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## A Cross-Cultural Analysis of Psychiatric Symptom Expression Using Langner's Twenty-Two Item Index

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# JOURNAL OF SOCIOLOGY AND SOCIAL WELFARE

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# "New" Directions in the Welfare Reform Debate: The Problems of Federalism

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*This paper reviews the problem of federalism and welfare and presents statistical data about the relative welfare practices among the states over the last 25 years. The relevance of these problems and practices to the current hopes for welfare reform and policy conflicts within Congress are discussed.*

The political history of welfare reform efforts has involved two interrelated themes. The first has to do with the implicit assumptions about the fundamental causes of poverty and hence the proper course and realistic capacity of government(s) to effectively reduce its magnitude. The second has to do with the beliefs about the relative roles of each level of government and the best patterns of intergovernmental co-operation in our federal system.<sup>1</sup> Most observers agree that to achieve the elusive goal of welfare reform, accommodation and compromise on both themes will be required. Forty-five years ago Lady Rhys-Williams addressing the first theme, spoke of work incentives as "The lion in the path of curing want by . . . [public policy] . . ." (Green, 1966, p. 52) If, as it is sometimes suggested, we are close to achieving a consensus on that issue, it may be that we will find that the new "lion in the path" of welfare reform is federalism.

In the political debate the definition of specific roles for each level of government in welfare policy is as important as the debate over the roles of government in general. In federal politics, which government should act is as important as what government should do. Though federalism issues have seldom held center stage, the beliefs held about federalism have fundamen-

tally shaped the structure of the debate and defined the policy options that have been perceived as available at nearly every significant juncture in the evolution of American welfare policy (Heffernan, in press).

The first part of this paper reviews the problem of federalism and welfare. The argument that state and local governments can more effectively assess their own needs and therefore should have greater flexibility to address all aspects of welfare policy stands in juxtaposition to the belief that welfare is a national problem and requires a nationally uniform response. Between the two beliefs there are some fundamentally important propositions about both welfare and of federalism that have not been sufficiently examined.

Section two presents statistical data about the relative welfare practices among the states over the last 25 years. That the American states have been diverse in their public assistance programs is well documented. It is also recognized that the states move slowly and often at odds to national incentive. The data presented in section two show that despite rather considerable variation in national/state compacts over the 25 years, and despite dramatic shifts in each state's political economy, state welfare spending and state welfare guarantees have not become more adequate and/or uniform.

The final section comments on the relevance of these problems and practices to the current hopes for welfare reform and the policy conflicts within Congress.

### I The Politics of Federalism

The central political problems associated with shared responsibility for governance in a single geographic area have dominated American domestic policy history. The conflicts between Federalist and Anti-Federalist structured the formation of our constitution, and later threatened its adoption (Bowen, 1966). A significant portion of our constitutional law has developed out of the conflict over the division of responsibilities between the central government and the states. The conflict generated, in part at least, the War Between the States. It has given substantive form to virtually all domestic policy debates.<sup>2</sup> One of the characteristics of federalism is its aspiration to simultaneously gen-



erate unity and diversity. One of the forms of federalism has as its goal a desire to establish two sovereign governments with integrated responsibilities in one geographic area (Elazar, 1987, p. 64). Considering the significance of federalism issues in general domestic policy, it is not surprising that they have played a similar role in the welfare policy debate. Issues concerning the proper role of each level of government in providing for individual citizens' needs and the most appropriate pattern of intergovernmental cooperation and responsibility go to the heart of the design of a welfare system (Ault, 1981). It is very clear that at each step in the development and evolution of the Social Security Act structural issues of federalism shaped the debate and the resulting policy (Heffernan, 1979; Patterson, 1969).

In the literature of federalism some distinctions have been made in federal forms. In classical federalism, powers are constitutionally divided between the central and the regional governments. Though co-coordinated, each government in its sphere is independent. In less formal terms, federalism refers to any structure of intergovernmental power relationships. The federal form is said to exist somewhere between a unitary state and a confederation. The first is where all power is delegated from the general government to lesser units and the lesser units of government may be modified and abolished at the will of the central unit. Confederation is where the central government does not directly act on the citizens and the "lesser" units are totally free to withdraw from the confederation. Between a unitary government and a formal confederacy there is much distance. Adjectives abound which are supposed to describe the federal relationships; most of them are used without precision. Terms such as; dual federalism, co-operative federalism, layer-cake federalism, marble cake federalism usually serve a political rather than an analytical function in some specific policy debate.

#### *Critical Problems of Welfare and Federalism in the 1980's*

There is no consensus between those who believe that the national government should bear the additional costs of any welfare reform and those who believe, along with President Reagan, that those costs ought to be assigned to state and local units of government (Chisma and Pifer, 1987). Clearly the fear

that one or another unit of government would be a fiscal loser in any reorganization of welfare responsibilities has served to scuttle previous reform efforts. The problem is however much larger than that of shifting fiscal responsibility.

For the past two and one half decades there has been a perception of ideological as well as political stalemate in welfare policy. The shape of this conflict is well known to the readers of this journal. On one side there has been a liberal paradigm, which viewed poverty as caused by external events over which those most affected had little or no control (Danziger and Weinberg, 1986). On the other side there is a conservative paradigm which asserted that too much social welfare spending has not only been a drag on economic growth; but, more importantly has undermined the social and civic responsibilities of the needy. The latter reflects the design failure of the programs now badly in need of redirection. From the conservative paradigm the programs were inadvertently structured so that persons and families with income problems were actually induced to stay on welfare, to avoid low paying start-up jobs, and/or to shirk basic family responsibilities (Mead, 1986; Wilson, 1985). The liberal paradigm responded that this was nonsense and that the apparent connection between social programs and dependency was only a mask for the real lack of an opportunity structure in a capitalistic society (Harrington, 1984). It is now being suggested by policy critics of diverse political views that both paradigms were too naive. The new policy consensus suggests that the new programs will have the following components: (a) an effective integration of work and welfare programs, with work substituting for welfare whenever possible; (b) strengthened incentives and regulations to enhance family responsibility; and (c) a set of special designs of welfare programs structured to break the poverty cycles of those who are locked into dysfunctional life styles.

A new policy departure is now possible because liberals recognize that an underclass exists and conservatives recognize that the underclass was not created by the welfare system (Wilson, 1985). The assertion is frequently made that there is now a bipartisan agreement that the AFDC program needs to be radically reshaped into a work, schooling, training and reha-

bilitation program with a cash transfer component rather than a cash transfer program with each of these rehabilitative features as cost-savings mechanisms.<sup>3</sup> In December of 1987 the full House passed an amended version of the Family Welfare Reform Act of 1987. The amended version retained the emphasis on the NET-Work (sic) as part of a Family Support Program. The House passed version specifically deleted the national government's requirement for a medical assistance transition which would have required states to provide medicaid for at least 24 months to those who lose cash aid because of earnings increase. The House passed version also deleted the national government's appropriation and requirement on the states to raise minimum benefit levels to at least 15% of family median income. The CBO estimate set the five year national government cost at \$5.7 billion.

In April of 1988 the Senate Finance Committee began to consider its own more modest reform package. The Senate version places relatively more emphasis on child support collections as a cost cutting mechanism. It does contain most of the education, training and service programs, albeit under a different name and at a lower cost. The House passed version and the Senate version may now move closer to one another. The White House is in opposition to even the \$2.3 billion in additional national cost of the Senate version and has threatened to veto either form of legislation. The National Council of Human Service Administrators appear to simultaneously want more federal funding for minimum benefit levels and more state discretion in the design and implementation of rehabilitative strategies (American Public Welfare, Jan. 28, 1988).

#### *A Return to the States*

In a curious way the shift back to the states began with the shift away from the states. President Johnson had made the welfare system the centerpiece of his strategy of centralizing federalism (Butler and Kondratas, 1987). The failure of Presidents Nixon, Ford and Carter to develop a national consensus on the direction of welfare reform fueled the desire to "return" initiative to the states.

During the 1970s debate over the direction of welfare reform took place mainly in Congress. Nixon's Family Assistance Plan



easily cleared the House of Representatives twice, but was twice rejected in the Senate Finance Committee. The first rejection was due to the fact that the national NWRO lobby and southern conservative opposition at the state level both worked against reform. The second rejection during the Nixon years resulted in large part from the fact that general revenue sharing had undermined the fiscal relief arguments for welfare reform. The Carter administration was unable to develop a simultaneous national policy for jobs and a national policy for income security. While the Carter reform, PBIJ, did pass a special welfare reform subcommittee, it faced stiff opposition in the full house and failed to come to a vote (Lehman, 1980).

In December of 1980, after the election but before the inauguration, three men who wished to influence the future President debated welfare reform in the republican policy journal, *Common Sense*. Richard Nathan, who had served as Deputy Director of OMB under Nixon and who had been a principal in the design of F.A.P.; Paul O'Neil who had held a similar position under Ford, and Robert Carlson who had served as Reagan's Welfare Administrator in California and who was to serve briefly as Special Assistant to the President for Human Resources debated the role of the national government in federal welfare. Nathan and O'Neil argued for a continued substantial national role while Carlson made the case for a minimal national presence.

Presenting the classic case for domination by the national government O'Neil said that, "the needy population is not uniformly distributed among the states. Second, the financial capacity to aid the needy is not distributed in relation to where the needy live [and] third, the federal government provides such a large share of the financial support of the existing programs that it is difficult to see how it can . . . extricate itself . . . [without massive disruptions in the system] . . ." (*Common Sense*, 1980, p. 27).

Taking a slightly different path which focused attention on the same political history of reform efforts, Dick Nathan came to the same conclusion "The idea of a block grant for AFDC . . . [turns] . . . the clock back . . . isolate[s] the most controversial and vulnerable group of welfare recipients. It could result in . . . higher concentrations of the poor in states with the most adequate benefits. . . . The fact that people and jobs move in a

free society is the underlying reason why the burden of financing welfare benefits should be shared on an equitable basis by the society as a whole" (Common Sense, 1980, p. 10).

Carlson in his response did not address the federalism issue directly but rather presented the classic case of the political dynamic of representative democracy and redistribution as seen by the "fearful right": According to Carlson if the national role was increased . . . irresistible pressures would build on Congress to increase . . . the centrally set benefit levels . . . More pressures would then build from a greater number of constituents for benefits until most Americans would be receiving benefits. Eventually the nation's economic system would collapse (Common Sense, 1980, p. 15).

On January 26, 1982, President Reagan introduced his "New Federalism" initiative. The centerpiece of the proposal was a swap of welfare responsibilities. The states would assume Food Stamps and AFDC and the national government would accept fiscal and ultimately administrative responsibility for medicaid. Interestingly, the transition was to be financed from a windfall profits tax on excess profits from oil and other energy sources.

David Stockman presented the Administration's case to the Senate Finance Committee. In so doing, he created a new adjective for federalism. In Stockman's perspective we had moved to "fragmented federalism." In his view the nation had shifted from the traditional "dual federalism" where each government had well-defined and separate responsibilities through a period of "cooperative federalism" where a few specific functions were shared to the current "fragmented federalism" where there is decisional overload at the national level. He argued that mayors and governors were not judged by their policies or their performance at home but by their capacity to attract federal grant monies. He said that the system distorts judgments about both political merits and the social needs for changes in social welfare programs. Based on an undocumented set of assertions that the states were now more equally able to act than they had been even 20 years ago, Stockman summarized his argument as follows:

Concern has been expressed about the willingness and the ability of the states to take care of the disadvantaged . . . [within their borders]. . . . On this point we should recognize that there are

cliches and there are realities and one reality is that the same electorate which chooses the President and Congressman also elects Governors, Mayors and state legislators. There is no reason to believe that in the year 1982 the American people have two minds, two hearts and two agendas regarding the responsibility of government to meet benign social needs. Every indication is that the citizen participation at the state and local level on behalf of such causes as the environment, ethnic and racial minorities, the disadvantaged, tax reform, the handicapped and electoral reform have grown significantly in vigor and sophistication since the mid 1960s (Stockman, 1982, p. 1).

The "swap" of federal and state responsibilities in welfare failed to muster Congressional support (Howard, 1982, p. 9). Part of the failure was due to falling oil profits which was to have funded the transition. Also the individual states projected that they would lose far more than the national governments estimated. The proposal was quietly withdrawn by the administration. Despite its failure to achieve a dramatic reform, the Reagan Administration has continued to move toward a devolution of national welfare responsibilities (Peterson, 1984).

An examination of current legislative efforts to translate the new realism into specific policy shows a call for greater state initiative and less national government direction. New attention is focused on the federalism issue by the recognition that the poverty/welfare condition is far more intricate than either the liberal or the conservative paradigm. Among the arguments presented, one is a very simple proposition; if programs need to be uniquely tailored to the various classes of persons in need, do they not also need to be uniquely tailored to the economic, social and political conditions in each state as well? Along with a reassessment of the policy thrust there has come, from various points on the political spectrum, a call for a reassessment of the federal system in welfare. The expected outcomes from that reassessment are clearly not the same. The focus of the reassessment is said to be on the issue of which governmental functions are inherently national and which are inherently in the state/local domain but require the use of the federal system and which lie within the domain of state and local governments. In a rather complex way, which cuts across traditional ideological and party lines, there is a demand that there be a readjustment of func-



tioning and financing to achieve a "proper" balance within the federal system.

Although pro-state advocates have seized the initiative and claimed the reform banner as their own, the nationalists have by no means withdrawn from the field. On the one side there is the position that the heavily marbled character of the current programs (with two or more levels of government active to some degree in nearly all aspects of the delivery of welfare programs) is but a reflection of the realistic economic, social and political integration of the American states. From this point of view it is asserted that heavily conditioned and highly categorical programs are the only means available to achieve national welfare objectives consistent with constitutional constraints (Wright, 1978). It is also argued that marbled federalism, Martin Grozden's famous term, is the only way to function if the aspirations and requirements of regional minorities are to be achieved (Osburn, 1982). From a somewhat different perspective, it is sometimes suggested that full federal participation is required because during regional or local economic recessions it is often counterproductive to localized recovery for states to have to pick up added welfare costs. The National Governor's Association 1987 position said that this problem is particularly frustrating since regional recessions are often a function of national policy and not correctable by state actions (National Governor's Association, 1987).

The contrary view is that national domination of federal welfare responsibilities produces rules which are "coercive," "burdensome," and "intrusive." It is also suggested that when activity by each level of government is without clear legal and fiscal accountability the result is a denial of a minimum level of either political or administrative accountability (Stockman, 1982). The desire for a more limited federal role in policy and administration (not necessarily financing however) is clearly not limited to those with a conservative bias. Three recent reports: *To Form a More Perfect Union*, National Conference on Social Welfare; *One Child in Four*, American Public Welfare Association; and *New Choices in a Changing America*, the Democratic Policy Committee, all called for varying degrees of devolution of federal responsibility.

At a recent meeting of the National Association of Governors

the complexity, if not the duplicity, involved became even more apparent. Each level of government, naturally, would like to direct the policy while requesting the other levels of government to pay for it. The governors adopted a resolution which called upon the federal government to accept the primary fiscal responsibility for financing income security programs (National Governors Association, 1987). Specifically, the governors called for the establishment of a national minimum level of assistance which was to be fully federally funded. The governors also wanted more federal participation in support programs geared to education, training, job placement and job retention among present and former AFDC recipients. Not surprisingly, the governors also wanted more freedom in the design and structure of the employment assistance programs. Simultaneously, the Administration prepared a legislative proposal which specifically rejected the concept of a federal minimum and went only part way in giving states the freedom to design innovative approaches (White House, 1987, pp. 2 & 4). The Public Assistance Subcommittee cautiously suggested that beginning in 1993 state benefit levels, adjusted by family size, be no less than 15% of state median income. The House Ways and Means Committee full report rejected even that modest standard (APWA, 1988A). Senator Moynihan and his 55 colleagues have sought to achieve all of the high ground with proposals to improve interstate administration of child support enforcement, establish state designed jobs training programs, increase federal financial participation and require state review of their own payment standards (S1511, July 21, 1987).

The various financing and administrative arrangements that already exist in public assistance suggest that financing and administration can be separated between levels of government. That the financial, administrative, control and review procedures can have an omnibus character is also clear. There is not very much agreement about the programmatic, economic, or political consequences of such separation.<sup>4</sup>

## II The Practice of Welfare/Federalism in AFDC Since 1960

In the 1960s the American federal system, and the American categorical welfare system both entered a new policy phase and a new stage of federal practice. Through a dramatic series of

enactments the national government asserted an interest in a range of public functions that had heretofore been in the province, predominantly or exclusively, of state and local units.

Among the goals of the proponents of the nationalization of welfare were: (a) more adequate benefits particularly for those persons completely dependent on welfare payments and in-kind transfers, and (b) the reduction the interstate variance in benefits were seen as particularly central to the federal/state conflict. The next section examines the progress, or lack thereof, that has occurred with regard to each of these goals.

### *Adequacy*

Changes in the level of average welfare benefits since 1960 are recorded in Table 1. Cash benefits when measured in constant dollar terms were essentially flat in the early 1960's and then rose significantly between 1964 and 1968. Between 1968 and 1985 cash welfare payments declined steadily, a function of failing to raise benefits in response to the rise in the cost of living. Benefits have been adjusted upwards but not nearly as fast as the changes in cost of living. The average state decline was 34.6% between 1968 and 1985. The national incorporation of Food Stamps which occurred in 1972 provided a dramatic increase in the total benefit package.<sup>5</sup> Since the food stamp benefit is indexed and provides a floor of protection, the decline in the total benefit has been, since 1972, just as steady but not so steep as the decline in the cash benefit.

Real family income has increased since 1960 corresponding with a dramatic drop in the cash benefit as a share of median family income (see col. 4 of Table 1). The incorporation of the food stamp program muted this drop (see Col. 5 of Table 1). Relative to median family income the drop is, none the less, quite large. As measured against the poverty line, the total benefit package has increased slightly over the 1960 level but is down dramatically from its 1972 high. To the extent that the adoption of the food stamp plan was a nationalization of welfare it did make benefits more adequate in the short run. To the extent that the states apparently began to rely on that national floor, intergovernmental or federal financing has steadily decreased.

Table 1

*Changes in the Mean AFDC and AFDC Plus Food Stamp Benefits in 1985 Dollars: Selected Years, 1960-1985*

YEAR	$\bar{X}$ AFDC Benefit Family of 3	AFDC Plus Food Stamp	Est. Nat. Median Income Family of 3	Col. 1 ÷ Col. 3	Col. 2 ÷ Col. 3	Benefit ÷ Pov. Line
1960	6657	na	15,972	.416	na	.606
1964	6577	na	18,039	.365	na	.639
1968	7194	na	20,822	.345	na	.798
1972	6940	8959	23,159	.300	.387	.818
1976	6419	8833	23,931	.257	.354	.807
1980	5327	7569	24,931	.208	.295	.689
1985	4704	7063	27,732	.169	.255	.642

### *InterState Equity*

The declines and occasional increases of the national average among the states does not, of course, depict what is occurring in each state. Table 2 provides the significant detail to mark the progress of benefits across the states over time. In constant dollar terms, the state cash guarantee has fallen in 43 of the contiguous states. Only in Vermont and Maine have cash benefits increased. They have been essentially flat in Michigan, South Carolina and Florida. After the correction for inflation, the median state decline in cash benefits was 31.6%. Cash payment decline in terms of the 1960 benefit is shown in col. 5 of table 2. This decline was not related to the size of the benefit in 1960 [ $r < .10$ ].

The inverse relationship between food stamp benefit and AFDC benefit was deliberately structured to provide a national minimum benefit. Food stamps are not counted in determining eligibility for AFDC, but each dollar of face value of food stamps reduces the cash received by 30 cents. Because of this interaction, the state cash guarantee would have to rise \$1.43 in order to produce a \$1.00 increase in total benefits. This process of interactions, and presumably the knowledge of it, has contributed to the results recorded in col. 4 of Table 2. Total benefits in 1985 have increased most rapidly in the lowest paying states of 1960 and they have fallen in most of the high paying states except California and Minnesota.

Table 2

*Changes in Benefit Level 1960-1965, by State*

	1	2	3	4	5	
	1960	1985	1985	Shift	Change	
	Grant	AFDC &	AFDC	Col. 2-Col. 1	Col. 3-Col. 1	
	in 1985 \$s	Food Stamps	only	Col. 1	Col. 1	
WA	10385	8604	6732	-0.171	-0.352	WA
NJ	10076	7657	5580	-0.240	-0.446	NJ
NY	9902	8753	6792	-0.116	-0.314	NY
WI	9860	9094	7632	-0.078	-0.226	WI
CT	9858	9329	7968	-0.054	-0.192	CT
MA	9601	7993	6060	-0.167	-0.369	MA
CA	9556	9614	8376	0.006	-0.123	CA
ID	9378	6641	4128	-0.292	-0.560	ID
MT	9119	7330	5112	-0.196	-0.439	MT
ND	8904	7565	5448	-0.150	-0.388	ND
MN	8813	8926	7392	0.013	-0.161	MN
OR	8552	8111	5616	-0.052	-0.343	OR
WY	8509	7270	4680	-0.174	-0.450	WY
IL	8422	6985	4620	-0.171	-0.451	IL
NM	8113	6380	3756	-0.214	-0.537	NM
OH	8026	6775	4320	-0.156	-0.462	OH
SD	8026	6868	4452	-0.144	-0.445	SD
KA	7957	7498	5352	-0.058	-0.327	KA
NH	7768	7464	5304	-0.039	-0.317	NH
IA	7550	7271	5028	-0.037	-0.334	IA
UT	7373	7421	5242	0.007	-0.289	UT
SC	7155	7742	5604	0.082	-0.217	SC
CO	7111	7279	5037	0.024	-0.292	CO
OK	9763	6683	4188	-0.012	-0.381	OK
MD	6588	7318	4740	0.111	-0.281	MD
PA	6458	7481	5328	0.158	-0.175	PA
VA	6458	7195	4920	0.114	-0.238	VA
MI	6106	8052	6144	0.319	0.006	MI
VT	6105	9220	7812	0.510	0.280	VT
AZ	5849	6102	3384	0.043	-0.421	AZ
NC	5804	6011	3228	0.036	-0.444	NC
NB	5674	7279	5040	0.283	-0.112	NB
KY	5449	5818	2952	0.068	-0.458	KY
MO	4802	6439	3840	0.341	-0.200	MO
IN	4799	6406	3792	0.335	-0.210	IN

Table 2—Continued

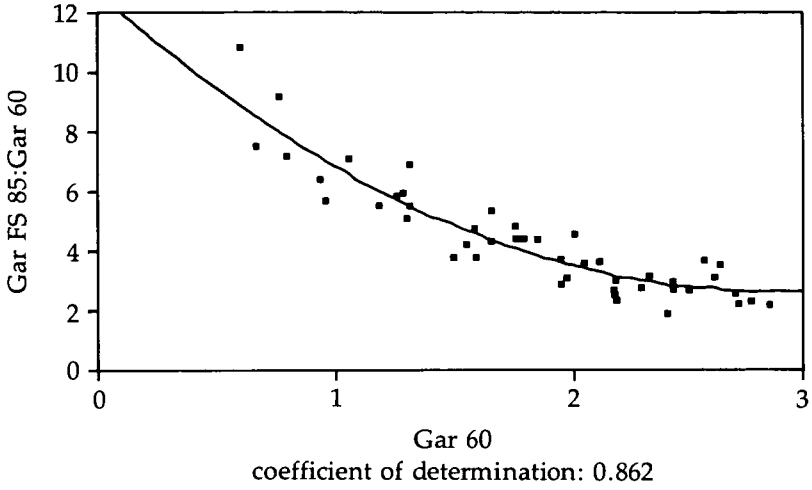
*Changes in Benefit Level 1960-1965, by State*

	1	2	3	4	5	
	1960 Grant in 1985 \$'s	1985 AFDC & Food Stamps	1985 AFDC only	Shift Col. 2-Col. 1 Col. 1	Change Col. 3-Col. 1 Col. 1	
ME	4799	7657	5580	0.596	0.163	ME
WV	4799	6327	3744	0.318	-0.220	WV
GA	4755	5969	3168	0.255	-0.335	GA
LA	4712	5717	2808	0.213	-0.404	LA
NV	4625	6616	4092	0.430	-0.115	NV
DE	4320	6574	4032	0.522	-0.067	DE
TX	3836	5440	2412	0.418	-0.371	TX
TN	3492	5314	2232	0.522	-0.361	TN
FL	3401	6137	3408	0.804	0.002	FL
AR	5878	5633	2688	0.957	-0.066	AR
SC	5748	5674	2748	1.065	0.000	SC
AL	2399	4932	1764	1.056	-0.265	AL
MS	2182	4608	1440	1.112	-0.340	MS

In constant dollar terms real benefits have increased dramatically in the lower paying states. The 1985/1960 total benefits ratios are shown in the vertical axis of Figure 1 while the benefits in 1960 are plotted along its horizontal axis. The total benefit change is principally a function of the level of state payment in 1960 [ $r = .862$ ]. This results from the Food Stamp/AFDC formula rather than action by each state in adjusting its own standards. The vertical axis of Figure 2 is the 1985/1960 cash payment ratio. This shows the shift in the payment standard set by the state itself. This cash payment shift is not as strongly related to the 1960 standard [ $r = .478$ ].

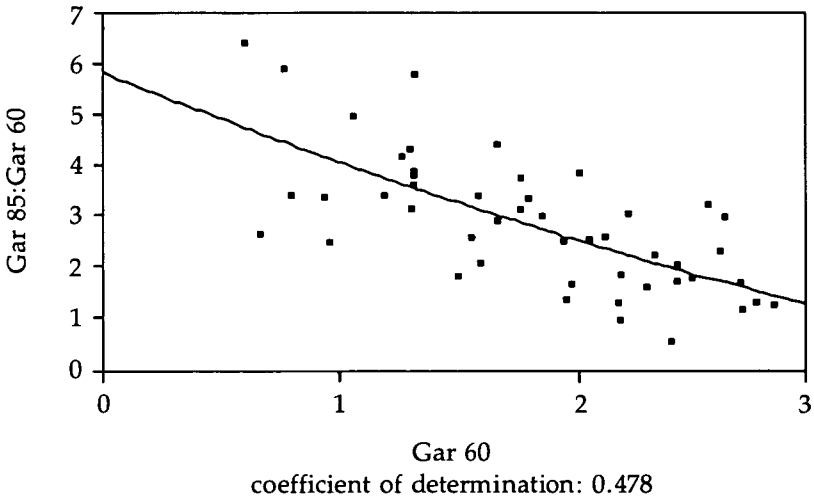
Table 3 provides aggregate information about the movements around the concept of interstate equity. The interpretation of these results become something of a federalism Rorschach. What is clear, however, is that average cash benefits are down and the states are no more equal. Those who advocated a nationalization of welfare to promote adequacy and interstate equity appear to have lost on both counts.

Figure 1. Total benefit to total guarantee, 1985:1960\*



\*Guaranteed plus food stamps '85: guaranteed 1960.

Figure 2. Ratio of guarantees only, 1985:1960\*



\*Guaranteed plus food stamps '85: guaranteed 1960

Table 3

*InterState Equity: Income, AFDC, AFDC Plus Food Stamps 1960, 1972, & 1985 (in 1985 Dollars)*

	1960	1972	1985
	Per Capita Income		
X	7472	10794	13032
Med.	7349	10789	13193
Sd.	1481	1488	1968
CV	20.00	13.8	15.1
Range	4371-10367	7872-13728	9187-18089
*I.Q.R.	6468- 8433	9555-11596	11243-14273
IQR ÷ Med.	.266	.189	.229
	Income Guarantee From AFDC Benefit		
X	6643	6929	4702
Med.	6748	6985	4710
Sd.	2276	2452	1637
CV	33.7	35.4	34.8
Range	2182-10385	1850-11826	1440-8376
IQR	4799- 8552	4687- 9066	3408-5580
IQR ÷ Med.	.556	.627	.461
	Total Benefit (AFDC Plus Food Stamps)		
X	na	8949	7062
Med.	na	8992	7017
Sd.	na	1721	1174
CV	na	19.2	16.6
Range	na	5304-11894	4608-9614
IQR	na	7384-10450	6137-7657
IQR ÷ Med.	na	.341	.216

\*IQR = Interquartile range.

There is a great deal of ancillary evidence in support of the administration's thesis about the homogenization of the American states over the past 20 years. Clearly interstate highway uniformities, the chain motels and restaurants have made this homogenization apparent. Such surface appearance may not correspond to the underlying reality. Using per capita income and total state per capita taxes collected as objective indicators,



Table 4

*Coefficient of Variations, Various Welfare Indicators, 1960-1985*

	1 Per Capita Income	2 Total Tax Per \$1000 Income	3 Expenses Per Capita own funds on Welfare
1960	19.8	20.5	39.1
1964	18.3	25.1	36.9
1968	16.8	18.3	41.8
1972	13.8	18.1	41.2
1974	13.4	17.5	42.3
1976	12.3	15.6	40.5
1978	11.7	16.1	40.1
1980	12.9	15.7	37.6
1982	13.3	16.2	37.6
1984	13.4	20.0	39.7
1985	15.1	19.5	39.9

there is evidence that between 1960 and 1978 the states became more alike. Since 1978 however, an unsteady move toward diversity has reasserted itself. Paradoxically, during the period of homogenization the states became more diverse in their welfare spending. Now that diversity is being reasserted the states have come closer together in their pattern of welfare spending. Table 4 presents evidence of this paradoxical trend.

Table 5 presents data on the AFDC benefit and the combined AFDC and Food Stamp benefit in 1985 as well as the AFDC benefit in 1960 as a share of each state's estimated median family income. The range, has been significantly reduced. Clearly, one cannot know what the states would have done in the absence of the national food stamp guarantee. The evidence, such as it is, suggests that the states have moved to less adequate benefits in relative terms. The interstate variations appear no less unequal. This last statement requires amplification. What has occurred among state guarantees is that the state-shared cash benefits have been reduced in both constant dollar terms and relative to estimated mean family incomes. The standard devia-

Table 5

*Difference in Total & State Guarantees as a Ratio of Median Family Income*

	1 1960 AFDC	2 1985 AFDC & Food Stamps	3 Shift Col. 2-Col. 1	4 1985 AFDC Only	5 Change (Col. 4-Col. 1)	
WA	0.559	0.284	-0.275	0.223	-0.336	WA
NJ	0.470	0.204	-0.266	0.149	-0.321	NJ
NY	0.456	0.250	-0.206	0.194	-0.262	NY
WI	0.572	0.317	-0.255	0.266	-0.306	WI
CT	0.444	0.237	-0.207	0.202	-0.242	CT
MA	0.493	0.224	-0.239	0.170	-0.323	MA
CA	0.446	0.274	-0.172	0.170	-0.207	CA
ID	0.640	0.274	-0.366	0.170	-0.470	ID
MT	0.566	0.306	-0.260	0.214	-0.352	MT
ND	0.656	0.288	-0.368	0.207	-0.449	ND
MN	0.527	0.291	-0.236	0.241	-0.286	MN
OR	0.483	0.295	-0.188	0.204	-0.279	OR
WY	0.476	0.244	-0.232	0.162	-0.314	WY
IL	0.402	0.217	-0.185	0.144	-0.258	IL
NM	0.543	0.268	-0.275	0.158	-0.385	NM
OH	0.433	0.235	-0.198	0.150	-0.283	OH
SD	0.569	0.282	-0.287	0.183	-0.386	SD
KA	0.465	0.250	-0.215	0.178	-0.287	KA
NH	0.464	0.229	-0.235	0.163	-0.301	NH
IA	0.480	0.265	-0.215	0.183	-0.297	IA
UT	0.473	0.324	-0.149	0.229	-0.244	UT
SC	0.407	0.256	-0.151	0.185	-0.222	SC
CO	0.395	0.225	-0.170	0.156	-0.239	CO
OK	0.459	0.250	-0.209	0.157	-0.302	OK
MD	0.355	0.211	-0.144	0.137	-0.218	MD
PA	0.364	0.256	-0.151	0.185	-0.222	PA
VA	0.443	0.227	-0.216	0.155	-0.288	VA
MI	0.332	0.272	-0.060	0.207	-0.125	MI
VT	0.419	0.349	-0.070	0.296	-0.123	VT
AZ	0.364	0.219	-0.145	0.121	-0.243	AZ
NC	0.470	0.237	-0.233	0.127	-0.343	NC
NB	0.340	0.251	-0.089	0.174	-0.166	NB
KY	0.437	0.247	-0.190	0.125	-0.312	KY
MO	0.287	0.223	-0.064	0.133	-0.154	MO

Table 5—Continued

*Difference in Total & State Guarantees as a Ratio of Median Family Income*

	1 1960 AFDC	2 1985 AFDC & Food Stamps	3 Shift Col. 2-Col. 1	4 1985 AFDC Only	5 Change (Col. 4-Col. 1)	
IN	0.277	0.236	-0.041	0.140	-0.137	IN
ME	0.329	0.295	-0.035	0.215	-0.114	ME
WV	0.380	0.285	-0.095	0.168	-0.212	WV
GA	0.367	0.218	-0.149	0.116	-0.251	GA
LA	0.360	0.233	-0.127	0.114	-0.246	LA
NV	0.205	0.210	0.005	0.130	-0.075	NV
DE	0.198	0.211	0.013	0.130	-0.068	DE
TX	0.252	0.185	-0.067	0.082	-0.170	TX
TN	0.286	0.217	-0.069	0.091	-0.195	TN
FL	0.220	0.205	-0.015	0.114	-0.106	FL
AR	0.265	0.247	-0.018	0.018	-0.147	AR
SC	0.252	0.246	-0.006	0.119	-0.133	SC
AL	0.204	0.212	0.008	0.076	-0.128	AL
MS	0.229	0.230	0.001	0.072	-0.157	MS

tions have declined roughly proportionally to the means thus the coefficients of variation have been static, while the range has been reduced.

HR #1720, the House Ways and Means subcommittee bill, called for a change in state standards which would have required, as a price of program participation, a state minimum benefit of no less than 15% of that state's median family income for a family of equal size. The subcommittee provision would have reversed a drift that has been occurring over the past 25 years, as is shown in Table 6.

#### *Consistency in State Practice*

As shown in Table 7 in terms of relative state benefit schedules the states have been remarkably consistent. Despite 25 years of remarkable inter- and intrastate changes, the rank orders have changed very little.

Table 6

*Number of States by Guarantee from State as a Share of Estimated Median Income for a Family of the Same Size*

	< .15	≥ .15 < .30	≥ .30 < .45	≥ .45
1950	0	11	38	19
1972	1	26	19	2
1980	10	35	3	0
1985	27	28	0	0

With Food Stamps Added

1972	0	0	3	45
1980	0	28	20	0
1985	0	44	4	0

Table 7

*Total Benefit Levels 1960 & 1985*

	1960			
1985	High	Medium	Low	Total
High	5	2	0	7
Medium	2	29	2	33
Low	0	2	6	8
Total	7	33	8	48

Cell 1—Calif., Conn., Mass., N.Y., & Wisc.

Cell 2—Vermont & Minnesota

Cell 4—N.J. & Idaho

Cell 6—Delaware & Florida

Cell 8—Ky. & Louisiana

Cell 9—Alabama, Arizona, Miss., S.C., Tenn. & Texas

### III Comment

It appears that there is now a desire to reshape the program structure of AFDC. Both the House and Senate reform proposals call for a major policy redesign. Clearly, if reform is achieved, service, training and child support enforcement will be of equal

importance to the income maintenance strategy. Consistent with this thrust is a desire to give the states more discretion in the design of their service/training programs. The widespread conventional wisdom is that a national policy for service and training has not worked in this diverse land. The empirical evidence to support that belief is not available. Even if we did know that the centralized service strategy of the Great Society did not work, it does not follow that a decentralized, or anti-federalist plan would have worked. Paradoxically, we have not had a national child support policy but here the conventional wisdom is that state discretion needs to be limited.

Regardless of the directions taken in service and child support policy, the problems of a partial retreat from national dominance in benefit levels has been documented above. There is every evidence to suggest that further reductions in national government dominance in benefit schedules will result in the political and social inequities which stimulated the drive to national dominance in the first instance. Interstate variation and interstate rankings have been remarkably consistent.

For those who believe that poverty is a national problem, generated in part by national and international economic circumstances, it follows that a national program is required. Their opponents argue that only state and local fiscal and administrative responsibilities will allow for the real diversity in beliefs and conditions that need to be incorporated into effective welfare programs. The recognition of the validity of both propositions demands a federal solution. A federal solution does not mean national domination by the government in Washington. Nor does it mean a retreat to the states. The ways in which the various states have responded, and have failed to respond to national government incentives is of critical importance in selecting a federal solution. The fact that each level of government in the federal system will resist being a fiscal (or ideological) loser in any reshaped set of responsibilities may prove to be the new "lion in the path" of welfare reform.

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### Footnotes

1. In this paper the term federal refers to a program or concept which involves both the national and the state governments, while national refers to the government in Washington. State or state/local refers to action of the indicated subordinate units. Thus OASDI is a national program, AFDC is a federal program, and general assistance is a state/local program.
2. Daniel J. Elazar provides particular useful discussions of the federalism issues from a general perspective. See his *The American System*, (Chicago: Rand-McNally, 1966) and *The American Partnership* (Chicago: University of Chicago Press, 1962). The modern classic on the general subject of federalism remains, K. C. Wheare, *Federalism* (New York: Oxford University Press, 1953). See also Jane Perry Clark, *The Rise of New Federalism* (New York: Columbia University Press, 1938).
3. A brief summary of the legislative story in early 1987 is found in *The New York Times*, 4–12–87, Section 4#, p. 5.

To trace the political history of the reform effort new students to the subject should read the story in its own sequence. A suggested order of reading is as follows: D. P. Moynihan, *The Politics of Guaranteed Income* (New York: Random House, 1965); Vincent and Vee Burke, *Nixon's Good Deed: Welfare Reform* (New York: Columbia University Press, 1974); Ken Bowler, *The Nixon Guaranteed Income Proposal: Substance and Process in Policy Change* (Cambridge: Ballinger, 1974); Joseph Heffernan, "Welfare Reform: A Political Farce in Three Acts" Inst. Research on Poverty, Disc. Paper, 1973; L. E. Lynn and D. deF. Whitman, *The President as Policy-*

maker: *Jimmy Carter and Welfare Reform* (Philadelphia: Temple University Press, 1981); W. P. Albrecht, "Welfare Reform: An Idea Whose Time Has Come and Gone" in P. M. Sommers, *Welfare Reform in America* (Boston: Kluwer-Nijhoff, 1982).

4. A review of the econometric arguments is found in the following: Edward M. Gramlich, "An Econometric Examination of New Federalism," *Brookings Papers on Economic Activity*, Washington, The Brookings Institution, (1982, p. 327–60); George F. Peterson, "Federalism and the States" in Palmer and Sawhill, *The Reagan Record* (Washington, Urban Institute, 1984), Davis, A. J. and S. Kenneth Howard. "Perspective on a New Day for Federalism" in *Intergovernmental Perspectives*, Vol. 8, No. 2#, Spring 1982. Helen F. Ladd and Fred C. Doolittle, "Which Level of Government Should Assist the Poor?" *National Tax Journal*, Vol. 35, No. 3#, pp. 323–336. Albert Davis and Robert Lucke. "The Rich State-Poor State Problem in a Federal System," *Ibid.*, pp. 337–363.
5. The incorporation of the national medicaid program in the mid 60's provided a similar increase. Those figures are not structured into this account.



Appendix  
*State Responsibility*  
*For the Poor in 1934 and 1985*  
 (1985 benefit as a ratio of median income)

1934 Programs	Low	Medium	High	Total
State with Programs For Aged, Blind, and Dependent Children	0	12 States	4 Calif. N.Y. Minn. Wisc.	16
Age and Dependent Children Only	0	6 States	2 Mass. Vermont	8
Ages and Blind Only	0	1 Utah	0	1
Dependent Children Only	5	13 States	1 Conn.	19
None	3 Alab. Tenn. Texas	1 GA	0	4



The Environmental, Economic, and Social Impacts  
of  
Resort Development and Tourism on  
Native Hawaiians

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*Hawaii is currently undergoing major changes associated with land and industrial development. A shift in focus from agriculture to tourism has led to massive land development throughout the islands in order to accommodate this growing industry. The people affected most by these environmental changes are the indigenous people of Hawaii who exist in close harmony with the land and sea. As natural habitats are destroyed, fish and other food sources disappear. This has profound affects upon the behavior and practices of Hawaiian people who must look to other means for subsistence. Changes in the environment are inherently tied to changes in traditional Hawaiian lifestyles. In the past two decades, incidences of crime and incarceration, drug and alcohol abuse, child abuse, and suicide have reached monumental proportions among native Hawaiians. These levels are highly disproportionate to their population and increases appear to coincide with increased modernization. This paper examines the conflicts and changes experienced by native Hawaiians through the use of an ecological model.*

The Hawaiian archipelago exists as one of the most isolated areas in the world—thousands of miles from the nearest land mass. Anthropologists theorize that people first arrived on the Hawaiian Islands around 1,200 years ago, making it one of the last places on earth to be inhabited by people. For a thousand years, Hawaiians lived in isolation from the world until Captain James Cook arrived in 1778 (Daws, 1974).

From this point of “rediscovery”, sweeping changes occurred in Hawaii. Hawaiians were to immediately feel the im-

fact of this contact with the West. Westerners transmitted diseases to a native population that had no natural immunities to them. Waves of epidemics reduced the estimated population of 300,000 in 1778 to 34,000 by 1893 (Native Hawaiians Study Commission, 1983).

With this increased exposure to the West, Hawaiians also began to lose control over what was being disseminated throughout their culture. Outside influences were able to penetrate the socialization process and initiate new standards and criteria for living. A common strategy among Christian missionaries, once they established a foothold in a society, was to develop schools for the children.

The first missionaries arrived in Hawaii in 1820 and by 1831 one thousand missionary schools had been built (Daws, 1974). The indoctrination of Christian attitudes and beliefs at this level insured that subsequent generations would live according to these doctrines and value systems. The missionaries from new England introduced different mores into Hawaiian society, further compounding the confusion and disruption resulting from the economic, political, and social changes.

This domination by the missionaries continued into the twentieth century, creating dramatic changes in the economy. The people of God eventually became the people of commerce. The "Big Five", a conglomeration of corporations who have dominated Hawaiian business for most of this century are comprised of families who are direct descendants of the first missionaries to arrive on Hawaiian shores (Daws, 1974).

These families were also instrumental in overthrowing the Hawaiian monarchy and changing the system of land ownership so that they could partake in owning land. The new land division system known as the "Great Mehele" changed the entire structure of Hawaiian society as people became dispossessed of their land. By the end of the nineteenth century, whites owned four acres of land for every one owned by a native (Daws, 1974).

Historical issues play a significant part in contemporary issues concerning the people of Hawaii. In the last 25 years, Hawaii has experienced its most dramatic social and economic changes associated with economic growth. A shift in focus from agriculture to tourism has led to massive land transformations

throughout the islands in order to accommodate this growing industry.

The construction of hotels and recreational facilities has often been in direct conflict with the interests of many local residents who are wary of change and the effects it will have on their livelihood. Many wish to preserve their culture and lifestyle which they see as threatened by development projects and population growth. Despite this concern, the island economy has become increasingly dependent on tourism and resort development over the years. It is interesting to note that many of the major proponents of tourism are the wealthy descendants of missionaries who are attempting to convert their agricultural lands into more profitable hotels and recreational facilities.

Since 1960, the income generated from tourism has increased well over 2,000% and the trajectory of growth is projected to steadily increase. In 1986 alone, Hawaii experienced about a 15% increase in visitors over the year before—or about 5.6 million tourists. By the year 2005, the Hawaii Visitor's Bureau estimates the number of tourists in the state will double (Pai, 1984). These numbers are astounding given that there are only one million people residing in Hawaii (U.S. Census, 1980). And increases in tourism may exceed even the highest estimates in future years as Americans opt to vacation in Hawaii instead of terrorist plagued Europe.

The people affected most by these economic and environmental changes are the indigenous people of Hawaii who once existed in close harmony with the land and sea. As natural habitats are destroyed, fish and other food sources disappear. As land prices escalate, housing and farming become more expensive, and communities, especially rural ones, are severely impacted.

These changes have profound effects upon the behavior and practices of Hawaiian people who must look to other means for subsistence. Changes in the environment and one's ability to depend on it for subsistence are inherently tied to changes in traditional Hawaiian lifestyles and attitudes.

Steadily over the years, premier hotels have acquired rights to develop along some of Hawaii's most scenic and pristine coastlines. These developments have cumulatively deprived Ha-

waiians of natural resources on which they have long relied for their subsistence. In addition, the rate of tourist growth has made the economy overly dependent on this one sector. This leaves Hawaii extremely vulnerable to external economic forces and with an economy increasingly characterized by low-paying service jobs.

Research in other areas in the Pacific region suggests that coastal modifications are the cause of the decline in fisheries and attendant losses of the fisherman's reliance on the ocean for support (Kiste, 1974). A broader concern, however, is the cultural deterioration which can accompany development, particularly the loss of native skills and the diminishment of ties to the land and sea. Since the land constitutes a major element of the islander's identity, these losses undermine the culture, values and lifestyle. Frequently, behavioral changes subsequent to lifestyle alteration induce such negative attributes as increased substance abuse and the proliferation of welfare dependence. The available data would suggest that this is particularly true for Hawaii and other islands in the Pacific (Marshall, 1979; Native Hawaiian Study Commission, 1983).

A dramatic example of this situation can be seen in the South Pacific archipalegoes of Enewetak and Bikini where residents have been displaced because nuclear testing has contaminated their natural food and water supplies. Traditional activities such as fishing and gathering have disappeared and been replaced by people awaiting shipments of canned goods from the United States (Kiste, 1974).

This situation has not only resulted in health problems associated with dietary changes, but the loss of traditional practices. The lack of activity has created a vacuum within their culture that is rooted in their self-sufficiency and their ties to the ocean. The loss of food gathering and preparation practices have left the islanders in a state of boredom and listlessness which has contributed to such social problems as substance abuse, suicide, and a soaring population growth (Kiste, 1974).

The remainder of this paper examines contemporary environmental, economic and socio-cultural impacts associated with industrial growth in Hawaii. An ecological perspective (e.g. Germain, 1979) will be used to provide insights into the nature

and consequences of transactions between people and their environment. The focus is on the native Hawaiian group who experience a unique set of circumstances as indigenous people amidst their rapidly changing homelands.

It is sometimes difficult to speak of native Hawaiians as a homogeneous group because of differences according to their amount of Hawaiian blood, acculturation, political orientation, and area of residence. Yet there is a sense of Hawaiian identity which transcends these variations. Particular emphasis will be given to the impact of tourism and resort development as it affects native Hawaiians.

### Environmental Impacts

Natural conditions in Hawaii closely resemble those of other Pacific archipelagoes. A delicate ecology has taken millenia to develop in an environmentally insulated condition. Natural organisms exist in a closely defined network of interdependence and have developed little resistance to outside elements. The remoteness of Hawaii makes it especially vulnerable to sudden environmental change.

The recent construction of resorts and other tourist-related development have had a severe impact on the fragile ecology of coastal and conservation areas. There are more plants and animals indigenous to Hawaii that have become extinct or are on the federal government's endangered species list than on the entire North American continent. Hawaii has only 0.2% of the nation's land, but 72.1% of its extinctions and 27% of its rare or endangered species. Of the 150 "natural communities" in the islands, 88 of them are under siege by development (*Honolulu Star Bulletin*, December 17, 1986).

One project under construction along the West coast of the Big Island of Hawaii, advertised as the world's largest hotel, will encompass 31,000 acres of land (*Honolulu Star Bulletin*, April 8, 1987). In clearing the ground for construction, the resort developers destroyed 70% of the unique anchialine ponds. Sitting atop the lava beds, these ponds were home to species of shrimp that existed nowhere else in the world—some were yet to be classified. Rare migrating bird species which used these ponds as resting stations during their trans-Pacific flights have disap-

peared (Matsuoka, 1987). The water in these ponds fed by underground freshwater springs and ocean currents were also believed by Hawaiians to have healing powers.

This raises a critical question concerning how people are affected when their natural resources are threatened or depleted. There are already residual signs that this process has been set in motion. For example, longtime fishermen have repeatedly complained about the quantity and quality of the catch in recent years. The Hawaii Department of Land and Resources blames the decline on over-fishing and is seeking to restrict fishing to certain areas on a rotating basis. However, the fishermen blame their diminishing catch on development and pollution. Fishermen claim that pollution and siltation over the coral reefs by construction run-off has led to the destruction of natural habitats and feeding grounds for fish (*Honolulu Star Bulletin*, May 5, 1987).

Resorts tend to change the complexion of a community as outsiders in search of work, gravitate to them in droves. Mushrooming population growth can be observed in any of the popular resort areas found in the islands. For example, Kailua-Kona, in West Hawaii, is currently the fastest growing district in the state with a 188% increase between 1970 and 1980 (Knox, 1984). This district also has the island's highest rent and real property costs.

Prior to 1970, the Kona area was known as a remote enclave of coffee and macadamia-nut farmers. Today, it has been slated as the next major area for resort construction. If major resort developments proceed as planned, the region's population will continue to grow according to this trend.

As the population increases in these areas, other parallel development concerns will need to be addressed. For example, transportation becomes an issue with more people commuting to and from the workplace. Highway systems require improvements in order to alleviate traffic congestion. As infrastructure expenditures rise, so do taxes. For farmers and other rural dwellers who exist in a chronic state of economic uncertainty, tax hikes increase financial burdens (*West Hawaii Today*, October 10, 1986). The escalation of land prices forces farmers to cut their losses and sell-out to developers willing to pay premium prices. Prime farm land is then converted into housing and other de-



velopments. Consequently, the face of the community and the lifestyle are dramatically altered.

Wealthy investors and land speculators think in terms of good investments and the more picturesque the location, the more likely it is to draw tourists. Over the years, land developments have cumulatively deprived native Hawaiians of their previous access to natural resources. Many of the traditional fishing and gathering grounds have been made inaccessible to nonhotel guests. Hotels are often situated in such a way as to provide exclusive ambience for its guests while at the same time preventing access of "outsiders" to the shoreline (*Hawaii Tribune-Herald*, August 15, 1982).

The construction of resorts has also had a significant visual impact upon shoreline areas. Once spectacular coastal views are now blocked from view or marred by man-made features. Land-use patterns have systematically consumed open spaces and scenic resources only offering them to a minuscule number of hotel guests.

Resorts also rely upon water and soil resources that are vital to the sustenance of the community. Political battles erupt over users' rights as developers and farmers compete for common resources. On the Big island of Hawaii, developers have moved truckloads of topsoil from higher elevations to create seaside golf courses atop lava beds. This practice not only ravages flora and fauna, it lays waste to potentially valuable agricultural lands. An exorbitant amount of scarce groundwater is being used to keep golf courses green while water for agricultural purposes is being stringently controlled.

Developers are banking on new technologies such as new drilling methods to tap high altitude water aquifers of the mountains and techniques to convert seawater to freshwater (*Honolulu Star Bulletin*, January 1, 1987). An unlimited water supply could mean unbridled growth in the relatively arid district of West Hawaii that to date has adopted a water rationing program to cope with a burgeoning population.

### Economic Impacts

Millions of tourists are drawn to Hawaii because of its sandy beaches, clean waters, coral reefs and images of "paradise". They are oblivious, however, to the damage and destruction caused

by their mushrooming presence in the state. The tourist industry fails to recognize that their main attractions are in jeopardy of being lost in large part because of the rate and narrow focus of economic growth.

The rate of tourist growth has made the economy overly dependent on this one sector, leaving Hawaii extremely vulnerable to external economic forces. An airline strike, economic recession or fuel crisis would be catastrophic for a tourist economy sitting in the middle of the Pacific Ocean. It is an economy characterized by large profits to a minority and low-paying service jobs to the majority.

### *Demographic Variables*

The crux of the argument in favor of resort development is the promise of jobs and economic prosperity for communities. Developers have launched publicity campaigns which emphasize employment opportunities for local residents. They have also attempted to appeal to people's sense of family commitment by promising jobs to keep their children and grandchildren on the islands. The propaganda campaigns closely resemble the approaches of the early missionaries in procuring converts. Throughout the state school system, tourism and resort developments are marketed to young people as the greatest economic resource in Hawaii.

A primary concern among many local residents is whether or not successive generations can sustain a life for themselves in Hawaii. Members of younger generations, especially those who are academically or professionally inclined, tend to choose careers unrelated to tourism. Many of them view tourist-related occupations as demeaning or a misuse of their talents. Aspects of tourism have been described in terms of neocolonialism where local residents are subjected to subordinate positions that serve whites (Erismann, 1983). In Hawaii, many local residents choose to avoid these types of positions by seeking jobs in other fields.

Because industrial development in Hawaii has been a relatively one-dimensional process related to tourism, alternatives for employment are scarce and highly competitive. As a result, many qualified individuals are migrating to the American mainland in search of jobs. Sometimes referred to as the "brain drain", this recent phase of migration continues unabated and has in-

cluded a large number of highly skilled and well-educated emigres (Pai, 1984).

The 1980 Census reported 258,000 Hawaii-born persons living in the other 49 states—almost 32% of all Hawaii-born persons. At the same time, more than 55,000 native Hawaiians, or 31% of the nation's total were living on the Mainland. Most of these migrants had moved because job opportunities were more numerous elsewhere, the pay was higher, and the cost of living was lower (Pai, 1985).

In-depth surveys revealed that out-migrants from Hawaii tended to have better educations, held higher status jobs, and enjoyed higher incomes than their counterparts in Hawaii (Pai, 1985). Furthermore, many desired to return to the islands, but were prevented by the negative aspects of the conditions—fewer jobs, lower pay, and higher prices—that had driven them away initially.

Meanwhile, the Hawaii Department of Planning and Economic Development projects that 40% of the total population increase expected between 1980 and 2005 will stem from the immigration of people from out-of-state. That means that by 2005, roughly 27% of Hawaii's total population over the age of five will have come from out-of-state (Pai, 1984).

The wholesale turnover in Hawaii's population base will have profound social and cultural affects upon the islands. Based on previous trends, the large majority of the immigrants will be Caucasians from the U.S. Mainland while the bulk of those leaving Hawaii will be of Asian-Pacific heritage (Farrell, 1982). The reduction of the critical mass of local residents paired with the influx of mainlanders will undoubtedly continue to shift the values and traditions of one of the most culturally rich and diverse places in the world.

### *Income and Cost of Living*

Hawaii residents are affected by an economy where wages and household incomes continue to decline while the cost of living steadily increases. When tourism first took over Hawaii's economy in the 1970's, for every twenty dollars in pay raises for workers, their cost of living went up thirty. Early in the 1980's, 48% of Hawaii's families earned less than \$20,000 a year while almost 60% earned less than \$25,000. The government's median

standard of living minimum for Hawaii is well over \$34,000 for a family of four. This economic trend of contrasting low wages and high cost of living continues to worsen during the 1980's (Stannard, 1985; 1986).

Hawaii's segmented labor market which affords little opportunity for upward mobility perpetuates the economic oppression and sense of powerlessness among native Hawaiians. The ample lower ranking positions are usually filled by native Hawaiians and other local residents. The fewer middle- and upper-management positions tend to be occupied by recruits from the mainland (Community Resources and Datametric Research, 1987).

### *Housing*

The ratio of housing costs to personal income in Hawaii is another critical area of concern related to economic impacts. Hawaii is currently experiencing a housing crisis throughout the islands. Even though hundreds of acres of land are removed from the protection of preservation zoning and conservation efforts, much of this development is for condominium and single-family housing. In recent years, only 2% of home buyers have been local first-time purchasers. The majority are wealthy out-of-state speculators (Stannard, 1985; 1986).

The reasons for the housing crisis are reflected in the inability of local residents to afford owner-occupied housing in their own state. In the early 1980's the average per capita income in Hawaii increased by a little over \$5,000, whereas the average selling price for a house or condominium increased over \$80,000 (Standard, 1985; 1986). Scores of native Hawaiians, unable to pay for a place to live, have resorted to illegally residing on public beaches. The "beach people," as they have come to be known, are symptomatic of Hawaii's trend in economic development and represent the tragic loss of land and livelihood in the face of modernization (*Honolulu Star Bulletin*, October 16, 1984).

### **Social Impacts**

As the Hawaiian islands have become more developed, the native Hawaiian people are consistently faced with issues related

to changes in their lifestyle and culture. Traditionally, native Hawaiians have cultivated a strong identification with the natural world. There is a keen understanding of the concept of an ecological whole in which there are many interacting and mutually dependent systems. Harmony and stability with the natural world are clearly visible in traditional Hawaiian values (Howard, 1974).

A central concern relating to tourism and resort development is how these changes affect the socio-psychological well-being of individuals who are largely dependent upon land and marine resources for self-identity and subsistence. Activities such as fishing and gathering of food sources are an integral part of their lifestyle. These activities not only consume a large part of their time but also place them in a web of co-existence and interdependence with other natural systems. This relationship has been a core value for the native Hawaiians and is reflected strongly in all aspects of Hawaiian culture (Native Hawaiians Study Commission, 1983).

The decline in economic conditions throughout the state corresponds with an overall decline in the quality of life for its residents—especially native Hawaiians. Difficulties in native Hawaiian adaptation to Western norms are manifested through a disproportionately high rate of social problems. In 1982, while native Hawaiians comprised 12% of the total state population, they made up 30.8 of those receiving Aid to Dependent Families (Native Hawaiians Study Commission, 1983).

Poor economic conditions are inherently linked to illicit activities such as burglary and robbery, drug-selling and welfare fraud. The percent of native Hawaiian adults arrested in Hawaii in 1981 was proportionally greater than the native Hawaiian percentage share of the entire population. Among juveniles, native Hawaiians comprised the largest percent of arrests for each crime examined. Native Hawaiians also comprise the highest percentage of all those incarcerated in the state (Hawaiians Study Commission, 1983).

Economic insecurity is linked to spouse abuse, drug abuse, alcoholism and mental health problems. These patterns also lead to personal and social alienation, loss of self-esteem, and estrangement from the values of mainstream society. Mental health

assessments indicate that native Hawaiians have a higher than expected incidence of personality disorders, mental retardation, and drug abuse relative to their proportion of the population (U.S. Dept. of Health and Human Services, 1986). Native Hawaiian males comprise the highest in suicide rates in the state: 22.5 per 100,000 compared to 13.5 per 100,000 for all other males (Native Hawaiians Study Commission, 1983).

Native Hawaiians are also plagued by numerous health problems. A once robust people who lived off the riches of the land presently have the highest rate of heart disease, cancer, and strokes in the state. They also have the highest infant mortality rate—14 per 1,000 live births compared to a statewide 10 per 1,000; and the lowest life expectancy—67 years compared to a statewide average of 74 years (U.S. Dept. of Health and Human Services, 1986; Native Hawaiians Study Commission, 1983).

In the educational arena, native Hawaiians comprise 30 percent of the school-age population and have the highest rates of academic and behavioral problems reported, the highest levels of absenteeism, and the lowest levels of performance. Only 4.6% of all adult Hawaiians over 25 years of age have completed college, compared to a statewide average of 11.3% (Native Hawaiians Study Commission, 1983).

As the prospects for educational attainment, economic security, and upward mobility continue to erode, communities at the lower end of the economic ladder will continue to shoulder the greatest burden of suffering. Furthermore, social service caseloads, as well as welfare costs, will continue to soar in the face of declining public and private support.

A recent report on the social service conditions for the West section of the Big Island of Hawaii, present some staggering findings. In the Kona district, for example, a crisis child protective service worker has a caseload of 89 (*Honolulu Star Bulletin*, April 18, 1987). In the nearby district of Waimea/Kohala, one adult service worker has 156 cases. The ratio of cases per worker makes it impossible to adequately serve those in dire need of services. To compound matters, West Hawaii's population is expected to increase by more than 87,000 people during the next 20 years due to the rapid growth spurred by a booming resort industry. At the present rate, it will be impossible for human

services to keep pace with this type of growth. The negative social costs of boom development has been thoroughly documented in a wide range of investigations (Glick, 1981; Luces, 1971; Riffel, 1975).

### Impact Assessments

The ecological and socio-cultural disruption of the Hawaiian islands has been interpreted in a variety of ways. Resort development and tourism are often defended in terms which stress their economic advantages and minimize their negative social effects. There is a lack of accurate and sensitive assessment of these effects on native Hawaiians and the islands themselves. Often social impact assessments are done by those who represent the interests of resort developers who typically ignore the needs and concerns of native Hawaiians.

A primary and consistent tool for assessing the impacts of resort construction are Environmental Impact Statements (EIS). When developers plan a new project in designated conservation areas, state lands, or areas considered to be environmentally at risk (e.g., coastal areas) they are required by law to write an EIS. The EIS is submitted to the government agency who has jurisdiction over the development. After a review process, a decision is made over whether or not the developers can proceed. The EIS is composed of sections analyzing the probable and unavoidable impacts upon the social and physical environment.

It is the responsibility of the developer to prepare the EIS and it is a common practice for them to hire specialists in private practice from the community to examine and document the projected effects of the development project. The income of many private contractors relies exclusively upon contract work from major development firms. This means that they must prepare documents that satisfy the developers or risk jeopardizing their chances for future contract work. Given these conditions, one might safely assume that the objectivity of the documentation concerning social and physical impacts is questionable.

Major difficulties arise when one attempts to conceptualize the issues surrounding tourism and resort construction in the context of environmental impacts and social change. For the most part, development in the islands has been piece-meal, lack-

ing a master plan or consideration of the long-term, cumulative effects. Assessing the impact of growth in certain areas has been conducted on an ad hoc basis and only after considerable strain has been placed upon existing infrastructure and public works.

### Conclusion

The decimation of the land and water resources affects everyone living or visiting the Hawaiian islands, it is especially detrimental, however, to the native Hawaiian culture where the natural environment is an integral part of everyday existence. The people whose namesake is synonymous with their homeland have been rendered powerless amidst the changes brought forth by outsiders. We have seen history repeat itself from the changes brought about by the early missionaries to the current behaviors and attitudes of developers. After reviewing the social, environmental and cultural impacts, one has to pose the question of who is truly benefiting from resort development and tourism and reaping the bulk of the economic profits. The data suggest that it is not native Hawaiians.

Continued development in Hawaii is viewed as inevitable and many, including the native Hawaiian population, express a sense of helplessness and inability to effect change. This sense of powerlessness is coupled by the confusion caused by an overreliance on the tourist industry for economic survival. Without viable alternatives, native Hawaiians are coerced into a dependent relationship with resort development and the tourist industry as a whole.

The human aspects of land development and social change have long been ignored by developers and politicians. A critical analysis of the social ramifications of current and future projects may prevent the further destruction of culture and lifeways or at least allow decision-makers to deliberate more responsibly. Alternative strategies for appropriate mitigation might include: (a) independent, government sponsored social impact assessments, (b) the documentation of resorts that serve as exemplary models for cultural and environmental sensitivity, (c) contractual requirements vis-a-vis job training for indigenous people at levels other than menial labor, (d) the establishment of a state task force on economic diversification, (e) the promotion of com-



munity-based economic development projects, (f) major fines issued to resorts for noncompliance to be paid into community economic development projects, and (g) a social services impact tax on development projects to assist with the "prevention" of projected negative social costs. Social workers, by virtue of their background and training, are in a natural position to assume an instrumental role in the development and implementation of strategies to mitigate negative impacts.

The preservation of traditional lifestyles has numerous social and economic benefits. But beyond these realms lies a fundamental humanitarian issue. The loss of cultural traditions in the face of "progress" means the loss, in a general sense, of a part of our humanity. Preventive measures need to be taken to preserve cultural traditions and eliminate some of the excesses of the past.

The issue becomes one of conscience. Too often, the needs of native Hawaiians have been discounted and negated. Due to motives of short-term gain and individual profit, a culture which has valued the concepts of collectivity, mutuality and ecological compatibility is being systematically destroyed. We need to consider the effects of resort development and tourism upon the well-being of all of Hawaii's people, especially its original inhabitants.

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# A Cross-Cultural Analysis of Psychiatric Symptom Expression Using Langner's Twenty-Two Item Index\*

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*An analysis of psychiatric symptom response using Langner's twenty-two item index was conducted across three cultural settings. Respondents were Anglo-American, Vietnamese Chinese, and Mexican. Some similarities did exist in response patterns and in those symptom items highly correlated with the total psychiatric screening score. Close examination revealed between-group differences indicating that not all twenty-two items were valid indicators of psychological disorder across cultures. The study highlights issues in the development and use of symptom checklists to measure and assess mental health constructs across cultures.*

Although the concept of mental illness appears to be universal, the distribution of specific types of psychopathology and the manner in which they manifest themselves have been shown to vary across different socio-cultural settings. The behavior or symptom clusters which define disease entities are, to some degree, shaped by their social context. Phillips and Draguns (1969), in a thorough review of the literature, concluded that symptoms were not directly translatable into diagnoses particularly when viewed from a cross-cultural perspective. Dohrenwend and Dohrenwend (1974) concur in stating that "it is now so well recognized that symptoms can take on coloration from the culture that we shall simply join the chorus by agreeing with this conclusion" (p. 432). All of this carries implications for the

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assessment and measurement of social-psychological variables in different cultural settings from both a clinical and research perspective.

The purpose of this particular study was to examine psychiatric symptom expressions across three cultures using Langner's twenty-two item index of psychiatric symptoms. More specifically, the study assessed the cross-cultural equivalence of Langner's 22 symptom items by examining whether different cultural groups tended to respond to symptom items in similar ways.

The validity of an instrument, test, or diagnostic system developed and established in one particular sociocultural setting is often assumed to generalize to other dissimilar settings. In other words, the transcultural existence of the underlying construct and the validity and equivalence of common symptom items are usually assumed and not empirically tested. This often results in an ethnocentric approach to cross-cultural research and clinical practice and in the imposition of a cultural and class bias which could lead—and often does lead—to invalid and meaningless results.

The precise translation of items or the use of culturally similar interviewers do not in themselves guarantee valid assessments or measures (Brislin, 1980; Draguns, 1977). Symptom items may have different meanings in different socio-cultural contexts and therefore may not be measuring the same underlying construct across cultural groups (Draguns, 1982; Murphy, 1969; Vernon & Roberts, 1981).

Several studies published in recent years have used the Langner symptom items as indicators of a number of mental health constructs in a variety of cultural settings. Study samples have included Blacks (Gaitz & Scott, 1972), Puerto Ricans (Haberma, 1970), and Mexican Americans (Mirowsky & Ross, 1980) as well as Mexicans (Langner, 1965), Colombians (Micklin & Leon, 1978), Vietnamese Chinese (Roberts, Chau, Nishimoto & Mok, 1982), Jewish Moroccan immigrants in Canada (Lasry, 1977), and Asian immigrants in Britain (Cochrane & Stopes-Roe, 1977). However, only a few systematic investigations have ever been conducted assessing the cross-cultural validity and applicability of the index's items (Cochrane, Hashmi & Stopes-Roe,

1977; Dohrenwend, 1966; Gove, McCorkel, Fain & Hughes, 1976; Lasry, 1977; Wheaton, 1982).

## Method

### *Instrument*

The twenty-two item index is a psychiatric screening instrument developed during the Midtown Manhattan Study and is used to identify noninstitutionalized cases of psychological disorder (Langner, 1962). It is a widely used epidemiological survey instrument and has been labeled "one of the cornerstones of social, epidemiologic, and clinical research in mental health" (Wheaton, 1982, p. 25). Although there has been some confusion in naming the specific construct operationalized by the index, it is said to "provide a rough indication of where people lie on a continuum of life functioning due to very common types of psychiatric symptoms" (Langner, 1962, p. 269). Wheaton (1982), in his analysis of the Langner index, concluded that the underlying dimensions tapped by the symptom items were those of depression and generalized anxiety and that index scores covered the range of impairment from none, through moderate, to lower levels of severe.

The index consists of 22 closed-ended questions which ask respondents to report the occurrence or degree of occurrence of a variety of psychological and psychophysiological symptoms.<sup>1</sup> The items were selected from a pool of 120 symptoms on the basis of their ability to discriminate between a patient group and a "known well" group. The screening score is a summation of pathognomonic responses and ranges from 0 to 22. A higher score indicates a greater degree of impairment. A cut-off score of four was empirically established by Langner to indicate "at what point the score became 'serious' or predictive of psychiatric impairment" (Langner, 1962, p. 275).

### *Samples*

The research method used in this study was the secondary analysis of existing data. The data came from three cross-sectional surveys conducted in four Nebraska cities (Johnson & Meile, 1981), in Hong Kong (Roberts, Chau, Nishimoto & Mok, 1982), and in El Paso, Texas and Ciudad Juarez, Mexico (Bur-

nam, Timbers & Hough, 1984). Each study's sample represented a distinct cultural group: (a) a random sample of Anglo-Americans, (b) an accidental sample of Vietnamese Chinese, and (c) a multi-stage cluster sample of Mexican respondents.

Data from the Vietnamese Chinese sample were collected in face-to-face interviews lasting one and a half hours and conducted by trained, Cantonese speaking research personnel. The interview schedule was translated into Cantonese by Vietnamese Chinese volunteers and was reviewed and revised by a Vietnamese medical practitioner. The instrument was then pre-tested and further revisions were made.

The interview schedule used with the Mexican sample was originally written in English and later translated into Spanish and reviewed. Both versions were pre-tested in the field and again revised. The interviews were administered by trained research personnel many of whom were bilingual and lasted from 1¼ to 2½ hours.

The distributions of the three groups on major socio-demographic variables are summarized in Table 1. As shown, the three groups differed substantially on sex, education, and age but were similar on marital status. These differences take on significance in that research findings could be spurious due to between-group differences in demographic composition. In an attempt to examine and control for the effects of those demographic differences, the complete analysis reported in this article was replicated on truncated samples consisting of males under the age of 60 with a high school education or less. Findings regarding any between-group differences or similarities in response patterns were consistent across the two analyses. A detailed report of the replicated analysis can be found elsewhere (Nishimoto, 1985).

## Results

### *The Total Screening Score*

While the distributions of Langner scores differed to some extent among the three cultural groups, findings within each sample were consistent with expectations based on theoretical grounds and on the results of previously published research. These results provided some evidence—though the evidence is

Table 1

*Socio-Demographic Composition of the Three Samples*

(Percentages)

Variable	Sample		
	Anglo-American (N = 11,027)	Vietnamese Chinese (N = 293)	Mexican (N = 213)
Sex			
Male	43.0	80.9	39.9
Female	57.0	19.1	60.1
Marital Status			
Single	8.1	29.0	13.1
Married	77.5	68.9	74.2
Separated/Divorced	4.6	----	8.5
Widowed	9.9	2.0	4.2
Age			
Less than 20	0.3	4.1	----
20-29	18.2	40.3	29.1
30-39	19.3	20.3	30.1
40-49	20.8	19.0	28.6
50-59	18.0	11.8	11.7
60 or more	23.9	4.0	0.5
Education			
Graduate/Professional	3.4	----	2.8
College graduate	6.4	----	0.5
Partial college	17.2	3.4	4.2
High school graduate	38.3	11.6	2.8
Partial high school	16.3	14.7	13.6
Jr. high or less	18.3	70.3	76.1

NOTE: Percentage figures may not total 100 due to rounding error. A dashed line means "no respondents".

more suggestive than conclusive—for the construct validity of the Langner items. Screening scores for the Anglo-American sample were highly skewed with a median score of 2.30. The mean screening score was 3.11 which was well within the range of mean scores reported in other studies of American respondents (Antunes, Gordon, Gaitz & Scott, 1974; Langner, 1962; Summers, Seiler & Hough, 1971). Approximately 34% reported

four or more symptoms, the cut-off point indicating a high risk of psychiatric impairment. This was also well within the range of findings reported in other studies of mental disorder (Antunes, Gordon, Gaitz & Scott, 1974; Langner, 1962; Summers, Seiler & Hough, 1971).

The distribution of scores for the Vietnamese Chinese cultural group was also highly skewed with a median of 2.64 and a mean of 3.25. A larger percentage (41%) reported four or more symptoms. The higher mean score and the larger percentage of respondents who scored four or more were consistent with hypotheses derived from the fact that the Vietnamese Chinese had recently experienced stressors associated with the refugee experience. These findings provided preliminary evidence for the construct validity of the Langner index.

A further comparison was made between this Vietnamese Chinese group and data reported in a study of Chinese in Hong Kong (Lo, 1984). As hypothesized, the percentage of the Vietnamese Chinese sample who had Langner scores of four or more were (a) higher than the percentages based on data from Lo's general population samples, and (b) lower than the percentage based on a neurotic outpatient sample.

The distribution of scores for the Mexican group was less dispersed and on the average ( $M=2.76$ ) lower than that of either the Anglo-American or the Vietnamese Chinese cultural groups. Fewer respondents (29.1%) had scores of four or more. These comparatively lower screening scores were consistent with findings reported in two other cross-cultural studies of Mexican-American and Mexican respondents (Antunes, Gordon, Gaitz & Scott, 1974; Mirowsky & Ross, 1980).

#### *Responses to Individual Langner Items*

Table 2 gives the percentage of respondents within each cultural group who gave pathognomonic responses to each symptom item. On close examination it appears that while the response patterns across the three cultural groups are not identical, some similarities do exist. Although findings are far from definitive, they provide some evidence which point to a moderate degree of consistency in symptom choice across the three samples.



Table 2

*Percent Pathognomonic Responses to Each of the Twenty-Two Langner Items*

Paraphrased Items	(Percentages)		
	Anglo- American (N = 11,027)	Sample Vietnamese Chinese Mexican (N = 293) (N = 213)	
Worrying Type	42.4	30.4	49.3
Restlessness	33.3	34.8	23.0
Hot all over	25.1	9.6	21.1
Nothing turns out	24.4	25.9	8.9
Fullness in head	24.1	16.7	1.4
Anything worthwhile	22.8	18.8	27.2
Can't get going	19.8	43.3	18.3
Acid stomach	16.8	5.8	8.0
Trouble sleeping	14.5	5.1	16.0
Feel apart, alone	13.5	28.3	23.9
Weak all over	12.2	25.6	4.2
Nervousness	12.2	1.0	4.2
Personal worries	12.1	18.1	11.7
Headaches	10.2	1.4	10.3
Memory	5.8	26.3	23.0
Shortness of breath	4.8	0.7	2.8
Heart beating hard	4.7	1.4	1.4
Low spirits	3.9	25.9	12.7
Hands tremble	2.6	0.7	1.4
Cold sweats	2.2	1.4	0.5
Poor appetite	2.2	2.7	6.6
Fainting spells	1.2	0.7	0.0

There was considerable overlap in the specific items most likely to be reported within each cultural group. Of the 11 items most frequently reported by the Anglo-American sample, 8 were among the 11 items most frequently endorsed by the Vietnamese Chinese group, and 7 were among the 11 most frequently endorsed by the Mexican group.

For the Anglo-American sample, pathognomonic response

Table 3

*Spearman Rank-Order Correlations Between Items Ranked According to Percent Pathognomonic Response*

		Anglo- American	Vietnamese Chinese	Mexican
The Study's Samples	Anglo- American Vietnamese	---	---	---
	Chinese	.63	---	---
	Mexican	.59	.75	---
Previously Published Research (American Samples)	Midtown <sup>a</sup> Sample	.80	.72	.74
	Hennepin <sup>b</sup> Sample	.93	.69	.59
	Goodplace <sup>c</sup> Sample	.85	.57	.60
	Smallville <sup>c</sup> Sample	.89	.65	.53
	New York <sup>d</sup> Sample	.81	.74	.82

- a. "A twenty-two item screening score of psychiatric symptoms indicating impairment" by T. S. Langner, 1962, *Journal of Health and Social Behavior*, 3, pp. 269-276.
- b. "Psychiatric symptoms: Cross-validation with a rural sample" by G. F. Summers, L. H. Seiler, & R. L. Hough, 1971, *Rural Sociology*, 36, pp. 367-378.
- c. "Validating a mental health scale: by J. G. Manis, M. J. Brawer, C. L. Hunt, & L. Kercher, 1963, *American Sociological Review*, 28, pp. 108-116.
- d. "Ethnic differences in psychiatric symptoms reported in community surveys" by P. W. Haberman, 1970, *Public Health Reports*, 85, pp. 495-502.

rates ranged from 1.2% to 42.2% with most item endorsements (14 out of 22 items) being over 10%. Similarly, the Vietnamese Chinese response rates ranged from .7% to 43.3% with half of the items being endorsed by 10% or more of the sample. The response rates for the Mexican group were more dispersed than either sample ranging from 0% to 49.3%. There were also a fewer number of items with reporting rates of over 10%.

In a further analysis of item response rates, item ranks were assigned according to the percent pathognomonic response and Spearman rank-order correlation coefficients were calculated between cultural groups. All three correlation coefficients were high but it appears that the pattern of symptom choice was much more similar between the two non-Anglo groups than it was between the non-Anglo and the Anglo-American samples (see Table 3).

These findings were further supported by correlation coefficients calculated between item ranks based on data from the three cultural groups and from published studies of American respondents. As shown in the bottom half of Table 3, all 15 coefficients were substantial. In other words, items most frequently endorsed by one cultural group, tended to be more frequently endorsed by respondents from the other cultural groups as well. And as expected, item ranks for the Anglo-American group correlated most highly with those of the five American samples.

When response rates were compared by symptom subgroups which were based on clinical judgements made by psychiatrists and medical internists and reported by Crandell and Dohrenwend (1967), the similarities in symptom expression across cultural groups became quite apparent. As the data in Table 4 indicate, those symptom items most likely to be endorsed regardless of the respondent's cultural background were those judged to be primarily psychological in nature, followed by those classified as physiological symptoms most often associated with psychological disorder. Symptoms judged to be primarily indicators of physical disorder or ambiguous in nature were least likely to be reported across all three cultural groups. These similarities occurred in spite of the fact that the classification of symptoms was based on Western psychiatric nosology.

#### *Cross-System Reliability and Item-Total Correlations*

Cronbach's alpha reliability coefficients showed the index to be very reliable for only the Anglo-American ( $\alpha = .77$ ) and Vietnamese Chinese ( $\alpha = .77$ ) samples. Adequate reliability was not established for the Mexican cultural group ( $\alpha = .68$ ).

A closer examination of individual item-total correlations provided some additional indication of the internal consistency of the 22 Langner items across the three cultural settings. Since

Table 4

*Percent Pathognomonic Responses to Four Subgroups of Langner Items*

Paraphrased Items	Sample		
	Anglo- American (N = 11,027)	Vietnamese Chinese (N = 293)	Mexican (N = 213)
<b>Psychological Symptoms</b>			
Worrying type	42.4	30.4	49.3
Restlessness	33.3	34.8	23.0
Nothing turns out	24.4	25.9	8.9
Anything worthwhile	22.8	18.8	27.2
Can't get going	19.8	43.3	18.3
Trouble sleeping	14.5	5.1	16.0
Feel apart, alone	13.5	28.3	23.9
Nervousness	12.2	1.0	4.2
Memory	5.8	26.3	23.0
Low spirits	3.9	25.9	12.7
<b>Psychophysiological Symptoms</b>			
Hot all over	25.1	9.6	21.2
Weak all over	12.2	25.6	4.2
Personal worries	12.1	18.1	11.7
Headaches	10.2	1.4	10.3
Cold sweats	2.2	1.4	0.5
<b>Physiological Symptoms</b>			
Fullness in head	24.1	16.7	1.4
Poor appetite	2.2	2.7	6.6
Fainting spells	1.2	0.7	0.0
<b>Ambiguous Symptoms</b>			
Acid stomach	16.8	5.8	8.0
Shortness of Breath	4.8	0.7	2.8
Heart beating hard	4.7	1.4	1.4
Hands tremble	2.6	0.7	1.4

NOTE: Subgroups are based on clinical judgements of American psychiatrists and medical internists reported by Crandell and Dohrenwend (1967).

the Langner index is intended to measure degrees of psychological disorder or impairment, one would expect those items clinically judged to be indicators of psychological disorder to be more highly correlated with the total screening score than those judged to be primarily physiological or ambiguous in nature. The data in Table 5 show this to be the case.

The mean item-total correlations for the psychological and psychophysiological symptoms were higher than those for the physiological and the ambiguous symptoms for all three cultural groups.

There was also considerable overlap among the three samples in those symptom items with adequate item-total correlations. Thirteen of the Langner items had item-total correlations greater than .30 for at least two of the three cultural groups—6 of which had item-total correlations greater than .30 in all three cultural settings. For the Anglo-American sample, 13 Langner items had item-total correlations greater than .30—9 of the 10 psychological symptoms and 4 of the 5 psychophysiological symptoms. All 7 physiological and ambiguous symptoms had correlations less than .30. For the Vietnamese Chinese group, 11 of the 15 psychological and psychophysiological symptom items had item-total correlations of at least .30 as compared to 3 out of the 7 physiological and ambiguous items. Item-total correlations for the Mexican sample were, on the average, lower than those of the other two cultural groups. While only 8 of the 22 index items had correlations of .30 or more, all 8 were in the psychological or psychophysiological symptoms subgroups. It therefore appears that the 22 Langner items are less internally consistent when administered to Mexican respondents. These findings could also be interpreted as providing some preliminary indication as to which symptoms had identical, cross-cultural validity and which were equivalent but culture-specific.<sup>2</sup>

#### *Identical and Equivalent Indicators*

Items with identical cross-cultural validity were identified by examining the pooled, interitem correlation matrix. Those items that were highly intercorrelated were assumed to have identical cross-cultural validity (Przeworski & Teune, 1970). The specific criteria used to identify those items are detailed else-

Table 5

*Item-Total Correlations and Mean Item-Total Correlations for Four Subgroups of Langner Items for Each Cultural Group*

Paraphrased Items	Sample					
	Anglo- American		Vietnamese Chinese		Mexican	
	r	mean r	r	mean r	r	mean r
<b>Psychological Symptoms</b>						
Nervousness	.498		.209		.351	
Can't get going	.414		.452		.332	
Worrying type	.411		.469		.141	
Trouble sleeping	.387		.390		.392	
Anything worthwhile	.382	.375	.422	.377	.271	.321
Restlessness	.380		.421		.298	
Feel apart, alone	.370		.334		.312	
Low spirits	.353		.437		.459	
Nothing turns out	.319		.437		.225	
Memory	.233		.203		.425	
<b>Psychophysiological Symptoms</b>						
Personal worries	.428		.481		.347	
Weak all over	.412		.320		.270	
Hot all over	.345	.351	.476	.339	.179	.253
Headaches	.313		.199		.350	
Cold sweats	.255		.219		.120	
<b>Physiological Symptoms</b>						
Fullness in head	.255		.311		-.020	
Poor appetite	.198	.205	.236	.166	.226	.069
Fainting spells	.162		-.048		.000	
<b>Ambiguous Symptoms</b>						
Shortness of breath	.277		.174		.042	
Heart beating hard	.274		.339		.111	
Hands tremble	.272	.272	.174	.256	.062	.098
Acid stomach	.263		.335		.178	

NOTE: Subgroups are based on clinical judgements of American psychiatrists and medical internists reported by Crandell and Dohrenwend (1967).

where (Nishimoto, 1985). The remaining items were then correlated with the identical items within each cultural group in order to identify those indicators which were equivalent but culture-specific and those items which were not equivalent and therefore, could be dropped from the index. Reliability was then reassessed on the reconstructed index of each cultural group.

Table 6

*Langner Items Which Were Identical Across Cultures and Those Which Were Equivalent and Culture-Specific*

Identical Items	Equivalent/Culture Specific		
	Anglo-American	Vietnamese Chinese	Mexican
Weak all over	Heart beating hard	Heart beating hard	Memory
Can't get going	Acid stomach	Acid stomach	Headaches
Low spirits	Shortness of breath	Fullness in head	
Hot all over	Hands tremble		
Restlessness	Headaches		
Worrying type			
Nervousness			
Trouble sleeping			
Personal worries			
Feel apart, alone			
Nothing turns out			
Anything worthwhile			

Analysis of the pooled, inter-item correlation matrix identified only 12 of the 22 Langner items to have identical cross-cultural validity (see Table 6). A closer examination of these findings showed that those symptom items which measured affective states were more likely to have identical cross-cultural validity than those items which were somatic expressions of psychological distress.

Using the Crandell and Dohrenwend classification, all 12 of the identical items were judged to be psychological or psychophysiological in nature. None of those items judged to be indicators of physical illness or ambiguous indicators were found to be identical and valid across cultures. Nine of the 12 psychological symptoms and 3 of the 5 psychophysiological symptoms were among the 12 identical items. In addition, all 12 items had item-total correlations greater than .30 and according to Nunnally (1978), item-total correlations are also a good way to select out the best items.

The 12 identical items were next correlated with the remaining 10 Langner items within each cultural group in order to

identify those indicators which were equivalent but culture-specific. Results of this analysis are also presented in Table 6. Five additional items were found to be equivalent indicators of the underlying construct within the Anglo-American cultural group; 3 additional items were identified for the Vietnamese Chinese group; and 2 items were added for the Mexican sample.

Internal consistency reliability was reassessed on the reconstructed, culturally grounded indexes which consisted of the 12 identical items and those items found to be valid for that particular cultural group (i.e., the culture-specific items). Reliability coefficients for the revised indexes for the Anglo-American ( $\alpha = .76$ ) and Vietnamese Chinese ( $\alpha = .77$ ) groups were substantial. The reliability for the Mexican group ( $\alpha = .68$ ) was still below the .70 standard set earlier.

### Summary

An analysis of responses to the 22 Langner items provided preliminary evidence suggesting some degree of similarity in symptom expression across the three cultural groups. However, upon closer examination, findings also seemed to indicate that not all 22 items were equally promising as indicators of psychological disorder across cultural boundaries.

Although the distribution of Langner scores differed among the three samples, differences were consistent with findings reported in other studies of mental health. An examination of responses to individual Langner items showed some similarity in global response patterns across the three groups suggesting some degree of consistency in symptom choice across cultural settings.

However, on closer examination, cross-cultural differences became apparent in the specific items most frequently endorsed and in those items most highly correlated with the total screening score. These findings seemed to indicate that not all 22 symptoms were equally consistent indicators of psychiatric impairment in all three cultural settings. Between-group differences were most apparent in regard to the Mexican sample. Analysis of the inter-item correlation matrix showed only 12 of the 22 items to be equivalent across cultures. Analysis within each cultural group identified additional items which were equivalent but culture-specific.



Findings from this study must be interpreted cautiously due to methodological limitations inherent in the data. To control for differences in socio-demographic composition, the item analysis was replicated on a truncated sample. As stated earlier, findings were consistent across the two analyses. However, differences in socio-demographic make-up were only partially controlled for and therefore remain plausible explanations for any between-group differences or similarities reported in this study.

Another significant limitation of this study was its narrow focus on only the 22 symptom items which comprised the Langner index.

### Discussion

Methodological studies of cross-cultural measurement issues have important substantive implications for both mental health practitioners and researchers. Whether or not and in what manner the socio-cultural context influences the occurrence and symptom manifestations of mental illness are empirical questions which a focus on cross-cultural measurement would address.

From a methodological perspective, the study of cross-cultural measurement can be seen as an attempt to identify and assess systemic variables which might influence the kinds of inferences one makes in moving from behavioral and affective indicators to higher level mental health constructs. This could result in more reliable, valid, and cross-culturally meaningful measures which would facilitate the assessment and diagnosis of culturally diverse clients and their presenting problems for clinical as well as research purposes. As Rack (1982) and Marsella et al. (1973) point out, the manifestations or symptom patterns of mental illness are not the same everywhere and this could lead to misdiagnosis and incorrect treatment. Therefore, clinical judgements based on observations or self-reports and on interpretations of social/psychological indicators need to take into account differing cultural perspectives. That is a measurement issue and a substantively important topic for investigation.

Clinically, the helping professions are becoming increasingly involved in the delivery of services to ethnically diverse clientele. Given a culturally pluralistic approach to mental health practice and service delivery and a growing number of new

immigrants who are seeking access to services, the culture variable will continue to have important implications for the development of social policies, the organization and delivery of social services, and the conduct of direct clinical practice. However, this commitment needs to move beyond an increased awareness and understanding of cultural differences. It needs to be translated and incorporated into what mental health professionals do—both in practice and in research—and the manner in which they carry out the tasks and agendas of their profession.

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### Footnotes

1. Langner items as reported in this article have been paraphrased for brevity. The complete Langner index can be found in Langner (1965). Examples of the twenty-two Langner items are “I feel weak all over much of the time” “You sometimes can’t help wondering if anything is worthwhile anymore” and “Would you say your appetite is poor, fair, good, or too good”.
2. According to Przeworski and Teune (1970), an indicator has identical cross-cultural validity if it is an indicator of the same property or construct across different cultural boundaries. In other words, an identical indicator is a common indicator that indicates the same property or construct across systems. An equivalent but culture-specific indicator is an indicator of the same property or construct which is unique to one or a smaller subset of cultural contexts.

# Health and Social Service Needs in a Northeastern Metropolitan Area: Ethnic Group Differences\*

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*Data from a representative sample of Boston area residents were analyzed to examine differences among ethnic populations in perceived needs and use of services for eight problem areas. The areas studied were: employment problems; financial problems; problems of the aged living alone; alcohol problems; personal; family or marital problems; child behavior or education problems; the need for homemaker services; and the need for a home nurse. The results indicate substantial differences between perceived needs and reported use of services, and both those factors varied by ethnic identification.*

We recently examined survey data from the Boston area and identified large discrepancies between the perceived need and the reported use of services (Bradshaw, 1972; Thayer, 1973) in each of eight problem areas (Demone and Cleary, 1983). The areas discussed were employment problems; financial problems; problems of the aged living alone; alcohol problems; personal, family or marital problems; child behavior or education problems; the need for homemaker services; and the need for a home nurse.

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If health and social service professionals are to respond to unmet needs such as these, it is necessary to examine more closely the factors affecting the prevalence of problems, the perception of need, and help-seeking behavior. In this paper we examine the extent to which reported prevalence, perceived need, and actual use of services varies among certain ethnic populations in the Boston area.

### Background

The prevalence of many of the problems discussed here varies according to the socioeconomic conditions in the area studied, but a number of researchers have reported systematic variation among ethnic and cultural groups that persist when socioeconomic factors are controlled. For example, there appear to be relatively persistent cultural differences in patterns of alcohol use that are independent of socioeconomic factors (Snyder, 1978; Glassener and Berg, 1980; King, 1961; Chafetz and Demone, 1962; Roberts and Myers, 1967; Room, 1968; Lowenthal, Walt, and Klein, 1975; Schmidt and Papham, 1976). The degree to which symptoms are perceived, labeled and acted upon has been shown to be significantly related to gender, ethnicity, and social class (Zborowski, 1952; Saunders, 1954; Koos, 1954; Zola, 1966; Zborowski, 1969; Angel and Cleary, 1984; Sternbach and Tursky, 1965; Hochschild, 1981; Barnett, Biener, Baruch, 1987; Cleary and Mechanic, 1983; Kessler, Brown, and Broman, 1981; Mechanic, 1972; Koopman, Eisenthal and Stoeckel, 1984; Pennebaker, 1982; Lipton and Marbach, 1984; Cleary, Mechanic, and Greenley, 1982). For example, in a classic study conducted at the Massachusetts General Hospital in Boston, Zola (1966) examined the effect of culture on patients' presentation of symptoms. He examined 29 patients at one of the clinics who had no apparent medical disease. He found that among Italian patients, psychogenic factors were suggested in 11 of the 12 cases. Among the other 17 patients, psychogenic factors were suspected in only four cases.

Zborowski (1952) studied reactions to pain among different ethnic groups in a New York City hospital and concluded that Italians are more oriented towards the actual experience of pain and are primarily concerned with relief from pain, whereas Jews tend to be more concerned with the meaning of the pain and

the potential consequences of their symptoms. He also found the "Old American" patients are more likely to be stoical about pain and Irish Americans have a tendency to deny their conditions.

Croog and Mechanic conducted research that partly replicated, but also extended this earlier work. Croog (1961) analyzed responses to the Cornell Medical Index by 2,000 army inductees and found that Italian and Jewish respondents reported the most symptoms. He found that the pattern of symptom reporting was correlated with education for Italian, but not Jewish, respondents. Mechanic (1963) has also studied the relationship between religion and illness behavior in several studies of university students. In two of his earlier studies (Mechanic, 1963), he found that Jewish students at two different universities reported a higher tendency to use physician services than Protestant or Catholic students. He tested whether the observed differences were due to differences in social class and found that the differences in illness behavior were especially evident among higher class respondents. In a later study of 1,502 randomly selected university students and a group of 274 student applicants for psychological or psychiatric services who were studied prospectively for two years (Greenley and Mechanic, 1976), he found that applicants for psychiatric services were significantly more likely than students in the random sample to be women, Jewish and non-Catholic; to have no religious affiliation or to be non-participants in religious activity, to have Eastern European ancestry, or to have been born in the Northeastern United States; to be students in the social sciences, humanities, or fine arts, to be seniors or post-graduate students, and to have fathers with more education and higher status occupations. Applicants for help at the counseling center, on the other hand, were not significantly different from the random sample on religious characteristics. The patterns among students in the random sample reporting use of services were similar. A particularly interesting conclusion from their paper is that most social and cultural factors related more to the decision about where to seek help than on the decision whether to seek help.

More recently, Koopmen, Eisenthal, and Stoeckel (1984) studied 40 Italian-American patients and 44 Anglo-American patients from two ambulatory medical practices. They found that Italian-American patients reported pain significantly more fre-

quently than did Anglo-American patients. Interestingly, however, age and sex were found to mediate the relationship of ethnicity to reported pain. The relationship was only significant among women and among patients over 60 years of age.

There is every reason to believe that these "styles" of symptoms monitoring and response should generalize to other areas of problem appraisal and help seeking. Surprisingly, however, although there has been a great deal written about the need for direct service workers to be sensitive to ethnic differences when providing services (Devore and Schlesinger, 1981), virtually no data exist on the way different ethnic groups report and seek help for a variety of social service needs.

### Hypotheses

Our hypotheses, based on the medical help-seeking literature described above, were that:

1. Jewish respondents would be highly likely to acknowledge problems. Furthermore, because past studies suggest that Jews may be more attuned to the consequences of their problems, we expected that they would be the group most likely to seek help for acknowledged problems.
2. Irish-Catholic respondents would tend to deny problems and thus have a low prevalence of reported problems and also have a low incidence of help-seeking.
3. Italian-Catholic respondents would tend to acknowledge problems. However, because of an emphasis on the problem itself rather than the consequences, they will be less likely to seek help for acknowledged problems.
4. The White-Protestant group of respondents was predicted to be likely to acknowledge problems but be stoical and not seek help for their acknowledged problems.

There were a substantial number of black respondents (11.6%) and respondents of other or mixed ethnic backgrounds (26.6%) in the data analyzed, but we had no *a priori* hypotheses about the behavior of these groups.

### Study Design and Methods

To test these hypotheses, we analyzed data from a representative sample of residents of the Boston metropolitan area (Rohman, 1975). Although a number of studies have examined



ethnic differences in help-seeking tendencies, this study was unique in that the information collected dealt with a broad range of service providers and collected data from representative samples of the religious and cultural groups studied previously: Blacks, White Protestants, Irish Catholics, Italian Catholics, and Jews (Wechsler, Demone, and Gottlieb, 1978; Wechsler, Gottlieb, and Demone, 1979). Another unique feature of the study is that questions were asked to help distinguish between "felt need" and "expressed need" and "diagnostic needs" and "prescriptive needs." Thus, we were able to distinguish between those who expressed a need for services and those who actually attempted to secure help for their problem.

The 1,043 respondents were residents of the 69 cities and towns constituting the Boston Standard Metropolitan Statistical Area (SMSA) (Rohman, 1975). An area probability sample of all housing units in the SMSA was used. Each block or enumeration district was given a selection probability proportionate to its estimated size in the 1970 census. For the final sample, housing units were drawn from these listings, resulting in a total of 200 blocks, each with an average of 19 housing units, making a total of 3,800 housing units.

The names of all household members were obtained from the selected housing units. Information regarding patterns of residential mobility was also obtained. Finally, one-third of the units were designated for use in the final sample and for more detailed face-to-face interviews with the residents.

Each housing unit in the SMSA had an equal chance of being selected for the sample except that Black households were oversampled. Once a selection was made, substitutions were not permitted. A random selection table was included in the sampling procedure that systematically designated who among the eligible adults (18 years of age or older) would be interviewed. Each interviewer was then randomly assigned to work with a number of households from the sample.

The survey asked about eight service areas: employment problems; financial problems; problems of the aged living alone; alcohol problems; personal, family or marital problems; child behavior or education problems; the need for homemaker services; and the need for a home nurse. Each respondent was asked (a) Was any problem named in the survey experienced in

your household during the preceding year? (b) Was help for the problem sought and (even if not actively sought) received? (c) From whom was the help sought? and (d) Do you know where to call or go to secure help for these problems?

Religious and ethnic information was summarized by the coders and respondents were classified as being either Black (not of Spanish origin); White Protestant (including Quaker, Unitarian, Christian Scientist, Christian); Irish Catholic; Jewish; Spanish; mixed or other Catholic; and other. At the time of the study, the survey firm used had not developed a procedure for over-sampling Hispanic households, and so there were only 13 such respondents in the sample. For the analyses reported below, respondents classified as Spanish, mixed or other Catholic, and other were combined into a single category.

### Results

The sociodemographic characteristics of the ethnic groups studied are presented in Table 1.

As the data in Table 1 indicate, the ethnic groups studied vary substantially in respect to a number of important characteristics. The Black respondents had lower incomes, were least likely to own their residence and were most likely to be separated or divorced, but least likely to be widowed. They were also younger, on average, and tended to come from larger households. The Italian Catholic respondents were more likely to own their residences, more likely to be male, married, and relatively unlikely to be widowed. They also tended to come from larger households. The Irish Catholics in the sample tended to be older and female, were the respondents most likely to be widowed, and had an average income lower than all the groups except Blacks. Certain characteristics are related to both the prevalence of problems and the propensity to seek help for problems. Thus, when we present results from our analyses, it is useful to keep these sociodemographic differences in mind.

#### *Prevalence of Problems*

The prevalence of each of the eight problems was measured by asking respondents whether they or any household member experienced the problem in the past year. These data for each ethnic group are presented in Table 2.

Table 1

*Sociodemographic Characteristics of Respondents*

	Black (n = 119)	White Protest. (n = 263)	Irish Catholic (n = 151)	Italian Catholic (n = 147)	Jewish (n = 77)	Mixed and Other (n = 276)
% Owner Occupied Homes	22	59	50	64	42	49
% Male	42	43	38	52	47	43
% Married	41	58	48	66	45	57
% Separated or divorced	24	9	9	8	9	12
% Widowed	6	10	19	7	14	11
Average # of people in household	3.3	2.6	2.7	3.2	2.4	2.9
Average # of children	1.0	.6	.7	.9	.6	.8
Average age	37	46	47	44	42	43
Average on income scale*	6.6	9.4	8.3	8.8	8.8	8.7

\*Family income was coded as an ordinal variable ranging from 0 to 18, where 0 represented less than \$1,000 and 18 represented a reported income of more than \$50,000.

In a study such as the one reported here, it is impossible to know how much answers to an interviewer reflect true prevalence and how much they reflect a tendency to mention problems. However there are several interesting patterns in the data presented in Table 2. As noted above, Blacks are the most economically disadvantaged ethnic group in our study. Thus, they report the most financial problems and have the second highest rates of employment problems. This may partly explain the fact that they also have the highest rate of personal problems needing counselling. They also have the highest rates of problems with alcohol, and need for a home nurse, problems not necessarily associated with economic conditions.

The Jewish respondents in our sample also were relatively likely to report problems. For example, they reported the highest frequency of homemaker needs, employment problems, child

Table 2

*Percent of Respondents in Different Ethnic Groups who Reported Problems in the Preceding Year (number with problem in parenthesis)*

Problem Area	Black (n = 119)	White Protest. (n = 263)	Irish Catholic (n = 151)	Italian Catholic (n = 147)	Jewish (n = 77)	Mixed and Other (n = 276)
Homemaker	6.7 (8)	5.3 (14)	8.6 (13)	2.7 (4)	10.4 (8)	6.6 (18)
Finances	41.2 (49)	8.0 (21)	13.9 (21)	8.9 (13)	7.8 (6)	15.0 (41)
Employment	32.8 (39)	17.2 (45)	13.9 (21)	19.9 (29)	33.8 (26)	21.9 (60)
Child Behavior	24.5 (12)	28.8 (19)	9.8 (4)	23.2 (13)	31.6 (6)	19.1 (18)
Education	29.7 (35)	15.2 (40)	11.9 (18)	14.5 (21)	27.3 (21)	16.9 (46)
Counseling	13.4 (16)	17.1 (45)	10.7 (16)	7.5 (11)	20.8 (16)	8.0 (22)
Aging Relative	16.1 (19)	12.9 (34)	13.2 (20)	11.6 (17)	12.5 (9)	13.1 (36)
Alcohol	7.6 (9)	4.6 (12)	6.6 (10)	2.7 (4)	2.8 (2)	2.5 (7)
Home Nurse						

problems, and problems with an older relative. They also had the second highest rate of reported personal problems. These results are especially interesting because the Jewish respondents had incomes comparable to those of respondents in other ethnic groups, were least likely to report a problem with finances, and came from relatively small households (Table 1). Thus, although it is not possible to distinguish true need from reported need, these data are consistent with the hypothesis that something about Jewish culture reinforces the acknowledgement of problems.

The areas asked about in our study that are most subjective and thus most likely to be influenced by cultural effects on over or under reporting are child behavior problems and counselling needs for personal problems. It is interesting to note that in both these areas, Jewish respondents had high reported rates and Irish Catholic respondents had the lowest reported rates, as hy-

pothesized. The Irish also reported relatively few employment problems and had the second lowest rate of problems with an older relative. Counter to our hypothesis, however, Italian-Catholics had relatively low rates of problem reporting. They had the lowest rates of problems requiring homemaker services, problems with an aging relative, alcohol problems, and problems requiring a home nurse. They also reported the second lowest rate of personal problems. They had intermediate rates on financial employment, and child problems. Although not consistent with our hypothesis and the literature, it should be remembered that the Italian-Catholics in our sample were relatively well off financially, and were the more likely to be married.

Though the alcohol problem rates are generally consistent with the literature, (Blacks, Irish Catholics, and White Protestants reporting the higher rates and Jews and Italians lower) the range is narrower than customarily reported. One possibility is that different cultural groups are converging in their use of alcohol. An analysis of 3,584 male adolescents in the mid 1960s secured in the same metropolitan area found the customary ethnic variation (Demone, 1966). Assimilation, in so far as alcohol problems was concerned, had not as yet taken place in the mid 1960s. The striking finding of the present data is the relatively modest cultural differences except for the high Black alcohol problem rates.

### *Help-Seeking*

In Table 3 we present the proportion of respondents in each ethnic group who sought help for their reported problems. Although the numbers on which these calculations are based are small, certain trends are noteworthy. First, consistent with our hypothesis, Jewish respondents were relatively likely to seek formal help for problems. For employment they were the group most likely to seek help, and for problems with older relatives they were the group second most likely to seek help. Interestingly, however, they were less likely than all groups except for Blacks to seek help for personal problems. Thus, the two groups with the highest rates of reported personal problems were the least likely to seek help. Overall, the other reported rates of help seeking are not consistent within ethnic groups. For example,

we predicted that the Protestant group would have average rates of problem identification, but low rates of help seeking. In fact, their problem reporting was slightly below average, but their help seeking was not as predicted. They were the group most likely to seek help for homemaker services and alcohol related problems (comparable to Italian Catholics). The rates for other help seeking were consistently in the middle. Similarly, although we predicted that Irish Catholics would not be as likely as other groups to seek help for their problems, they were the group most likely to seek help for personal problems. The rates for Italian Catholics were generally as predicted, but somewhat inconsistent. They were most likely to seek assistance for problems with children and finances. They were more or as likely as any other group to seek help for alcohol problems. For employment problems and aging relatives, however, they were relatively unlikely to seek help. This may be an example of a situation in which the Italian extended family helps deal with certain problems.

### Discussion

A major limitation of these data and data from similar surveys is that they contain no independent assessment of the presence or severity of problems. For example, our question about job problems was: ". . . have you . . . needed help finding a job or deciding what kind of job would be best for you . . .?" The reported problems in one group may reflect unemployment and the reported problems in another may reflect mostly searching for a more fulfilling job. Furthermore, variations in problem reporting and help seeking are probably problem-area specific. Thus, for example, whereas financial concerns may be most salient for Black respondents (Table 1), concerns about child behavior and education issues may be more important for other groups.

In spite of these limitations, these data are extremely rich in the information they provide about the diversity in Boston among the particular ethnic and cultural groups studied with respect to their propensity to report problems and seek help for those problems. It is important to emphasize that these findings may not generalize to other cities and may not persist over time. The

Table 3

*Proportion of Respondents with Problems who Reported Seeking Help by Ethnic Group (number of respondents in parentheses)*

Problem Area	Black (n = 119)	White Protest. (n = 263)	Irish Catholic (n = 151)	Italian Catholic (n = 147)	Jewish (n = 77)	Mixed and Other (n = 276)
Homemaker	— <sup>a</sup>	42.9 (14)	23.1 (13)	—	—	27.8 (18)
Finances	36.7 (49)	40.0 (20)	33.3 (21)	46.2 (13)	—	43.9 (41)
Employment	65.8 (38)	62.2 (45)	66.7 (21)	58.6 (29)	75.0 (24)	59.3 (59)
Child Behavior Education	91.7 (12)	88.9 (18)	—	100.0 (13)	—	77.8 (18)
Counseling	70.3 (118)	84.8 (263)	88.1 (151)	85.5 (145)	72.7 (77)	83.1 (272)
Aging Relative	53.3 (15)	40.0 (45)	31.3 (16)	27.3 (11)	50.0 (16)	23.8 (21)
Alcohol	27.8 (18)	37.5 (32)	35.3 (17)	37.5 (16)	—	30.3 (33)
Home Nurse	—	50.0 (12)	—	—	—	—

<sup>a</sup> Cells with less than 10 respondents not reported.

character of social problems and the way in which ethnicity shapes the perception and response to those problems are extremely variable from region to region and change over time. Furthermore, we do not have a good theoretical understanding of the cultural patterns reported here and in the literature. We suspect such behavior may change as cultural groups become increasingly assimilated in different areas.

Certain inconsistencies in our data emphasize the complexity of the factors related to help seeking. A person or significant others must be aware of a problem, define it as a problem needing professional help, be aware of sources of help, decide to seek help, and actually take action before a client actually appears at a helping agency. Thus, differences in prevalence, acknowledgement of problems, and action-taking all contribute to variations in the proportion of different ethnic groups seen by a

provider of social services. Furthermore, these patterns may differ depending on the problem area studied.

The basic findings reported here are not meant to imply or reinforce any stereotypes about certain cultural or ethnic groups. They do serve to emphasize, however, the need for social agencies to be sensitive to cultural and ethnic heterogeneity in the areas they serve. In almost any setting where there are significant racial, cultural, ethnic, and religious variations, there likely will be large variations in the probability that people will seek help for different types of problems. If providers are not sensitive to such variations, they may not be able to provide services to the populations most in need. For example, in the Boston area a group providing alcohol services might judge its success in addressing alcohol related problems by counting the number of clients it serves. In all likelihood, depending on the location of the agency, a large proportion of the clientele would be Irish Catholic. However, the data presented here suggest that Blacks have the highest rates of perceived alcohol related problems, and the lowest propensity to seek help for those problems. Thus, it might be that to address alcohol problems most effectively, the agency might have to be more active in reaching out to the Black community to increase awareness of their services and to match the services provided to the needs of the community. In general, these data emphasize the need for health and human service providers to be sensitive to the needs of different ethnic groups, be aware of the ways cultural background may influence problem reporting, and the importance of understanding how different help seeking patterns filter the people who actually seek help. These caveats similarly apply to the interpretation of data collected in needs assessment surveys. Unless we are sensitive to these issues, it is extremely easy to incorrectly interpret low reported rates of problems as low need when, in fact, they may reflect, at least in part, unreported need.

At the national level, it is important that ethnic, cultural, and religious differences be taken into account when developing service programs. A dramatic example of a failure in this respect is the inability of the federal government to develop a comprehensive program for the prevention and care of AIDS that recognizes and addresses the heterogeneity of the populations served. The risk factors for infection vary dramatically among



subsets of the population and the ways in which persons perceive and respond to information about AIDS will clearly be a function of sociodemographic, regional, cultural, and ethnic factors (Cleary, Rogers, Singer et al., 1986). These factors are not likely to be static, but developing at least a description, and hopefully an understanding of such variations is critical to the development of rational and effective social policy.

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# The Relationship of Race, Socioeconomic Status And Marital Status to Kin Networks

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*Data from a purposive sample of families of elementary school children in New Orleans regarding contact and assistance with extended family members was analyzed to see if race, socioeconomic status or marital status predicted involvement in a kin network. Analysis of variance revealed that black and lower class families had higher levels of contact and black families had higher levels on one of the assistance measures. However when the distance from the extended family was used as a covariate the relationship disappeared. Marital status had no ability to predict.*

Awareness of the importance of kin networks to family functioning has increased during the past 25 years. Family researchers and theorists have moved from conceptualizing the isolated nuclear family as the modal American family form to embracing the term "modified extended" (Litwak, 1959) or "modified nuclear" family (Yorburg, 1975) as more descriptive of family unit functioning. This has meant the acknowledgement that kin living outside the household continue to have meaningful relationships, contact, and assistance in many families. As the importance of the extended family has been acknowledged, researchers have become interested in what variables might impact on the likelihood of an individual being part of a kin network. The effects of ethnicity and social class have received a great deal of attention in this regard, and with the rise in the divorce rate and concern over single parent families, marital status has been included.

## Background

### *Socioeconomic Status*

Parsons' (1943) postulation that kinship ties were weakest in the middle class with both lower and upper socioeconomic

groups having more extensive involvement with nonnuclear kin has not found consistent support. Among those who challenged Parsons, there has not been unanimity as to whether differences exist along socioeconomic lines. Some have supported Parson's contention that lower socioeconomic groups have stronger kin ties, while others have found middle class families to be more kin oriented, and still others have discovered no differences by SES. This last idea is typified by Sussman (1959) who found that working class families had more kin in the neighborhood, but that middle class families gave and received financial aid more frequently. Other authors (Croog, et al., 1972) found the occurrence of visiting and help during illness was not related to socioeconomic status. Additionally, socioeconomic status did not predict assistance in housing from parents to their grown children (Kennedy & Stokes, 1982). McAdoo (1980) found that middle class black families were as likely to be involved in kin networks as lower class black families.

Among those who found differences by socioeconomic status, Croog and Kong-Ming New (1972) supported their hypothesis that upper social levels (defined as more educated) are more kin oriented than their lower class (less educated) comparisons. Gordon & Noll (1976) discovered a linear relationship between overall kin contact and social class, but middle class families had the highest rates of face-to-face contact. Also, middle class neighborhoods in England had the highest rates of kin interaction with lower class neighborhoods having the least (Irving, 1975).

### *Race*

Initial studies of kin networks usually focused on white families. The black family gained attention when researchers began studying their characteristics in order to refute Moynihan's (1965) contention of overwhelming pathology in these black families. Much of this early work concentrated on the centrality of the extended family (Aschenbrenner, 1973; Billingsley, 1968; Martin and Martin, 1978; Stack, 1974). These authors emphasized the substantial relationships and aid patterns with relatives outside the nuclear family.

The results of comparisons between black and white families in relation to extended family involvement have varied. For ex-

ample, Hays and Mindel (1973) concluded that black families had more interaction with kin even after controlling for socio-economic status, marital status, family size, and geographic mobility. However, Lopata (1973) found that black widows were not more involved in kin networks than their white counterparts. Angel and Tienda (1982) determined that minorities were more likely to live in extended households, but this appeared to be a strategy for alleviating poverty rather than a choice made because of stronger contacts. Hofferth (1984) found that black families were more likely to live in extended households than white families but the latter were more likely to receive money from extended family. Importantly, when single parent family status is controlled for, the tendency for black families to be living in an extended household disappeared and thus the observations of Hofferth reflect economic need and not stronger kin networks.

Allen (1970) found that blacks were more likely to be involved in extended households than whites. However differences in family structure rather than socioeconomic status explained this observation. Specifically, female-headed households which are more common in black families are more likely to be extended, and thus this tendency accounted for the apparent racial differences.

### *Marital Status*

A number of authors have suggested that marital status is an important predictor of participation with and support of the extended family. Recently divorced women who were involved in family of origin networks were found to be secure, with a high sense of self-worth, and in no acute distress (McLanahan, Wedemeyer, & Adelberg, 1981). Kin were the primary source of support network members of recently divorced women (Leslie & Grady, 1985). Also, Spicer and Hampe (1975) found that frequency of contact with consanguineal relatives stayed stable or increased after divorce. Single, black, middle class mothers were more likely to receive assistance from their kin group than their married counterparts (McAduo, 1980).

The role of marital status and kin involvement was examined by Shulman (1975) who discovered that singles were least likely to be involved in close relationships with kin, and that formerly

married individuals whether separated, divorced, or widowed were most likely to name kin as significant in their relationships. Also, Rosenberg and Anspach (1973) found that unmarried respondents were more likely to visit with kin than the married.

### *Summary of Previous Research*

Comparisons about the effects of the variables of race, socioeconomic status and marital status among studies have been difficult for several reasons. Definitions of inclusion in a kin network varied depending on the definition of contact. Some authors included only face-to-face contact while others included letters, phone calls, and cards. Similarly, support has been defined as only regular financial support, irregular monetary gifts, or in-kind assistance. Definitions of socioeconomic status and social class have also been inconsistent. Additionally, population samples have varied widely in size and representativeness which limits the generalizability of the findings.

### Purpose of the Study

The purpose of this study was to evaluate whether the variables of race, socioeconomic status, and marital status successfully predict the tendency of a family to be part of a kin network. The groups chosen for study were black and white, lower and middle class, and single and married families. Married was defined as living with a partner irrespective of legal status or step-parenting. This definition was used because it is the absence of a co-parent which increases stress on a family.

The hypotheses to be tested were: (1) involvement in a kin network does not vary by race or socioeconomic status, and (2) involvement in a kin network does vary with marital status with single families being more involved in kin networks than two parent families.

### Methods

#### *Sample*

The data for this study were obtained from a volunteer sample of families of children in selected New Orleans public elementary schools. Data on racial make-up and participation in federally supported free lunch programs were used to choose schools which contained substantial numbers of middle class

and white families in order to have all groups represented in the sample. A purposive sample was necessitated because New Orleans Public schools contain an overwhelming majority of black (87%) and working and lower class families (79.2% of students are eligible for free or reduced school lunch subsidy) (Orleans Parish School Board, 1987).

Letters were distributed to classes in eight elementary schools known to contain families in the targeted populations. Two hundred and forty-seven families volunteered to participate in the study and became the population from which a stratified random sample was obtained. In order to obtain this sample, the volunteer families were telephoned and asked if either or both parents would complete an in-person interview in which the nature of their extended family and their contact and assistance patterns with kin would be explored. At the time of the phone call, screening information regarding race, marital status and socioeconomic status was obtained to attempt equalization of participants in targeted groups. Eight families refused to participate when called; two families failed to keep their appointments, and one cancelled the interview. Sixty-eight families participated in the interview and became the sample for the study.

### *Instruments*

The Kinship Relations Scale (Sussman and Slater, 1972) was used to measure involvement in a kin network. This instrument is a survey questionnaire which elicits information about lineage, location, communication, and mutual aid between kin. Reliability was checked in the authors' samples by resurveying selected initial informants and verifying selected answers with other household members. Both procedures produced substantial agreement.

To administer the Kinship Relations Scale, respondents are asked to name the relatives with whom they have had contact in the last year, where these relatives live, the degree of relationship, the number of telephone calls, visits, letters, the kind of help given and received, and the number of relatives with whom they have had no contact. Four contact measures are derived: The "Telephone Ratio Score" is the number of phone calls summed and divided by the product of the number of relatives

and fifty-two (weeks in a year). This ratio reflects the number of contacts of each kind per relative per week. The "Visiting Ratio Score" and "Letter Ratio Score" were similarly calculated from the number of visits and letters reported. The Total Communication Score was the sum of these three "Scores".

Measures of assistance are obtained by surveying the various kinds of assistance given and received between each family member. The "Score" is the total of the number of kinds of assistance actually given or received, divided by the product of 10 (the total number of kinds of assistance possible) and the number of relatives available. This calculation was performed separately to calculate "Help Received" and "Help Given" which are summed for a "Mutual Aid Score".

Several other important measures are generated by the use of the Kinship Relationship Scale. "Inclusiveness" is the percent of family with whom the respondent family has contact and "Propinquity" is the percent of relatives living in the local area (defined as living in an area accessible within an hour's drive). Propinquity is important since the distance from extended family is related to the kind and frequency of contact.

The Hollingshead Four Factor Index of Social Status (1975) was modified to determine socioeconomic status. This index uses education, occupation, marital status, and sex to determine a score which groups people into one of five occupational categories. For the purposes of this study Hollingshead's five strata were collapsed into two: His two categories of (I) major business and professional (II) medium business and minor professional, and technical are considered to be "middle class" while his categories of (III) skilled craftsmen, clerical, sales workers, (IV) machine operators, semiskilled workers, and (V) unskilled laborers, menial service workers are considered "working class." Hollingshead (1975) compared his scores for occupational groups generated by his index with the prestige scores developed by the National Opinion Research Center in its General Social Survey and the correlation was 0.927.

### *Data Analysis*

The ranges, means, and standard deviations were calculated for each outcome variable and a correlation matrix was generated. Analysis of variance was performed using race, socioeco-



nomic status, and marital status as the grouping variables and dependent variables examined were Propinquity, Inclusiveness, Size of Network, Telephone Ratio Score, Visiting Ratio Score, Letter Ratio Score, Total Communication Score, Help Received, Help Given, and Mutual Aid.

Propinquity had a significant correlation with five of the six outcome measures, and therefore, the data were reanalyzed with Propinquity as a covariate. A Neuman Kuels *post hoc* test of difference between cell means was used to determine differences between groups. Both Size of the Network and Inclusiveness were analyzed to see if they were related to the predictor variables.

Because the cell sizes were slightly unequal, a regression analysis with the grouping variables coded as dummy variables was done to verify the accuracy of the analysis of variance and covariance results. Initially, a simple regression was done with each outcome score as a dependent variable, and each grouping variable as the independent variable. In order to test for the importance of distance, Propinquity was added as an independent variable in the regression equation of those models in which the contribution of the grouping variable was significant, an addition which allowed determination of which variables actually contributed to the significance of the prediction. All analyses of variance and covariance were confirmed by the regression analyses. The positive correlation between the outcome variables mediated against the use of multivariate analysis of variance and covariance.

## Results

Family size, contact, and assistance parameters varied widely (See Table 1) from one mother who reported that she had 180 relatives with whom she kept in touch to another who reported that she was the only child of an only child and had a family group of only three. Few of those surveyed communicated with their family members by letter. The positive skewness of the frequency distribution necessitated a logarithmic transformation to secure a more normal distribution.

Because the positive correlation between Size of the Kin Unit, Inclusiveness, and Propinquity could affect the final analysis, these were analyzed as outcome variables in analysis of

Table 1

*Descriptive Statistics on Outcome Variables*

Variable	Mean	Std. Dev.	Maximum	Minimum
Size of network	27.4262	25.9159	180	3
Inclusiveness	0.6710	0.2679	1.0000	0.0680
Propinquity	0.5642	0.3757	1.0000	0.0
Telephone Ratio score	1.1110	1.7669	11.7400	0.0330
Visiting Ratio Score	0.5652	0.7795	0.0945	0.0060
Letter Ratio Score	0.0207	0.0306	0.1117	0.0
Total Communication Score	1.6980	2.4322	15.4290	0.0960
Help Received	0.0843	0.0748	0.4310	0.0
Help Given	0.1034	0.0859	0.4860	0.0
Mutual Aid	0.1890	0.1502	0.9170	0.0110

Table 2

*Analysis of Variance Summary Table Propinquity*

Source	DF	MS	F	P
Race	1	1.392	13.71	0.000*
SES	1	0.876	8.62	0.005*
Marital Status	1	0.049	0.48	0.492
Race × SES	1	0.488	4.80	0.032*
Race × MS	1	0.053	0.52	0.472
SES × MS	1	0.007	0.07	0.789
Race × SES × MS	1	0.055	0.54	0.465
Error	60	0.102		

variance. The highest correlations were with Propinquity and the outcome variables; the correlation coefficients ranged from 0.397 with the Telephone Ratio Score to 0.167 with the Help Received Score. This correlation accounts for 16% of the variance for telephone contact and might be expected to contribute to the outcome.

Analysis of variance (See Table 2) showed that black families and lower class families had significantly higher scores on Propinquity ( $p = 0.000$  and  $0.005$  respectively) than white and middle class families. Thus black and lower class families have a

Table 3

*Telephone Ratio Score*

Source	DF	MS	F	P
Analysis of Variance				
Race	1	0.346	7.52	0.008*
SES	1	0.204	4.44	0.039*
Marital Status	1	0.022	0.48	0.493
Race × SES	1	0.030	0.66	0.419
Race × MS	1	0.036	0.77	0.383
SES × MS	1	0.141	3.06	0.085
Race × SES × MS	1	0.002	0.05	0.824
Error	60	0.046		
Analysis of Covariance Propinquity as Covariate				
Race	1	0.085	2.04	0.158
SES	1	0.051	1.23	0.272
Marital Status	1	0.039	0.93	0.338
Race × SES	1	0.000	0.01	0.934
Race × MS	1	0.019	0.45	0.507
SES × MS	1	0.127	3.05	0.086
Race × SES × MS	1	0.010	0.24	0.626
Propinquity	1	0.307	7.39	0.009*
Error	59	0.042		

higher proportion of their kin geographically accessible. White middle class families had significantly lower scores on Propinquity ( $p < 0.05$ ) than white lower, black lower, and black middle class who did not significantly differ from each other. These white middle class families have a smaller percentage of kin at hand than any of the other groups. The correlations between Size of the Network, and Inclusiveness did not prove to be related to the predictor variables.

To determine the relationship between the predictor variables: race, socioeconomic status, marital status, and involvement with the extended family, their discrimination on any of the seven outcome variables: Telephone Ratio Score, Visiting Ratio Score, Letter Ratio Score, Total Communication Score, Help Received, Help Given, and Mutual Aid was assessed. Analysis of variance showed that both race and socioeconomic status suc-

Table 4

*Visiting Ratio Score Summary Tables*

Source	DF	MS	F	P
Analysis of Variance				
Race	1	0.121	5.66	0.026*
SES	1	0.108	5.08	0.028*
Marital Status	1	0.009	0.43	0.513
Race × SES	1	0.046	2.17	0.146
Race × MS	1	0.056	2.63	0.110
SES × MS	1	0.069	3.22	0.077
Race × SES × MS	1	0.022	1.01	0.318
Error	60	0.021		
Analysis of Covariance Propinquity as Covariate				
Race	1	0.024	1.24	0.269
SES	1	0.032	1.63	0.207
Marital Status	1	0.004	0.20	0.653
Race × SES	1	0.012	0.59	0.444
Race × MS	1	0.041	2.10	0.153
SES × MS	1	0.062	3.20	0.079
Race × SES × MS	1	0.012	0.64	0.426
Propinquity	1	0.134	6.92	0.011*
Error	59	0.019		

cessfully predicted scores on some of the outcome variables. Marital status had no ability to predict on any of the outcome variables. Specifically, black and lower class families had significantly higher Telephone Ratio Scores than did their white or middle class counterparts ( $p = 0.008$ , blacks vs whites,  $p = 0.039$  lower class vs middle class) (See Table 3).

Similarly, black families ( $p = 0.026$ ) and working class families ( $p = 0.028$ ) had significantly higher scores on the Visiting Ratio Score by analysis of variance (See Table 4) than white and middle class families.

White middle class and black working class families did not significantly differ from each other in their Letter Ratio Scores but both groups had higher Letter Ratio Scores ( $p < 0.05$ ) than did either black middle and white working class families. When

Table 5

*Total Communication Score Summary Tables*

Source	DF	MS	F	P
<i>Analysis of Variance</i>				
Race	1	0.544	9.12	0.004*
SES	1	0.325	5.46	0.022*
Marital Status	1	0.007	0.11	0.740
Race × SES	1	0.072	1.21	0.275
Race × MS	1	0.074	1.24	0.270
SES × MS	1	0.191	3.20	0.079
Race × SES × MS	1	0.007	0.11	0.740
Error	60	0.060		
<i>Analysis of Covariance Propinquity as Covariate</i>				
Race	1	4.204	0.89	0.376
SES	1	3.768	0.71	0.404
Marital Status	1	0.210	0.04	0.843
Race × SES	1	0.916	0.17	0.680
Race × MS	1	6.014	1.13	0.292
SES × MS	1	17.286	3.25	0.077
Race × SES × MS	1	0.634	0.12	0.732
Propinquity	1	16.134	3.03	0.087
Error	59	5.326		

the Total Communication Score was calculated, black and working class families had significantly higher ( $p = 0.004$ , and  $p = 0.022$ ) scores and thus more communication with extended family members than did white or middle class families. (See Table 5).

In relationship to assistance to and from extended family members, it is only the Help Given Score that differed by race or socioeconomic status. Black families had significantly ( $p = 0.037$ ) higher scores on this measure than did white families (See Table 6).

These results changed dramatically when Propinquity was used as a covariate. In each case the relationships which had been statistically significant in analysis of variance results, became nonsignificant under analysis of covariance (See Tables 3,

Table 6

*Help Given Summary Table*

Source	DF	MS	F	P
Analysis of Variance				
Race	1	0.00456	4.53	0.037*
SES	1	0.00002	0.02	0.885
Marital Status	1	0.00273	2.71	0.105
Race × SES	1	0.00000	0.00	0.952
Race × MS	1	0.00000	0.00	0.970
SES × MS	1	0.00008	0.08	0.777
Race × SES × MS	1	0.00007	0.07	0.782
Error	60	0.00101		
Analysis of Covariance Propinquity as Covariate				
Race	1	0.00151	1.55	0.219
SES	1	0.00019	0.19	0.661
Marital Status	1	0.00225	2.30	0.134
Race × SES	1	0.00015	0.15	0.701
Race × MS	1	0.00001	0.01	0.910
SES × MS	1	0.00005	0.05	0.818
Race × SES × MS	1	0.00001	0.01	0.905
Propinquity	1	0.00261	2.66	0.108
Error	59	0.00098		

4, 5, 6). Propinquity was the only significant predictor on Telephone Ratio Scores ( $p = 0.009$ ) and Visiting Ratio Scores ( $p = 0.011$ ). There were no successful predictors on the other outcome scores. Thus the results that appeared to be due to race and socioeconomic status were in fact due to the relationship of propinquity with these variables.

### Conclusions and Discussion

The results support the first hypothesis that race and socioeconomic status are not related to involvement with extended families. Although black families and working class families had higher scores on telephone contact, visiting, and total communication, after controlling for Propinquity these relationships disappeared.

Propinquity has a significant relationship with race, socioeconomic status and the interaction of race and socioeconomic status. Black families, and lower class families in this study have a higher percentage of their extended families living in the local area. The white middle class families who participated have a lower percentage of family members living close by than do the other groups. After controlling for propinquity in the analysis, the previous relationships between race, socioeconomic status, and contact become nonsignificant. It is propinquity that predicts the differences in contact with family rather than race or socioeconomic status.

The second hypothesis, i.e., that single families would have more involvement in a kin network than married families, is not supported with these data. Marital status is not significantly related to any of the outcome variables.

The results related to race are consistent with the researchers who did not find differences in involvement with extended families by race. These data demonstrate that black families have a higher percentage of their kin living within the local area than white families. Failure to appreciate this relationship might lead one to conclude that black families are more involved in kin networks, when distance rather than race, is determining the relationship. When black and white families who have kin in the area are compared differences in contact do not exist.

Billingsley (1968) first emphasized the extended quality of black family life. This idea contradicts the previously held view that black families are pathological and without strong relationships as Frazier (1939) and Moynihan (1965) had espoused. Paradoxically, emphasizing the existence and strength of black family bonds with extended family led some to presume that black families are more involved with kin than white families. To conclude that black families have meaningful and extensive relationships with their extended families does not mean that white families fail to have these relationships.

The results confirm that socioeconomic status is not related to participation in a kin network. In this study, middle class families live further from their relatives than do working class families, and thus they have fewer visits and phone calls. Race and socioeconomic status are interactive variables. White mid-

dle class families are less likely to have kin in the area than black middle or white or black working class families. It is likely that they have the fewest kin available because they are the most mobile. Middle class whites tend to be in occupational categories that are more likely to be placed through national recruiting networks. They have more financial assets than the other groups and thus have more mobility for job placement or personal preference than the other groups. If they are native to the area, they are more likely to have relatives who have moved for jobs or personal preference.

White middle class families in the study have an average of 21.3% (SD  $\pm$  26.9) of their relatives living in the local area; data which suggest much diversity in the number of family locally available to white middle class families. This gives support to Parson's contention that middle class families live relatively geographically isolated from their extended families but kin are available as suggested by other researchers. Importantly, these families are not emotionally isolated from their extended families as suggested by Parsons: they maintained contact by phone and visited with their geographically separate families. This pattern of contact substantiates the revisionist position that middle class families are not isolated from their extended families and do maintain contact and assistance patterns.

Assistance patterns are the least likely to be affected by the predictor variables or distance. Black families have significantly higher scores on help given than white families before controlling for propinquity. However this difference disappears when the data were controlled for the distance variable. Since assistance includes providing transportation, helping with household chores, and babysitting, it is reasonable to assume that distance would be important. The lesser importance than was anticipated is due, perhaps, to families living at a distance finding other ways to give assistance in order to compensate for being unable to help in ways which require proximity.

These data do not support the concept that contact with the extended family increases after divorce. This is difficult to interpret. Few data are available to assess the variable of marital status. Some of the studies were concerned with behavior shortly after divorce (Spicer and Hampe, 1975, and Leslie & Grady,



1985). The current study does not look at families immediately after divorce but single families (whether divorced or never-married). It is possible that contact with and assistance from the extended family may increase immediately after divorce and then diminish as the trauma of divorce subsides and other support networks are formed. It is also possible that the lack of relationship between marital status and extended family contact is an artifact of the local area, or this particular sample.

The interaction of race, socioeconomic status, and marital status do not predict scores on the help received variable. This contrasts to the finding that black single middle class mothers were more likely to receive assistance from their kin than their married counterparts (McAdoo, 1980). Again, this lack of agreement of outcomes might be a sample artifact due to the idiosyncratic differences between McAdoo's Washington, D.C. metropolitan sample and this New Orleans sample.

On the basis of this study, it can be concluded that race, socioeconomic status, and marital status are not related to a family's likelihood of being involved in a kin network. Distance is the variable most likely to predict frequency of visiting and telephone contact. It is obvious that it is easier to visit relatives that live in the local area and since it is cheaper to make local phone calls, geographically close families are more likely to have frequent contact by phone.

Black families and working class families are more likely to have a high percentage of their family living in the local area than white middle class families. This results in the more frequent visiting between black and lower class families. Assistance between families is less likely to be affected by distance than visiting. Financial assistance, and advice giving are two kinds of help easily transmitted across distance, which allows families geographically separate to aid kin.

Thus the likelihood of a family being involved in a kin network is not race, socioeconomic status, or marital status. Families in all groups have both high and low scores on contact. Although distance is highly predictive of contact frequency, it does not explain what determines choices when families are close at hand.

This study does not address the affective component of in-

volvement. The comments of families who have high contact with relatives reflected that they found it both rewarding and stressful. Those who live a distance from relatives were likely to comment on feeling as if they wished they had family closer. The affective component is an important variable to study in the future. What are the emotional components that determine a family's propensity to have extensive involvement in a kin network? Are they motivated by caring and concern, or out of guilt and obligation? These would seem to be much more important in determining involvement in a kin network than race, socioeconomic status, or marital status and must be the object of further studies.

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Neil Brock,  
Social Worker:  
Twenty-Five Years Later

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*This article reviews the role of the social worker, Neil Brock (played by George C. Scott) in the TV series, East Side/West Side which aired in 1963/64. The series is placed within the context of the social, political, economic environment of the 1960s. The analysis includes how Brock's character was developed, the role played by NASW, responses to the series by TV critics and social workers, and the role of television in portraying a profession.*

"It's War, Man", "Creeps Live Here", "Who Do You Kill?" and "The Beatnik and the Politician" may not sound familiar to television viewers, but if prodded with the hint that they are titles of episodes of a popular television series from the early 1960s (the 1963/64 television season) about social work, an avid (and middle-aged) viewer may well remember that, for a brief season, the work of social work was broadcast in livingrooms across the nation every Monday evening in the program, *East Side/West Side*. ES/WS was produced by David Susskind for CBS, sponsored by Philip Morris, Inc., and Whitehall Pharmaceutical Division of American Home Products, and fully supported by the National Association of Social Workers. George C. Scott played the role of Neil Brock, a New York City social worker. The other two regular performers were Elizabeth Wilson, Brock's supervisor at Community Welfare Services, and Cicely Tyson, a social worker aide (working on her MSW) at the agency.

It has been 25 years since Neil Brock was portrayed as the prototype social worker and it is fitting that, at his quarter century birthday, an assessment be made of that portrayal. The profession of social work, like other professions, occurs in a

social, political, and economic context. As Cohen (1955) pointed out at the time of NASW's birth as the unifying single professional organization for social workers, professional social work is intimately tied up with the economic, political, and social climate prevailing in the society as a whole. Thus, placing the series within the proper environmental context is an important component of understanding the social work portrayal.

### The Environment of the Early 1960s

ES/WS occurred in an environment of rapid social change; any analysis of the series must be viewed in this framework. The early 1960s represented a most interesting period; it followed a decade during which time the Eisenhower Administration spent little effort on passing social legislation and immediately preceded a period of enormous social change. Yet, the 1950s and early 1960s were not completely still; movement was afoot in several areas and interest in leading social problems escalated during this time. Several elements converged to set the stage for what was to be known as the "War on Poverty."

### *The Late 1950s*

During the 1950s, Eisenhower's presidency was considered a quiet period with little social legislation enacted; however, the administration was willing to preserve much of the New Deal's welfare system. The Eisenhower Administration had been sustained by the doctrine that economic growth would reduce inequalities and resolve social problems. A progressive tax structure, expanded welfare services, mass public education, and the G.I. Bill were all meant to stimulate economic growth and redistribute income. However, by the mid-fifties, it was clear that prosperity alone was not distributing its benefits to all segments of the population (Marris and Rein, 1969).

The economic doctrine which had justified government inaction in the 1950s was seen as a contributing factor to the worsening social conditions and it became apparent that several issues were related to this doctrine: the slower economic growth, unemployment, racial problems, neglect of education, and more and more young people competing in the labor force. Reform efforts of the late 1950s and early 1960s were a reflection of this decade.

*Economists*

By the middle of the century a new group of economists emerged who suggested that American society had achieved, politically and economically, an ideal mix that could be described as neither purely capitalistic nor purely socialistic. They argued persuasively that the economy was so strong that both military and domestic needs could be met without straining the economic base of the country. They agreed that the diverse interests in society would always unite to prevent an elite from destroying democracy; at the same time, they rejected the notion of an inevitable class conflict. They considered their views to be "realistic" and thus evolved the term "Realist School of Economics" to define them. The major proponents, according to Ekirch (1973), were John Kenneth Galbraith, *American Capitalism* (1952) and *The Affluent Society* (1958); David Lilienthal, *Big Business: A New Era* (1953); and Adolf A. Biru, Jr., *The Twentieth Century Capitalist Revolution* (1954).

*"Gray Areas" Project*

The Ford Foundation accepted the notion that the country had the resources to combat the social ills that had become so apparent in the 1950s. "Gray Areas" referred to neighborhoods located between downtown and the suburbs—areas of increasingly youthful, unemployed, minority people of color, living in substandard housing and facing a bleak future. Between 1961 and 1964, grants were given to several demonstration sites to show how the problems of those who lived in the inner city could be combated through improving educational facilities, youth programs and, in general, improving the physical and social needs of the inhabitants. Agencies were developed at each site which became models for the community action agencies under the Economic Opportunity Act (Marris and Rein, 1969).

A growing concern with the decay of city life led the Ford Foundation (along with the President's Committee on Juvenile Delinquency and Youth Crime) to conceive a new approach to community change. They were not interested in looking at poverty or delinquency as single variable cause and effect issues. Rather, they were convinced that social problems had to be understood as the outcome of many interrelated factors; they

concluded that any remedy would have to depend on correspondingly multi-sided action (Marris and Rein, 1969).

### *Rediscovery of Poverty*

In 1962, Michael Harrington, in *The Other America*, exposed the misery and deprivation of a "new" poor. This group, left out of the nation's economic growth and represented by the sick, disabled, old, minorities of color, and members of female-headed families, had not benefitted from post-World War prosperity. Two other books in 1962 confirmed Harrington's thesis: *Wealth and Power in America* by Gabriel Kolko and *Income and Welfare in the United States* by James Morgan. After the release of these books, poverty was front-page news for the first time since the depression of the 1930s (Patterson, 1981).

In January, 1963, Dwight McDonald provided an exhaustive summary of previous studies on poverty in an important article titled "Our Invisible Poor" in the *New Yorker* magazine. He stated that mass poverty persisted and that it was one of two grave social problems, the other being the relationship of poverty to race. He concluded that the federal government was the only force that could reduce poverty and make the lives of the poor more bearable.

### *Kennedy Administration*

John F. Kennedy's presidential campaign in 1960, particularly in West Virginia, heightened the public's consciousness of poverty. Once elected, he established the President's Committee on Juvenile Delinquency and Youth Crime which sponsored employment programs, manpower training, remedial education, anti-discrimination activities and neighborhood service centers in several cities. Many aspects of these programs later became features of the War on Poverty. Two other programs passed during the Kennedy Administration which helped prepare the way for the War on Poverty: The Area Redevelopment Act, passed in 1961, provided federal dollars to improve public facilities and to provide technical assistance and retraining. In 1962, Congress enacted the Manpower Development and Training Act. The premise of this act was that unemployment was not just a cyclical phenomenon but, for some, would be a chronic way of life,



without public intervention. It was sold to Congress as a way of helping people help themselves and thereby get off welfare (Patterson, 1981).

### *Television Programming*

The television industry changed drastically during this period and ES/WS needs to be understood within the context of this change. The structural arrangement characteristic of television in the 1950s, when sponsors bought time from the networks, produced or contracted for the production of programs, and exercised tight control, was changed in 1960 when the networks assumed control over program productions and the composition of their schedules. Sponsors were now being called advertisers and bought minutes from the networks rather than the longer time periods they had formerly controlled. It was at this time that ABC initiated the practice of "counter programming"—scheduling programs likely to draw audiences away from the networks. Soon all three networks were engaged in a highly competitive rating race (U.S. Commission on Civil Rights, 1977).

In 1962, television was thrust into the "space age" when the first American, John Glenn, was shot into orbit while television audiences watched it live. In July, 1962, Telstar I, a communication satellite, went into orbit and, within a month, the Communications Satellite Act of 1962 became law. This Act placed international satellite communication firmly in the private sector; and it authorized the creation of COMSAT, the Communications Satellite Corporation (Barnouw, 1970). Additionally, each network, in 1963, expanded its fifteen minute evening news broadcast to thirty minutes and for the first time, a majority of people told Roper researchers that their primary source of news was television rather than newspapers (Barnouw, 1970).

In one decade, American television had reached great heights. It had developed its technology and skills to a point where it was considered not only a national, but an international institution, one which helped to further the world reach of business whose values and needs television had, in general, reflected. While there had occasionally been dissension through news programs or dramas, they were quieted by economic considerations or blacklisting which had effectively denied access to the media

for many creative producers, writers and performers during the 1950s. The Kennedy years brought some loosening of those restraints and many artists emerged from obscurity (Barnow, 1970).

In 1963, total television new revenues were over \$1.5 billion; CBS had the largest share and overwhelmed the other networks with twelve shows of the first twelve in daylight hours and out-drawing NBC and ABC combined, six programs to four after dark. Advertisers spent \$1 million on CBS shows every evening of the year (Oulahan, 1965). A glance at the top rated shows during the 1963/64 season gives a clue to what kind of world was being perceived by the public. It was in this world, that ES/WS had to endure. Of the top ten, eight were comedies, one was entertainment and one was a western. No serious dramatic series had a top rating (Brooks and Marsh, 1979).

- |                        |                         |
|------------------------|-------------------------|
| 1. Beverly Hillbillies | 6. The Lucy Show        |
| 2. Bonanza             | 7. Candid Camera        |
| 3. Dick Van Dyke       | 8. Ed Sullivan          |
| 4. Petticoat Juncion   | 9. Danny Thomas         |
| 5. Andy Griffin Show   | 10. My Favorite Martian |

#### *Civil Rights Movement and Television*

With the increased importance placed on news programs in the early 1960s, broad social problems were brought into the home of the television viewer. During the fall of 1963, just as ES/WS was getting off the ground, several programs dealing with the racial issue were aired. For example, in October, the National Academy of TV Arts and Sciences sponsored a forum on "The Negro in TV." The forum covered employment of Blacks in all of the arts and crafts that go into TV broadcasting and how the medium portrayed Blacks in America. The moderator was David Susskind (*The Negro In TV, Radio/Television Daily, 1963*). Also in October, CBS aired a four-part experimental drama on "Look Up and Live" depicting the contrasting reactions of several persons to the racial question. The stories were set in a typical medium-sized town where the mayor called for a bi-racial meeting to solve the integration problem (Dowling, 1963). During a three-hour program aired in San Antonio, titled "The American Revolution of 1963," a special on civil rights, NBC was deluged with more than 300 telephone calls, including a bomb threat (*Bomb Scare, Radio/Television Daily, 1963*).

Jack Gould, (1963) television critic for the *New York Times*, commented on the overall image of Blacks on television at the time “. . . the Negro is represented so seldom that his disenfranchisement has been almost complete.” (He acknowledged the exceptions of sports coverage). He suggested that sponsors were hesitant to associate Blacks with their products for fear of incurring the disapproval of retailers or consumers opposed to integration. Through a practice called “sitout”, many sponsors simply refused to underwrite programs that used Blacks in any way. This extended to news documentaries as well as entertainment programs. Gould concluded:

. . . it is a dismaying fact that in the face of the most dramatic moral issues to face the country since the Civil War, there has yet to be so much as a single network drama dealing in compelling terms with the agonies of living outside white democracy.

Some months later, also in the *New York Times*, there was a piece which reported “impressive results” in the attempt to increase the use of Blacks on TV programs. According to George Fowler, Chair of the New York State Commission of Human Rights, the several gains included: Blacks as residents in the hotel that was the setting for “The Bill Dana Show”; Willis Patterson as King Balthasar in the opera “Amahl and the Night Visitors”; Ossie Davis as a prosecutor in “The Defenders”; and a black bailiff in an installment of “Ben Casey”; Blacks as doctors and nurses in all of TV’s shows; Mercedes Ellington joining the all-white June Taylor Dancers on the Jackie Gleason Show; Blacks as students and teachers on “Mr. Novak”; Black baseball players doing razor blade commercials; and a Black actress appearing in a bank commercial (*New York Times*, 1963). Yet, in a study done by the New York Ethical Culture Society just a few months later, the picture did not look nearly as impressive. They found that “If one viewed television in April, 1964, for five hours, on any channel at any time, he would have seen about three Negroes, two of them for less than a minute and one for a longer period. In only one-fifth of the appearances of the Negro does he receive exposure for more than three minutes” (U.S. Commission on Civil Rights).

It was not until the fall of 1963, and the advent of ES/WS that

a black star (Cicely Tyson) played a continuing role in a dramatic series.

### *Social Work Profession*

The social work profession was steadily increasing its ranks in the early 1960s, but there remained a severe shortage of fully trained social workers. They were in such demand that jobs often remained unfilled. A 1962 study showed that immediately after graduation, 96 percent of the June, 1962, graduates were employed. The proportion of men entering the profession continued to grow—from 32 percent of the MSW graduates in 1960 to 42 percent of the MSW graduates in 1962 (*NASW News*, 1963). Membership in NASW grew more than 66 percent from January, 1956, through January, 1963. By 1963, 37,741 social workers belonged to NASW. By 1964, membership increased to 42,000 members—double its size in 1955 (NASW, 1964).

### East Side/West Side

#### *NASW's Beginning Involvement*

ES/WS had 26 episodes which aired between September, 1963 and April, 1964. All episodes appeared in re-runs between May, 1964 and September, 1964. (For a summary of each episode, see Appendix). After an extensive search, the author concludes that only three episodes exist on tape: "Age of Consent" (9-30-63); "The \$5.98 Dress" (1-13-64); and "Nothing But The Half-truth" (3-30-64). They may be viewed at the Library of Congress. Generally, each script presented a social problem expressed through the plight of a client system. The drama in each program represented an attempt to resolve, to some degree, the problem. The hero, Neil Brock, played a central role in the problem resolution, whether or not the resolution was a success. NASW's involvement began at the very beginning of the project.

In November, 1962, David Susskind attended the New York City Social Work Recruiting Committee and announced his plans to create a television series built around the social work profession. Immediately following, his staff at Talent Associates contacted the NASW national office for information and assistance. This was provided through an orientation to appropriate social work literature, arrangements for contacts and visits to agencies

and social workers in practice, and discussion of story ideas and scripts. For example, on December 28, 1962, Bertram Beck wrote to Audrey Maas and Fred Wartenberg of Talent Associates suggesting that they consider the "Times 100 Neediest Cases" as a source for story ideas. With this letter, he enclosed an article he wrote on public assistance.

### *Neil Brock*

The character, Neil Brock, was the force of the series, first, because George C. Scott played him so strongly, second, because he was developed to be, from the planning stages onward, a strong, no-nonsense, highly capable social worker. A study of the series (and of all the material available on the series) shows that Neil was affected by Bertram Beck, George C. Scott and David Susskind. For a summary of that study, see Andrews (1987). Beck (1981) said, years later that, in retrospect, the character of Brock was modeled after a man named Danny Kronenfeld from Mobilization For Youth. In the August, 1963 issue of *NASW News*, a memo from Talent Associates to potential writers of scripts indicated what kind of a person Brock was to be. Neil is described as 35 years old (Scott's actual age at the time), a graduate of the University of Wisconsin and the Columbia University School of Social Work. He served as a lieutenant in the U.S. Marine Corps during the Korean War. When he returned from Korea, he visited his old neighborhood, saw that poverty and injustices remained and decided to do something about it. He decided to become a social worker, "a small gesture, he realized, but one that would enable him to sleep nights."

He worked for the New York City Department of Public Welfare for ten years but was fired after he wrote a series of critical articles for a New York newspaper. He was fed up with "bureaucratic inefficiency, the snarl of red tape, and a growing uneasiness with the philosophy of public welfare." He is an angry man, "raging at all the cancers of our society, at all those erosions of the spirit that make good men debase themselves or in other ways deny the soaring possibilities of human existence." The memo suggests that, while Neil could be earning \$50,000 a year as a lawyer, doctor, or businessman, he, instead, works as a social worker for \$7,700 at the Community Service Agency.

Reactions from social workers to the article were immediate. Almost all of the responses focused on Brock's years at DPW and why he left. For example, one angry social worker suggested that it reinforced the idea that all public welfare is bureaucratic, inefficient and uninterested in helping others to help themselves. She also felt that it gave credence to the myth that a private agency is superior to a public agency (Thurber, 1963). Another wrote that public welfare should not have its problems aired on the series. However, she was "delighted" that the hero was going to be a man (a common theme in many pieces of correspondence) and she felt that this would do a lot to change the public conception of social work. She felt it was wrong for him, however, to be portrayed as unmarried because she would have preferred to have him portrayed as "normal" (Lane, 1963). Another social worker reacted negatively to Brock's background, "It irritates my rather thin social work skin to learn of the plan to present Mr. Brock's social (inferior) origins as important to his professional development. What sort of a contribution is this, toward the public image of the social worker?" (Roberts, 1963).

#### *Bertram Beck*

In January, 1963, Bertram Beck, Associate Executive Director of NASW, informed all NASW Chairs of Susskind's interest in producing a show about social workers and requested that they send story ideas to the producer. He warned that no assurances of the quality of the program could be given; yet it would, he suggested, be a "golden chance for the major break-through in gaining public understanding that we have all wanted." Beck carried the responsibility of consultant to Talent Associates from the beginning through the termination of the relationship. His name, as technical advisor, was listed on the credits of the later programs. He read scripts, made editorial comments and changes, and handled much of the mail from social workers who wrote to NASW about the series. Beck began expressing frustration with the character, Neil Brock, well before the series aired. On March 25, 1963, in a memo from Beck to James Scull, chairman of NASW's Public Relations Committee, Beck expressed dissatisfaction in the way that Brock was behaving:

When Neil is with a client . . . he must behave in a professional manner, and his responses—each of them—must be those of a

social worker, with certain exceptions which are known to the audience as exceptions. He suggested that perhaps Neil should not be described as a social worker but rather as a volunteer as "This is the way he is behaving."

By May, he directed his frustration at Irving Tunick, story editor at Talent Associates and said, "Neil can, and should be, a passionate social reformer. His anger, however, must be directed at social events that produce people of this sort. He can't be angry at the victims. He must seek to help them."

Thus began a difficult period for Beck, caught between trying to ensure an accurate portrayal of ethical social work practice while maintaining the story to the satisfaction of Talent Associates and, at the same time, being a buffer for angry social work practitioners who demanded that NASW see to it that their view of social work be portrayed.

#### *George C. Scott*

George C. Scott, who played Brock, was already a well-known actor in 1963. He worked closely with the writers in developing the social work character and saw the series as dealing with social work on two levels. He said,

first in its conventional and superficial aspect, the hard-put field worker who helps people adjust to society, to get a job, keep their children off the street, find some dignity in living. The second, deeper level, examines and tries to project to viewers the cases as they relate to the vaster, sociological problems of our times (Mc Manus, 1963).

In a *TV Guide* interview conducted before the first program was aired, Scott admitted,

We've shot our big mouths off about what we're trying to do. If we don't deliver what we've promised, then we're worse than any half-hour situation comedy which doesn't promise anything but entertainment . . . We have got to come to grips with controversial themes. We've got to try to say something about the way we live. I've been just as obnoxious as humanly possible to make my associates see this (Schickel, 1963).

In another interview, Scott suggested that the program would offer a cross section of the kind of people who get into social work, ". . . —the pseudo intellectuals, the phonies, the society

people and the handful who are sincere and dedicated." He referred to Brock as

reasonably bright, well educated, who probably could have gone into other more comfortable fields and been successful. To me he's a champion in worn, blue serge—a man with a sense of humor, but one who realizes the depressing people and problems he deals with daily are a bottomless pit . . . like a hydra-headed monster (Gardella, 1963).

### *David Susskind*

Susskind, as producer of the series, had an enormous impact on the image of Neil Brock and the social work profession. In a long interview which appeared during the time of the series, Susskind clarified his image of the social worker. He said that he was convinced that "in our time and culture and society the social worker is one of the very few evangelists or crusaders . . . they're underrated, they're underappreciated and underestimated by the rest of society." Referring later to social workers as neglected children of modern, urban society, he explained, "He hasn't got enough status, he hasn't got enough tools to work with, he hasn't got enough money to accomplish his ends . . ." (*Community*, 1964). Susskind admitted that he was aware that a number of social workers were complaining about the way Scott was playing Brock, particularly about his dress (during the entire series, criticism was brought against Scott by social workers who felt their image was tarnished because he did not button his top button and pull his tie up tightly) and about showing anger. He dismissed the former and had this to say about the latter:

Well, perhaps at the social worker college they say, 'Don't ever get angry, chaps, out there, keep your temper.' I think social workers do get angry. I think they have fights with their wives—I think they come to jobs sometimes in a bad mood. I think sometimes they laugh, sometimes they rail against the fates. We are trying to give a dramatic dimension to the social worker. We need a little license.

He felt that if the series did not find universal approval from "The Society of the Social Workers of the World", they should examine their consciences and decide whether or not it would be better to not have the show. "Would it be better to have such



a show with an immaculate actor who's a bit of a square, a bore . . . or do they want this gutty, exciting, virile, magnetic man to be their prototype?"

Neil Brock, certainly, emerged as a social worker with characteristics of all of his creators and yet managed to portray a high level of social work practice.

A content analysis of a random sample of ten scripts explored the kind of social work portrayed in the series and specifically evaluated the role of Neil Brock (Andrews, 1985). Statements were developed that covered social work practice skills, values, knowledge and roles. Responses from each script were averaged across scripts to obtain a mean score and placed in the categories of low, medium, or high. Interestingly, even though social workers were dissatisfied with the portrayal of the practice of social work, the study showed that the portrayal was that of "good social work practice".

Findings indicated that a high level of professional social work was practiced, particularly in relevant legislative processes, and in the social work goals of caring, curing and changing. Brock functioned at a medium level in providing counseling and in helping communities improve social and health services. Likewise, in the area of values, the portrayal is one of a person who strongly subscribes to social work values. The responses were consistently very high for every value except confidentiality. Because of one script, "Can't Beat The System," the score was low. In this script a recluse whom Brock had helped to re-enter society is left in a position where he could (and does) read the case records of other clients at the agency. Brock's practice was seen as knowledge-based. Brock performed several roles. For example, he related to the power structure in a manner which indicated comparable status. To a medium degree, he practiced radical social work. He was not very interested in rules or regulations. To a high degree, he played the role of an advocate, mediator and broker. He was not a conformist. He practiced generalist social work rather than one specialized kind of activity.

### *Nonrenewal*

Despite good reviews, the series was not renewed for a second season; thus social work's shining hour was short-lived.

Television reviewers/critics appeared to be shocked by the non-renewal. One reviewer questioned whether any serious drama could make it on television. He pointed out that the show dominated its Monday 10:00 P.M. slot, had 35% share of the audience representing about 22 million viewers, and that it had won many awards; yet, all of this could not save the program (Gross, 1964).

Ironically, the show received word of its nonrenewal just before a new format was to be introduced. Starting February 10, 1964, Scott left his social service agency and went to work in the office of a New York congressman. The purpose of this change was to allow the character a much wider scope of activities and to add greater depth and dimension. The controversial nature of the series was to continue, however. George C. Scott and David Susskind were provided the opportunity to debate publicly when Scott appeared on Susskind's "Open End" talk show (Brock, 1964). They discussed what it is like to work on a series and Scott said,

"It isn't acting, David. . . . It is a form of posturing. . . . a form of garbaging lines. . . . you shovel them in and back out. . . . It is shaming. It is making it look as good as you can jolly well make it look with the restrictions and the pressures that are involved."

He referred to "East Side/West Side" as an "ugly and keen experience".

TV reviewer/critics had periodically reported social workers' responses to the series in their columns; and, while their major comments were directed at the acting and the storyline, they had regularly given time to the way social work was being portrayed. In May, 1964, a panel discussion was held at the annual NCSW meeting in Los Angeles at which a critic sat on the panel and later reported the discussion in his column (Smith, 1964). Susskind, who was on the panel, told the group of 5000 social workers, "The program showed the faceless social worker to the American public as a figure of dignity and intelligence and tried to present the problems he faces." Cecil Smith, the writer/critic, added that the program received little support from "the social worker fraternity which kept complaining he [Brock] didn't button his collar." Two social workers were on the panel; one com-

plained that too often Brock "put his hands in his pockets and walked hopelessly away from problems." Another felt that ratings would have been higher if the programs had had more "happy endings . . . a few solutions." Another panel member, Mike Dann, CBS Program Chief, while acknowledging that the ratings were not low, said that the network lost \$80,000 each week because it was never fully sponsored. He suggested that sponsors stayed away because ES/WS was a "new type" of program and sponsors do not like to pioneer. It was Cecil Smith who summed up the reasons for the series' demise: "Its very hopelessness, its unrelieved darkness, its repeated theme that there is neither hope nor solution."

The social work profession communicated its role in society via the television screen for a full year (including repeats), satisfying several segments of society and upsetting others. Social work goals were being pursued in an uncertain, changing environment. Social work as a political entity needed to recruit powerful resources and align itself with the dominant groups, but also needed to remain faithful to its humanitarian and democratic ideals. Social workers were not able to do both in this experience. But if the cancellation of the program is illustrative, the "East Side/West Side" project showed the difficulty of openly promoting liberal social values and maintaining sanction from elite sponsors at the time.

Social work has not had an opportunity to match the ES/WS experience. There have been several social workers portrayed in a variety of TV programs, movies, and books in small parts, generally not integral to the plot. These portrayals, however, have often been met with great criticism by social workers. Any attempt to introduce a social worker in a major role has failed. With the huge success of "L.A. Law" (1987/88, renewed), some social workers may well consider the time to be ripe for another attempt at a major social work series. It might do us all well to reflect on this experience of 25 years ago and remind ourselves of how little control we as a profession really had in the project. When ES/WS first came on the air, one T.V. reviewer commented: ". . . they now join the doctors who don't like Ben Casey, the lawyers who don't like Perry Mason and the psychiatrists who don't like Eleventh Hour or Breaking Point" (Barrett,

1963). Joining forces with the producers and the network by becoming a "consultant" to the series does not assure accurate image-building. When one social worker found out that NASW was consultant for the series, she complained to a T.V. critic who responded:

I agree entirely with your analysis of what "East Side, West Side" does to the mass public image of social work. Blanket endorsements of TV series by professional groups have always amazed me. They seem to lend their good name to projects beyond their control as if their good name were worth nothing (Horn, 1963).

We have not forgotten Neil Brock, the impact of his portrayal, nor the conflicts which arose around the portrayal: Happy twenty-fifth birthday, Neil.

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## APPENDIX

"East Side/West Side" includes twenty-six episodes shown between September, 1963, and April, 1964. All were shown as reruns as well between May, 1964, and September, 1964. A brief description of each program is given below.

### 9-23-63 "The Sinner"

An unwed prostitute provides what is described as a loving and caring home for her infant son; but because, in the eyes of the law, she is not "gainfully employed," the child is taken away from her. Brock attempts to provide her with options and opportunities for change; but because of her "moral standards," she is deemed unfit and the child is placed with the grandmother—a woman who does not care for the child.

### 9-30-63 "Age of Consent"

This program deals with statutory rape laws. Charges are brought against a young man by the father of a girl who is six months short of 18 years old. It examines hypocrisy of a law which establishes arbitrarily that when a girl becomes 18 she is mature enough to make this decision for herself but that six months before that date she is not. Brock is approached by the young man's parents and works with the young woman and man as they plan their future. The young man is convicted, thus ruining his budding medical career.

### 10-7-63 "You Can't Beat the System"

Brock persuades a war veteran to leave his room for the first time in ten years. To help the man regain his confidence and to aid him in reestablishing relationships with people, Brock brings him to his agency to do volunteer work under his supervision. Brock is simultaneously working with a young husband who periodically gets drunk and beats his wife. The recluse takes a personal interest in the attractive young wife and finds opportunities to insult the husband when he comes to the agency for help. Through agency files, the recluse finds the young couple's address and goes to their apartment to beat up or kill the husband. Brock intervenes.

## 10-14-63 "Something for the Girls"

This program is a comedy about a rich spoiled playgirl who is sentenced to work for one month with the agency after accumulating twenty-five traffic tickets. The month sobers her and forces her to examine her values as she comes in contact with people with real problems. She becomes a productive and valuable worker when she organizes a club for the teenage girls of the neighborhood and teaches them sewing and other skills, with Brock supervising and supporting her.

## 10-21-63 "I Before E"

This segment deals with a dedicated teacher and some undisciplined students. The teacher tries to improve upon the syllabus required by expanding the subject matter, taking the students on trips, including material the students might find enjoyable and interesting. A few students are reached by this method, some remain dubious that they, as Puerto Ricans, will ever have a chance to improve themselves and get decent jobs. After an outburst, the principal wants to expel some students; Neil Brock prevails upon him to give the children another chance. The principal examines his own misgivings and prejudices when trying to evaluate this kind of curriculum.

## 10-28-63 "No Wings at All"

A shoemaker has a grown son who is mentally retarded. Because he fears for the son's safety, he overprotects the boy, keeping him under very close surveillance and limiting him to very simple routine activities. Brock tries to show the father that he is stifling a human being, that perhaps the son is capable of learning and doing more than the father suspects.

## 11-4-63 "Who Do You Kill?"

This program deals with a young black family trapped in poverty, suffering from racism, frustration and bitterness. The husband has been unable to find a job or to get into a training program and feels that they will never get out of the slum in which they live. The wife is hopeful about the future—until their baby is fatally bitten by a rat. Neil Brock and Jane Foster are involved with the family and help them through their crisis as well as get involved in a community-based effort to combat the problems of the slum.



## 11-11-63 "Go Fight City Hall"

Some of the problems of urban renewal are introduced in this program. A grocer and his family and the other tenants of his building are evicted to make way for a school playground. Problems of red tape occur when they try to see who decided on the placement of the playground and whether anything could have been changed. There is also the problem of pulling up roots of several generations and trying to adjust to new neighborhoods, new neighbors and project living. Brock takes up the fight on behalf of the grocer and the tenants in an adjoining brownstone, in an endeavor to alleviate the hardship they would be forced to face.

## 11-18-63 "Not Bad for Openers"

A cab driver who is a compulsive gambler is the subject of this program. He finds \$450 in his cab. Rather than turning it in, he gambles it away. His gambling, and his lack of ethics concerning the \$450 add to marital problems with his wife who is frustrated by the accumulation of overdue bills, credit extensions, and lack of funds. Brock meets with the wife and becomes involved with the husband after the husband steals a cab in order to get some cash to gamble.

## 12-2-63 "No Hiding Place"

This program deals with problems of blockbusting in the suburbs. The neighborhood is upset when a black family moves in. Unscrupulous real estate agents attempt to panic white families into selling at a loss so that they can sell to blacks at inflated prices. Brock is called in to help cool down the situation. Residents do calm down somewhat when they find the black family to be well educated, refined, and realize that property values can stay fixed if people don't panic. Even a liberal resident who preached this cause becomes worried, though, when the second Black to come into the area is a man who is not college educated and who hasn't the cultural refinements of the first family. The liberal resident must choose between fighting for what he believes (and possibly losing) and panicking and running with the rest (abandoning his principles).

## 12-9-63 "Where's Harry?"

A middle-aged, well-to-do man stops to review his life and finds that his values have been materialistic. He has accumulated a collection of

expensive "things" over the years and finds that he is still miserable. So he runs away one day and goes to the poor slum neighborhood in which he grew up and tries to recapture the values and standards of his father. He rents a room from a young black family who is starting the journey out of the slums and into the suburbs from which he now flees. His wife seeks help from Brock. She is alone and frightened. Brock comes to her assistance and helps mend the couple.

12-16-63 "My Child on Monday Morning"

A friend of Hecky's has an autistic child. The parents have taken the child to many psychiatrists who all recommend that the child needs an institutional setting. The mother, feeling a personal guilt for the child's condition, reacts violently and refuses to allow this and decides that she can provide all the needed help for the child herself. When it is suggested that the mother needs counseling to help her in handling the child, she refuses and withdraws the child from the part-time therapy that Hecky had found for her and which had demonstrated some progress with the child. This leads to a confrontation between mother and father and finally, with some help from Hecky, mother is able to verbalize her fears and agree to counseling.

12-23-63 "Creeps Live Here"

A group of aged semi-recluse 'characters' are about to be evicted from their home to make room for a new supermarket. The house turns out to be a place of great historical value (refuge of Herman Melville, Winslow Homer, etc.) and Brock and the inhabitants fight to save the landmark from the people with purely commercial interests.

1-13-64 "The \$5.98 Dress"

A woman on AFDC takes a part-time job in order to help support her family because the welfare checks are inadequate and because her husband, who has a narcotics problem, keeps coming by for money. The welfare department finds out about her job and she is charged with fraud because she failed to report her income. Brock gets involved with the family and attempts to fight the fraud charge. Additionally, he works with the estranged father in hopes of getting him to stop using drugs, and to find employment.

1-20-64 "The Beatnik and the Politician"

An old Italian-American neighborhood finds that many young people, artists, writers, musicians, etc., are moving into their area, attracted

by low rents. The firmly entrenched political boss attempts to bring these people into line so that his district will be problem-free. The young people do not consider themselves an element to be dealt with. The girlfriend of a folk singer is warned by her mother not to associate with the group. In desperation, the mother seeks the help of Brock. Brock gets involved with the young people and ends up encouraging one of the young men to try to beat the boss in a primary fight.

1-27-64 "One Drink at a Time"

This segment deals with 'street people' who roam the Bowery. A woman street person who, for most of her life has lived in the Bowery, appeals to Brock to help her get an apartment so that she can qualify for public assistance. She wants to find a stable place for her long-time boyfriend who drinks wood alcohol. Brock helps her and tries to help the man as well. The woman, after realizing that her man does not want help and does not want to change, chooses to stay with him and live his lifestyle.

2-10-64 "It's War, Man"

A Puerto Rican teenager kills an elderly storekeeper. Brock comes to the youngster's aid, discusses the case with the judge at a preliminary hearing, and then investigates the young man's family life and other factors that motivated the crime. Additionally, the anti-Puerto Rican prejudices of the storekeeper are introduced as a possible factor in motivating the crime.

2-17-64 "Don't Grow Old"

An elderly man is fired from his construction job because of his age even though he is still strong and in good health. Brock tries to get him less taxing jobs but these are very unsatisfactory to the man who has worked in the open air on construction jobs for many years. Finally, the man goes and gets himself a job at the Fulton Fish Market which he enjoys.

2-24-64 "The Street"

A woman's welfare allotment is reduced because her husband is supposed to contribute to the family. The husband, however, has deserted her, and a boyfriend is helping out. Brock gets involved with red tape at the Welfare Department and the Family Court to get help in finding

the husband. No agencies have facilities for tracking down deserters. But the woman is not willing to prosecute her husband, as poor as she is. Brock is able to get her full relief allotment restored by pulling strings with Congressman Hanson. Brock notes that he is only fixing little things on the street, that the real problem is poverty and he, alone, cannot fix that. A subplot deals with Brock's romantic involvement with an actress.

### 3-2-64 "If your Grandmother had Wheels"

A paraplegic, about to be married, participates in experiments with a doctor. The doctor has developed transistorized electronic devices which, ultimately, will help paraplegics to walk. The man's fear of marriage is very great. His desire to walk is so intense that he uses it as an excuse to postpone his marriage. In trying to help this man, Brock and Congressman Hanson become involved in the problems of obtaining funds for medical research.

### 3-9-64 "The Passion of the Nickel Player"

Brock finds himself embroiled with the majority of voters in a poor neighborhood. It is hard for them to accept that their nickel-a-day gambling habits are evil or are the cause of political or police corruption.

### 3-16-64 "Take Sides with the Sun"

Brock receives an offer to work as an aide to Congressman Hanson, which would require quitting his job with the Community Welfare Service. Hanson is convinced that Brock would be an asset on his staff as a legislative consultant on social welfare. An investigation of Brock's background is made and a report is submitted to Hanson and his advisers. Several advisers object to the hiring of Brock, but they are dismissed by Hanson. Brock gets the job.

### 3-23-64 "The Name of the Game"

This program is about a labor union president and an industrialist who are at loggerheads over the signing of a work contract. A large industrial complex on the drawing boards is jeopardized by the personal drives and antagonism between these two men. Both men are absent at the dedication of a new facility to which Congressman Hanson and Brock are invited. Brock is deputized by the Congressman to try to resolve this confrontation in favor of the public interest.

## 3-30-64 "Nothing but the Half Truth"

Congressman Hanson, anxious to obtain a larger allocation of Federal aid to combat poverty in his district, asks Brock's assistance in pinpointing the problem. He and Jane Foster, of the Community Welfare Service, conduct a case study of the Valdes family, a typical poverty-stricken family. Brock goes on the David Susskind show (Open End) and discusses poverty with other panelists. Hanson's staff are angry at what Brock says and try to stop the filming of the program. They complain bitterly to Hanson who ends up supporting Brock's position.

## 4-13-64 "The Givers"

This program is on corruption in Federal contracts, fixed bids and pricing. Brock gets involved when a group wants to make sure that Congressman Hanson doesn't support a bill to clean up the letting of contracts. Brock learns of a couple who went bankrupt after their plastics company could not compete for contracts with a much larger, more influential company. The husband commits suicide and Brock leads a story to the press implicating the influential company.

## 4-27-64 "Here Today"

Brock tries to convince the *Standard*, a large newspaper, to run a series on the President's War on Poverty by focusing on Congressman Hanson's district. The *Standard* turns him down, so he goes to the *Light* which accepts the series. The small paper's circulation jumps 10,000 as a result. The *Standard*, seeing the success, goes to another congressman, gets a story from his district, and runs it, charging half the cost the *Light* is charging. This destroys the *Light*, and the *Standard* ends up buying them out.



# Community Mental Health: A View From American History

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*The limitations of the movement for deinstitutionalization of the chronically mentally disordered have been the subject of a repeated series of investigations and analyses in the last 10 years. These critiques can be summed up in the undeniable observation that the chronically mentally disordered have by and large failed to benefit from deinstitutionalization in the ways that the original advocates and planners of this policy had hoped. The promise of community mental health, at least as articulated by the scores of witnesses before Congressional committees in the early 1960's, has not been realized for this population.*

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contrary to what the sponsors of the movement for community mental health had hoped. Deinstitutionalization and community mental health were inextricably linked in the minds of the visionaries of the 1960s and early 1970s, but the reality is that deinstitutionalization has impacted one population, while community mental health programs have ended up meeting the needs of an entirely different population: middle class persons with less serious disturbances (Goldman, Adams, and Taube, 1983). In the community the chronically disturbed can be found in nursing homes, board and care facilities that offer little or no therapeutic treatment, and in inpatient units of general hospitals (Goldman, et al. 1983; Goldman, Feder, and Scanlon, 1986; Talbot and Sharfstein, 1986; Schoonover and Bassuk, 1983). According to some, the term "transinstitutionalization" arguably describes what has occurred better than deinstitutionalization (Bellack and Mueser, 1986). Many other chronically disturbed persons are now homeless, by their presence contributing to the rising quota of human misery inherent in what has become one of the most critical social problems of the 1980s (Lehman, 1983).

The problems of deinstitutionalization are so serious that some mental health professionals have been urging a return to the concept of the asylum as a refuge for the chronic mentally disordered (Bachrach, 1984; Gralnick, 1985; Talbot, 1984; Sigel, 1984; Lamb and Peele, 1984). Whether in state mental hospitals or in other places of care and treatment, this population clearly needs some other form of environment than the emptiness of board and care facilities or the anxieties of street life.

Among the most commonly mentioned reasons for problems with deinstitutionalization are the fragmentation of services for the chronically disturbed in the community, the underfunding of community mental health programs by various levels of government, the demand for community mental health services from a less disturbed population of mental health seekers, the movement of psychiatry out of community mental health centers, the inability of many chronically disturbed persons to take advantage of whatever mental health treatment is available in the community, and the failure of any community mental health programs to offer a viable substitute for the total care that was offered by the state mental hospitals (Bachrach, 1984; Talbot,



1985; Lamb, 1984; Goldman et al. 1983; Lamb and Peele, 1984; Panzetta, 1985). The problem of stigma has been acknowledged to be a continuing one, both within the mental health profession and in the community at large (Gralnick, 1983; Sigel, 1984; Mirabi, Weinman, Magnetti, and Keppeler, 1985). Bachrach pointed out that the term community itself is fraught with unrealistic associations of warmth, acceptance and localism (Bachrach, 1983). These inferences cannot be drawn from the contemporary communities into which the chronically disturbed have been released. Most communities did not welcome those with chronic mental disorders, in fact contact with these persons has been threatening to many in the community, who often have reacted with anxiety and efforts to limit their proximity.

The great reluctance of persons in the community to accept the mentally disordered is one of the most important reasons for the failure of community mental health to make a positive difference in their lives. This failure is rooted deep in our history and is linked to the reasons the severely mentally disordered were removed from local communities in the first place. A look at this history offers some clues about the reasons for the problems surrounding deinstitutionalization.

In Colonial New England insane persons lived with their families or in the homes of friends or neighbors. Mentally disordered members of the community lived out their lives with little or no interference from others. Few efforts were made to control them unless they directly threatened other townfolk with violence; the records indicate that these instances were relatively infrequent. Families and friends provided the distracted with the necessities of life when they were able to do so. Those without such resources were cared for in the same way as were other paupers; either boarded out with local families at town expense, or in the case of larger towns such as Boston, placed in local almshouses. No distinction was made between sane and insane paupers in these places of care (Records of the Overseers of the Poor, Boston, Mass; Records of the Overseers of the Poor, Concord, Mass.; Records of the Overseers of the Poor, Danvers, Mass.; Records of the Overseers of the Poor, Salem, Mass.).

The insane were expected to be productive members of the community even while they were exhibiting behaviors that we

would consider a sign of severe mental disorder. Sometimes a particularly violent outburst of madness would necessitate a temporary retreat from active participation in the life of the community, but a return was expected and usually accomplished. The most famous example of this continuing productivity is provided by the career of the political leader James Otis. In 1770 Otis, the great pre-Revolutionary leader and advocate, exploded in a "mad freak" and broke all the windows in Boston's town hall. He then "madly fired an assortment of guns out of the windows of his Boston home." Otis' friends quietly removed him to a private home in the countryside where he stayed a few months, to re-enter Massachusetts society as a member of the provincial assembly. Within a year he had relapsed: "he raved, jumped out of windows and was pitifully bewildered to find his clients seeking other assistance." Although afflicted with intermittent spells of madness, Otis continued to play an important role in the province's political life throughout the pre-Revolutionary years (Shipton, 1949).

Otis' prominence in the community was not a crucial factor in the community's expectation that he would continue to function. Samuel Coolidge, an errant Harvard graduate who disrupted that campus many times with his abusive behavior, was kept as a schoolmaster in Watertown. In the habit of wandering about the town in a dazed condition, often half dressed, Coolidge was a familiar figure there and in neighboring towns. The town paid for his board and keep in the home of a local family, but they expected him to return fair value for his support by serving as the town schoolmaster. When Coolidge became particularly unruly or began to roam, the town selectmen resorted to locking him in the school room all night so that he would be present for his classes! Coolidge was generally not violent, instead he was given to "great Horrors and Despairs." "There was no question that he was unequivocally mad though; in 1745 he was dragged out of the Harvard commencement "like a Dead dog in the presence of all the Assembly . . . on account of "his Distractions and Delirium." Eventually Coolidge's behavior became unruly and the townspeople were forced to find a sterner solution. In the last year of his life he lived in a locked room in the home of one family in the town, after several others had

refused to board him because of his fractiousness (Shipton, 1943).

The decision to lock up an insane person was not a common one in the colonial period, contrary to the popular myth about the barbarity of this era. Suspected witches, who assaulted the religious fabric of the society were treated harshly in colonial New England, but the insane were not. Insanity and witchcraft were considered very distinct phenomena; for the former a considerable amount of tolerance existed (Demos, 1982).

The term insane was rarely used in colonial New England; instead, mentally disordered persons were thought to be "distracted". This is the descriptive term that appears everywhere in colonial records, alongside the more legal phrase, *non compos mentis*. The term distraction suggests a gentler view of madness than what was to follow in the nineteenth century.

Another famous distracted man in colonial New England was Joseph "Handkerchief" Moody, a minister who began to wear a handkerchief over his face in 1738 and never appeared in public without it after that. Immortalized in a story by Nathaniel Hawthorne ("The Minister's Black Veil"), after 1740 Moody could not face his congregation and turned his back toward them even as he conducted church services. His congregation tolerated Moody in this state for three years before they brought in another minister to help him with the services. Moody continued to preach in the church and minister to the congregation as best he could for the next 12 years. A colleague of Moody's, Samuel Checkley, suffered a series of personal losses in the middle of the eighteenth century and from that time forward was unable to speak without weeping. He later began delivering his sermons in gibberish; even then his congregation did not fire him (as they had the right to do), but instead hired someone to help him (Shipton, 1942).

Both ministers were considered distracted by their congregations, friends and families; yet they were expected to continue to function in their roles as clergymen. The community in eighteenth century New England exercised considerable patience in the face of inexplicable, exasperating and clearly mad behavior. More examples of what seems to us a puzzling lack of concern for mental disorder can be found in the historical records, es-

pecially among the ranks of ministers and schoolteachers. This relative tolerance was also extended to poorer mentally disordered persons in these towns. While those distracted without means of support were cared for at town expense, it was their financial dependence, not their madness that brought them to the attention of local officials. As in the case of Coolidge, such persons might be considered a financial burden, but they would not be confined as long as they were not violent (Records of the Overseers of the Poor, Boston; Concord; Danvers; Salem).

Given their reaction to madness, it is not surprising that the colonists had a different understanding of madness than our own. The prevailing idea was that insanity was largely a supernatural matter; the result of a moral drama involving God, the devil and the distracted person. The scheme of causation was flexible, for insanity could be a test from God or a punishment from God, depending on whether the person so afflicted was thought to be a holy person or a someone who had clearly sinned. In the early decades of the eighteenth century it was thought that the devil could tempt or drive someone into madness; in extreme cases this could mean that the afflicted person was possessed by the devil. Whether the insane person was at fault in such cases depended again on the general perception of his or her guilt or innocence. After the middle of the eighteenth century, the belief in the direct power of the devil to cause madness was replaced by a more general notion that the mysterious workings of God's Providence was responsible.

The colonist believed that the body was implicated in insanity and there were various versions about which bodily systems were most likely to be affected by madness. The somatic causes were not thought to be primary but rather a part of a complex mix of supernatural and natural causes. This system might seem confusing and even contradictory to us, but it posed little problems for the eighteenth century New Englander, who viewed the natural and supernatural realms as inextricably linked. In 1702 Cotton Mather, the Puritan Divine, described the "black melancholy" that had overtaken a fellow minister, William Thompson. Satan, according to Mather, had become "irritated by the evangelic labours of this holy man and obtained the liberty to throw him into a *Balneum Diaboli*." Mather did not think that

Thompson's condition was his own fault, but he warned that some men "afford a bed wherein busy and bloody devils have a sort of lodging provided for them." This "bed" is the "mass of blood . . . disordered with some fiery acid. . . . Juices, ferments and vapours" all played a role in making men receptive to the machinations of the devil. Mather thought the supernatural order worked through the natural sphere to drive a man to madness, for "humors . . . yield the steams when Satan does insinuate himself until he has gained a sort of possession in them, or at least an opportunity to shoot into the mind as many fiery darts as may causes a sad life to them" (Mather, 1702, p. 439). Insanity was an opportunity for a spiritual lesson, and Mather saw no conflict in uniting the spiritual and biological aspects of human nature in explaining it.

The explanations of the causes and meaning of insanity were directly linked to the kind of attempts to help or treat the insane in New England in this period. The most likely response was prayer and fasting. It was common for ministers and friends of the insane to call for days of prayer and fasting for their distracted neighbors, just as they did for those suffering from smallpox or other illnesses (Jimenez, 1987; Shryock, 1966; Starr, 1982). Since the disorder was at least partly a spiritual affair, it made sense to ask for supernatural intercession. After all, God was the source of the ultimate power over all matters, and could lift the spell of distraction. Medical remedies were sometimes used in cases of insanity, especially in the late eighteenth century. Although the state of medical practice in New England was far behind the level of England at this time, physicians there employed the standard practices of heroic medicine suggested by English writers including bleeding, blistering and the use of purges and emetics. These treatments were often combined with dosages of plant and animal extractions known as "pharmaco-peia" (Shryock, 1966; Starr, 1982).

Clearly the lack of systematic response to the distracted residents of colonial New England was related to the paucity of resources available to solve any social problem. The colonists had built only one hospital, for the reception of small pox victims who needed to be isolated from others; there were no institutions for the developmentally disabled, no orphanages, no

elaborate prison system (Blake, 1959). Neither the excess financial resources nor the instrumental cast of mind yet existed which would encourage a systematic effort to solve social problems or establish a social welfare or health system (Starr, 1982). Furthermore, the notions of prevention and cure of physical illness were not widely accepted as either possible or necessary in this society which looked to the supernatural order for the resolution of problems and which possessed a very rudimentary medical technology incapable of solving even the most commonly occurring physical diseases (Starr, 1982).

Yet none of these reasons seem to have been the most significant ones informing the response to insanity in colonial New England; a response which to contemporary observers might seem neglectful rather than tolerant. For when the post-Revolutionary generation did confine the insane, they did so in the same structures that dotted the landscape of the colonial towns: jails and almshouses. The most important reason for the reaction of the colonist to insanity can be found in the structure of New England society in the eighteenth century.

Before the American Revolution most New Englanders lived in very small towns, characterized by a great deal of personal interaction and face to face knowledge of other residents. Life was considerably less complex than what was to follow in the nineteenth century: economic choices were minimized as most townsmen were subsistence farmers or artisans working in small trades. There were few consumer goods and little cash in the economy, instead economic transactions usually were accomplished by trade or barter. Even in the larger towns in the area, such as Boston and Salem, economic relationships were carried on in the context of family relationships; the cash nexus was not primary. Political choices were minimized, as voting for local offices was more of a ratification of local elite based on deference, rather than a democratic choice based on competing political actors. Family relationships were the key ones in this pre-modern world. Family members lived near each other and formed primary social bonds. A very powerful system of social control existed in Colonial New England, in the close proximity of family members, in the personal nature of smalltown life, and in more formal mechanisms of control wherein local officials patrolled the towns looking for any signs of moral deviance. Such

provisions for control of behavior existed even in the larger, commercial centers of the area, although of course, life was more complex in these places (See Tracy, 1979; Jedrey, 1979; Lockridge, 1970; Nash, 1979; Cott, 1976).

In this society individuals were caught in an intricate net of expectations that effectively limited individual decision-making and behavior. The necessity for internal control of behavior was minimized because a very strong system of external controls was paramount and guided social interactions. Under these circumstances, the lack of control implicit in mentally disordered behavior was not as threatening as it was to be later. Unless the distracted directly threatened the safety of others, they were of little concern.

The inexplicable or seemingly meaningless nature of insane behavior was also less threatening in a society which provided a widely held explanation of this anomalous behavior. Insanity was firmly embedded in the supernatural context that provided an explanation for most of life's events in colonial New England. As a manifestation of God's mysterious Providence or the devil's ubiquitous threat, distraction was understandable and in some sense, acceptable.

After the American Revolution the newly formed New England states passed laws confining the mentally disordered in existing local facilities. All over the region, the distracted were locked in jails, in separate rooms and cells in almshouses and in private homes. Well before the founding of the medical asylum for the insane, local officials had found it necessary to remove their distracted friends and neighbors from the community. At the same time that jails and local almshouses began to receive these disturbed persons, families began confining insane members at home, often under unpleasant circumstances (Records of the Overseers of the Poor for Boston, Concord, Danvers, Salem). Reformers did not become interested in the plight of these distressed persons until the 1820s and 1830s, when a spirit of reform swept Jacksonian America. Before the founding of private asylums based on the humane principles of moral treatment began to be established in the 1820s and 1830s, the majority of mentally disordered persons had been removed from New England society.

What prompted the confinement of the insane in New Eng-

land? As one might expect, the understanding of insanity had changed dramatically, but more significantly, the New England social order had undergone profound changes after the Revolution. By the end of the eighteenth century the colonial world had passed, to be slowly replaced by a more complex, urban, democratic, competitive one. Population increased all over New England; Massachusetts was becoming increasingly urban after 1790 (Vinovskis, 1975). Increased geographic mobility meant that people were more likely to be living near strangers and recreating their social lives with greater frequency. Accompanying the increased migration was an increased number of transients in Massachusetts towns. More systematic measures for controlling strangers were devised to replace the older system of warning out (Jones, 1981). With independence came the development of a far more complex economic infrastructure, marked by the decline of household manufacturing, the rise of textile manufacture, and the growth of a regional market economy (Ware, 1931; Rothenberg, 1981). As a result of these changes, wage labor began to replace subsistence farming and the work of artisans. Increasing wealth stratification led to a growing class of poor and unskilled workers and a marked increase in economic inequality in the early decades of the nineteenth century (Lindert and Williamson, 1976). All these changes made far greater demands for competition and individual functioning, as economic survival was now more and more dependent on a solitary struggle for the means of subsistence. Demands for individual decision-making in the form of political participation increased as well under the new federal and state constitutions which considerably broadened the number of elected offices. These changes led to the rise of a cosmopolitan outlook, replacing the more parochial mind-set of the colonial period, as a plurality of associations unravelled the web of family and neighborly relationships that had surrounded individuals in that more orderly world (Tracy, 1979; Kaestle and Vinovskis, 1980; Gross, 1976; Doherty, 1977; Brown, 1974). As community life was becoming more fragmented, individualism and competition began to replace the earlier ideal of communitarianism (Tracy, 1979). No longer enmeshed in a thicket of external controls and expectations, people began more and more to forge their own social



reality and to be responsible for individual decisions and self-control.

New demands for individual performance and control rendered the behavior of the insane less acceptable, since they seemed to represent loss of control. In addition to these changes, the diminution of the Calvinist explanation of reality and the proliferation of religious sects accompanying the dis-establishment of religion in this country, combined with the rising tide of secularism, reduced the power of the earlier supernatural explanation of insanity (Ahlstrom, 1972; Goen, 1962). With the move to a more scientific, secular, medical view of human disability, the power of the supernatural certainties to disarm insanity was lost.

With what was it replaced? In the early nineteenth century, as the medical profession in the new Republic began to grow in numbers and eminence, physicians began to look seriously at the causes and treatment of insanity. Borrowing from the English conceptions of insanity, those who speculated on its nature linked the onset of madness to an excess of passions and personal vices, especially masturbation and intemperance. Such beliefs led naturally to a vigorous application of the older palliative of heroic medicine, as well as to the development of new methods to encourage the insane to control themselves. The issue of control became central to the thinking about insanity in the medical profession. Maniac and melancholiac replaced the homlier and presumably less scientific term, distracted. Both the language of insanity and the reaction to the insane became more passionate in the early years of the Republic.

Benjamin Rush, a pioneer in the medical treatment of the insane, believed that maniacs could sometimes be cured with what he called "the fear of death," which he effected by near-drowning his patients. Blistering, bleeding, rotary swings, seasickness chairs and other like treatments may seem barbaric to the modern sensibility, but they were perfectly in keeping with the prevailing medical theory of the time, which was that madness was related to vascular tension (Rush believed this), or alternatively to noxious humors or inflammation of the brain. The somatic side of insanity was linked with an ethical side, in which the insane were often blamed for their condition, brought

on by their own lack of self-control (e.g., Cutbush, 1794; Anderson, 1796; Rush, 1786; Rush, 1812). This sense of blame lent increased vigor to the potential harshness of the medical treatments, which did not diminish the humanitarian impulse behind the efforts of the early reformers to help the insane in their care. Rush practiced at Pennsylvania Hospital for the Insane, one of the earliest establishments of its kind (Tomes, 1984). Other physicians treated the insane in private practice. It must be emphasized, however, that the majority of the mentally disordered received no medical treatment at all, but lived, often under very trying conditions in local jails, almshouses and in private homes (Grob, 1973, Jimenez, 1987).

Moral treatment and the establishment of the public mental hospitals in the 1830s and 1840s ended this treatment for those who were admitted to the asylums which proliferated in the Northeast. Yet even as the public asylums were enlarged and reformers agitated for the establishment of more, other insane continued to be confined in local almshouses and jails. The movement to confine the insane by this time was inexorable (Grob, 1973).

The story of moral treatment, initially a successful and humane approach to helping the mentally disordered has been told elsewhere (Rothman, 1979). Eventually it too degenerated into an essentially nonmedical, custodial approach to the insane in the large state mental hospitals. These custodial hospitals remained the dominant solution to the problem presented by mental disorder until the emergence of deinstitutionalization.

Both contemporary evidence and a look at our history suggest that mentally disordered persons will not be welcomed in modern communities that are atomistic, competitive places calling for a high amount of individual rationality, decision making and self control. The stigma of mental disorder lies in the anxiety about lack of self-control (real or imagined) on the part of the mentally disordered. What is needed is a new social policy direction that takes into consideration the realities of our complex, urban society while meeting the security, treatment and other human needs of this vulnerable population.

Looking back at a time in our history when the mentally disordered living in the community were tolerated, leads to the

conclusion that we need to redirect our thinking about the most humane solutions for those who struggle with mental disorder today. The dream that towns and cities will absorb the mentally disordered into the economic and social fabric of modern life is not likely to be realized in the near future. For now, many of those suffering from serious mental disorder will continue to need places of refuge, at least temporarily, where they can have their most basic needs met and which will serve as buffers to the stresses of technological, individuated life. History also can offer a strong lesson on the folly of erecting large, custodial mental hospitals far removed from the community to which patients are to return. But smaller places of refuge *in* the community, perhaps similar to the halfway houses envisioned in the original Community Mental Health legislation, are a necessary step before total deinstitutionalization is embraced. These community based treatment centers need to emphasize resocialization programs to teach the mentally disordered the social skills critical to acceptance in the wider community. Programs emphasizing an educative approach, which systematically move the client to increasing mastery of independent living skills have been implemented in various community-based shelter care facilities (Farkas, 1987; Segal, 1979). These programs can make a critical difference in the ability of persons with serious mental disorders to eventually live *in* the community, because they can help reduce the behaviors that are seen as threatening by others. Relearning behaviors commonly accepted at the most basic level of social intercourse may enable many persons with serious mental disorders to partake in community life. But these programs may not be enough. The comforting external supports of life in the colonial period allowed many distracted persons to function in spite of their disability. By contrast, recent research on seriously disturbed psychiatric patients suggests that their social networks are smaller, include mostly kin, and are less varied than those of other persons (Cutler, 1987). In contemporary society, therefore, social support networks for seriously disturbed persons need to be provided through professional intervention. The development of "community support systems" or social support networks to provide mentally disordered persons with important linkages in the community is critical for

their well-being. When these approaches have been utilized in the form of socialization groups, case management and material supports such as transitional living arrangements and vocational training, the results have been positive. One study showed that those who participated in case management and socialization groups experienced fewer psychiatric hospitalizations than those who did not (Cutler, 1987).

A major commitment to the concept of community support systems or social support networks, along with the development of community-based resocialization, social skills programs are both necessary to meet the critical needs of persons with serious mental disorders. Federal leadership is now necessary to address the problems created by the Community Mental Health legislation enacted over 20 years ago. One thing seems clear: the low cost approach of releasing the mentally disordered into communities with few programs for their care or treatment is based on a false understanding of the anxieties that mental disorder has evoked in this country since the early nineteenth century. Until we accept this reality, the possibilities of community mental health will remain unrealized.

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# The Frustrations of Family Violence Social Work: An Historical Critique

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*Contrary to the view that social work has been characterized by substantial shifts in treatment methods over the last hundred years, an historical study of case records from child protection agencies in Boston, 1880 to 1960, revealed very little improvement or change in the social-work response to family violence cases. The continuity in social-work response rested, at its best, on workers' common-sense apprehension of the complex (intrapsychic, relational, and environmental) causes of family violence, and, at worst, on several constricting ideologies about proper family life: gender assumptions that made women's domesticity and mothering essential; and a public/private dichotomy which assumed that the stable family must be economically self-supporting.*

Family violence has been identified as a social problem in the United States (US) for approximately 110 years. It came as a surprise to me, therefore, in the course of an historical study of family violence, to find very little change in the responses of social workers to family violence problems, and no evidence of success in controlling this problem (Gordon, 1988). Sampling 80 years of case records from three Boston child welfare agencies, including the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC), from 1880 to 1960,<sup>1</sup> I found little change in the professional treatment of family violence. Moreover, the continuity was largely one of ineffectiveness-inability to prevent or ameliorate family violence.

These findings contrast with histories of social work which have identified major shifts in its casework practice (Robinson, 1930; Woodroffe, 1962). Shifting diagnostic paradigms certainly affected the definitions of family violence (Gordon, 1988), but did not make much difference in its treatment. A major reason for the difference between these and previous findings is meth-

odological. Previous histories were based on social work conference proceedings, textbooks, and public policy pronouncements—what historians call prescriptive sources, statements of how casework *ought* to be done. This study was, by contrast, the first historical work to be based on case records, evidence of what *was* done.<sup>2</sup>

Lack of progress in the handling of family violence cases was not the result of incompetent, lazy, or unfeeling social workers, nor of poor training. Indeed, the case records indicated very little change after the professionalization of social work and the spread of formal training requirements. Rather I argue here that social workers were (and still are) constrained from helping family violence victims by a set of “instructions” they received about proper family life—that it must rest on economic independence and proper gender relations. Given such instructions, social workers were, at worst, blinded to the roots of violence in precisely such ideal families and, at best, double-binded by the conflict between what they heard from clients and the prescriptions of their background, culture, and training. This paper looks at the changing historical manifestations of these constraints and how they affected diagnosis and treatment of family violence. After an introductory identification of the ideology of proper family life which undergirded social work, the article looks at, first, the nineteenth century punitive orientation of “charities and corrections”; second, the contributions of casework; and third, the influence of psychology upon family-violence social work.

### Family Violence and the Proper Family

The arguments here are based on the reading of thousands of case records. But to illustrate how views of proper family life inevitably impinged on treatment of family violence, a single case history will serve better than many statistics. This case was not chosen because it was particularly explicit or clear; indeed its ambiguity and the obscurity of many of the clues will seem familiar to many family case workers. The episodic quality of its narrative, and the vast areas of missing information, are typical, as is its complexity (which I have considerably simplified in what follows); virtually every family violence case occurred in a “multi-problem” family.

1919: Jack and Mary Jones (not their real names) were southern Black migrants to Boston. Jack earned a meager, sporadic living as a waiter. Mary, seven months pregnant with her fourth child, took the three children and ran off. Jack came to the Massachusetts SPCC for help in reclaiming her. She was traced to a confinement hospital and the couple was "reconciled"; there is no evidence of inquiry into Mary's reasons for leaving.

1921: Mary herself came to the MSPCC "desiring to obtain elderly woman to come into her home and care for the chn. as [she] had to go out and do day work [domestic service]. . . . [The case worker] made it quite evident to [the mother] that the desirable thing was for her to stay at home and care for the chn. and have fa obtain a steady position." There is no evidence of inquiry into the source of Mrs. Jones' decision to work for a living.

1924: A hospital social service worker called the MSPCC: the second-born child, Mabel, was hospitalized with "tuberculosis of the spine"; the other children appeared weak and undernourished, possibly tubercular; Mary was pregnant with her seventh; the hospital considers this a case of child neglect. Released from the hospital, Mabel was supposed to be kept in a "Bradford frame" to correct curvature of her spine. A few months later the MSPCC visitor reported that the free milk the family was receiving had been discontinued because they were uncooperative in keeping Mabel in the frame. "The family are clever enough to pretend to cooperate . . . and then they do as they please. They consult neighbors and friends . . . The income of the family is not sufficient for the chn. to have good nourishment. It is a policy of the [agency] not to supplement wages."

1925: The MSPCC worker, trying to find an institutional placement for Mabel, had her examined at the Boston Psychopathic hospital (a vanguard in psychological testing) which found her to be "definitely sub-normal,<sup>3</sup> but the Drs. thought there was considerable room for improvement if she were under the right environment. Because of her mental condition, she cannot be accepted at Canton. She cannot go to Peabody House because she is colored. She could go to Baldwinville if \$5.50 could be paid each week . . . [but] The State will not pay . . ."

1930: Mary Jones, now expecting her eleventh child, approached a priest at the Catholic Charities organization to com-

plain of her husband's sexual abuse of their daughters. Out of the house working, hoping to earn enough to buy their home, she was unable to supervise, she said.

On 1-5-30 Magdalene was supposed to menstruate but did not. . . . Finally Magdalene told mo. that fa. had had relations with her. Fa. acknowledged to mo. that he had been with both Magdalene and Leona. He had told them that he wd. kill them if they said anything. He also told mo. . . . that he wd. blow her head off if she went to the Pol[ice] or any Soc[iety] and he agreed never to bother them any more but he did not keep to his promise. He had also bothered Sylvia and Genevieve. Fa. claimed that what he did to the chn. did not hurt them. . . . About a mon. ago fa. joined the Shiloh Baptist Ch. and she though that he wd. be all right . . . she had not wanted to report to the pol. because of her large fam. and because she was about to become a mo. [But 7 months later] Magdalene told her that fa. was still using her and that he had continued to bother the girls. . . . In Dr. Lovell's presence Sylvia [said] that fa. . . . had had her use her mouth on him . . . had told her that he wd. knock her teeth down her throat if she ever told. Genevieve told . . . that fa. had had her use her mouth on him and had told her he wd. lick her if she told. . . . Mo. said she often wondered why chn. were retarded in sch. and thought that this might have something to do with it as he has used Magdalene and Leona since they were about 6 yrs. old [i.e. for nine years].

This is not a case of abuse made invisible by household privacy; both members of the Jones marriage approached the MSPCC for help, leaving a record trailing over nine years. Mary turned to the agency despite having been thwarted by its intervention only three years previously, an indication of the intensity of her need. Nor were the social workers unresponsive: they found Mary Jones in 1921 when she ran away, tried to solve medical problems in 1924, tried to find a placement for a crippled child in 1925. They did not discover the continuing pattern of abuse because they did not ask the right questions. They did not ask why Mary Jones was so desperate as to run away while seven months pregnant and burdened with three children; they did not ask why she felt it so important to try to develop her own earning power. Although they knew that economic aid might have contributed substantially to the Jones family's relationships, they were frustrated by the relief policies of other agencies: the

use of relief as a reward for proper behavior, as in cutting off the children's milk as punishment for Mary's failure to confine her daughter in an orthopedic frame, or in the policy of not supplementing wages.

The family violence case workers I met were not normally uncaring. Rather they faced the problem of family violence with inadequate tools. Indeed, the lack of progress in "treating" family violence is a result, not of the underdevelopment of the science of social work, but, in part, of its very development. As professionalization separated social work from reform activism, particularly from feminist influence (Austin, 1985; Ehrenreich, 1985; Chambers, 1986), the process promised to free social workers from value-laden judgements; in fact it continued the domination of conventional family values, albeit these were sometimes hidden in specialized diagnostic paradigms. These values can be described, briefly, in two categories: gender arrangements and private-public dichotomies.

First, family social workers have been oriented to uphold a particular sexual division of labor that has been normative for family life since approximately the eighteenth century (Abramowitz, 1985; McIntosh, 1979). This division assigns women the responsibility for child raising and for the emotional and social well-being of the entire family, regardless of their other responsibilities. It assigns men the responsibility for breadwinning regardless of their other burdens. It maintains the fiction of the family wage—the norm that men should earn enough single-handedly to support a family—despite the fact that the majority of men—and the vast majority of working-class men—never earned such a wage; most families were dependent on women's and children's wage labor to survive. The contradiction between ideology and reality in several areas, but especially with regard to the family wage, escalated family conflict, while social workers' guidelines for desirable family life discouraged them from supporting creative solutions. This is the reason for the obtuse nonresponse the caseworker made to Mary Jones' request for a babysitter. In family violence cases this commitment to upholding the conventional sexual division of labor made social workers unsympathetic to women's desire for independence from men, unlikely to look for reasonable motives therein (such as escape from abuse); it equally made social

workers unsympathetic to the pressures on men unable to provide adequately for their families.

Second, social workers operated within the constraints of the modern norm of private, nuclear-family child raising and child support. In this system, families are expected to be financially independent; to require help from outside the nuclear family—whether from relatives, charities, or the state—was perceived as deviant and undesirable. The picture of proper family life based on this and the family-wage assumption is and was counter-factual. Today only a small minority (11% in 1984) of American families actually conform to this pattern; most American children will live in single-mother families at some time in their lives. In the family violence cases in my study, only 50% had fathers even as the main, let alone only, contributor to the family income; 17% were mainly supported by mothers, 12% mainly by charities or “welfare,” the remainder by an assortment of relatives and children. Just as today the 89% who depend on women’s earnings and/or public funds are treated as aberrant, defective, or even pathological. In the family violence cases the casework goal was usually to restore dependence on the father, with little evaluation of the realism of that goal and even less of the potential disadvantages of such dependence for mothers and children.

When these two norms—male breadwinning and family independence—were combined, they could create a trap for family violence victims. Mary Jones was probably trapped in her incestuous household by her fear that on her own she could not keep her children. Mary Jones had several times sought economic and physical independence from her husband, and caseworkers had been unable to help. When Jack was finally prosecuted, caseworkers condemned Mary for not protecting her daughters and argued that she must have known about the incest all along. I think so too. But I also suspect that she knew it would not help to go to the police—because of her economic dependence. The events after he was sentenced to 5–10 years proved her absolutely right: Mary Jones asked poor law authorities for aid to make the mortgage payments on her house, and they refused, admitting also that they did not see how she could afford to rent a tenement sufficient for her large family, recom-

mending instead that the children be adjudged neglected and placed out. The incest perpetrator was caught and punished, but hardly more than his victims. Indeed, this punishing of victims was the most common result in family violence cases (Gordon, 1985 and 1988), because of the refusal to accept that public support of familial child-raising ought to be normal and not merely exceptional.

### Nineteenth Century Moralism and Punishment

Although these two norms have remained dominant for nearly two centuries, their expression has changed considerably, adapting to new understandings of poverty and family pathology. In the application of social-work diagnoses, and the treatment preferences that flowed from them, there were three major shifts in the last century: moralism and criminal prosecution in the nineteenth century; casework in the Progressive era; and psychology in the last half century.

Child protection agencies arose in the 1870s throughout the western world; by the end of the decade there were SPCCs in 15 countries and more than half the states in the US. These agencies had a double ancestry—in charity work and in the citizens' law-enforcement activity of the Societies for Prevention of Cruelty to Animals (SPCAs). But it was the latter orientation that dominated (Antler & Antler, 1979), and the SPCCs exploited existing laws as well as lobbying for—in many states, virtually dictating—new laws. These made it easier to get court orders to remove children from their parents and increased the prosecution of parents for abuse (Pleck, 1987). For example, the MSPCC secured legislation in 1882 allowing a probate court judge to appoint the agency as guardian for any ill-treated child under 14; given the great influence of the MSPCC in the courts it effectively gained the power to remove children immediately, without trial, from their parents. Although private, the child protection agencies became virtually an arm of the state, due to their arrogation of police powers, by the end of the 1880s.

Child protectors were aware of the limitations of punitive policies, because of the lack of alternatives to private family child raising, and women's economic dependence. After immediate removal of children from their homes, two forms of legal action

were available: severing parental custody permanently, by having the children legally declared neglected, and prosecuting assailants under criminal statutes. Both resulted in the punishment of victims. Children taken from their parents were most often placed in worse situations: under-funded prison-like institutions, where fatal epidemics raged and harsh physical punishment was common; unsupervised foster homes where parents were motivated largely by the desire for children's labor and where additional cases of child abuse emerged. Massachusetts was a progressive state in attempting to remedy these abuses—for example, it pioneered in paying foster parents and attempting to supervise them—but its efforts were always inadequate. Prosecution of assailants had equally devastating effects on victims. Most of those prosecuted were men,<sup>4</sup> leaving women unable to support their children. The results were usually impoverishment and, again, surrender of children to institutions.

Because prosecution of the assailants was so hard on the victims, the latter often opposed it. Women refused to cooperate in pressing charges against men; those who did so out of temporary rage were often forced to change their minds quickly. There were many petitions for pardon of male abusers by desperate wives (Gordon, 1988). One 1894 case was typical: a woman prosecuted her husband for battery and he was sentenced to a year in jail, but two months later she petitioned for his pardon because she was forced to live with her stepfather who was also abusive.<sup>5</sup> Women and children were reluctant to cooperate with child protectors because they understood that while their abusers might be punished, they would get no help.

Early in the twentieth century child protectors grew attracted to the rhetoric of preventive and nonpunitive social work. Many SPCCs and Humane Societies enthusiastically joined the case-work-oriented national child welfare establishment. The MSPCC led the way in condemning the old punitive orientation, particularly after the appointment of C. C. Carstens as its chief in 1907, and the previous historians of child protection, reading the new rhetoric, assumed that the transformation was substantial (Antler & Antler, 1979).<sup>6</sup> But the evidence from case records suggests that it was minimal.



*Casework*

Casework virtually redefined family violence. Previously the problem had been conceived as cruelty to children, a concept directing attention to willfully violent assailants and innocent victims, not focused on the family. Indeed, the early child protectors also took up some extrafamilial forms of child abuse, such as school punishment and child labor. The casework approach to child protection established the family as the unit of analysis (the MSPCC's definition of a "case" united all the problems of one family in a single folder) and the source of problems. This was not an inevitable result of the casework method in itself; on the contrary, casework was originally conceived, by Mary Richmond for example, as serving purposes of reform as well as treatment, investigation of the entire environment.

But casework procedure became increasingly adapted to a medical model, identifying pathology in the client (Conrad and Schneider, 1980, pp. 161–171). Its goal was to reconcile family members and to restore family harmony and stability. Casework continued to include societal factors in diagnoses of family violence, but it assumed exclusive family responsibility for these problems (Levine and Levine, 1970; Holbrook, 1983).<sup>7</sup>

Casework may have actually narrowed the range of help offered to clients.<sup>8</sup> The environmentalist diagnoses did not lead child protectors to lobby for subsidized housing, arrange babysitting or campaign for day nurseries, disability compensation, and public medical care. Nor were they able to offer treatment for the family pathologies they identified. In visiting homes where there had been allegations of family violence, workers could offer sympathy and encouragement, particularly to women who were themselves victims, and these expressions of support were often received positively. In relation to adults who were assailants, and in attempting to protect children, the workers "supervised," cajoled, and threatened. But all of these interventions rested on an implicit threat of legal action, and there were no programs of therapy or even counselling.

Contrary to the claims and, perhaps, beliefs of the leaders of professional child protection, casework did not lessen the emphasis on law enforcement in the dispensation of cases. The

rate of prosecution of parents for neglect, leading to child removal, declined only insignificantly—from 28.3% of cases between 1880 and 1909 to 25.3% between 1944 and 1960. The MSPCC acknowledged that at the end of the 1940s it still prosecuted in 25% of its cases (Mulford, 1983, p. 4). The rate of court and police involvement also declined only slightly, from 83.5% in the first period to 80% in the last, with a peak during the period of the introduction of casework (90% during 1910–1929).

Lacking any material aid to offer, child protectors could make referrals to relief agencies. These did increase over time, but not sharply: 56% of clients were referred to one or another public agency before 1929, 71% during the Depression, declining to 64% after 1944. Child protectors sometimes advocated for their clients with other agencies, and often succeeded in getting benefits for them. Nevertheless, the referral process, because of the fragmentation of social service responsibilities, was often experienced by clients not as help but as a run-around, the “agency waltz.” Moreover, the casework approach led to an emphasis on supervision, so that when relief was offered it came with many strings for clients, and felt more intrusive. Behind the “supervision” lay the implied threat of prosecution or child removal.

Family violence case workers were systematically limited by other agencies’ restrictions on relief. For example, for most of this period clients could get no relief until they had proven that there were no family members available to provide support. This, of course, induced clients to hide their social networks, and sometimes stimulated relatives to withdraw from involvement with clients. This in turn deprived violent families of needed emotional and social support. Case workers, influenced by norms of family independence, were generally uninterested in, sometimes even hostile to, the kinds of support friends and neighbors could offer. MSPCC agents typically reacted negatively to visiting between friends or neighbors, particularly women, perceiving this activity as lazy, self-centered, purposeless, or motivated by noseyness. The casework approach continued moralistic, using aid as a reward for good behavior.

Case workers sometimes sought improved housing for their clients. But because they were trained to treat families as autonomous units, they evaluated living conditions without regard

to the social networks around them. Family case workers frequently pressured families to move to “better” neighborhoods, either to upgrade their apartment or to remove their children from bad influences, without recognizing the value of the support of friends and/or kin nearby in the old neighborhood. For example, in 1960 a recently arrived Puerto Rican family, consisting of a mother, five children and two cousins, lived in a basement apartment with two bedrooms, and the MSPCC worker (also a Puerto Rican, it is worth noting) pressured them to move. The clients resisted leaving their solidly Puerto Rican neighborhood, near to many friends and some relatives, a Puerto Rican Catholic church, a Puerto Rican Club, and a settlement house with special programs for Puerto Rican children (Gordon, 1988, case code #6087).

The norm of family independence also led many family violence case workers, all employed by private charities, to oppose the entry of public agencies into child welfare. Child protectors opposed state mothers’ pensions, for example, although the impoverishment of single mothers was in itself a major cause of child neglect. Their opposition partly reflected jurisdictional rivalry and fears that the use of tax money would dry up their own sources of support, but also hostility to public aid in general and single-mother families in particular (Gordon, 1985).

Case workers’ repertoire of ways to help were also limited by the policy of promoting “proper” gender relations in the family. Despite the relatively high incidence of wife beating in the case records—22%<sup>9</sup>—child protection workers often resisted strategies that would help women gain independence: divorce, day nurseries, and employment for example. Although divorce lost some of its stigma of immorality, case workers considered it bad for children through the 1960s (Gordon, 1985 and 1988). Child protectors considered it their responsibility to work towards reconciliation of spouses. Yet in many cases of marital violence, child abuse, incest, and child neglect, helping mothers to leave their husbands would clearly have been best not only for the women but for the children; the only alternatives were futile attempts to “reform” the male culprit. In 1943 one mother, who had left her abusive husband, survived with the makeshift child care arrangements typical of many “neglectful” single

mothers: she worked at a cafe from 4 p.m. to 3 a.m., a babysitter stayed with her three children until 11 p.m., and then they were left alone. The MSPCC worker, instead of helping her find better babysitting or another job, reminded her that "Mo's place is at home" (Gordon, 1988, case code #4800). Even when case workers perceived that women's employment was their only option, they often interpreted problems in such a way as to increase women's guilt and anxiety. In 1950–52 a married woman with an alcoholic husband worked nights (in addition to doing all the housework), getting only three to four hours of sleep a night, to supplement his irregular earnings. The MSPCC agent blamed the misbehavior of the couple's two daughters on her employment, but offered no other support for her nor help in leaving the marriage (Gordon, 1988, case code #5782).

The casework approach continued the assumption that women should bear the primary, often exclusive, responsibility for children's welfare. In the child neglect cases—which in this historical study as in contemporary caseloads represent the majority of all family violence cases—women were by definition the culprits, even when there were fathers present. In a recent survey conducted by David Gil, one of the neglect categories was malnourishment. In 100% of the cases in which a father and a mother were both present, the mother was labelled the perpetrator (Light, 1973). Even in cases where fathers had attacked children, physically or sexually, a search for the responsibility of the mother was a common practice (Gordon, 1986). The pattern of blaming women's "nagging" for men's violence has been well documented. The casework approach encouraged, or at least justified, this deflection of responsibility by its insistence on examining the whole family picture, rather than focusing on a specific crime.

### *Psychology*

New developments in psychology in the late nineteenth and early twentieth centuries affected the language and categories of child protectors, as of all social workers. Historians have primarily focused on the impact of Freudianism (Davoren, 1982; Briar and Miller, 1971, p. 9; Field, 1980). In casework, however, the first massive influence of the new psychology came through

the measurement of intelligence and psychic pathologies. These categories were adopted by child protectors to explain abuse. In the Progressive era child-protection agencies began to use the psychological testing and diagnostic services of child guidance centers (Orme and Stuart, 1981). For example, in Boston the Judge Baker Guidance Center, a national leader among these clinics, was consulted about many MSPCC cases.

Despite the adoption of new diagnostic labels, child protectors did not in fact apply psychotherapy to family violence problems. In this study, there was less than a 4% increase in agency provision of medical or mental health treatment for family violence from 1880 to 1960. There was a substantial increase in commitments to mental institutions—from 27% between 1910 to 1929, to 35% between 1930 and 1943, to 37.5% after 1944. These commitments were virtually all to public institutions, at which little that could be called treatment was offered; they are more accurately considered along with other forms of incarceration.

Even within the area of diagnostics, shifting labels should not in themselves be taken as evidence of substantive change, for there was a great deal of underlying continuity. In order to evaluate this we must review its history, returning briefly to the beginning of our time period. Psychological diagnoses of family violence passed through four major stages: the concepts of depravity and degeneracy; the identification of forms of mental retardation; psychoanalysis and the focus on sexual repression and conflict; and, most recently, psychological parenting theory.

In the late nineteenth century, child protectors identified psychological defects which were hereditary, or at least congenital and permanent, notably depravity and degeneracy. These were group, not individual, categories, as much moral as descriptive, often correlating visible physical attributes with moral capabilities, and often inextricable from class assumptions about the inferiority of the poor. These diagnoses often referred to "types," considering individuals as representatives of (ethnic and religious) groups: "she is a typical low-grade Italian (Gordon, 1988, case code #2059A). Clients were labelled shiftless, worthless, "ignorant type," uncouth, coarse, "low type," and particularly often, "of weak character (Gordon, 1988).<sup>10</sup> In fact,

these categories were used well into the twentieth century, after the supposed adoption of secular and environmentalist values by agencies. A quantification of all the racial, religious and class slurs used by caseworkers to label clients in this study revealed no decrease in Progressive era, not even among the professional clinicians at the Judge Baker Guidance Center and Boston Psychopathic Hospital (Gordon, 1988, chapter 3; Lundbeck, 7).

There is a particular history of the psychological diagnoses of alcohol abuse, always highly correlated with family violence, which forms a microcosm of the approach to family violence. In the late nineteenth century, drinking was conceived more as a social than an individual problem; like "depravity" it was a characteristic of inferior groups. Moralism about drinking, however, increased towards the end of the century, and the child protectors began to view it as willful defiance. Thus an 1888 diagnosis:

The drunkard is a criminal, because he wilfully, by his inebriation, destroys that institution which, as we have said, lies at the basis of the civil and social order. The inebriate, then, by his wilfull persistence in drunkenness, makes himself a criminal, and unfitted to care for the morals of his children; and, therefore, the general conclusion . . . is that the children must be taken from drunken parents (NCCC, 1888, 133).

At the turn of the century, alcoholism came to be regarded fully as an individual vice, product of a personality problem widely known as "weak character," to be combatted by moral exhortation and environmental improvement. Half a century later, alcoholism was medicalized, understood as a physiological addiction and illness. The theoretical difference was great: from a symptom of fundamental inferiority to a personal weakness to an illness of indeterminate occurrence, implying in theory no original fault in its victim.

Had this medical diagnosis led to better remedies for alcoholism, it would have been beneficial. However, the historical evidence suggests otherwise. Alcoholism in general and alcohol-related family violence was reduced. Average per capita consumption of spirits declined more than 50% during the nineteenth century. In this study, drunken violence constituted 87% of cases in 1880, 60% in 1960. But social work intervention was not responsible for this change; rather general improvements in

diet, housing, and other aspects of the standard of living, combined with women's increased economic power (lessening their and their children's dependence on male wages) reduced liquor consumption and the numbers of children living with alcoholic parents (Lender and Martin, 1982).

In the early twentieth century child protectors began using individualized categories of mental deficiency to explain improper parenting. There was, however, a substantial gap between professional psychological categories and their use by family violence case workers. By the turn of the century, many US textbooks on "amentia," as mental deficiency was called by its scholars, were delineating specific types of mental retardation (Barr, 1904, chapter III), and in 1906 Henry Goddard introduced calibrated "intelligence" testing into the US. In the family violence agency case records, however, the use of the catch-all category, feeble-mindedness, increased after 1910. As late as the 1940s, and in the records of the most professionally vanguard of the agencies, Judge Baker, clinicians continued to use the older, unrefined and untested categories of mental ability: "low mentality," "low-grade individual," "ignorant type." These subjective labels coexisted with supposedly "objective" testing. Like most testing agencies in the early twentieth century, Judge Baker clinicians administered profoundly culturally biased tests. Immigrant children were offered such test items as:

The \_\_\_\_\_ are often more contented \_\_\_\_\_ the rich.  
 To eat \_\_\_\_\_ one is \_\_\_\_\_ is a \_\_\_\_\_ pleasure.  
 What holiday comes in December?  
 What people were in America when the white men came? (Gordon, 1988, case code #7027.)

The class content of their categories—in the use of terms like "common" or "refined"—was common as late as the 1930s; so was equivocation between categories of intelligence and morality, even criminality, as in "moral imbecility" as an explanation for child abuse.

Categories of cognitive ability presumably described biological capacity and thus carried no implications for treatment—rather they tended to support enforcement solutions, such as incarceration. The psychiatric categories associated with Freud, sexual repression and conflict, were different in that regard,

since they promised the possibility of personality adjustment. In fact the sexual theme reached child-welfare workers not directly from Freud's work but from William Healy, founder and director of the Judge Baker Guidance Center in Boston, who was distinctly not a Freudian. Reacting to the static labels derived from testing, Healy focussed on conflicts in individual mental life as the source of trouble and the key to treatment (Healy, 1918, pp. 22–31).

The clinic therapists' emphasis on inner conflict correlated with disapproval of corporal punishment as a primary disciplinary technique. (The view that children obey out of fear of pain stems from a linear, not a conflict, model of learning.) Parents were counselled not to rely on beatings for discipline.<sup>11</sup> These admonitions to gentler methods, however, did not themselves rest on a conflict model of learning because they remained mere recommendations; clinics like Judge Baker did not offer long-term therapy or counselling. Nor did family violence clients get referrals elsewhere—rates of psychiatric referrals moved only from 17% during 1915–1930 to 18.5% thereafter.<sup>12</sup>

Recently a post-Freudian psychoanalytic school of thought, object relations theory, influenced child protection discussion and particularly custody decisions. Focusing on early infant attachments, the emphasis on "psychological parenting" prioritizes continuous and exclusive mother-child relations, beginning soon after birth, and suggests that multiple and shifting relationships can weaken ego development. Some child development experts have argued that absence of early mother-child bonding may explain and even predict child abuse. What is relevant here is that object-relations theory has been used to provide yet another argument for the normative sexual division of labor, particularly for women's exclusive responsibility for parenting. The theory has also been invoked to insist on family independence and delegitimize nonnuclear family child raising (Arney, 1980; Breines and Gordon, 1983; Gordon, 1984).

Leaving aside these criticisms of the various psychoanalytic theories—Freudian and object relations—we return to the question, what difference did they make in practice? No therapeutic programs were developed to compensate for the neurotic patterns thus identified. Worse, the theories themselves may have



served to block other forms of help, by locating the problems exclusively in intrapsychic patterns and by stipulating as healthy only patterns in which women played conventional mothering roles.

### Sources of Future Progress

Little progress in the treatment of family violence by social work agencies occurred between 1880 and 1960, despite drastic shifts in theory and rhetoric. Although social workers have been frequently scapegoated for these failures, in fact the shortcomings of individual case workers were the smallest part of the problem. Indeed, the case records suggest that individual social workers contributed more, on average, than the official policy of the agencies they represented. Many family violence clients were helped because case workers exceeded their job description, acting in the original spirit of casework, understanding that family violence problems emerge from a combination of social-structural, intrapsychic, and relational stresses, and resisting the tendency towards fragmentation in modern social services. They faced a variety of obstacles, inadequate funding and oversized case loads prominent among them. It is important that the stinginess of the social service system derives from the norms discussed above, expecting families to be economically independent and women to bear the sole responsibility for child-raising, expecting case workers' roles to be confined to emergency intervention to shore up male-dominated nuclear families.

There was, however, one exception to this bleak picture: there was distinct progress in the situation of battered women. Despite the fact that there were no agencies devoted to the problem of wife-beating, and that the child protective agencies attempted to exclude it from their jurisdictions, battered women in fact succeeded in getting more help from the agencies than did abused children. Battered women grew steadily more vociferous in complaining over time, in demanding support for leaving abusive men, and in persuading case workers to support them in obtaining separations, divorces, and independent households. By contrast, children's levels of complaints did not change over time. (This is not because children did not seek out agency help; on the contrary they frequently complained to out-

siders about parental treatment, but no more so recently than in the early years of this study.) Women's greater assertiveness did not arise because they hated being beaten more than they had previously; the evidence from the earlier years suggests that they resisted it in every possible way except the one most effective way—leaving the abuser. Turning to that remedy resulted from their greater chances for economic independence, a gain not felt by children. Obviously young children are not capable of independence; the comparable solutions for abused children would have been either support for female-headed households where men were the abusers, or good quality alternative placements where there was no adequate parent.

Three factors can be identified as particularly influential in improving women's capacity for escape from abuse: aid to single mothers (state mothers' pensions from about 1910, federal AFDC after 1936); increased women's employment; and the influence of the women's-rights movement. Increased employment for women was of course mainly a product of industrial development, but the campaign against child labor contributed, and feminist activism was influential in both. Employment opportunities made it of course much easier for women to escape abusive situations, as did aid to single mothers. Before such aid, many mothers had faced the choice of remaining in abusive marriages or losing their children to institutions; aid thus not only helped many women to protect themselves and their children, but it also saved many children from institutionalization. Aid to single mothers also helped children whose mother was their abuser or neglecter, by improving her living and working conditions. But no major reforms improved the destiny of children removed from their parents.

What is striking about these improvements for women is that none of them came directly from social work intervention. They came rather from social reforms, fought for in the political arena. Some nonprofessional charity workers in the late nineteenth and early twentieth centuries had been part of the reform coalition, but by the Progressive era most social workers were opposed to these reforms. By contrast the kinds of reforms that might have benefitted child abuse victims—well paid foster care, for example—did not happen.

When clients did benefit from their contact with social work agencies, it was mainly because of their own activism in pressuring case workers. Because child protection work has been oriented to law enforcement did not mean that its typical clients were resistant to outside intervention. On the contrary, the Jones case, in which both victims and assailants asked for help, was representative. Moreover, once on the case load, clients actively pursued their own goals in negotiations and struggles with case workers. Their own standards and aspirations for family life shaped their demands as well as their ability to take help when it was offered (Gordon, 1986).

Social work did contribute importantly to solving family violence problems, but indirectly: case workers often helped raise women's and children's consciousness of having rights. But they rarely did so as a result of professional theories about family conflict. Rather social work counselling often reinforced clients' sense of outrage and helped them feel entitled through advocating for them with other agencies. Above all, the best case workers learned from some clients how to help others. Social workers with sensitive "ears" have served as a vital conduit through which those at the bottom of society, with little political or social influence, could nevertheless make their needs known, and forcefully. Mothers' pensions was one reform that was stimulated from that bottom-up process of communication (Gordon, 1985).

This is not to suggest that the social workers' virtues were instinctive. Their counselling and listening skills were the result of training, experience, and some of the best of social work theory about the complex art of helping. Still, the record suggests that only in combination with material resources and social reform could social work help prevent family violence. This does not mean that material aid alone can stop family violence. It bears repeating here that poverty, unemployment, and "stress"—whatever that abstraction means—do not in themselves cause family violence; most people suffering from those problems are not violent or neglectful. I am arguing rather for the necessity of maintaining an approach to family violence that consolidates the psychological and material, the personal and social. Without a larger public demand for more spending on social services,

not only to violent families but, on a preventive basis, to all, there is reason to question the value of social work and social science research about the etiology and treatment of family violence.

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### Footnotes

1. The study randomly sampled records from the MSPCC, the Boston Children's Service Association (BCSA), and the Judge Baker Guidance Center (JBGC). Five hundred and two cases were coded and analyzed, and several thousand read. The findings and research methodology appear in Gordon, 1988.
2. I do not mean to imply that the case records represent an "objective" source. I have spelled out elsewhere some of the problems of bias in such records. see Gordon, 1988, Appendix A.
3. These intelligence tests were hopelessly biased against those without education. Moreover, children so deprived of good nutrition and health were frequently backward in cognitive as well as physical development.
4. Although women were equally often child abusers, men were more often prosecuted for two reasons: first, because many men were prosecuted for wife beating; second, because case workers knew that the threat of removing children was not sufficient to strike fear into them, while it worked well with women.
5. Commonwealth of Massachusetts, Governors' Papers, Pardons Granted, Box 17 #67.
6. This is partly because Progressive-era professionals exaggerated how bad the nineteenth amateur child protectors had been. Their law-enforcement

approach did not blind them to environmental influences; their list of causes of family violence was not so different from that which results from contemporary research: poverty, alcohol abuse, unemployment, overcrowding, illness, isolation.

7. Some critiques of the "medical model" have associated it with the involvement of physicians in defining and reporting child abuse from the 1960s, and with the diagnosis of the newly rediscovered child abuse in terms of psychopathological parents, by Kempe, Steele, and Pollack, for example (Gelles, 1973; Breines and Gordon, 1983). I am arguing here, in contrast, that the medical model began much earlier, in the Progressive era with the first development of case work.
8. In the nineteenth century, when social work was not professionalized, child protectors felt less restricted as to what they could offer clients. Agents offered gifts of clothing, taught sewing and "American" styles of cooking, took children on outings, for examples.
9. Clearly an underestimate since (a) the agencies were only supposed to protect children, not women, and (b) the figure includes only those cases in which an agency worker took enough cognizance of a woman's complaints to include them in the case record.
10. The last was particularly important to the understanding of family violence, revealing as it does the Protestant image of a divided psyche, an existence beset by temptation, with virtue characterized above all by the ability to say no to impulses.
11. Indeed, the Judge Baker approach, and perhaps the whole therapeutic approach to problems with children, accelerated a parent-blaming trend in dealing with delinquency. Previous to the nineteenth century self-consciousness about child raising, popular psychology assumed no particular connection between parental methods and how children "turned out." By contrast, the poor parents in this study did not characteristically, even as late as the 1960s, accept responsibility for the bad behavior of their children.
12. In the 1940s, MSPCC director Robert M. Mulford claimed, psychiatric consultation became standard procedure for his agency (Mulford, 1983, 4). This claim was not borne out by our analysis of the case records.

# Unemployment and Social Integration: A Review

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*A review of the literature identifies the loss of work as a stressful life event that has been linked to a number of psychosocial ills. The paper examines the loss of social relationships, a major noneconomic cost of unemployment, as a major contributor to the development of those ills. Practice implications of this finding are identified.*

## Basic Theory

The loss of work is a stressful life event. A sizeable body of literature now exists that links stressful life events to the onset of both physical and psychiatric illness (Dean & Lin, 1977; Dohrenwend, B. & Dohrenwend, B. 1974; Greenblatt & Becerra, 1982; Liang, J.; Duorkin, L.; Kahana, E.; Mazian, 1980; Liem, R. & Liem, J.; 1978; Pearlin & Lieberman, 1979). Psychological distress is a central feature in life events, though certainly not the sole feature. The importance of considering social factors that may modify the effects of stressors on illness has been emphasized. In the stress buffering hypothesis it is suggested that social support is a modifying influence that enables individuals to cope with stressful life events (Myers, J., Lindenthal, J. & Pepper, 1975).

Major or frequent life changes, particularly undesirable ones such as unemployment, can lead to psychological disequilibrium. While some individuals adapt or cope, others report feelings of distress which may take the form of maladaptations such as health difficulties and psychiatric illness. On the other hand, others may adapt favorably because of the availability of social support.

Unemployment can be considered particularly stressful because it involves the loss of life-sustaining resources and a major social role which may effect the ability to carry out other social roles. Mueller (1981) contends that most studies of the relation-

ship of stress to depression have pointed to the loss of or exits from the social field as particularly harmful because they involve significant disruptions in personal networks. Mueller concluded that the stressfulness of events is closely tied to the degree of disruption they create in a social network and the most noxious elements of these events may be their impact on individuals' networks. Hence, it is appropriate to study stressful events in terms of the level of disruption they cause in social networks. This paper reviews the literature that has investigated the impact of unemployment on social relationships.

Social relationships and social supports are traditional themes in social work practice, because these are seen as enhancing "the goodness of fit between individuals and their environments." The basic idea of a person-environment-fit model is that an individual's adjustment consists of the goodness of fit between the characteristics of the person and the properties of the environment. A person's environment might include the family, work place, and neighborhood. Stress results when the supplies or demands of the environment do not match the needs or abilities of the person. The greater the lack of fit, the more stress a person experiences. Unemployment contributes to such a misfit for most individuals (Kahn, 1981).

Mueller (1981) and Turner (1981) have suggested that the study of social networks may be helpful in assessing the contribution of the social environment to psychological disorder. Turner suggests the concept of social network "may provide the unifying framework in which diverse findings with regard to the relationship of social factors to psychiatric factors may be reintegrated" (Turner, 1981).

The social network is a useful concept for operationalizing the ties one has to others. As Liem and Liem (1978) suggest, the concept of the social network allows one to "draw into a single frame of reference the community of networks which act on or around the individual, and those community settings which make up the pattern of interaction in the community. The social networks of individuals provide knowledge of their support."

A person's network can be conceptualized as a series of concentric rings, with the nuclear family in the smallest circle, followed by relatives, neighbors, friends, fellow workers, and



organizational affiliates and so forth. Social networks contain all of the relationship links which engage a person. Somewhere within the network, the individual must obtain the types of support needed. Often the outer circles are efficient in serving instrumental needs, whereas the inner circles provide expressive sustenance (Greenblatt, et al., 1982).

The way social networks act as buffers against the detrimental effects of life events has also been described in the literature. Social networks act as a potential reservoir for social support that might buffer stress by providing emotional support and instrumental types of help, and by maintaining a sense of self-esteem because the person feels needed. Networks also carry with them the notion of mutual obligations which contribute to social cohesion (Caplan, 1979; Vinkor & Caplan, 1986; Cobb, 1976). The need for social support is greatest when a person is undergoing change that is of an undesirable or unexpected nature such as unemployment.

Granoveter (1972) identified the outer circles of networks as crucial in providing chances for social mobility, and in affecting social integration, because these outer circles act as links to other networks. Such links facilitate a person's search for work. Economists have noted the importance of personal contacts in the search for work. These links are lost when individuals become unemployed because they lose contact with work associates.

Studies of social networks have identified both a qualitative and quantitative aspect of network analysis. The evidence supports the assumption that although networks of healthy individuals are important in some quantitative sense, it is the quality of network interactions that has the most impact (Gore, 1979). Liang et al. (1980) postulates that the objective aspects of social integration and morale are mediated by a person's subjective sense of integration. Therefore, individuals' perceptions and feelings of being closely connected to others are important to their sense of well being.

It can be hypothesized that the psychosocial state of the individual, and his/her level of integration are related to both the size and quality of a person's relationships. Myers et al. (1975) have concluded that people who have ready and meaningful

access to others feel integrated into the system, are satisfied with their roles, and are better able to cope with the impact of life events.

### Unemployment and Social Integration

Social researchers had theoretical reasons derived from Durkheim (1951) for being concerned about the effect of unemployment on social relationships. Economically induced social mobility whether it is up or down may lead to a loss of social integration. An individual's sense of well-being is maintained by finding a sense of meaning outside him/herself that is developed through involvement with others. The loss of work dislodges people from a social role that may have made them feel a part of a larger social community and given their lives a purpose. The loss of work may threaten their position in the community, and their perceived purpose in the social system. Consequently the loss of work is bound to have negative psychological and social consequences.

Morse and Weiss (1955) found that work does not simply function as a means of earning a living. They found that most people would continue working even if there was no economic necessity. Their explanation for this attitude was that it was through work that most people found a tie into society, and therefore workers find the work role important in maintaining their sense of well being.

Kaplan and Tausky (1969, 1972, 1974), in research done in the late 1960's and early 1970's on individuals at various levels of the social strata, confirmed Morse and Weiss' findings that while people identify the economic function as most important, they also prize the social function of work (1969, 1972, 1974).

Work integrates a person into the social system by conferring a role and status upon a person, and usually work embeds a person within a potential social network. Work is a central life activity which gives a person's life meaning and continuity. Work provides not only the means of existence but friends, contacts, and possibly memberships in formal organizations. Work also leads to opportunities for upward mobility. It is the loss of all of these opportunities that leads to the belief that unemployment will lead to reduced integration.

Getting a job and succeeding in it manifests a central societal expectation. In all cultures people need to engage in activities that confirm the individual's sense of self as a fully recognized member of the society. Through work an individual achieves a social and a personal identity.

One way to view work within a psychological and social perspective is to use Maslow's scale of hierarchical needs (1962). If that is done, one sees that material and economic rewards that work provides are at the bottom of the scale. Work is seen as part of a person's creative nature in that it gives a person an opportunity to express him/herself. If work is lost an individual loses the sense of gratification that is gained from productive accomplishment.

Rosenblatt (1966) reports on five functions of work: (a) income production, (b) a way to structure time and energy, (c) the possibility for meaningful experiences, (d) a way to establish social relations, (e) and the provision of a social identity. Rainwater (1974) adds that the person receives confirmation that indeed he/she has something to offer. Only the first of these functions could be thought of as economic.

Classical economists have overlooked many of these non-economic aspects of work. They believe that everyone has a 24-hour endowment of "nonwork" or leisure. It is assumed that leisure is a more desired utility than work. Economists believe that the provision of income is the only way to change that view of work (Lutz, 1980). Definitions of unemployment as a purely economic problem have been criticized for not taking into account a much broader range of psychosocial consequences of joblessness concerns that researchers are now beginning to take seriously.

The recognition of the psychosocial functions of work, which goes back to Freud's formulation of the ability to love, work, and play as the embodiment of mental health, provides another way of looking at work. Leisure from a psychosocial perspective may not be any more desirable than work, but it may in fact be inferior to work. A psychosocial perspective of work would also consider the psychosocial damage that would be caused by lack of opportunity to work.

It is recognized that the psychosocial effect, and the meaning

that one attaches to work may vary according to the type of work performed. For those who are engaged in unpleasant work, unemployment might provide some comfort in that they may feel freed from the burden of a stressful circumstance. The real crunch for these people occurs when other jobs are not readily available. Even if work is unsatisfying, economic deprivation is probably worse. One can assume that the effects of unemployment may converge for those who like their work, and those who don't, when they confront the realities of trying to maintain a prior standard of living on a drastically reduced income.

#### The Research Evidence on the Effects of Unemployment on Social Relationships

Social researchers have been investigating the effect of unemployment on psychological and social functioning since the Great Depression. This literature has identified many of the stresses that follow job loss. The early studies tended to be more exploratory and qualitative in nature. The quantitative studies that came after the Depression confirmed the findings of the early researchers that unemployment had severe psychosocial consequences. One of these consequences is that unemployment is a threat to social relationships.

In the United States two of those early researchers were Bakke (1933, 1940) and Komarovsky (1940). One of the common interesting features of these early studies is the identification of the effect of unemployment on family and social relationships. They note over time that unemployment may stress the very relationships that earlier served to moderate its negative effects. These researchers recognized that the unemployed person was part of a system whose members experienced distress along with the unemployed. Also found was a process of disengagement among the unemployed which they linked to a need to reduce expenditures, which forced them to give up some forms of recreation and participation in formal organizations. They also linked the humiliation of being without work as leading to a tendency to withdraw from social relationships. Bakke further observes that outside relationships were important for sustaining family stability because they provide emotional support, encouragement, financial assistance, and job leads.

These researchers also found that the unemployed man's and his wife's social isolation extends not only to informal social life, but also affects participation in formal organizations. One of the most tragic aspects of prolonged unemployment is the gradual but inevitable isolation of unemployed workers from the community institutions of which they were a part. Perhaps the worker views these contacts as a luxury, but participation in social groups may have given the individual a sense of belonging and social status. The loss of these connections may give a feeling of being separated from society. Wilcock and Franke (1963, 86) report that if these feelings of alienation persist over time, individuals "may become an active enemy of the social order which has deprived them not only an income, but consequently of all relationships which made their lives valuable."

Pope (1964), who studied unemployed auto workers in the early 1960s, found an inverse relationship between economic loss and social contacts. This effect increased with high status persons perhaps because contact with peers heightens their sense of relative deprivation. Aiken and Ferman (1966) came to similar conclusions in their study of ex-Packard workers. Their findings indicate that such disruptions dislodge not only stable social ties, but lead to social disintegration by alienating the worker from the social and political system.

Wilcock and Franke (1963) remind us that one of the losses inherent in unemployment is the loss of association with fellow workers. Unemployed people lose not only their economic base, but they may also lose their base in the social system when job loss is a result of a plant closure. Kasl and Cobb (1978) suggest scattered residential locations in urban areas cause friendship networks to be work based, and therefore friendships are placed at risk when work is lost.

There have been recent investigations of unemployment and social integration that have converged with these earlier studies in their conclusions about the effect of unemployment on social relationships. Atkinson, et al. (1987) conclude that unemployment is associated with less social support than continuous employment. In their study, unemployment placed the most strain on the inner-circle of social network relationships. The unemployed they studied seemed to rely more heavily on people out-

side the immediate family for advice, information, and other types of instrumental help.

Recent studies seem to suggest a "push-pull" phenomenon between unemployment and social support. Unemployment places social networks under stress, yet those who successfully cope with unemployment derive high levels of support from those networks (Fineman, 1984; Stokes & Cochrane, 1984; Binns & Marrs, 1984; Briar, 1982; Buss and Redburn, 1983; Gore, 1978; Marsden, 1982).

Support from others seems critical to the coping process of the majority of unemployed, but there are many reasons to assume that unemployment will disrupt networks. The obvious disruption comes from being removed from the work group which may be composed of friends and associates. Memberships in family and social networks may be altered by decisions to migrate to seek work. Aiken et al. (1968) found unemployment decreased the level of social visiting by the displaced worker. These researchers along with Fineman (1984) suggest that shame about one's unemployed status may be a factor in reduced visiting. Another explanation for withdrawal is that others within the individual's social network may disengage from the unemployed person after an initial period of support. A reason for this withdrawal may be found in the lack of opportunity for the unemployed person to engage in reciprocal supportive behavior. Dooley and Catalano (1980) report that if the friendship circles of the unemployed are composed of people in similar circumstances, who are also psychologically and economically stressed, they might not have the resources to provide support as in the past. Perhaps high unemployment in an area might generate a supportive milieu common in "the all in the same lifeboat" phenomenon. However, the overall evidence seems to indicate the more likely outcome is that unemployment creates an environment where there are fewer individuals willing to provide support. Additionally, unemployment may generate competition and resentment. Hence social withdrawal may be both an individual and a group dynamic (Brockner, et al. 1985; Marsden, 1982).

Concern about economics, even among the employed, during periods of rising unemployment, may cause them to pull

back as they decide to conserve resources. The research also indicates that the longer a person is unemployed, the more likely that others will blame the unemployed for failing to find work. There is also the suggestion that individuals in an unemployed person's social network may avoid the person because they are embarrassed by their friend's loss of status. Swinbourn (1981) reports that some unemployed report their friends avoid them as if unemployment is catching.

A number of researchers applying Durkheim's theories on social integration and suicide found a relationship between the functioning of the economy and suicide rates. McMahon et al. (1963) found that the suicide rate rises with unemployment. Rushing (1968) also found a rise in the suicide rate among the unemployed, but he saw this effect concentrated among low income groups. Pierce (1967) hypothesized that economic fluctuation, both up and down, reduced social cohesion, and led to an increased frequency of suicide. Using a time series design, he compared the suicide rates of white males of similar age for the years 1919 to 1940. He correlated those rates with an index of common stock prices, and he found a relationship between the two. As stock prices went down the suicide rate went up.

There have been a number of similar studies, but done on a larger scale with aggregate data to assess the impact of unemployment on individuals and society. These aggregate studies are a useful adjunct to support the observations of the earlier qualitative studies. One of the earliest versions of this type of work was done by Komura and Clarke (1935) who examined increases in psychiatric hospital admissions. They concluded that the Depression was a contributing factor to rising admissions. They also found that many hospital superintendents had difficulty in discharging patients, because the economic position of many of their families made them unwilling to receive the patient back into the home. More recently Brenner (1984) has correlated an increase in unemployment rates with an increase in various social conditions such as psychiatric hospital admissions, health difficulties, suicide, homicide, mortality, prison admissions, and child abuse, to name a few. In looking at mental hospital admission rates, he concluded that unemployment may indicate actual downward mobility, or fear of it, that leads to

increased mental distress among individuals (Brenner & Mooney, 1983). The implication is that unemployment leads to social disintegration which then results in psychiatric difficulties. It is the increase in such ills that is the measurable psychosocial cost of unemployment (Brenner, 1973). Among the mechanisms Brenner sees accounting for an increase in social pathology is a theme of loss. He identified the loss of social identity, the loss of basic resources, loss of social relations, and forced migration. He warns that those who are downwardly mobile are the most vulnerable (Brenner, 1984).

Brenner and those who have done similar types of research have been criticized because the aggregate nature of such data challenge the ecological fallacy since no individual was shown to be hospitalized after experiencing economic distress. Nevertheless the Brenner findings are an important addition to the earlier qualitative studies, and the reliability of the findings have been established through replications (Catalano & Dooley, 1977, 1978; Dooley & Catalano, 1979; Ahr, Gorodesky, & Won, 1981).

Another criticism of this type of research is that it fails to specify the intervening variables, and the researchers do not deal with the issue of the direction of the relationships. It is generally agreed that the unemployed are more emotionally unstable than employed people, but whether they are so because of their unemployment is much like the "chicken and egg" question, or as Dooley and Catalano (1980) ask, "do the disordered drift downward, or does unemployment cause disorder?"

Catalano, Dooley, and Brenner have two hypotheses or explanations for their findings that partially answer the critics who raise the issue of the ecological fallacy. The first is the "provocative" thesis which says that the economic situation causes stress in people, and provokes a crisis that may require psychiatric intervention. This theory assumes that economic deterioration elicits dysfunction when one loses the social or material resources that enabled one to cope. The "uncovering" thesis starts from the assumption that the behavior among the newly institutionalized does not drastically alter their earlier behavior, but what changes after economic deterioration is the tolerance levels of others in their social network to cope with their behavior (Dooley and Catalano, 1979). For example, a normal adolescent



crisis is made worse by the stresses of unemployment which reduces parental effectiveness to deal with that crisis. Parents then seek help for a crisis that they might have handled had they not been experiencing increased levels of stress.

Brenner's (1973) interpretation of his findings are that economic stress leads to social disorganization that is reflected in an increase of symptoms, or an increased intolerance of deviance, which will result from the inability of individuals to perform socially designated roles. Inability to fulfill one's social roles frequently results from a downward shift in income and status. The economy provides the fundamental means whereby individuals fulfill the majority of their aspirations, as well as the more immediate social obligations. The unemployed are unable to maintain their accustomed or intended life style and status. The jobless person may therefore be unable to meet the requirements of others who form the network of his/her social relations, responsibilities, and requirements. Therefore unemployment is likely to create problems within social networks.

The aggregate studies leave open the possibility that those experiencing distress during an economic downturn are not the unemployed. It may be that unemployment does not just have an economic and psychosocial effect on the job loser, but this effect reverberates through the unemployed person's family, social network, community, and so forth. Other than the research on the unemployed breadwinner, the impact of unemployment has not been widely studied. Most of the research addressing this topic has been conducted with specific groups of married men. Research is needed to identify how unemployment affects family members other than the job loser.

#### The Relationship Between Depression, Integration, and Unemployment

In the literature on the unemployed, the most consistently reported loss besides income is the diminution of self-esteem that leads to an increase in depressive symptoms. The explanation for the loss of self-esteem as a consequence of joblessness is that individuals lose some aspects of personal identity.

Myers et al. (1975) point out that much of one's identity is dependent upon occupational status. They assert that work might

provide a certain type of therapeutic environment in that work is often a supportive milieu. Freud (1961) describes the embodiment of mental health as an ability to love and work. Brown et al. (1975) hint at the prospect of a job being a buffer to vulnerability because it helps to improve economic circumstances, alleviates boredom, enables a greater variety of social relationships, and enhances self-worth by providing opportunities for achievement.

Psychological difficulties of unemployment also develop from concern about present and future security, and the apprehension about mobility issues such as the feeling of not getting ahead. In addition, there is a perception that respect from others is not forthcoming, and there is self-recrimination that is inevitable in a society with an ideology of blaming the victim. Briar et al. (1982) found that most workers initially blamed the employers or the economic system for their status when they first became unemployed, but as their experience with unemployment lengthened in duration, they began to blame themselves. Along with the theme of loss, this blaming of self might be considered the basis for a depressive symptomatology.

Certainly the loss of social relations is another source of depression. It is recognized that morale and unemployment may be entangled in terms of accounting for the reduced social contact. Those who make the "chicken and egg" argument might say depression caused the job loss, and was not an outcome of job loss, or at least that argument might explain social withdrawal as an outcome of depression independent of lost work. Another explanation is similar to the one postulated by Brown (1978) who says that depression is a dependent variable. The assumption is that job loss is an independent variable which leads to a series of additional losses (loss of self-esteem, tangible resources, social connections), which then results in depression.

It appears that there is a circular relationship between income, networks, and morale. Economic anxieties, loss of self-esteem, and not being able to afford to socialize leads to lowered social contacts and lowered morale. This lowered morale lessens the propensity to socialize, and may also diminish motivation to look for work which lengthens unemployment. Lack of contacts may also reduce one of the resources for finding new work.

## Conclusions

A full employment economy is probably one of the most effective preventive programs for community mental health. What is alarming is the growing tendency of policy makers to be content with an acceptable minimum level of unemployment. Unemployment makes social interactions difficult and contributes to an increase in psychiatric symptoms. Psychological problems may lead to an increase in hospital admissions as shown by Brenner (1973, 1983, 1984), as well as to an increase of professional help-seeking (Dooley & Catalano, 1979). The point is that those who make the political decisions about acceptable minimum levels of unemployment need to consider the impact of their decisions on mental health, family life, and social cohesion in the community.

If unemployment occurs some means of maintaining social support is needed. Probably the most consistent intervention suggestion for the unemployed worker is the assertion of self-help support group strategies (Buss and Redburn, 1983; Briar, 1983; Fedrau, 1984; Kasl & Cobb, 1978; Keiselbach, 1987; Krystal, 1983; Madonia, 1983). These types of groups are seen as helping to combat isolation, empower workers, raise consciousness, give a sense of usefulness, and provide a nonstigmatized access to services. Self-help groups are also frequently used as aides in the search for reemployment.

Types of programs that foster participation and maintain social contacts include job banks, recreation, hobbies, social action, and task-oriented groups to provide the means of dealing with common strains of joblessness. What seems to be overlooked in the literature is the need to help the individual sustain former contacts, and maintain social contacts in a community context to ward off feelings of separateness among the unemployed.

There is convergence among current studies with the studies of the Depression Era that employment and unemployment are critical determinants of individual, family, and social functioning. The review of the literature indicates that one of the psychosocial costs of unemployment is increased isolation among the unemployed. This lack of connectedness has been linked to

many other ills, and suggests a need to refocus employment and macro-economic policy to consider those costs.

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# Economic Motivators for Shoplifting

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*Shoplifting has been attributed to many psychological and physiological factors, especially when women are involved. This article examines the many factors that account for shoplifting behavior focusing on research findings which suggest economic and employment precipitants of the problem. Changes in policy and programmatic responses to shoplifters are suggested.*

Shoplifting is one of the most prevalent crimes in society. As its incidence has been associated primarily with psychological attributes or character defects, responses involve either correctional or mental health services. Little is known about the extent to which economic need may shape or contribute to shoplifting behavior.

While economic factors may cause or contribute to shoplifting, this has not been empirically established. In fact, many studies have ignored the obvious possibility that people may be shoplifting because they need the merchandise and have little money. Absence of attention to economic factors may not only limit the appropriateness of interventions such as psychological treatment strategies but may prevent systematic problem solving required to address economic factors and economic need. While historically the social work profession has acknowledged that economic conditions may influence behavior, the extent to which economic factors are addressed in practice remain debatable. As few social workers have skills and resources which explicitly respond to the economic correlates of their clients' behavior, it

is understandable that psychologically oriented interventions and assumptions may predominate. Nevertheless, inattention to economic factors may reinforce victim-blaming strategies while protecting economic structures and statuses that may be contributing to the problem behavior. Drawing on research findings of two studies of shoplifters, this article addresses the significance of economic variables in contributing to shoplifting behavior. In addition, the article examines the need for expanded assumptions about human behavior and shoplifting, as well as more appropriate preventive, correctional, and treatment interventions. Finally, the social policy implications of the findings are explored.

### Why Do People Shoplift?

Despite considerable research on why people shoplift, a number of studies suffer from methodological problems. Most are based on shoplifters who have been arrested, however, and the few who get caught may not be representative of all shoplifters. In fact, store detectives may watch certain types of people, thereby increasing their likelihood of being detected, while overlooking others. Moreover, because an estimated 60% to 80% of arrested shoplifters have been women, shoplifting has been attributed to women's nature (Cameron, 1964; Robin, 1963; Walsh, 1978). Economic and related societal factors such as unemployment have received much less attention.

Most of the writings impugning women's nature as the motivational source for shoplifting are not based upon empirical research; the few studies that exist have used small samples of women only. The roles of women as wives and mothers have been searched for explanatory clues, and variables relating physiological and hormonal changes during adolescence and menopause have been used to understand shoplifting dynamics. Shoplifting has been presumed to be related to a number of physical factors including menopause, pregnancy, and psychosomatic illnesses (Applebaum & Klemmer, 1974; Rourke, 1957). The most frequently cited emotional problem associated with shoplifting is depression, especially for middle-aged women (Gibbens, 1962; Neustatter, 1954; Russell, 1973). Other psychological factors associated with shoplifting, include low self-con-



cept, symbolic sexual gratification, feelings of guilt, loneliness, fright, confusion, and conflict (Beck & McIntire, 1977; Beers, 1974; Gibbens, 1962; Neustatter, 1954; Rouke, 1957; Russell, 1973; Woodis, 1957).

Other explanations of shoplifting are based upon stress and environmental factors. Some studies assume that shoplifting may be related to the failure of the shoplifter to internalize the dominant values of society (Cameron, 1964; Kraut, 1976; Shave, 1978). A high stress level has recently been identified as a contributing factor in shoplifting by mental health centers providing special services to shoplifters (Free, 1982; Shave, 1978). Society may condone or encourage shoplifting by stressing the importance of material possessions, thus creating a feeling of "perceived deprivation" among people with limited budgets. Shoplifting is made easy by few clerks, the ready availability of merchandise, and the impersonality of stores (Cameron, 1964; Kraut, 1976; Won & Yamamoto, 1968).

While economic factors and their relationship to shoplifting have been relatively unaddressed, those studies that have focused on economic variables merit review. One study concluded that shoplifting might be related to lower income; Thomas found higher shoplifting rates in census tracts with lower median family income and housing in Lincoln, Nebraska (Thomas, 1980). Findings of two other studies using archival data concluded that there was a little relationship between shoplifting and socioeconomic status. Won and Yamamoto found that the shoplifters with incomes under \$5,000 are underrepresented in a study of grocery store shoplifting in Hawaii (Won & Yamamoto, 1968). Cameron, who conducted a seminal shoplifting study in a Chicago Department Store, noted a high unemployment rate among the male shoplifters (Cameron, 1964). Instead of viewing unemployment as an important indicator, the researcher questioned the reliability of the data arguing that the men may have lied about their employment to protect their employers from embarrassment. After analyzing the occupations of the employed shoplifters, Cameron concluded that the shoplifters reflected the socioeconomic pattern of the other customers involving few impoverished and few privileged shoplifters.

The contradictory findings may be explained partially by the

noncomparability in the three data bases. While Cameron, Won, and Yamamoto studied store arrests, the differences in the types of stores might affect shoplifting patterns. Department and grocery stores may attract different kinds of shoppers and shoplifters. Thomas' study was based on city arrest data and may provide a wider cross section of persons arrested for shoplifting, however the data may reflect the referral biases of store personnel. Thus, such studies lead to the conclusion that the relationship of socioeconomic status to shoplifting has not yet been established.

### Methodology

To address the influence of economic variables two data bases were used. Data Base I provided information from police and court records on personal characteristics, crime characteristics, and treatment of shoplifters by the criminal justice system. A one-sixth systematic sampling (200 cases) with a random start was completed on shoplifting cases filed with a municipal court in an urban area in the Northwest, between September 1981 and October 1982.

Data Base II was derived from a shopping center survey designed to obtain shoplifting self-report rates, shoplifting profiles by age, attitudes toward shoplifting, and perception of motivational factors for shoplifting. Questionnaires were anonymous as there were no names or identifying numbers. The questions were stated in a nonjudgmental manner to elicit the most honest response possible.

One thousand questionnaires were distributed—100 at each of ten shopping centers. Shopping centers were selected purposively to provide for socioeconomic differences in the city. Times and days during the week were randomly selected for each of the ten sites. Members of a research team approached shoppers randomly, introduced themselves, explained the research briefly, and asked shoppers whether they would complete the questionnaire. A questionnaire and stamped return envelope were given to those persons stating they would be willing to participate in the study.

Multiple measures of shoplifting motivations were included. For example, measures relating to economic factors were derived from both data bases including demographic data, items sho-

plifted, attitudinal factors, stress levels, and motivations. The following Shoplifting Motivation Scales were developed: (a) economic factors, (b) negative attitudes toward the system, (c) value of possessions, (d) perceived low-risk attitude, (e) psychological factors, (f) social stress factors, and (g) other stresses. Two hundred court records and 382 usable self-report questionnaires form the basis for analysis.

The limitations of the study must be considered when reviewing the findings. The major limitations are the low return rate of 38% of the questionnaires, the small number of shoplifters studied, and the large number of statistical tests performed. The truthfulness of self-reports by respondents is unknown. The study is exploratory and descriptive, thus it is designed to identify variables for further study rather than to offer conclusive evidence.

#### *Description of the Sample*

The two data bases produced differing shoplifting profiles. The Self-Report Study suggests that shoplifters are apt to be young, white, and female. The Court Sample Study, which may reflect observer bias, indicates that men, ethnic minorities, the young, and the elderly may be more frequently arrested and referred to court.

The typical shoplifter was apt to be young, although the respondents' ages ranged from 18 to over 65. Persons aged 25-34 were overrepresented in the Self-Report Sample, and then again along with persons over 65 were overreported in the Court Sample.

More women reported recent shoplifting, but this higher percentage of female shoplifters reflects the larger proportion of women shoppers. Fifty-nine percent of the self-reported shoplifters were women, but 63% of the respondents were women. Men, however, were overrepresented in the Court Sample as 67% of the arrested shoplifters were men.

Ethnic minorities were more apt to appear in the Court Sample than in the Self-Report shopping center sample. While 21% of those referred to the court were ethnic minorities, only 8% of the shopping center sample and 8% of the population were ethnic minorities. None reported recent shoplifting.

Shoplifters reflected a wide variety of occupations in the Self-

Report Study, ranging from blue collar to white collar workers. Approximately one out of three shoplifters was experiencing family disruptions while 13% of other shoppers were separated, divorced, or widowed. Most shoplifters indicated that religion was "somewhat important" in their lives, while other shoppers rated religion as "very important." Shoplifters did not identify as criminals or as being dishonest and did not have friends who shoplift.

### Shoplifting Motivating Factors

#### *Economic Factors*

Economic hardships appear to be strongly related to shoplifting. The economic problems of some shoplifters are perhaps most dramatically indicated by their employment and family income. Eighteen percent of the shoplifters, compared with 7% of the other shoppers, reported unemployment during the previous year. The court data indicated an even higher percentage of unemployed shoplifters, however the category of unemployed in the court sample includes housewives, retired persons, and students. Sixty-four percent of the court sample compared to 36% of the shopping center sample were identified as unemployed.

Although the family income of shoplifters varied widely, shoplifters more often indicated a lower family income than did other shoppers. Almost one-fourth of the current shoplifters had an income under \$5,000 compared to 8% of the other shoppers. As shown in Table 1, another 30% of the shoplifters reported family incomes over \$25,000, however, many of these people indicated on their questionnaires that they were experiencing economic problems.

The economic problems of the shoplifters are further indicated in their responses to stress-related questions. Stress inventory responses strongly suggest that many shoplifters are experiencing economic hardships and insecurity as depicted in Table 2. The Economic Stress Subscale and four individual items on this scale differed significantly between the shoplifters and other shoppers. Shoplifters more frequently indicated that they had been laid off or out of work during the previous year. Almost 40% of the shoplifters claimed that unemployment had been a stressor. Shoplifters also experienced more problems

Table 1

*Comparison of Family Income by Shoplifting Behaviors*

Family Income	Shoplifters		Other Shoppers	
	N	%	N	%
Under \$5,000	8	23.5	23	7.6
\$5,001 to \$10,000	2	5.9	30	9.5
\$10,001 to \$15,000	6	17.6	49	16.1
\$15,001 to \$20,000	2	5.9	42	13.8
\$20,001 to \$25,000	6	17.6	59	19.4
Over \$25,000	10	29.4	101	33.2

Chi Square = 10.7, 5 d.f.,  $p \leq .0573$  (borderline)

Table 2

*Comparison of Shoplifters and Other Shoppers on the Economic Stress Subscale*

*Economic Stress Subscale	(Percent)		$p \leq .016$
	Shoplifters	Other Shoppers	
Concerns about owing money	70.6	50.2	$p \leq .037$
Not enough money for basic necessities	35.3	14.4	$p \leq .004$
Laid off or out of work	38.3	15.4	$p \leq .002$
Problems finding employment	32.4	12.9	$p \leq .005$

\*Scale or subscale statistically significant (t-test).

All items statistically significant (corrected Chi Square).

finding employment than did the other shoppers. Two items relating to a shortage of money were answered differently by shoplifters and shoppers. Shoplifters are more concerned about having money for basic necessities and for repaying debts.

Further support for the influence of economic need on shoplifting is provided by responses to attitudinal questions. The difference in the attitudes of the shoppers and shoplifters indi-

Table 3

*Comparison of Shoplifters and Other Shoppers on Economic Attitude Scale and Items*

* Attitudes Toward Economic Factors Scale	$p \leq .001$
If you don't have money for something you really need like food, it's OK to shoplift.	$p \leq .016$
People shoplift because they are too poor to buy the things they need.	$p \leq .010$
There are many things that I would like to own that I cannot afford.	$p \leq .020$

\*Scale statistically significant (ANOVA).

All items statistically significant (Mann-Whitney U Test).

cate that shoplifters are much more apt to identify "lack of money" and "being poor" as reasons why adults shoplift as shown in Table 3. Included on the list of reasons why adults shoplift was the item, "They are unable to pay." Shoplifters more frequently than other shoppers perceived that people shoplift because they have insufficient funds.

A review of the kind of merchandise stolen further highlights the economic motivations of shoplifting. Food, an obvious basic necessity, was the top ranking category of stolen merchandise in the court sample. Over one out of three shoplifters was arrested for stealing food.

The write-in comments of the shoppers gave further insight into the motivations for shoplifting. Economic hardships are poignantly expressed in some of these comments. A 31-year-old housewife reflected on her shoplifting in the past: "My main reason for shoplifting was because I didn't have the money to buy the things I needed. At the time, it seemed as though we barely had enough money to buy formula for the baby." A 24-year-old woman recalled the painful memories:

I shoplifted because my parents died and it took me over six months before we could receive financial help of any kind. I have two brothers and we were all under 19. It was either shoplift or we would have gone without food and clothing.

A 40-year-old unemployed male stated: "I'm out of work. But a dollar saved is still a dollar." Two shoplifters in the court sample were arrested for shoplifting clothing needed for job interviews.

### *Other Motivations*

Multiple measures of the relationship between shoplifting and shopper's economic status suggest that shoplifting is strongly related to economic and employment variables. Shoplifting, however, was related to several other factors. Some of these other factors may be correlates and consequences of economic stress reaffirming the pervasive influence of economic factors as potential shapers of behavior and attitudes. However, further study is warranted before definitive statements can be made on the extent to which these measures are in fact by-products of economic stress. The following is a summary of factors other than economic related to shoplifting behaviors:

People who shoplifted recently were more apt to check the following items as stressors:

#### *Personal (Psychological Factors) Stresses*

- regrets over past decisions
- feeling sad and blue

#### *Social Stresses*

- being lonely
- watching too much TV

#### *Family Stresses*

- problems with divorce or separation

#### *Physical Stresses*

- personal use of drugs
- sexual problems

People who shoplifted recently were more apt to answer differently the following items:

#### *Attitudes toward Psychological Factors Scale*

- While I get feeling blue, going shopping makes me feel better. (agree)

#### *Attitudes toward the Retail System Scale*

- People shoplift because items are overpriced. (agree)
- The item stolen will never be missed. (agree)

#### *Attitudes toward Perceived Low Risk Scale*

- If I shoplifted, I would get caught. (disagree)

It's not worth the risk of getting caught to shoplift. (disagree)

*Attitudes toward Possessions Scale*

Wearing designer clothes is important to me. (agree)

I like to keep up with the latest fads and trends in clothes. (agree)

People shoplift luxuries they feel they cannot afford. (disagree)

A more accurate picture of shoplifting is obtained by taking into account the combination of several factors, rather than only one motivator. The frequent occurrence of the combination of economic and psychological factors was documented in this study. One-half of the shoplifters were experiencing economic hardships as well as depression or other emotional stress. The psychological consequences of unemployment and economic stress are well documented (Briar, 1976).

### Discussion

Economic need appears to be related to shoplifting. People who shoplifted are more apt to have a lower family income, to be unemployed, and to believe that the economic need causes shoplifting. Not all jobless, economically insecure, or poor people shoplift, of course, and conversely, not all people who shoplift are poor.

Shoplifting and its relationship to the depressed economy is unknown. The unemployment rate in the area in which the research was conducted hovered around 13% and may have contributed to who shoplifts and why. Whether different or more people shoplift during hard times than in more prosperous economic conditions is unknown. That crime is a correlate of unemployment is well documented even though still disputed (Chaiken & Chaiken, 1983). Shoplifters indicated that they were more likely than other shoppers to be experiencing economic stresses, social stresses, and depression. Shoplifters, too, were more apt than other shoppers to highly value possessions and to hold negative attitudes toward the system. The attachment and high value on possessions may be related to the loss of possessions associated with downward economic skidding caused by unemployment (Gordus, 1984). Likewise, economic insecurity and joblessness contribute to disenchantment with the system.

While the findings of this study are correlational and ten-



tative, they do suggest that some of the previous research on shoplifting may need to be reinterpreted. While psychological and social stresses do appear to be related to shoplifting, these factors appear to be present for both women and men. Other factors, especially economic need, appear to be related to shoplifting. Many researchers have limited the scope of their research questions to factors related to women's roles, and therefore, have overlooked the realities of their economic dependence, insecurity, and inequality. Underemployment and economic insecurity are by-products of the caregiver, household role of some women (Briar & Ryan, 1986). The fact that underlying economic problems and stress factors were not assessed may have resulted in limited interpretations and even sexist interpretations of motivations. Moreover, these interpretations fail to explain shoplifting among men and do not adequately explain shoplifting in women.

### *Implications*

The appropriateness of referring shoplifters for psychological treatment is questioned. Such referral is based upon the assumption that the primary motivation behind shoplifting is emotionally based. Exploring only the emotional factors related to shoplifting may result in treating only symptoms since shoplifting appears to arise from multiple motivators for most people. Economic distress has been found to be a correlate of shoplifting and it is very often accompanied by emotional stress. When unemployment or other economic distresses are present, these variables need to be addressed in treatment and criminal justice responses.

Social workers need to develop a broader skill repertoire to work with clients with economic problems. Recognizing the potential devastating impact of unemployment, underemployment, and economic insecurity, practitioners might become more skilled in occupational problem solving, job development, and economic reform. While mental health treatment may address some of the emotional symptoms of economic and employment problems, few shoplifting treatment groups offer job development or job clubs. The shoplifter who is experiencing financial problems may benefit from an income treatment repertoire that

addresses the conditions that cause or contribute to shoplifting behavior. Similarly, job placement diversion programs with the criminal justice system might be developed for shoplifters with economic and employment problems. Social workers have major roles to play in redressing some of the systemic conditions that contribute to shoplifting and in building a knowledge base for practice which ensures that systemic variables are included in research as well as inform clinical program and policy responses.

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