

ATTITUDES IN SOCIAL WORK
AND THE MULTI-PROBLEM FAMILY:

A CASE STUDY

by

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ABSTRACT

Recent deviance theorists (Lemert, Becker, Goffman) argue that the institutions set up to prevent or "cure" deviance are themselves a significant causal factor in the development of deviant careers. In my work with a social welfare agency, I received the impression that a process similar to the "stigmatization" process they describe was operating in the agency's interaction with multi-problem families. This study examines in detail the relationship between the agency and a multi-problem family in an attempt to discover attitudes that interfere with its job of preventing or reversing the progressive deterioration in family functioning described in the literature as typical of multi-problem families. The agency acknowledges that this particular family had been deteriorating during its dozen years of interaction with the agency.

This study is exploratory; it does not set out to test the hypotheses of recent deviance theory, but to explore the possibility that the theory may be applicable to research on multi-problem families which has, by and large, ignored the influence of agency-client interaction on family functioning.

Analysis of the agency's interaction with the family in this case-study indicates the presence of attitudes that do appear to have had negative effects on this family. Though no definite conclusions can be drawn from the study of a single case, the need for further research employing models that include the role of social agencies in client family functioning is strongly indicated. (The well-used welfare and medical models focus on the family only).

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I. INTRODUCTION

This is a study of the interaction process between a welfare agency and a multi-problem family. It is an exploratory study, as hypotheses about the question in which I am interested have not yet been developed. The question itself has not been asked in the literature on multi-problem families, though some of it deals with a similar question: Why are the problems of these families so impervious to solution or even amelioration? The answer is sought in the nature of the problems themselves or in the characteristics of the families defined as multi-problem.¹ My question is: Is there something about the interaction process between multi-problem families and the agencies set up to help them that interferes with amelioration of their problems? I have therefore studied the interaction process in a search for mechanisms of interference. That is, I will not be presenting a well-rounded picture of the entire interaction process, but only of those aspects of it that reason and our "knowledge of the principles of human behavior"² allow us to assume have negative effects on the clients of agencies. Interaction having apparently positive effects will be mentioned only for the purpose of showing that positive effects are possible, that the same clients who respond negatively in some

¹ See Benjamin Schlesinger, The Multi-Problem Family, 3rd ed., Toronto, University of Toronto Press, 1970, for an extensive overview of the literature on multi-problem families.

² G. C. Helmstadter, Research Concepts in Human Behavior: Education, Psychology, Sociology, N. Y., Meredith Corporation, 1970, p. 52.

situations are capable of responding positively in others. It is useful to demonstrate such obvious points as this when a fair proportion of the literature on a problem fails to consider such points and their implications. In this case, several studies go so far as to conclude, from observation of the progressive deterioration common to multi-problem families involved with agencies, that the families are simply "ineducable,"³ i. e., incapable of responding positively to help offered.

The problems by which multi-problem families are defined as such are a combination of two or more of the following: One or both parents or one or more children have:

- (1) an alcohol or drug abuse problem,
- (2) problems with authorities (police, schools, etc.),
- (3) severe interaction problems (lack of loving interaction, destructive fighting, running away),
- (4) mental or emotional problems (retardation, psychosis, compulsive behavior), or
- (4) sex problems (promiscuity, illegitimacy, pre-, extra-, or post-marital sex -- oddly enough, too many children too fast is seldom considered a problem demanding solution as the others are, though large families are mentioned as characteristic of multi-problem families),

³ R. C. Wofinden, "Problem Families," Public Health, 57:12 (Sept. 1944), pp. 136-39; S. W. Savage, "Rehabilitation of Problem Families," The Medical Officer, 75:26 (June 29, 1946), pp. 252-53; Mary D. Sheridan, "The Intelligence of 100 Neglectful Mothers," British Medical Journal, Jan. 14, 1956, pp. 91-93.

- (6) Survival problems (unemployment, wages too low for adequate family maintenance, desertion of the wage-earner).

Of these, problem number 6 appears to be consistently present. I have never seen a rich family referred to in the literature as multi-problem, though daddy may drink too much, mommy may have nervous breakdowns, and they may all hate each other. In other words, if a family is poor but has no other serious problems (that an agency is aware of), it is not considered multi-problem; if it is not poor but has other serious problems, it is not considered multi-problem; if it is poor and has one or more other serious problems, it may be defined as multi-problem and dealt with accordingly. Agency intervention or "case-work" is designed to deal with these problems. This study is designed to examine agency intervention in the problems of a multi-problem family and to draw tentative conclusions about the possible effects of such intervention. The insights to be gained through the case-study approach may serve to re-direct research in this area, which has so far been almost exclusively concerned with the characteristics and problems of multi-problem families rather than with the characteristics and problems of agency-client interaction.⁴ Of the 322 articles and books annotated in Schlesinger's

⁴ There is, of course, an extensive literature on bureaucracy itself, from Max Weber's The Theory of Social and Economic Organization (N. Y., Oxford University Press, 1947, pp. 329-41) to Amitai Etzioni's Modern Organizations (Englewood Cliffs, N. J., Prentice-Hall, Inc., 1964), from which relevant hypotheses could be drawn for the guidance of research in this area, but it is rarely used. Gilbert Smith's Social Work and the Sociology of Organizations (London, Routledge and Kegan Paul, 1970) would be particularly useful.

recent bibliography of the subject,⁵ only one suggests that "the middle-class values of our agencies and social workers may stand in the way of successful work with multi-problem families."⁶

This pervasive client-centered orientation has a long history in the sociology of social problems in general. It began with the early twentieth century view of "problem" as "pathology", both in the sense of problem areas (slums) being the disease spots of society and in the sense of being caused by the pathology of the people with the problems.⁷ As the difficulties with the concept of "pathology" became apparent, "social disorganization" was substituted, but in most studies it was a switch of term rather than concept. The answer to the problem was still sought in the characteristics of the people experiencing the problem or of their immediate social milieu, rather than in the characteristics of the society at large and its institutions or in the interaction between the two.⁸ Some of the best studies of this time resemble ethnographic accounts in which the outside world and its impact are disregarded, but an excellent description of the life within the unit is presented.⁹ Interpretations of causa-

⁵ Op. cit.

⁶ Ruth Ellen Lindenberg, "Hard to Reach: Client or Agency," Social Work, 3:4 (Oct. 1958) pp. 22-9.

⁷ See David Matza's Becoming Deviant, Englewood Cliffs, N.J., Prentice-Hall Inc., 1969, Chapters 2 and 3.

⁸ See the studies of social disorganization in Ernest W. Burgess and Donald J. Bogue, eds., Contributions to Urban Sociology, Chicago, The University of Chicago Press, 1964.

⁹ William Foote Whyte's Street Corner Society (Chicago, The University of Chicago Press, 1943) is a good example.

lity of the life within are bound to be wide of the mark if the outside world is not considered, but the descriptions themselves are very useful. Until the "deviant sub-culture" approach was developed in the Chicago School, little was known of even the facts of life in "socially disorganized" areas.¹⁰ Such knowledge is basic to the development of adequate causal theories in Sociology, though the interpretations to which that approach often gives rise tend to be more psychological than sociological. That is, ignoring major societal and institutional influences on the problems of people or areas while describing those people or areas tends to reinforce the view that inadequate personalities or child-raising practices are a major cause of the particular social problem being studied, rather than, along with the problem itself, a possible result of their particular location in the social structure.

Nonetheless, it is out of this problem person or area centered tradition that contemporary theories of deviance, which return to societal from familial or sub-cultural perspectives, has arisen. Perhaps in a spirit of tit for tat vis-a-vis the psychologistic invasion of sociology, much of this theory is based upon studies and analyses of mental illness. Indeed, contributions to this distinctively sociological literature have been made by psychologists and psychiatrists.¹¹ In any case, since the

10

See Burbess and Bogue, op. cit., section 4, for a description of this approach and others.

11

See in particular Thomas S. Szasz, The Myth of Mental Illness (N.Y., Harper and Row, Inc., 1961). The sociologist Thomas J. Scheff (Being Mentally Ill, A Sociological Theory, Chicago, Aldine

very term mental "illness" implies that of all forms of deviance it best fits the pathological model, studies of mental illness provide the best possible test of this body of theory, which entirely avoids the concepts of pathology in attempting to understand deviant behavior. Generally referred to as the theory of labeling,¹² some of the major concepts are signification,¹³ stigmatization,¹⁴ and secondary deviance.¹⁵

The term deviance as used by the neo-Chicagoans, as Matza calls this group of theorists,¹⁶ means only deviation from societal norms, in itself no more sociologically problematic than the phenomenon of con-

Publishing Co., 1966) includes Laing and Esterson (Sanity, Madness and the Family, 2nd ed., N.Y., Basic Books, 1971) in this group and I would include Phyllis Chesler, (Women and Madness, Garden City, N.Y., Doubleday and Co., Inc., 1972). Though these people don't employ labeling theory per se, they see the designations of mental illness as applied to people in particular kinds of interactional systems or social situations rather than as descriptive of disease entities.

12 Howard S. Becker, Outsiders, Studies in the Sociology of Deviance, N.Y., The Free Press, 1963.

13 Matza, op. cit.

14 Erving Goffman, Stigma, Englewood Cliffs, N.J., Prentice-Hall, Inc., 1963.

15 Edwin M. Lemert, Human Deviance, Social Problems, and Social Control, Englewood Cliffs, N.J., Prentice-Hall, Inc., 1967.

16 Matza focuses on the work of Edwin Lemert, Erving Goffman, and Howard Becker (Becoming Deviant, op. cit., pp. 37-8).

forming to them, and not necessarily more of a social problem than the imposition of norms can be. Matza describes deviance as actionable to distinguish it from mere difference; in highly conformist societies, however, almost any real difference is actionable in the sense of being socially disapproved or disliked and thereby carrying penalties. (That not just criminal deviance is punished through stigmatization is clearly shown in Goffman's discussion of social reactions to cripples and other "physical" deviants).¹⁷ Becker also defines deviance in terms of the responses of others, rather than as a quality of particular acts or particular kinds of people.¹⁸ Obviously, even the most aggressively anti-human acts, such as murder, are not considered deviant or a social problem in the context of war or head-hunting or some other socially approved ritual. Nonetheless, traditional theories of deviance did seek explanation through studies of deviant forms of behavior and of the people found to indulge in them.

There still remains the question, however, of why people deliberately commit socially disapproved, punishable acts. Lemert considers the significant factors to be social rather than individual, a matter of "social structure, group, role, status, and symbolic interaction."¹⁹

17 Stigma, op. cit.

18 Outsiders, op. cit.

19 Edwin M. Lemert, Social Pathology: A Systematic Approach to the Theory of Sociopathic Behavior, Toronto, McGraw Hill Book Co. Inc., 1951, p. 21. Lemert's Human Deviance (op. cit.) provides an excellent sociological analysis of paranoia, in addition to developing his theory of secondary deviance.

Szasz sees it in terms of ordinary role-playing and rule-following in a context of non-ordinary games, and mental illness in particular as a "language," an attempt to communicate when other methods fail.²⁰ In any case, the "primary deviation"²¹ has little significance; it is the social reaction, when there is one, that is most significant in shaping the self-concept and subsequent behavior of the deviant. As a tool for thinking about this posited result of social reaction, Scheff uses the opposite-case approach:

In all of the laboratory studies (on the effects of stress and/or isolation) the persons who have had "psychotic" experiences are reassured; they are told, for example, that the experiences they had were solely due to the situation that they were placed in, and that anyone else placed in such a situation would experience similar sensations. In other words, the implications of the rule-breaking for the rule-breaker's social status and self-conception are denied. Suppose, however, for purposes of argument, that a diabolical experiment were performed in which subjects, after having exhibited the psychotic symptoms under stress, were "labeled." That is, they were told that the symptoms were not a normal reaction, but a reliable indication of deep-seated psychological disorder in their personality. Suppose, in fact, that such labeling were continued in their ordinary lives. Would such a labeling process stabilize rule-breaking which would otherwise have been transitory?²²

Scheff reminds us that the rate of symptomatic behavior is extremely high in relation to the rate of treated mental illness, that most rule-

²⁰ The Myth of Mental Illness, op. cit.

²¹ See Lemert, Human Deviance, op. cit., for a discussion of this concept.

²² Being Mentally Ill, op. cit., p. 44.

breaking is "denied" as a primary indicator of who or what a person is and is in fact of "transitory significance."²³ When it is not denied, however, the social reaction is likely to greatly exaggerate its significance through what Garfinkel calls "degradation ceremonies" (for law-breakers)²⁴ and Goffman calls "discrediting" (of mental patients):

(The patient's case record) is apparently not regularly used to record occasions when the patient showed capacity to cope honorably and effectively with difficult life situations. Nor is the case record typically used to provide a rough average or sampling of his past conduct. (Rather, it extracts) from his whole life course a list of those incidents that have or might have had "symptomatic" significance.....²⁵

Since whole groups may deviate from the norms of the larger society, the labeled deviant within such a group may be conformist in terms of his social context, i. e., his deviance cannot be based on a predisposition to deviance. The idea of predisposition (affinity) is implicit and sometimes explicit in the early biological and later psychological theories of deviance; theories of social disorganization merely expanded it to an idea of "learned predisposition" (affiliation). The concept of affiliation, as it was generally used, led to the assumption that deviant behavior is learned from disorganized families or neighbourhoods through a process like contagion, rather than learned through experience as a

23

Ibid., p. 51.

24

Ibid., p. 81.

25

Ibid., p. 81, quoted from Erving Goffman's Asylums, p. 155-56 (N. Y., Doubleday-Anchor, 1961).

rational response to social institutions such as schools and police.²⁶ Whether the neo-Chicagoans see the "deviant career"²⁷ as learned or forced, as a perfectly rational set of responses to stimuli or merely a set comprehensible without the concept of pathology, they all see the irony implicit in the nature of corrective institutions vis-a-vis the nature of human motivation and response:

Their irony, stated simply, is that systems of control and the agents that man them are implicated in the process by which others become deviant. The very effort to prevent, intervene, arrest, and "cure" persons of their alleged pathologies may, according to the neo-Chicagoan view, precipitate or seriously aggravate the tendency society wishes to guard against.²⁸

Becker points out that deviant traits usually have "generalized symbolic value."²⁹ Deviance is a master as opposed to an auxiliary status trait, which means that persons labeled deviant are assumed to have other undesirable accompanying traits. Once caught, a lawbreaker will henceforth be primarily defined as a convict or an ex-convict rather than as a father or a tennis-player or through some other role that he plays, and considered dangerous or untrustworthy even if he were jailed for a victimless crime and even if he has been quite trustworthy as a father or employee. This definition makes it difficult for him to avoid the deviant

²⁶ Matza, Becoming Deviant, chapters 5 and 6.

²⁷ Becker's term (Outsiders, chapter 2).

²⁸ Matza, p. 80.

²⁹ Outsiders, p. 33.

role or the image of himself as primarily a deviant.

Treating a person as though he were generally rather than specifically deviant produces a self-fulfilling prophecy. It sets in motion several mechanisms which conspire to shape the person in the image people have of him.³⁰

Two of these mechanisms are exclusion from conventional groups, which throws him into the company of other people who have been labeled deviant and contributes to the formation of a deviance-supportive subculture, and repressive treatment which makes it difficult for him to carry out ordinary routines.³¹

Before the neo-Chicagoans, deviance was usually defined as problem behavior, whether to the deviant individual, to his society, or to both, being presumably based on pathology or disorganization in the individual's psyche, family, or reference group. The orientation of research, as Matza points out, was correctional.³² Only the most adamant functionalists considered the positive aspects of deviance, and then only in terms of its societal functions - - for scapegoatism, for continuous re-definition of norms and defining of boundaries, for solidarity among "normals," and so forth; the deviant himself was still considered pathological.

The neo-Chicagoans, on the other hand, consider primary (occasional or experimental) deviance a normal part of human experience

30 Ibid., p. 34.

31 Ibid., p. 35.

32 Becoming Deviant, chapter 2.

and a rational response to particular situations; everyone, at some time or other, deviates. The question for them is: "What conditions facilitate or exert force toward the development of a deviant career?" This is a very different question from: "What kind of people engage in deviant behavior, who are they and where are they?" (Studies of the characteristics of deviants and ecological studies.)

It is in terms of neo-Chicagoan deviance theory that the findings of this study can best be explained. The question, again, is: Is there something about the interaction process between multi-problem families and the agencies set up to help them that interferes with amelioration of their problems? That is, the question involves the effects of agency intervention on the client, just as the neo-Chicagoan question involves the effects of corrective institutions and general social attitudes upon deviants. The study does not concern itself with the reasons for agency attitudes and behavior nor with the bureaucratic structure within which the behavior occurs; these aspects of the interaction problem could better be explained in terms of the Sociology of Knowledge or of Organizations.

That poverty, the one invariant condition of multi-problem families, is indeed an abnormality or "deviance" in the Affluent Society³³ may be argued statistically.³⁴ That it is commonly viewed as abnormal

³³ The title of John Kenneth Galbraith's book on private as opposed to social consumption of wealth (Toronto, The New American Library, 1958).

³⁴ About three million women, nearly half the number in Canada over 16 years of age, live below the poverty line (Ian Adams, The Poverty Wall, Toronto, McClelland and Stewart, Ltd., 1970). Other groups that visibly differ from the ruling elite are similarly afflicted.

or even individually pathological (a result of weak character, mental deficiency, moral laxity, or what have you) is, however, evident in casual conversations, politicians' statements, and many mass-mediated articles and documentaries on the subject. The poor individuals may not be to blame, particularly if they are children, but certainly they are in a condition that the great majority of folks, or so it is commonly believed, have managed to avoid. That they have managed to avoid it through hard work, intelligence, proper child-rearing, and correct values is not usually made explicit in popular documentaries, certainly not in those of the sentimental variety, but no better reasons, that might replace these in the common consciousness, seem to be forthcoming. Getting at the reasons would require extensive analyses of social, political, and economic structures, a task few popular commentators are prepared or willing to undertake. This paper is not designed to deal with the causes of poverty either; I wish only to point out that poverty and the problems contingent upon poverty are popularly considered abnormal or deviant and that agency personnel are by and large part of the middle class population that considers them so. Therefore, the agency-client interactions and effects that I am examining are explainable in terms of contemporary deviance theory.

II. METHODS

According to most methodologists who discuss the case-study approach, it is ideally suited to exploratory studies designed to evoke insights in "relatively unformulated areas."¹ Helmstadter says:

Perhaps the great advantage of the case-study approach, as far as adding to our body of knowledge is concerned, is that it is a tremendous producer of ideas, suggestions, and hypotheses about behavior. It seems almost an absolutely essential technique when exploring completely new fields.²

Though there is no dearth of research on multi-problem families, the area of agency-client interaction is certainly unformulated; interaction studies in this area and relevant hypotheses do not, so far as I know, exist at all. The literature on the poor in general contains both societal analyses and critiques of specific programs,³ but again, these have not been used to develop hypotheses or interaction models in multi-problem family research despite the fact that these families are always poor and always involved with some agency or program.

Selltiz, et al. discuss three characteristics of the case study

¹ Claire Selltiz, Marie Jahoda, Morton Deutsch, and Stewart W. Cook, Research Methods in Social Relations, Toronto, Holt, Rinehart and Winston, 1967, p. 59.

² Helmstadter, Research Concepts, p. 52.

³ From the works of Karl Marx (particularly Capital, Chicago, Charles H. Kerr and Company, 1909) to Ian Adam's recent book on the poor in Canada (op. cit.). See Benjamin Schlesinger, ed., Poverty in Canada and the United States, Toronto, University of Toronto Press, 1966, for a recent overview and annotated bibliography of the subject containing some critiques of present policy.

approach that makes it particularly useful in exploratory studies:

- (1) the seeking rather than testing attitude of the investigator, that allows her to be guided more by the features of the phenomenon than by her hypotheses,
- (2) the intensity of study which concentration on an individual case allows,
- (3) the integrative aspects of case studies, which "draw together many diverse bits of information into a unified interpretation."⁴

Matza, in his discussion of naturalistic methods, emphasizes the importance of being guided by the phenomenon in any form of research. He points out that the objective view is appropriate for studying objects but not at all appropriate for studying subjects with internal sources of action:

Man participates in meaningful activity. He creates his reality, and that of the world around him, actively and strenuously. Man naturally -- not supernaturally -- transcends the existential realms in which the conceptions of cause, force, and reactivity are easily applicable. Accordingly, a view that conceives man as object, methods that probe human behavior without concerning themselves with the meaning of behavior, cannot be regarded as naturalist. Such views and methods are the very opposite of naturalism because they have molested in advance the phenomena to be studied. Naturalism when applied to the study of man has no choice but to conceive man as subject precisely because naturalism claims fidelity to the empirical world. In the empirical world, man is subject and not object, except when he is likened to one by himself or by another subject. Naturalism must choose the subjective view, and consequently it must combine the scientific method with the distinctive tools of humanism -- experience, intuition, and empathy.

⁴ Research Methods, op. cit., p. 60.

Naturalism has no other choice because its philosophical commitment is neither to objectivity nor subjectivity, neither to scientific method nor humanist sensibility. Its only commitment is fidelity to the phenomenon under consideration.⁵

Matza does not mean that the investigator lose her objective stance in observing and recording as clearly and honestly as possible, but only that she not limit herself to the computer-like part of her capabilities nor regard her subject "as if" it were something that it is not -- there is no place for ceteribus paribus in the study of human interaction. She must consider the subjective as well as the measurable aspects of her subject and use her subjective experience and empathetic abilities to deepen her view and grasp the meaning of what she observes.

In discussing the selection of cases for study, Selltiz, et al. point out the usefulness of selecting the extreme or "pure" case, the logic being that such cases display more features, in a more noticeable form, of the phenomena of interest than more "normal" cases are likely to do.⁶ Since exploratory studies are not designed to prove anything about the phenomenon but only to explore its nature, pure cases that delineate it most clearly are useful. I did not, however, follow Selltiz's advice and deliberately choose an extreme case for study. There was no need, as all the cases I looked at provided a rich variety of the phenomenon to be examined and I wished to avoid the biases that can operate in deliberate selection. I therefore depended upon accident to select the case for intensive study.

⁵ Becoming Deviant, op. cit., p. 8.

⁶ Research Methods, op. cit., p. 62.

In a sense, all the cases to which I had access were extreme in that they were deteriorating families in danger of having children apprehended or from which children had already been apprehended.⁷ They were selected by the Child Protection Worker to participate in a new program on the basis of that fact. However, there are a great many other families in the same situation which the experimental program cannot accommodate, and in any case it is just such families that multi-problem family research concentrates upon in its search for causal factors in their lack of improvement. Any insights gained through this study should therefore be useful to this body of research.

I gained access to the files of the agency as an outside evaluator of the new program. Information on the group involved in the program was particularly useful for my own purposes, as changes occurred in these families after their involvement in the new program that provide a contrast to their condition during the previous years of interaction with the agency. Indeed, it was the observation of these changes that sparked my interest in investigating agency attitudes, as the new program involves little more than the opportunity to work with people whose attitudes differ from those of the workers with whom the families were previously involved. I shall discuss these differences briefly in the chapter on the new program.

The agency involved is a Provincial Social Welfare agency responsible for dispensing social assistance, providing case-work ser-

⁷ Deteriorating families are those whose problems not only are not being solved, but are getting progressively more acute and/or numerous.

vices, and implementing the Children's Protection Act. It has access to the services of psychiatrists and other workers in the helping professions, who for the purposes of this study will be considered an arm of the agency. That is, their attitudes will be considered in conjunction with those of agency personnel proper, as they are inextricably intertwined together and are imposed on clients in the same manner. Clients do not choose which members of these professions they will interact with, or whether or not to interact with them, any more than they choose their social workers from the agency.

I formally interviewed the workers and ten of the clients involved in the new program in addition to talking with them informally on several occasions and attending their group meetings. I also read their files. One client could not be interviewed as she had left the agency before the interviews began, and I used this accident to select for me the case for intensive study. Information about her interaction with the agency is derived almost exclusively from agency files. These records tell us what agency workers believed was relevant and appropriate to record. What they put on file is not a matter of individual preference. There are standard forms and understandings about what kinds of information should be there and how it should be recorded. Moreover, the records are not merely factual. They were not written as data for the sociologist who comes after. They are a record of information leading up to and justifying decisions about agency intervention. They are records of what decisions were made, of what interventions were carried

out and how the client "responded" to them. Making records involves transposing what has actually gone on between client and worker into the forms which are recognizable to its "official" readers (whether supervisors or other workers) as proper to client-worker interactions.

Obviously, we can't know from these records what actually went on. Obviously, a great deal gets left out. Mistakes that workers hide are left out as well as vindictive, impatient, or power-tripping forms of interaction. Such forms are better studied through extensive client interviews. Yet study of the files alone yields evidence of attitudes built into the ordinary and socially sanctioned practices of agency workers. The records tell us what workers believe is relevant to the record; they tell us what sorts of things they focus on in evaluating the client's situation, and the connections they see between what the agency, through them, may do and what they judge to be the client's response to their intervention. Their attitudes are implicit in the records, though the workers themselves are not necessarily aware of them.

One assumption made throughout the files is that agency intervention is helpful. Workers do not appear, so far as the records are concerned, to recognize the possibility that their intervention may have negative rather than positive effects. "Negative" or "unco-operative" responses are attributed to the client's psychological or moral deviation. They are not represented as a possible outcome of agency intervention. The labeling theory of deviance directs our attention to how such attitudes may themselves produce the "negative" outcomes the records describe.

Of course we cannot know in this case how such attitudes were communicated to the client in interaction between her and the worker. We can see very plainly from the records that certain attitudes were there and went into making up her official record. However, a worker's negative report is not just expressing a mysterious attitude in his or her head. It is part of the agency's process of policy-making for that client. Negative reports justify negative courses of action. The worker may or may not have made his or her disapproval about how the client was caring for her children obvious to the client. What was certainly obvious, however, was the "threat" of taking the children away unless she "improved". What was obvious was the insistence that she admit her incompetence by agreeing to accept the services of homemakers, psychiatrists, social workers, or whatever the agency deemed appropriate. The records record the agency's actions through the worker and those of themselves communicate to the client how the agency "thinks" about her.

The case selected for intensive study, the A family, appears in the light of the other client files and discussions of multi-problem families in the literature to be fairly typical. Examples of problems that this family does not have and agency response to such problems will occasionally be drawn from the interviews with other clients.

The formal interviews and informal meetings with workers and clients other than Jennifer A provided me with insights into the processes of agency-client interaction and into the feelings and everyday problems

of clients. Though most of the information about Jennifer and my interpretations of her documented responses to agency intervention can be derived from her file alone, certainly my direct experience with women in situations very like hers helped me to understand the material contained in the file and to arrive at the interpretations I did come to make.

The formal interviews were taped and the questions open-ended. In replying to my questions about the new program and the people involved in it, the workers provided me with information about agency administration and with critiques of their own roles and behavior in regard to their clients in a somewhat inadvertent and therefore unguarded manner. For example, in discussing how and why the new program came into being, they had to talk about the inadequacies of the old procedures and the difficulties involved in getting administrative approval for the change in method. Being asked direct questions about agency administration and attitudes might have been unnerving for people economically dependent upon the organization. I do not mean that they would not like the truth to come out, but only that direct questions would have made them more conscious and, therefore, more careful of the impression they were creating in regard to the agency. Similarly, asking clients about their experiences in the new program elicited contrasts with their previous experiences with the agency without making them feel carping and sympathy-seeking.

For reasons of agency confidentiality, I was unable to tell clients that I had their histories from other sources (their files). This

had the incidental effect of providing a check on their memories and objectivity. Unfortunately, I had no such check on agency personnel, as they knew that I was interviewing their clients. However, a major purpose of the self-help group in which all my interviewees are involved is the achievement of honest relating and understanding of themselves and others. By accepting me into this group during the months in which I was collecting my data, they allowed me to participate in and witness interactions unencumbered by the norms of polite discourse. In order to disguise the identities of both agency personnel and clients, I have changed names and places mentioned and have been quite unclear about the dates of particular events. Since the files and interview transcripts from which I have quoted are confidential, this material can be obtained only through special arrangements with the author.

In presenting this study, I shall follow the format designed by Dorothy Smith in "K is Mentally Ill, the Anatomy of a Factual Account". In that paper she says of the account that she is analyzing:

It is not just a record of events as they happened, but of events as they were seen as relevant to reaching a decision about the character of those events. This is a common feature of the kinds of records, etc. with which the social scientist in the field of deviant behavior is concerned. The various agencies of social control have institutionalized procedures for assembling, processing and testing information about the behavior of individuals so that it can be matched against the paradigms which provide the working criteria of class-membership, whether as juvenile delinquent, mentally ill or the like. These procedures, both formal and informal, are a regular part of the business of police, the courts, psychiatrists and other like agencies. A full description of the organizational practice of such

agencies in these respects would be a description of one type of procedure by which a set of original and actual events is transformed into the currency of fact.⁸

I am interested in one aspect of the procedure by means of which an original set of events is "transformed into the currency of fact" and responded to in terms of that transformation. For example, certain events and behaviors were selected from Jennifer A's life and transformed in a psychiatric report into the fact of schizophrenia. Her workers thereafter tended to relate, not to her whole self and situation, but to her schizophrenia and other documentary facts. I will be discussing the adequacy of the data upon which these facts are based in addition to the attitudes which are an integral part of their transformation into facts.

The reports themselves will be presented first, followed by an analysis of the reports in terms of the attitudes that they reveal. In making the analysis, I reveal my own perspective on the reported facts and my own attitudes. I do not present these as "correct" vis-a-vis the "incorrect" views of the social workers, but only as an alternative way of viewing the A family situation. An alternative view leads to a different set of responses to a situation and therefore has practical consequences. Whether the consequences of the alternative view presented here would further agency aims more than its own view does cannot be established certainly at this time. The little evidence available to me on the practical consequences of an alternative set of responses is presented in

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M. Atkinson and J. Coulter, eds., Ethnographics, London, Martin Robertson Ltd., in press.

Chapter V, which discusses the new program being carried out by two of the workers in the agency and a small group of their clients.

III. THE A FAMILY FILE

Jennifer A applied for social assistance near the end of 1960. By the first of the following year, she was in a mental hospital. She was in her mid-twenties, had been married for six years, and had just been delivered of her fifth child. The first report that we have of her is a psychiatric report, followed by reports of social workers which sometimes incorporate the reports of Public Health Nurses and other extra-agency workers. For purposes of brevity, anonymity, and avoiding redundancy, I shall condense and paraphrase the material in the file, quoting in full only when there is some chance of misrepresenting the "tone" of the communication or when I wish to draw attention to a particular way of presenting evidence or to a particular attitude. All material in quotes is from the A family file unless otherwise cited.

1. The Psychiatrist's Report

(A) Social History

(i) Family History

The patient's birth-date and sibling position are given.

Next, "The patient is described as being a very quiet child requiring a great deal of attention." The parents were divorced when the patient was a little girl and because of her inability to get along with the mother, the patient went to live with her father. The other children remained with the mother, "which upset the patient considerably, making her feel un-

wanted." The mother visited the patient regularly, despite her hostile feelings.

(ii) Personal History

In her early teens, the patient returned to the home of her mother and step-father. The mother thinks she disciplined the children equally to the best of her ability. The family was not well-off but had enough of the necessities. The patient was good in school, but had a baby before completing high school. She had known the father for some time but had not considered marriage to him. She stayed home and her mother is caring for the child.

(iii) Marital History

The patient worked in an office but "because of her work history and boyfriends hanging around the offices, caused her to lose two jobs."⁹ She married after short acquaintance with her husband, against her mother's wishes but with her father's consent. The report describes Mr. A. as a good-looking man with "a way with women". He is from a well-to-do family but has not adjusted to "ordinary life". He has some university education and an unstable work history. He drinks heavily and is believed to be living in Skid Row. The couple lived with her mother for a year. The marriage seemed unsatisfactory from the

⁹ Because many of the reports are dashed off by hand without much concern for grammatical construction and the use of "sic" too frequently is irritating, I shall reserve it for spelling errors that might otherwise be mistaken for printing errors.

beginning. They had four children in five years, "and it seems each time the patient became pregnant, her husband left home taking all available money with him but the patient never complained." Mr. A says that the children are not his, but the patient's step-father's -- "however, the children look like Mr. A."

The couple left town and Mr. A was working in the new place, but her mother learned that the patient was without food and sent her food parcels. They came back to town and the patient became increasingly worse.

The patient often went to see her landlady late at night, "stating her grievance and her great love for her husband, and his unwillingness to live with her." She felt that her family was interfering. The landlady thought that when Mr. A came home in need of money he gave the patient some drugs. The patient had fainting spells when her husband was leaving her, but she "believes this was only an attention-getting device."

"It would appear that Mr. A himself is not too well adjusted."

(a) Prior to Admission

The patient's mother felt that she had been showing signs of maladjustment for the last four years, "letting herself go." Her family felt that Mr. A had been cruel, physically and mentally, constantly nagging and criticizing without apparent cause, "although, the patient didn't admit this." He spent much time away from home and when he did come

spent the family's money for his own pleasures, "to which Mrs. A had never objected, feeling that it was her husband's right to spend the family money as he wishes."

"It appears that the patient had shown poor adjustment for most of her life and she became increasingly worse after returning to town. She appeared confused and had been unable to look after the children or do her household chores, since her separation from her husband."

The psychiatrist diagnosed schizophrenia and advised Mrs. A that if she would not go to the mental hospital voluntarily he would have her committed. She went voluntarily.

(b) Social Workers' and Administrators' Reports and Memos

Mrs. A's sister phoned to get help for her, as she had gallstones. She was advised to call her doctor, who sent her to the psychiatrist. Her uncle phoned too, as he was worried about the children. "He also stated that Mrs. A was very scared that the Social Welfare would take the children away from her and therefore, she didn't want to contact us." Her doctor was away on holiday, so his substitute was asked to hurry her appointment with a psychiatrist.

When Mrs. A was committed to the mental hospital, two families of relatives took the children. They had no clothes so the relatives outfitted them. They then applied to the agency for financial assistance for them, which required a complete breakdown of their budgets.

"Mrs. K feels finances are the family's own private affair and Mr. K

gave the information about finance without his wife's knowledge." They had two children of their own. The budget of the other family, which earned \$300 a month and also had two children, was given too.

A month or so later, the two families found the children too much for them and they were "re-arranged" again. "The relatives were disturbed by Millie's masturbation and its effect on their own children." Another woman took two of the children and wanted to take Millie, but she was not able to support them without help. The agency could not grant her assistance for them because she was not related to them. Mr. A was unemployed, separated from his wife, and had not supported his family for some time. The children, aged four, two and a half, one and a half, and a couple of months, were dispersed among another set of relatives. They were returned to Mrs. A the day she got out of the hospital. The agency sent a request to headquarters for a housekeeper for her for one month. (All requests for funds, no matter how small in amount, are supposed to go from the client to her social worker to the local administrator to the regional administrator. Occasionally, as in this instance, the first step is omitted). Though ready for discharge, Mrs. A "would be unable initially to take full responsibility, including the physical work involved, for her four children without help." A rate "not to exceed \$5.00 per day, 7 days a week total about \$150.00 per month" was requested. The request was approved, but no housekeeper showed up. Mrs. A was granted \$168.60 a month for the maintenance of herself and her four children.

A social worker visited Mrs. A immediately and was assured

that she was doing fine. "I told Mrs. A that if at any time she felt that looking after the children and keeping care of the house was becoming too much for her to get in touch with us."

Some time later, "Mrs. A phoned to say that her husband had gotten hold of her address. She left her house yesterday immediately she was aware that her husband knew where she was living. She stayed with her parents last night." Wanting to know her rights, she was referred to the RCMP. "Mrs. A is quite prepared to arrange visiting by her husband with the children as long as it is not in the home."

Of a visit a month later, the worker says, "Mrs. A appears to be getting along quite well; she has a comfortable, well-kept little cottage and receives much support in her day-to-day problems from her relatives, particularly her father." Mr. A had not been back to bother her, which was her main concern. "She is anxious to be left on her own with the children and claims she is managing adequately on her S.A."

Some months later, Mr. A requested social assistance for himself. The file does not indicate that it was granted. In the same month, Mrs. A's relatives phoned again, worried about her mental state. The house was filthy and she had not let anyone in for three weeks. They thought she would have to allow a social worker in. Two male workers were dispatched. They reported the house a shambles, no sheets on the beds, etc. "I have advised Mrs. A that she had to do something about this and we would have to decide what we were going to do." The relatives were phoned, but none were willing to help except her mother. Conditions

were a bit better when the worker returned that night, so he left the children there, including the baby.

The next day the house had improved even more, though still "totally disorganized". The worker notes, "Mrs. A spoke harshly to the children, her voice rising to a shrill pitch, she seemed almost at the end of her teather (sic). The children appeared used to this method of treatment and obeyed reluctantly and within three or four minutes seemed to forget all about it and also what they were told to do. They are pleasant, attractive little children but lacking in training." He mentioned foster home placement. When he returned next day, no one was home. "There was a line full of washing and dirty dishes still on the table." The family was still away when he went back in the afternoon. He phoned Mrs. A's mother. She said the family was there, "as Mrs. A had no money for oil or food and the house was cold." Mrs. A said she would come back home to see him that evening, but he told her to make it after the weekend. When he returned Monday, she still was not there. On Tuesday, "under threat of the children's removal," Mr. A went home. He promised to have the place clean by the next day.

The worker had a conference with both parents, listening to their complaints about each other, and then talked to Mrs. A alone. He pointed out to her that the children listened to their father, "they obviously respect him." Mrs. A said that was because "he uses the belt too freely." The worker replied that he wouldn't take the children if things improved.

A female worker visited a couple of weeks later and noted that things were untidy but not dirty. "Upstairs was clean and there was bedding on the beds but this seems very scarce and hardly adequate." She saw Mr. A as the stronger of the two, "but he feels he can't work, do housework and look after the children. If the children are to be taken away he is afraid the wife will break down again."

A few weeks later, the worker called just before supper and found the children playing upstairs as they wouldn't stay in the yard, which was unfenced. "The road on which they play is a dead-end and very little traffic comes up; however, Mrs. A seems to feel that this is part of being a good mother and she must keep the children where she tells them to stay....the living room was again covered with piles of clothes but they were all clean. When I inquired about putting them away Mrs. A said that she did not put them away until she had ironed them as they took up less space.... The house was warm and quite clean."

On the next visit, Mr. A complained that "she was going over all the clothing the children had, cutting them up and remaking them and would work well on into the night, what time she came to bed he said he didn't know and he also said he has no idea how long this will last." He claimed responsibility for the improved house. "This I think is fairly true."

Before the next visit, Mr. A had left home again. Mrs. A kept up the housekeeping standards for a couple of months; then, "The house was not as clean as it had been and incredibly untidy." Though

Mrs. A didn't mention it, she was discovered to be pregnant again. In explaining to the worker "how it happened," she said she had tried to contact her husband after the visit by the two male workers. She was told he was taking drugs. "Either by just asking him or telling him that there was danger of the children being taken from her she did succeed in getting him home and she claims it was during this period that she got him off drugs. He was in bed about four days. He remained home and during this period the home situation improved noticeably. He took off again at (date), taking all the money he could lay his hands on." It was noted that while he was there, Mrs. A took an interest in the home, painting, fixing, cleaning, etc.

The workers held a conference, deciding the children should be taken "with the possibility of adoption in the future". Mr. A was in prison (another fact Mrs. A failed to mention) and would not be released until after the baby was born. The workers decided to ask Mrs. A to go back to the mental hospital for assessment and possible treatment. "She seems incapable at the moment of assimilating any suggestions with regard to the children and although she has a superficial attachment to the children I do not feel it goes very deep. She seems quite detached and realtively (sic) unconcerned about the muddle her house is in and although at the moment we have no grounds for apprehending the children it seems advisable to keep this move in mind especially in view of the fact that she is having a fifth child. Should this child be apprehended at birth?" David (the baby) rocks himself in bed. "The other children look quite bright

and seem to act as normal youngsters but are quite undisciplined and are receiving very little training in any way. The lack of concern on the part of Mrs. A is what concerns us most."

Mr. A's compensation cheque went to his family while he was in prison and the assistance cheque was reduced accordingly. While he was home, the claim was reclassified as "employable" and thus renewable one month at a time.

A month before the new baby was due, a worker reported, "Visits are maintained on the average of once a week to this family but the situation does not improve greatly. Mrs. A is working under difficulties which are too much for her to cope with on her own. Some of the children are still enuretic and this necessitates a tremendous amount of washing. According to Mrs. A she cannot keep plastic undersheets on any of the beds as the children play with them and sooner or later they get torn." Good discipline in the home was still lacking, but "During a recent visit the little girls were wearing attractive outfits of cinnamon brown slacks with matching tops. All had their hair washed and waved and looked very attractive. David is also a very attractive little boy. He is almost walking alone." There was constantly washing on the line and in the tub waiting to be done. Mrs. A's washing machine broke down "completely" and she had to have another, which pleased her. "The house is still messy and indifferently clean, but recently since Mrs. A senior has been staying with her, things have greatly improved." She had to have most of her teeth out. "Her mouth was badly abscessed. . . . New ones

will not be put in until a later date." The worker finally talked her into going for an assessment at the mental hospital, but before she went the woman there suggested that, since she wanted help with the children "as to how to bring them up properly" but didn't know how to get it, why not put a housekeeper in for a few months "to really give Mrs. A some help." If she couldn't cope after that, then see about taking the children into care. "It will give Mrs. A a chance to show whether or not she can accept and use help," the worker added.

Mrs. A phoned her worker on the way to the hospital. "She had made good and adequate plans entirely on her own without the help of our department." She had also made plans for coming home, gotten the necessary equipment, etc. "She has been keeping her husband completely in the dark as to what is going on at home and I pointed out to her that this was a mistake as it was increasing his anxiety and he should be kept in the picture as things developed. Not knowing what was happening was only increasing his anxiety as he had not got very much to do and a lot of time on his hands with which to think. She agreed to keep him more informed and done (sic) this with regard to the birth of the baby and also is leaving the choice of name to him." She had already begun to put into practice suggestions made by the woman at the mental hospital, which were helping in the home. The worker was going to refer her to the mental health clinic "and in all probability she may be able to use much of the counselling which is given her."

In reporting on a post-hospital visit, the worker said that

Mrs. A spoke of going to the clinic to see what could be done about her and Bob (Mr. A), though both their families were against their trying it again "and are doing their best to break down what little is left of this marriage. She seemed to have more strength and is determined to do what she can to make a good home for the children even to the extent of refusing to see her own family." The worker told her she realized how hard it was to get along on social assistance and asked if she would like help in getting large items like mattresses and chests for the children's clothes. "Her relief was very obvious and she does admit that it is difficult to make both ends meet." Asked about clothing for the children, Mrs. A seemed to think she had all they needed for the summer. Mrs. A was in the middle of washing and waxing floors when the worker arrived. "The home was still dirty and very untidy and the children clothed in just anything that came handy." The worker told her to dispose of unuseable clothing and clean the place up.

In the departmental memo requesting money for the housekeeper and blankets and mattresses, the administrator said, "In the long run it will be a great saving as to take five children into care will prove a very costly business." The housekeeper stayed six weeks, after which Bob came home again. He spent the first 24 hours getting drunk and the first week running through \$100 that his mother had given him. He and Mrs. A were asked to account for what he had done with it. Mrs. A got her teeth. "When seen today she looked really attractive."

Mr. A came into the office, very annoyed about his com-

pensation cheque going to his wife in lieu of social assistance. He had hoped the money would be waiting for him to tide him over until he found work. His mother was trying to get him a job out of town. "He does not want to go without Jennifer and the children as he feels she may not follow him later. He said that she is showing signs of reluctance to leave the security of the well-known setting of her present home and environment and to branch out into the unknown where it is very isolated." He wanted to know how long they had to prove themselves with the children. She said it was not a question of a time limit, "but it was entirely up to them." Mr. A feared that Jennifer couldn't cope without him. "He is wondering whether Jennifer might not be better able to cope if they were far away from their respective families." He hoped that the job would come through and Jennifer would go. He had kicked drugs but felt he might go back if pressure built.

Of the homemaker, sent to teach Jennifer and to help her, the worker reported, "The children loved her, Jennifer resented her." There was no cleaning equipment in the home. Sponge, mop, pail, ironing board, towels, bedding, "were supplied and received neglectful and harsh treatment." While the homemaker was there Jennifer was able to keep dentist, doctor, and mental health clinic appointments, but kept the latter reluctantly and sometimes failed to go at all. "All this has failed to produce any change and improvement. Unfortunately, it has pointed up her own inadequacy and that of Bob in failing to provide these necessities and in consequence increased her feeling of hostility. It has

been noted that after clinic appointments and any interview with me when anything more than surface topics were discussed, she would return home in a bad mood and take it out on the children by strapping them quite unmercifully. The housekeeper saw her strike David across the face with her hand twice for next to nothing.... On reviewing this situation in retrospect, it would have been wiser to have made more effort to find out what she wanted than to give her what we thought she needed.... She seems incapable of accepting any form of help from the department in the form of intangibles, and whenever any is suggested or offered there is always a refusal." The worker added that she thought Jennifer's attitude would prevent her and Bob from being able to make a home.

The worker visited the A's together and reported, "The thing that is bothering them both and hampering their progress at the present moment is lack of money." She pointed out that the little Bob earned was deducted from the family's cheque and the money it cost him to earn it was an extra burden. She added that they were not spending "too wisely" and could be helped to buy better and more nutritious food than the "fill-up" kind. She told them she would ask the Public Health Nurse to advise them if they would accept that. "Bob is quite ready to accept it but Jennifer said that she would be glad to receive the suggestions and if the budget would allow she would try and buy these things. She is still reluctant to accept any help offered but Bob is more receptive." Bob wanted her to tell Jennifer how close she came to losing the children while he was away, which she did. Bob said he wanted to move

to a better place but feared to exceed the rent allowance. She assured him that he could as long as he could afford it and the family was clothed and "as well fed as possible". She pointed out that the house was not well built, very cold in winter and expensive in oil, etc.

That fall, Millie started school. The principal phoned the agency to complain that she came to school adequately clothed but unkempt and dirty. He and the worker decided to send her home when she came dirty and to tell Jennifer that the Family Allowance would be informed if the child didn't get to school. Jennifer told him she would be taking Millie out of school and leaving town with her husband. The principal phoned again to say that the neighbours were "up in arms on behalf of the children and their future care". He was sure the same situation would go on in the new place. The worker assured him that the family would be supervised there too. She explained that Bob "is genuinely fond of his children but Jennifer's affection for the children, I feel, is superficial and she is a very disturbed girl herself." She mentioned in her report the difficulty that Jennifer had managing to feed her family "a balanced diet" while on social assistance and hoped that it would be easier on Bob's increased salary. In any case, the family would be "closely supervised". The file was transferred to the new place.

Sometime after the move, a preacher in the new place phoned the agency there to say that Jennifer had told him Mr. A was not supporting the family. He had said that he was willing to, but that she couldn't keep the place up. They were not living together, both com-

plaining of sexual difficulties. Mr. A had a problem with narcotics at times.

In 1964, Jennifer applied once more for social assistance. A note on the application says, "She wants to work and hire a housekeeper if possible. She still has tendencies towards fantasy in that she doesn't really realize the difficulty in finding employment, especially as she has little experience. Other than this, however, she seems to be fine. The house is not the cleanest, but the children look happy and she seems quite devoted to them. She does not want to go on SA, as she did before, and would rather work."

The next report says that Jennifer couldn't get into the town in which the agency was located as the car didn't work. It continues, "Despite the housekeeping, however, Mrs. A seems to enjoy a very good relationship with her children. She has not heard from her husband yet and has had no income since her last grant."

The third report in this series states that Mr. A wanted a reconciliation but Mrs. A did not. However, she said she would ask the children. She did so, and they decided against it. "Mrs. A told us that when she was a child, her parents always consulted her when plans were being made. Therefore, it is not unnatural that she should consult her children about their father's return." The worker defined this child raising method as "non-directive", and pointed out that it accounted for the lack of discipline. He discounted the idea that her housekeeping might reflect similar patterns in her childhood home by noting her apologetic

attitude when workers call on her; she says she was busy and that is why the house is a mess. The Public Health Nurse said the children's health was good despite the lax housekeeping and discipline, but that she would keep checking. Mrs. A reiterated her wanting work, but the worker doubted if she could find a job or a baby-sitter. His Assessment: "Mrs. A seems to be a very unrealistic person. She always seems to feel that the solution to her problem is just around the corner. However, the problem never seems to be solved. She seems to feel that all she needs is more money to improve the conditions of the house. However, there is no reason why the house cannot be clean and neat.... She tends to blame either her husband or society for all of the problems she has. This trait has been noticed many times before, in the history of this case." And so on. His Plan: Reconciliation was not advisable. She was hostile to him. He planned to support his family. They should support her but it was hard when she couldn't discuss her problems. "The home situation should be checked quite often to ensure that there are no signs of neglect. From what we know of Mrs. A, it is possible that she could lose interest in the home, and circumstances could deteriorate even more."

A letter in the file from the Public Health Nurse says that the family's health was fairly good but that David had two operable congenital deformities. Her description indicates that the operations were required for functional as opposed to cosmetic reasons, though the deformities would be disfiguring as well.

Mrs. A reported receiving some income she earned house-keeping. Her cheque was reduced accordingly.

By the next report, the husband had still not made contact. The landlord reported that Mrs. A was one month behind on the rent. She was put on rent vouchers. She was hoping that her mother would come up as she needed a gallbladder operation.

A preacher came in to complain about dirt. The worker suggested a housekeeper. He said he would look for a suitable person after considering the suggestion.

On his next visit, the worker told Mrs. A about the "complaints". She couldn't understand why anyone would complain. She said her children were never unsupervised and that she kept them as clean as possible. She bathed them all on Saturday night and washed their clothes on Sunday. "This is very difficult as she doesn't have a proper bath tub, nor does she have a washing machine. Also, she has a limited amount of water." Mrs. A said the children were all washed before going to school, though she didn't always have time to check the older ones. The house was cleaner than usual. The worker warned her to care for the children adequately. "The children were all wearing old clothes, and they looked a little dirty. However, there did not seem to be anything in the way of neglect." She told him Bob might be coming back. He had been trying to communicate with her through Millie. "She seems more accepting of him." The worker said she was defensive about the neglect report, that she was rationalizing, and that she had little awareness of

her predicament, "a long standing problem. . . . She appears to resist complication, and prefers to converse on a superficial level." A close check should be maintained until Mr. A came home.

Mrs. A was given a voucher for oil, as she was right out. The amount was deducted from the next month's cheque. Mr. A was back in jail, where she was instructed to write him. She said she had written, but didn't know his prison number so her letter was returned.

In a letter to her social worker regarding the operation she required, Mrs. A says, "I would rather try to put the operation off until I can pay for it myself or until Bob has a steady job. I'm getting quite tired of living on Welfare, and as I told you on (date) I would go back to (place) to try to find work and where my sister can help with the children."

At the end of the year, Mr. A came home. Mrs. A didn't want the landlord to know. A couple of months later, the case was closed.

It was re-opened when Bob got fired, "erroneously according to him." A couple of months after that, a worker reported that Mrs. A "took off in a taxi", leaving a baby sitter with the children. The sitter took them to her mother, who phoned the agency. A week later, the worker went out to investigate. He found all the children sleeping in the one bedroom, with no bedding. Mrs. A slept on the chesterfield. The house was not insulated and had one heater. Mrs. A now had an apartment sized washing machine and a bigger hot water heater, so she bathed the children twice a week. She had grandiose ideas about the future. "I advised Mrs. A that it was absolutely essential that she get

bedding and suggested that I would see what the Welfare Department could do to help her situation. She wants to tend to this herself, however."

The baby sitter's mother phoned again to say that she had tried to get David into her kindergarten but Jennifer wouldn't send him. She wanted his eye (one of the congenital deformities) fixed first and had saved \$9.00 toward the cost of taking him to the city. Her husband was now working. Mrs. A said she too was concerned about the state of the house for winter and that she would use the worker's concern to pressure her husband into at least insulating the bedroom. In his next report, the worker says, "She simply tells her husband that the social worker has said that certain things have to be done and he will then do them for her. I certainly do not like this turn of events." Mrs. A said that she would have the operation she needed the next summer, when she went to the city for the two operations that David needed. She had sent to her father-in-law for money for beds and assured the worker that she could control the situation quite well. A month later, however, there were still no beds and Mrs. had stopped saying "next week". Maybe by Christmas -- insulation, too.

On the next visit, after Christmas, a new worker found Mrs. A doing the laundry. She did three articles at a time, as the washing machine would not handle more than that. She had to stay right at the machine to turn the agitator by hand each time it stopped. She said she would not move again no matter what her husband did, as moving

had damaged her and she would not do that to her children. She said it wouldn't hurt them if the home were not broken, but Bob probably would be going back to the girlfriend, "whom he has lived with since she married him", when she got out of jail. She said she no longer responded to him when he got mad, or cared what he did. She said she wouldn't get emotionally involved -- "it doesn't pay". In the next report, the worker commented that she was impressed with Jennifer's knowledge of art and music. She said Jennifer was beginning to trust her.

By Spring, Bob was driving a new car, but there were still no dressers or beds. They were going to get one each pay day. On this visit, Jennifer was just getting over the 'flu'. The house was a mess. She expected Millie to look after the other children instead of expecting them to look after themselves.

A month later Bob had left, supposedly to get another job, but was found to be staying with a woman in (place). Jennifer said she would go back to the city to get a job, leaving the children with relatives if Bob was not working. She was looking forward to her mother's coming up and taking David back with her, but she never came. Shortly after, Bob got a job and was "making up for his neglect of the children, which Jennifer says won't last more than two or three months". The worker said she thought Jennifer spent "much more time than really necessary doing laundry. She may be overly thorough with wash, and may wash all clothing after each use it gets. Most clothing is in poor condition."

On the next visit, Jennifer talked about not liking to leave

the children with Bob, as he went to sleep and didn't hear them. She related an experience Millie had had, of waking up alone and walking outside in the snow to look for her mother, as she couldn't arouse anyone with her calls. She said her own mother used to disappear for days or weeks at a time, and that she would never leave her children. "They need a more settled life." A while later, the worker noted that Jennifer was pregnant again. She found her planting the garden. She said that Bob would never fix the house. She thought her first daughter (the one staying with her mother) might come up for the summer.

A month before the new baby was due, the worker dropped in on Jennifer and found her scrubbing floors, walls, ceilings, and furniture. She scrubbed the chairs once a week. The house was "an unbearable mess". She couldn't find a housekeeper, so planned to have the baby at home. One of the others had been born at home. During the worker's visit, two of the children "kicked up the most horrible fuss for ten or fifteen minutes screaming, kicking, beating one another, in bed. Mrs. A states they always do until they fall asleep. David needs an operation (involving plastic surgery) before age seven, or he won't be able to father children. Estimated cost \$3000, not covered by MSA. David is to see an eye specialist at the Travelling Clinic (date)."

Jennifer had heard from Bob, who had left ostensibly to find work. The letter said he would not work and send money. She was about to lay a charge, but he wrote again "soft-soaping" her. She had previously refused the offer of a housekeeper, but requested two weeks social

assistance.

When the baby came, "Five children, the oldest of which is nine, were left to fend for themselves." The agency had been unable to find neighbours or friends who could care for the family until Mrs. A got out of the hospital. They brought in a housekeeper.

The next year, a new worker reported that no assistance was required as Bob was working, and that Mrs. A tended to resist help. She took David to the city for his operation. There were no more social worker reports for another year, but Public Health had apparently been involved with the family in the meantime. Another psychiatric assessment appears in the file: "The mother... seems to be suffering from some evidence of Chronic Schizophrenia. She has a rather flat affect with poverty of affect and a rather rigid limited personality. She has no gross thought disorder or perceptual distortion but her thoughts are extremely repetitive, vague and profoundly ambivalent (sic). She continually gives double messages and contradictory messages when commenting on any subject or giving her opinions and feelings on any particular problem. She is dressed in such a way that would indicate she is an extremely negligent and disinterested housewife and mother. I do not think this is a willfull (sic) process, but I'm sure that this is a result of the Mental Illness that she seems to suffer from. The marriage relationship is a particularly poor one as the husband is seldom at home and when he is at home he doesn't get involved in his relationship with his wife or children. The other members of the family are girls except for

one infant and it seems that David has lived in this extremely chaotic, nonsupportive, frightening environment for many years with no strong supportive male or other adult to identify with. The boy's school behavior is most erratic (sic) and he was described as undisciplined, negativistic, ignoring all instruction and suggestions and continually testing his teacher and all school regulations. The boy is presently in Grade 2 and has been a serious disciplinary and behavior problem throughout his school career.... He is a pleasant young lad who relates easily and warmly to the interview situation and who certainly responds to structure, definite limits and lots of support.... I think when she is being visited by the nurse and any others, they must be very strict with her, force her to stay in reality, force her to limit her comments and observations and make her try and develop consistent, useful reality oriented daily habits. This would mean consistent and firm visiting and instruction. I think the father should be encouraged to get more involved with his son if possible, and if not possible I think the volunteer organizations and/or a big brother movement should be mobilized to get to know David, help him with money if need be for hockey equipment and get him involved in male peer activities outside the home where he gets a good adult male identification and support." If that doesn't work, take him away.

Consequent to this assessment, a conference was held consisting of the psychiatrist, the social worker, the Public Health Nurse, the elementary school supervisor, the principal, and the teacher. The conference report states: "Father seems to be a great stabilizer in the

home although he is unaware that he has this effect on the family. He wants to be away from home as much as possible and when he does leave Mrs. A should use tranquilizers as suggested by Dr. (name)." David was said to be improving in school and at home and enjoying Cubs.

Recommendations:

- (1) Continue regular home visits by the Public Health Nurse.
- (2) When father leaves try to get a male figure for David to relate to.
- (3) Encourage David to continue with Cubs.
- (4) Mother should be encouraged to get out of the home as much as possible.
- (5) Continue with previous suggestions.

Process notes:

"If the mother could possibly get out of the house and get more activity and have more interests, I think her level of anxiety might go down and she might improve. As far as the school work is concerned, I think he just needs firm consistent limits and a lot of reward for positive behavior."

In a memo from the Public Health Nurse to the Mental Health Clinic, reporting on the conference, she says that David stays out at night and refuses to come home. "Mr. A is working at (place) and is home every night. He probably helps to stabilize the home some, but he is very unstable himself. He keeps a gun under his pillow at night and

has shells marked 'his' and 'hers'. Sometimes at night he will pull the gun from under his pillow and threaten his wife; he pulls the trigger and when the gun clicks on empty he says 'you are lucky this time'. Once he actually loaded the gun and threatened his wife with it. She was able to call the police and he was fined for this." A newspaper clipping attached to the memo says the fine was \$100. The nurse recommended that David be placed in a foster home.

The nurse also sent a memo to the social welfare agency, stating that she was concerned about David and explaining why: "Mrs. A appears to be a very nervous upset person and incapable of coping with her children. The house is always a mess and she is really not interested in seeing a social worker and I do not feel that there is too much a social worker can do for Mrs. A." She wanted the agency to take David into care and act upon Millie's "instability".

The "care" report consequent to the nurse's recommendation noted that David had been hit by a car and was still in the hospital. Millie was badly disturbed. Bob lost his job "after he tried to shoot his family." David was much worse "since his father has been in the home regularly." Mrs. A was also a very disturbed person. She had too high expectations of what the children could do for themselves at any particular age. They refused to go to bed before doing the dishes. She "never" instructed them on what or how to do what she expected. At the time of the nurse's visit, "Mrs. A was almost out of her mind because of David's accident. She was not very clear on anything." The agency

was looking for a home for David. They would have to pay extra rates because he was a bed-wetter and rough. The report reiterated the previous information regarding the "filthy" house, the stay in a mental hospital, the illegitimate child. "She is unable to benefit from any help or involve herself in any form of treatment." Mr. A's drug and jail connections were mentioned. The report concluded by noting that six years before, "It was pretty evident that in five to ten years the children will be showing signs of definite disturbance and in all probability will be excessively difficult to handle with no training or discipline."

In a report dated later that fall, the worker said that a new Public Health Nurse had reported that David was doing "O.K." at home and school, that there was no need of a foster home, and that she would speak to the psychiatrist who had abetted the previous nurse's decision. The A's were called in for an interview on the subject. Mrs. A did most of the talking; Mr. A came in later. They claimed improvement. Mr. A said they should move if he couldn't find work, though their house was almost paid for according to Mrs. A. "The really amazing thing during this interview was that at no time did either one or the other criticize each other." The report concludes, "As we have no foster home available anyway perhaps it is best to let the family carry on and let Public Health Nurse follow it up."

There are two more items in this section of the file, one dated six months later and one a year later. The first is a memo from the Health Unit to the Mental Health Clinic: "A home visit was made on

(date), and the family was eating a good early supper....Mrs. A was calm and pleasant and receptive to the visit. Was she putting on a front? Mrs. A did not appreciate the help given by the Mental Health Clinic, saying that he was worse after being seen by them. She believed that recommendations of more male companionship and taking part in scouts, did not help. She said she would take David to a private psychiatrist in (the city) asking a doctor there to refer him." The second item is a transferring summary from one local office of the agency to another. It says that the A's had been off social assistance for a number of years. Mrs. A had taken off (to the city to which the file was being transferred) with all her children but David while Mr. A was at work. She had left David with a friend who was to call his father in the pub after work to come and get him. The father placed him around in different homes and schools, where he was a real problem. He finally shipped him to Mrs. A. "I have no idea where the father is living or working.... At no time did the father or Mrs. A contact any member of the Department concerning the plans for separation or to discuss their problems."

This summary was sent in response to a new application for social assistance made in the city. Mrs. A requested temporary assistance, asking for rent for a week. She had only one child with her. A month later she had to ask for aid again, as three more of her children were back with her. In reply to the Department's request to Mr. A for maintenance, he said that there was no problem, they could come back but they wouldn't, he couldn't support two homes, he wasn't

working. The school principal phoned about David, who had recently left father for mother.

Jennifer came in to see about the cheque. It had not been sent out because the worker could not "catch" her at home when she called. She explained that she had been out helping her sister, who was ill. The David situation had deteriorated. The agency's Child Protection Worker (hereinafter called Jan) was called in. (She and the new social worker, Susan, were subsequently involved in the new procedure to be discussed in Chapter V).

Jan's report stated that David had been placed in a foster home on the recommendation of the psychiatrist who would be consulting on the case. Jennifer had agreed not to see him until he had had a chance to settle down. The rest of the report detailed some of the problems Jennifer had had with him. She thought he was worse after the car accident. Jan thought that was her imagination.

David was reportedly doing fine in the foster home, though the special teacher who had promised to help him had not come. The principal did not feel he could make it in a school setting. The problems he had had in school were listed. Jennifer was not given his address. Millie had complained to Jan about the "indifferent meals" her mother made. They never got meat, or anything fast for breakfast. She said she couldn't concentrate in school. Jan read all the old reports and decided talking was hopeless, but she would try, and would also try to get medication from the mental health clinic. "It would be unwise to

apprehend the children, as there are a great number."

Jennifer had registered with Manpower as soon as she arrived in the city, according to the dates on the documents in the file. A Department of Rehabilitation Assessment form is on file:

"Would you and your family move to another area if a job were available there?"

"No."

"If not, why?"

"We spent seven years in the north and are just beginning to thaw out."

"Do you have any difficulty or problem which makes it difficult for you to take a job?"

"Not as long as there's a day-care center around."

"Is there any particular skill or training you would like to get?"

"Yes, anything. As long as it would pay enough to take care of the children reasonably well."

She requested no other services.

A letter from Jennifer to the Minister of Health and Welfare is also on file:

Dear Sir:

I should very much like to be removed from your payroll list. For that reason this letter is to ask if there is some way I could get financing to

start my own business. For that I would like to have a knitting machine and a very large supply of different wools and yarns, etc.

I would very much prefer to support my family myself, and after taking almost a year to look around and examine every possibility up to and including Adult Re-education which was a waste of my time and theirs, this is the only alternative I have. This way I could make money and be with my children as well. I very much dislike the idea of them coming home to an empty house. I want to be there when they call whether in anger at each other, or anyone else, or cry because they are hurt or scared, or just to reassure themselves that I am here always. My family would have liked to help but they do not have enough money and they also have their own previous commitments to handle. They do not know anyone capable of advancing the financing, short of Finance Companies which are out of the question. All of which makes it impossible for them to even co-sign a loan.

So to ask again is there some one or way the backing could be given.

Thanking you very much for reading this letter and any consideration you may give it.

Yours truly,

(signature)

P.S. I believe I forgot to sign the first letter. Sorry. J.A.

The reply was a routing slip to the local agency: "This does not sound too practical, but would you let us have a brief report as to

what you see in this situation, for the purpose of follow-up." The local agency replied: "We have medical assessments on file which indicate that Mrs. A is a chronic schizophrenic. We also have concurring reports from the Child Welfare Worker who sees Mrs. A on a regular basis. Mrs. A has proven incapable of the most minor housekeeping tasks and we feel that she is totally incapable of running her own business. Thank you for your interest in this matter."

A couple of months later, a request for a homemaker was approved. Jan put Brenda into the home (the therapeutic homemaker discussed in the chapter on the new procedure), advising her superiors that she was a specialist in dealing with emotional problems rather than a housekeeper, though that was her title. Jennifer was "resistive", but Brenda managed to gain some of her confidence. Shortly after, Jennifer requested a washing machine, which she had found in a second-hand store for a reasonable price. The memo relaying the request to headquarters said, "Mrs. A....was not aware until recently that help was available for the purchase of necessary items."

Headquarters replied, "No budget info. shown. Will approve if cost of shelter exceeds our rental provision. If at all possible we expect part or all if possible of this kind of cost to be met by self help." The local administrator sent a budget breakdown: Rent \$150. Food \$125. Hydro and Heat \$40. Miscellaneous \$2. "She therefore has no money at all with which to purchase a washing machine, and we request \$40 Emergency Health Aid on this basis. Also, it has come to our attention

that Mrs. A does not have a fridge either and has never had a fridge. This comes to light because she has a Trained Homemaker living with her who has reported this and who is making good strides in getting Mrs. A motivated to take care of her four (the oldest children were away at this time) little children. The Homemaker has priced fridges and has found one for \$60. We request your approval for this Emergency Health Aid overage in addition to the \$40 for the washing machine." All this took two and a half months. In the meantime, Brenda bought the machines and was reimbursed. Her salary for the month (184 hours) was \$294.40.

A while later, Jan reported that the house was cleaner, papered and painted. Jennifer's personal appearance was not much improved, but she was more cheerful and honest. She was still fearful of outside contacts, her appearance, and the mother-role. She was able to admit that the children ran circles around her. She said she was trying to work on that and on outside contacts. She accepted Brenda as a friend and was a little more trusting of authorities, but still feared Jan. The school reported improved appearance of the children and easier dealings with Mrs. A, as did the Public Health Nurse.

Mrs. A was able to call her worker about clothes. Brenda wanted a clothing allowance for her so she could look for work. "She had no underwear, no shoes, and one pair of jeans and two men's shirts." Jan added, "Surprisingly enough the children have adequate clothing and Mrs. A is learning to care for them." In Susan's report dated that fall,

she said that Mrs. A was looking "exceptionally well and appears to be taking good care of herself. She has lost weight and now takes some pride in her appearance."

At the end of the year Jan reported that David was making little progress in his foster home and that the foster parents wanted him removed. A conference was held with the mental health clinic people, who thought a treatment center would be best for him. He had been thrown out of schools, including The Maples (for disturbed children). There were, however, no vacancies. Since Jennifer had improved so much, Jan thought that with Brenda there to help her he might be sent home. "She isn't too realistic about her ability to handle David saying she has no trouble with him but only time will tell." Millie hitch-hiked up to see her father, taking two of the other children with her. Jennifer thought that might be best for awhile, as David would be needing so much attention. "The growth in Mrs. A's personality is tremendous." Brenda's continuing to work with the family would be reviewed when the approved time was up. Mr. A was being contacted for financial help.

Jennifer got a part time job as a kitchen helper. She earned under \$100, so there was no change in the recommendation for assistance. The next month she earned over \$100. One of the children returned from Mr. A's place.

Near the beginning of the next year (1972), a place in a treatment center was found for David. "We explained that David was doing pretty well at home; he had made considerable progress so that

the school board had agreed to let him go into (place)....to see if he could make out there....if David didn't he should be withdrawn...." The treatment center would then be considered. (Jan told me that a place at the center costs \$1000 per month). David was beginning to take responsibility and not act out so much, to stand up for himself with his sisters, and to respond to reward and punishment. "Mrs. A on the other hand has had some difficulty adjusting to the work situation. She's tended to let her home go but there have been sessions with (Brenda) with the family over this and Mrs. A is beginning to improve in this department again." A few months later, Brenda was withdrawn from the case. "Mrs. A has made tremendous progress....and is now able to manage on her own...."

Jennifer enrolled in the Employment Orientation Class. (On the bottom of the Opportunity Incentive Program form is printed: Private and Privileged Information -- not to be divulged to clients). Each month, her allowable expenses (fares, fees) had to be requested from the regional office by the local office. Jennifer's class standing was number one, her suitability for trade number two. In the final request for expenses, the local administrator reported that she had done "extremely well".

At the same time that she enrolled in the class, another Emergency Health Aid request appeared in the file. The regional office replied: "The goods she has priced are reasonable. In view of the past information we have on file concerning her mental condition, and in view

of the budget breakdown submitted, we would approve the request. Do you think it would be a good idea to ask that she contribute a small amount per month to meet part of the cost, in order that she will feel involved at least partially in solving her problem? This might build on the work done in the past, particularly by the trained homemaker, to assist Mrs. A in becoming more responsible financially and as a mother." (The request was for beds, bedding, etc. at a cost of \$80.)

In a Summing Up report, Jan said that there was "noticeable progress" in the A family after Brenda began to work with it. However, many difficulties remained. First, Jennifer had begun to discover that she had capacities herself and she wanted to work on these, e.g., she went to school to Upgrading classes, she discovered she had a facility for log scaling and she was very anxious to complete her education and take that training, forgetting, however, that she had many family problems to cope with. Second, her children kept coming and going between herself, her mother and her ex-husband; this had caused difficulties that she had still to sort out and handle. Third, she had a deep-rooted dislike of the opposite sex and she had not come to terms with that. Jan went on to describe in detail these difficulties, particularly as they related to David. A male worker attached to the group that Brenda and Jan had started (part of the new procedure, of which therapeutic homemaking was also a part) began working closely with David and making some progress. Jennifer enrolled in the Canada Manpower Training Program and went off social assistance. Her case was closed.

IV. THE A FAMILY FILE REVISITED

The psychiatric report with which the A family file begins is an interesting example of Dorothy Smith's "Social Construction of Documentary Reality."¹ Such constructions are not viewed as such by the people who make and use them; decisions that radically affected Jennifer's life-chances, against her will, were based upon this report quite as though it contained all the information a stranger would need to make life decisions for her. Yet it provides no means by which anyone could judge the way significant elements of her life were selected for inclusion in the report, nor the validity of those elements that were included. "The patient is described" without noting who did the describing or evaluating his reliability as a witness. Whoever it was, it is impossible to tell whether the report's assumptions are his, hers, or the psychiatrist's. In any case, they are unquestioned and undifferentiated from statements of (supposed) fact. For example, the statement that mother and small daughter did not get along contains the assumption that this was due to the child's "inability" to get along with her mother. It would seem to be important to know who said was going to live with her father made Jennifer feel unwanted; her mother may have had own ego reasons for believing it -- what were the psychiatrist's reasons? He seems to think that feeling unwanted because of living with one parent

¹ Unpublished paper presented at the meetings of the Canadian Sociological and Anthropological Association, Kingston, 1973.

rather than the other requires no explanation; why didn't Jennifer view her siblings as unwanted by their father? Her mother visited her despite "her hostile feelings" -- whose hostile feelings, mother's or daughter's? Knowing which of them recognized her own or the other's feelings as hostile would seem to be important to a judgment of Jennifer's grasp of reality. Or does this information come from someone else?

There are many things that can be told about anyone's life and many different ways of putting them together. The image that emerges from any biography is a product of the framework used to organize and assemble its pieces. The same is true of a case-history. Jennifer's illegitimate pregnancy is her first recorded act of "deviance". The image projected by means of this information then influences subsequent selection of items for her history -- the process of stigmatization that, according to the neo-Chicagoans, removes such an act from the category of "incident" and welds it to a person's identity has already begun. The event chosen to begin the next section of the report, Jennifer's "Marital History", is an event connected to that image. It is not in any way connected to her marriage or to her marital problems. Jennifer was never accused by the most critical of her workers of being an "unfaithful" wife. In fact, her dislike of men came to be seen as one of her major problems. Yet out of her entire pre-marital life, the author of this initial report chooses her losing two jobs because of "boy friends hanging around the office" to set the tone of the section on her marriage. His feeling the need to note that Jennifer's children look like her husband

also illustrates this process. What can one suppose his opinion about their paternity would have been had it not been for this fortuitous genetic circumstance?

An alternative to this picture of a woman whose morals are suspect, and who therefore might be expected to be suffering from internal sources of guilt, can be drawn even from the scanty materials available in the report. It is a picture of a young woman in an apparently unhappy home situation who was therefore probably more prone than most to girl-hood dreams of romantic escape. In any case, she married the stereotypical dream, a handsome stranger from a well-to-do family who has a university education and a "way with women". Instead of carrying her off on a white charger (or in a black Cadillac, to up-date the dream), he moved in to her unhappy home situation with her and impregnated her four times in five years, abandoning her each time and taking all their money with him. Jennifer's mother relates her daughter's "maladjustment" to this picture of a greatly disappointed young woman, dating it from four years before and blaming the husband's cruelty. The psychiatrist however states simply that Jennifer had shown poor adjustment for most of her life and was getting worse. That she "appeared confused" is interpreted as a symptom of illness. It is not related to her circumstances, in which after all she must have experienced very confusing conflict between expectation and reality. Similarly, her inability to manage her home and children when her husband left is treated as symptomatic of illness rather than related to the problems of caring for

four children under five years of age without help or money. The circumstances of her life become her "symptoms".

The possibility that Jennifer's or her husband's families might be interfering in their marriage is mentioned more than once in the file. When it is, it is mentioned without comment as it is in this report or in tones of moral outrage. The agency itself interfered continuously in the marriage. Its moral outrage stems not from the fact of interference but from the belief that the families were trying to break the marriage up rather than hold it together. At no point do any of the reports raise the possibility that such efforts might be encouraged, that improvement for the A family might be contingent upon the parents' escaping their obviously destructive relationship.

The landlady's contribution to the information in the report is presented without benefit of the psychiatrist's professional opinion. Were Jennifer's fainting spells due to drugs or were they "an attention-getting device?" If the latter, does that mean the patient was being selfishly exploitive or merely that she desperately needed some attention? The mother's statements are also presented without comment. The only real clues we have to the psychiatrist's opinion about the source of his patient's problem is his belief that she had shown maladjustment for most of her life, which gives a very different impression from saying that she had been in unhappy circumstances for most of her life, and his act of committing her to a mental hospital. We do not know what his motives in committing her may have been. He may even have been con-

cerned to remove her from a pathogenic situation. But both these clues to his opinion authorize the view of her as internally rather than externally disturbed; they establish the source of the problem as in her psyche rather than in her situation. Subsequent workers continued to view her from this perspective. When she encountered further difficulty, the question of re-hospitalization or treatment was raised; her circumstances were largely ignored as a source of the difficulty. No real attempt was ever made to lighten her ever-increasing load or prevent its increasing. Even the homemakers were sent in to "teach" her how to cope, rather than to give her a much-needed holiday.

Though there is no evidence that the psychiatrist paid any particular attention to Jennifer's attitudes in relation to her problems, it is important for our purposes to do so as it is the interaction between her attitudes and those of the people who tried to help her that is significant. The report makes Jennifer's submissive attitude to her husband apparent. It seems to be taken for granted by agency workers and by the psychiatrist, who surely must be aware of the mental health problems created by feelings of inferiority and submissiveness in general. Yet somehow these problems are not seen as relevant in the context of marital sex-roles. Such submissive attitudes are the cultural norm in the woman's relation to the man in marriage and are therefore difficult to see as problematic. There is no indication that Jennifer was encouraged to overcome feelings of inferiority or that any attempt was made to mobilize her quite formidable strength and pride as the therapeutic homemaker was later able

to do. According to Brenda's reports, she very readily abandoned these self-destructive attitudes as soon as she was shown a different way of viewing herself and the world.

In terms of the theory of secondary deviance,² worker reinforcement of any client attitudes that may be a contributing factor in a family's problems itself becomes a contributing factor. I am not suggesting that Jennifer's view of a wife's proper role was imposed upon her by the workers. It is a general cultural norm, though seldom so blatantly expressed, that she already shared. In taking it for granted, however, while at the same time encouraging her to "make her marriage work", they indirectly encouraged her to be more submissive than ever. "Making her marriage work" implied playing the wife's role as well as she knew how, and her conception of the wife's role was already on record. In the context of her particular marriage, with a husband often on drugs, a frequent deserter who used the family's money "for his own pleasures", a violent man who either did not know or did not care about birth-control, her attempt to play out her conceptions of the wife's submissive role was disastrous.

In other words, I do not mean to imply that workers' attitudes are intrinsically destructive (though they well may be) but only

² Primary deviance refers to the initial deviant act or acts. Having a schizoid breakdown or an illegitimate pregnancy are examples of such "acts". Playing the role of "a schizophrenic" or "a loose woman" constitutes secondary deviance, whether one is cast in the role involuntarily or simply accepts it as a result of the self-image aligning itself with the particular master status trait society has assigned the individual.

that they become so when thoughtlessly applied to situations that clearly demand very different or even opposing attitudes if people's problems are to be clearly formulated, let alone solved. The norms of social relations in marriage are compatible (there is some doubt even about this) only with definite economic and social circumstances. Attempts to enforce them in contradictory circumstances create binds such as Jennifer found herself in. Her situation clearly demanded a radical break with traditional wisdom, a break which none of the workers who compiled her file thought of making. At all events none of them mention discussing her role-set with her or advising her that she had a right to stand up for herself and her children or that she should consider herself the head of the household, as she effectively was. On the contrary, no matter how much the situation demands that the ego-strength and confidence of the effective family head be built up, if that effective head is a woman, workers are likely to encourage her to become even more subservient to her husband errant than she already is, in order to build up his ego and self-esteem, on the theory that he will then be able to assume his duties as head of the household. In other words, they don't use the material at hand in the best possible way, but attempt to mold material that is definitely not at hand, in the case of deserting husbands, to fit their conceptions of which sex a family head should belong to.³ This puts unnecessary

³ This particular social work attitude, attested to in most of the interviews and files, that a husband should be head of the household and the self-esteem he needs for the job is somehow dependent upon his wife's subservience to him, probably is intrinsically destructive. It is gratuitously insulting to husbands as well as discouraging to the development of full potential in wives.

and usually quite useless pressure on husbands who can't or don't want to assume the role of family head. They become belligerent and guilty and less able to use the abilities they do have in the peripheral family role that suits them best. It also has the effect of giving clients hope in patently hopeless situations and increasing their guilt and confusion. Obviously, if they are able to improve their husbands' performances by increased deference or by any other means, it must be their fault if their husbands do not improve.

Whether or not the psychiatrist did try to treat Jennifer in the light of her actual life-situation is impossible to say. There is no evidence of it in his report. In any case, his treatment and her stint in the mental hospital do not appear to have improved her self-image, attitudes, or situation. All her old problems were still waiting for her at home, with a new one added; an official version of her past and her personality structure were now on file, a version which subsequent workers took to be an on-going reality. Years later, her problems were still being viewed through the prism of her schizophrenia (the official diagnosis), and not subjected to even the most elementary analysis in terms of her situation. Any such analysis that Jennifer attempted to make was considered "defensive" or "a rationalization", a symptom of her disturbance. She was discredited as a witness in her own case.

The psychiatric report, written by a highly trained professional in problem-solving for the guidance of the people who would be continuing to work with his patient, gives them no clue as to the tack they

might take with her. The doctor doesn't raise as a problem the possibility of severe ego-damage occasioned by her having to go on social assistance and admit publicly that her husband would not support his family. (The great difficulty Jennifer had with this is attested to by the fact that she was left penniless and pregnant four times before being able to bring herself to ask for assistance. Even then, she "would not admit" to the psychiatrist the things her family said about Mr. A). He doesn't discuss the assets Jennifer had that could be developed. He doesn't mention the trauma of perennial child-birth, particularly under very insecure financial and emotional conditions, nor suggest providing her with birth-control information and equipment, nor advise her workers about methods of building her ego-strength to the point where she would be able to demand and use it. Nor does he consider the problem of her coming straight out of the hospital into a house full of pre-schoolers with no one to help her. (The basis for his diagnosis is unclear -- could his failure to mention these conditions indicate that his view of her "maladjustment" rests on the belief that any sane person should be able to adjust to them?)⁴

Jennifer's worker did recognize the latter as a problem, but

⁴ Lest it be thought that the general uselessness of the psychiatric report on Jennifer means that it is atypically sloppy, I refer you to Scheff's study of involuntary commitment procedures (Being Mentally Ill, op. cit). The psychiatric interviews in his study, upon which reports to the judge were based, lasted from 5 to 17 minutes, averaging 10.2 minutes (p. 144). The judges, depending on these reports, averaged 1.6 minutes per hearing (p. 135). The report quoted herein appears to be atypical only in being more thorough than is usual.

was unable to secure a homemaker for the family. This may have had something to do with the fact that the rate offered was \$150 a month for a seven-day week. That works out to one dollar per day per child with no coffee or lunch breaks (unless all the children happen to fall asleep at the same time). What the Department expects for its money is implied in the form in Appendix A. Considered in conjunction with the rates paid the psychiatrist and what was expected of him, it provides an interesting illustration of society's attitudes to the people assigned the task of rearing its citizens vis-a-vis almost any other job category. The agency merely shares in these societal attitudes; it didn't initiate them. Administrative attitudes in the "helping" profession of social work are further revealed in the excuse the local office felt called upon to make in applying for even this picayune sum for a homemaker: "In the long run it will be a great saving as to take five children into care will prove a very costly business."

Jennifer, however, managed without help. Breaking down, if indeed she did break down, had not relieved her of her burden; suicide was the next logical step in the search for rest, a step attempted by several of my interviewees.⁵ Jennifer did not take it, nor did she break

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I am not here trying to devise a new theory of psychiatric disorders and suicide attempts in one sentence, but only following where the phenomena lead, as Matza advises. During my conversations with clients, I received a strong impression of both phenomena as desperate tries for respite, not as conscious tries for these particular forms, but as tries resulting in these particular forms when no other forms of rest were available. This is not to say that internal reasons for suicide and break-down do not exist, but only that among the people I

down again. She kept her family together and did the best she could. Nowhere in her file is any reference made to the supreme effort she made at this time or subsequently to care for her family, though every other page complains of how poorly she did it. This critical or "corrective" attitude, as Matza calls it when discussing the literature on social problems in general,⁶ reflects the societal attitude to "women's work" that is basic to the problems encountered by multi-problem, indeed most, families. Child-rearing and other domestic duties are considered important enough to draw the corrective and demeaning attention of public health nurses, school principals, police, and social workers when improperly done, but not important enough to command a direct salary or a degree of status compatible with mental health when they are well done. (Studies connecting depression, pill-popping, poor self-image, passivity, and other aspects of the Housewife Syndrome with her low status and economic dependency are increasing rapidly. Several examples of such studies, by both psychologists and sociologists, can be found in Gornick and Moran's book of readings on the subject. Bernard, in that volume, discusses Broverman's study of "Sex-Role Stereotypes and Clinical Judgments of Mental Health," which uncovered the dichotomy between clini-

studied the reasons seemed to consist mainly of intolerable external pressure. In such cases, labeling a person "mentally ill" and working on her psyche rather than on her environment seems worse than useless -- worse, because it adds one more pressure, directs her energies away from the real problem, and substitutes a sick for a healthy self-image.

⁶ In Becoming Deviant, op. cit.

cians' definitions of the "mature healthy woman" and the "mature healthy adult".⁷ Clinicians, so accustomed to traits in women that are considered unhealthy in "adults", have apparently preferred to change the definition of health for half the adult population rather than examine the social context in which these traits are fostered. As Chesler points out, this puts women in rather a double-bind; if they overcome their socialization to the point of becoming "mature healthy adults", they no longer fit the definition of "mature healthy women" and must therefore be defined as immature or unhealthy women.⁸ Catch-22. In this paper, I shall assume that the definition of "mature healthy adult" covers adult women and discuss workers' attitudes in relation to that definition.

Jennifer came to the attention of the psychiatrist when she was referred by a doctor to whom she was sent because she had gallstones. (What her actual physical condition was we cannot be sure, but we do know that years later she was still in need of and, in fact, underwent some kind of operation involving the gall-bladder). She was referred to this doctor by the agency, whom her sister had called for help as Jennifer would not call herself. "...Mrs. A was very scared that the Social Welfare would take the children away from her and therefore, she

⁷ Inge K. Broverman, et al., "Sex-Role Stereotypes and Clinical Judgments of Mental Health", (Journal of Consulting and Clinical Psychology 34:6 Feb. 1970) discussed in Jessie Bernard, "The Paradox of the Happy Marriage", found in Woman in Sexist Society: Studies in Power and Powerlessness, edited by Vivian Gornick and Barbara K. Moran, N.Y., Basic Books, Inc., 1971.

⁸ Women and Madness, op. cit.

didn't want to contact us." This quote is from page one of the file. The agency knew from the very beginning about this fear of Jennifer's; rather than reassure her, the workers consistently used it in their efforts to make her improve her performance.

There is no evidence in the file that the pain and impairment of function occasioned by a gall-bladder condition was ever considered by the workers as related to Jennifer's performance. Her condition is not referred to again until 1964, when she wrote to say that she wanted to take care of the matter herself but would need to move to the city, where her sister could help her with the children. By 1966, she still had not been enabled to do this -- during her seventh confinement she had no one with whom to leave the children. (She had previously told the worker that she could not find a housekeeper and would have to have the baby at home. Perhaps at the last moment her doctor would not allow that).

The disposition of the A children during their mother's incarceration in the mental hospital reveals arbitrary attitudes among policy-makers that even the local administrators appear to find quite senseless. There is a distinctly wistful note in the interdepartmental memo assuring co-operation between the different offices now responsible for the scattered children, in which our office must inform the other that assistance cannot be extended to the family with whom two of the children were happily placed, as they were not related to this family. There was, however, no feeling that they regarded as senseless the recorded

reason why another child had to be moved; her relatives were "disturbed by her masturbation and its effect on their own children". The child at this time was four years old.

The people with whom the children were placed had to outfit them, as they had no clothes. This information too is on the first page of the file and available to all the subsequent workers, who in any case were sufficiently aware of the fact to complain constantly about Jennifer's "lack of concern" about the children's and even more about her own appearance. Yet not until the advent of the therapeutic homemaker more than ten years later was Jennifer informed about the existence of the clothing and other allowances necessary to supplement the basic food and rent welfare cheque. Up until then she was not told she was entitled to them. The very few "extras" her family got are represented in the record as special favors her workers had to grant her because she was such a poor manager.

In order to receive financial assistance for the children they were looking after during the months Jennifer was in the hospital, the relatives had to submit a complete budget breakdown of their earnings and expenses. One of the families had an income of \$300 per month and two children of its own; the wife refused to submit to this invasion of her privacy. Perhaps she thought their inability to support more children was obvious without listing what they spent their money on; perhaps she could see no reason why they should be expected to both care for and support these children even if they could afford to do so. In any case, her

feelings were not respected. The information was obtained from her husband without her knowledge. No question is raised in the record about the propriety of this procedure. In a couple of months, the mothers of these two families found the burden of four or five children in the house too much to cope with and they had to be "rearranged" again. On the day Jennifer got out of the mental hospital, they were sent back to her. She was granted \$168.60 a month for the maintenance of the family and no other form of assistance but the dubious "help" of visits from her social worker.

On his first visit after Jennifer got home, the worker kindly told her to be sure to get in touch with him if at any time she felt that looking after the house and children were becoming too much for her. He does not, however, mention reassuring her that such an admission or call for help would not result in her losing her children or in being locked up again. Her last admission of difficulty had led to very unpleasant results indeed for her and her children. Jennifer assured him that she was doing just fine.

At this time she seemed indeed to be doing fine. "She has a comfortable, well-kept little cottage and receives much support in her day-to-day problems from her relatives, particularly her father." She was anxious to be left on her own with the children.

During the summer, Jennifer "left her house immediately" upon learning that Mr. A had gotten hold of her address. For the first time, she wanted to know her rights. Instead of following through on the

offer of "help at any time" and discussing various possible courses of action with her, the agency referred her to the RCMP.

A short time later, Jennifer's relatives phoned again, worried about her mental state. The house was filthy and she had not allowed anyone in for three weeks. They reasoned that she would have to let in the workers. Two male social workers went out and found the house "a shambles, no sheets on the bed." (They didn't check to see if she had any sheets).⁹ "I advised Mrs. A that she had to do something about this and we would have to decide what to do."

Despite the fairly obvious connection between Jennifer's state and her husband's possession of her address, this connection was not made by the workers. In fact, they threatened him with taking the children into care if he did not return home to help his wife.¹⁰ As he was

⁹ That there were two and that they were men are important considerations in judging their effect on Jennifer. Men in this society are much more likely to be seen as authority figures than women are, and as much "heavier" authority figures. To women like Jennifer, who have been severely punished for their heterosexuality, even men who do not have power over them are fear-inducing. That is part of the reason for the submissiveness by means of which they are punished further, and so on around again. Knowing their sex also helps explain their almost incomprehensible (considering the fact that they were trained social workers) lack of perception of the realities of Jennifer's life and of what could reasonably be expected of her and the children and of the destructive effects they were having on her. This is not to say that many women are not similarly lacking in empathetic ability, but if they are mothers they at least know that superhuman capabilities are not magically bestowed upon them as an adjunct to that status.

¹⁰ Lack of adequate communication between one social worker and the next assigned to a particular case is part of the problem. Jennifer's next worker believed that she had been the one to get her husband to return. Jennifer's fear of admitting that she did not want him back, in face of the fact that his presence was necessary for "improvement" to take place, probably contributed to the workers' misunderstanding of her position.

"employable" if not employed, Jennifer's cheque was issued "for this pay only", despite clear evidence that Mr. A would not support his family for long if he were employed, but appropriated Jennifer's cheque when he was home. Even the minimal security of knowing that she would have food and rent money every month was taken away from her through the workers' efforts to improve her situation.

On the day after the workers' sinister "we would have to decide what to do", one of them went back and found the situation much improved though still "totally disorganized". Jennifer "spoke harshly to the children, her voice rising to a shrill pitch, she seemed almost at the end of her teather (sic)." (There is no hint up to this point, in her history or in the workers' reports, of any unkindness on Jennifer's part toward her children. The reader may think this worker very peculiar for viewing the situation as "improved" under this new circumstance, but there is evidence throughout the file that the criterion for judging improvement or deterioration is, first and foremost, the appearance of the house and children and how well-disciplined they are). He continues, "The children appeared to be used to this method of treatment and obeyed reluctantly and within 3 or 4 minutes seemed to forget all about it and also what they were told to do." One wonders how much experience he has had with children aged one, two, three, and four, as the A children were at this time, who have not been used to this method of treatment. Do they obey with alacrity and have longer attention spans? He describes the children as pleasant and attractive "but lacking in training". (What

more could training accomplish at these ages?) Apparently, on the basis of this lack, he "mentioned foster home placement". When he returned next day, no one was home, morning or afternoon. Again, the worker makes no connection between his "mention" of foster homes and Jennifer's disappearance. Dutifully helpful as always, he tracked her down at her mother's house and accepted her excuse for being there, that she had no money for oil and the house was cold. No doubt that was true as well; in any case he did nothing about it but doggedly pursued his original intention to get back into the house in order to check the house-keeping. Jennifer promised to go back and he made an appointment for Monday, but she still was not there. On Tuesday she capitulated. She returned home and her husband moved back in. According to the record, both parents were given the impression on several different occasions that there was no other way to save the children.

The worker talked to the A's and listened to their accusations and counter-accusations. (At long last, Jennifer was beginning to complain openly). He then took Jennifer aside and pointed out to her that the children listened to their father, "they obviously respect him". Jennifer explained the children's respect -- "he uses the belt too freely". I am sure the worker would deny that he ever at any time threatened the A's and probably believes that he never did. What he did say was that he would not take the children away if things improved. Anyone who has tried it knows quite well that it is impossible to adequately care for a home and four small children alone, on 24-hour duty,

without money for baby-sitters, bus fare, outings, or any form of recreation or chance to be alone. Jennifer knew what his standards of improvement were and that she could not come close to achieving them by herself. She gave in and tried once more to make the marriage work. Nine months later she was delivered of her sixth child. Long before this Mr. A had absconded once more with the funds.

The reader will have no difficulty seeing the more gross forms of damage and abuse occasioned by the treatment and follow-up of this "schizophrenic" woman and her children. Just the physical results of being denied anything like adequate access to the resources of her country were bad enough -- untreated gall-stones, a mouth so abscessed she lost all her teeth, increasing obesity (starch foods are cheap) and perennial child-bearing (effective birth-control is not cheap, though obviously ego-damage is also a factor here). Dilapidated housing and insufficient furnishings, housekeeping equipment, and play space also contribute to physical exhaustion and general debility. The attitudes of top-level policy-makers regarding resource distribution are basically responsible for Jennifer's poverty, but the agency failed to provide this family with even those things it has a mandate to provide. Jennifer was on the bottom rung (along with eight of the other nine multi-problem families I interviewed) of society's lowest hierarchy, the welfare-mothers. This failure had something to do with the absurdly difficult and time-consuming method of authorizing the purchase of necessities these families are allowed to apply for (itself a result of bureaucratic

attitudes) but is very likely also a result of misinterpreting Jennifer's pride and fear of asking for anything and her self-protective mask as lack of concern on her part.

This particular agency attitude, that lack of concern on the part of a client somehow rationalizes depriving her family of all the concrete help the agency can provide, is difficult to understand. Most rationalizations are rational in that they implicitly refer to some socially accepted value or other, even if that value is not itself very sensible or based on any sort of reality. For example, the belief or feeling that marriage is sacred is a commonly valued sentiment, despite the fact that the best ones are distinctly earthy and the worst are hellish, and the workers' attempts to keep the A's together can be seen as rational in terms of that sentiment. But how does one explain depriving children of necessities because their mother lacks concern for them? Of course it is not put that way in the reports, or the workers would be able to see its absurdity. They don't admit anywhere that children are being deprived of necessities by their not informing mothers of the existence of supplemental allowances and how to go about applying for them. It is agency policy to grant these allowances only to women who demand them,¹¹ obviously so that high-level administrators will be impressed with its budgetary efficiency, but the rationale for this selective granting seems to be that if a woman applies for them on her own, it shows that she

¹¹ Worker Interview #3, April 20, 1973 (Susan).

cares and has initiative. It would seem reasonable to suppose that the children of a woman who didn't care and had no initiative would be as much in need of concrete help from the agency as any others. Often a worker will make sure a family gets what it needs if the mother shows concern, even if he doesn't tell her about the allowances (it's the old business of cry if you want something, baby) and sometimes in truly desperate circumstances (by no means always) he will get something for a woman who doesn't know how to play that game; that's all quite understandable in terms of role and game-playing -- what is difficult to understand is how this rationalization serves the purposes of a rationalization. Considering our societal attitude to begging, it would seem more likely that the women too proud to ask would be the ones considered most "deserving" of help.

The emotional stress of constant criticism and demands that she perform an impossible task is damage of a different sort than the purely physical, though equally obvious. Even the best equipped and roomiest house containing several small children is likely to look like a disaster area at any particular time. The best organized mothers in the country would be nervous wrecks if their homes could be examined without notice at any time by people with the power to deprive them of their children on the basis of how well they kept house. The dichotomy between what was expected of Jennifer and what she was able to do and the complete lack of praise and support for what she was able to do must have created debilitating guilt. She could not know that what she was

expected to do was impossible. The other women treated in this manner usually came to feel that they were just no good. Of all the women I interviewed, only one knew that it was impossible. Two months after losing her husband she phoned the agency to either give her some effective help or come and get her two children. "Because, I said, I cannot do this by myself....I've lost my husband....I don't -- I won't take the responsibility for these children. Because I just can't do it. I cannot do it."¹² The agency immediately got her a decent apartment, adequate furnishings and household equipment, and put her in touch with the therapeutic homemaker. Brenda assured her that she was doing a fine job, that everyone needed the help and support of others and that her family had a right to help.¹³ This is quite different from, "Call us if you need help and we'll know by that you can't do the job and take your children", which was the impression gained by all the women who did not know that the job was impossible and did not know that the last thing the agency wanted was the trouble and expense of taking children into care. Despite

¹² From client interview #6, April 25, 1973 (Lynn).

¹³ From Lynn's interview and worker interview #2, April 17, 1973 (Brenda). Lest it be thought that the agency really considered Lynn more "deserving" of help than the others, I should add that her worker thought her "a manipulative bitch". (Worker interview #3). So much for the rationalization. Whether she was calling the agency's bluff or was in genuine despair I can't be sure, but if she were manipulating the workers she carried it rather far; she experimented with escape through drugs and attempted suicide before telling them to come and get the children. (I do not mean to imply that the therapeutic homemaker herself discriminates the "deserving" from the "undeserving" poor, but she is called in by the agency only when there is danger that the children may have to be taken into care).

the constant threats, the agency apprehended only one of Jennifer's children (years later and not for long), though her situation and correlative ability to cope with it continued to worsen as her offspring and the cost of living increased.

But a more subtle form of damage than these obvious physical and mental abuses was gradually beginning to manifest itself. It is well known that people in heightened emotional states, particularly fear states, are unusually suggestible. Jennifer had been hearing over and over again that improvement meant a cleaner house and better trained children. There is no evidence that anyone emphasized or even mentioned that happier and healthier children were reasonable goals, though occasionally a report notes with amazement that the children seem happy and healthy. (It is difficult for middle-class adults to imagine being happy and healthy in dirty and disorganized surroundings, though many as children must have experienced some discomfort at having to submit to others organizing their time and trying to keep them clean). In her situation, Jennifer could not both care for the children properly and keep her housework consistently done. It was obvious that the workers believed that having children cared for "with a belt" was preferable to their living in a messy house; they forced the family to accept the belt so that the work could get done. Indeed, the emphasis upon discipline and training gives the impression, not that that type of care was the lesser of two evils, but that it was intrinsically good for the children. Not that I think the workers believed that beatings were good for them,

quite the contrary, but this emphasis gives the impression that children must be disciplined and obedient however it can be done. They didn't advise her about or train her in techniques, though she picked some up later from the woman at the mental hospital and from Brenda. And this particular worker implied, whether he meant to or not, that the belt technique grants one "respect". If Jennifer was starved for anything, it was respect. In the very next report the worker had something new to complain about. Jennifer had taken to belting the kids.

Pregnant, ill, and poorer than ever after her husband left again, Jennifer's housekeeping ability deteriorated once more. This time her husband could not be brought back as he was in jail. The workers held a conference and decided the children should be taken "with the possibility of adoption in the future." Jennifer was to be advised to return to the mental hospital for assessment and possible treatment. Apparently the only reason they could imagine why she couldn't keep her house and child-training up to their standards was that she was crazy. "She seems incapable at the moment of assimilating any suggestions with regard to the children...." The only suggestions regarding the children mentioned in the reports were to keep them in line and keep them clean. These suggestions were phrased in several different ways, which may have given the workers the impression there were several different suggestions. Whether any of their suggestions about anything were not assimilated out of incapability or rage, or whether they were not assimilated or simply not possible to carry out, it is doubtful if the workers at this incredible

conference had any idea. They gave no reasons for their feeling that Jennifer's attachment to her children was "superficial", except to say that she seemed detached and "unconcerned about the muddle her home is in". In view of the previous result of getting very upset (her incarceration in a mental hospital), it should hardly have been surprising if Jennifer tried to keep cool in front of the workers. They didn't wonder why, if her attachment was superficial, she was willing to go through the physical and emotional ordeal of trying to raise children alone with grossly inadequate resources, in the face of constant derogation for her efforts, or why she was willing to put up with the pain of gall-stones rather than call the agency for help out of fear that they would take her children. Despite having "no grounds for apprehending the children", they seriously enquired of each other whether Jennifer's new baby shouldn't be apprehended as soon as it was born. They didn't enquire of each other whether they may have been mistaken in forcing Mr. A to return home and convincing Mrs. A to "make her marriage work", or whether providing birth-control information and equipment might be a better solution to this particular problem than apprehending babies as they are born. They noted that the other children seemed bright and normal, but David, a year old at the time, rocked himself to sleep. They didn't explain the significance they attached to this behavior. Perhaps they felt its status as a symptom of abnormality was self-evident, or perhaps they considered it merely as evidence of his lack of discipline. Whatever it was, in conjunction with the lack of discipline in the

other pre-schoolers and the muddled house, it was considered sufficiently serious for the workers to keep the apprehension of the children as an imminent and ever-present possibility. According to the reports, Jennifer was also kept apprised of this possibility in the course of their weekly visits. Yet the tone of these reports indicates surprise that, despite their effort in making these visits, the situation did not seem to improve! The woman must simply be "ineducable".

Shortly before the new baby was due, a female worker was assigned to the case who realized that Jennifer was working under difficulties too great for her to cope with. (She didn't quite make it to the next step and realize they were too great for anyone to cope with). She knew, for example, that children still young enough to be enuretic necessitated a huge amount of washing, a bit of insight quite outstanding in the history of agency intervention in this case. Her understanding of these obvious difficulties must have won Jennifer's heart; she confided to her other related problems, such as the fact that she could not keep plastic sheets on the beds as "sooner or later they get torn". But even this worker did not tell Jennifer that she and the children had a right to allowances for replacing sheets and other furnishings occasionally. She arranged herself, in the form of a personal favor, to have the agency replace Jennifer's "completely broken-down" washing machine and get her some mattresses and chests for the children's clothes. (None of the previous workers who nagged her about clothes strewn all over the place record having noticed that she had no chests to put them in). This worker's

mention of positive as well as negative things is a happy innovation in the file, even if her interests do seem to be rather superficial: "... the little girls were wearing attractive outfits of cinnamon brown...."

This worker also noted that Jennifer had made "good and adequate plans" for the children during her confinement and had gotten together the necessary equipment "entirely on her own without the help of our department." (Emphasis mine). Unless she suddenly took up prostitution, unlikely in view of the fact that all her teeth had been pulled and not replaced for some months, Jennifer must have gotten help from somebody, probably her long-suffering relatives. The completely irrational idea that if people are responsible enough they can somehow manage to supply their families' needs without having the opportunity to make any money appears quite frequently in the agency files. (See the memo from head office regarding the washing machine, for example). Even seemingly intelligent and compassionate workers such as this one don't appear to sense the absurdity of this position, or the way it must influence their perception of clients who can't manage to scrounge what they need from extra-agency sources.

The human warmth and sympathy this worker extended to Jennifer proved double-edged; she was able to persuade her to get in touch with Mr. A again, pointing out that her keeping him in the dark was a mistake and only increased his anxiety. She does not say where she got the idea that he was anxious about his family. Jennifer, no doubt weak with gratitude for the washing machine and a little understanding,

also agreed to attend a clinic to see if anything could be done about her marriage. Again, since it is she who is advised to seek treatment, the implication is that she is the main source of difficulty in the marriage. The worker sounds as though she were shocked to discover that both families were against the A's trying it again "and are doing their best to break down what little is left of this marriage." Jennifer, "determined to do what she can to make a good home for the children", even agreed to stop seeing her own family, the only source of help and human contact she had outside the agency, on the advice of this worker.

She also talked Jennifer into going to the mental hospital for assessment. The woman she saw there quite reasonably suggested, since Jennifer wanted help in raising the children properly, that a housekeeper be put in her home for a few months "to really give Mrs. A some help." This novel idea was met with great enthusiasm. "It will give Mrs. A a chance to show whether or not she can accept and use help." (Emphasis hers).

Alas, Mrs. A could not. "The children loved her. Mrs. A resented her." The housekeeper, "sent to teach Mrs. A and help her" (and incidently to spy on her), was supplied with all the equipment Jennifer had never been able to afford -- "sponge, mop, pail, ironing board, towels, bedding...." The worker was surprised and hurt to see that Jennifer accorded these things "neglectful and harsh treatment." Jennifer was able to keep dentist, doctor, and mental health clinic appointments while the housekeeper was there, but didn't seem to show

any proper appreciation of the latter. She went reluctantly when she went at all. Her eager efforts to be helpful proving vain, the worker showed a bit of resentment herself: "All this has failed to produce any change and improvement. Unfortunately, it has pointed up her own inadequacy and that of Mr. A in failing to provide these necessities and in consequence increased her feeling of hostility." That Jennifer still felt responsible for Mr. A's inadequacies was largely a result of the worker's own valiant efforts. Since no society in the world expects its mothers to be entirely responsible for both the care and the support of its children,¹⁴ the worker's view that Jennifer's inability to provide these necessities reveals her inadequacy seems rather deviant itself; surprisingly, however, it is a fairly common view in North America and partially accounts for the stigmatization of poverty here. Also surprising is the fact that this worker, who displayed much better understanding than most, did not see the agency as inadequate. Though able to provide workers, at a cost per worker approximately four times as high as the cost of maintaining Jennifer's entire family, to go out and harass her about her dirty house, it failed to provide the equipment needed to clean it. (The basic food and rent cheque is hardly adequate to cover those two items, even if the woman happens to be a superlative nutritionist,

¹⁴ Why anyone in his right mind would even think of trying to do so remains an interesting psycho-sociological question; since many apparently mature and healthy women in this society do try, however, posing this question may indicate a possible explanation for the previously mentioned dichotomy between the definition of "mature healthy adults" and "mature healthy women", namely, that women who fit this culture's definition of "mature healthy women" are in fact out of their minds.

shopper, and cook who knows all the tricks of food-buying and preparation and has transportation and lots of time; the allowance lags far behind the cost of living increases. Any other item purchased is bought with food, already insufficient, that the family needs).¹⁵

The housekeeper reported that Jennifer returned from mental health clinic appointments and appointments with her social worker "when anything more than surface topics were discussed" in a very bad mood. It is likely that the last of her trust in her "helpers" (and with it much of her bewilderment and passivity) were destroyed by bitter disappointment in this worker. From this point on, the file contains complaints of Jennifer's lack of co-operation, her unwillingness to accept any more "help". "She seems incapable of accepting any form of help from the department in the form of intangibles, and whenever any is suggested or offered there is always a refusal." (Emphasis mine). The worker believed that this attitude of Jennifer's would prevent her and her husband from being able to "make a home". This generalization

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See Modisane's autobiography of a black African childhood for a full discussion of the food-other needs dilemma common to the poor everywhere. He says that black South Africans are criticized for starving their children, but food is the only item that can be decreased: housing, fares, etc. are fixed. "And yet all too frequently I am forced to realize that behind the structure of the Native wages, the discriminatory poll tax, is the arrogant dirty joke that Africans should be taught correct dieting habits, and over this I am confronted with the Christian charity of a Christian Government which exposes people to starvation and then boasts of a million-pound hospital, to treat malnutrition cases." (Bloke Modisane, Blame Me On History, London, Thomas and Hudson, 1963, p. 97 ff). We don't need a million dollar hospital for this purpose; our poor are much fewer. They come in one by one and unnoticed. But here too the emphasis is on the nutritional ignorance of the poor, not on their lack of money for proper food.

indicates that she feels the attitude to be an intrinsic part of Jennifer's character, whether new, newly uncovered, or always apparent, rather than a response to reality. It might be either, but the automatic assumption, evident throughout the file, that such attitudes are an integral part of Jennifer prevents the workers from examining the realities of her situation and their own part in the formation of such attitudes. The worker also failed to consider Mr. A's part in their inability to make a home. The exclusive concentration on the client's part in significant interaction processes is partially responsible for both clients' and workers' feeling that their situation is their own fault. This worker, however, came closer than any other, psychiatric or social, to catching a glimpse of one basic problem: "On reviewing this situation in retrospect, it would have been wiser to have made more effort to find out what she wanted than to give her what we thought she needed. . . ."

This worker was also brave enough to report (or astute enough to see) that lack of money was "hampering progress" in this family, particularly after she succeeded in getting the A's back together again upon Mr. A's release from prison. She apparently felt it necessary to add that Jennifer was not spending "too wisely" and should be taught to buy more nutritious foods and less of the "fill-up" kind, though she must have known that starch foods are much cheaper than nutritious foods. She wanted the Public Health Nurse to teach them, "if they would accept this." She said that Mr. A was ready to accept help, "but Jennifer said that she would be glad to receive the suggestions that the

Public Health Nurse made and if the budget would allow she would try and buy these things. She is still reluctant to accept any help offered but Mr. A is more receptive." Apparently she did not hear what she reported Jennifer as saying. She continued to represent her as reluctant to accept help rather than as examining the practicality of the help offered. She saw Mr. A as "more receptive" rather than as simply more naive, both as a welfare recipient and as a housekeeper, and does not raise the possibility that he was playing games with the agency and with his family. Despite all the evidence of his lack of concern and responsibility and the statements made about him by both Jennifer's family and his own, his sincerity is never questioned by the agency. When he asked her worker to warn Jennifer about how close she came to losing the children when he was away, she did so. Entering into this marital power-play apparently didn't strike her as anything that ought to be kept out of the record as incompatible with good agency practice. When Mr. A expressed fear of moving to a better place in case the rent allowance were exceeded, she reassured him, making it clear that she thought him quite capable of making the decision himself. She explained in her report that the house was poorly built, very cold in winter and expensive to heat. She didn't mention these things in explanation of Jennifer's difficulties when living there alone with the children. In general, when Jennifer mentions such problems, they are ignored or treated as rationalizations for her inability to cope. The workers never hesitated to take decisions out of her hands, from whether the washing should be put away before or

after ironing to whether she could keep her babies.

This very common bias, that "Father Knows Best" and speaks from rational motives while mother's motives and judgment are automatically suspect, appeared to cause more problems for my interviewees than any other prejudice they encountered, including the bias against the poor itself. They did not generalize the problem as I have done here; indeed, one of the most damaging aspects of this bias is that it makes the women feel demeaned and not taken seriously as individuals. They assume it must be their fault and spend years in fruitless efforts to "smarten up" in order to gain the respect and status they require to manage their families' affairs. They told me many incidents in which their authority and legitimacy were undermined with their families, landlords, professionals and others with whom they must authoritatively deal as the responsible heads of their families if they are to manage successfully. In other words, they are given a job without being given the status (or the income) needed to perform it, and any dawning realization that that might be part of the problem is explained away as defensive rationalization on their part. Consequently, they feel frustrated, anxious, misunderstood, bewildered, incompetent and out of touch with reality. (Their words are responded to as symptoms of underlying pathology rather than in terms of their content; the disorienting effect of such devious response on perfectly "normal" people is discussed in D. L. Rosenhan's "On Being Sane in Insane Places.")¹⁶

¹⁶ Science, A. A. A. S., Vol. 179, #4070, Jan. 19, 1973, pp. 250-258.

The contrast in agency attitudes regarding husbands and wives is particularly evident in the worker's unquestioning acceptance of Mr. A's stated motives for enlisting their aid in getting Jennifer to leave town with him. He said he felt she would be able to cope better "if they were far away from their respective families". It is difficult to imagine how Jennifer coped at all while away from their families; though the workers could not know what the family was to endure during its sojourn, they must have known that neither the agency nor Mr. A was providing anything like the degree of material and emotional support required to keep a family functioning. If anyone was, it had to be a relative. What made Mr. A change his mind about wanting to be with Jennifer is a question they didn't go into. It could have been no more than a sadistic response to her no longer wanting to be with him. Sufficient evidence of cruelty exists in the file, long before he "tried to shoot his family", to provide at least some basis for suspecting his motives in wanting to get her away from all sources of support. If that weren't enough, the obviously manipulative threat implied in his doubt about being able to stay off drugs if he didn't get his own way might have given them a clue. (In drawing attention to this contrast, I do not mean to imply that workers should be as suspicious and demanding of husbands as they are of wives; heaven forbid everyone should suffer from devious response and impossible expectations. The point is that their "tendencies towards fantasy" are positive in the case of fathers and negative in the case of mothers. More realistic response to both would be more useful, and perhaps reduce the

level of frustration among mothers to a tolerable level).

When Millie started school, Jennifer was subjected to harassment from yet another source. The child was not up to middle-class standards in appearance; the principal and worker got their heads together and decided to send her home every time she came "unkempt or dirty" and to tell Jennifer that Family Allowance would be informed if she were kept home. When they delivered their ultimatum, Jennifer gave in once more and decided to go with her husband. She knew she could not send the children to school in an acceptable condition on Social Assistance, nor even continue to feed them without the help of their Family Allowance cheque. She told the principal they were moving and took the child out of school.

The principal's reaction was indignant. He claimed the same situation would obtain in the new place. He was reassured by the worker that the family would continue to be supervised wherever it went and that Mr. A, at least, "is genuinely fond of his children". True, Jennifer's affection was superficial and she was "a very disturbed girl", but she would be closely watched. Her file was transferred. There would be no starting over with a clean slate for the A family.¹⁷

Jennifer managed to stay off Welfare for over a year, though during that time a preacher phoned the agency's office in the new place to enlist their aid, as Mr. A was not supporting his family and

¹⁷ Perhaps one reason for Brenda's success with "impossible" families (attested to by the families and the workers interviewed) is that she refuses to read clients' files. She told me she feared it would prejudice her perception of the situation.

"has a problem with narcotics at times". The A's at this point were living apart again, "complaining of sexual difficulties". (The difficulty may have been that Jennifer refused sex altogether; she didn't get pregnant that year). When Jennifer did have to go back on Social Assistance, she envisaged it as temporary, evidence to the agency that she was still not quite right in the head. "She wants to work and hire a housekeeper if possible. She still has tendencies towards fantasy...." The report of this visit, the first in over a year, describes a much better home situation than previous reports. It isn't possible to determine whether the holiday from agency interaction was responsible for the improvement, but it is an interesting coincidence. The report mentions the "very good relationship" Jennifer seems to enjoy with her children, "despite the housekeeping". (The correlation that many workers appear to draw between good housekeeping and good child-parent relations may account for previous opinions that Jennifer's feelings for her children were superficial. This is the first time a worker has observed that the relationship is good "despite the housekeeping.")

When Jennifer went back on Social Assistance and had an income again, Mr. A decided he wanted a reconciliation. Mrs. A did not, but promised to ask the children about it. The worker's feeling that this requires explanation indicates the difference between agency attitudes to children's rights and Jennifer's attitudes. This difference partially accounts for the agency's lack of appreciation for Jennifer's child-raising methods. Her "non-directive" approach is held account-

able for the lack of discipline, which is in turn held accountable for any difficulties the children encountered. In David's case, for example, there is no consideration given in the record to the structure of the schools,¹⁸ the demeaning of his mother, the violence of his father, the designation of "welfare brat" which inevitably follows such children through school, the periodic hunger and cold he suffered, the lack of stimulating play-things, his inability to drop in for a coke or see a movie or do anything else with his peers that cost any money, as factors in his problems at school. "...no training no discipline" is the crux of the matter. In blaming his mother and trying to fit her into an authoritarian mold against her feelings and beliefs, the workers engendered the guilt, frustration, and desperate efforts to force the children to behave as others wanted that are often responsible for parents' striking and yelling at their children. The problems that that leads to were then taken as further evidence of her inadequacy as a mother.

The worker discounted the idea that Jennifer's housekeeping might reflect similar patterns in her childhood home by noting her apologetic attitude about it. She uses "excuses", such as being too busy, to account for the messy house when they drop in. The agency's systematic guilting procedures are not mentioned as a possible factor in Jennifer's apologetic attitude, if indeed it is apologetic and not just reasonably explanatory. The Public Health Nurse reported that the children's health was good, again "despite the lax housekeeping and discipline". The trouble the Nurse had in being able to believe that is

¹⁸ See Paul Goodman's Growing Up Absurd for a discussion of the problems our school system creates for children in general. (N. Y. Random House, 1960).

reflected in her assurance to the agency that she would keep checking.

The Assessment form attached to the new application for Social Assistance reflects the effect of pre-formed attitudes and prior information on worker ability to consider all aspects of a situation.

"....a very unrealistic person....always seems to feel that the solution to her problem is just around the corner. However, the problem never seems to be solved. She seems to feel that all she needs is more money to improve the conditions of the house. However, there is no reason the house cannot be clean and neat....tends to blame either her husband or society for all of the problems she has. This trait has been noticed many times before, in the history of this case." The designation of Jennifer's complaint against her husband and her society as an internal "trait" of hers prevents the worker from investigating the external realities of which she complains. How much trouble has her husband or her society caused her? How much of the blame attaches to them and how much to her? That is, how much of her problem can she indeed solve by changing herself? And if he believes that nothing and no one else is to blame, why does he consider her unrealistic for believing the problem will be solved? Certainly she wants to solve it; why can't she, if nothing is stopping her? Why is she considered unrealistic to continue hoping and struggling against all odds, given that when she stops she will be hopeless, which is defined as depressed, which is defined as a neurotic or psychotic symptom, which means one is out of touch with reality? Why is she unrealistic to feel money would improve the con-

dition of the house? Money means housekeeping equipment like a washing machine that works, a babysitter sometimes, better food and some leisure and some privacy and some pleasure, re-creation of energy and resolve. That the workers see no reason why a house with several pre-schoolers and one "very disturbed" adult cannot be clean and neat anytime they drop in poses another question: Who is out of touch with everyday reality? Who in this case is schizophrenic?

The agency's "plans" pose almost as many questions as its "Assessment". Though the workers finally realized that "reconciliation is not advisable", they based this decision on Jennifer's "hostility". Again, the impression is that this is a trait of hers rather than a response to reality. They pointed out that Mr. A planned to support his family. There is no indication that they considered this plan a little unrealistic given his history, or that it might have been unrealistic on their part to believe him. They felt they should support Jennifer, but that it was hard when she could not discuss her problems. No connection was made between her "inability" to discuss her problems and their previous responses to her efforts to do so. In this fourth year of agency intervention in the affairs of the A family, its plans still amount to keeping a close check on the home situation "to ensure that there are no signs of neglect."

At this time, the Public Health Nurse reported that David had two operable congenital deformities. And Jennifer still needed a gall-bladder operation.

Jennifer got behind in the rent one month and was put on

rent vouchers. This particularly degrading form of Welfare announces that the client is considered completely irresponsible; this despite the years Jennifer had managed somehow to support herself and four children on \$168.60 a month. From then on, Jennifer had no control whatever over the landlord. He no longer got his money from her and didn't need to respond to any complaints she might have about the property. A short time later, a preacher came in to complain to the agency "about dirt". The worker suggested, quite reasonably, that a housekeeper might be needed and the preacher said he would look for someone suitable after considering the suggestion. Whether he considered it a poor suggestion or simply lost interest when asked to get involved in a solution to his complaint we don't know. Neither he nor the suggestion were mentioned again while Jennifer lived there.

The worker passed the word along to Jennifer in the form of a complaint about neglect as well as dirt. "Mrs. A could not understand why anyone would complain. She says her children are never unsupervised, and that she keeps them as clean as possible...." He explained in his report about the inadequate water supply and the lack of cleaning equipment like a bathtub and washing machine and noted that the house was cleaner than usual, but what he reported communicating to Jennifer was a warning to care for the children properly. Again his approach is negative and critical rather than supportive and encouraging. Workers in general seem to feel it their duty to pass on anything negative they hear even before investigating its authenticity, while refraining

from mentioning anything positive. Perhaps workers believe that a little praise and respect, or even acknowledgement of valid explanations, would make clients "rest on their laurels" and that only continuous negative prodding motivates them to improve their performance. The worker noted that the children were wearing old clothes that looked a little dirty. "However, there did not seem to be anything in the way of neglect." He did not include in his report a request for a clothing or equipment allowance. He did give Jennifer a voucher for oil, as she was right out, deducting the amount from her next cheque.

Jennifer's response to the worker's warning, as usual, was to tell him that she would take her husband back. "She seems more accepting of him." This amazing statement is made in explanation of her change of heart. He did not recognize the change as a response to his warning. He went on to report on her "defensiveness" about the neglect complaint (which he himself had just indicated was unfounded), her rationalizations, her lack of awareness of her predicament. He described these attitudes of hers as "a long standing problem", saying that she appeared to resist complication and preferred to converse on a superficial level. This report is a typical example of the double-bind clients like Jennifer find themselves in. Their explanations are labeled "defensive" and "rationalizing" while the realities upon which they are based, such as lack of a washing machine, hot water and so forth, are ignored as significant factors in the situation. (The worker neither supplied these things nor acknowledged to Jennifer that they at all ex-

plained her difficulty in keeping the children clean). When the client thereupon stops discussing reality, she is labeled superficial and unable to realize her predicament. It is as though the workers' inability to realize the predicament and thereupon deal with it sensibly are projected onto the client. She, obviously, cannot keep the house and children clean without the facilities to do so; the worker apparently believes that what she needs in order to do so is one more warning and continued "close supervision until her husband comes home".

The agency's belief that a husband-father in the home will solve a family's problems, or is somehow "right" regardless of circumstances, seems to be the most unshakable of all its attitudes; it did not respond to the most contrary evidence from the real world. There is never any indication that anyone questioned this belief or the agency's right to exert all necessary pressure on Jennifer to make her live with Mr. A. He at this time was in jail again. Jennifer was instructed to write him there. Her reluctance, evident in her excuse that she did not know his prison number, went unremarked. Mr. A returned once more to the bosom of his family and the close supervision ceased.

Several months later, on the complaint of a neighbour that Jennifer would not send her son to her kindergarten after she had been so kind as to offer him a place until he had an eye operation, a worker called on the A's again. (The need for the operation had been brought to the agency's attention by the Public Health Nurse the year before. Since then, Jennifer had managed to save \$9.00 towards the

cost of taking him to the city for the operation). The worker found that all the children were sleeping in the one bedroom with no bedding. The house was not insulated. As winter was approaching, the worker said the family had to have bedding and beds and she would see what she could do. Jennifer told her she preferred to attend to the matter herself. She too was concerned about winterizing the house and said she would use the worker's concern to pressure her husband into doing something about it. This plan appeared to upset the worker: "She simply tells her husband that the social worker has said that certain things have to be done and he will then do them for her. I certainly do not like this turn of events." (The attitude that he is doing something for her in supplying his family's needs is also quite common).

The worker need not have been so concerned about pressuring Mr. A. He was now working and driving a new car, but by Christmas time had not supplied beds or dressers for his family nor insulated the house. Jennifer had been assuring the worker that she had everything under control,¹⁹ but as winter gripped harder the worker noticed that she had stopped saying "next week". She had also stopped responding to Mr. A's anger, or caring what he did, or getting emotionally involved with him -- "it doesn't pay". She believed that he would go back to a

¹⁹ Jennifer's extreme reluctance to becoming (or remaining) dependent on the agency is evident throughout the file; it is consistently interpreted in terms of her lack of realism, co-operation, or concern for her family rather than as the normal reaction of a proud person or as a reaction to the form agency intervention with her takes.

girlfriend he had lived with since they were married as soon as she got out of jail. This information about Jennifer's feelings and thoughts was obtained by a new worker who said she was impressed with Jennifer's knowledge of art and music. She also said Jennifer was beginning to trust her. Again, the fact that Jennifer was capable of responding in a non-superficial way to a worker who saw something of the realities of her situation and her as an individual was put on record for all subsequent workers to read. She stayed around long enough to observe Jennifer at work, pointing out that the tiny washing machine she had at last managed to acquire would handle about three articles at a time, and that the agitator had to be turned by hand. She said Jennifer scrubbed the chairs once a week and the floors, table, walls, and ceiling. Despite her efforts, however, the house was an unbearable mess. She described the fighting and general chaos created by the children. It was already on record that they were all sleeping in one cold room and presumably played in the other while Jennifer was trying to work. Though she didn't say so directly, this worker implied that Jennifer was doing the best anyone could under the circumstances, but the circumstances were bad. She couldn't keep ahead of the job.

The worker wanted to get Jennifer a housekeeper during the last of her pregnancy and to help when she came home with her seventh baby. Jennifer refused the offer, though she admitted she didn't like leaving the children with Mr. A. She planned to have the baby at home if she couldn't find anyone to take over for her. The worker

mentioned again that David's operation (not the eye operation -- David had two operable deformities) had to take place in the near future if he were not to be permanently disabled, but there is no mention of him again until he started school and brought himself to the attention of the authorities there. In the meantime, Jennifer was able to take him back to the city herself for the operation, whether with the aid of her family or her husband is not recorded. Jennifer was not on Social Assistance during this period and the file is sketchy. (The agency's continuing involvement was based on its mandate to implement the Child Protection Act).

During David's second school year, another conference was held to discuss the A family. In the Public Health Nurse's memo from this conference to the health clinic, she says that Mr. A "probably" has a stabilizing influence on the home. At the same time, she includes the account of his activities with the gun and appropriate news clippings to back it up. The report of the conference itself is even more surrealistic: "Father seems to be a great stabilizer in the home although he is unaware that he has this effect upon the family. He wants to be away from home as much as possible and when he does leave Mrs. A should use tranquilizers as suggested by Dr. B."

The conference, attended by a psychiatrist, a social worker, a public health nurse, a teacher, a principal, and an elementary school supervisor, all of whom had been in various ways involved with this multi-problem family and from all of whom Jennifer had to take

advice and orders, came up with the following recommendations:

- (1) Continue regular home visits by the Public Health Nurse.
- (2) When father leaves try to get a male figure for David to relate to.
- (3) Encourage David to continue with Cubs.
- (4) Mother should be encouraged to get out of the home as much as possible.
- (5) Continue with previous suggestions.

Examining one by one these extremely high-priced recommendations, we find that:

(1) There was no evaluation of the years of regular home visits this family had already received. Although the Public Health Nurse did discover some things of importance, namely that David urgently needed an operation to avoid permanent impairment as well as an eye operation and that Jennifer needed an operation for a painful condition of long standing, her findings were not acted upon. What purpose were further discoveries supposed to serve?

(2) Since Jennifer to this day avoids any contact with "male figures" that is not forced on her, I have had to glean my information on this point from other files. In two cases, cars parked in front of clients' houses were checked with the Provincial Motor Vehicles Branch to find out whether they belonged to men, and to which men, as the clients would not "admit" to having a male guest. In another case, a client was able to afford reasonably decent housing for her family by boarding a

friend. When her female friend's brother sub-let the room while his sister was away, the client was told by her worker that that arrangement "would not do". She could find no one else willing to put up with the somewhat meagre accommodations and had to move to even poorer quarters. From talking to workers and clients, I gather that a woman who has a steady or even an overnight relationship with a man runs the risk of being cut off welfare, while the man runs the risk of being expected to support her children. This system makes it a bit difficult for a welfare mother to find a "male figure" willing to relate to her sons or to her either. It helps account for the social isolation of these families, a frequently mentioned problem in the literature, as usually only male friends are both willing and able to take them on outings, it is socially acceptable for them to do so, and the women cannot afford to do so themselves. The children are thus deprived by this system not only of outings and male relationships, but of healthy female relationships as well, since the social and sexual deprivation of these women distorts their relationships with their children.

(3) If David already enjoys Cubs, he will no doubt continue without encouragement from a social worker.

(4) This recommendation hardly requires comment. Is Jennifer to take her many small children with her when she goes out? Where could she possibly afford to take them? How could she afford to leave them with a sitter? Where would she find the time, when she can't begin to keep up with her work as it is? Do these people really believe that a

person stuck in a tiny house with young children all day every day needs to be encouraged to get out if there is any possible way to do so?²⁰ Yet this is the recommendation that is expounded upon -- the conference appears to have a lot of faith in it; "If the mother could possibly get out of the house and get more activity and have more interests, I think her level of anxiety might go down and she might improve." She might indeed, had the conference thought of a way to make it possible.

(5) There is no indication what these suggestions were that subsequent workers were supposed to continue, except for the astounding suggestion that Jennifer should take tranquilizers when her husband left. If the reference is to suggestions made by previous workers, the correlation between them and the continuing deterioration in the A family could not have been noted, much less examined. Since the conference was called to halt the deterioration, a recommendation to continue with previous suggestions without careful examination of their effects seems unworthy of all the expensive talent the conference brought to bear on the problem. As for the suggestions concerning David, who has been "acting out" in school and refusing to go home to his gun-totin' papa whom the agency insists he live with because of his stabilizing influence, "he just needs firm consistent limits and a lot of reward for positive behavior."

²⁰ I realize that people diagnosed as schizophrenic are sometimes agoraphobic, but Jennifer escaped from the house immediately the opportunity presented itself. Jan complained that she became too interested in an outside career as soon as she had the chance to enter training. Even if she were agoraphobic, being encouraged to get out without being provided any means to do so would not likely reduce the frustration and anxiety underlying agoraphobia.

This conference based its work on another psychiatric assessment of Jennifer and her son. "...tendency to Chronic Schizophrenia....poverty of affect (no mention of effect of poverty)....rigid personality....profoundly ambivalent (sic)....continually gives double messages and contradictory messages...." That he might be as responsible for this communicative, or non-communicative, situation as the other party involved in the interaction did not occur to the psychiatrist, yet his unrealistic interpretations of things he had all the data to see clearly must have bewildered and angered his patient. For example, "She is dressed in such a way that would indicate she is an extremely negligent and disinterested housewife and mother. I do not think this is a willfull (sic) process, but I'm sure that this is the result of the Mental Illness that she seems to suffer from." Brenda reported that Jennifer possessed "...no underwear, no shoes, and one pair of jeans and two men's shirts." Where did the psychiatrist imagine Jennifer would get the money to dress up for him, to buy make-up, to get a good hair-cut? Would she have been considered a less negligent mother had she starved her children to buy herself clothes? The great significance he attached to this point might have led him to check whether or not she received a clothing allowance. The typically facile assumption that he has plumbed the depths of this woman's psyche when he could not see the most obvious realities of her life must have outraged his patient, had she not been too frightened of losing her children and her liberty to dare to be. "Ambivalent (sic)....rigid....poverty of affect....double messages....

contradictory...." -- how do you respond to an uncomprehending mad-man with the power to take away your whole life just by signing his name?²¹

The psychiatrist's recommendations concerning the parents in this family betray some of the typical attitudes that make it so difficult for women to receive fair, never mind helpful, treatment when they are in need of it. I shall underline the words most indicative of these attitudes: "I think when she is being visited by the nurse and any others, they must be very strict with her, force her to limit her comments and observations and make her try and develop consistent, useful reality-oriented daily habits. This would mean consistent and firm visiting and instruction. I think the father should be encouraged to get more involved with his son if possible...." The assessment has a lighter if no less grotesque side when he is discussing David: "The boy....has been a serious disciplinary and behavior problem throughout his school career." David at the time was in Grade Two. He too, of course, needs "definite limits", but unlike his mother he also needs "lots of support". The psychiatrist describes him as "a pleasant young lad who relates easily and warmly to the interview situation...." No doubt he was less aware than his mother that his fate rested in this strange man's hands.

²¹ I am not suggesting that the psychiatrist is actually mad. He is, alas, quite normal, or at least usual, while in command of a supra-normal amount of power over others. I am trying to see him through Jennifer's eyes in order to "feel" his effect on her, using what I learned of her from her file and her workers. Note that these sources were available to him too.

During the summer, a worker was finally brought to conclude that David was much worse "since his father has been in the home regularly". In the same report is the unelaborated statement that Mr. A lost his job "after he tried to shoot his family". Apparently it takes quite a bit of evidence to make the agency lose its faith in fatherhood.²² The worker hastily added, of course, that Mrs. A too was a very disturbed person. Certainly she was very disturbed at the time of this visit. David had just been hit by a car. "Mrs. A was almost out of her mind because of David's accident. . . . She was not very clear on anything."

After this, the discussion about whether or not to remove David from his home intensified. Mr. A's drug and jail connections were at last brought into the discussion as factors for consideration, along with all the old stuff on Jennifer -- her illegitimate child, her stint in the mental hospital, her dirty house, and most importantly, if one can judge from constant reiteration, her inability "to benefit from any help or involve herself in any form of treatment." (Apparently, she was so careless of her mental health that she wouldn't go back to the psychiatrist). David at this time had been in the hospital a month, but his or Jennifer's feelings about this separation from his home, or his reaction to it, were not investigated. Perhaps they were not considered

²² Jennifer never had another child after the agency stopped enjoining her to "make her marriage work". The enormous problems of health, housing, and management that a large one-parent family entails might have been avoided had the agency hired more workers who could see that "it would have been wiser to have made more effort to find out what she wanted than to give her what we thought she needed. . . ."

relevant to the decision.

In the fall a new Public Health Nurse arrived on the scene, the third person to be involved with the A family in eight years whose reports run counter to the general trend. She said that David was doing fine in school and at home since coming out of the hospital and that she would speak to the psychiatrist who had abetted the former nurse's decision that he should be taken. At this, the agency decided to interview the A's and called them into the office to discuss placement for David. "The really amazing thing during this interview was that at no time did either one or the other criticize each other." Considering the stakes, perhaps the worker's amazement is the really amazing thing. Having kept the family in acute suspense since the conference the previous fall, the agency reached its well-pondered decision: "As we have no foster homes available anyway perhaps it is best to let the family carry on and let the Public Health Nurse follow it up." If one is going to argue with a psychiatrist, one had better be prepared to take full responsibility.

The Public Health Nurse either did a good job or the agency lost interest once the A's were financially on their own again. There were no more reports until the summer of 1969. "A home visit was made on (date) and the family was eating a good early supper.... Mrs. A was calm and pleasant and receptive to the visit.... Was she putting on a front?"²³ Perhaps a year's respite from these visits had improved her

²³ Note that Jennifer can't win - if she is "receptive" she is suspected of "putting on a front"; if she is not, she is described as "defensive" and "unable to benefit from help offered".

disposition. The home situation was noted to have "much improved" during the last year-long respite as well. Jennifer told the worker that David was worse after each visit to the Mental Health Clinic, which was taken by him to mean that she lacked appreciation for the clinic's help. He didn't consider the possibility that David might in fact be worse after each visit, a view that the psychiatric reports in his client's file make at least sufficiently reasonable to investigate. Jennifer said she planned to take David to a private psychiatrist in the city.

Jennifer finally did get to the city the following year, but she took neither David nor his father with her. Perhaps she was finally convinced that he did need male companionship and he would never get it if she were around; there are references in both social and psychiatric workers' reports to the abysmal effect upon him of living in a family of females. Perhaps she simply felt that she could not handle him alone, along with all the other children, and he would be taken away altogether if she tried it. The report couldn't give her reasons, as she didn't give them to the agency. "At no time did the father or Mrs. A contact any member of the Department concerning plans for separation or to discuss their problems." The painful and useless results of having to discuss her problems with the agency when she was dependent on it for survival were not considered in this indignant report.

Left alone with one child, Mr. A placed him in a succession of other people's homes for four months, then shipped him to Jennifer and disappeared again. The report does not mention his inability to cope

nor his superficial attachment to his child in explanation of this behavior, nor suggest that he should go for treatment.

Back in the city again, Jennifer applied for assistance for one week and registered with Manpower. The week went by, indeed a year went by, and Jennifer's high hopes of getting work faded. Undaunted, she wrote directly to the government minister responsible for the agency to request financial backing for starting her own business. The letter was passed on to the Regional and thence to the local office of the agency with a request for a brief report for purposes of follow-up. The report was brief indeed: "Mrs. A is a chronic schizophrenic....Mrs. A has proven incapable of the most minor housekeeping tasks and we feel that she is totally incapable of running her own business...."

In evaluating her competence, no account was taken of the dimensions of the problems she had faced nor of the great difference between them and those involved in running a small business. The ability to drudge for years without respite or reward and the ability to run a business are not at all comparable, as forcing the average successful businessman to trade places with her would, I am sure, very quickly reveal. In any case, the statements in the agency's own files belie the administrator's statements. Whenever Mr. A came home and kept the children out from under foot, Jennifer was observed to engage in a positive flurry of activity -- painting things, fixing things, sewing, cleaning cupboards -- indeed, this was probably the main reason the agency believed him to have a "stabilizing" influence in the home.

Washing for that family without a proper machine can hardly be called a "minor task", yet Jennifer not only did it, according to one worker she overdid it. Accused by most workers of not training the children, she was accused by one of being too hard on them -- when they were old enough they would not go to bed without doing the dishes. This kind of training is more significant, in terms of her freedom to run a business, than training them to keep clean and keep their hair combed. The fact that the last of Jennifer's children was now in school, leaving her free during the day for the first time, was not taken into consideration in this report on the practicalities of her request. Is it possible that Berne could be right in suggesting that agencies don't really want to rehabilitate their clients and thus lose their power over them?²⁴ The diffusion effect of stigmatization seems a better explanation -- the kind of thing that makes people shout when conversing with the blind²⁵ and use pidgin English on visiting African professors.²⁶ A trapper in Northern Canada once commented to me that he had heard there were people

24 Eric Berne, Games People Play, N.Y., Grove Press Inc., 1964.

25 Many instances of this diffusion effect are described in Goffman's Stigma, op. cit.

26 Mphahlele talks about how insulted white clerks are by blacks addressing them in proper English (according to Modisane, it is actually dangerous to do so to a Boer policeman, who has his own troubles with the language) and Fanon says his articulateness may be excused by a member of his audience's remarking that he is not a "genuine Negro" at all. (Ezekiel Mphahlele, "Grieg on a Stolen Piano", in Modern African Stories, edited by Ellis Ayitey Komey and Mphahlele, London, Faber and Faber, 1964; Modisane's Blame Me on History, op. cit.; Frantz Fanon, Black Skin White Masks, N.Y., Grove Press Inc., 1967, Chapter 3).

in the city so stupid they did not even know how to trap beaver; our administrator seems to feel similarly that a woman who can't keep house is too stupid to do anything else. Her schizophrenia was trotted out as a reason she would be unable to run a knitting machine, but had never been allowed to excuse her difficulties in running a house and family.

The more control an agency assumes over the lives of its clients, the less the clients can assume over their own. There is no way they can avoid control by the agency, whether it is harmful or not, as long as the agency arbitrarily controls their access to resources. I use the term "arbitrary control" to distinguish between a system in which an agency assigns a specific amount for the maintenance of a family which that family automatically receives each month, and the present system in which part of the maintenance is in the form of special allowances which the family may or may not receive and in which even the basic cheque may be withheld at the agency's discretion. For example, a notation in the file states that Jennifer had to come into the office to see about her cheque, as it was withheld pending the worker's being able to "catch her" at home when he called. She had to explain why she was out. She cannot avoid contact with the agency, no matter how abrasive or demeaning she feels it to be. Under this system, it is very hard for workers to obtain feed-back on their methods; clients simply cannot take a chance on making them angry. (One worker interviewee, upon getting intimately involved with clients in the new procedure described below, told me she was shocked to discover how much

real power she had over clients and how much they feared and resented it).

Up until this point the handling of the A family had been standard procedure.²⁷ Now a new procedure was instituted. Though still too new to be definitively evaluated (two years), its results so far indicate that when agencies begin to spend their money wisely and change their attitudes, multi-problem families are able to improve. There is no comparable evidence that their concentrating on client attitudes and spending habits without considering their own has achieved any improvement.²⁸ In the A case, according to workers, the situation steadily deteriorated during the years of agency intervention. One 1968 report pointed out that as early as 1962, "It was pretty evident that in 5 to 10 years the children will be showing signs of definite disturbance...." This was, of course, blamed on the lack of training and discipline rather than upon poverty, the constant derogation of the mother's authority,

²⁷ According to worker interviews, the files of other clients, and discussions of the case-work approach in Schlesinger's overview of the subject (The Multi-Problem Family, op. cit.).

²⁸ Judgments of improvement are mainly subjective. Workers and clients feel there has been improvement or there has been none or the situation has deteriorated. So-called objective criteria involve subjective interpretation in any case; for example, if a rebellious truant begins docilely attending school regularly, some may see it as an improvement in his sense of responsibility and some as resignation -- deterioration of his independent spirit. There is probably more general agreement on subjective than objective criteria; most people would agree that happiness is an improvement over unhappiness and that the two states can be distinguished even if they can't be proven to exist. Since this paper deals with the dichotomy between an agency's stated aims and the results of its activity, I use the agency's definition of improvement in judging its results.

and being forced to live with a violent man, but whatever the cause "it was pretty evident" that agency policy was not affecting positive change.

Conclusion

The new procedure was not a result of the agency as a whole deciding to examine the reasons for its ineffectiveness and re-vamping its policies. In the light of the attitudes revealed in the files, it could hardly have done so.²⁹ I will briefly summarize the most significant, in terms of their effects on clients, of these common attitudes, and then discuss the way in which individual attitudinal change within an agency can diffuse and thereby change client response in Chapter V.

First is the client-centered attitude³⁰ that concentrates on problems within the client rather than those in her environment, including the agency itself as a significant part of that environment. The assumption is that the client, or at most her up-bringing, is to blame for her problems. This attitude prevents workers from examining the contemporary realities of her situation to discover who or what else may be contributing factors and attempting to deal with those factors. A correlative attitude is that the client cannot change her situation until she recognizes her fault. This belief leads to a systematic guilt-

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These are usual or commonly held attitudes. Any particular worker at any particular time may not share them. In fact it is the existence of "deviants" within agencies and other organizations that is largely responsible for the changes that are made. An example of the way in which even quite minor deviation, if it is genuine and not just rhetorical, can effect change is provided in the description of the genesis and development of the new procedure in this agency.

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This has nothing to do with Rogerian client-centered therapy. (Carl Ransom Rogers, Client-Centered Therapy, Boston, Houghton Mifflin, 1951).

cedure that is unlikely to be effective even if the client is to blame. If she is not, the frustration of being disbelieved, misunderstood and harassed (the symptoms of paranoia) is the best that can occur; at the worst she will lose trust in her own perception of reality, accept the guilt for a situation she cannot in fact change, and thus feel incompetent and inferior (some of the symptoms of schizophrenia). This prevailing attitude to the disadvantaged may partially account for the comparatively high rate of "psychotic" diagnoses among the lower as opposed to the middle class people with problems.³¹ Chesler describes a similar process in mental hospitals;³² in order to be considered cured and released, a patient must admit that she was sick. If she was not sick (involuntary admissions procedures are far from foolproof),³³ she must either lie or come to believe she was sick. That is, she must lose touch with reality in order to convince the staff that she is in touch with reality. This attitude, that the client is at fault and must be brought to admit her fault, focuses attention on the client rather than upon agency policy.

The second attitude, that families are better off with two parents than with one in any and all circumstances short of infanticide, also tends to prevent a realistic assessment of the client's situation.

³¹ See Hollingshead and Redlich, Social Class and Mental Illness: A Community Study, N.Y., John Wiley and Sons, Inc., 1958.

³² Women and Madness, op. cit., especially Chapter 6.

³³ See Scheff, Being Mentally Ill, op. cit., Chapter 5.

The ethics of using financial and social pressure to force parents to live together will not likely be examined while this attitude prevails. The double-bind contained in the correlative attitude that Father has the authority without being expected to raise the children while Mother is responsible for raising the children without being legitimized as the family head has been discussed above. This peculiar attitude has prevailed in Western society since the time of the ancient Greeks³⁴ and, like all semi-sacred traditions, is extremely difficult to discuss rationally despite the increasingly obvious need for more flexible family structures.

The third attitude is similarly historically deep and broadly based. It underlies racism, sexism, and what can be called classism. It might better be termed a feeling than an attitude. Though feelings are an integral part of all attitudes, this one has a larger non-rational component than many others; it is seldom fully formulated in consciousness, certainly not in the liberal consciousness. It is the feeling or belief that "they" are intrinsically different from "us"; the other race, the other sex, the other class has built-in needs, desires, abilities and disabilities that are essentially different from ours. This attitude above all others interferes with the empathetic process that allows one to understand another's situation. It prevented most male workers and

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See Philip E. Slater, The Glory of Hera, Greek Mythology and the Greek Family, Boston, Beacon Press, 1968, for a discussion of the problems this attitude caused even the Greeks. It has been causing the same sorts of problems ever since.

most middle-class female workers from forming a realistic conception of what could be expected of Jennifer and of the effects of their interaction with her. That they could not have done what they expected her to do nor lived as they expected her to live, even given the advantages of their education, upbringing, health, and social contacts, never occurred to them simply because they could not imagine themselves in her place. If people with this attitude are asked to imagine themselves in the place of the "other", the class-biased people are likely to reply that they would not be in her place -- they would have done everything differently, which has nothing whatever to do with how they would react if they were suddenly to find themselves inside the other's skin, in her position. The race- and sex- biased people are likely to find the exercise as absurd as if they were asked to imagine themselves to be baboons; if they were baboons they would have baboon needs and abilities and react as baboons are supposed to react. They could not be "themselves" and in her place at the same time. Such people really believe that the poor can live on much less than they themselves require and any stealing, cheating, or other survival techniques they may employ are a result of bad character or the devil making work for idle hands.

The fourth, and last to be discussed here, of the attitudes that most significantly affected agency-client relations and interfered with agency ability to realistically appraise its means in relation to its goals was the capitalistic attitude. In order to delineate this attitude in a paragraph rather than two volumes, I shall view it against an equally

brief sketch of the contrasting socialistic attitude. I do not mean to imply that the one is any more realistic than the other in general; however, since the agency is in the business of distributing resources outside the framework of purely capitalistic distribution mechanisms, retention of the capitalistic attitude interferes with the efficient management of that business. In its simplest and purest form, the socialistic attitude holds that the resources of a country (or the world) belong to the people of that country, that each has a right to an equal share. The purest or laissez-faire capitalistic attitude views resources as up for grabs; whoever gets there first or has the socially legitimized power to take them away from whoever gets there first has a right to them and a right to determine how much he will allocate to others in return for services or out of the goodness of his heart. Charity (and wages) begins with capitalism, not at home; homes still retain the socialistic attitude to a degree. Indeed, it is the dichotomy between the socialistic attitude that pertains to the home and the capitalistic attitude that pertains to the rest of this society that causes the problem, rather than the capitalistic attitude per se. If homes were capitalized, the people performing the task of raising the next generation of workers and the domestic half of the work of the present generation would fit into the wage structure of resource distribution. If they unionized they would be very powerful and able to demand high salaries, as a walk-out would paralyze all other industries; a large percentage of non-domestic workers would have to stay home to look after the children. Domestic workers provide an

essential service. On the other hand, if the rest of society were not capitalized, resource distribution would resemble the shareholder system and not depend upon a wage structure. Housewives would get their share along with everyone else.

As it is, however, housewives depend upon a microcosmic share system; the wages allotted to their husbands are supposed to be shared by their families.³⁵ There are even laws to ensure that they are. Unless a man is honorable, however, in which case there is not likely to be a problem in the first place, the laws don't work. He can simply disappear. If he earns little more than enough for his own household, no judge will make him share equally with the one he has left and it wouldn't suffice if he did. This very shaky socialistic microcosm is embedded in a capitalistic macrocosm that shapes the feelings and beliefs of the population, housewives included. When the system breaks down, as it very frequently does,³⁶ housewives and children are reduced to penury and degradation because of the capitalistic belief that any allotment of resources outside the wage-profit system is charity, that is, that they

³⁵ Up until recently all women in Western society, not just housewives, were expected to share their husbands' or fathers' allotment and no other legitimized access to resources existed for them. The wage structure still reflects that expectation, which accounts for the very high incidence of poverty among women who are not attached to families. Nearly half of them (47.13%) have yearly incomes below \$1740. Of these, over 29% have finished high school or university. It is not just a problem of the "disadvantaged", but a structural problem that retraining and other client-centered programs can do little to alleviate. (Statistics obtained from The Royal Commission Report on the Status of Women in Canada, Ottawa, Information Canada, 1970, pp. 314 to 317.

³⁶ Ibid., section on female-headed families.

have no legitimate right to any resources. They are expected to be grateful for the meagre resources they do receive, not outraged at being denied their fair share and at being exploited as unpaid workers. Those deserted wives who share this attitude, particularly the thousands who have been dropped out of the middle class,³⁷ are completely bewildered, shocked and guilt-ridden at the treatment they receive; they feel outraged but believe they have no right to feel that way, that there must be something wrong with them.³⁸ Occasionally, more aware and experienced women (qualities perhaps easier to acquire in the lower classes where security is seldom taken for granted) feel less guilt about their predicament and their outrage; they are more likely to take whatever they can get however they can get it, which isn't much in material terms but is probably psychically healthier.

37 Ibid.

38 Feelings theoretically correlated with sudden status-loss and observed in all my client interviewees but one, who does not share this attitude; Lynn feels shocked and bewildered, but believes she has a right to be outraged at the treatment and the meagre help she has received. (From Lynn's interview).

V. THE NEW PROCEDURE

With the letter directly to the Minister of the Department administering her agency, Jennifer had played her last card. The woman who could not "accept help" had sought it in all the lawful ways, from her family, her husband, the agency, the Manpower office, and the Minister. There was nowhere else to go in her search for independence and security for her family. The home situation deteriorated so rapidly after her final disappointment that a homemaker had to be supplied within a few weeks of her learning the agency decision on her request.

The Child Protection Worker (Jan) who had been called into the case realized that one more stop-gap measure would be useless.¹ She had already advised her superiors that apprehension of the children would be unwise, "as there are a large number". She did take David into care on the advice of the consulting psychiatrist,² but she was not pleased with herself. She had reached a turning point in her career just at the time that Jennifer had reached a turning point in hers:

People can grow with love and encouragement and support and opportunity and creativity and feeling their way into their own capacities. So often they

¹ From worker interview #1, April 13, 1973 (Jan).

² Note that the psychiatrist showed no interest in the problems of any of the children but the boy David, who had to live "in this extremely chaotic, nonsupportive, frightening environment" of females.

are condemned out of hand because they don't fit --because they don't fit somebody else's norm of what is acceptable. To take a person into court, as I sometimes have to, and chastise them for being neglectful parents without at the same time helping them to become such a person if they have any capacity and desire to do so, strikes me as being pretty sinful all around, or if you don't like that word, just plain rotten. But I was finding myself in that situation, and not liking it very much.³

Jan knew a psychiatric nurse who was interested in doing preventative work in homes, before families broke and the mental hospital facilities were required. Together they devised a scheme whereby the nurse (Brenda) would be hired by the Homemaker Service and Jan would request her for special jobs requiring intensive family therapy rather than homemaking per se. There was no possibility of the agency's paying for a therapist; Brenda worked under this scheme at the minimum wage until the project was able to find its own funding. The A family was her second case. Her first case had convinced her that the changes a family was able to accomplish during intensive in-home therapy could only be maintained and extended in a supportive group context. She also felt that the clients should have control over the amount of time she spent with them. Under the Homemakers' auspices she was required to be in the home during the regular work week; as crises tend to arise after hours, she preferred being "on call" to the families with whom she worked. This would also allow her to work with more than one family at a time and to withdraw when the interaction became too much for her or

³ Jan's interview.

the client. She and Jan therefore formed a self-help group of multi-problem family heads. They formed themselves into a Society and applied for funding in order to have the autonomy they required to initiate and change procedures as the need arose. At this time they were having difficulty getting the new program accepted by the agency. A social worker who subsequently became involved was threatened with being fired for participating in a program that was not under the administration's control.⁴

Immediately after Brenda was sent in to work with the A family, a request for a second-hand washing machine appears in the file. In his memo forwarding this request to his head office, the local administrator notes that Jennifer "was not aware until recently that help was available for the purchase of necessary items". Since the file is composed mainly of reports written by the workers, I have no way of judging administrative attitudes except through hearsay (the worker interviews) and through brief inter-office memos such as this. I can only make inferences about them, and I infer from the tone of this memo that some change has occurred since the administrator's curt reply to the request for information regarding the knitting machine business. The inference is strengthened by a second memo he sent after getting this reply to his first: "No budget info. shown. Will approve if cost of shelter exceeds our rental provision. If at all possible we expect part

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From Susan's interview.

or all if possible of this kind of cost to be met by self-help." In his second memo, the administrator states the cost of rent, food and heat and points out that the A family cheque exceeds these costs by two dollars a month. "She therefore, has no money at all with which to purchase a washing machine....Mrs. A does not have a fridge either and has never had a fridge....We request your approval for this Emergency Health Aid overage in addition to the \$40.00 for the washing machine." He seems to be getting a little impatient with agency attitudes himself. Perhaps he has begun to wonder, considering all the Public Health Nurses who have visited this home out of concern for the children's health, why he was not informed before of relevant facts like the absence of a refrigerator in the home.

The tone of headquarter's reply to the next Emergency Health Aid request, submitted a year later, indicates that the shift in attitude apparently triggered by the therapeutic homemaker has filtered upward. Though still as grotesquely unrealistic as ever, the "self-help" attitude has changed from pompous to semi-apologetic, from "we expect" to "do you think?"

The goods she has priced are reasonable. In view of the past information we have on file concerning her mental condition, and in view of the budget breakdown submitted, we would approve the request. (Note: not in view of the family's need for beds and blankets). Do you think it would be a good idea to ask that she contribute a small amount per month to meet part of the cost, in order that she will feel involved at least partially in solving her problem? This might build on the work done in the past, particularly by the trained homemaker, to assist Mrs. A in becoming more responsible financially and as a mother.

The idea that a family with two dollars a month to cover all costs other than food and shelter and no other possible source of income can become financially "responsible", or that that has something to do with one's responsibility as a mother, may not seem much of an improvement over previous ideas. It isn't much of an improvement, but at least the idea is discussed merely as "a good idea" rather than as an expectation. That indicates some small change in attitude.

In addition to the Emergency Health Aid grants, Brenda informed Jennifer of the clothing allowances and convinced her that she had a right to apply for them too. Shortly after getting some clothes, Jennifer got a part-time job. It seems odd that with all the emphasis on financial responsibility no one in the agency ever thought of that before. No one mentioned the lack of clothing in all the reports on Jennifer's "careless" appearance either. It was Brenda who reported that she had "no underwear, no shoes, and one pair of jeans and two men's shirts". In reporting on her schizoid inability to realize the difficulties in finding employment, no worker realized that the solution to the major difficulty was staring him in the face every time he looked at her.

Although the change in Jennifer's appearance took place after she received a clothing allowance and after Brenda took some of the work-load off her shoulders, these factors were not mentioned by the workers in reporting her new look. It was apparently considered the result of her attitudes rather than her circumstances, just as the old look was. "Mrs. A is looking exceptionally well and appears to be

taking good care of herself. She has lost weight and now takes some pride in her appearance." I am not belittling the effects of attitudes on appearance. Certainly it is difficult for pride to survive the demeaning effects of being expected to take "financial responsibility" when the means to do so are denied, especially if no one admits that the means to do so are denied; no doubt Brenda's attitude, that Jennifer was doing a fine and important job and deserved all the help she could get⁵ did change her attitudes to herself. But it is probable that the leisure to eat proper meals rather than snacks (and an adult to eat them with) and the time to take care of herself as well as new clothes were at least as important as pride in Jennifer's change in appearance. The change in agency policy that allows a client to make up to \$100 a month without reducing the assistance cheque was also a major factor -- she could buy nutritious rather than starchy "fill-up" foods. Worker failure to report all factors involved in deterioration or improvement (they cannot be reported if they are not recognized) helps account for the lack of realism in agency attitudes as a whole; neither administrators nor subsequent workers can get a clear picture of the situation without extensively analyzing the reports as I have done here. With two to four hundred clients each,⁶ it is quite impossible for workers to give that much thought even to those with severe problems. The enormous case-loads, in turn, are partially responsible for the thoughtlessness of the

⁵ Brenda's attitudes obtained from client and worker interviews and from her own.

⁶ From Susan's interview.

worker reports that subsequent workers use in making their interpretations of a situation. These case-loads are themselves indicative of agency attitudes as a whole; it would be difficult for the most understanding worker to do anything like proper case-work under such conditions. Susan says:

We get to go out and confirm addresses, and that's about it. Or we get to go out on emergency calls and occasionally we just sneak out and do home visits because there's somebody we want to visit. But mostly not. It's all paper work.... There's not a steno in that office who couldn't do the same work I'm doing, as far as paper work is concerned. Not one.... Anyway, case-work is impossible. There's one thing I've learned to do, is just let people alone.... It's just not fair to do it any other way.⁷

While Brenda was in her home, Jennifer was able to get out and take the Employment Orientation Classes and received first class marks. She was then accepted in the Manpower Training program. She is reportedly⁸ doing very well there too, but there is no official report on her progress in her file, as the file has been closed since that time; Jennifer is no longer on Social Assistance. The agency's outlay of a few hundred dollars for clothing, household equipment, and a therapeutic homemaker may have saved it many more years of welfare cheques and/or foster home placement at \$125.00 per month per child (the rate paid for the few months David was out of his home).⁹ There is a chance,

⁷ Ibid.

⁸ According to Brenda and Jan.

⁹ A news item in The Vancouver Sun, "Foster Child Favored", Nov. 16 1973, p. 46, points out that, "A mother on welfare could feed and clothe her child six times as easily if she relinquished him to the

of course, that the help came too late. A dozen years of poverty, harassment, and degradation have left their mark on this family, and its poverty is not likely to be alleviated; few women, however well trained, are paid enough to support a family above the poverty line. But Jennifer has a chance now of achieving some measure of independence and dignity, if not much more security. Jan states in a report, "The growth in Mrs. A's personality is tremendous." Perhaps "release" would be a better word than "growth"; in any case, the A family situation has improved markedly in a very short time and at very little cost to the agency.

Susan was Jennifer's last social worker. Her interview gives us a feeling for the change in her that the official reports can hardly convey:

Well, the first time I saw Jennifer... she'd just rented that horrible little place in (street). And my mind just went, "Oh my God!" I couldn't imagine a worse situation as far as, well, say multi-problem families, because any problem going she had it, or her family had it. And just listening to her talk the first time I thought, "My God, this is far beyond my capabilities." Which of course it was. Jan was involved because there was a real child welfare need there. And through Jan, Brenda started working with her. And I -- didn't have anything to do with Jennifer. Aside from the, well, the work thing, that we don't have time to go out and visit clients as we should, I figured this was one woman that, I distinctly got the impression, that if she needed any-

province and got him back as a foster child.... Foster parents are allowed \$3.10 a day.... for food and maintenance for a provincial ward, while the provincial food allowance for a similar child in a family receiving public assistance is only \$216 a year." The cost of the treatment center than Jan considered sending David to before Brenda came into the family costs \$1000.00 per month per child.

thing she'd call me. So I didn't see her for about two years. And the next time I saw her, it was in the office, she'd come in to see Jan about something, and I came into Jan's office and there was this woman sitting there. And I quite plain and simple did not recognize her, and she recognized me. And so I sort of, you know, did a bit of back-peddling and then Jan called her Mrs. A and I thought, "My God, this can't be the same woman! Just couldn't be!"

Q. Brenda had been working with her for about a year?

Yes. Brenda had been working with her. And when she left I just sort of went, "Huh? What's happening here?" And that's sort of when Jan started to let me in--what terrific changes Brenda could produce. And there it was, the proof. I really was dumbfounded that somebody who had been as down as she was could have been brought to the level that she was then.... I was extremely impressed, and I think that's one of the reasons that I did start to go to the groups....¹⁰

Participation in a self-help group plus access to intensive in-home counselling when they want it and with whom they want it has resulted in measurable positive changes in the families involved. Any previous change in these families during their association with the agency was negative; they were deteriorating. Of the sixteen women (mothers of 65 children) that have been involved in the new program so far:¹¹

- 7 - had been on social assistance for 10 years or more.
- 3 - had asked to have their children apprehended as they were unable to cope on social assistance.
- 4 - had some of their children apprehended (a different four from the above!)

¹⁰ From Susan's interview.

¹¹ Five women joined after I had collected my data.

- 6 - had attempted suicide and were hospitalized.
- 4 - had been in psychiatric institutions and 3 more were on the verge of nervous breakdowns when they joined the group.

In a little over a year and a half, the following changes occurred:

- 7 - have taken or are taking the Manpower employment orientation course.
- 7 - are working and no longer on social assistance.
- 1 - is in school and will be employed shortly.
- 3 - are on the opportunity program (which increases their income \$100.00 per month) visiting women who are in situations similar to their own a short while ago, much as Brenda visited them. (These three happen to be suited to and want this kind of work).
- 5 - of the 6 who attempted suicide are now able to function and look after their children.

Much of the success of the group appears to stem from an attitudinal ambience composed of Brenda's respect and realism (she has been there herself), the clients' own deep but often frustrated need to believe in themselves, and the ability and willingness of the other workers involved to learn from their clients. In her interview, Susan told me of her own changes in attitude brought about by participation in the group:

...that's basically my feeling when I went in....that I was there as a resource person with no particular ambitions of learning anything....(but) it really helped me understandI couldn't manage on assistance. Plain and simple I couldn't manage. And I started to get a very deep respect for these people who are doing such a damned tough job and doing so much better than I think I could.

The techniques employed seem simple and self-evident, but apparently are rare in social work practice:

The techniques....are directed toward showing the clients that they are valuable human beings, that they are capable, useful, and able to cope with their problems, that they are able, with the support of others and if they have the desire, to alter their life-style and to improve the environment in which they and their families live.¹²

The difference between the attitudes expressed in the reports in the agency's files and those of the therapeutic homemaker who has been so successful is revealed in the client interviews and in her own interview. Some idea of her attitudes may be gained through hearing her discuss her first case and how the idea of the self-help group came to her. Note particularly the contrast between her and the homemaker sent "to teach Mrs. A and help her", who considered a large part of her job to be reporting to the agency everything Jennifer did wrong. Brenda sees her major role as a reminder for the client of what she does right and what her abilities are. She sees the dangers of being labeled sick or incompetent in much the same way as the neo-Chicagoans see them, though she arrived at this view through observation and not through reading labeling theory:

When I went in there....she was told I was there to help her, because she wasn't able to look after her children. This made me very angry, because anyone who has been as ill as she had been--well, she was told she was weak. She had an open lesion on her head for seven years which wouldn't heal, and she had coped, on a low income, with her family. There's been a lot of static about it, but she had managed with her family.... when I left (upon the client's re-marriage) I was concerned that there was only Carl and her family....and Carl was inclined to treat her like a little woman who was sick. The nurse had treated her as a sick person too, and I kept telling her that

¹² Carole Holm, "An Alternative Approach to the Multi-Problem Family", unpublished report prepared for the Communication Department, Simon Fraser University, Burnaby, 1973.

she couldn't have existed if she hadn't been strong.... she still phones, whenever she's in trouble she phones and wants me to come over and visit her, and all she's asking is that I keep telling her that she's a valuable person, that she is strong, she is valuable, and she's doing a great job, and that's the thing she needs to have told to her. And I thought, if she had group support she'd be able to do this for herself and not have to call for help to do it.¹³

Unfortunately this woman was not able to attend the group that was subsequently established because, according to Brenda, she is not yet able to resist the wishes of her new husband and her family, who think she is too weak to go out although the lesion on her head is now healed. She finally had a successful skin-graft operation a few months after she began working with Brenda, who said that the graft "took" once she was able to rid herself of her feelings of guilt. The file we have examined here reveals techniques much more likely to increase than to decrease feelings of guilt.

The clients experienced the kind of therapy practiced in the group and with Brenda as very different from the kind to which they had previously been exposed. Allison, who has had several breakdowns, has spent long periods in a mental hospital. During her last breakdown, which she believes for the first time is going to be her last, she was able to return home after only two weeks in a local hospital because of the support she received from the group and Brenda. In talking about the two kinds of experiences, she expresses feelings common among group members who have undergone conventional forms of therapy:

¹³ From Brenda's interview.

....the worst depression and the worst time I had was after spending six months in (mental hospital). I came out of there--I was so withdrawn and so depressed that I couldn't feel any emotion, I felt nothing, it was just like I was dead....I wanted to kill myself....get it over with....This time I was aware--I guess I knew that I couldn't handle everything, that it was too much....but I didn't let go this time, I didn't say, "I can't do it, to hell with it." You know, no thoughts of suicide, nothing--just "Help, help me, please." Because I don't want it to happen again, I couldn't take it, I couldn't go that route again....But this time I wasn't alone. This time I knew there were people who cared and that, you know, they really cared for me and I wasn't going to just sit there and vegetate or, you know, kind of lose contact with what was happening at home and with reality, because that's what happens, you just, if a person is allowed to, that's what can happen, you just let everything slip....it is beautiful being in the home and recuperating and you recuperate a hell of a lot faster than you do when you're in an institution....because my kids are here, I'm with familiar things, and if I have a bad moment all I have to do is go and phone and someone will--well, Carole's come over a couple of times and ridden it through with me and that's all I need, sometimes, is just--I think what I need is just reassurance, have my hand held, "you're O.K. honey, you're doing just fine," that sort of thing, and to know the kids are not going to be taken away from me, I'm not going to go back....

I always feared doctors, because I don't think they really help people, and I'm not saying it's because of them but the set-up was such that you couldn't really get across, I couldn't really express what was the matter and what I wanted to say....it's just impossible, you can't--well, maybe it's not impossible but it didn't work for me.

Q. How is Brenda any different?

Because of the closeness, because there's love there, there's feeling there, and a psychiatrist, you sit across a desk and you talk to someone who asks you questions and you answer them, and unless you respond to each other as people you're wasting your breath and so is he.¹⁴

¹⁴ From client interview #9, May 3, 1973 (Allison).

The combination of in-home therapy and group support is not a pat formula guaranteeing success. More intensive interaction with most of the workers quoted herein would probably increase a client's chances of ending up in the mental hospital. What Allison calls the "people" element and what I refer to as the attitudinal element would seem to be a most important factor in any program. Jan says, "Whoever . . . is involved . . . at the primary level, must know about their own gut level. To have someone go in from an academic level is to ask for failure, in this particular game. If you don't know yourself, how can you help someone else to do it? How do you arrange it in a world which puts academic values at the top of the list?"¹⁵ In describing the genesis of the group which proved successful, Brenda told me:

They came together with the idea that they were going to get a group of women together that are on low income, all on welfare, and that they were going to discuss their problems, by which primarily they meant their food problems and lack of money and what have you, and the first night we started out I said I had been on welfare and that I had brought my children up, so I knew what it felt like to have no money, what it felt like to have to be lonesome, and not be able to go ahead and be with other people. It set the tone of the group, that we were dealing in feelings rather than on the practical end of it. There was another group started during the day-time at the same time and they dealt with the practicalities of it and it fell through fairly fast, from what I understand.¹⁶

15

From Jan's interview.

16

From Brenda's interview.

The practical help these women need is tangible -- more money, decent housing, day-care centers to give them a break in their seven-day work weeks or allow them to take paid employment. They don't feel they need any more "practical" advice, and a group having that orientation is not likely to be well attended.

Over and over again, during client interviews, I have been impressed with how little help these women need in dealing with their monumental problems, how little it takes for the positive changes noted above to take place, as well as subtler changes that can't be measured but greatly influence their families' lives. They mention feeling worthwhile, competent to do their jobs, "with a little bit of help from my friends,"¹⁷ and able to help others again, feelings they haven't had since going on welfare. Many previously felt like Mary, a new member, still feels:

.... she (Brenda) mentioned the group meetings and I told her I'd like to try, because I want to do something, try to find myself or something, because I feel I don't--I guess you could say--exist, actually.¹⁸

Nearly all the interviewees talked about the value of a support group in getting rid of that feeling, about the wonder of finding people who care, people who understand, people to whom they can express themselves without being laughed at or ignored or put down. Many mentioned their

17 Allison quoted the song when discussing her own recent ability to cope.

18 From client interview #4, April 24, 1973 (Mary).

lack of trust in people, a "lack" considered in the literature to be integral to multi-problem families due to their structure or to some other characteristics,¹⁹ and how overjoyed they were to find there were people they could trust after all. Like the workers and the theorists, they had considered themselves to be "distrustful" rather than others to be untrustworthy. Lynn, who still looks like a high-school senior despite the plastic surgery performed on her face after her husband beat her, is very bitter about the gap between the romantic ideals of marriage and motherhood that she was taught (and still largely holds) and what happened to her. She expected bread and received a stone, and she is much more overtly hostile (generally considered among social workers a sign that she can't "use help") than those who have learned to be humble. Yet even she required very little help to enable her to begin building with the stone she had:

And really I felt quite--it was quite degrading, because I'd go there (to the agency) and ask for help and I wouldn't get it. And that's why I said, "Well, then", to Jan, "I give up. If I'm not going to get help, I'm certainly not going to give my children a horrible life. They are not going to see me sitting around and crying, and I prefer you take them off my hands and put them into a foster home." But she helped me work out some--started giving me courage, really. I was just in a space where I thought, "I can't do it and I'm not going to, and I just can't, I can't, I can't."

Q. Do you still feel you can't do it?

No. No, I can do it.... They just gave me a little bit of moral support. And that was all I really needed.

¹⁹ See The Multi-Problem Family, op. cit., especially Spencer's article.

And a little bit of help, getting furniture from the welfare people.²⁰

Help to get help from a helping agency, and a little bit of moral support -- that's all any of them seemed to need in order to improve their situation.²¹ The interviews of both the clients and workers involved in the new program say the same thing, in more or less elaborated form.

That they need help to get help from the agency, which could not help them under any circumstances if it did not all along have a mandate to do so, that they are not getting moral support from the agency -- quite the opposite according to the files and interviews -- is an indictment not only of agency attitudes but of the attitudes underlying much multi-problem family research as well. Spencer provides a fairly typical example of such attitudes; his paper appears in a collection financed by the Laidlaw Foundation, which hopes thereby to stimulate new ideas and experimentation in new approaches to old problems, but his approach is itself an old problem:

Definitions tend to be of two broad categories: those which arise from the multi-problem family's failure to respond to society and to the social services, and those which emphasize the presence of specific problems in social functioning and in levels of pathology.²²

²⁰ From Lynn's interview.

²¹ Although they managed to improve their situations to a degree considered impossible, in most reports on the problem, for these "in-educable" women to achieve, I do not mean to imply for a moment that that is good enough. Nothing will relieve their oppressive daily struggle and poverty except a much fairer allocation of material resources and status.

²² John C. Spencer, "The Multi-Problem Family", in Schlesinger's The Multi-Problem Family, op. cit., p. 8.

Spencer has no criticism to offer regarding the limitations of these categories, nor of the research he cites that is based upon them:

(Characteristics listed in Debuyst, Renard, and Racine are) low material standards of living in respect of housing, feeding, property, and rules of cleanliness; a high proportion of illiterate children; very large size of family; a low level of aspiration, absence of a sense of ambition, and a fatalistic attitude to life. The basic cause of these characteristics they attributed to a serious state of intellectual and emotional immaturity.²³

He notes that there is not a great deal of sociological research on multi-problem families: "Our knowledge of the reference groups of these families remains vague and even contradictory. The evidence in favour of identification with lower-class standards is by no means clear."²⁴

Nonetheless, he expresses no doubt at all about the reasons, in his case reason, why rehabilitative policy is not managing to change anything:

Physical environment is certainly of far less consequence than family structure and the standards associated with it. But this structure is itself part of the economic and social framework of the lower class, and it is for this reason that any rehabilitative policy faces formidable obstacles to change.²⁵

The family structure that is so certainly consequential (I assume by that he means causal) to the problems of multi-problem families features, of course, "matriarchal" or "role reversal" spouse relations, in which "the mother is the more adequate partner".²⁶ I say "of course" because this

²³ Ibid., p. 11.

²⁴ Ibid., p. 50.

²⁵ Ibid., p. 30.

²⁶ Ibid., p. 12.

theory is very common among students of social problems of all kinds, from race relations²⁷ to delinquent behavior.²⁸ The poverty and low status and all the problems consequent to those factors that afflict female-headed families are presumed to be a result of some kind of perverse lower-class penchant for such family structure. The prevalence of this belief among social problem "experts" makes it difficult for social service agencies to see the need to support mothers in their role of family head if they happen to be the spouse most capable of assuming that role or if they must assume it because there is no one else to do so, or to provide the means through which a mother can adequately perform the role. If her being "the more adequate partner" underlies their problems, and her husband's adequacy as a partner is similar to Mr. A's, her adequacy must be forced to a very low level indeed before their problems can be solved. That behavior consequent to this kind of thinking actually occurs is evident in those files dealing with families in which the father is in the home, even if only occasionally:

(Mr. B) pointed out quite rightly that we were assisting her manipulations (by issuing her the assistance cheque)I drove Mr. B to his home and talked to his wife. I told her that in future all social allowance would be issued in her husband's name. She alleged that her husband keeps his earnings to himself and that he spends

²⁷ e. g., Daniel Patrick Moynihan, U.S. National Commission on the Causes and Prevention of Violence, N.Y., Braziller, 1969.

²⁸ Ivy Bennett reviews the literature on the relation between broken homes (absence of father) and delinquency in Delinquent and Neurotic Children, N.Y., Basic Books Inc., 1960, pp. 137 and 151. In Delinquent Boys, Albert K. Cohen discusses and expands upon Parson's theory of delinquency as a "masculine protest" against the mother's influence (The Free Press of Glencoe, 1955).

an excessive amount on drinking. She said that she wanted to be on her own as her husband has never supported. She complained that he quit good jobs and drank excessively. The criticism of her husband was extreme and it would be very hard to listen to this continuously as Mr. B must have to do. I explained to Mr. B that all social assistance cheques would be issued in his name and that he would have to keep us fully informed of his earnings if assistance was required. I asked both Mr. and Mrs. B to write us giving an account of how the \$600 had been spent. (Mr. B had pleaded guilty of failing to provide, though he had been in the home and had a \$600 income he hadn't reported to the agency).

(Later) My assessment of Mr. B is that he has sufficient experience as (his occupation) to be able to support his family. However he needs to know that we regard him as the head of the family and capable of looking after his family as his wife undermines him to a very considerable extent. Even now she talks as though she was a deserted wife and may become demanding at times. She is probably more capable of handling the money but the cheque should be in his name.... hopefully Mr. B will earn enough in the next three weeks to support his family....

(Later)every contact with Mrs. B we try to reinforce the fact that Mr. B should be the head of the household and she should try and be a little more patient with him....

(Later) (...they kept reinforcing the "positive aspects" of her marriage and succeeded so well that) Mrs. B feels quite hopeful and is understandably ambivalent. On this day the RCMP came to see Mr. B about support for the family and this disturbed Mrs. B very much. We tried to allay her fears....

(Later) (... she kept running out of food and heating oil and being unable to contact "the head of the household".) We advised her that if he wished assistance for the family he must come in and apply as head of the household. Certainly this situation will have to be clarified.²⁹

The conclusion of the last sentence is based on the fact that Mr. B never did respond to the agency's efforts to make him head of the family, never shared his earnings with his family (" I investigated the status of the support order. No support was ever received.")³⁰ and could seldom be contacted. Mrs. B, however, did respond to their efforts. Two years later she had changed from an indignant mother with a feeling for her family's rights to "a depressed, rather sad woman who smiles a great deal and very inappropriately."³¹ At the end of the third year of agency intervention the worker noted that "Mrs. B is finding it difficult to manage the home and her children because of a mental condition."³² And six months after that, "Mrs. B either needs massive help or we may as well forget about attempting to do anything in this case. She is like a pathetic child herself, totally unable to control three growing boys...."³³ The agency need no longer fear that Mrs. B will pose any threat to her husband's status as head of the household, supposing he ever comes home.

30 Ibid.

31 Ibid.

32 Ibid.

33 Ibid., from Jan's report after being called in to the case.

Conclusion

This study presents reports of certain types of interaction followed by family deterioration and of other types of interaction followed by family improvement. It does not, of course, prove that particular types of interaction have particular results, but it does indicate that further investigation along these lines might be fruitful. A body of theory adequate to guide such investigation is already developing and a few studies of the role of derogatory labeling in faulty functioning have already been made.³⁴ A broadening of the concept to "derogatory forms of relating" plus the concept of "forced relationships" such as people in authority are able to impose on the powerless would be useful to researchers studying multi-problem families and many other social problem areas as well. The client-centered approach may be sound clinically, but studies of interaction processes are necessary for a sociological perspective on such problems. Many factors are involved in the progressive deterioration of a multi-problem family; in Mrs. B's case, for instance, the acute material deprivation evidenced in her file and interview and in my visit to her hovel must be considered a very significant factor in her present condition. The question remains, however, how much of the hunger and cold this family suffered could have been avoided had the agency not insisted on trying to maintain a traditional family structure which clearly was not viable? How much of Mrs. B's pathetic self-effacement and anxiety to please is a reaction against the label of harridan, the accusation that it was her complaining that undermined her husband's chance to be a successful husband-father? How are her boys' severe problems with the law and in school related to her loss of ability to stand

³⁴ See Chapter I.

up for herself and for them, to protect them and their income? (The file in its later reports acknowledges that Mr. B beat them in addition to running off with the cheques). Is Mr. B's increasingly violent and escapist behavior related to agency and general social pressure to make him assume a role he obviously was not suited to play? So far we have only a sequence of interactions and progressive family deterioration, but neo-Chicagoan deviance theory provides a perspective for viewing those interactions and that deterioration and making relational sense out of them. The women themselves, though not so far as I know acquainted with deviance theory, frequently revealed, consciously or unconsciously, the same kind of relational sense:

And this fellow said, "All right". And he gave me heroin, twice. But only because I asked for it. I knew exactly what I was doing. The first time he gave it to me nothing happened, I just felt a bit nauseated. The second time he gave it to me I got high on it, but it wasn't anything. It was just a novelty to me, that's what it was--I felt very angry and hostile and I thought, "Right, if the social worker's going to call me a pot-head, when I am not--" I couldn't raise my children if I was on drugs--I did it just because I wanted a good high, that's why.³⁵

Though she "knew exactly" what she was doing, the influence of the social worker's label is obvious. Fortunately, this woman was labeled otherwise when she joined the self-help group (a valuable person, a strong person, a good mother) and hasn't taken heroin since.

35

From Lynn's interview.

If we are to isolate the variables most significant to the problems of multi-problem families, we must study what agencies actually do, rather than merely what their aims are, and give as much weight to the statements of the receivers of social services as we have traditionally given to those of the providers of those services as to what the significant problems are and how they arise. Very few, if any, welfare mothers would agree with Spencer that "Physical environment is certainly of far less consequence than family structure"³⁶ to their problems, though they recognize clearly the consequences of the lack of a responsible husband-father, or any husband-father at all, for them and their children. Spencer and others give the impression that the so-called matriarchal structure is somehow chosen as a result of lower-class standards or ethics or "immaturity". Of course it is not chosen; it is imposed on mothers (and fathers) by force of circumstance. Very few mothers have it in mind to rid themselves of their husband's emotional and financial support once they have fathered children for them, and those few are certainly not acting in line with lower-class ethics. In this particular social structure, the "matriarchal" family form produces poverty and isolation not because of any inherent problems in this form as such but because women are not paid adequately for the work they do either inside or outside the home. (Neither are they granted sufficient status to render the "-archy" suffix at all descriptive of families

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Loc. cit. (note 24).

with fathers who won't or can't play the role of family head or are missing altogether). In any case, this structure would certainly not have so many detrimental effects associated with it if the physical environment were substantially upgraded. A period of residence in the kind of physical environment in which these families exist would do much to reduce Spencer's certainty about its inconsequentiality as compared to family structure. Matza's methodological position, that we must become sufficiently involved with the phenomena we are studying to set in motion the mechanisms of insight and empathetic intuition (what might be called the Sociological Imagination) is particularly relevant to social problem research.³⁷

Studies of the interaction between agencies and clients and studies of the relationship between macrocosmic socio-economic structures and deviant family structures or multi-problem families rather than correlation (which often pretend to be causal) studies of deviant family structures and the incidence of severe problems would also go far toward isolating the significant variables. Once this has been accomplished, there may be some chance of changing those variables. (This study indicates that agencies want to help their clients and will change when they are shown a better way). Examining the families from the outside and listing over and over again their typical characteristics has done nothing so far to decrease their incidence in the population or to pre-

³⁷

See Becoming Deviant, op. cit., and C. Wright Mills, The Sociological Imagination, N.Y., Oxford University Press, 1967.

vent their progressive deterioration, nor, for me at least, has it contributed very much to comprehension of the phenomenon; one might even make a case for the view that employing the wrong model or sticking with a model despite its inability to encompass important aspects of the problem has had negative effects on comprehension of the phenomenon. Neo-Chicagoan deviance theory provides ideas upon which to build models that encompass important aspects that traditional theory and models have largely ignored.³⁸ Students in this area might find it useful to view multi-problem families as deviant phenomena in the neo-Chicagoan sense of the term and avoid models based on the concept of pathology, which after all this time have sufficiently proved their inadequacy if they have proved nothing else.³⁹

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See Szasz (The Myth of Mental Illness, op. cit) for a critique of the medical model and Irving Louis Horowitz and Martin Leibowitz ("Social Deviance and Political Marginality: Toward a Redefinition of the Relation Between Sociology and Politics", in Social Deviance in Canada, ed. by W.E. Mann, Vancouver, The Copp-Clark Publishing Co., 1971) for a critique of the welfare model. As an example of their limitations, neither allows for the inclusion of such factors, in the ruination of the A children, as the authoritarian, conformist structures of schools and other social agencies and the pressures they exerted on the A's to discipline their children in ways that did not come naturally to them, but only of such factors as the deviant family structure and child-raising patterns in their home.

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Even as applied to mental illness, of all deviation that most likely to fit the medical model, this model has proven inadequate; despite the thousands of studies of schizophrenia employing it, there is still no agreement upon diagnosis, etiology, or prognosis, and "there is no general acceptance that any form of treatment is of proven value...." (R.D. Laing and A. Esterson, Sanity, Madness, and the Family, op. cit., p. 38).

It is not possible to draw any definite conclusions from the study of a single case. The case-study provides relevant questions and hypotheses with which to explore undeveloped areas rather than answers to questions already asked. In this case: What are typical agency attitudes? Do they coincide with or differ from client attitudes, and at what stage of interaction do they coincide or differ? Why do they? What differences in personnel selection and/or philosophy can be found between ineffective and effective programs? (Effective programs may be defined from the point of view of the client or as those which accomplish the agencies' overt aims. Investigation of covert aims and conflicts among aims would also be interesting). Do agencies' and clients' definitions of improvement coincide? If not, in what ways do they differ? The study of the A family file indicates that studies which investigate the role of agencies in the problems of multi-problem families promise to be at least as enlightening as those which have investigated the role of family characteristics. We may derive from it three related hypotheses that are worth testing in view of the already established fact that multi-problem families are poor by definition and that a large percentage are female-headed:

- (1) Social work training programs do not overcome negative or authoritarian attitudes students may have toward poor people or toward females as heads of families.
- (2) Certain attitudes are typically found in social agencies and some of these interfere with their ability to design

and carry out effective programs of intervention in the problems of multi-problem families.

- (3) Non-material agency intervention imposed upon families generally increases the difficulties with which the families must cope and/or decreases their ability to cope with their problems.

Studies which test these hypotheses will expand the general area of information concerning the effects of agencies and institutions upon deviancy with which the neo-Chicagoans are presently engaged in their work on correctional and mental health institutions. They will also be of practical interest to the clinicians whose job it is to enable people to solve their multi-problems.

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APPENDIX

APPENDIX A

CASEWORKER'S REPORT
OF
HOMEMAKER'S WORK

CONFIDENTIAL

 HOMEMAKER

 FAMILY

 WORKER

 AGENCY

 FROM

 TO

1. NUMBER OF CHILDREN (in the home) _____ AGE RANGE _____
2. ROLE OF HOMEMAKER:
3. PLEASE EVALUATE HOMEMAKER'S PERFORMANCE UNDER THE FOLLOWING HEADINGS:
 - (a) Your observation of housekeeping performance and cooking.
 - (b) Family's comments on housekeeping performance and cooking.
 - (c) Was homemaker neatly and appropriately dressed?
 - (d) Ethical conduct, including ability to observe confidentiality.
 - (e) If family required service again, would you (would the family) want this homemaker?
 - (f) Did the homemaker work well with you?
 - (g) Your assessment of homemaker's contribution in respect to this family's relationships and emotional needs. How did she handle the children?