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Social Integration of Deserted Mothers

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SOCIAL   INTEGRATION

OF   DESERTED   MOTHERS

by

Monte F. Schooley

UMI Number: EC56368

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Dissertation Publishing

UMI EC56368

ProQuest®

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Introduction

    The social problems which deserted mothers who are in receipt
of Family Benefits experience has been a major concern of personnel in
the Ontario Department of Social and Family Services for several decades.
Their primary concern of the past has been that of ensuring the mothers
adequate financial resources with shich to purchase the necessities of
life. Changes in legislation have reflected this concern, and with the
recent passage of the Family Benefits Act, 1967, deserted mothers are
assured of adequate finances with which to purchase their basic needs.

    With the basic requirements of food, shelter and clothing
being assured to deserted mothers we can turn to other fundamental needs
which have, in the past, often been obscured by the mother herself in her
concern for material needs. The practitioner also, often by necessity,
has concentrated on obvious needs. Rosow comments:[1]

        "Hence, by concentrating on concrete material problems,
        practitioners can avoid thinking about subtler social
        needs that are less apparent and harder to manage, but
        equally compelling."

    Deserted mothers' problems are quite diverse and in contrast
to some of the more obvious problems are the social problems they face.
These problems primarily concern their social participation in the com-
munity, and the consequences of their present circumstances which are
loneliness, isolation and alienation. The primary concern of this research
design is that of social integration of deserted mothers.

_____

        [1]Rosow, Social Integration of the Aged, 2.

Social Integration: A Conceptual Framework

Social integration as a concept has two different referents,
that of the total social system and that of the individual member. The
former involves the network of interrelationships and connections between
the various institutions and sub-systems while the latter deals with how
the individual member ties into the social system.[2] Rosow suggests:[3]

> "The integration of individuals into their society results
> from forces which place them within the system and govern
> their participation and patterned association with others.
> This network of bonds has three basic dimensions: 1) social
> values, 2) social roles, and 3) formal and informal group
> memberships. Thus people are tied into their society essen-
> tially through their beliefs, the groups that they belong to,
> and the positions they occupy."

In applying these three basic dimensions to mothers who have been deser-
ted it would appear that there are significant variables which influence
the network of bonds governing their social integration.

Social Values

The first basic dimension governing the deserted mothers' social
integration is that of social values. There is little evidence to suggest
that deserted mothers have a set of beliefs which differ from the beliefs
of others in the community. The values of our society, however, result
in significant changes in the intra-psychic makeup of the mothers which
in turn decreases their ability to participate in the social life of the
community.

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[2] Rosow, _Social Integration of the Aged_, 8.

[3] _Ibid._, 9.

These mothers already labour under a load of guilt and feelings
of failure deriving, in part, from the value our society places on inde-
pendence, self support, and a successful marriage. They have been ex-
posed to betrayal by their husbands desertion. The anticipation of
emotional fulfillment and psychological support inherent in marriage,
which is not fulfilled furthers their self-debasement.[4] For these mothers,
fear, hatred and distrust block the impulse to self-betterment.[5] Feelings
of inadequacy, inferiority and distrust result in their withdrawal from
active participation in their social environment.[6]

Prejudice in the community decreases their opportunity to par-
ticipate. Often they are stereotyped as immoral, irresponsible, unstable,
helpless and inadequate.[7] Not only does the stereotype engender rejection
by the community but also the mothers, imbued with the religious beliefs
about marriage, and the high value our society places on the family unit,
tend to reflect on their position in relation to these beliefs and values.
Their guilt and sense of worthlessness is thereby increased to the point
where their behaviour often invites rejection.

Some public welfare workers have suggested that a particular
syndrome seems to characterize the mother who is supported by public
assistance and who lives alone with her children and cares for them

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[4]Cohen, "Social Work and the Culture of Poverty", Social Work
IX (1964), 9.

[5]Setleis, "Civil Rights and the Rehabilitation of AFDC Client,
IX (1964), 3-9.

[6]Wiltse, "General Principles Underlying the Use of Groups" in
Fenton and Wiltse (eds.), Group Methods in the Public Welfare Program, 36.

[7]Harris, "Parents Without Partners, Inc.: A Resource for Clients",
Social Work, XI (1966), 94.

unassisted by their father. They suggest the three major symptoms in this syndrome are depression, isolation, and low self-esteem which reveal the woman's reaction to herself, her life, and her status in the community.[8]

Social Roles

The second basic dimension governing the mothers' social integration into the community is that of social roles. The major social role loss is that of marital status which cannot be based on the assumption that it is definitive. Her opportunities, therefore, of making new arrangements are decreased as she must always keep in mind the possible return of her husband. Frequently there is residual conflict with the spouse which causes continuing strain, thus decreasing her capacity for meeting her own needs as well as those of her children. The mother is not only deprived of the emotional fulfillment and psychological support that marriage gives but the loss of a major institutional role implies some change in the extent and nature of her activities.[9]

For most mothers who have been deserted there is a substantial change in their income related role. The decrease in income often forces their re-location to less adequate housing accommodation. The mother's previous life style and social class roles suffer from the sacrifices which lower income imposes on them. No matter how modest their scale of activities are, they involve some expenditure of money such as carfare,

[8]Bell and Caplan, "Public - Voluntary Sponsorship of a Mother's Group", Social Casework, XLV (1964), 21-25.

[9]English, "The Psychological Role of the Father in the Family", Social Casework, XXXV (1954), 325.

refreshments when entertaining, and cost of tickets to movies. This factor alone might constitute a formidable barrier to their social integration.

The relationship of social participation to low income has been researched by several writers. Mather found that in every type of group without exception the membership of the low income class was markedly lower than in other income classes.[10] The studies of Anderson[11] and Axelrod[12] support Mather's findings. Anderson also concluded there was restricted participation in neighbouring, little reading, little use of the museum, theatre and other cultural facilities by low income families.

Group Membership

The patterns of association among women are conditioned primarily by their marital status. When the marital tie is severed by desertion there are decreased opportunities to maintain present relationships and to engage in new ones. Deserted mothers are placed in an undefined role where they no longer fit into a society where people attend social functions in pairs.

> "Social life for adult members of family groups ordinarily
> is organized for couples and rarely, it appears, does the single
> parent find herself included in the social activities of the
> married group. On these occasions not only is she likely to

[10]Mather, "Income and Social Participation", American Sociological Review, VI (1941), 380-83.

[11]Anderson, "Family Social Participation and Social Status Self-Ratings", American Sociological Review, XI (1946), 253-58.

[12]Axelrod, "Urban Structure and Social Participation", American Sociological Review, XXI (1956), 15.

feel like a 'fifth wheel' but to sense that her presence is apt to case some discomfort over the group whose homogeneity has been disturbed."[13]

Phillips in studying the relationship between self-reports of happiness and voluntary social participation concluded that self-reports of happiness were highly correlated to social participation.[14] He argued that this relationship emerges from the fact that positive feelings are directly correlated with social participation. Anderson in a study of social participation and social status self-ratings stated:[15]

"Family social participation, it appears, is not only the result of status reactions on the part of the community members, but is also the result of the opinions families hold concerning their own position in the community. The evidence suggests that families accept for themselves a status position and participate in accordance with their self-judgements."

Summary

To summarize the general implications of this background study of deserted mothers it can be said that, although they share the central beliefs of society, their social integration is impeded because of some of the prejudices and stereotypes which are held by many in our society. Perhaps that which is most significant is the poor self-image they have of themselves which limits their social participation. Their loss of the

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[13]Freudenthal, "Problems of the One Parent Family", Social Work, IV (1959), 45.

[14]Phillips, "Social Participation and Happiness", American Journal of Sociology, LXXII (1967), 487.

[15]Anderson, 258.

major social role of wife, their income role their feelings of guilt and other barriers against participation are all dynamic factors which undermine their social integration. They become marginal participants often rejected and ignored by former friends and with little gain in friendship to supplement the loss.

Participation and Our Value System

Participation is vital to our democratic way of life and basic to the strengthening of the family. Murray Ortoff, writing of mothers receiving ADC, states:[16]

> "Many are involved and integrated into the community through community institutions and their programs and activities. Efforts on our part to enable and encourage more of our families to tie into the community can be a major factor in stabilizing families and strengthening family relationships."

Anderson comments:[17]

> "If people in our society do not participate because they accept inferiority then the democratic process will have difficulty in operating. One of the practical problems becomes, under these conditions, how can organizations get willingly subservient people who exhibit a mass inertia to become active in programs."

To promote wider social participation of deserted mothers is first and foremost a problem of helping them overcome attitudes toward themselves and the community which block participation.

---

[16]Ortoff, "Group Services to Families Receiving ADC", Child Welfare, XLI (1962), 118.

[17]Anderson, 253.

Group Process as a Means to Change

How can we best help these mothers overcome attitudes toward
themselves and the community, which impede their social integration?
Sherif believed that group interaction is the major determinant in
attitude formation. In Klein's citation of Sherif, she writes:[18]

> "As man passes from one group situation to another, he reacts
> to the demands, pressures, and appeals of new group situations
> in the terms of the person he has come to consider himself to
> be and aspires to be. He (Sherif) has also stated that numer-
> ous studies of both psychologists and sociologists have shown
> that the major sources of the individuals attitudes are the
> values or norms of his reference groups, and these constitute
> the major anchorages in relation to which his experience is
> organized. Personal conflict, uncertainty, or insecurity
> follow lack of stability in reference groups."

Wilson and Ryland are of the belief that:[19]

> "Groups are the media through which 1) individuals achieve
> personal and social satisfactions and goals; 2) individual
> and social norms are changed; 3) controls in society are
> maintained; and 4) society passes on its customs, norms and
> values."

Wiltse commenting on the use of groups in public welfare sug-
gests that within the well conducted small group there is the best possible
medium by which one can escape from his psychological insularity and
reduce his sense of loneliness. He concluded that:[20]

> 1) In all studies of the use of group methods, authors report
>   a noticeable decrease in evidences of apathy and depression,
>   and more awareness and interest in self and others.
> 2) Developments in personalities were accompanied by improve-
>   ment in resolving other problems in their lives.
> 3) There were improvements in health.
> 4) There was a better understanding of agency policy and procedure,

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[18]Klein, _Adult Education and Treatment Groups in Social Agencies_, 15.

[19]Wilson and Ryland, _Social Group Work Practice_, 36.

[20]Wiltse, 42-44.

and a better relationship with the department.
5) The clients relationship with other agencies in the community was enhanced and the participants were more able to visit schools and request conferences regarding their children's progress.

The group is a social laboratory where members are enabled to take their first step toward increased participation. How then, can the most effective program of group treatment be assured to deserted mothers? Litwak suggests voluntary associations are generic for quick social integration. He suggests a stranger has difficulty initiating contact with friendship groups and will usually wait for an invitation. In voluntary associations one is more free to become a member. He proposes that voluntary associations deal with issues that are local and relevant to primary groups, thus making it easier for a stranger to learn the norms of the group, prior to making contact.[21]

Formulation of and clarification of Hypothesis

If the assumption that Litwak sees as applicable to strangers moving into the community is also valid for deserted mothers we should utilize voluntary associations for their social integration. This leads the writer to the following hypothesis: deserted mothers' social integration is directly related to their participation, as a group, in voluntary associations during the process of group treatment. This means the mothers' social integration will be positively correlated with their participation, on a group basis, in voluntary associations.

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[21]Litwak, "Voluntary Associations and Neighbourhood Cohesion", American Sociological Review, XVI (1961), 258-71.

Major Variables in the Hypothesis

Social integration is the major dependent variable. The empirical referents used to measure social integration will be membership in informal and formal organizations, neighbourliness, attendance at movies and other derivative participation.

Participation, as a group, in voluntary association is the experimental variable. This means the group members will attend the meetings held by various voluntary associations in their community. Attendance is to be on a group basis and a record will be kept of their during the last six months of group treatment.

Purpose of Research

The primary research purpose is to measure changes in the social integration of groups of deserted mothers and to relate the changes to the variance in the group treatment method. The secondary objective is to measure changes in the social integration of the participants and relate the changes to the two different treatment methods; the group therapy approach and the casework approach.

Definition of Terms in the Hypothesis

Social integration implies participation in all social groups from the most informal friendship group to the more formal institution. It also implies derivative participation such as attending the movies, or reading a magazine or book.

Participation as a group means each experimental group will be involved, on a group basis, in voluntary organizations.

Group treatment implies a systematic way of working with people in groups where the group therapist guides the individuals in discussion and program activitites so as to enable the members to relate to each other in the group. Growth and development, and attitude change are brought about through membership in the group under the goal directed guidance of the group therapist. Group treatment has a dual purpose of individual and group growth where the group is used by the worker to facilitate treatment goals.[22]

A group is composed of two or more people who are in face to face interaction and who are conscious of one another and their relationship to one another. The groups in this design are composed of ten members.

Voluntary associations are groups which are organized for the pursuit of some interest, where membership is on a voluntary basis. For example, the Parent Teachers Association.

Selection of Sample
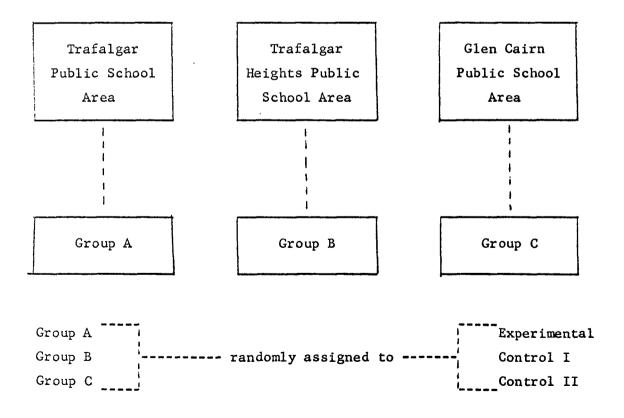
The project population will be selected from all deserted mothers who reside within the geographical boundaries of East, South, and Central London, as delineated by nine public school areas. The writer chose the above areas because their demographic characteristics are representative of other areas in the city, as well as other

---

[22] Trecker, Group Services in Public Welfare, 6.

municipalities with a population of 100,000 or more. By selecting the sample from three areas of the city, the research will be more meaningful in terms of comparing the levels of social integration in the different sections. As there will be three groups chosen from each section of the city, making a total of nine groups, the need to assess variations among the areas is reduced. The rationale in selecting each group from a public school area is to enable the group therapist to involve the experimental group in school issues.

Sample Selection: East London*

Trafalgar Public School Area	Trafalgar Heights Public School Area	Glen Cairn Public School Area
Group A	Group B	Group C

Group A
Group B -------- randomly assigned to ------- Experimental / Control I / Control II
Group C

*   Sample selection from South and Central London, and assignment of groups, will be completed by the same method.

All the desertion cases in the nine areas will be drawn from the master index at the Regional Office of the Department of Social and Family Services. The case files will be scanned to obtain the study population. Selection will be on the basis of the following criteria.

1. The family will consist of a mother with one or more dependent children attending public school.

2. The mother must be reasonably articulate and free of any gross physical or mental handicap.

3. A minimum of one year's residence in the present location is required.

4. The father has been absent from the home for one year or more.

Ten mothers will be chosen from each of the nine areas on the basis of the above criteria, giving a representative sample or ninety mothers, thirty from each of the three geographical areas. The three groups of ten mothers in each school area will be randomly assigned to the experimental group, control group I, and control group II. Random selection is chosen so that any tenuous, undefinable variables will be controlled. Systematic error is eliminated through distribution, thus having minimal effects upon the findings.

Treatment Approaches

Experimental Group

Phase I: The focus in this phase is to be on relieving anxiety, lessening guilt feelings, helping the mothers overcome their hostility toward departmental rules, and helping them to understand their role as a mother. To a large extent the content of phase I will be based on the unfolding of the problems the mothers bring to the group setting.

Phase II: The therapist in this phase will encourage
the mothers to focus on their rights as individuals, and
on attitudes toward significant people in their lives, and
in their present environment. They will be helped to per-
ceive of themselves as important people who have a great
deal to offer the community.

Phase III: Beginning at the sixth month the curriculum
will focus on plans for member involvement in voluntary
associations. The members will be given encouragement
and support to participate on a group basis. The activ-
ities will depend upon the interests of the members,
however, considerable encouragement is to be given to
the members to attend the P.T.A. and other local interest
associations. Participation in these associations will
be in lieu of the regular group meeting. The following
week the therapist will focus on the members reaction to
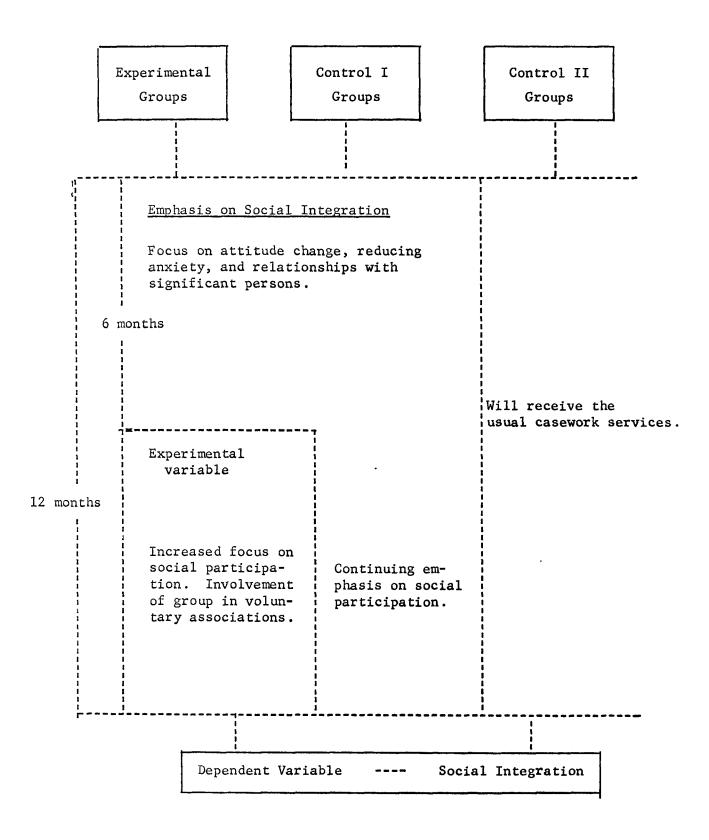participation.

Control Group I

Phase I and phase II: These phases are to have the same
content and focus as phase I and II in the experimental
group.

Phase III: The therapist will encourage discussion of
social participation in this phase. As in the experi-
mental group, support will be given to the members to
participate in voluntary associations. When members par-
ticipate the therapist will elicit their feelings about
their involvement. Regular weekly group meetings will be
held during this phase.

Control Group II

The members in control group II will continue to receive
the usual casework services throughout the research pro-
ject. The only factor relating to social integration which
will concern them is the questionnaire which they are to
complete.

Treatment Approaches

| Experimental Groups | Control I Groups | Control II Groups |

Emphasis on Social Integration

Focus on attitude change, reducing anxiety, and relationships with significant persons.

6 months

Will receive the usual casework services.

12 months

Experimental variable

Increased focus on social participation. Involvement of group in voluntary associations.

Continuing emphasis on social participation.

Dependent Variable ---- Social Integration

Measuring Instrument

One instrument to be used in measuring social integration is The
Guttman Scale For Measuring Women's Neighbourliness.[23] The scale consists
of a series of items which were found to be unidimensional when tested
with samples of responses from women in a small town and a large city.
Wallin states the scale can be utilized for investigating factors account-
ing for individual differences in neighbourliness. The twelve items on
the scale were tested for unidimensionality and the coefficient of repro-
ducibility was found to be 0.91. The scale is considered to have a face
validity.[24]

The responses to each of the questions indicative of greater
neighbourliness are shown by the letters GN; the responses indicating lesser
neighbourliness are shown by the letters LN. The scale items may be scored
by counting each GN answer as 1 and each LN answer as 0. The possible
range of scores will be 13 to 0.[25, 26]

As the above mentioned instrument measures women's neighbour-
liness only, the writer has devised another instrument which will measure
formal and derivative participation. Thirteen questions have been form-
ulated.[27] The responses to the questions which indicate high formal parti-
cipation are shown by the letters HFP; those responses indicating low
formal participation are designated by the letters LFP. The derivative
participation is scored in the same manner; high derivative

[23]Wallin, "A Guttman Scale for Measuring Women's Neighbourli-
ness", American Journal of Sociology, LIX (1959), 243-46.

[24]Wallin, 244.

[25]Wallin, 243.

[26]See Appendix III for scale items and responses.

[27]See Appendix IIIA for scale items and responses.

participation is indicated by the letters HDP; responses indicating low
derivative participation are shown by the letters LDP.

The score items can be scored by counting each HFP answer as
1; each LFP answer as 0; each HDP answer as 1; and each LDP answer as 0.
The possible range of answers will be 13 to 0. The Guttman scale and
the scale devised by the writer will be administered to the respondents
as a single questionnaire thus giving a possible range of scores from
26 to 0.

Administering the Questionnaire

The questionnaire will be completed by the experimental group
and control group I during the first group meeting. Control group II
will complete the questionnaire at approximately the same time on an
individual basis. The rationale in having the questionnaire answered
in the group are: (1) it saves time and allows for better clarification
of the questions and (2) it will encourage the groups to focus on
social integration at the beginning session.

The questionnaire is to be administered to the experimental
and control group I at approximately the sixth month of group treatment.
The response will permit the measurement of social integration prior to
introduction of the experimental variable. A third response will be
obtained from all the participants when group treatment ceases at the
end of the twelfth month. The final response will be a follow-up study
obtained one year after group treamtent ends. This will measure the
long term effect of the various treatment approaches.

Chart For Tabulating The Changes In

Social Integration[28]

	Experimental group	Control group I	Control group II
T_1			
T_2			////////
T_3			
T_4			
Change T_2			
Change T_3			
Change T_4			

The researcher expects the degree of social integration in the experimental group, control group I, and control group II to be approximately the same at T_1 and T_2. The results of the measurement at T_3 should indicate significant differences in the level of social integration. The investigation plans to use a statistical test of significance at the .05 level to see if the variables in the hypothesis are related significantly.

---

[28]The questionnaire will be administered four times: Time 1 (T1) at the beginning of group treatment; Time 2 (T_2) after 6 months of treatment and prior to the introduction of the experimental variable; Time 3 (T_3) at the conclusion of group treatment and Time 4 (T_4) will be a follow up questionnaire administered one year later.

The Role of the Group Therapist

The group therapists role is a generic one which will change
with the focus of the curriculum and responsiveness of group members.
He will assist the members to develop individual responsibility and skills
in participating. He will help them recognize and deal with their limi-
tations, as well as interpret their needs to the proper authorities such
as school officials, ministers, and court officials. The therapist will
guide the members in discussion and program activities so as to enable
them to relate to others in the group and in the community. He will be
a stimulator and a prodder encouraging member involvement in the community.

Requesting the Participation of the Mothers.

The writer is sending a letter to the mothers inviting their
voluntary participation in the project.[29] Each mother who responds posi-
tively will be interviewed, at which time the necessary details of the
research will be explained to her. Should the mother agree to participate,
an individual intake interview will be arranged to help her prepare to
use the group as a treatment medium, and to establish a positive client-
worker relationship. Members of control group II will not be involved in
an intake interview.

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[29]See Appendix I for draft of letter.

Staffing

A group therapist who has obtained his Master of Social Work degree will be assigned to the six groups, and will work full-time on the project. Because of the heavy demands a caseload of sixty will make on on worker, not only in the therapy setting, but also at staff meetings etc., the researcher feels justified in assigning a part time worker to the project. The part-time worker will have extensive knowledge of the community, and its resources and will assume some of the more routine tasks. He will work on the project three days per week.

Recording

Evaluation of a research project depends upon the availability of information which is meaningful, accurate and objective. Planning for further research and for the provision of effective social services also depends greatly on the availability of accurate information.

Although the purpose of this project is to measure social integration the recording form being used by the researcher will give a clearer picture of the types of problems the deserted mother faces, as well as assist in evaluating the changes in social integration.[30] To facilitate recording and evaluation a code system will be used.[31]

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[30]See appendix II for project recording form. This form is an adapted version of the recording form used in the area Development Project, Vancouver. Integrated Family Services, Progress Report, Appendix I.

[31]See appendix IIA for code system. The code is adapted from the coding system used in the area Development Project, Vancouver.

Obtaining Departmental Approval

A memorandum will be sent to the Director of Field Service so that consideration may be given toward the implementation of the research design. The request, along with a copy of the design, would be forwarded to a research consultant for appraisal and suggestions. The consultant would advise:

      (1)   on the feasibility of the research project, and
      (2)   it's priority.

As the research project will require a research consultant on a part-time basis as well as two social work staff personnel (one on a full-time basis and one on a part-time basis) the availability of staff for the project is a major consideration. Related to the staff problem is the estimated cost of $54,000 to carry out the research. Another consideration is that of the treatment method used. Presently the Department of Social and Family Services use the casework method. The acceptance, by the administration, of the group method approach could pose some difficulties. However, a rational for measuring the effectiveness of the two treatment approaches is built into the research design; this factor plus the increasing acceptance of the groupwork approach in welfare agencies would be an inducement for a favourable decision.

Limitations of the Research Design

1. One limitation of the design derives from the deserted mothers' attitude toward the department and their preoccupation with the problems of living. These factors, plus the difficulties of getting together, finding a time when the mothers are free, and arranging for

the care of pre-school age children are concerns which would militate against obtaining the desired number of respondents.

2. The "response set" of the mothers in the experimental and control groups should be considered in the evaluation of the results. With the major emphasis on social integration in the group sessions, it is expected that the members' responses will bias the results.

3. There is no way in which such extraneous variables as gifts of money from relatives or friends can be controlled. This would enhance the participant's income related role and likely result in increased participation.

4. The design does not measure the participants association with male friends. The mothers, however, would hesitate to volunteer such information because of moral restraints and misconstrued departmental regulations.

5. The questionnaire dealing with formal and derivative participation has not been tested for reliability. The Guttman scale will, however, serve as a measure for comparison.

6. The paucity of voluntary associations in the community which would attract the members could be another limiting factor.

7. The restrictions imposed by their income related role plus involvement in group treatment might deter against further formal and derivative participation during the period when group treament is in process. This factor should not limit their social participation as measured by the Guttman scale, however, the follow up questionnaire might be a better indicator of any increase in social integration.

Implications of the Research

If the hypothesis is confirmed and a positive correlation exists between social integration and membership in voluntary organizations the following inferences may be made.

1. Voluntary associations are generic for social integration and can be utilized effectively in conjunction with the group treatment approach.

2. Voluntary associations should be oriented toward the local community to encourage participation of a greater number of residents.

3. The deserted mother can achieve a better identification in primary groups, through group membership in voluntary associations.

4. As the study sample in the research design is represent- ative of deserted mothers one may infer that this approach to social integration is applicable to other areas.

5. If the research results show a positive correlation between group treatment and social integration and if the correlation between casework treatment and social integration is not statistically significant this could have major implications affecting future policy and agency structure. Such findings will suggest the greater use of the group treatment approach by the department.

A rejected hypothesis suggests:

1. A faulty research design; the questionnaire did not measure what it was intended to measure.

2. The personal and social satisfactions gained from par- ticipation was not sufficiently positive to support the mothers' desire for social relationships.

3. Voluntary associations are not essential for social inte- gration.

4. The focus in group treatment on relieving anxiety, attitude change, support for, and encouragement of, the mothers' participation is sufficient cause for increased social integration.

APPENDIX I

Draft of Letter to be Sent to Members Selected in the Experimental

Groups and Control Groups I.

<div style="text-align: right">

764 Dundas Street

London, Ontario

September   ,

</div>

Dear Mrs. ......:

      Just a note to let you know that we now have a group counselling unit to assist our recipients of Family Benefits. Briefly, mothers who have similar problems meet together with a social worker to discuss their day to day concerns. Participation in these groups is voluntary, and we have found that most mothers are happy with feelings of togetherness which grows among the group members as these groups meet.

      Several groups are getting together next month and we are inviting your participation. These groups are being formed cheifly to assist deserted mothers to cope with their problems as well as to assist us in determining how we can best be of assistance to you and others in similar circumstances.

      I am planning to call around to see you on Tuesday, September   , at which time I will explain further what I have in mind. Also the

visit will give you the opportunity to ask any questions which you might have. Should the above time not be convenient would you please contact me at (Tel. No.) to arrange some other time.

Yours sincerely,

APPENDIX II

Social Integration Project Recording Form

Case No. [ ]				Family Name:_____				Year:_____				
Date of Group Meetings		Length of Contact		Other Persons or Agencies Contacted by Worker	Individual Interviews Requested by		Problem Discussed		Participation Outside Group Meeting	Comments		
Day	Month	Hrs.	Mins.		W.	M.	Group	Individual				

APPENDIX IIA

Social Integration Project

Problem Areas

Family Relationships

    1. Parent-child relationship

    2. Marital Relationship

Individual Behaviour

    10. Husband

    11. Wife

    12. Children

    13. ----*

    14. ----

Care and Training of Children

    20. Physical Care

    21. Training Methods

    22. ----

Social Activities

    30. Informal Associations

    31. Formal Associations

    32. Derivative Participation

    33. Cultural Participation

Economic Practices

    40. Source of income

41. Use of money i.e., budgeting

42. ----

43. ----

Household Practices

50. Physical facilities

51. Housekeeping standards

Health Problems

60. Mother

61. Child

62. ----

Other Problems

70. ----

71. ----

* Spaces left open for problem areas which might arise.

APPENDIX III

The Guttman Scale for Measuring Women's Neighbourliness

Scale Items and Responses

"In the questions you are now going to answer the word neighbourhood means all homes within one block in any direction from the block where you live. Neighbour means any person living that distance from you."

1. How many of your best friends who live in your neighbourhood did you get to know since you or they moved into the neighbourhood? Two or more (GN); one or more (LN).

2. Do you and any of your neighbours go to movies, picnics, or other things like that together? Often or sometimes (GN); rarely or never (LN).

3. Do you and your neighbours entertain one another? Often or sometimes (GN); rarely or never (LN).

4. If you were holding a party or tea for an out-of-town visitor, how many of your neighbours would you invite? Two or more (GN); one or none (LN).

5. How many of your neighbours homes have you ever been in? Four or more (GN); three or less (LN).

6. How many of your neighbours have ever talked to you about their problems when they were worried or asked you for advice or help? One or more (GN); none (LN).

7. Do you and your neighbours exchange or borrow things from one another such as books, magazines, dishes, tools, recipes, preserves, or

garden vegetables? Often, sometimes, or rarely (GN); never (LN).

8. About how many of the people in your neighbourhood would you recog-

nize by sight if you saw them in a large crowd? About half or more

(GN); a few or none (LN).

9. With how many of your neighbours do you have a friendly talk fairly

frequently? Two or more (GN); one or none (LN).

10. About how many of the people in your neighbourhood do you say "Hello"

or "Good morning" to when you meet on the street? Six or more (GN);

five or less (LN).

11. How many names of the families in your neighbourhood do you know?

Four or more (2); one to three (1); none (0)*

12. How often do you have a talk with any of your neighbours? Often

or sometimes (GN); rarely or never (LN).

* Responses to this question ended as a trichotomy in the scale.
They can be scored as shown in the parentheses following the
response categories.

APPENDIX IIIA

A Scale for the Measurement of Formal Participation

1. Are you a member of the Parent Teachers Association? Yes (HFP);
    No (LFP).

2. How many times a month do you attend a religious service? Two or
    more (HFP); one or less (LFP).

3. In how many church organizations such as service clubs and sunday
    school do you participate? One or more (HFP); none (LFP).

4. How many times in the past year did you attend the Parent Teachers
    Association meetings? Three or more (HFP); two or less (LFP).

5. Are you taking, or have you in the past year taken, any courses such
    as cooking and sewing at any educational centre? Yes (HFP); No (LFP).

6. Do you participate in any civic organizations such as a recreational
    or neighbourhood improvement association? Yes (HFP); No (LFP).

7. Have you volunteered your services to any charitable organization
    such as the Red Cross in the past year? Yes (HFP); No (LFP).

A Scale for Measuring Derivative Participation

1. How many movies have you attended in the last two months? One or
    more (HDP); none (LDP).

2. To how many magazines such as McLean's or Ladies Home Journal do
    you subscribe? Two or more (HDP); one or less (LDP).

3. Do you subscribe to the London Free Press? Yes (HDP); No (LDP).

4. About how many books do you borrow from the local library in any one month? One or more (HDP); none (LDP).

5. Do you have time to read one or more books in a month? Yes (HDP); No (LDP).

6. About how much time do you spend reading books, newspapers, and magazines in one week? Five hours or more (HDP); four hours or less (LDP).

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