

# Public Policy and Social Adjustment

A three-year research project shows what we do and do not know about social maladjustment as a community problem

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IF A CURIOUS CITY FATHER OR AN INTERESTED CITIZEN OF one of our American communities were to set out one day to discover precisely to what extent the people of his hometown were in trouble with the law, limping through life handicapped by serious personality or family problems, or were otherwise out of kilter with society, he would not have far to go to learn that such a picture is simply not available.

He would find, it is true, that the courts, the prisons, the mental hospitals, mental hygiene clinics, and case-work agencies keep records of their own particular activities. But because these different agencies keep different records for different purposes, he would find himself trying to "add up apples and oranges" to get his composite picture.

If he had read in our current literature how the "social infection" generated by delinquency, mental and emotional illness, and family breakdown is as much of a threat to him and his fellow-citizens as the presence of disease, he might find himself wondering. He might well ask himself why it is that he can find out from his local health department to what precise extent he is threatened by disease, but that nowhere can he learn to what extent he and his family are threatened by this social infection he has heard about.

After his own voyage of discovery among his community agencies, he would understand why, for the purpose of the St. Paul project, which sought to analyze communitywide data of this kind, completely new machinery had to be devised.

The St. Paul project was part of a three-year research undertaking by Community Research Associates, Inc., which was financed by The Grant Foundation. Its purpose was to prepare a definite treatise on what we know and do not know about planning and organizing our community services so that they can more effectively prevent, and afford communitywide protection against the consequences of dependency, ill-health, maladjustment, and lack of recreational opportunities. This somewhat staggering undertaking involved considerable work in addition to the statistical study done in St. Paul. Materials and experience of community surveys carried out

previously by this group of associates were analyzed. A systematic screening and study of the literature from these four fields of community service was made. Extensive consultation was held with specialists from each of the fields.

Where the St. Paul study came in was to provide facts about the size, shape, and interrelatedness of the human problems with which agencies of these four service fields are working, in a typical urban community. The study was carried out jointly with the St. Paul Social Planning and Research Council, whose interest was, of course, to produce findings which might help in planning and improving their own program in St. Paul. That is another story—St. Paul's own story. What we are concerned with in this article is the illumination of current issues in one field of community service, bringing to bear upon it the pertinent facts and ideas from all the research sources, including some of the statistical findings from the St. Paul study.

IN THESE FINDINGS OUR INQUIRING CITY FATHER WOULD have found some of the answers he sought. He would also have found material for long and ponderous thought. During the month of November 1948, with the cooperation of 108 public and private St. Paul agencies in the four fields of service, data were obtained on each family served by each of the agencies. For each of the 41,000 families—40 percent of the families of the community—which had been served by the 108 agencies during that month, a schedule showed which agencies had given service and what the specific problem had been.

Final tabulations showed that 6,600 families were receiving financial assistance, 16,000 had health problems demanding service from community-supported health agencies, 19,000 were being served by the recreation agencies, and 11,000 had one or more members of the family involved with the courts, the mental health agencies or institutions or the casework agencies. Cross-tabulations provided reliable figures on the numbers of families being served simultaneously by agencies in the same and different fields of service. For instance, it could be determined that over 50 percent of the dependent families also had problems of ill-health, as did about 40 percent of the families having family or personal problems of maladjustment. In fact, it turned out that a group of 6,600 families had such a pyramiding of serious problems that they were claiming over half the service of the assistance, adjustment and health agencies.

There is no ready-made definition of what exactly constitutes evidence of failure to manage one's relations with society with reasonable success. At one time or another

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almost everybody has personal or family trouble which does not have such serious consequences as to demand community attention. For those who do require attention, sometimes a diagnosis is not, or cannot, be made. In planning this project, therefore, the consultants agreed to accept two principal types of evidence of the social maladjustment about which the community is, and has good reason to be, concerned. The first of these was *officially recorded antisocial behavior*, that is, the people about whose unsocial activity the courts have made some official judgments in society's behalf. The second was evidence of impairments to social capacity—mental deficiency, mental or emotional disorder, failure in primary obligations towards home, work, and school—as diagnosed by a psychiatrist, psychologist, or social caseworker.

This meant that the families known to correctional, mental health, and casework agencies and institutions were scrutinized together to obtain a composite picture of the maladjustment problem insofar as they knew it. During the month of the study, these agencies reported these evidences of maladjustment in about 10 percent of the community's families. In 6 percent of these there were symptoms of behavior disorder—that is, crime, delinquency, mental defectiveness, mental or emotional illness, and so on. In another 4 percent, while there was no evidence of personal inadequacy, the situation itself was so disorganized that the people involved apparently could not adjust to it without help.

What the counterpart of this bird's-eye-view from St. Paul would be for the nation as a whole, one can only surmise. Even the most persistent congressional committee could not draw together such a picture, for the data do not exist. But the humblest citizen knows that in our country the maladjustment problem, as it was defined for this project, involves a very large number of our people. Though the separate facts are fairly well known, it may be well to put some of them together briefly so as to keep before us the magnitude of the service responsibilities that confront our communities in this area.

OVER A MILLION AND A HALF SENTENCES ARE SERVED EACH year in our prisons, penitentiaries, jails, institutions for juvenile detention, and juvenile training schools. Over 600,000 mentally ill and 140,000 mentally defective people annually require care in our mental institutions. There is one divorce for every four marriages. Forty-one out of every 1,000 live births are babies born out of wedlock. At a very conservative estimate, 250,000 children are being cared for in foster homes or institutions because their own families are dissolved, or are unwilling, unable, or unfit to care for them.

Last available figures show that we have about 500 public and private hospitals for the care of the mentally ill and mentally defective, 700 community mental health clinics, 2,200 agencies and institutions for the care of children, and over 200 family casework agencies, plus a much larger number of agencies which give casework service under specialized circumstances, such as the American Red Cross and the Travelers Aid Societies. It is common knowledge that the extent of the maladjustment problem keeps all of these services constantly working up to, and in many cases beyond capacity.

It can be seen that though our inquiring city father will find that his community and country do a great deal

about the evidences of this problem, he will also learn that there is not much accurate knowledge about the extent, form, and shape of the problem itself. If his curiosity is whetted by what he has discovered, he will go on to find out that what his community and his nation do rests uneasily on a confusing tangle of notions about what ought to be done.

THE ORGANIZED COMMUNITY, EVEN IN MOST PRIMITIVE societies, has always undertaken to protect itself against the behavior of persons who were unwilling or unable to adjust to accepted laws and customs. There has been profound and progressive change over the centuries in public policy toward this function of society, reflecting change in the composite attitude of people toward the problems of their day. Our modern ideas of what we need to be "protected against" are much more comprehensive than were those of our forefathers. At the same time, a helter-skelter of ancient and modern ideas becloud our public policy toward this traditional function of society.

Our ideas about what constitutes unsatisfactory or unsuccessful behavior depend, in considerable degree, on the social judgment of the day. But this in itself confounds our confusions of public policy, for the social judgments of yesterday are always clinging persistently to those of today. Colonial America not only demanded protection against witchcraft, but also against failure of its citizens to observe the Sabbath. Some of the present generation can still remember the latter's descendant "blue laws."

Fortunately, although social judgment has played its part in determining our public policy through the centuries, humanity has been consistently interested, to some degree, in the cause of what we call maladjustment, and the manner of mending the error of man's ways. In the middle ages this was a simple matter, for a man was believed to be a completely free moral agent, directly responsible for all his acts of knavery, vagabondage, and evil-doing, and thus society had a right to revenge itself upon him. Indeed, the idea that punishment is the just desert of the deviate and a good object lesson for the potential "wrongdoer" still persists in our society.

A refinement of this somewhat crude concept was introduced by the political philosophers of the eighteenth century, heralding more modern ideas of "treating" the person so as to improve his adjustment to society. They clung to the idea of punishment but felt it was less a matter of social revenge than a deterrent to further misdemeanors. This gave rise to the custom of fixing penalties according to a kind of pain-pleasure formula—that the pain of the penalty must be greater than the pleasure of committing an antisocial act.

The powerful impact of the humanitarian movement, a century later, introduced yet a new element into this evolving public policy. Rooted in our Judeo-Christian philosophy, in the belief that the individual personality has intrinsic value, the concepts at the heart of this movement led to great reforms against the indecencies and brutalities of the gaols, gibbets, and mental institutions of the day. The community's casework system, the core of the social work movement in this country, was born of this humanitarian impulse to help man improve his lot. Obviously, the humanitarian ideal is still, and hope-

fully always will be, a strong factor in determining our public policy. But admittedly this powerful urge to be personally helpful does not contain within itself the knowledge of how to achieve the goals it sets up. For this, we look to a new element which has intruded into our thought with increasing force during the past half century—scientific inquiry into the causation and treatment of undesirable behavior.

Modern criminology and psychiatry began with study of *what* people did, but very soon moved into a preoccupation with *why* people did what they did. We now know that the causes of man's failure to make successful social adjustments are infinitely complex, and that they lie in a dynamic relationship between the inner person and the outward circumstances under which he lives. We know a good deal about the basic factors which impair that relationship. Along with the growth of scientific knowledge, we have seen the development of professional skill in the diagnosis and treatment of people who manifest symptoms of severe disturbance due to these impairments.

Thus our curious city father will find that in practice, what his town does or does not do about social maladjustment is a composite of all these factors. He will observe, not only among his fellow citizens, but also among the community's agencies and institutions, differences and confusions about what is or is not desirable and undesirable conduct, what causes it, whether and how it should be punished, accepted, treated.

The hope that this conflict and confusion can be untangled and that a coherent policy of public action may emerge arises from two current trends. The first is clearly in view, having been accepted by leaders in these matters. The discerning person may also see the second, but its acceptance is yet to come.

**E**ACH NEW STEP IN THE THEORY EVOLVING ABOUT HUMAN behavior has shown more clearly that the roots of anti-social behavior, mental and emotional illness, and family disorganization lie in the same dynamic soil. The services that have grown up in piecemeal fashion to cope with these problems, however, were practically organized to deal with crime, delinquency, child neglect, illegitimacy, mental disorder, and a host of other particular symptoms of social unadjustment as if they were separate and more or less unrelated entities. A page from medical history would show a similar idea about the treatment of consumption before the discovery of the tubercle bacillus, when each type of disorder produced by this germ was regarded as a separate disease.

Today the tacit acceptance of the broad generic quality of these various evidences of social maladjustment, as our correctional, mental health, and casework agencies push toward a treatment purpose, is revealed in the identity of their consequent requirements for professional personnel. Not only does each now see that its fundamental task is to diagnose and treat various kinds of behavior disorder, but each has concluded that this requires some combinations of the psychiatrist-psychologist-caseworker team. The national bodies which set standards for the wide variety of services in this field—mental hygiene clinics, mental disease hospitals, training schools for the mentally defective, adult correctional institutions and probation services, juvenile court and probation services, family and children's casework agencies—all recognize that some com-

bination of these professions is essential to their service, although the proportions of each ingredient differ in each prescription.

For example, according to the American Psychiatric Association and the United States Public Health Service, standards for a mental disease hospital call for one psychiatrist to every 150 patients, one caseworker for every 100 annual admissions, and psychologists as needed. For a mental hygiene clinic, according to the same organizations, there should be one psychiatrist for every 20 full time treatment cases, one psychologist for each one or two full time psychiatrists, and two or three caseworkers for each full time psychiatrist.

The standard for an adult correctional institution having 1,000 to 1,200 men, says the American Prison Association, calls for one psychiatrist and psychologists and caseworkers as needed.

The Family Service Association of America reports that a family casework agency which meets standards should have one qualified caseworker for every 25 to 30 active cases, and one supervisor for every five or six caseworkers. It is also becoming the practice in family casework agencies to have available both psychiatric and psychological testing service, although no authoritative standards as to amount have yet appeared.

**H**ERE THEN ARE THREE SYSTEMS OF COMMUNITY SERVICE which arose to meet what once seemed to be very different community problems, but which now seem to have arrived by their separate paths at a common realization that their tasks require a combination of the same underlying professional skills. If our city father has come this far with us, he may feel that this is yeast which could be the brewing of a greater measure of unity and coherence in getting at the over-all problem of maladjustment in his community.

The importance to public policy of seeing as a whole a problem with which a variety of agencies are dealing, which is the second emerging trend in this field, was illustrated many times over by the St. Paul data. One example is what it showed about the number of mentally defective persons and the communitywide implications of this disability for agencies dealing with different facets of maladjustment.

Altogether the agencies identified 9,794 individuals who showed one or more evidences of the behavior disorders described earlier. Our city father could not have known, however, and very few professional people would have guessed that nearly one quarter—2,367 to be exact—of these would turn out to be mental defectives. National estimates are that between one and two percent of the ordinary community's population are mentally abnormal. Very few would have guessed either, it is probably safe to say, that, as these figures indicate, perhaps half of all the mentally subnormal people in St. Paul would be requiring help or protective supervision from the community's agencies at any particular given point of time.

Everyone realizes that the mentally impaired are almost by definition more maladjustment-prone, than those with normal faculties. But in most communities very little is known about the degree to which this group is swelling the "evidences" of maladjustment that must be attended to by the courts and correctional agencies, the casework agencies, the relief and community-supported health



agencies. For example, a twenty-year record of a small group of families in Stamford, Connecticut, known to have mentally defective members, compiled as part of this research, showed that adults from two thirds of them had been convicted of crime, and juveniles from the same proportion convicted of delinquency. The rate of commitment for child neglect from these families was 13 times as high as for the community as a whole. In St. Paul one third of the families of these mentally subnormal persons were on relief, and 40 percent were being provided medical, nursing or other services by the health agencies of the community.

More than ten years ago, the White House Conference on Children in a Democracy recommended that communities make systematic plans to identify this mentally subnormal group; keep careful track of the different kinds of trouble which they get into; insure a greater measure of continuity and coordination among the different agencies which must deal with the different outcroppings of their adjustment disabilities. By systematically identifying these individuals and analyzing the communitywide significance of facts about them, the St. Paul project took the first step. Still to come, however, is experimentation with practical procedures for coordinating the different services to prevent this group of maladjustment-prone individuals from getting into as much expensive community trouble as they now do.

Another illustration of the importance of "seeing the problem whole" can be drawn from St. Paul data which concerned what might be called a "service-indicated and service-provided" ratio.

OUT OF MALADJUSTMENT FAMILIES ABOUT WHICH THE study had full data, 29 percent showed no evidence of behavior disorder. Rather, it appeared that their problems were due primarily to an inability to cope without help with some particular situation that confronted them. The great proportion, the remaining 71 percent, reported an average of one and a half persons per family showing evidences of serious personality difficulty. There were 2,376 mentally deficient persons mentioned above, 1,822 who had been diagnosed as mentally ill (1,208 of them classified as psychotics), 3,493 who were reported by caseworkers as failing in major responsibilities toward home, school or work, and 3,447 who had official records of anti-social behavior. Well over a third of these families were dependent on the community for support or had serious health problems or both. The same person, of course, often was reported by several agencies who tagged him with the classification appropriate to their particular diagnostic bent. It seemed reasonable to presume that the second and larger group, in all of whom evidences of complicated mental, emotional, and personality disorders were combined with situational or environmental difficulties, would require the maximum of diagnostic and treatment skill of variant psychiatric-psychological-casework teams. Equally it seemed reasonable to presume that the first and smaller group, whose situational difficulties were uncomplicated by personality deviations and disorders, would require a simpler kind of casework assistance which is primarily directed to a better management of the environmental obstacles.

Actually, however, the service available in the community was in inverse ratio to the indicated need. Using

the national standards referred to above as indicative of the requirement for diagnosis and treatment, it was found that only 13 percent of the service provided to these families was by agencies equipped to diagnose and treat a composite of personality and environmental problems. Seventy-three percent was by agencies equipped to treat only environmental situations and 13.5 percent by agencies equipped to give custodial care only.

A close-up of the casework alone dramatizes the picture further. Fifteen percent of the casework service was being given by agencies having the staff standards and caseloads that permit painstaking care and treatment of any serious compounding of personality and environmental difficulties. The other 85 percent was being given by agencies who could provide no more than situational help. Only 50 or 60 of the 211 caseworkers then employed by St. Paul agencies were working under the circumstances necessary for providing the diagnostic and treatment services required to deal with complicated behavior disorders.

The actual proportions of this "service-indicated and service-provided" ratio would undoubtedly differ from community to community. However, it is highly probable that many communities are now making a very substantial investment in service to meet the lesser of the two needs represented in their total problem.

Underlying this imbalance, the paucity of personnel now recognized as indispensable to diagnosis and treatment, of and by itself demands a communitywide look at the total problem of maladjustment. Above the battle of frantic competition among the three systems for available competent practitioners remain a group of cold facts: There were, at last report, 4,000 qualified psychiatrists, 1,000 clinical psychologists, and 15,000 caseworkers who had completed the two years course in professional schools of social work. Training facilities for these specialties are limited. The minimum required period of study after high school ranges from eleven years for the psychiatrist to six years for the caseworker to five years for the clinical psychologists. Not in any foreseeable future will there be a great enough reservoir of these trained practitioners to meet all the requirements of ideal goals. One of the first items on any agenda for community planning must be how to make the best and most economical use of the precious personnel now available.

AS WE HAVE SAID, THE SECOND CURRENT TREND IN OUR social adjustment services—the effort to see the problem whole, in communitywide terms—is as yet barely discernible. It is at once a concomitant and a result of the first: the growing realization that the basic task of the three adjustment systems is a common one requiring similar professional skills. The St. Paul project, in giving some semblance of size and shape to the problem in one community, has illuminated these trends more clearly.

Many citizens, like our city father, and many practitioners are deeply concerned about this complex field of community service. It remains for them, and for all of us, to decide that we cannot much longer depend on the candlelight of our traditional piecemeal approach to social adjustment. We must throw the switch to illuminate the whole problem in many more communities, and to allow a new public policy of unity and coherence finally to come to birth.

## VI. From Continent to Globe

BENTON MACKAYE

**"D**AMN YOU, KEEP YOUR EYE ON THE BALL!" Such was the poignant advice administered to me with tongue and boot by an exuberant football coach in the gay and rugged Nineties. Via head and hind I have always remembered it. It applies to many things, indeed to all things leading to a goal. It applies not only to making the most of a new continent, from aboriginal beginnings to an American folkland; it applies to the goal of a habitable globe.

Poignantly if less ruggedly I bequeath that challenge to every geotechnist; to every citizen with active concern for the future. The time has come to look forward and in this our thought must shift from matters continental to those global.

Is there one secret, more profound than any other, for leading us toward this final goal of earthly habitability? If so, what is it? Who has it? Let us ask the greatest of all experts in the matter, namely Dame Nature, who, during the ages since the Silurian, has been steadily making the earth more habitable. From all indications, her answer is to follow heaven's first law—*order*.

### WAYS TO GLOBAL ORDER

**W**HITHER THE WAYS?

We can perhaps get our bearings by noting first those leading toward disorder. Two ways—both highly lighted—lead straight as turnpikes toward the blackout of order on earth and good-will among men. They are today's big two terrestrial menaces:

- A. Starvation:* human stomachs multiply while crop acres decline.
- B. Decimation:* men have found the means to destroy themselves wholesale.

On the other hand, two other ways—one highly lighted, the other dimly so—lead by various routes, and round about, toward the bright hope of earth order. They stake out two definite lines of approach in attacking these menaces:

- (a) *Frontal:* essentially political efforts toward some form of global sovereignty and peace.
- (b) *Flank:* economic and cultural efforts toward global solvency and social unity springing from interests common to all.

Menace *A* is both cause and effect of menace *B*, and *vice-*

—Here a pioneer American forester stretches our imaginations in projecting his theme from our native soil and waters to the planet as a whole. His concluding article will bear the title "Toward Global Law."

*versa*. The frontal approach hits especially at menace *B*; the flank approach directly at menace *A*, indirectly at *B*.

Lest this "algebra" grate on the reader, let me draw on historical analogy. Take the situation in our incipient "United States" immediately following the Revolutionary War. There were two main menaces (which were already partly fact in the 1780's): economic depression caused by upset foreign trade; and internal dissension among the new States. Then as now there were two approaches to these menaces—frontal and flank. Both were tried by various leaders of that day.

### FLANK APPROACHES

**T**HUS WASHINGTON FIRST MADE A FRONTAL APPEAL TO THE thirteen Confederate States to form themselves into a full fledged national government; issuing his famous "Legacy to the American people" (1783). Now Washington had the greatest prestige of any American then living; yet his political attack dragged.

Whether conscious or not of its full import at the start, he tried a second and economic approach—as brought out in my last installment—"Washington and the Watershed," *The Survey*, March). He had quietly set to work on a pioneer transportation project, the C & O Canal reaching through to western settlements in the hinterland beyond the Alleghenies. In this connection, his efforts at Mt. Vernon to compose conflicting sovereignties in the Potomac between representatives of Virginia and Maryland bore fruit two years later at the Constitutional Convention in Philadelphia. As we have seen, only less significant than the enduring framework for political union set up there under his chairmanship, was its crucial interstate commerce clause—establishing federal sovereignty over rivers as a means for trade and communication in knitting the new Republic together.

Returning to twentieth century history I take my cue from Washington's experience with frontal strategy. I am not writing on world government. I am concerned with geotechnics, with a series of activities aimed at starvation and decimation. The activities consist of flank attacks on these threats both to global order and human well-being.

Such efforts are central to the role of geotechnists in today's world. They concern everybody everywhere. At least three international institutions are now engaged in prosecuting them. These are—in the economic field, FAO (Food and Agricultural Organization of the United Nations); in the cultural field, UNESCO (United Nations Educational, Scientific and Cultural Organization); in the ecological field, the PACC (Pan-American Conservation Congress).

Statesmen and mass movement make first page head-