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Americans’ Attitudes Toward Euthanasia and Physician-Assisted Suicide, 1936–2002

JEN ALLEN, SONIA CHAVEZ, SARA DESIMONE, DEBBIE HOWARD, KEADRON JOHNSON, LUCINDA LAPIERRE, DARREL MONTERO, AND JERRY SANDERS

Arizona State University

Public opinion polls conducted from 1936 to 2002 found that Americans support both euthanasia and physician-assisted suicide. Although public opinion regarding end-of-life decisions appears to have been influenced by the events of the times, Americans have consistently favored the freedom to end one’s life when the perceived quality of life has significantly diminished, either by one’s own hand or with the assistance of a physician. This paper indicates that existing policy regarding euthanasia and physician-assisted suicide conflicts with the American public’s attitudes regarding the matter, as well as examines implications for social workers who serve clients facing end-of-life decisions.

Keywords: euthanasia, end-of-life decisions, physician-assisted suicide, death and dying issues

The concept of euthanasia inevitably provokes a moral dilemma for many Americans, because euthanasia gives individuals the freedom to choose whether to live or die. This article examines the opinions of a cross-section of the American public concerning the ethics of death and dying, attitudes toward euthanasia and physician-assisted suicide, and a patient’s right to forego life-sustaining treatment. Before we interpret the results of studies on these issues, we briefly present definitions, discuss religious perspectives, and examine the history of euthanasia.

Euthanasia has been debated for many centuries. Two factors that have contributed to euthanasia’s prominence in
modern culture are both an increasing sense of self-determinism and medical innovations that have the potential of substantially prolonging human life (Loewy & Loewy, 2000). Our findings indicate that existing policy regarding euthanasia and physician-assisted suicide unquestionably contradict the American public’s attitudes regarding the matter.

To clarify essential terms, “passive euthanasia” is the withholding or withdrawal of artificial life support or other medical treatment and allowing a patient to die. “Physician-assisted suicide” refers to a physician’s provision of the means (such as medication or other interventions) of suicide to a competent patient who is capable of carrying out the chosen intervention. With “active voluntary euthanasia,” a physician administers a lethal dose of medication to a competent person who explicitly requests it. “Involuntary euthanasia” involves the intentional administration of medication or other interventions to cause a competent person’s death, without informed consent or an explicit request. “Non-voluntary euthanasia” involves ending the life of an unwilling individual (i.e., a death sentence) or mentally incompetent person who is unaware of what is happening (Csikai, 1999). The decision to end life in the ways that the first two terms imply is often based on the judgment of disproportionate burden, that is, the judgment that treatment will be useless, cause the patient more pain and suffering, or not restore the patient to an acceptable quality of life (Vose & Nelson, 1999).

Literature Review

Religion and Culture

As Miller, Hedlund, and Murphy (1998) note, euthanasia is a significant factor in the religious beliefs and spiritual values of people worldwide. However, various cultures and religions view euthanasia and assisted suicide differently. The ancient Greeks believed it was morally acceptable to end one’s life if one no longer considered one’s life to be worthwhile (Snyder, 2001). This belief is similar to that of the Irish culture, in which death is often the most celebrated experience of the life cycle (Miller et al., 1998).

Christians also have a wide range of perspectives on eu-
Attitudes Toward Euthanasia

Some believe that it is acceptable to advocate for euthanasia, whereas others oppose the idea that individuals can choose to die (Darr, 2002). According to traditional Christian philosophy, euthanasia was considered immoral until recently and was universally condemned in all societies with Christian traditions. This philosophy held that even what may be considered a worthy end (i.e., the termination of pain and suffering) never justifies immoral or unethical means (Thorton, 1997). Some Catholics have argued that there is no moral difference between allowing someone to die and causing death by interfering with the biological process since the end result is the same (Heifetz, 1992). Similarly, Muslims believe that only Allah has the right to end life; both Hindus and Buddhists teach respect for life and the belief that euthanasia is an interruption of karma; Jews and Christians base their objections on the Biblical commandment, “Thou shalt not kill.”

Despite religion’s deep traditional opposition to euthanasia, some exceptions have been allowed. For example, in 1957 Pope Pius XII stated that if a patient is hopelessly ill, a physician may discontinue heroic measures, and, if the patient is unconscious, relatives may request the withdrawal of life support (Snyder, 2001). Similarly, many Protestants believe there is a choice in the matter, and some Jews believe that the withdrawal of artificial life support is permissible and that the patient’s wishes are of primary importance (Darr, 2002).

Physicians and Organizations

A number of physicians oppose the practice of euthanasia and, instead, advocate pain-management techniques. Orr (2001) proposes that effective end-of-life care is an alternative to euthanasia and argues that patients who receive quality end-of-life care rarely request that their lives be ended. Despite this compelling argument, the literature suggests that some patients may still prefer their right to choose death. For example, Keown (2002) details the case of Ms. B, a quadriplegic who was denied the right to withdraw the assistance of her ventilator, who sued the hospital for unlawful treatment and won the right to end her life.

The Hemlock Society advocates the legalization of euthanasia (Snyder, 2001). This organization believes that the final
decision to terminate life ultimately is one's own, although it does not encourage suicide for emotional, traumatic, or financial reasons, or in the absence of terminal illness. Conversely, the National Hospice Organization supports a patient's right to choose, but believes that hospice care is a better choice than euthanasia or assisted suicide (Snyder, 2001).

**Political Factors**

The moral and political dilemmas of euthanasia date back to at least 400 B.C., with the Hippocratic Oath which states, "I will give no deadly medicine to anyone if asked, nor suggest any such counsel." Condemnations of euthanasia have additionally existed in English Common Law for over 700 years (Sarton, 1952). However, assisted suicide gained increasing public support beginning in the 1900s, a growth that was later dashed when reports of forced euthanasia in Nazi Germany surfaced. In these cases, adults and children who demonstrated symptoms of mental retardation, physical deformity, or other "inferiorities" were deemed "life unworthy of life" (Finkel, Hurabiell, & Hughes, 1993; Röder, Kubillus, & Burwell, 1995).

In the United States, euthanasia became a contested issue early in the 20th century. In 1906, the first bill to legalize voluntary euthanasia was introduced in the Ohio legislature but failed to pass. However, in 1914, the common-law right to self-determination gave individuals the right to refuse or stop treatment (McCormack, 1998). In 1936, the Gallup Organization administered its first nationwide survey on the subject and found that about half the American population favored mercy deaths under governmental supervision (Worsnop, 1997).

Politically, a myriad of reasons have been offered to support the right to die: the preservation of dignity, privacy, autonomy, self-determination, the liberty interests of the Fourth Amendment, and the reduction of degradation (Finkel et al., 1993). Although the judicial system has labeled euthanasia a crime, both the courts and the medical community seem well aware that a slippery slope exists between passive and active euthanasia. For example, whereas "pulling the plug" under the right circumstances has been viewed as passive euthanasia, ending artificial nutrition (removing a G-tube) has been linked
Attitudes Toward Euthanasia

to “intentional killings” (Finkel et al., 1993). In addition, it has been suggested that there is more controversy surrounding active euthanasia than passive euthanasia because individuals are inclined to view removing treatment as worse than omitting treatment, thus favoring probable death associated with passive euthanasia over certain death associated with active euthanasia (Begley, 1998).

In 1991, Congress enacted the Patient Self-Determination Act, requiring all federally funded hospitals to advise patients about advance directives, living wills, and power-of-attorney declarations. This requirement has not been construed as a federal endorsement of euthanasia but, rather, as the provision of insights into a patient’s wishes if the patient becomes incompetent or comatose.

It was perhaps not until 1990 that euthanasia became an issue of keen national debate, largely because of media attention generated by Dr. Jack Kevorkian (Csikai, 1999). On June 4, 1990, Jane Adkins, an Oregon woman in the early stages of Alzheimer’s disease, killed herself with the help of a suicide machine devised by Kevorkian. Kevorkian faced murder charges stemming from his involvement in this situation, but the charges were subsequently dropped. In 1995, Oregon legalized the practice of euthanasia in response to a referendum it held in 1990. However, the practice was quickly made illegal after the law was challenged. The challenge is currently pending (Webb, 2000).

Soon after, the U.S. Supreme Court ruled that a person whose wishes were clearly known (i.e., had a “living will”) has the right to refuse life-support treatment. Many states, for example, now permit living wills, surrogate healthcare decision-making, and the withdrawal or refusal of life-sustaining medical treatment (Balch, 2001). The legal controversy regarding physicians’ involvement in their patients’ end-of-life decisions touches people of all ages.

Previous Research

According to a study of the opinions of high school students, physician-assisted suicides that are thoroughly discussed with the patients are deemed more moral, acceptable, and “legal” than are assisted suicides that are merely accepted
or actively encouraged by physicians. Also, the presence of both physical and mental pain in a patient makes the patient's death more acceptable (Kaplan & Bratman, 1999). Wooddell and Kaplan (1999) found that the interaction among the physician, patient, and, to a lesser extent, the active and passive nature of the agent of death were more important than were a physician's actual actions in allowing or causing death to occur. It is interesting that the respondents tended to view the death of patients of the opposite gender as more acceptable than that of patients of the same gender.

Lachenmeier, Kaplan, and Caragacionu (1999) found that adults held similar views regarding euthanasia. That is, 6 in 10 adults would consider physician-assisted suicide if they were on life support or experiencing chronic pain; 50% would do so if they experienced a loss of mobility or independence, became a burden to others, or were diagnosed with a terminal disease; and 3 in 10 would do so if they were confined to a nursing home. Interestingly, the highest support for physician-assisted suicide occurred among Caucasian men, aged 50-55, who had some college education, had yearly incomes of $35,000-$60,000, and were Democrats, Protestants, and infrequent church attendees.

As euthanasia is examined from a variety of different standpoints, the patients' personal convictions must be considered. Physicians were asked why they thought patients request assistance to die. Their responses fell into the following categories: fear of uncontrollable symptoms (52%), actual pain (50%), loss of meaning of life (47%), loss of dignity (43%), being a burden (34%), and dependence (30%) (Stauch, 2000).

**Bioethics**

In 1997, the Institute of Medicine convened a panel to specifically examine questions related to end-of-life issues within the context of cultural diversity. Over the past three decades, end-of-life decision-making has been a focus of the field of bioethics. According to Field and Cassel's (1997) Institute of Medicine report, American medicine has failed to recognize the existence of the dying patient and has assumed that death is a medical problem that can be resolved using current technologies. The consideration of cultural differences
in bioethical practices surrounding death is an important area of inquiry because decision-making on end-of-life issues is made more complex by the diversity of the professionals and staff workers in long-term care facilities, hospitals, and nursing homes.

According to Field and Cassel (1997), end-of-life decisions are based on an orientation to the future and openness about discussing death, cultural conceptions of personhood and the self, the location of an individual within a social group, and feelings of appropriate behavior by healers. A potential patient for the limitation or withdrawal of unwanted therapy generally displays the following characteristics: (1) a clear understanding of the illness, prognosis, and treatment options that is shared with the members of the healthcare team; (2) a temporal orientation to the future and a desire to maintain "control" into that future; (3) the perception of freedom of choice; (4) a willingness to discuss the prospect of death and dying openly; (5) a balance between fatalism and a belief in human capacity that favors the latter; (6) a religious orientation that minimizes the likelihood of divine intervention (or other "miracles"); and (7) an assumption that the individual, rather than the family or other social group, is the appropriate decision maker (Field & Cassel, 1997). Ideally, healthcare providers offer patients choices regarding end-of-life decisions, rather than dictate answers, after they present information or scientific facts about the patient's prognoses. Since every end-of-life situation is unique, it is difficult for a scientific article such as this to discuss "ethics" in the broad sweep, considering that family, physicians, personal wishes, and religion all play a role in each individual's situation.

Method

The findings of this paper are based upon published public opinion polls from the Gallup Organization and Public Opinion Quarterly. Polling organizations use similar sampling techniques. For example, the standard Gallup sample consists of 1,000 face-to-face and telephone interviews. The sample design for face-to-face surveys is a replicated area-probability sample that selects subjects based on demographics from the block level in urban areas and segments of townships in rural
areas. After stratifying the nation geographically and by the size of the community, according to information derived from the most recent census, more than 350 different sampling locations are selected on a mathematically random basis from within cities, towns, and counties that have, in turn, been selected on a mathematically random basis. A more detailed discussion of this sampling procedure can be found in Gallup Organization (1996).

The Study

Questions

This article further evaluates Americans’ attitudes toward euthanasia by examining the following questions: What are Americans’ attitudes toward voluntary euthanasia, physician-assisted suicide, foregoing life-sustaining treatment, and end-of-life decisions? The answers to these questions should reflect the change in public sentiment toward euthanasia and physician-assisted suicide over the past 8 decades.

Findings

Attitudes toward voluntary euthanasia

As a social issue, euthanasia has generated both intense public debate and ever-changing public policy. From 1936 to 2002, a cross-section of the American public was asked the following question (see Table 1): “When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient’s life by some painless means if the patient and his family request it?”

From 1936 to 2002, the number of Americans who supported voluntary euthanasia varied, but overall, support increased. From 1936 to 1950, voluntary euthanasia was supported by less than a majority of Americans, perhaps because of the atrocities of World War II (Finkel et al., 1993). However, after 1950, support for euthanasia rose to over a majority and has maintained this level of support to the present. From 1973 to 2002, a consistent majority of those polled supported voluntary euthanasia, perhaps because many Americans’ political and moral beliefs were influenced by both a generally pro-euthanasia media as well as public statements on end-of-life matters by significant religious leaders, most notably Pope
Pius XII's 1957 proclamation. Another possible explanation for the increase in support for voluntary euthanasia was the prominence of the Kevorkian case (Gillespie, 1999).

Table 1

<table>
<thead>
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</tr>
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<td>4</td>
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<tr>
<td>2002</td>
<td>72</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

Question: "When a person has a disease that cannot be cured, do you think doctors should be allowed by law to end the patient's life by some painless means if the patient and his family request it?"

* Data reported twice in one year indicate that the question was asked twice in that year. Figures may not total 100% because of rounding.

The personal stories of the individuals whose lives Kevorkian helped to end may have served to increase sympathy for euthanasia, and this national attention may have prompted many Americans to reexamine and perhaps alter their views on euthanasia. For example, Dutch citizens have widely accepted voluntary euthanasia, and the Dutch government legalized the practice in 2002 (Blizzard, 2002).

*Attitudes toward physician-assisted suicide*

From 1990 to 1998, a cross-section of the American public was asked the following question (see Table 2): "If a person has a disease that will ultimately destroy their mind or body and they want to take their own life, should a doctor be allowed to assist the person in taking their own life, or not?"

Table 2

<table>
<thead>
<tr>
<th>Year</th>
<th>Should Be Allowed</th>
<th>Should Not Be Allowed</th>
<th>No Opinion</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>51</td>
<td>44</td>
<td>5</td>
</tr>
<tr>
<td>1991</td>
<td>53</td>
<td>39</td>
<td>9</td>
</tr>
<tr>
<td>1993</td>
<td>50</td>
<td>47</td>
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<tr>
<td>1993</td>
<td>58</td>
<td>36</td>
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</tr>
<tr>
<td>1998</td>
<td>52</td>
<td>44</td>
<td>4</td>
</tr>
<tr>
<td>1998</td>
<td>52</td>
<td>37</td>
<td>11</td>
</tr>
</tbody>
</table>

Question: "If a person has a disease that will ultimately destroy their mind or body and they want to take their own life, should a doctor be allowed to assist the person in taking their own life, or not?"

* Data reported twice in one year indicate that the question was asked twice in that year. Figures may not total 100% because of rounding. Trend data are not available before 1990.


Recently, the debate has been whether the right to self-determination is the right to die, as well as the right to death through physician-assisted suicide. Stemming from this debate is the
belief that because no difference exists between letting someone die and killing him/her, patients must have the right to refuse or to receive treatment that would prolong their lives (Van Zyl, 2000).

Physician-assisted suicide is viewed as one of the most controversial types of euthanasia because it violates the Hippocratic Oath. Physician-assisted suicide literally means that the physician provides the means (i.e., medication) for suicide to a competent patient who is capable of carrying it out. Attitudes toward physician-assisted suicide were remarkably consistent during the period under study with only slight variation. During these years, those who agreed that physician-assisted suicide should be allowed were invariably in the majority.

**Attitudes toward foregoing life-sustaining treatment.**

From 1973 to 1991, a cross-section of the American public was asked the following question (see Table 3): “All doctors take an oath saying they will maintain, restore, and prolong human life in their treatment of patients. It is now argued by some people that in many cases people with terminal diseases (those that can end only in death) have their lives prolonged unnecessarily, making them endure much pain and suffering for no real reason. Do you think a patient with a terminal disease ought to be able to tell his doctor to let him die rather than to extend his life when no cure is in sight, or do you think this is wrong?” (Benson, 1999).

From 1973 to 1991, the proportion of individuals who agreed that patients with terminal diseases should be allowed to forego life-sustaining treatment ranged from 62% to 85%. A possible explanation may be that more people than ever were suffering from painful terminal illnesses, such as cancer and AIDS, and more people were aware of how much suffering those with terminal diseases endured. A possible reason for the steady increase in support for euthanasia from 6 in 10 to 8 in 10 by 1991 is that medical technology had improved dramatically and Americans reasoned there was less need for euthanasia, as it would likely only occur in rare circumstances when a patient was truly terminal.
Table 3

*Attitudes Toward Forgoing Life-Sustaining Treatment, 1973–1991*

<table>
<thead>
<tr>
<th>Year</th>
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Question: “All doctors take an oath saying they will maintain, restore, and prolong human life in their treatment of patients. It is now argued by some people that in many cases people with terminal diseases (those which can only end in death) have their lives prolonged unnecessarily, making them endure much pain and suffering for no real reason. Do you think a patient with a terminal disease ought to be able to tell his doctor to let him die rather than to extend his life when no cure is in sight, or do you think this is wrong?”

* Figures may not total 100% because of rounding.


*Attitudes toward end-of-life decisions*

With the graying of the baby-boom generation, end-of-life decisions are likely to remain a public issue for many years to come (Benson, 1999). A key component in any shift in public policy toward end-of-life decisions is how Americans perceive death. Between 1977 and 1998, a cross-section of the American public was asked the following question (see Table 4): “Do you think a person has the right to end his or her own life if this person has an incurable disease?”

By 1998, over 6 in 10 respondents believed that a person had a right to end his or her life if that person had an incurable disease (Benson, 1999). Consistent with these findings, from 1977 to 1998, support for euthanasia in the case of terminal
illness was favorably reported in the media and the political
arena (Benson, 1999).

Taken as a whole, the trend data show a growth of
support for various consensual practices that result in the
death of terminally ill patients. One third to nearly two thirds
of Americans have supported some form of end-of-life deci-
sion. Overall, since 1986, a majority of Americans believed that
euthanasia should be allowed when a person has an incurable
disease.

Table 4

<table>
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<td>5</td>
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<tr>
<td>1998</td>
<td>61</td>
<td>35</td>
<td>5</td>
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Question: “Do you think a person has the right to end his or her
own life if this person...has an incurable disease?”

*Figures may not total 100% because of rounding.

Discussion

This examination of national poll data on the American
public’s attitudes toward euthanasia has revealed some strik-
ing trends. As Table 1 indicates, from 1936 to 1950, only 4 in
10 Americans believed that voluntary euthanasia should be
allowed for an individual with an incurable disease, even if the patient and the family requested it. Although we report data from 1936 to 2002, it was not until 1973 that fully a majority of Americans supported euthanasia.

From 1973 to 2002, the percentage of people who supported voluntary euthanasia varied, but overall support increased from over one half to fully three fourths of Americans surveyed. The concern about voluntary euthanasia, heightened by the events of World War II, may have led to opposition of euthanasia from 1936 to 1950. As is evident in Table 2, from 1990 to 1998, a consistent majority of respondents accepted physician-assisted suicide. Furthermore, as Table 3 indicates, from 1973 to 1991, during this period foregoing life-sustaining treatment became the most acceptable form of euthanasia. The acceptance of this course of action increased from 6 in 10 to fully 8 in 10 Americans. These findings dovetail neatly with the findings in Table 4, showing that from 1977 to 1998, an increasing proportion of Americans thought that life-and-death decisions should be allowed. This cross-section of the American public’s views regarding euthanasia is at odds with current official policies regarding the matter: contemporary attitudes grow increasingly pro-euthanasia, while policy on the issue is not evolving to permit euthanasia as a legal practice. Over 50 years ago, opinions on life and death decisions were more closely aligned with official policy on the issue. In recent years, however, our findings indicate that official policy has not caught up with the growing pro-euthanasia views reported in public opinion polls.

In addition, a 1999 Gallup poll showed that 61% of Americans believed that physicians should be allowed to help terminally ill patients in severe pain commit suicide. These results were consistent with those of Gallup polls over the previous two years, in which 6 in 10 Americans approved of the concept of physician-assisted suicide (Gillespie, 1999). Many may speculate about the reasons for these statistics. One explanation could be the increase in education and awareness of advances in both medical technology and research on various chronic diseases. Americans are also more aware of the devastating psychological effects of disease on a person’s overall well being; therefore, they may be more willing to make informed
Attitudes Toward Euthanasia

decisions on end-of-life care. With this new knowledge, they may emphasize that sometimes the best option for a terminally ill patient is physician-assisted suicide or some other form of euthanasia.

Americans are far more reluctant to consider the idea of suicide as a way to end the pain of a terminal illness. Only 40% of those polled said they would consider committing suicide if they were terminally ill. On the other hand, 52% of those who were questioned approved of Kevorkian’s involvement with the death of a Michigan man (Gillespie, 1999); of those who supported Kevorkian, 63% considered themselves liberal while 39% considered themselves conservative.

In line with this more recent poll, Americans who reported that physician-assisted suicide should be legal rose from 37% in 1947 to 61% in 1999 (Benson, 1999). Yet, the 1999 survey showed that fewer people would choose that course for themselves. An equal proportion (40%) said they would consider suicide if they were dying and in great pain and, in addition, they would help a terminally ill family member kill himself or herself (Benson, 1999).

Implications

Social workers face many ethical dilemmas concerning euthanasia and physician-assisted suicide and should be familiar with the social problems and concepts related to both, as well as shift in public opinion over time. If the number of individuals who believe that euthanasia and physician-assisted suicide is acceptable is increasing, it is likely that the number of cases of end-of-life decisions that social workers will encounter will also increase. Respect for personal choices and individual differences is the most important issue for social workers to keep in mind when their clients and clients’ families are making decisions in regard to euthanasia.

The National Association of Social Workers (NASW) provides an ethical framework for the dilemmas a social worker may face based on the core values of service, social justice, dignity and self-worth, importance of human relationships, integrity, and competence. According to the Code of Ethics (NASW, 1999, section 6.01), social workers “should advocate for living conditions conducive to the fulfillment of
basic human needs." Therefore, from an ethical standpoint, social workers should be prepared to give patients information about pain-management techniques. In addition, they can provide assistance for terminally ill patients by helping them recognize the meaning of life and that they have control over the circumstances related to death and the commemoration to follow. As the NASW (1999) advises, social workers can be influential in informing the general population about end-of-life decisions by thinking the decisions through with them and helping their clients prepare advanced directives. America's diverse ethnic groups confront death and dying in markedly different ways. Because of this lack of a single approach to understanding and dealing with death (Rosenblatt, 1993), social workers must then approach each individual case with a fresh perspective. Educating patients on their available choices enhances their capacity to address their own needs when they suffer from a life-threatening illness.

Furthermore, although the NASW policy statement, "Client Self-Determination in End-of-Life Decisions," observes that social workers may counsel terminally ill clients regarding physician-assisted suicide, this policy is in conflict with most state laws that prohibit social workers from advising their clients in this matter. This policy statement does not provide guidance on when social workers should become involved or under what circumstances and for how long they should intervene in cases involving terminal illness. The policy also neglects to mention that providing advice on physician-assisted suicide constitutes an offense as defined in most state laws. Because laws regarding physician-assisted suicide change so frequently, it is critical that social workers be aware of the current state legislation (Manetta & Wells, 2001). This difference in policies and practices may complicate the work of conscientious social workers, since social workers can expect situations to arise for which the law does not provide clarity or leeway (Keigher, 2001). Moreover, the NASW policy statement does not provide guidance regarding the conditions under which a social worker should become involved with a terminally ill client.

Some practice techniques indicate that social workers should be cognizant of the fact that empathy is a critical tool
in dealing with clients who are confronted with the moral dilemma of euthanasia, which opens up such issues as human rights, familial responsibility, and moral decency (Leichtentritt & Rettig, 1999, 2001). Furthermore, they should be aware that end-of-life decisions affect all populations. Active communication among fellow professionals will facilitate the development of more effective and useful policies on this issue. This communication will also help to ensure that clients' values are respected and that decisions concerning life and death are made responsibly.

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Professional Hope in Working with Older Adults

TERRY KOENIG
RICHARD SPANO

School of Social Welfare
University of Kansas

Writings about hope within gerontological literature assume social workers already possess hope that they can use in their practice. The purpose of this article is to challenge this assumption and to examine ways in which social workers can sustain hope in personal life, in their agencies, and in the reform of larger social structures that impact older adults. The authors examine culture change in nursing homes as an emerging approach that can be more fully developed by applying the strengths perspective to interpersonal work with elders, agency change and broader structural change.

Keywords: hope, growth, culture change, and strengths perspective

Introduction

At first glimpse, professional hope in older adults’ capacities for ongoing growth and change appears pretentious and not based in reality. Although some human development models or theories describe growth and change in old age (Smith, & Freund, 2002; Atchley, 1989; Kuypers, & Bengston, 1973; Mead, 1934), many continue to describe aging as a life stage fraught with multiple health problems, an accumulation of losses (e.g., loss of friends, housing, or life partner), and decreased access to financial, social and other resources. Older adults are often not able to sustain let alone surpass current levels of growth and development (Gray, 2003; Herth, & Cutliffe, 2002; Cheavens, & Gum, 2000; Rowe, & Kahn, 1998;
These negative views of older adult growth and development permeate the hope and aging literature. This literature emphasizes how professionals can instill hope in the older adult who is facing negative and difficult challenges such as a terminal or chronic illness, bereavement, and depression (Westburg, 2003; Duggleby, 2000; Forbes, 1999; Roberts, Johnson, & Keely, 1999; Tennen, & Affleck, 1999; Klausner, Clarkin, Spielman, Pupos, Abrams, & Alexopoulos, 1998; Nekolaichuk, & Bruera, 1998). Few writings address the role of hope in physically or emotionally healthy older adults (Zorn, 1997; Herth, 1993).

Consistent with negative views of older adult growth and change, virtually no gerontological writings discuss how professionals develop and sustain hope in working with older adults. In order for professionals to believe in older adults' capacities for growth and change it seems paramount to cultivate this professional hope. The purpose of this article is fourfold. First, the authors will examine ways in which hope is described in the gerontological literature as compared with the larger social sciences literature. Second, strategies are presented that gerontological social work professionals can use to develop and sustain hope in personal life and professional work. Third, the use of hope-inducing models or theories of human development are presented for use in social work curricula and in agency-based practice to help gerontological social workers develop and sustain hope. Fourth, culture change in nursing homes, often described as the enlistment of resident and direct-care staff involvement in institutional decision-making, is critiqued as an example of larger social structural reform that can develop and strengthen professional hope. Social workers are encouraged to facilitate advocacy efforts that involve multiple stakeholders (i.e., staff, residents and families) for the purpose of changing the culture in nursing homes.

Although physical capacities eventually diminish in old age, human beings are comprised of multiple and overlapping components (e.g., social, psychological and spiritual) that may contribute to enhanced growth and development in old age. For example, older adults may strengthen friendships and support, develop wisdom and increased well-being, and may enhance their capacity for self-transcendence and a sense
of life meaning. Our contention is that gerontological social work professionals can have hope in older adults’ capacities to grow even in the face of physical and other limitations. Furthermore, social workers can participate in coalition building, policy reform, and other advocacy efforts to modify social structures to reflect hopeful views aging.

Literature Review

Descriptions of Hope

With some notable exceptions, descriptions of hope in the aging literature are similar to descriptions of hope in the broader social sciences literature (i.e., psychology, social work and nursing). Hope is depicted as a one-dimensional concept (i.e., a cognitive process involving motivation and achievement in reaching goals; Snyder, 2000) and as a multidimensional concept that incorporates multiple and overlapping components of hope, e.g., behavioral, affective, environmental, time-oriented (e.g., immediate or long-term), cognitive, and spiritual (Nekolaichuk, Jevne, & Maquire, 1999; Herth, 1992; Dufault, & Martocchio, 1985).

However, gerontological writers have noted some exceptions or cautions for applying broader social science descriptions of hope to older adult growth and development. First, describing hope as achievement, success and control is problematic for older adults who experience the loss of a spouse or friends, moving from home, or a reduction of physical capacity (Herth, & Cutliffe, 2002; Nekolaichuk, & Bruera, 1998). Contrary to hope studies with younger populations, older adults may not have hope in controlling or successfully resolving these difficult situations. Instead, older adults may develop or reinforce their hope to manage these situations through enhanced coping skills (i.e., strengthening support networks) and improved capacities to transcend these difficult, immutable situations (i.e., stronger spiritual or religious beliefs). Second, describing hope as future-oriented ignores the emphasis older adults may place on immediate life situations. Some hope and aging studies suggest that older adults engage less in long-term planning and are more involved in goal setting that is short-term and affects their immediate cir-
cumstances (Gray, 2003; Cheavens, & Gum, 2000).

For our purposes, we have chosen to describe hope as a multidimensional concept that includes the following components: (1) behavioral (e.g., using coping skills to deal with life challenges (Cheavens, & Gum, 2000; Klausner, et al., 1998); (2) spiritual as an inner power that facilitates transcendence and the endurance of present difficulties such as health problems and other losses (Herth, & Cutliffe, 2002; Duggleby, 2000); (3) cognitive as the motivation and development of goals with an emphasis on short-term goal attainment (Snyder, 2002); (4) environmental as possessing economic resources and supportive family and friends (Westburg, 2001; Snyder, Cheavens, & Sympson, 1997); (5) time-orientation meaning that older adults often use hope to address immediate concerns with less emphasis on future orientation (Smith & Freund, 2002; Herth, 1993; McGill, & Paul, 1993); and (6) affective as feelings of confidence in facing the future and the use of humor to foster hope (Westburg, 2003; Fehring, Miller, & Shaw, 1997). This multidimensional description of hope is consistent with a belief or hope in older adults' capacities to grow and change across many facets of their lives. Furthermore, this hope description can be used to explore how gerontological social workers can best develop and sustain hope in their personal life and work.

Application of Older Adult Hope to Personal and Professional Hope

Personal Hope

We believe that it is difficult, if not impossible, for social workers to develop hope in older adults' capacities to grow and change, if they have limited awareness of the role of hope in their personal lives. For example, many social workers and other professional helpers have experiences of loss or illness that may involve suffering, but also contribute to their development and use of hope. As a young adult, one of the authors was in a motorcycle accident which contributed to back injuries and subsequent surgeries. These physical impairments were tempered by friends and family who supported his physically active lifestyle and enabled him to be hopeful about his immediate and long-term health and ability to manage chronic
pain. This support also strengthened his confidence in setting goals; and, he has competed in handball tournaments throughout adult life. In this brief example, the environmental (social support), cognitive (goal setting and motivation), behavioral (acting on plans to stay physically active and compete in handball tournaments) and emotional (self-confidence) components of hope worked together to help him cope with and grow in spite of physical impairments.

The time-orientation and spiritual components of hope can be illustrated using another example. A social worker became involved in meditation as a way to manage communication difficulties with her teenage son. As she learned how to breathe while meditating, she also learned how to slow down and savor moments in her personal life. By becoming more aware of each moment, this social worker was able to transcend frustrations with her son's behavior. She became more positive and hopeful about her son's ongoing growth and development - and their communication improved. Through the use of numerous and interacting components of hope, these two examples demonstrate how hope begins and is sustained in personal life. Developing personal hope in the face of loss, change and adversity may be paramount to having hope in elders' capacities for growth.

The following questions that correspond with the previously described components of hope are provided to foster professional self-reflection on the relevance of hope in personal life:

1. What is your experience with developing goals?
2. How have you used hope to deal with your current circumstances?
3. What has helped you learn to be aware of hopeful moments?
4. How do your emotions affect your growth and use of hope?
5. What kinds of relationships with older adults and others have fostered your hope?
6. What kinds of relationships with the environment have fostered your hope?
7. What is the role of spirituality or self-transcendence in helping you to develop and sustain hope?
8. What actions have you taken in your personal life as a result of hope in your capacities to change?

In summary, carefully attending to our beliefs and experiences about hope in our personal lives provides important information that shapes the development of hope in professional work with older adults.

Professional Hope
Gerontological social workers are challenged to integrate ideas, values and skills that focus on the complex interactions between people and their environments. In addition, practice challenges are exacerbated by the fact that many elders have been marginalized by the larger social, political and economic institutions that so deeply shape their personal experiences. In order for social workers to sustain their hopefulness regarding professional growth and development, we need to examine the role hope plays in their education as well as the agencies in which they practice.

Professional Education
Rarely do we examine what theories, models or perspectives say about the role of professional hope in helping relationships. In those instances where hope is examined, it's examined in the context of how to induce hope in clients, assuming professionals have hope related to clients' capacities for change and growth. Aging literature is even more problematic. In the area of human behavior theory, the social gerontological literature describes changes in late adulthood by emphasizing problems, pathologies and deficits rather than possibilities, promise and potential. For example, in their 1999 review of the literature on aging theories, Hooyman and Kiyak provide a comprehensive examination of social theories that are used to inform practice in the field of aging. These approaches start with very different foci and each capture a small piece of the interactions of elders in their social context. Unfortunately,
many of these theories or perspectives frame late adulthood as a psychological process of loss, grief and disengagement or as a time period fraught with barriers to full participation in political, economic and social life. These perspectives, as currently conceived, are not conducive to fostering hope in the professionals who use them.

However, some have the potential to be adapted in ways that can reintroduce hope related to growth and change as a central element of practice with elders. These include continuity theory (Atchley, 1989) and interactionist perspectives (Gubrium, 1973; Kuypers, & Bengston, 1973; Mead, 1934). For social workers, these two approaches are important because they address the interactions between persons and environments and emphasize the role of growth and change throughout the life span. Further, they are potentially congruent with social work's stated purpose of enhancing the fit between individuals and their environments as they attempt to reach their potential.

Continuity theory (Atchley, 1989) asserts that there is continuous development over the life span. Older adults actively adapt to changing situations and show consistency over time in their thinking and patterns of behavior. This theory introduces internal continuity (internal values and beliefs) and external continuity (the environment) suggesting these need to be connected for healthy growth. It also links biological, psychological, social and spiritual components in elders' lives. Each of these elements focus workers' attention on people and their environments, presumes change and growth are "naturally occurring" in elders, and rests on a health promotion philosophy of practice (strengths-based) rather than a residual (deficit-based) philosophy of practice.

The interactionist perspectives (e.g., symbolic interaction) assert that both the person and society are able to change and create new alternatives for their interactions which can lead to growth and development (Kuypers, & Bengston, 1973). Social reconstruction (Gubrium, 1973), as one type of interactionist perspective, suggests that focusing on environmental changes can have a significant impact on the lives of older people. Thus, addressing problems of inadequate housing, poor health care and poverty with a view toward elders' active
roles in developing strategies to overcome these barriers creates opportunities for growth and development. Social reconstruction more directly opens the door to advocacy, planning and the social reform of institutional structures and is consistent with social work's commitment to social justice.

Beyond the human behavior component of social work education there is an emerging literature in policy and practice that begins to address alternative approaches that have the potential to reintroduce hope inducing models into our professional preparation (Saleebey, 2002; Jones, & Bricker-Jenkins, 2002; Rapp, 1998; Chapin, 1995). With each of these perspectives, we need to assess their contribution to developing hope by examining the following questions:

1. What do specific perspectives, models and/or theories (e.g., cognitive, behavioral, narrative, psychodynamic, ecological, existential, feminist, and crisis intervention) suggest about how professionals support older clients' efforts to develop and reach their own goals?

2. What do these models suggest about how to identify and sustain opportunities for growth?

3. What do they say about the impact of the professional's emotional awareness and availability in working with older clients?

4. How do they inform us about creating environments that support and sustain growth?

5. How do these models integrate spiritual or self-transcendent elements of our work with older clients?

6. What do they suggest about actions that can be taken that engender hope in our relationships with clients, colleagues and supervisors?

7. Finally, what do they suggest about the nature of growth and change?
Agency-Based Practice

The authors are currently involved in practice with agencies as well as teaching cohorts of students who are in a variety of aging, health and mental health agency settings. Certain themes emerge in conversations with students in classrooms as well as agency-based interactions. Students describe being cautioned by agency practitioners not to trust their clients because it opens the door to manipulation or worse, clients are not able to judge what is in their "best interests", therefore, their participation is devalued in the helping process. Some students are assigned to clients whose situations have major challenges or who in the past have shown little progress and staff has given up hope that these situations are amenable to change.

Many agencies that serve elders have developed a "siege" mentality in response to ever increasing demands and shrinking resources. While national debates are shifting attention to the "crisis" in Social Security, little attention has been focused on the lack of resources for the broad range of aging services – from in-home care to skilled nursing care. Current public discussions frame the changing demographics in our society as a "problem" that creates "burdens" for younger members of the community. Such characterizations further marginalize elders, creating more vulnerability for those elders who are poor and therefore dependent on publicly funded programs. More specifically, the general impact of ageism is layered in with gender and race to create a subset of elders who are most likely to be in poverty and thus more vulnerable to reductions in resources provided under public auspices (Crown, 2001). This more vulnerable group within the larger population is a natural focus for social workers’ attention.

Nursing homes provide an example of an agency structure which epitomizes many of the challenges to creating and sustaining hope in the field of aging. Until the very recent past, nursing homes have solely used a medical model to create their agency structures, policies and programs for residents and not with residents. Vladeck’s (1980) critique of nursing homes entitled, Unloving Care, identifies confusion about the role and identity of nursing homes as health care facilities and/or residential facilities. In more recent writings, he notes:
Nursing homes continue to be organized as health care facilities...they continue to be organized around health care professional hierarchies, although relationships in nursing homes should be very different from those in other parts of the health care sector. Core planning is still driven by an enumeration of residents' deficits, not their capabilities...These negative attributes of nursing home culture are reinforced by governmental regulation and payment mechanisms, as a part of mutually-reinforcing and naturally symbiotic relationships between government and the nursing home industry (Vladeck, 2003, p. 3).

The ongoing dominance of the medical model within nursing homes creates an environment where problems, deficits and pathologies stifle any possibility for creating hope among staff about agencies and residents' capacities for growth and change. However, there are some more recent developments that may provide an alternative approach for working with nursing homes.

There are a number of writers (Fagan, 2003; Reynolds, 2003; Deutschman, 2001) who are developing "culture change" as a way to guide their attempts to reform nursing homes. Most of the writings on culture change have been put forward by health care providers who have been frustrated by the limitations of the medical model as the foundation for conceptualizing delivery of services in nursing homes. According to Fagan (2003), culture change is an in-depth change in systems that requires transformation of individual and societal attitudes toward aging and elders, transformation of elders' attitudes toward themselves and their aging, changes in attitudes and behaviors of caregivers toward those for whom they care and changes in governmental policies and regulations as they relate to aging. This comprehensive view of culture change needs to be anchored in practice models yet to be fully developed by its proponents who are transitioning from a medical model to a more strengths based model which posits hope as a central ingredient for change and growth.

This is a place where social work can make a significant
contribution to radically altering the way we achieve genuine culture change proposed by Fagan (2003). Unlike many health care professionals, nursing home social workers have been prepared to focus their attention on the interactions between people and their environments (both proximal and distal). If culture change goals include creating a "culture of aging that is life affirming, satisfying, human and meaningful", significant structural changes need to be made to achieve these goals. These efforts need to be spearheaded by professionals and staff who believe (hope) such changes are possible. A central question is: What can be done to develop, sustain and rekindle hope in our work with elders?

Social workers have always known that client growth and positive change are facilitated within a helping relationship, but also dependent upon changes that need to occur in our social environment and in our social agencies. Social workers warn that we have aborted our purpose – if we ignore the impact of social and cultural forces upon the hope that can be generated in the helping relationship and within our social agencies. Towle (1946) emphasized the negative impact of adverse social and cultural circumstances upon the professional/client relationship. She stated that the helping relationship "cannot compensate for basic environmental lacks, meager services, and restrictive agency policies" (p. 170). Better adaptations, growth and change occur when older clients have better experiences in the agency-based helping relationship and in their relationship with the social environment. Consequently, professional hope in client growth and positive change must be cultivated in our social agencies as microcosms of the larger social environment. The following questions are provided to help gerontological professionals examine their practice context as it relates to the cultivation of hope:

1. What are we doing in our agency to encourage workers and older clients to articulate their goals and develop service plans to achieve those goals?
2. How do we create flexible structures and policies to enable the agency to adapt to meet current and future goals?
3. How do we create an atmosphere that celebrates achievement of goals and instills confidence by recognizing successes in our agency?

4. What do our administrative structures and agency policies do to create opportunities for staff to rejuvenate themselves and for the organization to review and re-envision its mission?

5. Are we asking ourselves what we can do rather than dwelling on barriers we always face when trying to promote positive growth and change in our work?

Turning our attention to these questions provides professionals with a focus on what we can do in the face of challenging situations that continue to shape our practice with older adults.

Implications

In each of the preceding sections we have raised questions designed to assess hope in our personal lives, professional education and in our agency-based practice as they apply to work with elders in nursing homes. Our implications will apply the strengths perspective as it relates to the following culture change components (1) interpersonal work with elders; (2) agency change; and, (3) the broader system change necessary to redress the impacts of ageism in the larger society.

The Strengths Perspective

The strengths perspective, in contrast to deficit or problem-based models, identifies four fundamental principles that are applicable to the role of hope in practice. First, it refocuses the attention of the professional (worker, supervisor, educator) and the person seeking help (client, supervisee, student) on the capacities, possibilities, and resources that they bring to their work. Second, this perspective reunites social workers with their rich conceptual history (Smalley, 1970; Taft, 1962; Fowle, 1946) by putting hope in the context of the
social environment. Many current writers strip the contextual or environmental components from their discussion of hope and aging; however, the strengths perspective as envisioned by Saleebey (2002) reconnects the traditional view of person-in-environment as central to the growth and change process (Jones, & Bricker-Jenkins, 2002). Third, the strengths perspective redefines the nature of a professional relationship on what can be accomplished and how to accomplish client-driven goals. Fourth, the strengths perspective is applicable beyond direct practice. It can inform us about new ways to foster hope in our interactions with colleagues and the agency/community context within which we practice.

Fledgling efforts surrounding culture change in nursing homes provide opportunities for social workers to use their two decades of experience in developing the strengths perspective as it applies to work in nursing homes. Fagan’s (2003) leadership in the Pioneer Network, which is a national grass roots network of individuals in the field of aging who are working for deep systematic culture change through evolutionary and revolutionary means, provides a framework for the application of strengths-based practice. The Pioneer Network identifies approaches that guide their work: (1) individualized care which promotes residents as unique individuals, advocates for maintaining a resident’s familiar routines and recognizes the importance of maximizing self-determination in daily activities; (2) resident-directed care which involves restoring control and decision making to residents through the use of a flattened hierarchy within the organization; and, (3) the regenerative community which focuses on creating a consciously conceived community as an avenue for restoring meaning and providing a sense of belonging, a collective voice, opportunity for growth and to be of service to peers.

Individualized care

To achieve the Network’s first objective which focuses on work with individuals, social workers and other staff could be armed with human behavior theories or models (e.g., interactionist perspectives and continuity theory) to shape their relationships with clients. These hope inducing approaches create an expectation for growth and change as a part of the
aging process. They connect individual growth and change to the removal of barriers in the immediate environment that need to be overcome, thus creating opportunities for greater self confidence and autonomy. Network innovations such as encouraging individuals to actively participate in making their needs known to staff and the introduction of changes in the nursing home environment, i.e., children, plants, colorful surroundings represent small, but important shifts in the relationships between staff and clients. However, their writings are silent on the balance between sustaining familiar routines and the importance of growth in response to new situations. Furthermore, the Network falls short of addressing the more fundamental structural changes necessary to achieve their stated goals.

*Resident-directed care involving agency change*

A second level of change noted above addresses the immediate agency structures which reflect the dominance of the medical model in nursing homes. Although Fagan (2003) observes that a “flattened hierarchy” is important to increasing opportunities for meaningful participation by clients and direct care staff, this notion is minimally addressed in the nursing home literature. However, a flattened hierarchy is embedded in and more fully articulated by some strengths-based social work writers in the field of mental health. Among the social workers who have written about this idea, Rapp (1998) provides a useful guide for translation. Rapp’s critique of traditional agency structures challenges us to create opportunities to “invert” existing hierarchical structures, with directors at the top and line staff on the bottom and no mention of client anywhere in the organization’s structure, to one that places clients at the top of the hierarchy and the directors at the bottom. Rapp asserts that the function of management at any level is not to impose compliance but to help the next higher rung do their job effectively, and effectiveness is measured by achieving client driven outcomes.

In essence, the measures for success of the agency are guided by the goals articulated by clients in their relationships with workers. This emphasis on goal setting, developing means to achieve goals and celebration of success runs di-
rectly parallel to the central themes in the literature. While not explicitly identified in this literature, a manager’s ability to communicate hope to workers, and workers’ hopefulness in their relationships with older residents is a central component to clients achieving their goals which becomes a shared definition of success.

**Regenerative community.** Fagan’s (2003) third approach on creating a “regenerative community” focused on restoring meaning, a sense of belonging, a collective voice, opportunity for growth and service to others suggests a need for a perspective that is in contrast to the medical model. In order to create a “regenerative community”, we need to address the connections between nursing home “communities” and the larger communities within which they exist. Clearly, culture change writers acknowledge the existence of ageism in the larger society, but they fall remarkably silent on the connections between the larger social context and its impact on their nursing home communities.

Current writing tends to fragment the problems facing nursing homes by addressing agency issues (funding based on social policy), workers (low wages, no benefits high turnover) or clients (inadequacy of services) as though each segment of the community is facing its own separate barriers. This leads to separating, not creating connections among the members of these communities who may in fact have shared interests. Traditional approaches to policy analysis and research further exacerbate divisions among the segments of the nursing home communities obscuring potential common areas of interest that could be developed to unite clients and their families with staff and management to improve these communities. For example, many gerontological writers focus on policy analysis and advocacy (Blancata, 2004, Cohen, 2004; Hudson, 2004; Kane, 2004; McConnell, 2004; Rother, 2004, Stone, 2004). Each of these authors provides a different analysis of the challenges related to advocacy in aging, but each of them base their critique on one component of the nursing home community, namely the elders and their needs.

Another theme in the nursing home literature is the employment of direct care workers in the industry. Many authors identify an array of challenges faced by nursing homes
including low wages, high worker turnover, inadequate staffing, and poor job quality (Lipson, & Regan, 2004; CLTC, 2003; Dawson, & Surpin, 2001, DCA, 2000). What makes these writings more promising is that they have begun to look at connections among various groups in nursing homes. In their national conference proceedings (2003), Citizens for Long Term Care (CLTC) identifies the lack of a national policy for long term care. They state:

Both private and public insurance programs must be redesigned -increasing resources and consumer choice, while ensuring protections for both consumers and direct care staff (emphasis added). Only a system designed around the relationship between the long-term care client and his or her worker will ensure both quality jobs for direct care workers, and quality of service for long term care consumers (p. 3).

This acknowledgement of links between the fate of consumers and those of workers could be used to fundamentally challenge the dominance of the medical model by providing a critique based on the political and economic realities facing both consumers and health care workers. Such an analysis could place social justice at the heart of the “culture change” efforts.

Two groups, CLTC and the Direct Care Alliance (DCA) have initiated analyses that move away from more traditional medically driven models to political and economic analyses that connect the interests of consumers and workers. In its 2003 Executive Summary from its national conference, CLTC makes broad recommendations for ways to address various crises in long term care. While some of the recommendations seem suspect (exploring expanded immigration to increase the direct care workforce), what they do accomplish is to begin to connect low wages, lack of health care and opportunities for advancement to the quality or lack of quality care created by vacancies, turnovers and costs associated with training new staff.

In the emerging critiques of nursing home care where coalition building is emphasized, MSW social workers could play a pivotal role. In order to achieve lasting structural/institutional change, social workers would need to step out of their current narrowly defined roles as case managers and indi-
Individual client advocates to use community development skills to address linkages between barriers within nursing homes and those in the larger community which create these barriers. Ageism, sexism and racism all converge to create poverty among both nursing home staff and residents. An approach to creating connections between immediate concerns and these broader social issues is exemplified in the work of Jones & Bricker-Jenkins (2002) where research is defined as a political process designed to empower clients to act collaboratively with others to address fundamental issues that create barriers in their lives.

In conclusion, we believe that inserting hope as a criterion for assessing existing and new practice models is one way to redefine the relationships between workers and clients; between workers, clients and agencies; and between their agencies and the larger social systems in which they practice. Practitioners using hope-inducing models that emphasize growth and change serve to energize their encounters at all levels of practice. This energy is central to translating potential into significant change for individuals and social institutions.

References


Program Development During Fiscal Crisis: A Community/University Response

DIANNE RUSH WOODS
California State University East Bay

PHU TAI PHAN
The College of St. Catherine
University of St. Thomas

TERRY JONES
California State University East Bay

This article discusses the often difficult and challenging process of setting up a new academic department, especially during a time of budget crisis. Furthermore it examines the role and purpose of the university, the place of so-called applied programs within the university, curriculum development of a new program, racial and cultural diversity at the university, and the overall relevance of the university as a vehicle for addressing community needs. The paper concludes with a discussion on how a Social Work faculty was able to use the university’s mission to persuade its leadership into setting up a Social Work Department.

Keywords: MSW program development; mission; values & ethics, fiscal crisis

Introduction

The development of a new academic program in higher education is both an exciting and a challenging experience. When such a program is introduced in a time of budgetary crisis and political unrest in the academy, the excitement
and challenge escalates. While this is especially the case in California with its energy crisis, layoffs and cutbacks in the computer industry, similar circumstances impact the nation as well.

What we do in this article is to examine how a university responds to an acute community need while at the same time trying to maintain fiscal integrity during a time of budgetary crisis. We believe this article has relevance in that it addresses such issues as the role and purpose of the university, the place of so-called applied programs in the university, university politics, university/community relations, curriculum development, racial and cultural diversity, political influence, accrediting agencies and, ultimately, the overall relevance of the university as a vehicle for addressing community needs.

More specifically, we use the creation of a Master of Social Work degree program (MSW) at California State University East Bay (Formerly California State University Hayward) (CSUEB) and the multiple interactions with public social welfare agencies in its service area as the focus of this paper. As a regional university, CSU East Bay has a mission of serving the needs of its diverse multicultural and multicultural service area populations. On the other hand, within the university there is a tension between so-called “academic purists” and those interested in “applied or professional” programs. This tension is further exacerbated by the continuing demands from service area constituents that the university exists to serve the community.

This analysis reflects the experience of three faculty members assigned the task of delivering an accredited Master of Social Work (MSW) program to a medium-sized state university in northern California. The team consists of one senior faculty member with more than thirty years experience in the system and two junior level faculty members with less experience in academia, but strong backgrounds as social work practitioners. In the pages that follow it will become evident that the delivery of a masters level professional program that effectively serves community needs requires a unique blend of experience that transcends academic and community interests, culture, history, practices, stereotypes, prejudices and customs.
The Need For MSW Level Social Workers

For more than thirty years members of the faculty in the department of Sociology and Social Services had intermittently proposed the establishment of an MSW program but were always rebuffed for the same reason—costs. The administrative response always revolved around the issue of cost with little discussion of need or service to the community.

In 2001 and 2002, the winds of change began to blow. These winds of change emanated, not from the campus, but from the community, various public social service providers and even the state legislature. Changes in state and federal law and a proliferation of children in foster care helped to produce a tremendous shortage of MSW trained social workers to manage the growth. Representatives from the social work provider community including the National Association of Social Workers, the California Association of Social Workers began to petition the state legislature and local campuses in the CSU to provide relief. A powerful report authored by Assemblywoman Dion Aroner (Aroner, 2002) clearly articulated the acute shortage of MSW level social workers and gave new ammunition to those in the academy who had been pushing for MSW programs for years. County and state social work officials estimate a need of between 6,000 and 14,000 social workers over the next ten years (Aroner, 2002). The MSW degree granting institutions in California simply do not have the capacity to meet this need. Additionally, both the directors of the Alameda County Social Services Agency and the Contra Costa County Department of Employment and Human Services contacted CSU East Bay asking for assistance in the training of MSW level personnel (Jones, 2001). This, coupled with the fact that we are one of the only urban campuses in the CSU without an MSW program, we believe, prompted our president and administration to give the go ahead to move forward with the development of an MSW program at California State University East Bay. The decision to move forward with the development of the MSW program gave an additional strand of life to the University’s commitment to partner with communities in its service area to address mutually agreed upon needs.

The idea of need is a two way street. At first glance
it would appear that the university is doing all the work in meeting community needs. A closer look would reveal that because of the community's need and the university being identified as an instrument in meeting this need, constituent groups in the community have actually been placed in a position to make the university move in a manner that internal forces were previously unable to do. Previously, the university administration and faculty leadership turned deaf ears to requests to implement an MSW degree program. Now, with state legislators, community based organizations, and public social service directors demanding that the university take action, resistance began to falter. The university administration announced publicly in the university community that an MSW program was a top priority and, to a lesser but important degree, faculty leadership dropped their objections (Academic Senate, 2002a). The response from the rank and file of the faculty was far less supportive. There was concern by individual faculty members and department chairs that a "win," in terms of the creation of a department of social work, would result in a "loss" of resources (faculty, classes, and students) for other departments. This had to be mediated by administrative staff during the final proposal phase.

Making a Way Out of No Way: Financial Hard Times for the California State University System

CSUEB is one of the 23 campuses that constitute the largest university system in the world. More than 385,000 students are enrolled statewide in the CSU system. CSU East Bay currently has a student population of 13,240. In 2000, the California State University System sustained a series of deep financial cuts that imperiled its ability to provided services to the growing population of individuals transferring from community colleges and entering the system from high school. The following numbers are the overall student population of CSU East Bay over a five-year period of time:
Table 1

<table>
<thead>
<tr>
<th>Year</th>
<th>Student population</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>12,705</td>
</tr>
<tr>
<td>2001</td>
<td>13,240</td>
</tr>
<tr>
<td>2002</td>
<td>13,876</td>
</tr>
<tr>
<td>2003</td>
<td>13,455</td>
</tr>
<tr>
<td>2004</td>
<td>13,061</td>
</tr>
</tbody>
</table>

The Chancellor of the State-wide system described the budget situation for 2001-02 as "grim," reporting that then Governor Gray Davis had approved a list of budget cuts that includes a $29.5 million funding loss for the CSU. These cuts were equally distributed among all of the campuses and the Chancellor’s Office. In 2002-2003, these cuts were made permanent. The State of California faced a 23.6 billion gap between expenditures and revenues, or 30% overages. Governor Gray Davis made cuts of $50.4 million in the CSU system. The system lost 1% of its revenue in 2001 and an additional 5% in 2003, this combined with the unfunded increased costs of mandatory services such as employee retirement and health benefits, cut deeply into the financial stability of the University.

In 2003-2004, CSU East Bay experienced a reduction of almost seven million dollars in its budget. Its President, Norma Rees put it this way:

"These cuts seriously erode our capacity to provide access to qualified students. To partially address this shortfall, the CSU has raised tuition by 30 percent this year. Even with this increase, the CSU will have to close its doors this spring to 30,000 new students. The budget language calls for zero enrollment growth at CSU and the University of California for 2004-05...This budget carries a stark message about the future of access at California’s public universities...Reductions in instructional and staff positions will mean fewer classes for students, and could mean it will take longer to complete a degree. University officials are faced with the terrible choice of limiting student access or reducing the quality of the CSU education. This is a choice the state and the university systems should
not have to make...At Cal State East Bay, we may be unable to admit new freshmen in the spring 2004 quarter. We also have convened a faculty layoff committee. Our capacity to serve the state, our students, and our communities has been seriously damaged” (Rees, 2003).

The reductions were smaller in 2005, the University reduction or loss was $1,700,000. The slope of the financial hard times was improving. The environment and terrain of the California educational systems was affected by both the Enron debacle and the Dot.com bust. The loss of tax income and the increasing cost of state level services and salaries made any kind of growth difficult. Thus the development of a new program in this financial strained environment is really quite an accomplishment.

Despite these financially hard times, the University, while eliminating certain departments, invested in the development of a new social work department. This investment included the transfer of two faculty members from the Sociology and Services department to the new Social Work Department and the funding of four lecturers, as well as the hire of a clerical support person. In addition, new office space, in a space-crunch environment was provided. Then, all of the resources of the University were placed at the disposal of the department to move toward the accreditation process. This "making a way out of no way" process came about as the result of public need, community support, university commitment and persistent internal pressure by key faculty to support the development of a social department geared to address public child welfare and community mental health needs. During 2005, continued support of the University was evident by the addition of two more faculty members.

A Temporary Response: A Bridge Over Troubled Waters

When the leadership of the local social work community first approached the university for assistance in meeting the need for more MSW-level social workers, they expected that we would be able to respond more quickly than what we informed them we could. In essence we had to admit that
moving the university was akin to turning a battleship in a stormy sea. It would take at least two years, maybe three or four to have an MSW degree program in place and accepting students. With disbelief in their eyes and a bit of frustration in their voices, they wanted to know, in a real sense, what we could do for them in addressing their need now.

After a series of exploratory sessions we developed a strategy focusing on distance-learning technology and the distance education program at California State University at Long Beach. Long Beach agreed to offer their three-year part-time Distance Education MSW program at our Contra Costa campus (University College and Extension Services, 2001). This plan was approved at the Executive Committee of the Academic Senate in October of 2001 (CSUH Senate, 2001). The program was offered in the evenings and on the weekends and was ideally suited for employees of Contra Costa County's Employment and human Services Agency. This served as a transition program, until we implemented both a full-time and year-round (Contra Costa site) MSW program.

It is interesting to note that Long Beach was not the first MSW program approached for assistance in meeting the social work shortage in the State of California. Two other MSW programs geographically closer to our campus were approached before Long Beach, but each declined participation. One, in spite of the evidence to the contrary, expressed concern that an additional program in the area would over-saturate the market. They pointed to their decline in enrollment as evidence of this and expressed this point as if it were fact. When we raised the idea that their enrollment might be declining for other reasons, this put a chill on the conversation and effectively ended negotiations. It was less clear as to why the other campus declined our invitation, but the reason openly cited was workload issues of faculty and inadequate resources (Jones & Rush Woods, 2000).

While on the surface no MSW program in the state was openly hostile toward our effort to establish a new MSW program or to immediately assist the social service community in our service area, there was a backdrop of unease that we all experienced. Unspoken in our presence, but out there in the social work rumor mill was the notion that there was no need
for an additional MSW program and our efforts would create a strain in student recruitment and in competition for field placements. Again, a zero sum mentality resulted in a concern that our "win" would result in their loss (students, resources, placements). In spite of these undercurrents from some of the social work education community, the overall reaction to our efforts from community based agencies and practitioners have been overwhelmingly supportive and cooperative (Jones & Rush Woods, 2000).

Reach Out And Touch Someone
(Surveying the Community)

Not relying completely on the Aroner report or the appeals from the leadership in the local social work community, we conducted a feasibility study to document the need for another MSW program in the San Francisco Bay Area (Jones & Rush Woods, 2000). Such a study is actually a requirement in community assessment (Rubin & Babbie, 2005). Our feasibility study was distributed to community based social service agencies in both Alameda and Contra Costa counties, two of the largest areas in the University's service area. Eighty-five percent of the respondents supported the need for additional social work education and, more importantly, a willingness amongst the respondents to support the fieldwork education component of an MSW program by agreeing to supervise students in field placements.

Most importantly, the social work community responded by volunteering to assist in the development of field placements (CSUH Social Work Dept., 2004a). This was important because the opposition from the social work education community focused on a notion that there were not enough field placements or field work supervisors willing to take on additional students. The response was especially enthusiastic from the mental health professional and public child welfare communities who believed that the development of another MSW program as an opportunity to train more MSW level social workers to meet the shortage in the areas of both public child welfare and mental health.

What we discovered is that there is no substitute for
establishing strong relationships with the professional social work community. Through our community advisory board, existing relationships, and a lot of telephone and personal contact work, we were able to uncover valuable resources in newly discovered field placements, field work supervisors willing to take our students, and most importantly a community of professional social workers willing to advise and work with us in developing a program that would benefit the university, the community and the people of our service area.

A More Lasting Plan of Action

Armed with the favorable results of the community survey, the success of the Long Beach Distance Education MSW Program and the support of the administration, we (the MSW Planning Committee) started the laborious process of developing an MSW proposal, getting university approval and implementing the Council on Social Work Education (CSWE) accreditation process (CSWE, 2001). In doing so we began the duel process of treading through two complex bureaucratic processes: the university curricular procedures approval process and the Council on Social Work Education accreditation process.

The MSW Proposal – For almost thirty years social work faculty in the Department of Sociology and Social Services have intermittently proposed an MSW program to the CSU East Bay administration but had always been turned down. The reason for refusal was always the same: “An MSW program was just too expensive.” This latest proposal drew a different reaction. What was the reaction and why?

The CSUH Mission Statement Comes Alive

Almost all institutions have a set of guiding principals. Such is the case with the CSU East Bay. These guiding principals are most commonly posed in the mission statement of the university. In the case of California State University East Bay the mission statement reads:

Cal State East Bay is committed to educational excellence for a diverse society. Encouraging and advancing learning is our primary mission...

This purpose is achieved mainly by providing
instruction for undergraduate and graduate students in the liberal arts and sciences and the professions, including business and teacher education. The university is also a social and cultural center for public enrichment. In partnership with surrounding communities, the university helps identify and address issues of importance to the region... The Hayward campus serves the higher education needs of the people of California, especially those in Alameda and Contra Costa counties. Upper division and graduate instruction is also offered at the university's Concord campus. Students at Cal State East Bay increasingly reflect the ethnic and cultural diversity of California and the Bay Area. Many students enroll part-time and most are employed. Many transfer from other institutions or resume their education after lengthy interruptions. The university also serves international students, who add to the heterogeneity of the Hayward campus' growing number of resident students, and contribute to education for the global society... We welcome the great variety of students on our campuses both as a strength and an opportunity. The university is dedicated to providing an equitable education within a nurturing environment for all its students. Flexible scheduling, advising, and support programs help fulfill this objective. .... The university is committed to relatively small class size and year-round operation. Its students benefit from close contact with faculty and staff and convenient access to current technology, services, and library materials. (CSUH Mission Statement, retrieved 11/28/2004)

While university administrators, some faculty leaders and those looking to take advantage of university services pay attention to mission statements, most of us tend to dismiss them as lofty slogans useful in attracting funding or at commencement exercises. In actual practice however, the mission
Program Development

statement of a university can be a valuable document. It is a statement of what the university stands for, i.e., what it plans to do with its resources and what it has to offer to students, faculty and its various communities of interest.

Our University mission statement calls for several things. It supports educational excellence for a population that reflects the ethnic and cultural diversity of the California and Bay Area population. The mission also calls for a year-round and flexible programming for working students. Finally, it calls for services at both our Hayward and Concord campus sites. Our program then reflects a commitment to these specific principles as well as the social work workforce crisis.

When the social work shortage in the state of California and the Bay Area became apparent, leadership in the social work community turned to the university for assistance. They wanted assistance in training more MSW level social workers and they wanted it in a hurry. From their perspective it seemed logical that a state supported higher education institution should be able to provide relief in this important area. While they came to the right place, what became evident from the beginning was that a gap existed between their expectations and the university’s ability to deliver. What relief? In what form should it be delivered? How long should it last and who in the university should deliver the relief? How should it be funded? With all eyes focused on the university, how does it respond?

While the mission of the university is clear in terms of its commitment to respond to the needs of a diverse, multicultural and multiracial society, the method of response, the commitment to respond and the timeliness of the response is often problematic and confusing to outside constituents. Just what does it mean to respond to the needs of a diverse, multicultural and multiracial community? How does a university, one that prides itself as liberal arts focused institution respond to a need that appears to be narrow and professional in nature? How does ones mission and goals statement hold up to such apparently opposing demands? In such a situation how do you move from the expediency of abstraction to the precision of practice?

Given the current state of funding for higher education and the competition for these scarce resources, it could be ex-
pected that the development of a new social work program would not come easy. This was especially the case at California State University East Bay where over the past five years there had been a continuous decline in funding with no end in sight. This, coupled with a generally hostile faculty attitude toward the so-called “applied programs” meant that any effort to establish a new program, especially a social work program would be met with hostility.

In actual fact, because of the leadership of the President, the Provost and Dean of the College of Arts, Letters and Social Sciences, this opposition was successfully circumvented. The President has had a vision of the role of the regional university which supersedes a parochial view of liberal arts education. In a recent statement, she reiterated her vision of the University:

"Regional universities distinguish themselves with applied programs that respond to local needs, an emphasis on workforce preparation, and a commitment to providing higher education that is broadly accessible” (Reese, retrieved 5/1/2004).

The President stated that she wanted an MSW program, the Provost and the Dean provided resources and encouragement and faculty allies assisted in navigating the MSW proposal through the treacherous waters of myriad academic committees.

The opposition came in two forms. First the fiscal conservatives in faculty leadership argued that an MSW program was too expensive and would take away from the needs of badly under-funded programs already in existence. They argued that in such difficult budget times it was no time to start anything new. Secondly, the so-called academic purists argued that the administration was attempting to turn the university into a trade school. They asserted that proposed MSW program was an illustration that the University was down the slippery slope to oblivion.

In responding to the critics we wrapped ourselves in the university’s mission statement, claiming that it was our responsibility as a university to respond to the needs of a diverse, multicultural and multiracial community. It was not
our responsibility to respond only in good times, but in bad times as well. A poor budget year was no excuse to abandon the mission of the university and turn our backs on the community and abdicate our responsibility to it. Additionally, we pointed to the long-term possibility that through grants, outside funding and community training efforts, the MSW program would actually attract funding to the university.

Most importantly, we argued that attempting to cast professional programs as "applied" and "academic" programs as "pure" created a false dichotomy. The social work program rests on the a solid foundation of the liberal arts and, as such, is dependant heavily on history, philosophy, political science, science, ethnic studies and related disciplines (Crimmel, 1993; Howell & Edison, 1985). While attempting to cast us in the light of "applied" and somehow less worthy of being in the academic academy may make good theatre, it hardly passes any measurement of effective critical thinking. Furthermore, we argued that the effective use of these liberal arts skills coupled with applied training increased the probability that our students, many of them from working class backgrounds who were the first in their families to attend college, would find better employment opportunities. While there may be some who come to the university only to think and explore ideas, the vast majority of our students come believing that their attendance will lead to employment (LipmanHearne, 2002).

We were able to overcome the opposition to the MSW program, in part, because:

1. The opposition, while intense, only represented the faculty leadership and it was spread thin on other pressing issues in the university and did not stay focused during the long and tedious process through the various university committees.

2. The support of the President, Provost, Dean and key faculty in the university was a key element in getting the program through the process.

3. The expertise, preparation and tenacity of the MSW planning committee were a key
factor in the overall success of the program.

4. The support of key legislators, including Deon Aroner and the leadership of the social work community was extremely effective;

5. The continuous attachment to the mission of the university was core to the effort. This was most important because it kept us focused. The mission statement was our constant reminder of our purpose and our responsibility to serve the community. Through a community’s concrete need of MSW level training, we were able to bring our rather abstract university mission statement alive and use it as a guiding principal as we fought off the opposition and provided support for our community partners.

In the long run we believe our efforts to establish an MSW program at California State University East Bay will be a valuable lesson for both our community partners and the university community. For our community partners, the lesson is that with persistence and patience they can count on the university to respond to their needs. And, for the university community, the lesson has been that mission statements are more than abstractions. They can and should be used to guide and direct the resources of the institution. More importantly, we learned that community partnerships are powerful and can lead to mutual benefits that our community partners do not come to us empty handed, but with valuable resources and that together we are powerful beyond imagination (CSUEB Dept. of Social Work, 2004b).

Conclusion

As this article is in press, the California State University East Bay MSW Program has 140 first and second year students, six tenure track positions and four staff positions. We have developed both a nine-month and a year-round program. We have developed over 100 field placement opportunities for our students and are working in active collaboration with local universities to ensure that there is regional coordination. Our
first class graduated in June 2005 and we are all quite excited. The composition of our student program reflects the diversity of the East Bay (Alameda and Contra Costa counties). Our program reflects the principles stated in the university mission statement:

- Diversity
- Flexibility
- Year-round

We believe the process we traversed and the lessons learned are of value to our colleagues in the social work profession, to university officials and colleagues in other disciplines. We embarked on the development of a new MSW program and in that process, we worked with community partners and to bolster the relevance of California State University East Bay as a useful and relevant state institution. On both charges, we believe we have been successful. We have increased the capacity for MSW level education/training in our service area and, we have significantly added to the relevance of our institution by providing educational and job opportunities for our students.

On another level we have demonstrated how, even during difficult budget times, an institution can change and respond to community needs. This happened, in part because of the expert use of pressure from outside constituents, including legislators, social work community leaders, and citizens groups. It occurred also because of the persistence of a core of social work faculty, using good social work organizing principles, and helping the university to stay focused on its missions and goals statement. Furthermore, this significant accomplishment represents the best in cooperation between the university administration and the faculty, no small feat considering the level of conflict and rancor on many campuses throughout the nation.

Most importantly, we have an MSW program under candidacy because of the faith the social work community in the San Francisco Bay Area demonstrated in the social work faculty at California State University East Bay. One county administrator gave tirelessly in terms of advice and using his connections to assist, but he also gave financially in provid-
ing funds to support students in the program from his agency (Kelly & Jones, 2003). Others volunteered to find fieldwork agencies or become fieldwork supervisors. In addition, still others taught classes in the first two years of the development of the program.

We would be remiss if we did not mention the cooperation, advice and assistance we received from our colleagues in social work programs throughout the state. The sharing of experiences, providing course materials and evaluation plans, and just a spirit of cooperation permeated throughout the state as we struggled forward with the accreditation process. While the CSWE Educational Policy Accreditation Standards have been recently revised (CSWE, 2001), our colleagues, nonetheless, would answer questions and struggle through getting to answers with us.

The program development process, for us, has been like building an airplane in flight. We have the program up and running, we have filed a flight plan, i.e., benchmarks and self-studies, and we are on a great journey with hopes of a smooth landing in our future.

References


The Politics of Indigenization: A Case Study of Development of Social Work in China

MIU CHUNG YAN
School of Social Work and Family Studies
University of British Columbia

KWOK WAH CHEUNG
Faculty of Education
Hong Kong University

Internationalization and indigenization are dialectical processes of knowledge transfer. However, social work literature has paid scant attention to the process of indigenization, which can best be understood as one of recontextualization. This paper introduces Basil Bernstein’s theory, which contends that recontextualization is a political process, as an analytical tool for us to understand the politics of indigenization. To demonstrate the usefulness of this tool, this paper analyzes how, in China, the Ministry of Civil Affairs and social work academics interactively compete for this control.

Keywords: Indigenization, recontextualization, China, social work development, Basil Bernstein

Internationalisation and indigenization are two dialectically interacting processes of knowledge transferring mostly from developed to developing areas (M. C. Yan, 2005). Compared to internationalisation, however, indigenization
has received scant attention in Western social work literature. A quick keyword search of articles listed in the Social Work Abstract from 1978 to February 2005, for instance, revealed only eight records containing the word “indigenization”. Discussing social work, Walton and Abo El Nasr (1988) suggest that indigenization means a modification of non-native social work discourse, by making it relevant to the importing country’s values, needs and problems. They contend that indigenization is a transition from an importing stage to one of authentication, by which a domestic discourse of social work is built “in light of the social, cultural, political and economic characteristics of a particular country” (Walton & Abo El Nasr, 1988, p.136). However, the actual process of indigenization, the means by which an imported discourse is filtered, tested, grounded and reproduced and what social forces may affect this process, has not been satisfactorily explained.

Drawing from the experience of social work development in China, and employing a sociological theory proposed by the late British sociologist Basil Bernstein, this paper discusses and demonstrates how various social forces influence the social work indigenisation discourses in China. In this paper, discourse refers to two closely related meanings. First, a discourse is a social configuration which embodies not only thought, but also meanings and actions. In other words, it is not what is being said but the “true” meaning of “preempted through the social and institutional positions held by those who use them” (Ball, 1990:2). Thus, different institutions generate their own discourse of actions and meanings. In this connection, social work discourse refers to a mode of social configuration with a specific set of values and practices as claimed by its proponents through institutional process.

Second, according to Bernstein (2004), as a process, a discourse also denotes “the social base of the pedagogic [or social] relation, its various contingent realizations, the agencies and agents of its enactment”. (p.364, Bracketed is the authors’ own interpretation) For Bernstein, recontextualization is a dynamic process in which different discourses “are appropriated and brought into a special relationship with each other, for the purpose of their selective transmission and acquisition” (Bernstein, 2000, pp.46-47). Thus, this selection process
Politics of Indigenization

is always political, and involves power relations between different social forces, with each of them trying to control the production and reproduction of the dominant social configuration of the discourse which is to be recontextualized into the local context.

The purposes of this paper are twofold. The first is to provide readers involved in transferring social work knowledge to developing countries with an analytical tool – Bernstein’s theory – that may help them to understand the politics of indigenization in the local arena. The second is, by examining recent developments in social work in China, to demonstrate the usefulness of this tool for readers who concern the issue of indigenization of social work in other countries. We will first briefly describe the current development of social work education in China. Bernstein’s recontextualization theory will then be introduced, and used to examine how the imported discourse of social work is recontextualized in China. We shall demonstrate how the recontextualization theory permits us to locate the nature of conflicts, dilemmas and contradictions created as a result of different field agencies competing to define and limit the process of recontextualizing social work into the Chinese context. Implications for international social work practice will be examined.

Social Work Development in China

After 1949, a vast welfare and relief services delivery system was established in China, under the auspices of the Ministry of Civil Affairs (MoCA). Since then, the MoCA has grown into a large bureaucracy, supported by a huge group of non-professionally trained staff with little formal training in social work. The mandates of the MoCA are manifold ranging from registering associations, naming streets, operating funeral service, taking care of veterans, coordinating relief work, and operating welfare facilities. Many of these are urban administrative works. By the year 2000, the MoCA employed 1,658,359 people in thousands of welfare units (Department of Finance and Administration Ministry of Civil Affairs of China, 2001). Nonetheless, as Liu (2003b) observes, because the MoCA is responsible for all marginalized groups and relief work, social welfare has gradually become one of its main focus. According
to a study in Chongqing, the quality of services delivered by these units has been of major concern to the MoCA and, in the early 1980s, the Ministry undertook a national policy of modernization, designed to upgrade these services to more professional levels (Nie & et al, 2004). Seeking to learn from international experience, The MoCA turned to its counterparts in the Western world and soon discovered the profession of social work. To professionalize its own services, the MoCA decided to import elements of Western social work and integrate them into its existing practices.

The MoCA also turned to domestic institutions of higher education for intellectual support by re-establishing social work education programs that had briefly existed in some universities prior to 1949. In 1989, the first of these programs was re-inaugurated in Peking University with the support of the MoCA. Since then, formal social work training has rapidly been expanded, and to date, the China Association of Social Work Education has 160 member institutions (CASWE, April 2005). The development of social work education in China has been speedy, but not smooth, and two different discourses of social work in China have emerged (Ge, 2000; S.B. Wang & Xu, 2003). The first one is a discourse mainly dominated by social work scholars in universities and colleges, which argues that social work in China, must include professional elements (including formal training, the use of scientific knowledge, and the development of scientific skills, humanistic values and professional ethics) used throughout the developed world (S.B. Wang & Xu, 2003). The other one is dominated by the MoCA, which accepts the need for scientific and professional social work, but emphasizes respect for local tradition and practice within its own system.

**A Process of Recontextualization: Brief Overview of Bernstein's Theory**

In this paper, indigenization is understood as a process of recontextualization. As a sociologist of education, Bernstein argues that recontextualization is concerned with the construction of a pedagogical discourse that "is a principle for appropriating other discourses and bringing them into a special
relation with each other for the purpose of their selective
transmission and acquisition” (Bernstein, 1996:47). It is, in essence, a
principle for appropriating knowledge from various other dis-
courses to form a unique discourse for cultural reproduction.
In its original development, recontextualization often refers to
the process of translating social forces into pedagogical pro-
cesses in a classroom and school context (Neves & Morais,
2001; Singh, 2002; Solomon & Tsatsaroni, 2001).

Furthermore, the recontextualization process necessi-
tates legitimizing change. According to Bernstein, this is regu-
lated by distributive rules that “mark and distribute who may
transmit what to whom and under what conditions, and ... attempt to set the outer limit of legitimate discourse” (Bernstein,
1996:46). This, however, should not be taken to mean that there
is only one mode of interpretation permitted by the legitimiz-
ing ideology. According to Bernstein, the recontextualizing
principle creates its fields using different agents of recontextu-
alizing functions (Bernstein, 1996:47). Bernstein identifies two
important recontextualization fields – the official recontextual-
alization field (ORF) and pedagogic recontextualization field
(PRF). The former refers to various state agencies and minis-
tries, and the latter refers to various academic and research
institutions. Bernstein also suggests that “which discourse is
appropriated depends ... upon the dominant ideology in the
official recontextualizing field and upon the relative autonomy
of the pedagogic recontextualizing field” (Bernstein, 1996: 67).
Thus the relationship between these two fields defines which
discourses are to be recontextualized and how they are to be
recontextualized.

As we will demonstrate in this paper, there is keen
competition between these two fields to define the appropriate
meaning of modern professional social work in today’s China,
in which social work and social work education are in their
infancy stage. As a result, there is space for different social
forces with different ideology and vested interest to manoeu-
vre (Han, 1996; Tsang & Yan, 2001; S. B. Wang, 1998). At the
system level, we shall argue that recontextualization of social
work in China enables different social forces to appropriate
discursive resources from the international arena to further its
own domestic agenda. Power and control are therefore the key
dimensions in understanding the recontextualization process; as Bernstein argues, power constructs relationships between, and control relationships within given forms of interaction (Singh, 2002). The major power struggle manifested in the interaction is the control of framing, which “is about who controls what” (Bernstein, 1996, p.5, italics in original). Indigenization can be understood as a framing process in which the Western social work discourse, which is portrayed as one monolithic entity, is selectively and discursively appropriated by various parties in the local context; however, this appropriation is regulated by the rules of social order, i.e., the regulative discourse which defines the hierarchical relationships of these competing parties and their expected conduct, character and manner (Bernstein, 1996).

The Regulative Discourse
Governing Recontextualization

In China, the socialist market economy is the regulative discourse that regulates all aspects of the framing process. For instance, senior government officials have stated repeatedly that social work is intended to serve the process of economic reform, as a means of ensuring “ending fanyou” (stability and prosperity) (Li, 1992; M. F. Yan, 1996). One element of economic reform is China’s open door policy, which signals China’s intention of becoming part of the global community. To be part of the modern global community, China believes that jiegui, or the process of becoming connected to the track of the Western world, is necessary. Since the re-instatement of social work education program in the early 1980s, social work educators and officials from the MoCA alike have been actively engaging with social work educators from the developed world, through whom they intend to import “modern” knowledge and “scientific” skills and social work methods from “Western” countries. In accordance with jiegui, professionalism and scientific methodology have become the ultimate goals for both MoCA officials and social work academics.

Indigenization is an issue that has troubled Chinese society for more than a century. Beginning in the late Qing Dynasty (late 1800’s), under pressure from Western imperial
powers to make political and cultural concessions, intellectuals in China started a debate on how to modernize China. To Socialist China, however, jiegui does not imply the loss of its sovereignty. Hence, the baseline of jiegui is not about total Westernization, but rather about how Western knowledge and technology and Chinese culture can compliment each other to further China’s modernisation. The late Qing notion of Zhongti Xiyong (Chinese corpus, Western application) has been reiterated as one possible model (Han, 1996; Huang, 1996; S. B. Wang, 1998). According to this notion, Western social work is perceived as a monolithic, modern and scientific entity that can be transformed within an indigenous Chinese conceptual framework (Tsang & Yan, 2001), and Western knowledge is something that can be applied to serve a social agenda within the Chinese political and cultural context (e.g., Lu, 1984). Translated into the jargon of Socialist China, indigenization can be understood as "Socialism with Chinese characteristics". In other words, to make Western knowledge useful to China, it needs to be filtered, tested, grounded or even reproduced based on local cultural, political and social experience and conceptualization. The ideas of jiegui and Chinese characteristics set the backdrop for the competition between the MoCA and social work academics to recontextualize social work in China.

Two Competing Recontextualizing Fields in China

The importation of Western social work practice has sparked heated debate about the indigenization of social work in China. Despite the fact that the first formal social work training program was initiated in 1984 by the MoCA, tensions between the emerging professional social work education system and the well-established non-professional MoCA system were observed as early as the late 1980s (Chau & Liu, 2001). According to some leading social work scholars in China, indigenous social work practices in China, based as they are on imported Western knowledge, will only gain social acceptance if they reflect the professionality (i.e., nature of professionalism) found in the international social work arena (Yuen-Tsang & Wang, 2002), which is deeply rooted in Western culture (Hugman, 1996; J. Midgley, 1981). MoCA theorists, one
the other hand, while also seeking Western input, insists on a more broadly defined *professionsality* of China social work, which they contend must be grounded in local practice within the historical and current context of China (e.g., Lu, 1984; Q. S. Wang, 2004). As a result, two parallel and conflicting recontextualizing fields, led by the MoCA (the ORF) and by social work scholars (the PRF) respectively, have emerged in China.

As Yuen-Tsang and Wang (2002) observe, the debate over how widely or narrowly social work professionalism should be defined creates noticeable tension in China. The underlying cause of this tension may largely be a result of MoCA practice. As Zhu (2004) summarizes, social work scholars in academic institutes and policy makers and theorists within the MoCA debate whether civil affairs constitute professional social work service, and whether social work, as a form of Western social helping institution, has ever existed in China after 1949 (Lu, 1984; Q. S. Wang, 2004; S. B. Wang, 1999; M. F. Yan, 1996). These debates implicitly question the legitimacy of the MoCA as a modern form of social helping institution. Responding to these challenges, theorists and officials from MoCA system insist that civil affairs are a form of non-professional and administrative-oriented social work practice (e.g., Q. S. Wang, 2004).

Meanwhile, most social work academics in China are ambivalent about regarding the welfare and relief work conducted by the civil affairs system as professional social work in a Western sense. To distinguish the social work discourse that they represent and teach from traditional civil affairs, social work scholars in China, strategically and sometimes uncritically, define social work as a helping activity that is guided by altruism, based on scientific knowledge, and employing scientific methods (M. C. Yan & Tsang, 2005). This definition not only distinguishes what they are advocating from the work of civil affairs cadres, but also portrays the latter as atheoretical, non-professional and politically motivated. However, both sides understand that to legitimize their positions, they must adhere to the dominant political ideology, i.e., the regulative discourse – *Chinese socialist characteristics*. Thus, these two competing agencies, located in two different recontextualization fields, the MoCA are in constant conflict with the social work
academics over how to define the "professionality" of social work – in various dimensions including scientific vs. heuristic, altruistic vs. administrative, helping vs. managing, humanistic vs. ideological – in terms of Chinese socialist characteristics. To further understand the social work recontextualization process in China, it is important to note the structural relationship that exists between the official recontextualizing field and the pedagogic recontextualizing field in social work in China.

**ORF: Dilemma and Control of MoCA**

Controlling the definition of professionality is of primary importance to the MoCA, a vast bureaucracy with a huge low-skilled labour force, and which is already faced with the growing challenge of emerging social problems caused by economic reforms. Meanwhile, these same economic reforms have forced the Chinese government to adjust its social programs, and major social reforms designed to reduce the state's expenditure on welfare have already taken place (Croll, 1999; Wong, 1995). Budgetary limitations have meant that rapidly expanding community services have had to hire hundred of thousands of unemployed or laid-off residents to provide services in communities at low wages. Hiring these people helps to stabilize society by minimizing social unrest due to high levels of unemployment, but leaves the MoCA with a massive low- and un-skilled workforce, forcing it to walk a very thin line between maintaining its own internal stability on the one hand, and upgrading the quality of its service to the larger community on the other.

The MoCA attempts to legitimate its social functions by controlling the discursive space surrounding social work development, and stressing the resemblance between the nature of its social service functions and those of newly imported professional social work model. To that end, the MoCA established in 1991, when the discussion of social work development was still in an early stage, the China Association of Social Workers, with the majority of its members coming from the civil affairs system. The name of this association may indicate MoCA’s intention to blur the boundary between civil affairs and social work. The MoCA also tried to develop a discursive alliance with social work academics by creating and control-
ling a social work journal – China Social Work, an official discursive space through which different partners could be involved in the process of recontextualizing social work. This journal was published under the leadership of the MoCA, but was supported and edited by social work educators. However, for some reason this was a short-lived journal that lasted only several years. Since its discontinuation, MoCA’s departmental journals have become some of the very few arenas for the discussion of social work and social welfare in China.

By controlling the welfare units in the field, the MoCA limits not only the discursive space of the PRF, but also its influence in direct practice, the final pedagogic site for social work academics to test their indigenised knowledge. As seemingly the sole employer, the MoCA controls the employment situation of social work graduates. Despite the rapid increase in the number of social work programs in China in recent decades, the Chinese government did not officially proposed to accept social work as an occupation until July 2004. Lacking an employable occupation, there is no social niche through which scholars engaged in formal social work education programs (PRF) can indigenise their knowledge through research, practice and student internship. By controlling the job market and fields of practice, the MoCA limits the discursive space of social work academics to classrooms, conferences and writings, which are restricted channels confined within the academic arena. As a result, the pedagogical recontextualizing field becomes merely armchair discussion.

PRF: Dilemma and Resistance of Social Work Academics

The MoCA (ORF) has control over the actual operation and delivery of social welfare services, and direct control of welfare units and its massive personnel. However, it has no jurisdiction over social work education programs, which are the province of the Ministry of Education (MoE) at both the central and local levels. As a result, although the MoCA reintroduced social work education programs to the higher education system, it has only limited control over the content and method of social work education programs. In other words, the pedagogic recontextualizing field extant in the higher education system is influenced by two official recontextualizing
fields instead of one, although it is more likely to be regulated by the administrative, financial and discursive rules laid down by the MoE rather than those of the MoCA. This, in accordance with Bernstein’s theory, has given social work scholars a degree of relative autonomy to define the pedagogic recontextualizing field of social work. However, this does not mean that social work education program can just produce its own group of social workers, because the social workers they train need to work under the remit imposed by the MoCA.

Yet, nowhere in the literature or official document can we find that MoE and MoCA are in direct competition. Instead, MoE’s role in the debates over social work’s professionalism is relatively indirect, for MoE has no direct interest in how social work is practised in the field. Its main concern is to ensure that its jurisdiction is not trespassed by other government departments, namely MoCA in this case, and the rules of the regulatory discourse are embraced within the curriculum design. However, two decisions made by MoE have greatly empowered the PRF in the recontextualization process. First, as it has tight control over the use and publication textbooks, the MoE can ensure that any new pedagogical knowledge transmitted in the social work program will not violate China’s state policies or, more important, its socialist ideology. To standardize social work education as expected by the MoE, the China Association of Social Work Education (CASWE), which was set up in 1994 to coordinate and facilitate the development of social work education in China (Yuen-Tsang & Wang, 2002), recently published a new set of textbooks. These books are based on a core social work curriculum recommended by the CASWE but endorsed and published by the Higher Education Department of the MoE. In the standard, it is clearly spelled out that social work in China is understood (at least by MoE in agreement with the CASWE) to be a profession that is guided by altruism, embraced by a set of values based on scientific knowledge, and employing professional skills to help people to help themselves (Department of Higher Education Ministry of Education, 2004). Consequently, MoE reinforces the social work academics while running against MoCA’s authority in defining social work in China.

Second, in the early 2000s, the MoE conducted a reform
of higher education that included the approval of more than 125 new social work education programs. A critical mass of social work scholars has more or less been formed. At the same time, however, the higher education reforms further weaken MoCA's domination of the recontextualization and sets back its influence in the recontextualization process by disabling MoCA's training arms. As part of the higher education reform, the China College of Civil Affairs was downgraded back to cadre training institute status, as were many other training institutes operated by various ministries. By restructuring higher education in China, the MoE indirectly empowers the PRF.

Meanwhile, the PRF also has inherent problems that hamper its control of the recontextualizing process. The majority of social work scholars in China were trained in various social science disciplines such as sociology and anthropology; only a handful of social work scholars have formal education in social work, mainly from Hong Kong. While this diverse educational background means these scholars have broad-ranging knowledge and insights from various disciplines that may facilitate the indigenization process, their lack of formal social work training and practice experience weakens the scholars' credibility and that of the agencies in the PRF in general. As a result, social work academics have turned to their counterpart outsiders China for support, and since 1986, frequent and active exchanges between social work educational institutes in China and foreign social work schools have taken place (Garber, 1997). Particularly important to this exchange are social work institutions in Hong Kong, due to its unique status of having strong cultural links to both China and the West and its geographical proximity (Chau & Liu, 2001; Ngai, 1996). Frequent academic exchanges, like conference and seminars, have been organized, and social work education institutes in Hong Kong have actively recruited social work educators from China into their graduate programs. Currently, Hong Kong higher education institutes are offering at least two Master of Social Work programs to other Chinese scholars. As Yan (2005) observes, the efforts of Hong Kong social work education institutes to assist their counterparts in China to develop social work education is a part of their own survival strategy following Hong Kong's return to China. By instilling a Western model of pro-
fessional social work and strengthening their counterparts in Mainland China, the social work profession in Hong Kong may be able to shape the future of China's national policy vis-à-vis the welfare system. As such, the outside-mainland-China influence they exert further complicates the competition of the two recontextualizing fields.

Competing and Collaborating: Dilemma of the Two Fields

The competition between the ORF (MoCA) and the PRF (social work academics) is not absolute, and the boundary between the two fields is sometimes inter-penetrable. For instance, social work scholars have repeatedly raised concerns about job opportunities for their graduates (e.g., Chau & Liu, 2001; Liu, 2003a; S. B. Wang, 2000). While social work has, since 2004, been a recognized occupation in China, most social work graduates have not been able to find work in their field. Many of them end up working in the private sector in jobs that are irrelevant to social work. This creates pressure for social work education institutions to work closely with the MoCA, which dominates social service provision and leads the planning of social policies and services in China (Yuen-Tsang & Wang, 2002). Also, in order for their students to gain practical experience, social work education institutions must rely on local MoCA units and cadres to provide practicum opportunities.

Although the MoCA controls the employment opportunity, it cannot ignore the social work academics. After all, to conform to the dominant discourse of modernization, MoCA needs to rely on the academics which are relatively in a better position intellectually and politically to connect with the international arena, i.e., jiegui. For its part, the MoCA also understands that if it is to upgrade its services, it needs to build an alliance with emerging social work scholars, who can provide it with the theoretical and technical support needed and in-service training to its massive untrained workforce. By becoming involved with MoCA's in-service training, social work educators may be able to export their concept of what constitutes professional social work to MoCA's staff. On the other hand, they may also legitimise MoCA's claim that civil affairs con-
stitute social work, and upgrading MoCA cadres may further delay the need for the MoCA to hire professionally trained social work graduates.

The MoCA also functions as part of the PRF through its local training arms. In 2004, about seven members of the CASWE were training arms of the MoCA, although most of them were at the provincial or municipal community college level. As Yan and Tsang (2005) have found, social work programs in China tend to include some unique elements from their sponsoring institutions, and MoCA’s participation in PRF discursive activities such as conferences and publications allow it to influence the PRF by advocating its own ideas in the pedagogic recontextualizing field.

Recently, the growth of the PRF, particularly with support from the MoE and other external agencies, has led the MoCA to soften its stand. Recently, Ministry officials and policy analysts have recognized that, if it is to become a modern helping institution, it must reconcile the differences between traditional civil affairs and the newly emerging discourse of social work imported from the developed world. Some individuals promote the idea of separating MoCA’s dual mandates – social welfare services and urban administration – and re-aligning its organizational structure (S. B. Wang, 1999; Zhu, 2004). Another move that could blur the boundary between the ORF and PRF is Shanghai’s recent establishment of a social worker registration system. Based on academic qualification, the registration system identifies two levels of occupational status: social worker and social work assistant, with each category having its own qualifying examination. Intriguingly, both levels require a certain number years of relevant social work experience, which is still largely monopolised by the civil affairs system. The Shanghai system, on the one hand, officially recognizes social work as an occupation within the government system and provides a mechanism for the MoCA to transform and increase the “professionality” of its own workforce by hiring trained social work students; on the other hand, however, its establishment may benefit the existing service providers (i.e., civil service cadres), by allowing them to achieve professional status through examination rather than formal training.

In brief, in China, both the MoCA and social work ac-
ademics agree that Western social work must be filtered and reframed within China's politico-cultural context. However, beneath the surface of this agreement lies a competition to define *professionality* in social work within the context of *Socialism with Chinese characteristics*. This competition is not only about two rival or competing forces. Located in different social positions, agencies in the two recontextualization fields may intersect with other social forces that indirectly complicate the process. For instance, the MoE and social work academics from outside China have empowered social work academics, even though their very existence was initiated by and requires the support from the MoCA. The interaction between the ORF and PRF, as demonstrated in the case of China, is always political.

**Conclusion: Implications to International Social Work**

This paper has examined the politics of indigenization of social work in China by using Bernstein's recontextualization theory. We argue that indigenization is a political process, in which competing social forces try to dominate the recontextualization of an imported discourse, and that it is necessary to understand how these forces interact. Bernstein's theory, by identifying how agencies of two competing fields (i.e., the official recontextualization field and the pedagogic recontextualization field) interact, provides a useful theoretical framework for understanding the development of social work not only in China but also in other countries in at least twofold. First, we contend that this theory is important to the emerging concern of international social work among the social work profession in North America (Healy, 2001; Hokenstad & Midgley, 1997; Midgley, 1992). Among the many forms of international social work is the one that involves international exchange among social work scholars. However, so far, the exchange has been criticized as a one-way process in which colleagues in the developed countries are invited to and take initiative to introduce what they know and what they practice in their own country to their counterparts in the developing world. To avoid professional imperialism (Midgley, 1981), the principle of inter-dependence has been promoted.
Nonetheless, Yan (2005) contends that inter-dependence must be established upon a mature indigenization of social work practice in the developing country. So far, the understanding of indigenization has not been fully explored in the international social work literature. As demonstrated in the case of China, indigenization is a political process. Bernstein's recontextualization theory provides social work practitioners, who involve in the social work development in the developing country, not only a theoretical framework to understand how indigenization may work among indigenous actors but also to sensitize their reflexivity as outsiders of an internal political process. To prevent professional imperialism may also imply that we should be cautious not to intrude into the recontextualization process. After all, if social work is a social construction, then it may need to be contextualized within the cultural-socio-political context in which it is practiced (Payne, 1997).

Second, this paper employs Berntein's recontextualization theory to analyze the indigenization process in a case country. While this theory is originally developed to account for the social basis of the ways in which social meaning is selected, interpreted and transformed into pedagogic meaning, which is commonly called school knowledge, it is also useful for social work educators to understand how the social work curriculum is being constructed in our society. Like the profession itself, social work education has been in constant revision to reflect the social demands, such as "shifting of government ideology" (Popple, 1995; Reisch, 1998; Wenocur & Reisch, 1989) "therapeutic culturalism" (Epstein, 1994, 1999; Specht & Courtney, 1994), "globalization" (Ife, 2000), just to name a few. However, resistance to change has also sparked constant debate within the profession in terms of its own missions and identity (e.g., Gibelman, 1999; Gibelman, 2000; O'Neill, 1999; Specht & Courtney, 1994).

More or less, the social work curriculum is the result of social chemistry between social work educators and external forces. Berntein's recontextualization theory offers us a tool to understand how this process shapes what we teach in the schools of social work in our own society. More importantly, Berntein's theory of recontextualization helps us to locate the parameter of autonomy within the institutional and discursive
constraints marked and shaped by political and social forces. Such understanding will be critical to the profession, members of which have been seeking to confirm its own identity since its very early day. If indigenization is about recontextualization of knowledge, then it is not something only for the exotic societies in the developing world but also a local phenomenon that most people in the developed world may have overlooked.

In summary, in order to understand indigenization as a political process of recontextualization, it is important to know not only what discourse is being imported, but also how the importing discourse is to be contextualized (Bernstein, 1996). However, recontextualization is not something unique to the socialist China, but also a local phenomenon in any form of society. As a case study, the development of China social work education is used to demonstrate how Bernstein's theory can be used to understand the competition of different actors and forces in determining the pedagogical construction within a particular socio-political context. More important, we also contend that the same theoretical framework is useful for our own self-analysis.

References


Reshaping Retirement Policies in Post-Industrial Nations: The Need for Flexibility

ANGELA L. CURL
M. C. "TERRY" HOKENSTAD, JR.

Mandel School of Applied Social Sciences
Case Western Reserve University

Social Security programs in post-industrial nations are facing the need for policy reforms. Fiscal shortfalls in current Social Security programs are a major driving force promoting these reforms. At the same time, changes in longevity and the nature of work and retirement also suggest the need for policy reform. This article begins with a broad overview of some of the policy innovations of the Europe Union as a whole, and then focuses more in-depth on policy reforms in three countries that exemplify Esping-Andersen’s (1990) typology of welfare states: Sweden, Germany, and Canada. These three countries have passed policies that promote flexibility in retirement for older adults, including “gradual retirement”, “partial retirement”, and credit for caregiving activities. Keeping older adults in the labor force longer retains the tax base of contributors into Social Security as well as allowing those who want to stay in the labor force more choice. The reforms are discussed, along with their potential usefulness for future Social Security policy reforms in the United States.

Keywords: retirement, pension policies, pension reform

Introduction

Both the demographic changes and the changing nature of our society and work emphasize the need to reshape our
thinking about retirement. The word "retirement" used to refer to the abrupt and total transition from full-time employment to zero-employment, but the way that retirement is defined and experienced has been evolving in the United States and around the world. Now, "The concept of retirement is not easy to define – it could imply eligibility for benefits, withdrawal from the labor force, changes in lifestyle, changes in family or living situations, or some combination of these characteristics" (Wiatrowski, 2001, p. 3).

Increased longevity and population aging are global phenomena for developed and developing countries alike. Every month one million people turn 60 years of age (33,000 every day) and today ten percent of the earth's inhabitants are over the age of 60 (United Nations Population Fund, 1999). In addition, the widespread availability of better health care has improved the physical well-being of older adults (Research & Policy Committee, 1999; Steuerie, Spiro & Johnson, 1999). This paper will focus on the fiscal pressures on current Social Security systems in post-industrial nations resulting from the increase in longevity, the changing nature of work and retirement, and selected efforts to reform policies to promote flexibility.

In addition to demographic changes, the nature of work has become increasingly more technologically complex. In the 18th century, the United States and much of Europe had agricultural economies and the working classes were generally forced to work until they were completely disabled or deceased. In the 20th century, these countries became industrialized, and policies were established to provide for the economic needs of older adults (e.g., Social Security), which changed the nature of work and retirement. In the 21st century, the economies of developed countries have begun to move away from industry and toward an information-based economy that requires highly educated workers that are able to obtain and process information effectively. Informational jobs are generally less physically demanding, require continuous learning and skill acquisition, and offer greater options in terms of work hours and work location (International Labour Organization, 2000; Moore, 1996; Reday-Mulvey, 2000; Steuerie, Spiro & Johnson, 1999). Co-existing with the information-based industry are the
retail and service industries, in which workers generally have jobs with less flexibility and more physical demands (Moore, 1996; Stewart, 2000). The Information Industry, and to some extent the retail and service industries, offer workers more work schedule and location flexibility than workers in industrial positions. Reduced physical demands and greater flexibility in terms of work schedules and work location coupled with increasing life expectancy may help encourage older workers to work longer – especially those in the information industry (Summer, 2000; Walker, 1998; see Hodson & Sullivan, 2002, for an historical review of the changing nature of work).

These demographic and economic changes have implications for individuals, corporations, and governments. At the individual level, advances in medical technology means that people, on average, are healthier and able to remain active longer (Beigel, 2001). It also means that the traditional sequential phases of life of the student, then worker, and then retiree may no longer fit. There is an increasing awareness that while life starts with the student role, there is a need for ongoing education, training, and productive engagement (e.g., work, volunteering) throughout the lifecycle. Emphasis on a more blended lifecycle can allow for integration and continuation rather than demarcation between phases of life. At the corporate level, if productivity rates remain constant, the demographic aging of the population means that there will be a labor shortage of workers. In the future, employers will be forced to find ways to recruit and retain older and more experienced workers in order to remain productive and competitive (Crossette, 1999; Research and Policy Committee, 1999; Walker, 1998). At the national level, the rising number of retirees relative to workers will result in a decrease in economic growth and productivity, higher taxes, and a decrease in living standards – unless people can be persuaded to work longer (Crossette, 1999).

There is some evidence that attitudes toward retirement, and working longer, have begun to change in the United States. For example, the U.S. Bureau of Labor Statistics predicts that by 2015 the percentage of those aged 55-64 in the workforce will increase to 65%, and the percentage of those aged 65+ in the workforce is expected to increase to 14.5% (Fullerton, 1999). This represents an important reversal of the 20th century
trend toward increasingly earlier retirement. If public policies encourage the trend of remaining in the workforce longer, the increase in the number and percentage of older workers is likely to be more pronounced.

According to one AARP (1998) study, about 80% of Baby Boomers expect to work for pay during their retirement. The reasons given for this expectation varied from economic necessity to the fulfillment and social interaction that work provides. Further, 56% of early retirees in the United States aged 51-59 say that they were forced to retire due to their poor health or the poor health of a family member (Kiefer, 2001). This highlights the fact that many would choose to work longer if they had the choice, and increased flexibility in terms of work and retirement may help boost the numbers of people that stay active in the workforce. Increasing the average age of retirement would also help bolster the financial viability of Social Security programs (Rix, 2000). This paper will focus policy reform efforts by post-industrialized nations that are designed to promote work and retirement flexibility.

Policy Reality

The current public pension system (Social Security) in the United States and much of Europe relies on a pay-as-you-go (PAYG) funding mechanism. This means that current workers pay taxes that financially support those currently receiving benefits. Therefore, the fact that the percentage of older adults in the population is increasing while birth rates are decreasing means that the ratio of tax-paying workers to pensioners has become smaller. Fewer workers are paying for the Social Security benefits of more retirees. In addition, due to increased longevity, more workers are living long enough to receive pension benefits, and to receive those benefits for a longer period of time (Clark, 2001). When public pensions were first established early in the 20th century, the average life expectancy was about 50 and the age of eligibility for pensions was 65; now the average life expectancy is approaching 80 but the age of eligibility remains about the same (Auer & Fortuny, 2000). This has created financial pressures on social insurance programs around the world.

As a result of these financial pressures, discussions
Reshaping Retirement Policies

about the need for reform have become widespread throughout the world. Options for reform include shifting financial risk from the government to workers through privatization of social pensions, increasing the minimum age at which workers are eligible to receive early- and full-retirement benefits, decreasing pension benefits, increasing payroll taxes, and/or eliminating pension benefits for the affluent (MacKellar, Ermolieva, & Reisen, 1999). Of these, encouraging people to work longer appears to be the most attractive option since it offers a triple benefit: "it would raise economic growth, increase the tax base, and reduce the numbers of dependent older persons" (Organisation for Economic Co-Operation and Development [OECD], 1998, p. 19).

European and Canadian Policy Innovations

All developed countries share similar demographic and fiscal pressures on their pension systems and are jointly trying to stem the flow of older workers out of the labor force. This is especially true for the member states of the European Union ([EU]; Levinsky, 2000; Naegele, 1999; OECD, 1998). The council of European communities in 1986 proposed that stress be laid on gradual retirement and on accumulation of wealth (Reday-Mulvey, 2000). As part of the strategy, member countries are closing down early exit options, which had previously acted to reduce unemployment rates by allowing workers to retire early (OECD, 1998; Schmahl, 2000). They are also encouraging part time work rather than full retirement as many older adults have indicated an interest in remaining economically active if the job opportunities were sufficiently flexible (Reday-Mulvey, 2000). Member countries are focusing on retention, reintegration, and retraining of older workers (Walker, 1998). As a result, during the past decade there has been a widespread growth in the numbers of male and female older workers in part time positions. While these numbers represent a relatively small percentage of the total number of older adults, this represents an encouraging trend away from increasingly early retirement. The idea that retirement is a distinct life phase devoted to leisure at the end of working life is being challenged by changes in employment and insufficient
savings, as well as pressures on the pension system (OECD, 1998; Walker, 1998).

One barrier to gradual retirement is the manner in which pension benefits are calculated. Forty percent of OECD countries determine pension benefits based on final career earnings, ranging from the last month’s pay to the last ten years (World Bank, 2000). The use of final career earnings can serve to discourage gradual retirement or late-life career changes to jobs that are not as well-paid, since it would result in lower pensions. On the other hand, another third of OECD countries base pension benefits on the average earnings over the person’s working career, which tends to reduce the final benefits since salaries for many careers tend to rise over time.

The minimum number of years required for pension eligibility and the wage replacement ratios also vary by country (Evans & Falkingham, 1997). Part of the reason for these differences is the differing social values and fiscal realities experienced by EU countries. One main purpose of public pensions is to make sure that older adults have a minimum pension, but whether the goal is income adequacy or equity in terms of contributions and payments affects policy decisions. When the goal is equity, those who have contributed more taxes to Social Security receive more pension benefits; when the goal is adequacy, the focus is on providing for the financial needs of the poorest pensioners. The U.S. addresses the need for adequacy by replacing more of the pre-retirement income for those with the lowest average lifetime earnings and less for those with the highest average lifetime earnings. At the same time, the U.S. addresses the need for equity by making sure that those who contribute the most to Social Security still receive the largest pension payments.

While Social Security in the United States is a hybrid system that balances adequacy and equity concerns, some countries in Europe focus more one or the other, with differing results. For example, countries such as Germany and Canada focus more on income sufficiency than the United States and therefore replace a greater proportion of pre-retirement income through a combination of public pension payments and other income transfers (Burkhauser, Lillard & Valenti, 2001). According to Burkhauser and his colleagues, the overall gen-
erosity of social security, other public programs, and private pensions "may explain in part the higher exit rates and lower employment rates" in Germany and Canada relative to the United States (p. 12).

Having examined some policy reforms of EU member states as a whole, the paper will now examine the policy reforms of a select few countries. Esping-Andersen (1990) identified three major types of social welfare systems in developed countries: "liberal", "conservative", and "social democratic". Sweden, as a "social democratic" country, focuses on providing social assistance to all of its citizens, regardless of financial need, with the goal of reducing social inequality and dependency on family members. Germany, as a "conservative" country, encourages corporations and non-governmental organizations to provide social assistance when families and communities are unable to meet the needs of individuals, with the government as the provider of last resort. Canada and the United States, as "liberal" countries, provide as little social assistance as possible to encourage workers to remain in the workforce. The following sections examine policies from Sweden, Germany, and Canada, with a discussion of possible policy implications for the United States.

**Sweden**

Sweden is one of the demographically oldest societies on earth due to its record-low fertility rate and a continued falling mortality rate. At the same time, its social and political commitments make old age security and elder care essential features of the Swedish social policy (Hokenstad & Johansson, 2001). The goal is to guarantee a minimum level of economic security (www.fk.se/sprak/eng/engelska.pdf); however, this commitment has resulted in tremendous fiscal pressures on its Social Security system.

In an effort to ease fiscal pressures while providing an adequate safety net, Sweden has been moving toward a partial pension system for flexible retirement. It is Sweden's new pension system, which applies to those born in 1954 or later, that is described in this paper. Persons born before 1954 are part of the old and new systems. The new policy, implemented fully in 2001, means that workers can retire anytime after 61
years of age, but the later they retire the higher their pension payments are (Schremmer, 1999). Pensions are based on the average life expectancy at the time of retirement, as well as the expected increase in average wages in future years.

Swedish workers can also receive a partial pension for partial retirement. Public pensions can be drawn in full or in fractions of $\frac{1}{4}$, $\frac{1}{2}$ or $\frac{3}{4}$ of full pensions, and can also be reduced from full to partial pensions at a later time if income rises above the earnings limits. This allows people to mix work with pensions so that individuals determine how much of a pension to take and when, up to age 70 when their full pension must be taken. Individuals over the age of 70 may continue to work while receiving pension benefits. Sweden’s participation rates in partial retirement schemes are relatively high, partially due to the availability of part time jobs and the long standing traditions of flexible working (Naegele, 1999).

The Swedish pension system has also been partially privatized (Normann & Mitchell, 2000). Of the 18.5% payroll tax paid jointly by all workers and employers to support the pension system, 2.5% of the worker’s salary is put into a private “premium pension” retirement account. Individuals can invest the money from their premium pension account in a variety of registered funds; otherwise the government invests the money on their behalf (www.fk.se/sprak/eng/engelska.pdf). Married individuals can also transfer their pension benefits to their spouse.

**Germany**

Germany has also introduced reforms to increase the flexibility of its pension system by modifying the eligibility criteria for those engaged in caregiving activities. Although the pension system in Germany is theoretically gender neutral, in Germany as in the United States, historically women have been socially expected to perform certain caregiving functions which can have economic impact and translate into lower social security contributions and therefore lower pension benefits. This includes withdrawing from the labor force, or reducing the number of hours worked, in order to provide caregiving for young children and for older relatives.

In Germany, people must work for a minimum of
five years to be eligible for Social Security (Social Security Administration [SSA], 2004). However, since 1996, parents have the universal right to earn up to three years worth of pension eligibility credits per child to compensate those that stay out of the labor force to raise children (Scheiwe, 1997). In addition, Germany is combining its long term care strategies with its pension policy efforts to reduce the costs associated with an aging population.

In 1994, Germany passed the Long Term Care Insurance (LTCI) Act (SSA, 2004), funded by a 1.7% payroll tax jointly paid by employers and employees (Scheiwe, 1997). The benefits and services under this Act are available to all that qualify regardless of income level. The LTCI Act has several unique features, including the establishment of a registry of elder caregivers. The government pays the pension contributions of registered caregivers who provide at least 14 hours per week of care and do not work for pay for more than 30 hours per week. The amount of pension contribution credited to a caregiver’s record is based on a formula of average pension contributions and the level of care needed by the older adult. By registering with the government as a caregiver, the time spent out of the labor force to provide caregiving also counts towards the eligibility requirements for receiving Social Security. These pension credits can be accumulated simultaneously with personal employment-related pension credits, and the caregiver pension credits are not time limited. Registered caregivers are also insured against accident and injury that occur during informal caregiving services. The goal of these long-term care provisions was not to increase the number of those withdrawing from the labor force but to assist those who had already withdrawn and were therefore economically disadvantaged (as well as to promote the provision of long-term care at home).

As Germany’s population grows increasingly older there is a need to promote longer involvement in the labor force, as well as long term informal caregiving for older adults. In 1998, the percentage of the German population over the age of 65 was 15.9 percent, with a projected rise to 20.3 percent by 2015 (United Nations Development Programme, 2000). In addition to the population aging, there is a trend for workers, especially male workers, to retire years earlier than the age of
full time retirement. According to a cross-sectional study of employment conducted by Burkhauser, Lillard, and Valenti (2001), German labor force exit rates “exceed 10 percent as early as age 58 and rise rapidly to nearly 30 percent by age 61. They approach 50 percent by age 64” (p. 4).

One policy implemented in Germany in an attempt to delay early retirement was the reduction of pension benefits (OECD, 1998). It was thought that if benefits were less generous then workers would have economic incentive to stay in the labor force. However, this policy strategy did not have a significant impact on the retirement decisions as many continued to retire early rather than continuing to work until the age of full retirement. Therefore, to cut costs Germany lowered the rate of adjustment of pension benefits based on inflation and encouraged greater reliance upon private pensions.

Germany also instituted a partial retirement program in 1992, and then modified this program in 1996 with the passage of the Act Promoting Gradual Transition into Retirement (Levinsky, 2000). This program allows workers over the age of 55 to reduce their employment to 50% while receiving 70% of their previous income. The 20% difference is paid for by the Federal Employment Office if the remaining 50% position is filled by an unemployed person. According to 1998 data, about 82 percent of the participants in Germany’s gradual retirement program were males, in contrast to Belgium, where most participants were female (Levinsky, 2000). In Germany, part-time workers are also eligible for the partial retirement program, providing they were employed more than 15 hours per week, earned above a minimum baseline salary, and both the employee and employer contracted to keep the worker at least until the minimum age for early retirement eligibility. Germans age 61-64 do not need to participate in a formal gradual retirement program in order to receive partial retirement benefits (SSA, 2004). Those in this age group may reduce their hours of employment and receive a two-thirds, one-half, or one-third pension depending on individual earnings.

Partial retirement of older workers offers benefits to employers (e.g., retaining skills, freeing older workers to train younger workers, raising productivity) and employees (e.g., reducing stress, increasing job satisfaction, allowing employ-
ees to remain part of the work team, providing free time to develop non-employment related activities) (Reday-Mulvey, 2000). Although partial retirement can also have drawbacks (e.g., schedule planning, reduction or elimination of fringe benefits), this partial retirement program was instituted in an effort to reverse the trend toward early retirement.

Canada

Canada's public pension program, called the "Retirement Income System", combines income protection for older adults with policies that promote flexibility (Human Resources Development Canada [HRDC], 2001). This system has three parts: the Old Age Security (OAS) program, the Canada Pension Plan (CPP) and private pensions and savings through such venues as the Registered Retirement Savings Plans (RRSPs). While some benefits are available beginning at age 60, the age that people become eligible for full retirement benefits is 65. The Old Age Security program gives everyone aged 65 or older $451.55 (CAN) per month if they have been residents of Canada for at least 10 years since their 18th birthday, regardless of income or wealth. This OAS pension is supplemented by the Guaranteed Income System (GIS) for those who fall below the federal poverty cut-off, raising the universal pension to a possible maximum of $1,010.08/month for a single person. Low-income spouses and common-law partners of OAS beneficiaries and widows/widowers are eligible for the Allowance program, which provides a monthly income for those ages 60-64 until they become entitled for Old Age Security.

The Canada Pension Plan provides a monthly retirement pension for all Canadian residents who have worked and contributed to CPP after the age of 18 (HRDC, 2001). In 2003, the maximum CPP retirement pension was $801.25 per month for those who retired at age 65 (SSA, 2003). The CPP pension benefit is based on the average amount of contributions and the number of years of contributions over the working life, but includes some provisions for those who have a few low-earning years. For example, CPP excludes 15 percent of the lowest earning years and the years spent out of the workforce raising children under the age of seven, when calculating the
average contributions. The CPP also includes retirement age flexibility provisions for those who wish to retire as early as age 60 or as late as age 70. While people can retire early, those who wish to claim early retirement benefits must earn little or no money, and their pensions are permanently reduced by 0.5 percent for each additional month between the date of their retirement and the age of 65. On the other hand, those who delay drawing their retirement pension past the age of 65 earn an additional 0.5 percent for each month past age 65, up to the age of 70, providing an economic incentive to remain in the labor force longer.

U.S. Policies

In an effort to encourage workers to remain in the labor force longer in the United States, legislation was passed in 2000 to eliminate the "retirement earnings test" for those above the full age of retirement (SSA, 2005). The retirement earnings test reduces the Social Security benefits of those who earn more than a minimum amount (in 2005, the limit is $12,000 per year), by deducting $1 for every $2 or $3 earned above the annual limit (depending on age). For example, if a person earns $20,000/year, this means that he or she is $8,000 above the minimum amount allowed, and thus his or her pension benefits would be reduced by $4,000/year (or $5,280/year, depending on age). Those above the full retirement age now are able to receive their full Social Security benefits as well as all their earnings. In addition, since Social Security benefits are calculated based on an average of the 35 highest years of income, working longer could also help increase Social Security benefits for future years. However, the retirement earnings test still applies to those who are younger than the full retirement age and receive Social Security.

Under the ADEA, it is unlawful to discriminate against a person because of his/her age with respect to any term, condition, or privilege of employment -- including, but not limited to, hiring, firing, promotion, layoff, compensation, benefits, job assignments, and training (www.eeoc.gov/facts/age.html).

The Older Workers Benefit Protection Act of 1990 (OWBPA) amended the ADEA to include provisions that prohibits employers from denying benefits to older employees.

In 1987, the U.S. also passed a law that eliminated mandatory retirement based on age, except for certain professions such as airline pilots, law enforcement, and the military. In Canada, legislation currently protects against age discrimination for all workers in Alberta, Manitoba, Prince Edward Island, Quebec, and the territories, while it only protects workers ages 18-64 in British Columbia, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario and Saskatchewan (Human Resources and Skills Development Canada, 2005). Mandatory retirement ages have also been abolished in Australia and New Zealand, but remain in effect in European nations (Meadows, 2003).

Gradual, or phased retirement, defined as "a gradual change in a person's work arrangements as a transition toward full retirement", has also been considered in the United States, although not as part of the Social Security system (Employee Benefits Security Administration, 2000). The Advisory Council on Employee Welfare and Pension Plans convened a working group to study the issue, and a report was subsequently written and forwarded to the Secretary of Labor. The committee identified three types of barriers to phased retirement: the design of private pension plans, the potential loss of health care coverage, and legal concerns, such as potential violations of the ADEA.

In order to facilitate the development of phased retirement programs in the private sector, the Working Group made five key recommendations. First, pension laws and regulations should clearly state that pensions cannot be reduced if pay decreases due to phased retirement, since some private pension
plans determine benefits based on final pay. Second, a law should be passed stating that pension payments can be made to those who are in phased retirement programs, if certain age or years of service requirements are met. Third, that the 10% additional penalty tax for pension benefits paid before age 60 be eliminated, if the years of service requirements are met. Fourth, individuals should be allowed to purchase Medicare coverage between the age of 55 and the age of 65, or that they be allowed to purchase extended COBRA (Consolidated Omnibus Budget Reconciliation Act of 1986; COBRA is a program that allows workers to pay to continue receiving their employer-provided health insurance coverage for 18 months after termination of that employment) continuation health coverage after age 55. Fifth, ADEA should be reviewed and written guidance provided concerning age discrimination as it relates to designing phased retirement programs.

Comparison of the United States, Canada, Sweden, and Germany

Similarities. There are similarities in some of the policy regulations of the Social Security programs of the United States, Canada, Sweden, and Germany. For example, all four countries provide universal coverage for the majority of workers (not just those with incomes below a certain limit) (SSA, 2003; SSA, 2004), and each country requires a minimum number of years of contribution into Social Security in order to receive benefits. These Social Security programs are all funded by mandatory payroll tax contributions from employees and their employers. For all four countries, Social Security benefits are calculated based on an average of lifetime earnings (with some provisions for low-earning years), and each country offers financial incentives for each month of delay of retirement past the age of eligibility for full retirement (up to the age of 70, except for Germany where incentives continue to accumulate indefinitely).

It is also important to note that all four countries provide additional assistance for low income older adults, separate from the Social Security programs (SSA, 2003; SSA, 2004). In the United States, those with incomes below the federal poverty limits can apply for financial assistance through the
Supplemental Security Income (SSI) program. In Canada, low-income adults apply for the Guaranteed Income Supplement (GIS), which raises the household’s total income above the national poverty threshold. In Sweden, there is a guaranteed pension of 83,709 kronor/year (US$1 = 7.31 kronor) for a single person with 40 years of residence and no earnings-related pension. Germany’s low-income program is called “social assistance” (www.bmgs.bund.de/cln_040/nn_600110/EN/Home/index.html).

**Differences.** In addition to similarities, there are also differences in the Social Security programs of these four countries. One major difference is that Sweden and Germany have provisions for partial retirement/benefits, while Canada and the United States do not (SSA, 2003; SSA, 2004). The United States requires the most (10 years [40 quarters]) number of years of contributions into the system in order to be eligible for benefits, while Canada only requires that workers be at least age 60 and have one or more years of contributions. Sweden requires at least three years of contributions, and Germany requires a minimum of five years of contributions. Other differences relate to age-eligibility, how the programs are funded, level of benefits, and residency requirements.

The minimum age of eligibility for full retirement benefits and for early retirement benefits varies between the four countries. Sweden has the youngest minimum age of eligibility for full retirement benefits: age 61, while in Canada and Germany the minimum age is 65. In the United States, the minimum age of eligibility for full retirement benefits is gradually increasing from age 65 to age 67 (in 2005, the current minimum age is 65 and a few months), and this change will be completed by 2027. The minimum age for early retirement benefits is 62 in the United States, while it is age 60 in Canada and 61 for Sweden. In Germany, the minimum age for early retirement is 63, but those who are unemployed, part-time workers, and/or severely disabled are eligible for early retirement benefits at age 60.

Canada and Sweden have residency requirements (requiring that beneficiaries must have lived for a certain number of years in the country – not just to have contributed to the system) and a universal guaranteed monthly minimum
benefit, while the United States (except for those who reached age 62 before 1982) and Germany do not. In Canada, this guaranteed monthly minimum of $451.55 is given to all adults age 65 or older who have ten or more years of residency in Canada. In Sweden, the guaranteed monthly minimum applies to all older adults (age 65+) with three or more years of residency in Sweden.

The percentage of taxes withheld to fund Social Security also varies significantly between the four countries (SSA, 2003; SSA, 2004). Canada collects the lowest percentage (9.9%; evenly split between employees and employers) on earnings up to US$39,900. The United States collects 12.4%, also evenly split between employees and employers, on earnings up to $87,000 in 2003 (this amount changes every year). Sweden collects 18.5% (7% from employees and 11.5% from employers), and 2.5% goes into an individual pension account. The highest percentage, 19.5%, is collected by Germany (evenly split between employees and employers), but lower contributions are required for low-income workers. Sweden and Germany do not have a cap on the amount of earnings that are taxed, and they do not have a stated maximum benefit for monthly earnings-related pensions. Canada, which collects the lowest percentage of payroll taxes, offers a maximum monthly benefit of $801.25 for an individual at the age of full retirement (Canadian dollars; US$1 = C$1.37; SSA, 2004). The United States has a maximum monthly benefit of $1,741 at the age of full retirement (SSA, 2004). These figures illustrate how the amount of taxes collected can have implications for a nation’s pension benefits.

Another important benefit-related difference between the four countries is the way that benefits are calculated (SSA, 2003; SSA, 2004). For all four of these countries (but not for all post-industrial nations), benefits are calculated based on the lifetime earnings (with provisions for excluding some years). In the United States, benefits are based on an average of the 35 years of highest earnings and the overall income category (low, medium, or high). In Canada, benefits are based on an average of all contributing years, after dropping the 15% of years with lowest earnings, and years spent caring for child under age 7 (optional). Sweden bases its benefits on lifetime average wages
from age 16 onward, the average life expectancy at the time of retirement, and expected increase of average wages in the future. In Germany, benefits are based on lifetime earnings, but periods of incapacity for work, childcare, unemployment, and schooling after age 17 are taken into account.

Policy Recommendations

As the previous section illustrates, there are a lot of similarities and differences in the pension systems of post-industrial countries. The populations of Canada, Sweden and Germany all have a greater percentage of older adults than the United States, so the United States can learn valuable lessons from their experiences and policy reform efforts. For example, in order to make retirement policies more flexible, the United States could adopt plans that allow workers to take partial retirement benefits while continuing to work. Sweden has used this strategy to help keep workers in the labor market longer, which increases its Gross Domestic Product (i.e., national productivity) and tax base.

The experience of Germany teaches us that reducing pension benefits does not appear to encourage workers to remain in the labor force longer, but that providing incentives for remaining in the labor force does work. The United States could also benefit from instituting a partial retirement program similar to Germany's to help promote time and scheduling flexibility for workers approaching retirement age. This could help workers remain in the labor force longer, and could also encourage the employment of those who are currently unemployed.

Sweden has been innovative in the way that it privatized its Social Security program. As has been mentioned, the Swedish system is funded by an 18.5% payroll tax. This tax used to be 16.0%, but Sweden added a 2.5% payroll tax and put this amount in private accounts (www.globalaging.org/pension/world/sweden.pdf). In contrast, England took part of the contributions that used to fund the regular pension system and used that amount for its private accounts, and this caused great financial problems for the regular pension system.
Williamson (1999) has written about lessons that the United States can learn from the privatization of pension systems in other nations. One key lesson is that privatization involves risks. There are great costs associated with transitioning to a privatization system and greater risks for those who are most vulnerable – traditionally women, minorities, and those with the lowest incomes.

One way the United States could help reduce the economic risks of women age 65+ is to create policies that compensate women if they have made economic sacrifices throughout their lives in order to provide caregiving to young children or older adults. Canada and Germany both allow those who have provided care for young children to discount those years when calculating the average lifetime earnings (and thus the pension benefits of these individuals is higher). Germany also has many mechanisms designed to help those who provide caregiving for older adults. Although the pension systems around the world are facing financial pressures, there is also a growing need for caregivers. As people live longer, an increasing number of older adults are experiencing chronic health conditions and require assistance performing tasks that allow them to continue living in the community. Yet as more women enter the labor force, the number of available caregivers is decreasing. If the United States does not create systems that encourage caregiving activities, it potentially could face much greater health care costs in the future.

Conclusion

There are practical as well as philosophical reasons for older adults to be part of the labor market. Practically, we are learning that even significant retirement savings may not prevent poverty in retirement. The poor economy and stock market returns of the early 2000’s have reduced the wealth of many soon-to-be-retired (Wolff, 2002). Delaying retirement, perhaps indefinitely, may serve as an alternative to a significant drop in standard of living upon retirement, as well as easing some of the fiscal pressures on Social Security systems around the world.
Philosophically, the United Nations (2002) emphasizes the importance of older people participating fully in society. This means encouraging older adults to play a more active social and economic role in contributing to the well being of society. One way this could be facilitated is through policies that blend student, work, volunteer, and leisure time activities (OECD, 1998). The International Labour Organization (2000) concurs, and states that policy makers around the world should focus on making labor markets and labor market participation more flexible through strategies such as the promotion of partial retirement and partial pension plans.

It is clear that retirement and retirement policies are being redefined in the 21st century. Both population aging and the changing patterns of work are driving these reforms. There is a need for public policy strategies that promote employment and retirement flexibility – for the sake of individuals and the global society.

References


Current social welfare history texts in the United States tend to cover quickly the time periods before the passage of the Elizabethan Poor Laws in 1601. This is an unfortunate informational gap since what is labeled social welfare today has been organized and delivered for centuries before 1601 through the rich religious traditions of Buddhism, Christianity, Hinduism, Judaism, Islam and thousands of other traditional religions throughout the world. This article provides a broad historical overview of the organization, the roles, and the services provided by the social welfare system in Christian communities, during their first three centuries, throughout what is now considered Europe, North Africa and the Middle East. This article also encourages scholars representing the other major religious traditions to also chronicle their unique social welfare heritage.

Keywords: Christian Social Welfare, Early Social Welfare, Organization, Roles & Services, Early Christian Social Welfare History, Early Social Welfare History

Philanthropic activity can never be understood (or defined) except against the background of the social ethos of the age to which it belongs (Hands, 1968, p. 7).

This article outlines the basic framework of the social welfare system and its role in Christian communities.
welfare system as it existed by the beginning of the 4th century AD in what is commonly referred to as the Christian world – that remnant of the vast Roman Empire encompassing parts of what is now known as Western & Southern Europe, the Middle East, and North Africa. This study intends to augment the historical coverage provided by many social welfare textbooks which tend to over-concentrate the period following the passage of the 17th century Elizabethan Poor Laws, therein providing only a bare outline of the organized efforts to help those in need as chronicled during the more than 7000 years of recorded human history. (See, for example, Axin & Stern, 2001; DiNetto, 2003; Jansson, 2001; Piven & Cloward, 1993; Popple & Leighninger, 2002; Trattner, 1999; and, Zastrow, 2000) Admittedly, Day (2003), as well as Dolgoff & Feldstein (2000), do describe in broad terms some of the beginnings of social welfare in early societies, in the later Greek city-states, throughout the Roman Empire, as well as in Eastern cultures. Clearly, what is constructed as social welfare today has been organized and delivered for centuries before 1601 through the rich religious traditions of Buddhism, Christianity, Hinduism, Judaism, Islam and thousands of other traditional religions and cultural practices embraced by humankind throughout the world.

In this context, the reader is urged to re-imagine the history of social welfare as beginning with the dawn of the human race, and to conceptualize social welfare as those organized structures and processes of caring for vulnerable members that were advanced by every clan and tribe on earth, no matter how primitive these social groups might appear to modern view. To underscore this point with the obvious rhetorical questions: would human groups throughout history typically reject an orphaned child or ignore the needs of its sick, injured and aged members? Or would an observer discover a set of fundamental, culturally relevant and historically appropriate social welfare mechanisms, which were in place to deal with these predictable life-situations?

The final introductory note has to do with scope. This study of social welfare history employs a wide breadth of vision, rather than a narrow depth of analysis. Any research endeavor which purports to chronicle more than 300 years of
human activity, even one that operates under such a condensed rubric as social welfare, risks mockery and rejection unless it admits to being general, rather than specific, in its orientation and presentation. Thus, it must be stated quite clearly at the outset, that this article offers a broad view of the entire horizon of movements and events, not a detailed analysis of any one of the points or people found on that horizon.

Methodological Procedures

In the search through these primary and secondary sources of Christian church history, it was soon obvious that the term *social welfare* as such, was not used except in only a very few instances. When the phrase did appear it was found only in those secondary historical texts published in relatively recent times (i.e. within approximately the past twenty years). Thus, this researcher had to rely on other key words and phrases to serve as guideposts and conduits to the relevant sections of these primary and secondary texts. In searching through the various indexes, tables of content, or chapter headings the following words usually provided that critical focus: aged, alms, charity, financial aid, orphan, poor, poverty, sick, and, widow.

The use of the term *poor* also created some methodological challenges. Throughout the Greek city-states and the Roman Empire, for example, the terms commonly translated as poor (e.g. *pauper* in Latin) do not always imply absolute destitution. In fact, the terms refer to someone who is not wealthy enough to lead a life of leisure and independence, and therefore, could be considered one of the common people, or as someone with a low income. The person who existed in absolute poverty, without any means of support was, in Greek, a *ptochos* which translates as "...one who crouches, a beggar." (Hands, 1968, p. 62)

Then, too, there is the problem of sorting out those Christians who, for spiritual purposes, chose to be poor voluntarily. The books of the *New Testament* make continual reference to the supremacy of voluntary poverty over excessive wealth. Indeed, one of the most memorable passage of the Bible is the admonition that it is easier for a camel to pass through the eye
of a needle than for a rich person to enter heaven. (Matthew 19:24) Eusebius, a fourth century Christian historian, refers to an early Jewish-Christian sect known as the Ebionites (literally, the poor ones in Hebrew), so-named because of their state of voluntary poverty. (Eusebius, 1965, p. 37). Conzelmann also notes the presence these voluntarily-poor Ebionites in his discussion of the dispersion of Jewish-Christians from Palestine. (1973, p. 38)

Christian Social Welfare, AD 33 to 313
Linkage to Greek, Roman and Jewish Society

It would be an historical mistake to assume that the altruistic elements of what is known as Christian charity began solely within the early Christian community. There exists ample historical evidence that such charitable (i.e. outer-directed benevolence) activities existed in societies and cultures that pre-dated Christianity.

Within the fifth century B.C. Greek city-states, the practice of philanthropy (literally translated as the love expressed by the Greek divinities for humankind) was directed towards the community in general, or towards identified classes, rather than towards individuals. One particular group to receive this financial and social support was those once-wealthy nobles who had temporarily fallen into difficult economic circumstances. (Handel, 1982, pp. 44-45) Other groups of disadvantaged people, whose poverty was more constant and whose status was more humble, were considered unworthy of community help and were typically ignored in Greek society. Illustrating this point, Hands (1968) reports that the poorer classes had no access to hospitals in Greek and Roman societies, except for the personal servants of the wealthiest families. The poor did benefit, however from philanthropically-endowed community institutions such as gymnasia and public baths. (p. 141)

Other historians dismiss such an altruistic interpretation and view this development of the concept of charity as, essentially, personal in nature. The rich and the poor were assumed to be in a sort of symbiotic relationship wherein the rich assist the poor financially and the poor, in turn, offer sal-
vation to the rich by serving as the conduits for their good works before God. How the early Christians adopted this personal perspective is discussed in the article on Christianity in *The New Encyclopaedia Britannica* (1994), especially in the subsection on Property, Poverty and the Poor.

Roman society essentially mirrored the Greek response to personal need, although Handel (1982) does go on to note that in the later Roman Empire a genuine concern for the economically poor did emerge along with a highly organized system for collecting and distributing that assistance. Indeed, the Roman penchant for order and structure, as evidenced in its legal system as well as its road construction throughout its conquered territories, appeared even in its public care for the poor.

Within late Roman society, there is evidence, also, of voluntary social service organizations that were established for the sole purpose of benefiting their members. These mutual assistance associations were administered by elected leaders (*magistri*) and maintained by monthly contributions into the association's bank (*arca*). Furthermore, these associations were legal under Roman law as long as they continued as associations for the mutual assistance of the poor. (Sordi, 1986, p. 182) As noted above, the poor who had the means to contribute to these mutual assistance associations would be working people with low income, as distinct from those suffering in abject poverty as beggars. (Hands, 1968, p. 62)

Within Judaism, starting in the fourteenth century B.C., a different kind of concern for the disadvantaged emerged. The Jewish God was compassionate, as well as righteous, and he commanded his followers to love their neighbor as they loved themselves. Jewish law eventually developed that divine admonition into a regular obligation to set aside a portion of each harvest for widows, orphans and strangers (Handel, 1982, p. 47). By the door of all Jewish Synagogues, as noted in Schaff (1910), were placed two alms boxes, one to provide for the poor of Jerusalem and the other for local charities (p. 457). The Christian Evangelist Paul, a covert from Judaism, simply followed this example of alms collection for the poor in his own later missionary travels during the first century AD. This procedure is well documented in his own letters, as in, for
Recognizing that Christians were not unique in their insistence on charity for the less fortunate, Jones (1964) proposes, however, that they did set a new, higher, standard than their Greek, Roman and Jewish counterparts by contributing substantially more resources (p. 971). Brown (1989) offers further examples of the uniqueness of Christian benevolence:

At a time of inflation, the Christians invested large sums of liquid capital in people; at a time of increased brutality, the courage of Christian martyrs was impressive; during public emergencies such as plague or rioting, the Christian clergy were shown to be the only united group in the town, able to look after the burial of the dead and to organize food-supplies. (p. 67)

Historians also commonly support this underlying assumption that the early Christian church possessed the wealth and influence necessary to conduct a substantial charitable enterprise. (Conzelman, 1973; Sordi, 1986) This social welfare prowess was facilitated by two complementary forces: first, the Christian church cleverly adapted to and absorbed substantial parts of Greek, Jewish and Roman cultures; and, second, ever-increasing streams of converts from all sectors – the underprivileged, the working classes, the artisans, and the wealthy – streamed into this new Church as converts. (Brown, 1989, 1996) Thus, early Christian social welfare appears to be a social institution in the modern sense of that term, although that phrase must be understood and tempered by the historical context of the first three centuries AD.

Early Organization

The organizational structure under which the Christian community conducted its social welfare, as well as its religious, activities evolved from burial societies during the first & early second centuries AD to more formalized "house churches"
during the late second and third centuries AD. Despite what has been depicted in popular media accounts, historians generally agree that the Roman catacombs never served any organizational function for the Christian community, other than as sites for burial and possibly as temporary hiding places during occasional periods of persecution. (Gwatkin & Whitney 1936; Stevenson, 1978)

Under Roman law, the Christians initially organized themselves officially as local burial societies whose sole function was to arrange the funerals for all its members. At first weak and loosely-structured, the Christian burial societies by the end of the second century were praised by the public authorities as models of effective and efficient organization. (Gwatkin, 1909, Vol. 1; Stevenson, 1978) Other Church activities took place in more fluid and uncomplicated environments, such as "... in the streets, the markets, on mountains, in ships, sepulchers, caves, and deserts, and in the homes of their converts." (Schaff, 1910, p. 475)

Archeologists have confirmed from excavations at Dura-Europos, in Syria, that by the second century, distinct rooms, and eventually whole houses, were altered for the exclusive use of Christian religious and social activities. (Ayerst & Fisher, 1973; Frend, 1984) These domestic chapels (collegia) or house churches spread so rapidly, usually aided by public patronage, that by the beginning of the third century most major cities throughout the Roman world contained at least one. (Frend, 1983; Sordi, 1986). While the Evangelist Luke, writing in the Acts of the Apostles, seems to describe a community not burdened with property, Conzelman (1973) argues that early Christians owned property and were not communal in their social organization, as were, for example, the ascetic Jewish group at Qumran (p. 36). Thus, a fair amount of historical evidence supports the existence of a rudimentary network of physical spaces dedicated, at least partially, to social welfare activities throughout the Mediterranean world of the third century AD.

Early Social Welfare Roles

Jones (1964) summarized the research which documents
11 distinct structural roles within the Christian church by the third century. (p. 906) The first 6 of these roles were directly related to religious functions: bishop, priest, reader, acolyte, singer and doorkeeper. The remaining 5 roles, however, can be classified as social welfare-related: deacon/deaconess, subdeacon, exorcist, gravedigger (fossor or copiata), and attendant to the sick (parabalanus). Since the individuals performing these latter roles were both appointed by church officials and supported by the Church’s financial resources, they can be considered the first Christian social welfare workers.

The earliest identifiable role, emerging even during the Apostolic years immediately following Jesus’ death, was that of the deacon. By the middle of the first century, Church leaders in Jerusalem chose 7 disciples to care for those who were widowed and to oversee the community’s finances (Acts of the Apostles, 6:1-6; Conzelmann, 1973; Gwatkin, 1909). In daily activity, the deacons collected the food, clothing and other monetary gifts that Christians brought to their main worship service (referred to as an agape or love feast). After setting aside the money, and some of the food for use during the agape, the deacons were responsible for gathering up the rest of the gifts, which they then distributed after the service to those elderly and sick who could not attend. Deacons also cared for orphans, provided hospitality to strangers and travelers, and distributed charitable funds to those considered financially poor (Schaff, 1910, pp. 499-500). By the third century in Rome, deacons were functioning as regional social welfare administrators. Ayerst & Fisher (1971) report that Bishop Fabian (c. 250 AD) divided Rome into seven districts and appointed a deacon in each section to coordinate all welfare and community work for the Church (p. 117).

In the more conservative eastern Church (i.e. the present-day Middle East and North Africa), the corresponding role of deaconess (ministra) emerged due to that region’s cultural norms that dictated separation of the sexes. Deaconesses were drawn from the ranks of elderly widows and appointed as female helpers to deacons, especially for the care of women and children. (Bettenson, 1963, p.4; Schaff, 1910, p. 501)

Little historical information exists about the role of the subdeacon other than the appearance of the title in several lists of
church authorities (Freemantle, 1953, p.10; Jones, 1964, p. 906). From the very name, however, Lietzmann (1953) assumes that the subdeacons were younger, male assistants appointed to help the deacons as their responsibilities expanded over time. (Vol. 2, p. 249) There exists no evidence that any subdeacons were appointed to assist deaconesses in similar ways in the eastern Church.

The role of the *exorcist* typically calls forth images of a frightening religious rite during which evil spirits are driven out of unfortunate victims of diabolical possession. Some historians, however, believe that Christian exorcists during this period might justifiably be considered the first mental health counselors in a loosely structured, nascent behavioral health care system. Frend (1984) reports, for example, that, despite the deeply-religious overlay of their activities as well as their unsophisticated knowledge base, exorcists were "... in general acting as healers of mental disorders." (p. 405)

Undoubtedly, one of the most pragmatic and colorful social welfare roles was that of the *fossor*, the gravedigger. Since the early Christian community was structured as a burial society, it is obvious why the fossor fulfilled a vital need in that organization. Stevenson (1978) describes the many activities of the fossores in Rome as including: the preparation of surface graves; the excavation of catacombs as well as their decoration with paintings and inscriptions; the general maintenance of the catacombs and cemeteries; and, the actual sale of the grave sites themselves (pp. 11-20). Currently, one of the artifacts on display among the remains of a fourth century church excavated under the eleventh century Church of San Clemente in Rome is a marble fragment from a grave site inscribed with Latin words that translate as a bill of sale from an individual identified as a fossor. (Author’s personal observation, December, 2005) Although fossores were not clerics in the religious sense, they did work under the supervision of the local bishop, were paid through Church funds, and, by the third century, had advanced to the level of a cohesive membership organization similar to a trade guild in later Medieval times. (Ayerst & Fisher, 1971; Frend, 1984; Stevenson, 1978) All historical references to fossores cease by the fifth century, due probably to the negative reaction to their involvement in a
series of riots against Church authorities and to the increased control that bishops eventually exercised over Church property, including cemeteries.

Finally, the role of the *parabalanus* evolved during this period as an additional helper to care for those who were sick with some visible illness, as distinct from those who were simply old or orphaned or poor. During the first three centuries, the parabalani are merely mentioned in lists of various Church-funded occupations, without any discussion of their specific duties (Jones, 1964, p. 906). Stevenson (1978, p. 25) and Brown (1989, Illustration 44, p. 59), both report on an unusual mural excavated at the Via Latina catacomb in Rome that might provide some details. The scene is a group of seated persons being instructed by an individual, in formal robes, who is standing and pointing to a human body whose abdomen is open to view. This painting could represent the burial site of either a physician, or, perhaps, a scholar who taught human anatomy to medical students and to parabalani. The parabalani become more visible and important after the fourth century when they are referred to as hospital attendants, indicative of the fact that they served as staff in what will emerge as hospitals or multi-service social welfare centers in later centuries. (Jones, 1964, p. 911)

**Social Welfare Services Provided**

A synthesis of the historical records during these first three centuries reveals that the Christian social welfare system provided an impressive array of what, in modern terms, is referred to as both cash and in-kind goods & services. Unfortunately, it is not always clear whether the recipients received cash or in-kind goods & services in specific situations, since generic words, such as *benefit*, *maintenance*, *hospitality* and *charity* are often used to describe the transactions. Furthermore, it cannot be assumed that all services were available in every urban and rural community throughout the Christian world at the time. Finally, whether there existed distinct social welfare benefits based on cultural differences between the western branch of Christendom, centered in Rome, and the
eastern branch, centered in Constantinople (modern Istanbul) is unknown and remains an interesting question for further research.

What we do know about these early social welfare services is the crucial fact that they were directly provided by employees responsible to the authority of the local bishop, and they were funded solely through church collections and through the sale of property donated to the Church. These early concrete social services included the following: (1) burial of those who died, whether Christian or not; (2) maintenance for those widowed and elderly; (3) appointment of a trustee for the continuing care of those widowed; (4) maintenance for children who lost both parents; (5) rescue and adoption of infants abandoned by their parents; (6) ransom for those abducted by raiders; (7) support for those imprisoned because of their religious beliefs or because of debt; (8) room and board for pilgrims, travelers and refugees; (9) care of those who were sick or those with visible disabilities, whether Christian or not; (10) support for those unemployed; (11) maintenance of anyone who appeared poor, whether Christian or not; (12) establishment of Christian banks (arca), such as the one developed by a wealthy Christian named Carpophorus in Rome for the benefit of those widowed or children without parents; and, (13) relief sent to other Christian communities in times of famine or other natural calamity (Ayerst & Fisher, 1971, pp. 59-60; Case, 1934, p. 71; Conzelmann, 1973, p. 116; Frend, 1984, p. 404; Gibbon, 1932, p. 426; Gwatkin, 1909, p. 228; Handel, 1982, p. 48; Latourette, 1937, p. 266; Lietzmann, 1953, Vol. 1, p. 134; and, Sordi, 1986, p. 189).

Thus, it appears that the early Christian social welfare system contained the basic elements of a functional system of benevolence, including: a physical organization as the site of its social service operations (i.e. house churches); reliable sources of communal funding; defined roles and responsibilities for employees supported by the Church; and, finally, a significant array of financial as well as in-kind goods and services distributed to identified vulnerable groups, whether Christian or not. History also records that, except perhaps for the intensity and amount of the social welfare services, most of these provisions were not unique to Christianity. As noted above,
many were rooted in the philanthropic practices of Greek and Roman society, and others evolved from the religious traditions that Christianity shared with Judaism.

Following the conversion to Christianity of Emperor Constantine in 313 AD, the once-persecuted Church gained both legitimacy and greater influence. During the succeeding centuries, the Church rushed forward assertively into a new era of development and expansion throughout the known world. Its social welfare system, confronted with new sets of challenges, kept pace and instituted new forms of assistance. Further research will highlight social welfare innovations during the succeeding centuries, innovations such as residential care, multi-service centers, coordinated public/private funding, as well as evolutionary changes in the roles and responsibilities of Christian social welfare staff.

A Balanced View

The above discussion should not leave the reader with the false impression that the early Christian social welfare system functioned as a well integrated, effective & efficient network that met societal needs in some comprehensive manner. On balance, its deficiencies were significant and should be noted, particularly in the areas of administrative corruption and its lack of social equality.

While it is not clear how widespread was corruption within the Christian social welfare system, it certainly did exist. From the very early days, reformers in the Christian community complained about unfaithful stewards who abused their positions and squandered charitable contributions on sensual pleasures and on their own personal profit (Gibbon, 1932, p. 427). Bishop Eusibius, the fourth century historian, documented in graphic detail the insensitivity of many Church workers, as well as the avarice of some bishops who, instead of distributing resources to the poor and the needy, amassed large sums for their own use (Stevenson, 1987, pp. 215-216).

The Christian community's acceptance of the practice of slavery is also damaging to the historical fabric of the early Christian social welfare system. Although the Evangelist
Paul of Tarsus, one of the early Christian leaders, did admonish slave owners to treat their slaves fairly and to remember that servant and master were equal in God’s eyes, he never condemned the institution of forced servitude itself (Ephesians, 6: 5-9). Furthermore, throughout the New Testament there are many overt indications of what appears to be a highly conservative acquiescence to the will of public authorities (for example, Mark 12:13-17; Romans 13:1-7; Titus 3:1-2; 1 Peter 2: 13-17), as well as a denial of the equality of women (Ephesians 5: 22-24). Certainly, one can recognize that Christianity, as a new social entity, was particularly vulnerable to criticism, and even persecution, in its early days. Such recognition, however, does not entirely soften the disappointment that the Christian social welfare system did not boldly institutionalize its stated mission of universal equality and justice. Cullman (1956) responds to such criticism by proposing that Paul and the other leaders deliberately decided to change the belief system of individuals first, before taking on the daunting task of trying to affect organizational and societal change on these sensitive matters (p. 202). Assuming a similar conciliatory position, Cary & Schullard (1975) conclude that “… a persecuted minority could take no spectacular action to change the social structure…” (p. 486) Undoubtedly, this is one of many areas that warrant further historical research.

Final Thoughts

This broad survey of three hundred years of history, even though focused narrowly on the issue of social welfare, can never be more than a thin discovery of merely one of the many facets of human existence within society. Even that thin exposure is woefully inadequate, for, as Block (1964) in The historian’s craft reminds us, all human existence is inherently complex and multi-layered:

Society, it is true, is not a single thing. It is split up into different social classes in which the generations do not always overlap. Do the forces acting upon a young worker necessarily operate at least with equal intensity upon a young peasant? (p. 185)
Ideally then, this study will provide a foundation, a starting point, a spring-board, perhaps, for a more precise exploration into the lives of the individuals, as well as into the historical incidents and forces as presented in primary and secondary documents, so that we can appreciate the full extent and the depth of the Christian social welfare institution.

Furthermore, it is essential to explore equally the contributions that the other major belief systems have exerted over the centuries on the social welfare institutions within their various communities. Hopefully, social scientists who are knowledgeable about Buddhism, Hinduism, Islam and Judaism will also chronicle the humanitarian values and practices of those religions. Only then, will a more complete mosaic of early social welfare history emerge.

Footnote
1. Throughout this article the time period will be noted as AD (the Latin acronym for in Anno Domini which translates as in the year of Our Lord) and BC (the English acronym for Before Christ.) Several modern historians refer to these periods as CE (the Common Era) and BCE (Before the Common Era) in order to de-emphasize the implied religious connotations.

References


Acculturative Stress and Social Support among Korean and Indian Immigrant Adolescents in the United States

MADHAVAPPALLIL THOMAS
JONG BAEK CHOI

Department of Social Work
California State University, Bakersfield

This study examined acculturative stress and its relationship with social support among Korean and Indian immigrant adolescents. The data were collected from 165 Korean and Indian adolescents using the Acculturation Scale for Asian American Adolescents and Social Support Scale. Findings show that respondents experience low to moderate level of acculturative stress. Social support activities reduce the level of acculturative stress. Social support from parents is the most important predictive factor in determining the level of acculturative stress. These findings not only contribute to social work education and practice but also increase cultural sensitivity and awareness in working with these populations.

Keywords: Acculturative stress, Social support, Korean adolescents, Indian adolescents

Introduction
Asian Indians and Koreans represent two of the fastest growing immigrant groups in the United States. According to current census data, approximately, 11.7 million Asians live in the U.S. of which 2.2 million are Asian Indians and 1.2 million...
are Koreans. As these groups become part of the U.S. society, there is a great need to understand how Korean and Indian immigrant families and their children adapt to the U.S. and the problems they encounter in this process. Although most immigrants from both Korea and India adapted to their new environment, several studies show that they also retained their traditional cultural traits, beliefs, values and mores (Dasgupta, 1998; Saran, 1985; Segal, 1991; Sodowsky & Carey, 1987; Hurh & Kim, 1990; Kim, 1997).

The process of acculturation or adapting to the new culture was once perceived as the immersion of immigrants into the new culture. However, current acculturation models focus on the selective and multidimensional nature of the immigrant experience and process. Some researchers argue that immigrants do not simply shed their old or native values for new ones, but rather select, shift and modify to adapt to the new environment (Buriel, 1993; Mendoza, 1989). Despite differing views, there is general consensus among researchers that acculturation is a learning process whereby at least some of the cultural patterns of the host country are adopted (Khairullah & Kairullah, 1999; Choi, 1997; Kang, 1996). Integration and assimilation are closely related constructs identified by researchers in the continuum of acculturation process. According to Berry (2003), integration is valuing one's own culture while at the same time interacting with the host culture. Assimilation, on the other hand, is giving up one's original culture in favor of the host culture.

In the process of learning to adapt to the new culture, individuals, families and groups experience substantial stress which researchers label as acculturative stress. The acculturative stress framework has been conceptualized for immigrants (Thomas, 1995) and refugee populations (Williams and Berry, 1991). It has also been empirically tested among immigrant populations such as Latinos (Chavez et al., 1997; Gil and Vega, 1996; Hovey and King, 1996), Haitians (Chrispin, 1998), and Asians (Choi, 1997; Kang, 1996; Noh and Avison, 1996; Das, 2002; Farver, Bhadha, and Narrang, 2002; Fuligni, 2001; Ghuman, 1997; Khairullah and Kairulla, 1999) in the United States and in Europe (Sam and Berry, 1995). Results of studies of acculturative stress have varied widely in the level of dif-
ficulties found in immigrant groups. Early views were that culture contact and change inevitably led to stress (Berry & Annis, 1974). However, the current view is that the level of stress depends on a number of factors such as acculturation attitudes, phase of acculturation, and cultural pluralism in the host society (Krishnan & Berry, 1992). Immigrants who feel marginalized and maintain a separation from both their ethnic culture and the host culture tend to be highly stressed. Two major sources of psychological stress experienced by children from immigrant families are pressure from peers to reject their own cultural identity and values in order to assimilate into the mainstream culture and pressure from parents and other adults to conform to ethnic/cultural norms and traditions (Chrispin, 1998).

Since a substantial number of immigrant children and families experience acculturative stress, it is important that those in the helping professions understand the acculturative process and the stress associated with it. There is clearly a great need for helping professionals to develop culture-specific knowledge and competency in providing services when working with clients from other cultural contexts. It is, therefore, important to enhance knowledge about the acculturation experiences of the fastest growing immigrant populations such as Korean and Indian immigrants and their children.

Within the conceptual framework of acculturative stress, this study investigates acculturative stress and its correlations with social and family support available to these immigrant adolescents. Research questions related to this problem include: What is the level of acculturative stress and social support among Korean and Indian immigrant adolescents? What is the relationship between acculturative stress and social support? Is there any significant difference between Korean and Indian adolescents on the level of acculturative stress and social support? What is the most significant predictor variable of acculturative stress?

**Literature Review**

High levels of acculturative stress were found to be strongly correlated with lack of social support. Social support not only alleviated acculturative stress but also moderated
stress levels which resulted in less depressive symptomatology (Choi, 1997). Similar findings were echoed in a study by Park (2000) who investigated acculturative stress, parental attachment, self-esteem, social support and psychological adjustment. One of the central findings of the study was the combination of parental care and self-esteem which played a very significant role in psychological adjustment among Korean adolescents in America. Moreover, social support from friends was found to have a significant role in mediating between acculturative stress and depression.

Several researchers examined social support systems and protective processes during adolescence (Furukawa, 1995; Garnefski and Diekstra, 1996; Garmezy, 1993; Gore and Eckenrode, 1996; Hoffman, Levy-Shiff, and Ushpiz, 1988). In the domain of perceived support, studies have consistently emphasized the role of family support in promoting the psychological well-being of adolescents, reducing problem behavior, and buffering the emotional effects of stress (Gore and Aseltine, 1995; Kang, 1996; Liang and Bogat, 1994). However, the support from social network as a buffer of stress was not supported by Salgado de Snyder’s study (1987) on Mexican immigrant women. Most respondents who obtained high scores in social support also demonstrated high acculturative stress and depressive symptomatology.

Focusing on acculturation and mental health, Mehta (1998) reported that perception of acceptance and cultural orientation played crucial roles in the mental health of Asian Indians. Furthermore, feeling accepted and being involved with American culture was correlated with better mental health. Clearly, cultural integration seems to have an impact on mental health and studies have shown that Asian Indians prefer integration as the most preferred acculturation style. For example, Krishnan and Berry (1992) found that acculturation stress was positively correlated with separation and marginalization but negatively correlated with integration. Along similar lines, Farver, Narang and Bhadha (2002) reported higher levels of conflicts in families where parents had a separated or marginalized style of acculturation than those parents who had an integrated or assimilated acculturation style. These findings clearly support the promotion of an integrated style
Acculturative preferences or styles also seem to be related to the academic performance of children. For example, Farver, Bhadha, and Narang (2002) found that adolescents with integrated acculturation style had higher GPAs and higher scores on the self-perception profile than adolescents with separated or marginalized acculturation styles. The influence of acculturation and involvement of fathers among Indian immigrant families has been studied by Jain and Belsky (1997). They found that less acculturated men were less likely to be involved in fathering children while most acculturated fathers were more extensively engaged in fathering. Lending support to the notion that the acculturation process may be selective and multidimensional in nature, this study further revealed that traditional social norms and cultural resources are neither given up nor maintained exclusively. Instead, they are reshaped and redefined for better harmonious functioning of the family.

Although various aspects of acculturative stress and social support have been studied, the relationship between social support and acculturative stress among Korean and Indian adolescents has not been adequately explored. Furthermore, graduate programs in social work and other human services may benefit from the outcome of this study in offering courses and exposing students to theoretical and practice models on acculturative stress. This underscores the need for alternative and culture specific practice methodologies. In view of this, the current study examined the acculturative stress experienced by Korean and Indian adolescents and the social support available for them to cope with this stress.

Methodology

Participants

Eighty two Korean immigrant adolescents and eight three Indian immigrant adolescents residing in the U.S. participated in this study. Participants’ ages ranged from 10 to 20 years. The selection of this age group was based on the ability to read and understand the questionnaire and the nature of this study. Since the study involved collecting data from ad-
Data Collection

Participants were selected through convenience sampling of Korean and Indian immigrant adolescents mostly residing in California, Florida, Illinois, and Massachusetts. These were some of the places where Korean and Indian immigrants had established their communities, and researchers had contacts and access to these communities. Questionnaires were distributed and collected in churches and community centers from June to September 2004. The researchers explained the procedures of the survey and how to complete the questionnaires. Each participant and his or her parents were asked to read an informed consent form attached to the cover page of the questionnaire and to fill out the questionnaire if they agreed to participate. After completing the questionnaire, participants were asked to place them in an envelope and return it to the researchers.

Measures

This study used the Acculturation Scale for Asian American Adolescents (Kang, 1996) for measuring the level of acculturative stress. Items in the scale consisted of examples of stressful situations, which adolescents may experience in daily life. Each respondent was asked to rate each item on a 0 - 3 scale. The numbers from zero to three represented various degrees of stress, with a 0 representing “never stressful”, and a 3 representing “very stressful.”

Forty items were developed by Kang (1996) for his dissertation and tested on Korean American adolescents. In this study, only the 30 most relevant items with some modifications were selected by researchers as these items were judged to be more applicable to this topic. The modifications were primarily limited to replacing “Korean” and “Indian” in the appropriate places. Kang (1996) reported a reliability coefficient of .91. The overall reliability coefficient in this study was .92. While the reliability coefficient for Koreans was .93, the coefficient for Indians was .90.
Based on the literature review, the researchers developed an instrument for measuring social support. The researchers identified five sub-areas from which adolescents generally receive social support, namely, support from friends, support from parents, support from religious organizations, support from social organizations, and support from cultural associations. There were a total of 15 items in the five sub-areas with three items in each sub-area. The first question in all five sub-areas asked if they had access to the areas of social support. For example, in the area of support from friends, the first question asked “do you have close friends?” Their responses were scored “yes” or “no.” The second question in all five sub-areas asked how often they interacted with parents and friends or participate in social organization activities (YMCA, Boy Scouts and Girl Scouts, school activities, etc.), religious activities (attending church, temple, mosque, etc.) and cultural activities (ethnic cultural associations, cultural festive, etc.). For example, in the area of support from friends, the second question asked “how often do you interact with your friends?” Their responses were scored on a 5 point scale with 1 representing “never” and 5 representing “very frequently.” The third question in all five sub areas asked how they described parents, friends, religious organizations, social organizations, and cultural associations as sources of social support. For example, in the area of support from friends, the third question asked “how do you describe your friendship as a source of social support?” Their responses were scored on a 5 point scale with 1 representing “very little” and 5 representing “very much.” The same pattern was repeated in all five sub areas. The reliability coefficient of the social support scale in this study was .74.

Data Analyses

The data were analyzed using SPSS (Statistical Packages for the Social Sciences) version 11.0. First, the researchers analyzed the demographic characteristics of the sample. Second, analyses of the scales were carried out to answer the research questions. To examine the group differences between Indian and Korean adolescents, t-tests were used. Third, Pearson’s Correlation was used to examine the relationship between acculturation stress, social support, and continuous demographic
variables such as age and number of siblings. Finally, multiple regressions were conducted to identify the most significant predictor variable of acculturation stress. These statistical analyses were performed to answer the research questions posed in the study.

Findings

Demographic Characteristics

Out of 165 respondents, 49.7% (n=82) were Korean adolescents and 50.3% (n=83) were Indian adolescents. In terms of gender, 51.8% (n=85) were males and 48.2% (n=79) were females. Participants' ages ranged from 10 to 20 years, with a mean age of 14.36 years (SD=2.45). The respondents' siblings ranged from 1 to 7, with a mean number of 1.4 siblings. Number of years residing in the U.S. ranged from 4 months to 20 years, with a mean of 12 years. The vast majority of respondents (88.1%) reported that they spoke English most of the time, with more than 86% rating themselves either "very good" (18.8%) or "excellent" (68.2%) in speaking English fluently.

Acculturative Stress

Mean scores were calculated to ascertain the level of acculturative stress experienced by the adolescent respondents. The overall rating for each item of acculturation situations ranged from 0 to 2.67, with a mean rating of 0.71 (SD=0.49). Korean adolescents showed a mean rating of 0.78 (SD=0.54) while Indian adolescents had a mean rating of 0.64 (SD=0.41).

Among the acculturation situations, the item rated as the most stressful was, "my parents compare me to other teenagers of my age in terms of obedience, discipline, and manners" (Mean= 1.60, SD=1.17). The item rated the 2nd highest was, "people expect me to do well in school because of Asian background" (Mean= 1.36, SD=1.17). The 3rd highest item was, "my parents expect me to do what they want without questioning" (Mean= 1.32, SD=1.11).

On the other hand, the item rated as the least stressful situation was, "I do not know how to act among Korean/Indian people who are "more Korean/Indian" than I (Mean= 0.25,
The item rated the 2nd lowest was "I do not speak English as well as some of my non-Asian and Asian peers" (Mean= 0.26, SD=0.62). The 3rd lowest was "I sometimes feel as if the U.S. is really not my home" (Mean= 0.26, SD=0.59).

This study found no significant difference between Korean adolescents and Indian adolescents in the overall level of acculturative stress. There was also no significant difference between male and female adolescents in terms of acculturative stress. Furthermore, acculturation stress did not significantly vary with language they use most of the time.

However, item analyses on the Acculturative Stress Scale revealed statistically significant differences in acculturative stress between Korean adolescents and Indian adolescents (see Table 1). Korean adolescents experienced more stress than Indian adolescents in the following situations: "I sometimes feel that I don’t really belong anywhere"; "At school and other places outside my home, I am sometimes overlooked because of appearance"; "I often feel that I am different"; "Peers have made fun of me for my Korean/Indian characteristics (e.g., appearance, language), which in turn makes it hard for me to fit in with others."

**Social Support**

Mean scores were calculated to explore how the respondents described each item of social support. The overall rating for each item of social support ranged from 0.73 to 3.20, with a mean rating of 2.11 (SD=0.44). Korean adolescents showed a mean rating of 2.08 (SD=0.40) while Indian adolescents presented a mean rating of 2.13 (SD=0.60).

The vast majority of respondents reported that they had friends (97.5%), parents (87.3%), or religion (82.2%) for social support to cope with acculturative stress. A smaller proportion of respondents reported that they participated in social organizations (42.0%) or cultural activities (54.8%). Of the 5 sub-areas of social support, the respondents rated friendship as the most important source of social support (Mean=2.67, SD=0.56). Parents were rated as the 2nd most important area of support (Mean=2.52, SD=0.67) followed by their participation in religious activities (Mean=2.24, SD=0.77).

The data indicated a statistically significant difference
Table 1. Differences between Korean adolescents and Indian adolescents in the level of acculturative stress

<table>
<thead>
<tr>
<th>Items</th>
<th>N</th>
<th>Mean Rank</th>
<th>Mann-Whitney U</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I sometimes feel that I don’t really belong anywhere.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>88.05</td>
<td>2332</td>
<td>.003**</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>69.10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At school and other places outside my home, I am sometimes overlooked because of appearance.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>86.57</td>
<td>2454</td>
<td>.011*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>70.72</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I often feel that I am “different.”</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>86.70</td>
<td>2443</td>
<td>.012*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>70.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peers have made fun of me for my Korean/Indian characteristics (e.g. appearance, language), which in turn make hard for me to fit in with others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>85.34</td>
<td>2555</td>
<td>.040*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>72.07</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Difference is significant at the 0.05 level (2-tailed)
** Difference is significant at the 0.01 level (2-tailed)
between male and female respondents in terms of social support \((t = -3.015, \text{df} = 154, p < .01)\). Female respondents (Mean = 2.22, SD = 0.47) had more social support than male respondents (Mean = 2.01, SD = 0.39). In particular, female respondents had significantly more social support than male respondents in the areas of support from friends \((t = -2.360, \text{df} = 154, p < .05)\) and support from participation in social organization activities \((t = -2.037, \text{df} = 154, p < .05)\). Furthermore, it was found that adolescents who had more siblings were less likely to receive social support than those with fewer siblings \((r = -.222, p < .01)\). Similarly, older adolescents were less likely to receive social support than younger ones \((r = -.235, p < .01)\) (see Table 2).

Table 2. Correlations between social support and selected demographic variables

<table>
<thead>
<tr>
<th>Variables</th>
<th>(r)</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.235</td>
<td>.003*</td>
</tr>
<tr>
<td>Number of siblings</td>
<td>-.223</td>
<td>.006*</td>
</tr>
<tr>
<td>Years in the U.S.</td>
<td>-.128</td>
<td>.115</td>
</tr>
<tr>
<td>English fluency</td>
<td>.073</td>
<td>.366</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.01 level (2-tailed)

Item analyses on the five areas of social support (see Table 3) indicated the following: 1) Korean respondents were significantly different from Indian respondents in the area of social support from friends \((t = 2.816, \text{df} = 150, p < .01)\). Korean respondents (Mean = 2.79, SD = 0.53) had more social support from friends than Indian respondents (Mean = 2.54, SD = 0.58); 2) Korean respondents were significantly different from Indian respondents in the area of social support from participating in organizational activities \((t = 2.70, \text{df} = 154, p < .01)\). Indian adolescents (Mean = 1.71, SD = 0.84) had more social support from organizational activities than Korean adolescents (Mean = 1.34, SD = 0.85); 3) Korean respondents were significantly different from Indian respondents in the area of social support from participation in religious activities \((t = 3.479, \text{df} = 142, p < .01)\).
Korean respondents (Mean=2.44, SD=0.67) had more social support from religious activities than Indian respondents (Mean=2.02, SD=0.82); 4) Korean respondents were significantly different from Indian respondents in the area of social support from participation in cultural activities ($t =-3.03$, df =154, $p<.01$). Indian respondents (Mean=1.79, SD=0.82) had more social support from cultural activities than Korean respondents (Mean=1.39, SD=0.83).

Table 3. Group Differences in the sub areas of social support between Korean adolescents and Indian adolescents

<table>
<thead>
<tr>
<th>Items</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>$t$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support from friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>2.79</td>
<td>0.53</td>
<td>2.816</td>
<td>.006*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>2.54</td>
<td>0.58</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support from parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>7.35</td>
<td>1.71</td>
<td>-1.303</td>
<td>.195</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>7.77</td>
<td>2.29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support from participating in organizational activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>1.34</td>
<td>0.85</td>
<td>-2.70</td>
<td>.008*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>1.70</td>
<td>0.83</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support from participating religious activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>2.44</td>
<td>0.67</td>
<td>3.48</td>
<td>.001*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>2.02</td>
<td>0.82</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social support from participating cultural activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Korean</td>
<td>82</td>
<td>1.39</td>
<td>0.83</td>
<td>-3.03</td>
<td>.003*</td>
</tr>
<tr>
<td>Indian</td>
<td>83</td>
<td>1.79</td>
<td>0.82</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Difference is significant at the 0.01 level (2-tailed)
Acculturative Stress and Social Support

The relationship between acculturative stress and social support is presented in Table 4. Respondents who scored higher on the items related to acculturative stress were less likely to receive social support \((r = -.248, p < .01)\). In other words, adolescents who did not have social support were more likely to experience stress in acculturation situations. Furthermore, data analyses on the sub-areas of social support indicated that the level of acculturative stress was negatively correlated with social support from parents \((r = -.342, p < .001)\) and social support from organizational activities \((r = -.157, p = .05)\). Availability of social support from parents and organizational activities serves as a buffer to reduce acculturative stress among the adolescents.

Table 4. Correlations between Acculturative Stress and Social Support

<table>
<thead>
<tr>
<th>Variables</th>
<th>(r)</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall social support</td>
<td>-.248</td>
<td>.002**</td>
</tr>
<tr>
<td>Social support from friends</td>
<td>.005</td>
<td>.955</td>
</tr>
<tr>
<td>Social support from parents</td>
<td>-.342</td>
<td>.000***</td>
</tr>
<tr>
<td>Social support from organizational activities</td>
<td>-.157</td>
<td>.050*</td>
</tr>
<tr>
<td>Social support from religious activities</td>
<td>-.117</td>
<td>.145</td>
</tr>
<tr>
<td>Social support from cultural activities</td>
<td>-.113</td>
<td>.159</td>
</tr>
</tbody>
</table>

* Correlation is significant at the 0.05 level (2-tailed)
** Correlation is significant at the 0.01 level (2-tailed)
*** Correlation is significant at the 0.001 level (2-tailed)

A multiple regression analysis was conducted to evaluate how well social support variables and some demographic variables predicted the level of acculturative stress. The predictors were age, years residing in the U.S., number of siblings, English proficiency, and 5 sub-areas of social support (Social Support from Friends; Social Support from Parents; Social Support from Social organizations; Social Support from
Religious organizations; and Social Support from Cultural activities). The criterion variable was the level of acculturation stress. The linear combination of the predictor variables was significantly related to acculturative stress, $R^2 = .136$, adjusted $R^2 = .080$, $F (9,140) = 2.449$, $p = .013$. The simple multiple correlation coefficient was .37, indicating that approximately 14% in the variance of the criterion variable in the sample can be accounted for by the linear combination of the predictor variables. Among the 9 predictor variables only one variable, social support from parents was found to be a significant predictor in determining acculturative stress ($p<.001$).

Table 5. Multiple Regression results on predictors of acculturative stress

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>$T$</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social support from friends</td>
<td>1.106</td>
<td>.768</td>
<td>1.441</td>
<td>.152</td>
</tr>
<tr>
<td>Social support from parents</td>
<td>-2.488</td>
<td>.667</td>
<td>-3.731</td>
<td>.000</td>
</tr>
<tr>
<td>Social support from organizations</td>
<td>-0.208</td>
<td>.498</td>
<td>-0.417</td>
<td>.678</td>
</tr>
<tr>
<td>Social support from religious activities</td>
<td>-0.161</td>
<td>.529</td>
<td>-0.305</td>
<td>.762</td>
</tr>
<tr>
<td>Social support from cultural activities</td>
<td>-0.121</td>
<td>.505</td>
<td>-0.239</td>
<td>.812</td>
</tr>
<tr>
<td>Age</td>
<td>-3.778</td>
<td>.588</td>
<td>-0.064</td>
<td>.949</td>
</tr>
<tr>
<td>Years in the U.S.</td>
<td>.165</td>
<td>.348</td>
<td>.482</td>
<td>.630</td>
</tr>
<tr>
<td>Number of siblings</td>
<td>1.114</td>
<td>1.238</td>
<td>.901</td>
<td>.369</td>
</tr>
<tr>
<td>English fluency</td>
<td>-1.821</td>
<td>1.801</td>
<td>-1.011</td>
<td>.314</td>
</tr>
</tbody>
</table>

$F (9,140) = 2.449$, $p < .05$, Multiple $R = .369$, $R^2 = .136$, adjusted $R^2 = .080$

Discussion

Korean and Indian immigrant families and their chil-
Acculturative stress and social support

Children experience several problems associated with the acculturation process. This study examined acculturative stress and its relationship with social support among Korean and Indian adolescents in the immigrant families in the United States. This study found that both Korean and Indian adolescents experienced low to moderate levels of acculturative stress. In many families, the challenge of coping with stress has led to family conflicts particularly between adolescents and their parents. When working with Korean and Indian immigrant families, social work practitioners can promote increased involvement in activities that generate social support, which in turn is shown to reduce acculturative stress. Findings revealed that parents' tendency to compare their adolescents to others of the same age in terms of obedience, discipline and better manners was the most stressful situations reported by both Indian and Korean adolescents. This was followed by the expectation to do well in school because of their Asian background and the parental expectation to do what parents want unquestioningly. Not only do these families want to instill the values of respect, obedience and good manners in their children, but they also want to see their children succeed and realize the American dream, which brought them here. Interestingly enough, the adolescents feel these situations as quite stressful.

Consistent with our expectations, the acculturative stress did not differ significantly between Korean and Indian adolescents. No significant variations were found in terms of stress experienced by these two groups in the acculturative process or the challenges associated with it. Although the overall mean difference is not statistically significant, Korean adolescents seem to have a slightly higher level of acculturative stress than Indian adolescents. Item analyses, however, indicate that acculturative stress experienced by Korean and Indian adolescents is significantly different in certain areas. The mean rank for the item, "I sometimes feel that I don't really belong anywhere" is significantly higher for Korean adolescents than for Indian adolescents. Similar differences were also observed in other items like "I often feel that I am different." These findings clearly indicate that some of the second-generation adolescents have not "felt" fully integrated into the mainstream culture nor have they "felt" connected to the culture of
their parents. It is possible that these respondents experience a certain amount of uncertainty about their cultural identity as they feel they do not belong anywhere.

The vast majority of both Korean and Indian adolescents draw support from friends, parents and religious organizations. In contrast, only a small segment of the respondents participates in social and cultural activities. Interestingly enough, activities conducted by socio-cultural associations do not seem to interest or involve a majority of the second-generation adolescents. Furthermore, female respondents seem to have more social support than male respondents. This may mean that more female respondents are actively engaged in many more social, religious and cultural activities than male respondents. Such increased involvement in social, cultural and religious activities may lead to an increased level of integration. Gender variations in the involvement of socio-cultural and religious activities as a source of social support found in this study do not conform to the findings of Farver, Bhadha, and Narang (2002). These researchers found that females were more likely to be marginalized (indicating a lack of involvement in either culture) than males who were more likely to be integrated (indicating involvement in socio-cultural activities in both cultures).

There is a discrepancy in the literature with regard to the relationship between gender and acculturative stress. While some researchers (Chrispin, 1998; Salgado de Snyder, 1987) found a significant relationship between gender and acculturative stress, others (Choi, 1997; Mena et al., 1987) reported no significant relationship. This study also found no significant relationship between gender and acculturative stress.

While Korean adolescents receive significantly more support from friends and religious activities, Indian adolescents draw significantly more support from organizational activities (e.g., YMCA, Boy Scouts and Girl Scouts) and cultural activities (e.g., Indian associations, cultural festivals). This may suggest that as a group, Korean adolescents have more interactions with friends and get involved in more religious activities. Indian adolescents, on the other hand, may get more involved in cultural and organizational activities that are considered to be the sources of social support.
With regard to the relationship between acculturative stress and social support, findings show a negative correlation although the strength of the relationship is relatively weak. This relationship suggests that adolescents from immigrant families who have less social support are likely to experience higher level of acculturation stress than their counterparts. Clearly, social support from a variety of sources weakens the hold of acculturative stress for many adolescents. In our study, social support was conceptualized as involvement in social, cultural, and/or religious activities as well as interactions with parents and friends. These factors clearly indicate greater connection and affiliation to the socio-cultural fabric of the American culture and such affiliations with the dominant society are more likely to reduce acculturative stress according to several studies (Mehta, 1998; Berry & Annis, 1974).

Results from the linear regression analysis identified one significant predictor variable in determining the level of acculturative stress, namely, social support from parents. This finding underscores the importance of stability in immigrant families that may sometime be the sole support for adolescent children in coping with the stress resulting from the acculturation process. However, one of the most stressful items reported by the adolescents is their parents' tendency to compare adolescents' behavior patterns and school performance with others. This seems that family is both a source of social support and acculturative stress and thus parents probably play a contradictory role. This result is also consistent with findings from previous studies which identified the role of family support in promoting the psychological well-being of adolescents, reducing problem behavior and buffering the emotional effects of stress (Gore & Aseltine, 1995; Kang, 1996 and Liang & Bogat, 1994; Choi, 1997). Perhaps family based intervention may be more effective when working with Indian and Korean adolescents.

Although the findings of this study add to the existing literature, there are several limitations that need to be considered. The study employed a convenience sample of Korean and Indian adolescents residing currently in the U.S. Such a sampling method does not assure adequate representativeness of the population, which in turn will limit generalization
beyond the study population. Since samples were selected from churches and community centers, it is possible that their responses may be biased as these places may attract adolescents who tend to be socially integrated and psychologically adaptable. Furthermore, our sample size was relatively small, and was primarily limited to Korean and Indian adolescents born in the U.S. and considered to be "second generation." The study did not include the experience of "first generation" immigrants, who may have experienced greater level of stress associated with acculturation. Acculturative stress and the utilization of social support may vary widely across generations; therefore future research should be conducted with larger samples involving both first and second generations. Another concern is that the data for this study are collected from several places where Korean and Indian communities have populated. Our findings, to some extent, may be a reflection of geographical variations since these locations vary considerably in terms of ethnic compositions, diversity, and population size. Because this study was conducted among Korean and Indian immigrants, it did not capture the opinions of other Asian population groups like the Chinese and Filipino. These factors serve as external threats to the generalizability of the study's findings to other Asian populations. Additionally, social support scale used in this study is not a standardized instrument.

In conclusion, the current study and its findings reiterate the importance of social support in reducing acculturative stress experienced by adolescents from Korean and Indian immigrant families. These adolescent respondents experience a low to moderate level of acculturative stress. Their involvement in activities that promote social support reduces the level of stress associated with the acculturation process. Social support from parents is the most important predictive factor in determining the level of acculturative stress. These findings not only contribute to social work education and practice but also increase cultural sensitivity and awareness in working with these populations. This study will add to the increasing body of social work literature that highlights the importance of culture-specific service needs of the Asian populations.
References


In the September 2005 issue of the Journal, Charles Price authored an article entitled “Reforming Welfare Reform Postsecondary Education Policy: Two State Case Studies in Political Culture, Organizing, and Advocacy” (Volume XXXII, Number 3: 81-106). It is a timely article; the issue of access to postsecondary education for women on welfare is a crucial one. Not only did the 1996 welfare “reform” law heighten the already harsh and punitive attitudes toward poor women raising children on their own, newly incorporated restrictive elements severely hampered, and in some cases eliminated, these women’s ability to move off welfare and into stable, well-paying jobs and careers. And while higher education is clearly a key element in attaining those stable, well-paying jobs and careers, it is precisely this pathway, access to and participation in postsecondary education, which was drastically restricted by the 1996 law and subsequent modifications.

Dr. Price’s article focuses on the experiences of two states – Maine and Kentucky – as they come to terms with “shaping welfare policy,” specifically as it relates to access to postsecondary education. While Dr. Price’s article contributes to the literature developing in this field, and for this I am grateful, I would like to supplement his references with primary source citations which will prove useful to other scholars pursuing this area of study. First, is Stephanie Seguino’s Living on the Edge: Women
Working and Providing for Families in the Maine Economy, 1979-1993 (Orono, Maine: Margaret Chase Smith Center, University of Maine). Hers was the first report to describe who in Maine was receiving welfare and why; it was a seminal work that armed advocates with data and information necessary to approach and persuade legislators to attend to postsecondary education opportunities.


Additional references which Dr. Price would not have had timely access to include SHUT OUT: Low-Income Women and Higher Education in Post Welfare America, V. Polakow, S.
Supplemental Bibliography


Higher education is a promising route out of poverty for some women on welfare: it can make a substantial difference in their lives and the lives of their children as well as address deep-rooted issues of poverty. Increasing the number of scholars working in this area, and working together on this issue will give us greater ability to influence policy and policymakers as they begin to debate welfare “reform” once again.
BOOK REVIEWS


The Farm Crisis is a major American problem that has caused social and economic dislocations in the rural areas of the United States. This book, *Troubled Fields: Men, Emotions, and the Crisis in American Farming*, is an anthropological study of the effects of the Farm Crisis in Northwest Oklahoma. Some stark statistics illustrate the tragedy. The suicide rate among farmers during the 1980’s, perhaps the height of the farm crisis, was three times greater than for the general population in Oklahoma. Although accidents are a leading cause of farm related deaths, Oklahoma farmers in the 1980’s were five times more likely to die from suicide than from farm accidents.

The author, a Stanford-educated anthropologist developed most of the data for this book from interviews he conducted with twenty-six individuals - thirteen men and thirteen women. Their life stories required three or four visits of one and a half to two hours each so the information obtained was extensive. He has personal history in Northwest Oklahoma and especially the major city of Enid. Although the back cover of the book calls Ramirez-Ferrero a native Oklahoman, his family, in fact, came from Cuba to New York in 1961. Ramirez-Ferrero was born in 1963. His father worked as a waiter at a restaurant in the city and was also involved in the diamond industry. But, disenchanted with New York City, the family moved to Enid when the author was 11 years old to purchase and operate a motel there. So, although the author knew Oklahoma from childhood, he did not grow up in a farm family.

This richly researched and well-written book is valuable for many reasons. It does an excellent job of explaining the basic issues in the Farm Crisis. It also shows the ways anthropological studies can come to conclusions about human behavior and phenomena without the use of large samples and structured questionnaires.

Several issues constituted the crisis, which had major
impact on Midwestern farming, especially grains, perhaps less on ranching and on fruits and vegetables. The genesis of the crisis was a collapse in farm earnings and agricultural real estate prices in the 1980s. In the 1970s, many of the world’s nations became large customers for American farm products, especially nations of the former Soviet Union. Those nations were incapable of producing enough food for their own populations but could purchase American farm products at relatively low prices because of a weak dollar. As the economic value of farming increased, the cost of farmland increased, as well. Farmers, eager to benefit from improved farming profits, purchased more land with borrowed money.

By the late 1970s and early 1980s, the growth of the money supply and the low value of the dollar caused changes in the federal fiscal systems. Budget deficits during the Reagan administration caused interest rates to increase. The increased value of the dollar made the purchase of American products, including farm products, more expensive than the purchase of similar products from other nations. The value of the land farmers had purchased declined. Lenders would not provide them with new loans and, in some cases, would not continue current loans because the value of the land, which was used as collateral, had declined.

The result was farm foreclosures, bank insolvencies, the failure of many local businesses (which could no longer sell their products to farm families), migration of people from farming communities to other areas, the closing of schools and hospitals, family breakups, and suicides. Men who were no longer able to retain their farms comprised a significant portion of those who committed suicide.

Of course, the issues were more than simply loans and land values. Farming became an increasingly industrial enterprise, often with the encouragement of government and the cooperative extensions services of the state. Family farming as an institution declined and farming as a business, like any other, replaced it. Increasingly farm products were less valuable and the labor that went into them less well-paid than other work and products in the American economy. In many ways, farm products were worth no more than they had been decades earlier, although the prices of products needed to
operate farms and to simply live were now much more expensive than they had been.

This rich work sheds light on a number of additional elements useful in understanding farming in modern America. One of the most significant is the increase in the size of farms. The author shows that from 1959 to 1997, the average farm size in Oklahoma grew from 503 acres to 698 acres. More technology, a larger scale of operations, and a more industrial approach to farming were all significant factors in changing the lives of farm families.

The book also discusses the American Agricultural Movement, an important grassroots effort to sustain family-oriented farming and its values. In its relatively few pages, it is loaded with interesting, and, for most readers, new information about a phenomenon that has had a great effect on and will continue to impact the whole United States, especially its rural areas.

Leon Ginsberg
University of South Carolina


Rates of bullying, victimization, and critical incidents of violence in schools represent an important contemporary educational policy concern. Given the proliferation of programmatic and policy efforts in recent decades (ranging from conflict resolution programs in local schools to federal zero tolerance policy), there are striking gaps in the quality of the existent knowledge base. Benbenishty and Astor carefully document the lack of theoretical development in this area. In particular, they highlight the surprising lack of attention to school contextual variables. While prior research on school violence general focuses on the student as the critical unit of attention, Benbenishty and Astor essential apply a "school-effects" framework to their study of school violence.

Three general topical areas organize this twelve chapter book. The first chapters outline the theoretical framework and
methods. Although Benbenishty and Astor place central focus on the school as a critical unit of attention, they also place the multiple and multi-level correlates of school violence identified by prior research within a general ecological framework. In addition to schools, these include characteristics of students (gender, age, and physical attributes), families (poverty and parenting practices), and larger community and socio-cultural contextual factors. Benbenishty and Astor present data from a set of studies of school violence in Israel. While the overall study included both a regional longitudinal as well as three wave, cross-sectional national study, most data presented in the book center on data generated from the second wave of the national study. The qualities of sample selection and school response rates (95%) are quite impressive. Key data sources included surveys of principals, teachers, and students, school demographic characteristics available from the Israeli ministry of education as well as census and school neighborhood crime rates.

The second topical area includes an empirical description of various forms of victimization that occur on school grounds (classified into domains of physical, threats, and verbal-social). Empirical descriptions take three forms: overall frequencies of the three types of victimization and rank ordering as well as exploration of the factor structure underlying all incidences victimization without reference to type. Benbenishty and Astor examine relationships between types and rank orders of victimization and individual child characteristics including gender, ethnicity, and grade level. In addition, they compare Israeli results to a sample of students generated in California. In general, different forms of victimizations correlate differentially with age, gender and ethnicity. Common sets of correlates emerge in both the Israel and California samples. Rank orders of victimization items, however, showed little variation across gender, age, cultural or national context and appear to best be characterized by overall severity and frequency such as severe and rare versus less severe and common. Because they appear to have distinct empirical underpinnings, separate chapters focus on sexual harassment, use of weapons, and victimization of students by school staff.
The third topical area includes chapters focusing on (1) the relationship between school organizational and climate factors, victimization and various indicators of students' subjective sense of safety at school, (2) variation in victimization across schools, and (3) results of multi-level models examining the relative contributions of student, school, family and community characteristics to various forms of victimization. Results presented in these chapters demonstrate three main findings. First, school contextual attributes contribute to subjective student experience of the safety of their schools. Second, school factors account for larger proportions of variation in victimization than do student factors. Third, there are different patterns of school contextual effects on both forms and severity of victimization.

Benbenishty and Astor make an extremely important and specific contribution to the school violence literature by demonstrating the importance and complexity of school contextual effects. Perhaps the larger contributions of this book, however, are more general. First, their careful theoretical work provides a means of unifying prior empirical work on school violence through their (1) development of an empirically and conceptually meaningful typology of school based victimization and (2) organization of the multiple and multi-level correlates of victimization within a general ecological framework. Second, Benbenishty and Astor provide a blueprint of how to operationalize and execute a complex, ecologically-derived program of research. Their data and analyses allowed for full descriptions of the heterogeneity of victimization experiences within persons, while at the same time capturing the broader influence of within and between school contextual processes.

Susan Stone
University of California at Berkeley


Jennifer Mittelstadt's engaging book details a rela-
tively uncharted chapter in the history of U.S. poverty policy. Most of us think of post-war America as a time of economic growth, suburbanization, and conservatism. This volume is a corrective. Mittelstadt argues that social reformers, concerned about the post-war "paradox of prosperity", were designing—and passing—policies aimed at those mired in "fundamental poverty". Armed with social work ideas, Wilbur Cohen and his colleagues, a group of "self designated liberals", were optimistic that economic growth could help spawn progressive social policies. Unfortunately, Mittelstadt argues, reformers and their organizational partners, unwittingly laid the groundwork for contemporary regressive workfare policies.

The initial chapters chronicle the defeat of the 1943 and 1945 social welfare bills and passage of the 1956 Social Security Amendments, and with it, the emergence of a "rehabilitation paradigm", that encouraged "self-care" and "self-support". Thus began a retreat into residualism, according to the author, rather than a focus on structural causes of poverty that guided earlier social insurance legislation. Social casework provided the "inspiration and guidance" for these reforms. In response to a concern about "broken homes," "matriarchy," and "social maladjustments," reformers promoted the concepts of "self-care" to improve family life and—despite the inherent contradictions—"self-support" to reduce dependence through wage work.

Gender and race take center stage in the analysis of Aid to Dependent Children (ADC). Mittelstadt argues that the poor, slotted into a categorical program, were sure to receive "close scrutiny", especially since beneficiaries were women and were increasingly divorced, deserted, never married, and non-white. While reformers "emphasized family", they "erased race", in efforts to win widespread support. In one of the most critical passages, the author argues that, although reformers understood the impact of discrimination, they chose to focus on expanding family services rather than civil rights. This approach, she argues, left a legacy that is being played out in contemporary welfare policy reform.

The 1961 Unemployed Parent law and the 1962 Public Welfare Amendments expanded coverage, further embedding the rehabilitation approach, and adding "families" to the title
Mittelstadt argues that Cohen, in his new role as Assistant Secretary of Health, Education, and Welfare (HEW), coupled welfare with work through these new laws. Near the end, the book softens towards the reformers. Mittelstadt points out that Cohen and his colleagues opposed mandatory workfare, but "notes that their nuanced welfare proposals had no defenders, and the idea of rehabilitation fell prey to harsher interpretations of how welfare should evolve." According to his biographer, Edward Berkowitz, Cohen was a pragmatist and incrementalist. He managed these trends and squeezed out the reforms he believed possible. But as the liberal coalition weakened, the idea of rehabilitation was supplanted by the idea of responsibility.

Paradoxically, while liberal welfare reformers lost power, aspects of rehabilitative rhetoric, particularly the rhetoric of self-support, gained momentum. Drawing on the precedent of rehabilitation, welfare law after the 1960s increasingly focused on forcing poor "dysfunctional" women out of "welfare dependency" and into mandatory "self-support." "Rehabilitation" evolved into "responsibility," and welfare became workfare. (p. 19)

Although the final chapter places the story in larger context, this could have been done more consistently throughout the book. For example, the idea of the deserving and undeserving poor has played a large role in shaping American welfare policy, notwithstanding the contributions of postwar liberals. Distinguishing among groups that happen to be poor inevitably comes down to who "deserves" society’s support and who does not.

Social workers will be mystified by Mittelstadt’s analysis of the social work profession. She lumps together "late-nineteenth- and early-twentieth-century reformers...[who] advocated a social casework approach—individual interaction between a patient and professional—to "aid the poor". The author fails to distinguish among competing approaches in social work. There is no account of the social science and policy work of people such as Jane Addams, Florence Kelley, and their colleagues at Hull House, or New Deal architects Harry Hopkins and Francis Perkins. Furthermore, Mittelstadt
argues that although Cohen and his colleagues were engaged in research, they were not part of the cohort of sociologists and economists whom historians view as America’s poverty intellectuals and policy makers. It would have been helpful to read more about these poverty intellectuals and policy makers and what they were studying and proposing in the post-war period.

Notwithstanding these shortcomings, this book is recommended for policy makers, social work leaders, educators, and students of social welfare history. In addition to the cautionary tale of reform, other lessons can be derived from Mittelstadt’s analysis. First, it suggests the importance of beneficiary involvement in policy making. With no poor people’s organizations involved in the 1956, 1961, and 1962 reforms, content and evaluation of proposals ‘from the ground up’ were missing. Further, the analysis suggests the importance of focusing on structural causes and solutions to poverty. Policy should focus, as Amartya Sen, James Midgley and others suggest, on how we maximize people’s capabilities. Assuring access to basic human needs, providing an array of social investment opportunities that lead to successful family formation, career development, community and political participation, and cultural enrichment.

Margaret Sherrard Sherraden
University of Missouri in St. Louis


The SAGE Handbook of Quantitative Methodology for the Social Sciences was written to introduce quantitative social scientists, applied statisticians, and graduate students to a broad range of state-of-the-art quantitative methods applicable to the social sciences. The Handbook was written by a distinguished group of contributors from psychology, education, statistics, and other related disciplines, and virtually all contributors are established authorities in their particular areas. It shows the
breadth and depth of advanced quantitative methods used by social scientists from numerous interrelated disciplines, it is rich with examples of real-world applications of these methods, and it provides suggestions for further readings and study in these areas.

The *Handbook* is organized into six sections. The first two pertain to measurement. Specifically, the first section, *Scaling*, includes chapters on dual scaling; multidimensional scaling; and principal components analysis for ordinal and nominal data. The second section, *Testing and Measurement*, includes chapters on advances in reliability and validity theory; test modeling (item-response theory in particular); differential item functioning; and computerized adaptive testing. Sections three through five detail advances in statistical methodology. Specifically, the third section, *Models for Categorical Data*, includes chapters on trends in categorical data analysis; ordinal regression models; latent class models; and discrete-time survival analysis. The fourth section, *Models for Multilevel Data*, includes chapters on growth modeling; multilevel models for school effectiveness research; hierarchical models for analyzing data from experimental and quasi-experimental designs; and meta-analysis. The fifth section, *Models for Latent Variables*, includes chapters on determining the number of factors in exploratory and confirmatory factor analysis; experimental, quasi-experimental, and nonexperimental design and analysis with latent variables; dynamic factor analysis; and latent variable growth mixture modeling for longitudinal data. Finally, the sixth section, *Foundation Issues*, provides discussion of the major philosophical issues that underlie quantitative methods. Specifically, it includes chapters on probabilistic modeling with Bayesian networks; null hypothesis testing; exogeneity; objectivity in science and structural equation modeling; and causal inference.

The *Handbook* provides an excellent introduction to a broad range of state-of-the-art quantitative methods applicable to the social sciences. But why is it important for quantitative social scientists to spend the considerable time required to understand and use these methods? These methods are important for a number of reasons. They allow us to study complex social phenomena that cannot be represented accurately with
simple methods (for example, methods that do not take into consideration measurement error, multilevel data structures, or complex sample structure). They also allow us to better handle methodological challenges posed in applied research (for example, new methods for analyzing data from quasi-experimental designs and for handling missing data). Finally, these methods may stimulate the formulation of research questions in new and potentially important ways (e.g., latent class models allow us to think about person-centered research questions in addition to traditional variable-centered research questions).

This Handbook does an excellent job in covering a broad range of state-of-the-art quantitative methods applicable to the social sciences. However, there are a few topics that I wish had have been covered in separate chapters, not just as part of existing chapters (and most of these topics are indeed covered at least in part in existing chapters). These include chapters on recent advances in methods for handling missing data, methods for analyzing data from complex samples, methods for determining statistical power for many of the methods described in sections three through five, and perhaps nonlinear regression methods and methods for modeling count data.

Although some of the chapters in the Handbook are mathematically challenging, the Handbook is successful in providing an introduction to a broad range of state-of-the-art quantitative social science methods to quantitative social scientists, applied statisticians, and graduate students. It is well worth reading cover-to-cover, and it is a very useful addition to the reference libraries of all quantitative social scientists, applied statisticians, and graduate students.

John G. Orme
University of Tennessee

The purpose of this book is to examine the historical relationship between the rhetoric of risk and medical knowledge pertaining to AIDS. Rhetoric is meant not only to persuade an audience that the topic of AIDS is a crucial one, but also speaks to social practices as producing knowledge. Preda mentions the globalization of the "AIDS risk" and how the concept of "risk" may be interpreted and communicated to the target audience both directly, indirectly, infected and affected. The discussion of risk pattern develops the idea that "undesirable" events such as AIDS can unfold on a global level.

The use of the word "rhetoric" reminds the reader that issues of health involve political factors and indeed the case of AIDS is one of hope, controversy and politics. It becomes apparent that the use of rhetoric in campaign language, the challenge of defining "AIDS risks" and communicating these risks to people who may not perceive their risk is an ongoing challenge. Preda is aware of the complexities of prevention efforts, particularly as it relates to the challenges of dealing with the issues of heterosexual men who engage in sexual activities with other men but do not identify themselves as gay. Within the general population and in certain cultures of the world this behavior is not unusual nor is it unacceptable. Prevention complexities are also evident when one considers the serious implications for the younger generation when compared to the older generation. Efforts surrounding condom use come to mind. Condom use may have worked well with earlier generations (which had direct, concrete experience of what it means to live with HIV and AIDS), but may remain abstract and ineffective in younger generations. According to the Preda, younger generations may not perceive condoms as viable protection against AIDS.

Preda's discussion was generated by reviewing medical articles and prominent journal research findings worldwide during the 1980s. The four aspects of AIDS prevention he considered are the social groups' self-perception, persuasion techniques for inducing behavioral change, the interaction between medical practitioners, and the at-risk individual. These are im-
portant dimensions not to be seen in isolation from the person-environment transactional perspective. The author’s approach in terms of thinking of diverse stakeholders is effective, however the book goes on to create a limiting effect to keep the idea of “expert knowledge” to that of medical knowledge. Although Preda limits this expert knowledge to medical knowledge, he acknowledges that the following groups bear interest in the topic: clinical researchers, epidemiological and pharmaceutical researchers, public and health policy makers, politicians, economists, ethicists, lawyers, social scientists, media persons, artists and entertainers. Preda’s position weakens the support for rhetoric being an element of providing social knowledge and how cultural narratives and categories of social thought shape scientific knowledge about epidemics.

The author’s goal of integrating science with sociocultural issues to communicate about AIDS is very helpful for health communication campaigns. This integration will help guide the message and assist in the development of population specific messaging. In an effort to expand and emphasize the importance of integration, the formal integration of the Health Belief Model in the discussion on perceptions of risk by communities would have strengthened this important point.

While a historical perspective is provided, it is very important to note that the author is careful and sensitive in the use and descriptions of African Americans, Haitians and gays. He advocates the necessity to avoid reinforcing stereotypes and the stigma that are generally associated with HIV, AIDS, Haitians and gay communities. In addition, since the inquiry was conducted from a sociological perspective, it would have been helpful for the author in the final chapter titled, In Lieu of a Conclusion to offer specific recommendations beyond the reiterated point that rhetoric matters. A discussion on the role of sociologists, social scientists, and the medical field in AIDS information, education and advocacy for social policies would have been appropriate.

Within the final chapter, Preda does offer useful sexual history assessment questions to the physician that can be applicable to any direct services provider. In addition he calls for “expert democracy” which refers to the conditions under which a genuine dialogue between expert knowledge and con-
cerned social groups can take place in the public sphere." This concept begs the consideration and inclusion of patients and clients as experts of their own lived experiences. The author's acknowledgement of "reflection to bring our own production devices to the surface" is a refreshing, needed and affirming stance if not directive.

The style in which the topic of AIDS is presented by Preda seems best suited for academicians interested in developing theory and logic models for AIDS prevention, education and advocacy. The theoretical framework of the text might be less appealing to direct service workers involved in practice and would be more helpful to those designing the theory that drives practice. Rhetoric is helpful in campaigns on AIDS prevention, but the question remains on how to communicate effectively. This book illustrates how important culture is within prevention and health policies and with respect to how scientific research is organized and funded.

Cudore L. Snell
Howard University


Paul Robinson's *Queer Wars* is the first attempt to present and to critically analyze the rise of gay conservatism in the United States. Measuring conservatism along three axes: (1) politics – gay conservatives repudiate the gay movement's affiliation with the left; (2) gender – gay conservatives seek to rescue gays from their association with "gender deviance" namely, from effeminate men and mannish women (although lesbians are hardly mentioned at all in any of their work) and finally, (3) sexual license – urging gay men in their writing to restrain their erotic behavior. Robinson reviews the work of four gay, privileged, white, Christian, and conservative authors (Bruce Bawer; Andrew Sullivan, Michelangelo
Signorile and Gabriel Rotello) who have largely framed the conservative gay dialogue. While acknowledging their differences, Robinson notes that “they share enough ideological ground to justify grouping them together under the label conservative.” Robinson acknowledges, writing about this group challenges one’s tolerance. To his great credit, he does a excellent job at balancing his own personal distaste for their perspectives, with a skillful analysis of their work grounded in good reasoning and fairness.

Robinson’s book - a very succinct 162 pages - is written in three chapters reviewing the work of these four conservative authors. In Chapter One, Robinson reviews the work of Bruce Bower and his friends but primarily focuses on Bower’s *A Place at the Table*. Bower’s book, notes Robinson, has as its central premise that the gay movement has been hijacked by gay radicals and it has embraced alliance politics – those who believe that the oppression of gays is linked to the oppression of other groups, namely women, trans folks, and people of color communities. Bawer, says Robinson, prefers his gay men to be invisible, and well behaved. Effeminate gay men he believes impedes the acceptance of the larger heterosexual culture from accepting gay men. Bawer’s willingness to say unpopular things, and his skill as a storyteller, notes Robinson, makes him an effective advocate for his cause of conservatism.

Andrew Sullivan is the subject of the second chapter. Arguably the best known of these four, he is a more visible intellectual with, as Robinson notes, “greater intellectual pretensions”. In his book, *Virtually Normal - An Argument about Homosexuality* Sullivan proposes that the reader think about homosexuality in four distinct ways: which he calls the prohibitionists, the conservatives, the liberals, and the liberationists. The remainder of this work consists of examining each of these categories, which Robinson does a remarkable job of synthesizing in his book. Robinson identifies Sullivan as the most political of the gay conservatives examined in his book when viewed through his three axes identified earlier and confirms that like Bawer, Sullivan is critical of the alliance politics mentioned earlier. In his opinions about sex, Sullivan is clearly more to the left of his colleagues. With respect to gender he is somewhere in the middle.
Michelangelo Signorile and Gabriel Rotello are examined together in the third chapter of Robinson’s book. Signorile first made a name for himself by “outing” closeted celebrities and politicians, but yet, Signorile is a conservative by Robinson’s standard. Drugs, steroids, gay male body image and crystal methamphetamines are all explored in Signorile’s work. He is, as Robinson suggests, primarily concerned with the hedonism of the gay movement – particularly the gay male circuit parties - at the expense of abandoning gay politics. Note that women are again completely excluded from this discussion. Although Robinson acknowledges that Signorile would reject his assertion that he is hostile to sex, many would agree that he is. His moral perspective, as defined by Robinson in his analysis, is apparent in both of his works and he is particularly vehement in his discussions about bare backing – the practice of engaging in anal intercourse without a protective condom.

Gabriel Rotello (1994) a journalist for a New York based newspaper, Newsday, is the author of Sexual Ecology. Rotello’s central theme, as explained by Robinson is that the AIDS pandemic was caused by what he calls “anal multipartnerism” – suggesting that the pandemic was the “predictable result of changes in the sexual behavior of gay men. Rotello’s work is, as Robinson says, “a work of prescription as analysis.” The most controversial aspect of Rotello’s book is that gay men cannot rely on condoms as our sole defense against HIV transmission – offering instead that gay liberation must give way to a more restrained style of sexual partnering. Rotello suggests, that gay men need to practice the sort of serial monogamy practiced by lesbians – a self sustaining culture in which people feel socially supported within their identities as gay men to settle down with individual partners for significant periods of time. Embracing a form of monogamy and shunning anal intercourse, unprotected oral sex as alternatives says Robinson, is clearly an argument that is conservative in nature, but nonetheless compelling.

While Robinson’s book is highly recommended reading for those interested in the development of the gay movement, my only criticism of it is his conclusion. In the Epilogue to his book, Robinson extols the virtues of the Showtime TV series “Queer as Folk”. This is a show that chronicles the lives of
several openly gay friends in Pittsburgh. While I was not one of the fans of this show, (and perhaps that is why I was disappointed in Robinson’s use of it as a conclusion), I wished somehow after reading this wonderful book that he had tied together his sharp and clear cut analysis by some other means. Using a TV show to do that seemed to me to cheapen his accomplishment. Despite this however, Paul Robinson’s book *Queer Wars* is excellent reading.

Gerald P. Mallon
Hunter College School of Social Work
With the welfare reforms of 1996, the US government asserted its desire to increase the number of two-parent families and decrease the number of non-marital births with the belief that the increased income associated with many married families would move families off welfare, decrease the welfare rolls, while preventing others from becoming dependent. This is a complex issue. While single-motherhood is widespread among welfare recipients and low-income workers, many of these women are cohabiting with the father of their children while others plan to marry in the future, as found in the Fragile Families and Child Well-Being Study. In light of the continuing policy debate around marriage promotion and family formation it is increasingly important to understand why nonmarital births among the poor are so common.

In Promises I can Keep, Edin and Kefalas present the findings of a study for which they spent five years interviewing 162 low-income mothers in eight poor neighborhoods in Philadelphia and its suburb, Camden, New Jersey. Their goal was, in their words, to paint a portrait of the lives of these women from the early days of their intimate relationships, through pregnancy, and into birth and beyond to tell us why they frequently put motherhood before marriage. The primary point they make is that, contrary to prevailing notions, these women do not devalue marriage, but rather value it highly and do not enter into it lightly.

Overall, this book is an important contribution to the burgeoning literature framing family formation and marriage incentive debates. It offers a perspective that has been missing from the literature by delving into these women's stories, women who are typically the focus of such policy debates, and allowing their voices to be heard. Edin and Kefalas rightly point out that the evidence to date has been largely based on
limited survey data that tells us very little about what will make marriage more likely for low-income single mothers. Through analysis of their extensive conversations with these women, the authors provide an illuminating discussion of why these women are waiting to marry while not similarly waiting to have children. Although Edin and Kefalas meet their goal of giving voice to the life experiences and perspectives of these low-income women, they fall short of fully addressing how this problem might be solved. Further, though the authors state that the life chances for these mothers may not have been improved had they waited to have children, given their early struggles with parents and peers, their depression, school failure, and alcohol and drug abuse, they state that early births to poor, unmarried mothers are detrimental to the life chances of their children. This point bears further discussion, for it would help to explain why programs and policies should be developed to improve the chances of these children and to prevent such early childbearing. Nevertheless, those interested in gaining a new and deeper understanding of these issues will find this book a rich and rewarding read.

Allison C. De Marco, University of California, Berkeley

Alison Clarke-Stewart and Virginia D. Allhusen, What We Know About Child Care. Cambridge, MA: Harvard University Press, 2005. $45.00 hardcover.

During the last of century, the proportion of women engaged in regular wage employment in the industrial countries has increased exponentially. Although this does not mean, as feminist writers have pointed out, that women were previously economically inactive, it has imposed far greater pressures on women, and particularly on mothers, who now have to cope with domestic as well as employment demands. One of these pressures concerns childcare. It was previously expected that middle-class women would assume responsibility for childcare, and that men would fulfill cultural expectations
as breadwinners but the rapid increase in women's participation in wage employment has challenged many families. Single mothers and those on low incomes face particular difficulties. Few can afford the services of commercial childcare providers and many struggle to meet the often conflicting demands of employers and the needs of their children.

As the authors of this engaging book contend, childcare remains a major challenge for many families. Even though most reasonable people would agree that government has a critically important role to play in ensuring that young children are adequately cared for while their parents fulfill the work expectations imposed on them by modern societies, it is, as the authors point out, a challenge that policy makers have failed to address in a coherent fashion. The book is wide-ranging, covering a number of topics related to childcare services in the United States today. These include an interesting history of the evolution of childcare and a thorough analysis of the country's current childcare provisions. Although these provisions include informal childcare arrangements as well as formal day care services, most of the book focuses on the formal sector and on its funding and statutory regulation. A major part of book is concerned with research into childcare. The authors review a large number of studies on the effects of childcare on young children and on the factors that constitute quality care. The book concludes with a discussion of the need for a more systematic policy approach to childcare and for improved access to quality childcare for low-income families. Proposals for more effective research into day care issues are also provided.

This is a readable and useful book which contains a wealth of helpful information not only for academics and professionals concerned with childcare issues but for parents as well. Indeed, at times the book reads like a manual for parents wishing to have more information on the topic but it also contains solid statistical data on childcare services in the United States as well as a thoughtful analysis of the issues. It has obvious implications for social policy and social work and will be a major resource for social workers, administrators and social policy makers concerned with child and family welfare issues today.
The great globalization debate has now been raging for more than a decade but there is little consensus among social scientists about its benefits and disadvantages. While those of a neoliberal persuasion believe that globalization is fostering trade and economic growth and raising living standards for people in many parts of the world, globalization’s critics contend that these improvements are concentrated in a relatively few countries and, to make matters worse, are being accompanied by declining standards of living for people in other parts of the world. This argument is most pertinent to the issue of deindustrialization in the Western countries where, it is claimed, the outsourcing of jobs to countries with low wages and limited employment regulation is destroying traditional industrial manufacturing jobs, increasing the rate of unemployment and causing real hardship among families who previously worked in the manufacturing sector in these nations.

This issue is the focus of Stanley Aronowitz’s new book which questions the view that the export of manufacturing jobs from the United States only causes temporary and minimal dislocation as new, high-tech and knowledge-based employment opportunities expand. This view is widely held among neoliberal economists, corporate elites and members of the Bush administration who contend that capitalism involves a dynamic process of creative destruction in which relentless innovation replaces outmoded economic activities with new, wealth creating forms of production. Aronowitz recognizes that recent gloomy predictions of economic stagnation have not been accurate, and that the American economy has revealed an extraordinary capacity over the last decade to maintain steady rates of economic growth despite periods of adversity. But he questions the optimists who believe that economic growth inevitably involves the creation of new, high-paying jobs and improvements in standards of living for all. In a meticulously researched analysis, he shows how the history of American economic development over the last two decades has been decidedly mixed, producing a complex pattern in which a sizable
proportion of hard-working Americans have experienced stagnating or declining real incomes while another group of highly qualified and skilled workers have enjoyed improvements in standards of living. In addition, those with sizable assets have benefitted enormously as a result of booming investment opportunities and significant tax cuts. Globalization, outsourcing and creative destruction has not, he contends, brought the promise of prosperity to the great majority of the population.

Aronowitz writes well and makes a persuasive case that will no doubt be challenged by mainstream neoliberal economists. But it will be difficult to undermine the solid empirical data he has amassed to show that the problem of economic growth without sustainable and remunerative employment presents a huge challenge for the future. As many more families experience economic hardship and struggle to make ends meet, the paradox of jobless growth accentuates the wider problem of distorted development and demands a concerted policy response. Hopefully, his call for action will mobilize support from social workers and others who are aware of the glaring problems of poverty and deprivation in American society today.


Historically, scholarship examining cross-national drug policy has been limited to the countries of North America and Western Europe. Recently, comparative drug policy has expanded to include less studied parts of the world, such as South America, Russia, and the Middle East. This expansion has allowed researchers to begin the process of synthesizing drug policy information as well as understanding the diverse social, cultural, and political responses to illicit drug use from around the world. Unfortunately, barriers to reliable research such as incomplete and poorly collected data have hampered efforts to effectively compare cross-national drug policies.
In this book, Roman, Ahn-Redding, and Simon present a compendium of comparative drug policy information from twenty-four countries around the world. The countries represented are quite diverse, ranging from the typical United States, Great Britain and the Netherlands to less well documented locations such as Nigeria, Costa Rica, and Israel. Each chapter is organized with a brief description of each country’s demographic, criminal justice, drug use, law enforcement, and existing drug policy information. In this work, the authors focus primarily on cannabis, cocaine, and heroin; and the information on “trafficking” is limited to intra-country low-level drug sales between individuals rather than international drug sales related to illicit criminal organizations.

_Illicit Drug Policies, Trafficking and Use the World Over_ is a book that leaves the reader wanting more. While the work is rich in its breadth, it is fairly modest in its detail; most chapters are less than eight pages in length. It would be easy to criticize the authors for a lack of depth if they did not explicitly state that the intent of this book is simply to encourage readers to pursue further examination of their own cross-national drug policy interests. To this extent, the authors are successful. The information in this text is interesting and informative. However, if readers are interested in comparative drug policy analysis or an interpretation of cross-national drug policy, they will be disappointed. The text offers virtually no direct comparison of drug policy information between countries but merely presents descriptive information related to each country’s drug policy experience. The authors leave it up to the reader to make comparisons. Another concern for readers is the quality of data from some of the countries studied. While the authors are forthright in recognizing the dubious nature of some of the information presented, these admissions do not necessarily compensate for questionable results. Consequently, some of the information provided must be regarded with a degree of caution.

Sean R Hogan, University of California, Berkeley
Sofia Gruskin, Michael A. Grodin, Groege J. Annas and Stephen P. Marks (Eds.), *Perspectives on Health and Human Rights*. New York: Routledge, 2005. $ 95.00 hardcover, $ 34.95 papercover.

It is only in recent years that the relevance of human rights for social welfare has been systematically examined in the fields of social policy and social work. Because scholars working in these fields have narrowly associated human rights with civil and political issues, the social welfare implications of human rights have been neglected. However, in more recent times the importance of international human rights instruments for mainstream social welfare concerns has gradually been recognized. Drawing inspiration from the Universal Declaration of Human Rights and from subsequent instruments such as the International Covenant on Social, Economic and Cultural Rights, many more social policy and social work writers now stress the idea that adequate housing, access to employment, social security protection and healthcare are fundamental human rights that should be central to government social policy making.

On the other hand, the notion of the right to health has been quite extensively discussed in public health and medical circles over the years. Many of the issues raised in the health field have relevance to social welfare. This book addresses many of these issues. It contributes to the ongoing debate on human rights and health care and, by focusing on many of the complex issues related to the right to health, it offers useful insights into the way human rights ideas can be incorporated into social policy. The book is an edited collection comprised of no less than twenty nine chapters covering approximately 600 pages, and it is packed with interesting and important material. The editors have divided the material into eight parts that contain chapters dealing with topics such as the links between health and human rights; human rights and sexual and reproductive health; human rights and violence; human rights and emerging technologies; human rights, health and development; and ways of mobilizing popular support for human rights in the health field.

Like many other edited collections, the material is
uneven and at times repetitive. Nevertheless, the book contains many valuable contributions. Some of the chapters discuss the legal basis for health and human rights and these will be particularly useful to those who are not familiar with the issues. Other are forward-looking examining, for example, the role of human rights in cloning and genetic manipulation. Some of the chapters present country case studies designed to examine the interaction of health and human rights. These chapters present very concrete examples of the need for a human rights perspective when addressing health issues such as maternal mortality, HIV/AIDS and the role of health professionals in executions in the United States. The chapters dealing with the teaching of human rights in the health education, and the measurement of human rights will be of particular value to social policy and social work researchers. This book is an essential resource for anyone interested in the interface between human rights and social welfare, and it should be widely consulted.


Tim Edensor believes that most of us see industrial ruins as places which have outlived their usefulness and become dangerous eyesores. He sees them in a far more positive light. They are not only a useful commentary on the failure of the promises of capitalism, but also a source of many unexpected benefits. Ruins offer shelter to homeless humans, sanctuary to animals whose natural habitat is being destroyed, stage sets for post-apocalypse movies, and playgrounds for adventurous children and adults. They are salutary counterpoints to the homogeneity, predictability, and control that the rest of the built environment imposes upon us. They embody the memories of past struggles, accomplishments, and defeats of the people who once moved within these spaces. For the student of social welfare, industrial ruins catalogue many deficiencies and needs in modern society. If they didn’t exist, we would either have to invent them or alter the system that uses them as safety valves.

Ruins also offer opportunities for adaptive reuse and
historic preservation. On this, however, Edensor is ambiva-
lent. He says it is "cranky" to nurture decay, but gentrifica-
tion serves parasitic developers; and preservation, because it
is selective, falsifies history. Too often, the "heritage indus-
try" promotes "memory drenched in masculinised ideologies."
"Expert" interpretations brush aside diverse individual mem-
ories that may well conflict but still provide a truer account of
these places. Edensor overlooks the fact that these folk remem-
berings are often the sources of the masculinised ideologies in
the first place. He might take a look at the folk vs. expert ac-
counts of the Alamo or Culloden Moor.

There are certain contradictions in the argument. Ruins
may indeed offer a critique of the "capitalist myth of endless
prosperity," but are they critiques of capitalism? If capital-
ism did not provide ruins, Edensor would not be able to write
this worthy celebration of their manifold contributions to our
quality of life. One might argue from the evidence of this book
that capitalism is a fruitful dialectic of order and disorder, mo-
notony and diversity.

If one sees ruins as ugly and dangerous places without
use or value, this book will be an eye-opener. If one already
has some appreciation for their pleasures and lessons, it will
seem twice as long as it needs to be. There are a few too many
rants against commodification, laundry lists of artifacts, and
rhapsodic descriptions of the sights, textures, smells (and
risks) of strolling through ruins. The basic arguments, which
are not all that complicated, are repeated several times. The
prose makes it seem even longer, strewn with complex sen-
tences, rambling paragraphs, and overwrought words like
proformativity, scopic, hideosity, mediatisation, alterity, and
affordances. Innocent nouns, verbs and adjectives are tortured
into service as other parts of speech. Foreground, used as a
verb, is a favorite; something is foregrounded almost every
third page. Repetitive or not, this book raises important issues
and, for some will provide a revolutionary perspective. One
needn't read every word to get the point, and the point is well
worth getting.

Robert Leighninger, Arizona State University
CORRESPONDING AUTHORS

Darrel Montero  
Arizona State University  
School of Social Work  
P. O. Box 870603  
Tempe, AZ 85287  
darrel.montero@asu.edu

Terry Koenig  
University of Kansas  
School of Social Welfare  
1545 Lilac Lane  
Lawrence, KS 66044  
tkoenig@ku.edu

Phu Tai Phan  
College of St. Catherine  
University of St. Thomas  
School of Social Work  
2004 Randolph Ave.  
St. Paul, MN 55105  
ptphan@stkate.edu

Miu Chung Yan  
University of British Columbia  
School of Social Work & Family Studies  
2080 West Mall  
Vancouver, BC Canada V6T 1Z2  
miu.yan@ubc.ca

Angela Curl  
Case Western Reserve University  
Mandel School of Applied Social Sciences  
10900 Euclid Ave.  
Cleveland, OH 44106-7164  
alc13@case.edu

Vincent Faherty  
University of Southern Maine  
School of Social Work  
P. O. Box 9300  
Portland, ME 04104-9300  
faherty@usm.maine.edu

Madhavappalli Thomas  
California State University, Bakersfield  
Department of Social Work  
9001 Stockdale Highway  
Bakersfield, CA 93311-1099  
mthomas5@csub.edu

Luisa S. Deprez  
University of Southern Maine  
Department of Sociology and Women’s Studies Program  
P. O. Box 9300  
Portland, ME 04104-9300  
deprez@maine.edu
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Contact Person:
Frederick (Fritz) MacDonald, Ph.D.
Managing Editor
Journal of Sociology and Social Welfare
School of Social Work
1903 W. Michigan Ave.
Kalamazoo, MI 49008-5354 USA
Tel: 269-387-3205 Fax: 269-387-3217

INSTRUCTIONS FOR AUTHORS
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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.

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Submit manuscripts to: Robert Leighninger, School of Social Work, Arizona State University, P.O. Box 871802, Tempe, AZ 85287-1802. Send three copies together with an abstract of approximately 100 words. Since manuscripts are not returned by reviewers to the editorial office, the editorial office cannot return them to the authors. Submission certifies that it is an original article and that it has not been published nor is being considered for publication elsewhere. Receipt of manuscripts will be acknowledged by email.

Progress reports can be obtained by emailing the editor at rleighn@asu.edu. Reviewing normally takes 120 days.

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Articles should be typed, double-spaced (including the abstract, indented material, footnotes, and references) on 8½ x 11 inch white bond paper with one inch margins on all sides. Tables may be submitted single-spaced. Please provide a running head and keywords with manuscript.

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Overall style should conform to that found in the Publication Manual of the American Psychological Association, Fifth Edition, 2001. 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 references. 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.

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Please use gender neutral phrasing. Use plural pronouns and truly generic nouns ("labor force" instead of "manpower"). 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.

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