend & Dohrenwend, 1969). Consistent with the literature, significant differences were found between the mental health status of males and females in both races, (Comstock & Helsing, 1976; Freichs, et al., 1981; Roberts, Stevenson, & Breslow, 1981; Warheit, Holzer, Bell, & Arey, 1976).
Like Comstock and Helsing, these results showed marriage to be associated with increased levels of mental health in Blacks to a greater degree than it is in Whites (Comstock & Helsing, 1976).

The finding that race remains a significant predictor of mental health status after controls for socio-demographic variables does not predominate in the community based social-psychological indicator studies. Berkman (1971), however, in his large Alameda County study did report that race remained significant. This finding suggests that there are other variables besides income, education, sex, age and marital status which contribute to the differential in the general well-being of Blacks and Whites.

The significant sex-by-race interaction was not supported by the literature, although most research in this area has not tested for interaction effects. Although their findings did not involve the race variable, Comstock & Helsing (1976) did report interaction between marital status and sex and Warheit (1973) reported interaction between socio-economic status and sex in their mental health status studies.

This research concludes that there are significant differences in the mental health status of Blacks and Whites in the United States as measured by the General Well-Being Schedule. Although there are significant differences, these differences are essentially constant when examining the relationship of selected socio-demographic variables and mental health status of the races; the one exception being sex, which may interact with race. Income, education, sex, age and marital status are all significant predictors of general well-being, although they do not account for much of the difference in general well-being scores of Blacks and Whites. Although these data suggest an interactive model, because of the “design effect” and the small Black sample, results may not be strong enough to unequivocally recommend either an additive or an interactive statistical model for performing comparative analyses of the mental health status of Blacks and Whites. A strong recommendation of this study is for designers of national studies to give more attention to the selection of the Black sample. Black samples need to be larger not only for more reliable comparative analysis, but to fulfill the need for more detailed within group information which is presently missing on Blacks in the mental health literature. The sex-race
interaction suggests that future research on the effect of societal sex role assignments might hold some answers to differences in the mental health status of males and females in both racial groups. It is also suggested that future research not only include socio-demographic variables, but that some attempt be made to quantify the effects of such socio-cultural variables as social support and racism on the mental health status of various groups in the population.

References


Exposure of Young Welfare Recipients to Family and Peer Receipt of Welfare and Unemployment Benefits

VIOLA E. SHUART
JOHN H. LEWKO
Laurentian University
Centre for Research in Human Development

The current study examined exposure to family and peer receipt of unemployment and general welfare benefits for a sample of 262 unemployed youth between 16 and 24 years of age who were in receipt of social assistance. The findings reveal that exposure to receipt of benefits was most pervasive through peers, with moderate exposure via siblings and minimal exposure via parents. The findings are discussed in relation to existing explanations which suggested that the receipt of benefits is intergenerationally transmitted. It is recommended that future investigations of the cultural transmission of poverty and receipt of benefits include the influence of peers.

In Canada, youth unemployment has persisted at elevated levels (Shaw, 1985). This phenomenon has also translated to social assistance rolls, where jobless youth comprised approximately one half of social assistance case loads in many centres across Canada (e.g. Ottawa, 40%, Winnipeg 47%, CCSD, 1985). Part of the prevailing stereotype of individuals in receipt of welfare benefits is the notion that they are products of a social setting which perpetuates reliance on social assistance intergenerationally (Knight & West, 1977). However, the social context of jobless youth in receipt of benefits, and hence the validity of this perspective, remains relatively unexplored. The purpose of the present study was to examine youth in receipt of general welfare assistance to determine the extent to which they are part of a social context which has perpetuated receipt of welfare. The term 'social context' is used to refer to various significant others.
with whom unemployed individuals are likely to interact, such as family members and peers.

The negative imagery surrounding social assistance populations has been an integral dimension of theories of cultures of poverty extended in the 1960s (Coser, 1965). Such theorizing has contributed to negative stereotypes of individuals in receipt of welfare benefits (Alston & Dean, 1972; Cabell, 1985; Feagin, 1972; Golding & Middleton, 1982) who have been depicted as "lazy loafers, welfare chiselers, able bodied men, trifling women and their illegitimate children (Poinsett, 1982). Studies of media characterizations of individuals in receipt of social assistance have further demonstrated that the press has perpetuated the negative stereotypes. For example, Cabell's (1985) study of articles in two New York magazines revealed that welfare recipients were denigrated by the press through the use of labels such as "scroungers or spongers". The salient themes identified in these articles were those of fraud and abuse of the social assistance system on the part of welfare recipients.

The negative stigmatization of those in receipt of welfare benefits has been extended to jobless youth (Armstrong, Bazalgette and Reed, 1981), and has included the position that these individuals are largely a product of environments characterized by receipt of welfare (Shaw, 1985). More importantly for the current study, authors have adopted the notion that reliance on social assistance is transmitted intergenerationally (Chambre, 1985; Knight & West, 1977). Based on a study of 356 young men and their fathers, Knight and West (1977) concluded that the tendency to take more than average advantage of welfare payments and to neglect welfare contributions are features which are transmitted from father to son. Similarly, in discussing the causes of youth unemployment, various authors have stated that family background influences are key factors in young people being able to secure work (Dayton, 1978; Shaw, 1985). Shaw (1985) has maintained that most unemployed youth between 16 and 24 years of age who qualified for Canada Employment and Immigration Commission (CEIC) job skill and development programs came from families with both parents unemployed or from single parent families with unemployed mothers. This situation was perceived as translating to a vicious circle of employment instability, low education and low earnings.
Others have maintained that much of the early work, which has advocated negative imagery and the intergenerational transmission hypothesis, has created and reinforced negative attitudes and psychological traits (Hill & Ponza, 1982) and, thereby, has contributed to long-term welfare dependency on the part of young people (Coe, 1982). This argument is in synchrony with popular criticisms of descriptions of cultures of poverty. It has been stated that descriptions of the poor have supported the maintenance of the ideology of capitalism (Kerbo, 1984) by reinforcing the view that poverty is a product of individual inadequacy (Alston & Dean, 1972; Cabell, 1982; Kerbo, 1984). It is suggested here that earlier theories, resolving to blame the victim, fail to take into account the structural explanations for unemployment and, in this instance, the general shortages of jobs for youth in particular.

Based on stereotypical notions of welfare subcultures (Alston and Dean, 1972; Cabell, 1985; Feagin, 1972) and models extending the transmitted deprivation notion (Golding and Middleton, 1982) one could speculate that jobless youth in receipt of welfare come from a background geared toward a career of joblessness and receipt of social assistance. Although there is some evidence to support the concept of the welfare subculture being transmitted via parents (Knight & West, 1977) little attention has been given to the relative influence of others with whom the young unemployed interact (Wijting, Arnold & Conrad, 1978). This is an issue of considerable concern given the importance attributed to peer and sibling relationships (Youniss & Smollar, 1985). In fact, little is known about the wider social context of welfare receipt which surrounds youth who are unemployed and receiving social assistance. The current study constituted a reexamination of the notion of intergenerational transmission of cultures of poverty. Specific attention was focussed on the history of parental employment and receipt of unemployment insurance and general welfare assistance on the part of parents, siblings and peers.

Method

Subjects

The sample consisted of 262 unemployed youth in receipt of general welfare assistance, including 179 males and 83 females,
who were part of a larger study designed to monitor the flow of participants through a 6 month work experience program. These youth entered an Ontario government sponsored Youth Corps program conducted in the northeastern Regional Municipality of Sudbury in the Spring of 1984. The participants were identified by local case workers as individuals between 16 and 24 years of age who were in receipt of general welfare assistance for a minimum of three months prior to the start of the program. Mean age of respondents was 20.2 years. The age range represented the operational definition of "Youth" by program sponsors. All youth meeting the above criteria were contacted by their case worker to participate in the program.

Procedure

A background characteristics questionnaire entitled the Youth Employment Questionnaire was completed by subjects on the first day of their entering a one week life skills course which constituted the initial phase of the Youth Corps program. Data were collected over a two week period in small groups consisting of approximately 10 to 20 subjects with three adults available to assist individuals. This procedure circumvented any problems arising from illiteracy or misunderstanding on the part of the participants. All subjects were informed of the right to withdraw from the study or refuse to complete any particular question. All subjects present at the time of data collection completed the questionnaire.

Instrument

The Youth Employment Questionnaire was designed to provide a descriptive profile of the unemployed youth in terms of various background characteristics such as ethnicity, SES, and living arrangements. Questions regarding length of time out of school and out of work, perceived social support through parents, peers and siblings and indirect exposure to unemployment and receipt of unemployment insurance (UIC) and welfare benefits through parents, peers and siblings were also included. Specific to the current study, five separate questions measured present employment status of each parent and of brothers, sisters and friends who were out of school. Two questions were de-
signed to determine the extent to which each parent was unemployed and looking for work while these youth were growing up. Subjects were asked the question, "While you were growing up how much of the time was your father/mother unemployed and seeking work?" A second set of questions included in our study generated data on receipt of welfare benefits on the part of mother, father, brothers, sisters and close friends. Responses on the scale ranged from 1. Never, 2. Sometimes, to 3. Often.

Findings

Profile of the Parents

In general, the welfare youth did not come from family contexts reflecting high levels of parental unemployment. Subjects were asked the question, "while you were growing up how much of the time was your father unemployed and seeking work?" A majority of the males (78%) and females (74%) reported that their fathers had never been unemployed. Supporting the trend of high levels of paternal employment, less than 6% of the total sample (11 males and 4 females) stated that their fathers had been unemployed often. The data for maternal employment revealed that 49% of the males and 60% of the females had mothers who had never been unemployed and seeking work. Less than 12% of the total sample (21 males and 11 females) stated that their mothers were unemployed often. None of the subjects came from homes where both mothers and fathers had often been unemployed.

The data for parental receipt of welfare, presented in Table 1, reveal that only 2% of subjects (3 males and 1 female) had fathers who received welfare benefits often. Similarly, less than 6% of the subjects, including 8 males and 5 females, stated that their mothers had received welfare often. Table 1 also illustrates that most of the respondents (over 75% of the males and females) were never exposed to fathers or mothers who had been in receipt of welfare benefits.

Parental receipt of UIC was also relatively low with only 39% of the males and 33% of the females indicating that their fathers had received UIC sometimes or often. Similarly, 29% of the males and 18% of the females stated that their mothers had obtained UIC some of the time or often. Hence over 60% of the
<table>
<thead>
<tr>
<th>Parental, Sibling, and Friends' Receipt of Welfare and UIUC Benefits</th>
<th>Male Welfare Recipients (N = 179)</th>
<th>Female Welfare Recipients (N = 83)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Receipt of Welfare</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Father</td>
<td>89.3</td>
<td>13</td>
</tr>
<tr>
<td>Mother</td>
<td>81.5</td>
<td>123</td>
</tr>
<tr>
<td>Brother/s</td>
<td>54.8</td>
<td>74</td>
</tr>
<tr>
<td>Sister/s</td>
<td>70.1</td>
<td>94</td>
</tr>
<tr>
<td>Close Friends/s</td>
<td>19.9</td>
<td>30</td>
</tr>
</tbody>
</table>

*Missing data are the result of not all subjects having contact with each of the four relationship categories.*
males and females in the present study had fathers and mothers who had never collected UIC.

The results for parental receipt of welfare and UIC demonstrate that most of the current sample, who were themselves in receipt of welfare, did not come from homes where parental receipt of benefits was a common phenomenon. Only small percentages of youth in receipt of welfare had parents who had been heavily in receipt of benefits during the time these youth were growing up.

Profile of the Siblings

To further explore the familial context as a possible factor in youth becoming welfare recipients we turned to a consideration of sibling receipt of welfare and UIC benefits. As is evident in Table 1, a substantial percentage of the males and females who had brothers and sisters stated that their siblings had never received welfare. Only 7.7% of the subjects with brothers (10 males and 6 females) indicated that their brothers had often received welfare. Similarly, only 8.8% of the subjects with sisters, including 12 males and 6 females, stated that their sisters had often received welfare.

Of the males and females who had brothers, approximately 45% stated that their male siblings had never received UIC. The non-receipt of UIC on the part of sisters was even lower with close to 70% of males and females stating that their sisters had never collected this benefit. The data for receipt of UIC also demonstrated that only 5.7% of the subjects had brothers who had always been in receipt of UIC while only one male and one female indicated that they had sisters who were 'often' in receipt of UIC.

The data for sibling receipt of benefits demonstrated that exposure to receipt of UIC and welfare benefits through siblings was relatively moderate, which may be reflective of the youth employment situation in general. The data also suggest that exposure to receipt of both types of benefits through siblings was somewhat more prevalent than exposure through parents.

Profile of Peers

Of the three social groups investigated, the peer group rep-
resented the most substantial context of exposure to receipt of welfare and UIC (see Table 1). Eighty percent of the males and 70% of the females stated that their friends had sometimes or often received welfare. Hence, only 20% of the total population (30 males and 23 females) had friends who had never collected welfare benefits. Exposure to receipt of UIC through friends was also quite substantial with 89% of the males and 72% of the females stating that they had friends who had received UIC sometimes or often. Only 14% of the total population (16 males and 21 females) indicated that their close friends had never been in receipt of UIC.

**General Exposure to Welfare**

Analyses were performed to determine the number of subjects who were heavily exposed to receipt of welfare simultaneously through familial and peer group contexts. The first step involved generating frequencies for subjects who had fathers, mothers and siblings who had received welfare. Additional distributions were then generated to consider the added peer dimension. The data for the family context demonstrated that only 26% of the sample (43 males and 26 females) reported having both parents and at least one sibling who had received welfare sometimes or often. When the breakdown was restricted to only those subjects who had 'often' been exposed, the figure reduced to 14% of the population (13 males and 6 females). These results illustrate that exposure to welfare through the familial context was surprisingly limited with only a small percentage of subjects who were heavily exposed to extensive receipt of welfare assistance through parents and siblings.

When exposure through peers was included in the social context, the data revealed that 22% of the total population (37 males and 21 females) had been exposed to parents, siblings and peers who had received welfare some of the time or often. Only 3% of the subjects, including 4 males and 2 females, came from social contexts wherein parents, siblings and peers were often in receipt of welfare. These results indicate that only a small proportion of the subjects who participated in this study were exposed to welfare receipt on three separate fronts, through parents, siblings or peers. Hence only a small handful can be
considered as stemming from a background totally directed toward receipt of benefits.

Discussion

The current study of unemployed youth in receipt of social assistance provides a basis for seriously questioning the notion of intergenerational transmission of joblessness and consequent reliance on social assistance. A minority of males and females in the present investigation had parents who were unemployed or in receipt of welfare benefits while they were growing up. This finding clearly contradicts previous work which has promoted the view that reliance on social assistance is passed on from parents to their offspring (Knight and West, 1977; Shaw, 1985).

Although the current study has relied quite heavily on retrospective data, the impact of parental joblessness on young people and their families is well established (Elder, 1974), suggesting that subjects in the current sample would have been more likely to accurately recall the presence of this experience than, perhaps, other less stressful events. The low incidence of parental joblessness and limited reliance on UIC and social assistance might, in this instance, be attributable to regional disparities. This study was conducted in the Regional Municipality of Sudbury, a single industry mining community characterized by high levels of youth unemployment and sporadic work opportunity for youth in response to prevailing decreases in international market demands for nickel as well as continued adoption of new technologies by the mining industry. The majority of youth in this community had fathers who were consistently employed in the region except for occasional labour disputes that were resolved through strike action. Unlike their parents, however, these youth have had less opportunity to obtain steady work. Hence, joblessness and reliance on welfare benefits, as experienced by the Sudbury sample, cannot be explained solely by socialization models which advocate the process of intergenerational transmission. These results clearly point to a need for community-specific considerations of unemployment in analyses of subjects' receipt of benefits.

Wijting, Arnold and Conrad (1978) have drawn attention to
the paucity of research on the scope of individuals who may be instrumental in the transmission and formation of a welfare subculture. Our introduction of sibling receipt of UIC and welfare benefits into the current investigation partially redresses this concern and provides a more expansive foundation for examining the extent to which youth come from familial contexts geared toward receipt of benefits. The data illustrate that although percentages were slightly higher for sibling as opposed to parental receipt of benefits, very few of our subject came from family backgrounds geared toward chronic receipt of social assistance. The fact that sibling receipt of benefits was slightly higher than parental receipt may be reflective of general work and unemployment patterns of youth. It is also acknowledged here that youth unemployment is clearly a structural problem. In the face of job shortages we can no longer attribute the blame for joblessness, and hence reliance on welfare benefits, to the individual. In terms of policy implications, the escalating level of youth unemployment must be dealt with primarily on a structural level.

In the current investigation, the limited exposure of subjects to receipt of benefits through parents and siblings is strongly counterbalanced by exposure to the peer group. Not withstanding the small number of subjects who were exposed to benefits from within all three social contexts, the high numbers of best friends in receipt of benefits warrants attention. Recent investigations have demonstrated that, by providing an alternative world view to that of parents and other authority figures, adolescent peers play an important role in influencing personal development of youth (Youniss & Smollar, 1985). For example, it has been demonstrated that within the framework of social relations, which can extend beyond those which emerge from interaction with parents, peers co-construct a unique set of moral codes and values (Youniss, 1980). Other authors writing on youth and work (Roberts, Noble & Duggan, 1982) have suggested that high rates of joblessness may translate to a subculture of unemployed youth who view unemployment and receipt of benefits as common and therefore acceptable. Affiliations between jobless youth could then translate into counter-productive work related attitudes and behaviors. Such reasoning should apply
equally to the older (22-25 yrs.) subjects in our study given current theorizing regarding the process of individuation (cf. Grotevant & Cooper, 1985) and the potential for delayed development due to prolonged financial dependence (Patton & Noller, 1984).

Partial support for the view that unemployed peers are a positive rather than a negative influence in the lives of unemployed youth emerged from multiple discussions with three groups of subjects (N=30). In a series of group interviews conducted shortly after the questionnaire data were collected, participants stated that their unemployed friends were a strong source of social (and sometimes, economic) support. During periods of unemployment, peers took each other in, lent each other money and spent time talking to one another when depression began to set in. One subject intimated that there was somewhat of an understanding amongst the unemployed. He stated, "When someone has a job, or has money, then they buy the beer and stuff, like nobody really thinks about it, or we don't keep score, we just know when there's no money we help each other, cause next month it might be your turn to do without." Another youth maintained, "Sometimes when things get really bad and like someone can't afford the rent, then someone else takes them in." In terms of emotional support the subjects were in general agreement that their unemployed friends represented someone to talk to, a sounding board and a shoulder to cry on.

In contrast, the subjects in the study also agreed that parents and family members were largely unsympathetic to their unemployed status. Insofar as family members (and parents in particular) had little exposure to unemployment, they viewed joblessness as a personal failure. One male stated, "I don't tell my old man when a job is over any more, because he doesn't understand. He just thinks I'm lazy and no good and hanging around doing nothing. He says there's jobs out there for people who want them. And like I'm pounding the pavement and all I get is put downs." Generally, the various comments suggested that parental attitudes largely reflected the negative imagery which has traditionally surrounded unemployed populations. Contrary to the negative myths surrounding welfare populations, our group interview data revealed that these youth were, thusfar, committed to employment and were persistent in their
search for jobs. In most cases the strong desire for work was coupled with a more general life plan. These youth expressed a strong need to build a future based on a steady job. They expressed desires to marry, have homes and to start families. To them, unemployment represented a clear impediment to constructing a life based on a general value system and a range of life goals shared by most North Americans.

The most striking observation from the current study was the large number of peers in receipt of benefits. Given the potential socializing and social support function served by this group, further investigation is certainly warranted. It may be that unemployed youth are most likely to gravitate toward other unemployed youth because of various criticisms to which they are subject. Individuals in the current investigation stated that they would turn to their unemployed peers for social support and shy away from less sympathetic and more critical parents and family members. This outcome suggests the need to investigate the possibility of a peer-based transmission hypothesis. One directive for future research would be to explore the extent to which individuals exposed to intermittent or chronic states of joblessness are able to sustain one another and to maintain a positive outlook toward the world of work, in the relative absence of social support from the family. In fact the negative imagery and stigmatization of unemployed youth by potential sources of social support could translate to a structural division between employed and unemployed individuals. Without the approval and support of those connected to the public sphere of the work world, jobless youth could sink into resignation and succumb to the negative stereotypes.

The results of the current study suggest the need for a re-examination of the position that receipt of benefits is intergenerationally transmitted. The low receipt of social assistance on the part of parents and siblings indicates that, for some youth, reliance on benefits may not be attributable solely to family background factors. More importantly, by questioning the seemingly universal application of the intergenerational transmission concept, one is also faced with the need to re-examine the negative imagery revolving around youth in receipt of benefits, such as the press and media portrayal of welfare youth as reck-
less, selfish and parasitic spongers (Cabell, 1985; Alston & Dean, 1972; Golding & Middleton, 1982). In so far as the families of youth in the current study were not heavily exposed to joblessness and receipt of benefits, it would be unrealistic to characterize all young welfare recipients with the many negative qualities attributed to individuals socialized within cultures of poverty.

Both welfare-based officials and media personnel should be sensitized to the potential effects of negatively stereotyping our unemployed youth. Closer attention also should be directed to the manner in which the peer group functions as a support system for unemployed youth. Given the power of the peer group, it might serve as a vehicle through which the negative attributions often associated with joblessness may be modified, thereby altering the cycle of joblessness and chronic reliance on benefits.

References


Welfare Workers as Surplus Population: A Useful Model?*

PAULA DRESSEL
Georgia State University

MIKE SWEAT and MICHELLE WATERS
Emory University

Analysts of organizational and employment issues in social welfare are in need of a more critical orientation for framing debate. We propose that an understanding of welfare workers as surplus population offers critical insights into a number of longstanding welfare concerns, including political coalitions, professional standards, and worker burnout. Empirical evidence is presented to undergird the credibility of the surplus population argument.

Considerable literature in social welfare implicitly if not explicitly employs a functionalist theoretical orientation. That is, it takes existing social structures as givens and focuses on questions of social integration, consensus-building, and the quest for societal equilibrium. Literature in this tradition is more abundant than analyses grounded in conflict theory. The latter framework, by contrast, highlights questions of resource and power differentials, socially-structured tensions and contradictions, and societal change. In our opinion, conflict theory has much more to offer welfare analysts than we have yet acknowledged and pursued.

Most recently, the critical work of selected political economists has considerably enhanced our understanding of state welfare initiatives—their origins, contradictions, and potential. For example, writers focusing on the interface of political and

*An earlier version of this article was presented at the annual meeting of the Mid-South Sociological Association, Jackson, Mississippi, October 24, 1986. Thanks to Gerri Moreland for her assistance on the project.
economic institutional dynamics have leant insights to such complex issues as the fiscal crisis of the welfare state, interrelations between state warfare and welfare functions, and the structural and ideological sources of social policy failures (O'Connor 1973, 1984; Offe 1984). As yet however, the theoretical soil out of which these insights arise has not been tilled for fresh perspectives on organizational and employment issues in social welfare work. This article makes an initial effort to address that oversight. In doing so, we hope to demonstrate the unique and useful contributions that a conflict theoretical orientation can make to social welfare analyses.

Specifically, we believe it is fruitful for analysts of the welfare system to explore the political economic concept of a surplus population. According to theory surrounding the concept, both workers in the welfare state and their clients are said to comprise the economically marginal group designated as surplus population. This concept is ordinarily only embedded in larger discussions of the welfare state; consequently its implications have not been explored. The specific purpose of this article, then, is to offer initial and suggestive rather than exhaustive responses to the following questions:

1. What is meant by the concept of a surplus population?
2. How can it be elaborated for richer explanation of the U.S. welfare state?
3. What empirical evidence can be offered to further its soundness as a theoretical filter?
4. How can it be employed to reframe longstanding issues in social welfare work and to generate new ones?

The Surplus Population Argument

The surplus population argument as developed by critical political economists can be explicated briefly as follows. The central government (hereafter the state) in a capitalist political economy has two key, albeit ultimately contradictory, functions. The first is to develop and support mechanisms that enhance private production and capital accumulation. The second is to develop and support mechanisms that promote a socially harmonious and politically legitimated environment within which the accumulation of capital can occur (Dover and Moscovitch 1981; O'Connor 1984). The latter function provides the founda-
tion out of which state-sponsored social welfare efforts are fostered.

Unemployment, underemployment, and unstable low-wage employment in peripheral jobs are logical outcomes of capital accumulation and the technological changes of maturing capitalism. In other words, it is predictable that some members of the population will be rendered marginal or surplus to the core economy; profitable production precludes their employment. The state manages the human costs of capital production through assorted welfare initiatives. According to political economic theory, the function of social welfare efforts under maturing capitalism is to provide assistance to the economically displaced in order to prevent massive social unrest (Piven and Cloward 1971). Furthermore, assistance must be undertaken in a manner that does not challenge the legitimacy of the political economic environment that spawns need or reduces individual incentive to work, even for minimal wages (Ehrenreich and Piven 1984).

Of particular interest for the purpose of this article is the next point made by political economists who articulate the surplus population argument. The state, as already noted, must generate various palliative social programs to appease the economically displaced. Quite functionally, these very programs provide employment to some members of the surplus population, whose work is to tend the needs of the remainder of the surplus population. In this manner, then, the political economy that generates a surplus population is argued to be partially self-correcting through the creation of new jobs in state-supported social welfare work (O'Connor 1973).

In short, a political economic approach to social welfare informed by conflict theory argues that the workers in state-sponsored welfare activities differ from their clients mainly insofar as the former have jobs and the latter do not. Both groups, it is argued, are members of the surplus population, which is an inevitable feature of a maturing capitalist political economy. In addition, as members of the surplus population, both groups are equally dependent on the state for their subsistence.

Elaboration of the Argument

The concept of a surplus population is class-based. Individuals become economically marginal through routes as varied as
long-standing membership in an entrenched underclass or precipitous downward mobility due to termination of an executive position in a declining industry. While class is indeed a critical stratifier of people and organizer of their life chances, we cannot fully appreciate the dynamics of inequality in the United States unless we acknowledge both the racialized character of the class structure and the marginalized relationship of women to the political economy. The concept of a surplus population in itself is neither gender- nor race-specific. However, members of the surplus population in the United States are disproportionately women and members of racial-ethnic groups. The composition reflects both the patriarchy and racism of the broader society and particularly (for our purposes) its economic institutions.

There is need, then, to elaborate the concept of surplus population to incorporate gender and racial-ethnic stratification as well as class dynamics. Our argument is that all three variables inform the composition and dynamics of the surplus population, operating at times independently, at other times conjointly, geometrically, and with mutual reinforcement, to organize the life chances of specific segments of the population (e.g., Brittan and Maynard 1984). In the following paragraphs we briefly explicate key institutional dynamics that make women and racial-ethnic groups particularly vulnerable to membership in the surplus population.

Women's disproportionate economic marginality is grounded in the interrelated patriarchal ideologies of men as instrumental agents and women as nurturers. Both ideologies are manifested in the capitalist policy of a family wage system. In short, a family wage system posits the man as the family's agent in and linkage with economic institutions. His labor, it is argued, should produce sufficient income for support of the entire family. In turn, the woman performs childcare and unpaid domestic labor. Consequently, the woman and her children are dependent upon the man for their income security. Of course, the assumption that women themselves have never been wage (or enslaved) workers is historically inaccurate (e.g., Jones 1984; Glenn 1985; Kessler-Harris 1981) as is the assumption that all families contain a man. Nevertheless, the ideology of the family wage has provided a longstanding basis for both private wage decisions
and public social policies. Because the family wage system assumes a male economic agent and a female care-provider, women in the workforce are viewed as secondary workers for whom low wages and limited occupational opportunities in service and support work have been rationalized (Ehrenreich and Piven 1984).

As a consequence, millions of women experience poverty due to divorce, separation, or death of their male partners, or due to their difficulty as single household heads in finding work that pays women adequate wages. In sum, the location of women in disproportionate numbers in the surplus population is intimately linked to the sexual division of labor in a political economy premised on the family wage system. This is not to say, however, that all women are equally vulnerable. To be sure, the variables of class and race-ethnicity also inform women's life chances and qualitatively differentiate their life experiences (e.g., Burnham 1985).

Vulnerability to membership in the surplus population is structured along racial-ethnic lines in both economic and political ways. The economic marginality of racial-ethnic groups in the United States is grounded in part in capital's profit-oriented need for low-wage labor. The systematic devaluation of groups of people—whether former slaves, native-born, or recent immigrants—through the promulgation of racist ideologies provides rationale for low pay and occupational segregation. Furthermore, the availability of some people to work for lower wages depresses majority group workers' wages and discourages majority group members from challenging oppressive workplace arrangements. However, racism, like sexism, cannot only or always be explained in terms of labor requirements. Indeed, the systematic exclusion of particular groups from certain arenas of the workplace may even be antithetical to rational capital self-interest. Part of the vulnerability of racial-ethnic groups to membership in the surplus population can only be understood in terms of power, that is, in the political efforts of whites to subordinate racial-ethnic peoples (Brittan and Maynard 1984). Such efforts have evolved from blatant legal differentiation by race to more subtle institutionalized patterns of racial control (Baron 1985). Regardless of their form, however,
racist practices have relegated racial-ethnic group members disproportionately vulnerable to socioeconomic marginality.

Having expanded the concept of a surplus population beyond its original formulation to incorporate the key issues of gender and race-ethnicity, let us summarize our main theoretical points:

1) Patriarchy and racism intersect with capitalist economic dynamics in the United States to produce a surplus population comprised disproportionately of women and racial-ethnic groups.

2) The state responds to a surplus population with publicly-funded welfare efforts that employ some members of the surplus population to address the needs of the remainder of the surplus population.

3) These same gender and racial-ethnic groups, then, also predominate among the growing population of state-supported welfare workers.

4) Consequently, the distinction between public service providers and their clients is becoming increasingly blurred with the elaboration of public welfare initiatives that began in the 1930s.

How accurate, and therefore how useful, is this theoretical formulation? In the following section we offer an empirical basis for consideration of the surplus population argument.

An Empirical Basis

Systematic data to test the surplus population argument do not exist, for several reasons. First, census definitions have changed over 50 years, making the various categories encompassing the notion of a social welfare worker noncomparable. Second, employment categories are not always delineated in terms of work in private and public agencies. Yet, because the surplus population argument focuses on the state as employer, this distinction becomes important. Third, the distinction between private and public social agencies has become increasingly problematic because of state funding of private not-for-profit organizations (Gilbert 1983).

Consequently, the empirical evidence below is suggestive rather than exact. It includes time series employment statistics tempered by the above qualifications, Depression-era employ-
ment practices, legislative mandates of the 1960s about public social service employment, and limited empirical analyses conducted by ourselves and others.

Employment Statistics

Women and racial-ethnic groups have always been employed in social service organizations. What is significantly different about welfare employment upon federal government ascendency in the 1930s is the sheer volume of jobs that was created. These jobs absorbed workers who otherwise would have been economically marginal. Indeed, in the private sector the same workers would have encountered resistance to their employment, except from employers in a limited number of female—and Black-intensive work settings.

Table 1 documents the number and percentage of employed workers in social welfare by sex and race from 1920 to 1980. In all of the years documented, women are found in the occupation disproportionate to their representation in either the population at large or in the workforce specifically. Furthermore, significant anti-poverty and civil rights legislation opened doors for Black Americans' increased, and also disproportionate, participation in the welfare workplace from the 1960s on.

Selected data address the specific claim that female and racial-ethnic workers employed in government welfare operations are indeed both financially needy and surplus, for whatever reason, to the private sector economy. First, historically and contemporarily social work has attracted a disproportionate number of non-married women (Chambers 1986; U.S. Department of Labor, Bureau of Labor Statistics 1952, 1960; Stamm 1969; Fanshel 1976; Annual Report to the Trust 1984). Despite the 19th century image of the upper-class woman in voluntary social services (Becker 1964), paid welfare work is increasingly an occupation women enter to secure their own financial livelihood. Second, prior to antidiscrimination legislation of the 1960s Blacks in social welfare work tended to be better educated than whites working in the occupation (U.S. Department of Labor 1952). This finding suggests that significant numbers of well-educated racial-ethnic workers have been shut out of the private sector except in token numbers.
Table 1  

<table>
<thead>
<tr>
<th></th>
<th>1920(^1)</th>
<th>1930(^2)</th>
<th>1940(^3)</th>
<th>1950(^4)</th>
<th>1960(^5)</th>
<th>1976(^6)</th>
<th>1980(^7)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Social Workers</td>
<td>41,078(^a)</td>
<td>29,424</td>
<td>69,677</td>
<td>76,890</td>
<td>133,015</td>
<td>231,927</td>
<td>499,090</td>
</tr>
<tr>
<td># Women Social Workers</td>
<td>26,927(^a)</td>
<td>23,251</td>
<td>44,809</td>
<td>53,220</td>
<td>76,164</td>
<td>147,525</td>
<td>337,389</td>
</tr>
<tr>
<td>% Women Social Workers</td>
<td>65.5</td>
<td>79.0</td>
<td>64.3</td>
<td>69.2</td>
<td>57.2</td>
<td>63.6</td>
<td>67.6</td>
</tr>
<tr>
<td># Black &amp; Other Minority Social Workers</td>
<td>1,329(^b)</td>
<td>1,042</td>
<td>2,683</td>
<td>5,520</td>
<td>15,720</td>
<td>50,359</td>
<td>145,005*</td>
</tr>
<tr>
<td>% Black &amp; Other Minority Social Workers</td>
<td>3.2</td>
<td>3.5</td>
<td>3.9</td>
<td>7.2</td>
<td>11.8</td>
<td>21.7</td>
<td>29.1*</td>
</tr>
</tbody>
</table>

\(^a\)Figures are somewhat inflated due to overlap of "Black" and "Spanish Origin" categories.

Sources:
2 Chapter II, Number and Sex of Occupied Persons, Table 4.  
3 Chapter III, Color or Race, Nativity, and Percentage of Occupied Persons, Table 5. Figures are for "Religious, charity, and welfare workers" age 10 and over.  
There is no doubt that federal, state, and local governments and publicly-funded nonprofit organizations have been major employers of women and racial-ethnic groups (and the poor, as discussed below) in their social welfare initiatives. According to the surplus population argument, it is no coincidence that such jobs have emerged in the face of growing activism by dispossessed groups, an increasingly urbanized wage-labor force, and most recently a declining industrial workplace.

**Depression Era Employment Practices**

The massive relief programs initiated by the federal government in the 1930s provided early historical documentation for the surplus population argument. During this era far more social work jobs were created than the limited number of professionally-trained practitioners could staff. Conveniently, unemployed persons were "hired from relief roles and paid with work relief funds" (Haynes 1979, p. 89) to perform the new jobs. They included "college graduates with no work history, unemployed teachers, unemployed insurance salesmen, former technicians and professionals of a dozen varieties—a cross-section of the white-collar class thrown into the labor market by the effects of the depression" (Fisher 1936, p. 10). The characteristics of these paraprofessionals differ significantly from their counterparts in the social programs of the 1960s (see below). Nevertheless, the circumstance that spurred their employment in welfare work is comparable: a political economy whose private sector costs must be absorbed by public initiatives. Such initiatives then as now stem the tide of broad-based criticism of the political economy at the same time that they address the most acute needs of its marginalized citizenry—welfare workers and clients alike.

**Legislative Mandates**

More recent evidence can be garnered for the surplus population argument in a series of policy statements and legislative mandates of the so-called War on Poverty of the 1960s. The historical context for these measures consisted of a growing urban wage-labor population, overt acknowledgement by the federal government of poverty amidst plenty, and increasing Black activism. Out of these and other social, economic, and political
conditions emerged a host of federal welfare initiatives designed ostensibly to ameliorate human need and to address various political pressures at the same time. From the early 1960s and into the next decade the federal government spawned countless programs and services that explicitly called for the utilization of target group members as workers in the anti-poverty efforts (Brager 1965; Gartner 1969). While "indigenous paraprofessionals" came to be employed in activities as wide-ranging as education, neighborhood crime prevention, and public welfare, the Economic Opportunity Act of 1964 calling for "maximum feasible participation" by the poor in community services and its subsequent amendments not only opened up entry-level jobs for the poor but also provided for educational assistance and advancement opportunities for the new paraprofessionals.

In other words, legislative initiatives of two decades ago explicated state welfare work as an important arena for the employment of members of the surplus population. In light of our earlier theoretical arguments, it is not surprising that paraprofessional jobs, even more so than the professional social work jobs, were populated disproportionately by women and racial-ethnic group members (Table 1). More specifically, economically marginal Black women are to be found in these slots proportionally more than any other sex-race group.

The decade of the 1980s has witnessed the broad-based cutback of federal commitment to the anti-poverty efforts initiated in the 1960s. Nevertheless, the government remains a significant employer of the poor, women, and racial-ethnic group members. A subtle but far-reaching trend underway in this decade allows service agencies to replace more educated welfare workers with paraprofessionals as part of workplace retrenchment measures. Specifically, job reclassification efforts are being undertaken by numerous state civil service commissions to reduce the educational requirements for employment in public social service (Karger 1983; Pecor and Austin 1983). In effect, priority for employment under a reclassified system is given to the more educationally (and therefore economically) marginal members of the surplus population who can be paid a lower wage than their counterparts with college degrees or graduate work and higher pay expectations. However, a counter-effort is being waged by
professional workers to consolidate their positions. In numerous states they are seeking and achieving passage of licensure requirements for practitioners, a measure that appears to have at least temporarily contained the advance of paraprofessionals (Dressel, Waters, and Sweat 1985).

Empirical Analyses

Finally, selected studies of employment and social welfare offer a more detailed understanding of the contours of the public welfare enterprise as a work arena for members of the surplus population. Collectively, these studies show that, although the field of social welfare is a major employer of the surplus population, it is not itself immune from the discriminatory practices of the private sector (see Wright et al., 1982). Differential treatment on the basis of gender, race, and class is evident in terms of occupational clustering and changes being fostered to "industrialize" the welfare work setting.

Collins’ (1983) analysis of Blacks in public service employment reveals the clustering effect by race. She found that at the city level Blacks outnumber whites 5 to 1 in public welfare functions; the ratio at the state level is $1\frac{1}{2}$ to 1. Her argument is that Black middle-class government employment is concentrated in the public services that disproportionately serve Blacks, rather than being more evenly distributed across functions related to the general public. As such, it is likely that these workers are paid less than their counterparts in more general public services and that their positions are more vulnerable to government cutbacks.

Dressel's (1987) analysis of clustering on the basis of gender shows a strong sexual division of labor in social welfare work. Clustering occurs both vertically and horizontally. Specifically, women are underrepresented in administrative positions, despite their comprising the majority of welfare workers. At the line staff level they are more likely to specialize in casework, whereas men are more likely to be found in community organization. The effects are several: in general, women get paid less (even for the same work), interact less with community groups, and take work direction from men.

Recent changes in the organization of welfare work operate
even more insidiously than clustering to stratify the workplace. The changes in effect are “industrializing” welfare work, that is, attempting to make it more efficient, productive, accountable, and rational (Miller 1978; Patry 1978). The simultaneous dynamics of deprofessionalization and proletarianization are detailed elsewhere (Dressel, Waters, and Sweat 1985). The important point here is that these trends have elaborated agency hierarchies, deskilled many tasks, and increased administrative control of workers. As work has been transformed in the name of cost-effectiveness, the division of labor has broken down even more clearly along gender, race, and class lines. Available data by agency function (administrative, professional, paraprofessional) reveal the disproportionate representation of men and whites in administrative positions; they also document the overwhelming presence of women and disproportionate representation of racial-ethnic groups in paraprofessional jobs (Table 2). In other words, women and racial-ethnic groups (especially those who are poor) are most likely to perform the proletarianized and low-wage jobs of the welfare workplace. Furthermore, it is likely that males (especially white males) will gain even greater control over executive positions as business and public administration degrees supplant MSWs as appropriate credentials for administrative work (Patti and Maynard 1978). Coincidentally or not, the educational criterion is shifting at a point when more males may begin seeking work in state welfare organizations. Unprecedented retrenchment in the core U.S. economy in the 1980s due to plant closings and the exportation of work outside national borders is rendering a growing number of males (including a significant proportion of white males) surplus to the core economy.

The foregoing studies indicate that the surplus population argument is more complex than originally stated. To be sure, state welfare operations provide work for economically marginal peoples; at the same time they also reproduce the stratified arrangements of the political economy that spawned the need for state welfare in the first place. In effect, marginal people might get work, but they are less likely to get good pay or power in the workplace.
### Table 2

**Line Staff in Social Work, 1972-1981**

<table>
<thead>
<tr>
<th>Year</th>
<th>Social Workers</th>
<th></th>
<th>Welfare Service Aides</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Empl.</td>
<td>% Female</td>
<td>% Black and other</td>
<td>Total Empl.</td>
</tr>
<tr>
<td></td>
<td>(in 1,000)</td>
<td></td>
<td></td>
<td>(in 1,000)</td>
</tr>
<tr>
<td>1972</td>
<td>265</td>
<td>58.6</td>
<td>18.3</td>
<td>34</td>
</tr>
<tr>
<td>1973</td>
<td>267</td>
<td>60.8</td>
<td>20.0</td>
<td>52</td>
</tr>
<tr>
<td>1974</td>
<td>303</td>
<td>61.3</td>
<td>19.7</td>
<td>59</td>
</tr>
<tr>
<td>1975</td>
<td>300</td>
<td>60.8</td>
<td>19.9</td>
<td>63</td>
</tr>
<tr>
<td>1976</td>
<td>332</td>
<td>61.6</td>
<td>21.3</td>
<td>60</td>
</tr>
<tr>
<td>1977</td>
<td>330</td>
<td>61.2</td>
<td>19.1</td>
<td>78</td>
</tr>
<tr>
<td>1978</td>
<td>391</td>
<td>62.3</td>
<td>19.0</td>
<td>98</td>
</tr>
<tr>
<td>1979</td>
<td>367</td>
<td>64.3</td>
<td>20.8</td>
<td>105</td>
</tr>
<tr>
<td>1980</td>
<td>390</td>
<td>65.0</td>
<td>18.5</td>
<td>89</td>
</tr>
<tr>
<td>1981</td>
<td>390</td>
<td>63.8</td>
<td>21.0</td>
<td>88</td>
</tr>
</tbody>
</table>


### Reframing Issues

By this point we hope the reader is persuaded that the surplus population argument is both theoretically interesting and empirically plausible. In this section we suggest ways in which it can shed new light onto longstanding discussions of welfare work issues and raise new questions about the welfare enterprise. Of course, our points are illustrative rather than comprehensive and are intended to demonstrate the conceptual power of the surplus population argument. Specifically, we focus on the call for worker-client political coalitions, the prevalence of service provider burnout, and the debate about credentials and licensure in social work.

### Worker-Client Political Coalitions

The need for and potential of welfare workers and their clients to join together for concerted political action is a recurring theme of the welfare literature and a recurring undertaking by welfare activists. Recently, for example, Piven and Cloward (1982) not
only heralded the emergence of a new class composed of these groups but also actively promoted their cooperation through voter registration campaigns in social service agencies. We are personally supportive of such organizing efforts. However, we also suggest that an examination of the likelihood of worker-client political coalitions through the surplus population filter leaves one less than optimistic. Rethinking this issue in terms of the surplus population argument, we must note the following points (see also O'Connor 1984), all of which make the question of worker-client politicization problematic. First, one segment of the surplus population (welfare workers) needs the ongoing marginalization of the other segment (recipients) to guarantee their own positions (McKnight 1980). Second, workers, out of their own self-interest, may develop an allegiance to the service system at the expense of retaining allegiance to the target population out of which they have come (Adams and Freeman 1979; Grosser 1966). Third, clients may displace their frustrations with the welfare system on its closest representative, the welfare worker. Indeed, their dissatisfaction may be heightened if the worker is an indigenous paraprofessional from the target community. Finally, the fact that some members of the surplus population achieve upward mobility through service positions conveys the message, albeit a false one, that the political economic system works. Endorsement of that message defuses political activism.

Service Provider Burnout

The panoply of studies on service worker burnout emphasizes that burnout derives from stress that goes unresolved. The critical shortcoming of the bulk of such studies is their failure to look for sources of stress beyond the individual level. Dressel (1984), on the other hand, demonstrates contradictions inherent in the welfare enterprise along organizational, political, and cultural dimensions that inevitably produce stress and burnout. The surplus population argument suggests yet another set of structural contradictions faced by welfare workers. In brief, workers are structurally located as mediators between clients and the state. As such, workers are likely to have dual allegiances—to the state as its employees and to the client with
Surplus Population

whom they may have common demographic characteristics and whose needs they work to address. Yet, the nature of state social welfare as described by critical political economists makes it impossible to realize the interests of both parties simultaneously. It appears inevitable, then, that the worker will experience conflicts, stress, and likely burnout. From this theoretical angle burnout is a structured occupational hazard rather than an individual malady.

Credentials and Licensure

As noted earlier, the social work profession is presently facing assaults by state civil service commissions seeking to reduce educational requirements for social service employment. It has responded by efforts to get state legislatures to require licensing of individuals before they can represent themselves as social workers (NASW News 1985, p. 6). This struggle can be seen as an attempt by dominant group members (especially white males) and educated members of the surplus population to solidify their interests in the field at the expense of less educated members of the surplus population working in welfare. As cutbacks in funding for state welfare jobs continue and as employment in the core sector of the economy continues to decline, it is likely that the struggle will intensify.

The struggle itself highlights both the heterogeneity of the surplus population in terms of education (and its gender, race, and class correlates) and the cross-cutting schisms within the surplus population that dissipate the likelihood of collective political action. The schism is manifested politically by the existence of both professional associations and trade unions representing different levels of welfare workers and frequently pursuing different—and occasionally conflicting—interests on their behalf. The volatile issue of credentials and licensure demonstrates the complex demographic composition of the surplus population itself and the cleavages along which its common interests become muted.

Conclusion

There is a tendency in the social welfare literature, as well as in social science disciplines generally, toward functionalist
and micro-level analyses of issues and events. The political economic concept of a surplus population focuses on institutional and gender, race, and class dynamics from a conflict perspective. As such, it offers a fresh and critical approach to understanding both everyday, close-range experiences of welfare workers and clients as well as more long-term dynamics and trends in social welfare work. This article should serve as an introduction to its utility for academicians and activists alike.

References


Jones, J. Labor of love, labor of sorrow: Black women, work, and the family from slavery to the present. New York: Basic Books.


Footnote

1. In this article the terms "welfare worker", "social welfare worker," and "service provider" are used interchangeably. They refer to individuals who provide publicly-funded social services and financial assistance to targeted groups through direct contact with those populations.
The historical relationship between social work and organized labor has been an ambivalent one, with fluctuations paralleling historical changes in social and political values. This paper examines the changing nature of the relationship, with emphasis on the period from the 1870s to the 1940s. While today's relationship is a mutually beneficial one, the fragile nature of the link between organized labor and the social work community cannot be ignored, particularly in light of the increasing involvement between social work and private industry.

Since the 1970s, there has been a resurgence of interest in the field of occupational social work and both industrial and union settings have emerged as important facilities for the training and employment of social workers (Akabas, Kurzman, and Kolben, 1979; Kurzman, 1987; Ozawa and Alpert, 1981). While a review of the literature reveals that much has been written regarding the historical relationship between social work and industry (Brandes, 1976; Carter, 1977; Popple, 1981), there is a paucity of literature dealing with the relationship between social workers and the labor movement.

This paper provides a historical analysis of the ambivalent and fluctuating relationship between social work and organized labor, with emphasis on the period from the 1870s to the 1940s. It was during these years that frequent shifts between cooperation and strife were most dramatic, paralleling changes in social and political values of that period. It was not until the Great Depression that social work and organized labor entered into a
less antagonistic relationship. This has evolved into the mutually advantageous connection which we see today, reflecting the complementarity of interests and activities that have emerged over the past forty years.

**The Era of Social Darwinism: Conflicting Ideologies of the Knights of Labor and the Charity Organization Societies**

Rapid economic and scientific growth, coupled with the ascendance of the ideology of Social Darwinism during the years following the Civil War (Hofstadter, 1977) led to the emergence of organized labor unions as we know them today as well as the beginnings of professional social work in the form of "scientific charity" (Trattner, 1984).

A number of unsuccessful attempts at organizing labor had taken place before the Civil War. The earliest, an unnamed society of shoemakers in Philadelphia, was established in 1792 and lasted less than a year (Taft, 1964). In 1794 the shoemakers organized themselves for a second time, establishing the Federal Society of Cordwainers. This Society conducted a number of strikes and remained active until 1806, when some of the leaders were arrested and charged with "conspiracy to raise wages" (Boyer and Morais, 1955, p. 16). During the same year, the Society of Printers was formed to provide general aid and death benefits to its members, and the next few years saw the establishment of numerous local benevolent societies developed by various craft organizations. However, the local nature of these societies, the availability of slave and indentured labor, the severe depressions of 1827 and 1857, and the prosecution of trade unions which were viewed "as a conspiracy using force as a method of subverting society" (Boyer and Morais, 1955, p. 16), combined to severely limit the budding trade union movement prior to the Civil War.

Most important amongst the post-Civil War unions was the Noble Order of the Knights of Labor. Founded in 1869, it distinguished itself from many of the preceding labor organizations by opening membership to all workers regardless of sex, religion, race, skill and occupation. The Order sought to secure labor "a proper share of wealth that they create; more of leisure that belongs to them; more societary advantages; more of the
benefits, privileges, and employments of the world" (Taft, 1964, p. 87). Cooperation between producers and consumers was a basic principle of the Knights of Labor, as was concern about child labor, the reduction of the hours of labor to eight per day, and equal pay for equal work for all workers—both men and women.

While the labor movement was attempting to organize itself, so were the existing social welfare organizations. The Charity Organization Societies, first established in the United States in 1877 in Buffalo, New York, expanded rapidly to every city. These Societies, which saw as their mission the organization of the sources of charity in the community, and the provision of moral relief to their clients, reflected the values of their time: predictability, rationality, and efficiency. They attempted to apply the prevailing business methods to charities, and, not surprisingly, found their greatest support in the business and professional classes (Trattner, 1980).

The almost simultaneous development of the Noble Order of the Knights of Labor and of the Charity Organization Societies reflected antithetical approaches to the social and economic problems of the time. While the Knights of Labor maintained that it was the social system which led to the "pauperization and hopeless degradation of the toiling masses" (Schonfarber, 1890, p. 59), the members of the Charity Organization Societies, many of whom belonged to the upper class, focused on "attempting to alleviate the sufferings of the deserving poor" (Schonfarber, 1890, p. 58).

While the Knights of Labor demanded justice, the Charity Organization movement sought charity. During the 1890 Conference on Charities and Correction, a labor representative invited as a guest speaker poignantly wondered why the Charity Organization Societies’ members were not concerned “if there is not something radically wrong in that system which compels men willing to work to stand idle and poverty-stricken in the midst of plenty” (Schonfarber, 1890, p. 59). The labor speaker further pointed out, “In all charitable literature it is assumed that poverty is the natural lot of the masses. The members of charity organizations . . . take it for granted that this is the condition which the Creator intended for many of his children. It
is to this assumption that we take exception . . ." (Schonfarber, 1890, p. 61).

The value conflict between the social welfare community and the early labor unions was also demonstrated in their differing views regarding strikes—the main fighting tool of organized labor. Strikers, and even their families, were not viewed as "worthy recipients" of charity and were considered "neither entitled to sympathy nor aid" (New York Association for Improving the Conditions of the Poor, 1883, p. 37).

Labor Unions and the Settlement Movement

Changing economic conditions and the shifting social norms during the last years of the nineteenth century and the early part of the twentieth century affected both the labor movement and the field of social welfare, and the gulf between them was bridged for a brief period.

The Noble Order of the Knights of Labor declined in the late 1880s. Its demise was the consequence of numerous internal policy problems, as well as conflicts with the developing "pure and simple" trade unions which were concerned with specific needs of union members within a given trade rather than more global social problems.

These new and rapidly growing trade unions formed the Federation of Trades and Labor Unions of the United States and Canada, a loose federation which was later renamed the American Federation of Labor (AFL). Formally organized in 1886 under the leadership of Samuel Gompers, the AFL was an alliance of trade unions composed of skilled workers within craft lines. Among the basic principles of the AFL was "exclusive jurisdiction" which held that only one union should be active in a given trade, thereby eliminating the existing competition among unions (Fitch, 1930).

The resulting unity gave craft unions power to attain some of their objectives, such as gradual reduction of work hours. In addition, dissatisfaction with the government's existing laissez-faire policies, which were viewed as benefitting industry at the expense of labor, and with the perceived "degrading character of charity handouts" (Deutsch, 1944, p. 44), led the craft unions to create their own welfare system for their membership. Unions
began to provide old-age pensions, as well as sickness, disability, death, and unemployment benefits. Although such benefits were minimal, their provision by unions signified that attending to the social welfare needs of members was as important a function of the labor movement as its goals of improved working conditions, higher wages, and shorter working hours (Munts and Munts, 1968).

The severe economic crisis that gripped the country in the early 1890s had a devastating effect on workers. It also evoked criticism of the prevailing business practices. For the first time, public opinion supported the workers' quest for greater economic security. As corporate corruption and glaring inequalities in the treatment of employees were exposed, the union movement gained acceptance. Between 1897 and 1904, union membership climbed from less than half a million to over two million, and by the end of World War I, more than four million American workers were union members. Legislation designed to benefit workers increased at both the federal and state levels (Taft, 1964).

During the period between the 1890s and the First World War, the field of social welfare was also affected by the social, political, and economic events—so much so that Jane Addams referred to this time as the "coming together of the Charitable and the Radical" (Addams, 1910, p. 1). Changes within social work, such as the shift from upper-class volunteers to paid workers from middle-class backgrounds, the growing emphasis on formalized training for those involved in social welfare, and the rapid growth of the Settlement Movement, all contributed to a breaking down of some of the barriers that existed between labor and social work (Deutsch, 1944).

The ideological affinity of the Settlement Movement with the labor movement led a number of Settlement leaders, including Jane Addams and Lillian Wald, to become instrumental in the development of the National Women's Trade Union League (Christman, 1930), and to participate in the formation of other labor unions as well. According to Gladys Boone, who wrote about the background and origins of women's involvement in trade unions, Chicago in the 1890s was the scene of numerous cooperative activities between labor and social work. Efforts at organizing women workers were centered at Hull House, while
at the University of Chicago Settlement, Mary McDowell and Michael Donelly assisted in transforming the Maud Gonne Club, an informal group of women workers in the meat packing industry, into Local 183 of the Amalgamated Meat Cutters and Butcher Workmen of North America (Boone, 1942). In 1915, Hull House again showed its support of labor by providing strike funds and supplies, and orchestrating public support for the disorganized union that was to become the Amalgamated Clothing Workers of America (Addams, 1920; Chambers, 1963).

However, this alliance between labor and social work was short-lived. During the conservative years following World War I, settlement houses withdrew from political activity. The social work community, preoccupied with psychodynamic theory, shifted its interest from the socioeconomic environment to social casework. Consequently, trade unions once again became suspicious of social work. Labor's trust in social work was shaken by the activities of many individual caseworkers which, inadvertently, undermined the efforts of the unions. For example, union members did not look kindly upon the social worker whose concern with an individual client led him to suggest that an unemployed man “go out and apply for a position as a strike breaker.” Likewise, union members were enraged when, after a bitter struggle of the unions to gain a six day work week, a staff member of a family casework agency was found “actually writing to an employer . . . asking him to give the employee seven days’ work a week because his large family and other complications made an increased income desirable” (Scott, 1929, p. 358).

Welfare Capitalism: Social Work and Unions in Opposition

Welfare capitalism, which Stuart Brandes defined as “any service provided for the comfort or improvement of employees which was neither a necessity of the industry nor required by law” (1976, p. 6), was introduced during the period of rapid industrialization following the Civil War, and reached its point of greatest popularity during and immediately following the First World War. An important motivation contributing to the development of welfare capitalism was the protection of industry
Social Work and Labor Unions

from trade unionism—"... the anti-union overtones of welfare were clear and definite" (Brandes, 1976, p. 32).

The increase in the demand for products used in defense during the First World War and the decrease in the labor supply, placed workers in a new position of power. Not only did union membership grow, but the labor movement became increasingly militant. Fearful of the demands of workers for a share of the wealth, businessmen who accumulated enormous profits during the War, responded by offering expanded welfare programs. Businessmen hoped to improve the image of the old industrialism by emphasizing not only their commitment to productivity, but also by recognizing the mutuality of interests between workers and management. Some companies made massive expenditures for welfare programs, including schools, playgrounds, visiting nurses, accident prevention, pensions, and relief for injured employees (Brandes, 1976).

Another popular type of welfare capitalism was an early form of industrial social work that was generally aimed at assisting female employees. Many companies hired a "social" or "welfare" secretary, whose function typically fell into one of four categories (Brandes, 1976; Carter, 1977): physical welfare, including responsibilities for the health, safety, sanitation and housing of workers; cultural welfare, addressing areas such as recreation, libraries, education and basic acculturation of the employees to the workplace and American values; economic welfare, including administration of loans and pensions, and hiring firing and wage setting for employees; and personal welfare, covering casework services for workers and their families and the utilization of such social work roles as brokerage, support, advocacy and therapy (Popple, 1981). A 1919 Bureau of Labor Statistics survey of 431 of the largest companies in the United States found that 141 companies employed a full-time welfare secretary and 154 companies contracted with outside agencies for social work services (Popple, 1981).

This early industrial "social worker" became an important instrument of social control in a kind of behavioral engineering designed by industry—"the transformation of laborers into the kinds of people closer to the company's heart's desire..."
At the same time that these social workers provided services for employees, they also provided the employers with such information as employees' complaints about the company, personal habits and life styles, as well as union activity and efforts of union organizers (Brandes, 1976).

Welfare capitalism declined during the 1920s due to the relative prosperity of that decade, the increasing availability of services provided by the social work community, and the growth in industrial technology which lessened industries' dependence on a skilled labor force. The final blows to welfare capitalism were dealt by the economic devastation of the Great Depression and the financial burdens this presented for industry, and by the Roosevelt administration's stand to protect employee rights and support the development of unions. The effectiveness of welfare capitalism in curtailing activities of labor unions was thus severely limited and, from the point of view of industry, the role of the social secretary became obsolete (Brandes, 1976).

Thus, with the dissolution of the industry—social work relationship and the legitimation of labor unions, the doors were open for a renewed alliance between labor and social work.

Turning Points for Social Work—Union Relations: The Crises of the Great Depression and the Second World War

The economic and social upheaval of the Great Depression, accompanied by shifts in societal attitudes towards workers and unions as reflected in the federal legislation of the New Deal, resulted in a new complementarity of interests and objectives of social work and labor unions. A fundamentally cooperative stance evolved, which, allowing for some fluctuations in response to changing social conditions, has prevailed through the past fifty years.

The endurance of the Great Depression brought to an end the debate within the social work profession over the involvement of the federal government in funding and administration of relief and social insurances, and whether social workers should maintain their focus on individual dynamics or shift to a concern with poverty (Chambers, 1963; Fisher, 1980). Once again social workers became concerned with "the problems arising out of insufficient income—whether due to a low wage scale, inter-
ruption in opportunity to earn, as in case of accident, illness and unemployment, or to a termination of ability to earn, as in old age" (Fitch, 1930, p. 333).

During the decade of the 1930s, as social work experienced shifts in ideology (Phillips, 1985), it developed a closer alliance with labor. The unionization of social workers was an important factor in the development of a closer labor-social work relationship during the 1930s. Starting in 1932 with the organization of the American Federation of Government Employees, social workers became members of six different unions. Although it is not known how many of the members were professional social workers, these unions were credited with improvements in wages and salary scales for social workers (Moore, 1949). The employees of public welfare and voluntary social agencies, who had been members of two different unions, affiliated with the newly formed Congress of Industrial Organizations (CIO) in 1934, forming the Joint Committee of Trade Unions in Social Work. This Committee coordinated the efforts of the unions representing private and public sectors of social work and arranged for participation of the unions in the national conferences of social work (Moore, 1949).

The Rank-and-File movement, a radical faction in social work, was another example of the increasing social work support of organized labor. The movement contributed funds to several striking unions and defense funds (Fisher, 1980), and introduced the radical journal, Social Work Today, which provided a forum for voices of reform during the period of critical social and economic change from 1934 to 1942. The expressed aim of this journal was to promote "an interest in the fundamental reorganization society must undergo to provide security for all and to support labor's struggle for a greater measure of control as the basic condition for that reorganization" (Reynolds, 1963, p. 156).

Significant shifts affecting labor unions also occurred during the 1930s, which has been described as "the most significant decade in the history of the American labor movement" (Haber, 1966, p. 105). A shift in attitude from tolerance and even hostility towards the labor movement to one of encouragement was seen in Federal legislation in the Wagner Act and the establishment of the National Labor Relations Board. Efforts were made
by unions to increase the purchasing power of workers, to improve the bargaining position of organized labor so that it could better its own economic position, and to enable labor to receive a more adequate share of the nation's income (Haber, 1966). Union membership tripled between 1935 and 1943 (Brandes, 1976), and what had been a "dispirited and demoralized labor movement became a vital and powerful force on the American scene" (Haber, 1966, p. 105). Labor unions, which previously had been suspicious of any attempts by the government to interfere in trade agreement matters, developed "a more favorable attitude toward all forms of social insurance" (Fitch, 1930, p. 333).

The goals and objectives of both labor and social work coincided as they had not done for years. Both labor unions and the social work profession campaigned for the Workers Social Insurance Bill, introduced into Congress by Congressman Lundeen in 1934 (Fisher, 1980; Reynolds, 1963). Although defeated in Congress, this bill stimulated public interest in the issue of unemployment insurance and ultimately influenced the content and passage of the Social Security Act of 1935.

Even stronger ties between labor and social work communities developed during the Second World War as both the American Federation of Labor and the Congress of Industrial Organizations became important contributors to the various community chests and councils (Deutsch, 1944). The alliance was further strengthened by the growing labor representation on boards of social agencies. Phillip Murray, President of the Congress of Industrial Organizations, pointed out in 1944 that there were more than 4,000 members of the CIO in policy-making boards of social service agencies on the national, state and local levels (Kinney, 1945). As a result of cooperative efforts of unions and social agencies, new recreation, health, child welfare, and educational services for industrial workers were developed during the war years (Kinney, 1945).

It was during the Second World War that social workers were first employed directly by labor unions. They trained industrial workers in plants to serve as official CIO welfare referral agents in advising fellow union members in the availability and use of community services (Kinney, 1945). They also provided direct casework services to union members, as exemplified by the pi-
oneering work of Bertha Reynolds with the National Maritime Union (Kyle, 1949; Reynolds, 1963).

Epilogue

As both the labor movement and the social work profession made attempts to survive the growing Communist hunt during the Cold War years, the cooperative alliance that had formed during the Great Depression and the Second World War diminished. During the 1950s, both the labor unions and the social work profession turned inwards, focusing on unifying and strengthening their respective organizations. The various social work organizations merged into the National Organization of Social Workers in 1955, and during the same year the American Federation of Labor and the Congress of Industrial Workers also merged, resulting in a membership of 15 million workers—"the largest labor group in the history of the United States and the free world" (Taft, 1964: 661).

Common values and objectives resulted in the cooperation between social work and union leadership during the 1960s. For example, in 1966, the president of the Communication Workers, J. A. Bierne, became the first labor leader to serve as President of the Joint United Community Funds and Councils of America (Weiner, 1967; 1971).

During the 1970s and 1980s, both the labor and social work communities were adversely affected by the social and economic conservatism prevalent in the nation, thus promoting linkages between them based on mutual need.

Today, unions have recognized the importance of social workers in providing services to their declining and increasingly elderly membership while social workers have recognized the professional opportunities that unions hold for them. By the end of 1984, 79 social workers were employed by 14 different unions throughout the country (McManus, 1984) and their numbers continue to grow.

Simultaneously, we are witnessing an even greater increase in social workers employed by private industry—a development which raises difficult questions. Can social workers serve both unions and management? In a scenario reminiscent of welfare capitalism, will social workers be used by management against
labor, or by labor against management, and consequently be trusted by neither? To what extent will the labor movement or private industry provide essential social services in this era of shrinking federal spending for social welfare? Can labor unions and private industry work together with the social work profession to ensure the provision of social welfare services for workers?

While we can only speculate on the answers, the pattern of fluctuations in the relationship between social welfare and organized labor must be remembered. In the past, as today, there have been shared values and goals, and a complementarity of interests and activities. History, however, also makes us aware of the fragile nature of this link.

References


The authors wish to express their appreciation to Dr. Aaron Schmais for his helpful critique of this paper.

Footnotes

1. In 1886, when the Knights of Labor was at the highest point of its membership, women comprised nine percent of the members (Taft, 1964).
2. This New Deal legislation signified a major shift in the Federal government away from the philosophy of voluntarism promoted by Herbert Hoover in the 1920s and during his Presidency (Hoover, 1922).
3. An example of this cooperation is seen in the 1958 award by the Council on Social Work Education to Mr. Leo Perlis, Director of Community Services for the AFL-CIO, for "his work in developing the participation of organized labor in social welfare activities" (Perlis, 1977, p. 29).
4. In 1980, 23 percent of American workers were union members; by 1984, union membership had declined to 18.8 percent (Serrin, 1985: E5).
Computers are being introduced into practically every area of clinical practice. The use of this technology by practitioners has not gone unchallenged. Specifically, new ethical problems are thought to be associated with using computers to make clinical assessments. Logistical and procedural difficulties, however, have been the primary focus of concern. In this paper the critique of computerized evaluation is expanded, with attention directed to the computer "micro-world." Because the computer micro-world consists of several unwarranted assumptions about the nature of social reality, clinical practice may be affected in many undesirable ways. The theoretical underside of computer use is illustrated to show how it shapes therapeutic (or diagnostic) discourse.

Technology is proliferating in every area of society, including clinical practice. Computer programs are now available that conduct intake interviews, administer, score, and interpret clinical instruments, monitor treatment plans, and engage clients in actual therapeutic discourse (Murphy and Pardeck, 1986c; Pardeck, 1988). Many practitioners believe that these developments will improve the delivery of clinical services. They contend that because this technology performs most activities faster and more accurately than humans, patient care is more effective. Because clinical software packages are unaffected by human judgements, the claim is made that diagnoses and correctives free from error can be provided (Pardeck and Murphy, 1986).

This use of technology in clinical settings, however, has not gone unchallenged (Murphy and Pardeck, 1986a; Murphy and
Pardeck, 1986d). One of the most sophisticated critiques of this trend has been formulated by Matarazzo (1986). This paper should be viewed as an attempt to build upon his work. Nonetheless, he neglects an area of concern that deserves serious attention. A key shortcoming of his analysis is that technology is portrayed to be a tool, which may be used either correctly or incorrectly. His approach overlooks an important finding by researchers in the area of artificial intelligence (AI) that suggests computer technology should not be conceptualized in this manner. Simply put, Matarazzo ignores the problems that Jacques Ellul (1964) claims are associated with the "technological ethic." By doing this, the subtle ways in which the logic of data processing may alter clinical practice cannot be fully appreciated.

Technological Ethic and Computer Micro-World

Modern writers contend that computers do not operate on the basis of technical knowledge alone. What this means is that computers are not value-free, contrary to the view held by many practitioners. In fact, in order for computers to process information effectively, particular theoretical assumptions must be accepted as valid. Taken together, these philosophical principles constitute what writers such as Marvin Minsky and Seymour Papert (Dreyfus, 1979) call the computer "micro-world."

The introduction of this construct into the study of computers is quite revolutionary. For example, computers must now be understood to supply their own data selection guidelines, and thus data processing is not "value free." Computers are not merely receptacles into which data are placed, but play an active role in conceptualizing various aspects of social life. Most important, as illustrated by Hubert and Stuart Dreyfus (1986), the computer micro-world is able to create the illusion that computers generate information untrammeled by situational exigencies. Speaking facetiously, Ashley Montague states that the GIGO principle has come to mean "garbage in—gospel out" (Roszak, 1986, p. 120). Computer-produced knowledge, in other words, is commonly accepted to embody pure reason, unadulterated by interpretation.

The computer micro-world, because it is sustained by judgements that are presumed to be universally acceptable, is
able to lull persons into believing that opinion can be separated categorically from fact (Murphy and Pardeck, 1986b). To quote Guattari (1984, p. 114), the process of computerization introduces the "differentiators" necessary to reinforce the usual distinction made between subjectivity and objectivity. This demarche is accomplished by defining key aspects of both social existence and the clinical milieu in technical terms.

Basic to the computer micro-world are three rubrics. First, all phenomena are transformed into material objects. Second, mathematics is adopted to provide these entities with an identity. And third, natural laws are assumed to sustain both natural and social facts. What this means, for example, is that persons are identified with their demographic characteristics, specific symptoms are indicative of illness, and making a diagnosis is equated with classifying traits. As Lyotard notes (1984, p. 4), knowledge is transformed into "quantites of information." Judgements become technical operations, thereby suggesting that diagnoses and other clinical activities are scientific. Information, stated simply, is reified, because certain beliefs about the world are accepted unquestioningly as valid. These tenets constitute the computer micro-world.

Ellul demonstrates how the introduction of technology creates the illusion that persons can control practically any process more thoroughly than ever before. Most problematic, whenever possible the increased use of high-tech instruments is encouraged, in order to formalize tasks. Subsequent to translating cognitive operations into technical terms, for example, any activity can be organized according to exact calculations. Because the implementation of technical criteria allegedly does not require interpretation, objective or unbiased assessments are deemed possible. Technical competence thus becomes the cornerstone of clinical practice. Yet in order to appreciate how this legerdemain is perpetrated, the impact of the computer micro-world must be examined further.

When developing software packages, the assumption is made that persons are "rule-following, symbol-manipulating, rational beings" (Dreyfus and Dreyfus, 1986, p. 123). Evident in this description is the dualistic nature of language. Symbols are manipulated, thus suggesting that they exist independent of human
intentions. Therefore, facts are stripped of their interpretive meaning and easily classified. In point of fact, presupposed by computerization is that symbols represent ""context-independent, objective features of the real world"" (Dreyfus and Dreyfus, 1986, p. 53). If this were not the case, information could never be introduced into a computer.

Stated otherwise, language must be transformed into a system of "digitalized signs" (Guattari, 1984, p. 87). This occurs when the sign and signifier are imagined to be isomorphic. Thus language does nothing more than "point to," "indicate," or "describe" something other than itself (Mitchell, 1986). As Jacques Derrida (1973, p. 138) writes, speech "defers" to factors that are allegedly more fundamental than linguistic acts. Most relevant to this discussion, data are treated as inert objects, or "input," that can be made to conform readily to the logistical demands imposed by computer programs. With this in mind, Jean-Francois Lyotard (1984, p. 86) declares that the appropriate unit of knowledge in the so-called Computer Age is the information "bit." As suggested earlier in this discussion, these bits of information are objectified and treated as an indubitable source of knowledge. This view is criticized by Theodore Roszak (1986, pp. 108–134) when he writes that computers deal with idealized knowledge.

Computers can process information only when data are divorced from situational contingencies and, thus, unambiguous. These machines regulate effectively how symbols are used by requiring that data fit neatly into the "conceptual digits" adopted by computer programs to classify input. According to J. David Bolter (1984, pp. 83–90), each piece of information is assigned an "address space" into which it must be placed. Because data are treated in this way, Hubert Dreyfus (1972, pp. 235–255) charges that computerization "disembodies" information, for knowledge is deprived of the interpretive qualities that provide it with a human character. Therefore, Margaret Boden's (1977, pp. 15–17) claim that computers do not "crunch" numbers, but, more important, specify how symbols may be utilized, should not startle anyone. But how does this change in thinking about computers affect clinical practice?
Technology and Clinical Practice

Suggested by the use of computers is that knowledge can be severed from its interpretive context, without any appreciable loss of meaning. In other words, transforming clinical information into measurable quantities is not necessarily disruptive. Yet social phenomena defy this simplistic form of analysis. Facts are not unambiguous and easily classified, unless these phenomena are misconstrued and mistreated. Imbued with interpretation, clinical data must be approached sensitively, or their social significance will be lost. The interpretive importance of facts, in other words, must be grasped, if a relevant diagnosis is to be generated. However, this sort of sensitivity is not essential to the success of computerization. Central to the use of computers are formal logic and the categorization of input.

Murphy and Pardeck (1985) maintain, accordingly, that computers convey imagery that “deanimates” the clinical setting. Due to the emphasis that is placed on formalization, computerization is accompanied by a belief in realism. Sometimes this viewpoint is referred to as “instrumental realism” (Ihde, 1979). Although Matarazzo recognizes that computers unduly objectify data, the rationale he invokes to support this observation is unclear. By introducing the notion of instrumental realism, this fault in his argument can be rectified. Simply put, the computer micro-world is designed to objectify events, and thus, as Matarazzo notes, clinical evaluations are equated with testing rather than assessment.

Tests produce findings, while assessments are more encompassing and include the element of human sensitivity. Assessments, in other words, are not based solely on technical criteria. Nonetheless, the presumption that the use of tests can be equated with the generation of high quality data is believed to be entirely justified. When technologically mediated, every facet of a clinical setting is defined in such a way that testing is viewed naturally to produce high quality information. The process whereby computerization encodes patients constitutes the social component of the technological ethic. As described by Guattari (1984, pp. 135–143), a patient’s behavior is envisaged to be “subjectless action.” Actually, what is most problematic about technologically
mediated therapy is the assumption that diagnoses should be objectified. Therefore, the following considerations must be addressed by anyone who incorporates computers into clinical practice, for the application of the computer micro-world to analyzing social affairs is thought to be suspect:

1. In any theory of ethics the issue of epistemology must be addressed, for truth provides the foundation of social order. Therapeutic discourse must be based on norms, or facts, that apply to both therapists and patients. Yet computerization demands that facts be treated as if they are thing-like, as required by the logic of data processing. While those who use computers can manipulate data in almost unlimited number of ways, each piece of information can have only a single identity. Nonetheless, are facts this obtrusive? Modern writers argue that reality is derived from "language games (Lyotard, 1984). Jacques Lacan (1977, p. 306), for instance, insists that truth originates from speech, not reality. Their point is that health and illness are not natural states, but behaviors that have linguistic meaning. The "effective procedures" used by computers to regulate client-therapist interaction, however, are not intended to accommodate the linguistic side of facts. Hence the interpretive nature of a diagnosis is minimized, thereby obscuring the social dimension of a client's problem.

2. Considering the image of knowledge indigenous to computerization, no-one should be surprised that facts unmolested by opinion are believed to hold the key to a valid diagnosis. A patient, therefore, must be treated as having traits similar to anyone who has the same malady. But, as recognized by Matarazzo, an identical test profile does not necessarily have the same meaning for every client. When diagnoses are guided by axiomatic principles, however, such a finding suggests the presence of human error. The possibility that a particular symptom may be understood in a variety of ways, depending on cultural or other interpretive factors, is ignored. This omission is what the Dreyfuses (1986, p. 76) have in mind when they state that "expert systems" are internally consistent, but oblivious to the world. As a result, each client is approached erroneously as a "typical" case.

3. When knowledge is objectified and data collection dean-
imated, clinical judgements are often based on information that may not be relevant. Because computerization idealizes one type of information, while diminishing the importance of others, data derived from technical procedures are assumed to be most germane to making a diagnosis. Moreover, Kleinmuntz (1984) suggests that reduced reliance on intuitive insight will probably improve the accuracy of clinical judgements. Yet as diagnostic skill comes to be equated with technical competence, the art of intervention begins to atrophy. Clinicians may begin to focus on methodological and procedural concerns, rather than relevant situational considerations that differentiate reality from illusion. And when technical standards are not socially paramount, modes of behavioral classification that are primarily technically based are reductionistic. This sort of reductionism is prevalent when so-called “soft” information is treated automatically as ancillary to quantitative data. Such myopia may invalidate altogether the diagnostic process, for the linguistic significance of behavior cannot be easily circumscribed.

4. Giving “calculative rationality” primacy when making a diagnosis tends to engender a particular type of relationship between client and therapist (Dreyfus and Dreyfus, 1986, pp. 163–167). Furthermore, this style of interaction may not be fruitful, because, using Michel Foucault’s (1973, pp. 163–167) terminology, the therapist’s gaze is “mathematized.” By this he means that clinical discourse is reified. For instance, a client must be approached objectively, for otherwise a clinician’s judgements will be sullied by nonempirical elements. Therefore, a patient is assumed to represent a composite of facts, and thus can be examined as simply another “case.” As Martin Buber might say, the client and therapist are encouraged to address each other in an “I-it” manner, or stated otherwise, as objects to be manipulated (Murphy, 1983).

Yet how valid can a diagnosis be when a client and therapist do not respect each other? In a now classic statement, Joseph Weizenbaum (1976, p. 270), creator of the interactive program ELIZA, declares that respect is not a technical issue. With this remark he is criticizing those who maintain that therapy can or should be computerized. For without interpersonal sensitivity how can persons help one another? As Buber notes, therapists
must confirm their patients during therapy, or mutual understanding will never be achieved. Yet devoid of such intimacy, therapy is nothing more than a means whereby one person coerces or controls another. It is for this reason that contemporary writers, such as Jacques Derrida, Jacques Lacan, and Gilles Deleuze, claim that psychologists and psychiatrists are nowadays nothing more than agents of normalization (Deleuze, 1977).

How can clients possibly be confirmed through the use of the DSM-III? (Callahan and Longmire, 1986). Because this diagnostic format has been designed for eventual computerization, the use of formal reasoning is all that is required to render a diagnosis. By following the step-wise instructions provided by a "decision tree," a patient's symptoms can be identified and classified. Further, this can be accomplished without knowing anything about a client's existential condition, or whatBinswanger (1963) refers to as a person's mode of "being-in-the-world." Deprived of this type of insight, however, a clinician may never comprehend the experiential character of illness. In a manner of speaking, the DSM-III epitomizes the computerization of therapy. Rules are simply followed until a diagnosis is reached, without any concern for whether or not the judgements that substantiate this diagnostic scheme have any social relevance. Accordingly, precision is inappropriately equated accuracy.

Conclusion

The point of this paper is to indicate that a computer is not simply a tool, for it is underpinned by specific philosophical assumptions that may shape the clinical setting. The computer micro-world, in other words, contains a social component that is able to dictate the nature of therapeutic discourse. As Matarazzo suggests, this underside of technology may reinforce the objectivity thesis to such an extent that a client's needs are distorted. Yet, most important, it is the technological ethic that is dangerous and not necessarily computers.

Currently some writers are arguing that the technological ethic can be tempered somewhat by placing computers in a "reflexive environment" (Murphy, Mickunas, and Pilotta, 1986). This type of situation can be created by recognizing a few points. First, data are not strictly empirical but have meaning. Under-
standing this meaning is important if a client's behavior is to be correctly interpreted. Second, a methodology constitutes a data collection program, and thus is not merely a tool. Recognizing the procedural and philosophical assumptions that accompany a methodology allows their limitations to be revealed. And third, interpersonal discourse requires communicative and not just technical competence. In other words, a client and therapist must appreciate the value-base of each other's reality, before mutual understanding is possible. If these three ideas are instituted, computers may be used profitably by practitioners. For it must be remembered, computer use requires that data be clarified, and not that they be defined solely in an empirical manner.

References

Callahan, L. and Longmire, D. The role of reason in the control of mental illness. In J. Murphy, A. Mickunas, and J. Pilotta (Eds.), *The underside of high-tech* (pp. 53–65). Westport, CT: Greenwood Press.


Roszak, Murphy, Murphy, 128

high-tech. 167, 98–108.

221,–230.

development: of critique. 32,


Pardeck, Pardeck, use of computers (1986). T.


INSTRUCTIONS FOR AUTHORS
(Revised December, 1987)

JSSW welcomes a broad range of articles which analyze social welfare institutions, policies, or problems from a social scientific perspective or otherwise attempt to bridge the gap between social science theory and social work practice.

Submission Process. Submit manuscripts to Robert D. Leighninger, Jr., School of Social Work, Western Michigan University, Kalamazoo, Michigan, 49008. Send three copies together with an abstract of approximately 100 words. Include a stamped, self-addressed postcard if you wish acknowledgement of receipt. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to authors. Submission certifies that it is an original article and that it has not been published or is being considered for publication elsewhere.

Reviewing normally takes 60 days but can take longer in the event of split recommendations. Things move more slowly at the end of semesters and during the summer. Authors should feel free to write or call the editor if they feel an undue amount of time has elapsed.

Preparation. Articles should be typed, double-spaced (including the abstract, indented material, footnotes, references, and tables) on 8½ × 11 inch white bond paper with one inch margins on all sides.

Anonymous Review. To facilitate anonymous review, please keep identifying information out of the manuscript. Only the title should appear on the first page. Attach one cover page that contains the title, authors, affiliations, date of submission, mailing address, telephone number, and any statements of credit or research support.

Style. Overall style should conform to that found in the Publication Manual of the American Psychological Association, Third Edition, 1983. Use in-text citations (Reich, 1983). (Reich, 1983, p.5). The use of footnotes in the text is discouraged. If footnotes are essential, include them on a separate sheet after the last page of the text. The use of italics or quotation marks for emphasis is discouraged. Words should be underlined only when it is intended that they be typeset in italics.

Gender and Disability Stereotypes. We encourage authors to avoid gender-restricting phrasing and unnecessary masculine pronouns. Use of plural pronouns and truly generic nouns ("labor force" instead of "manpower") will usually solve the problem without extra space or awkwardness. When dealing with disabilities, avoid making people synonymous with the disability they have ("employees with visual impairments" rather than "the blind"). Don't magnify the disabling condition ("wheelchair user") rather than "confined to a wheelchair"). For further suggestions see the Publication Manual of the American Psychological Association or Guide to Non-Sexist Language and Visuals, University of Wisconsin-Extension.

Processing Fee. The increased cost of typesetting has made it necessary to charge a processing fee of $35 to authors who are accepted for publication. You will be billed at the time of acceptance.

BOOK REVIEWS

Books for review should be sent to Shimon Gottschalk, School of Social Work, Florida State University, Tallahassee, Florida 32306.