DOCUMEN' RESUME

ED 264 359 UD C24 635

AUTHOR Gary, Lawrence E.; And Others

TITLE Pathways: A Study of Black Informal Support

Networks.

INSTITUTION Howard Univ., Washington, D.C. Mental Health Research

and Development Center.

SPONS AGENCY National Inst. of Mental Health (DHHS), Rockville,

MD. Center for Minority Group Mental Health

Program.

PUB DATE 84

GRANT 5-R01-MH-32495-02

NOTE 235p.

AVAILABLE FROM Mental Health Research and Development Center,

Institute for Urban Affairs and Research, Howard University, 2900 Van Ness Street, N.W., Washington,

DC 20008 (\$3.00).

PUB TYPE Reports - Descriptive (141) -- Reports -

Research/Technical (143) -- Tests/Evaluation

Instruments (160)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.

DESCRIPTORS *Black Community; Black Family; *Blacks; Depression

(Psychology); Emotional Problems; Family Problems; Financial Problems; *Mental Health; Mental Health

Programs; *Social Support Groups

IDENTIFIERS Virginia (Richmond)

ABSTRACT

This study was undertaken to develop a comprehensive data base regarding the use of informal social support networks as avenues of help-seeking among Blacks for the solving of mental health related problems. The study population consisted of 451 noninstitutionalized Black adults from Richmond, Virginia, nearly two-thirds of whom were women. The respondents were interviewed with a structured interview schedule which is included at the end of the report. The incidence of mental health related problems, the number of stressful life circumstances, the number of recent problems, and the number of depressive symptoms experienced are detailed in the report. The most frequently experienced problems related to finances and family. The most recent problems related to life transitions. Female, divorced/separated, young, and less religious respondents experienced more stressful life circumstances. Other factors found to correspond with more problems were not being active community participants and having low incomes. Female friends, male friends, and sisters were named as those most often turned to for support, with a same sex preference indicated. For the most part, respondents turned to informal sources of support during financial crises and to formal services during health related crises. Overall, respondents were not knowledgeable about various mental health facilities in their community and only 4.6% indicated that they had used such a facility at least once in the past year. The study results have direct implications for enhancing the helping capacity of informal social support networks. (CG)



ED264359

102635

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER IERIC!

This document has been reproduced as received from the person or organization ongrating if

Minor changes have been made to improve reproduction quality

Points of view or opinions stated in this document do not necessarily represent official NIE position or policy

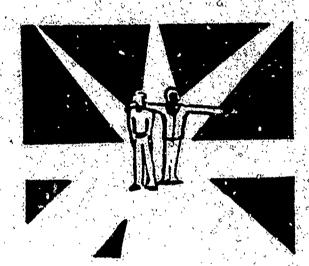
PATHWAYS:

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROF CHE ONLY HAS BEEN GRANTED BY

Lawrence & Gary Howard Cenwersely

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

A STUDY OF BLACK
INFORMAL SUPPORT NETWORKS



Mental Health Research and Development Center Institute for Urban Affairs and Research Howard University

Washington, D.C.
1984



PATHWAYS: A STUDY OF BLACK INFORMAL SUPPORT NETWORKS

By

Lawrence E. Gary
Diane R. Brown
Norweeta G. Milburn
Veronica G. Thomas
Donald S. Lockley

Mental Health Research and Development Center Institute for Urban Affairs and Research Howard University Washington, D.C. 1984



ACKNOWLEDGEMENTS

Without the participation of 451 persons in Richmond's Black community who opened their doors and shared their lives with us, this research would not have been completed by the Institute for Urban Affairs and Research (IUAR). Our deepest appreciation is extended to them and also to the Reverend Roscoe Cooper, pastor of the Fifth Street Baptist Church, which was the site of the Pathways field operations.

Our gratitude must also go to the Howard University Alumni Chapter in Richmond, and especially to alumnus Charles Howell of WTVR-TV, for volunteering their time and effort for this project. In addition, field operations supervisor Audrey Burton, her assistant, Elizabeth Brown, and the 45 Richmonders who worked as interviewers are to be thanked for their commitment and perseverance.

As an instrumental part of the Institute's professional support network, Dr. Neil Henry and Dr. Napoleon Peoples, both of Virginia Commonwealth University, along with Dr. James Gunnell, formerly of Virginia Union University, and Dr. Phillip Bowman of the University of Michigan are acknowledged for their expertise and consultation which facilitated entry into the Richmond Black community and the collection of data.

From the initiation of the project until its conclusion, several IUAR staff members provided invaluable assistance to this effort. This included Eva M. Bell, Sterlon Hawkins, Amybelle Wright, Dorothy Vance, Frazier Tate-Jackson, and William B. Wright. A number of former staff members are also to be



ii

recognized for their contribution to the development and implementation of the Pathways project. Among these are Cleopatra Howard, Quentin Newhouse, Christopher Booker, and Marilyn Powell-Thomas.

The research was conducted with a grant from the Center for Minority Group Mental Health Programs of the National Institute of Mental Health, 5 RO1 MH 32495-02.



TABLE OF CONTENTS

ACKNOWLEDGEMENTS	ii vi ix
LIST OF TABLES	
	ix
LIST OF FIGURES	
LIST OF APPENDICES	x
EXECUTIVE SUMMARY	хi
CHAPTER I. INTRODUCTION	1
Selected Literature Review	4
Objectives	7
CHAPTER II. METHOD	10
Overview	10
Study Population and Site	10
Sampling Procedure	11
Sample	14
Instrument	16
Data Collection and Field Operations	23
Data Analysis	23
CHAPTER III. RESULTS	25
Overview	25
Mental Health Problems	26
Social Network Characteristics	43
Approaches to Help-Seeking	80
Perceived Satisfaction with Support Networks	87
Knowledge and Utilization of Mental Health Agencies	91
CHAPTER IV. DISCUSSION AND IMPLICATIONS	95
Overview	95



TABLE OF CONTENTS (Continued)

Mental Health Problems	96
Social Network Characteristics	100
Approaches to Help-Seeking	108
Perceived Satisfaction with Support Networks	111
Knowledge and Utilization of Mental Health Agencies	111
Implications	112
REFERENCES	117
APPENDICES	122



LIST OF TABLES

Table		Page
1	Descriptive Summary of the Sample	. 15
2	Family Structure Typology	. 18
3	Rank and Number of Positive Responses to Events on the Stressful Life Events Inventory	28
4	Rank and Number of Positive Responses to Events on the Index of Recent Concerns	29
5	Correlations: CES-D, Recent Concerns, and Stressful Life Events	. 30
6	Summary Table: Analysis of Variance for Stressful Life Events by Demographic Characteristics	32
7	Summary Table: Analysis of Variance for Recent Concerns by Demographic Characteristics	33
8	Means for Recent Concerns by Income and Education	34
9	Summary Table: Analysis of Variance for Depressive Symptoms by Demographic Characteristics	35
10	Means for Stressful Life Events by Community Participation and Family Structure for Men	38
11	Means for Recent Concerns by Community Participation and Family Structure for Men	39
12	Short Distance Networks	46
13	Long Distance Networks	47
14	Frequency and Percent of the Number of Individuals Named as Closest Contacts When Given the Opportunity to Name up to Five Persons	49
15	Top Ten Individuals Named Most Frequently as One of the Five Closest Contacts	50
16	Frequency and Percent of Contact with First Person Named as a Member of the Social Support Network	52
17	Frequency and Percent of Durability for Social Support Network Relationships	53



vi

LIST OF TABLES (CONTINUED)

18	Frequency and Percent of Directedness for Social Support Network Relationships with the Three Types of Helping Behaviors	55
19	Chi-Square Analysis: Long Distance Network Range by Education of the Respondents	56
20	Individuals Named Most Frequently as One of Five Closest Contacts by Sex of the Respondents	57
21	Individuals Named Most Frequently as One of the Five Closest Contacts by Age of the Respondents	58
22	Individuals Named Most Frequently as One of the Five Closest Contacts by Education of the Respondents	59
23	Individuals Named Most Frequently as One of the Five Closest Contacts by Marital Status of the Respondents	60
24	Individuals Named Most Frequenty as One of the Five Clasest Contacts by Household Structure of the Respondents	61
25	Individuals Named Most Frequently as One of the Five Closest Contacts by Employment Status of the Respondents	62
26	Individuals Named Most Frequently as One of the Five Closest Contacts by Household Income of the Respondents	63
27	Summary Table: Chi-Square Analysis of Network Density by Sex and Employment Status of the Respondents	64
28	Summary Table: Chi-Square Analysis of Network Directedness for Giving and Receiving Advice by Sex, Age, and Employment Status of the Respondents	65
29	Chi-Square Analysis: Network Directedness for Giving and Receiving Help by Marital Status of the Respondents	66
30	Summary Table: Chi-Aquare Analysis of Long Distance Network Range By Community Participation and Religiosity of the	
	Respondents	73



LIST OF TABLES (CONTINUED)

31	Individuals Named Most Frequently as One of the Five Closest Contacts by Community Participation of the Respondents	74
32	Individuals Named Most Frequently as One of the Five Closest Contacts by Religiosity of the Respondents	75
33	Chi-Square Analysis: Network Directedness for Giving and Receiving Advice by Community Participation of the Respondents	78
34	Presence and Absence of Financial, Employment, Crime, Family, and Health-Related Problems within the Past Five Years	81
35	Incidence of Help Sought from Various Sources as a Function of the Type of Problem	82
36	Incidence of Help Sought from Informal vs. Formal Support Networks as a Function of the Type of Problem	84
37	Types of Help Provided to the Respondents by Type of Problem	85
38	Perceived Satisfaction of the Respondents with the Responses of Others to Their Problems	88
39	Chi-Square Analysis: Respondents' Satisfaction with Network Support by Education Level	89
40	Summary Table: Chi-Square Analysis of Knowledge of Mental Health Facilities By Age, Marital Status, Education, and Employment Status of the Respondents	0.2



LIST OF FIGURES

Figure							Page	
1	Components	of	the	Social	Network	•••••	44	



LIST OF APPENDICES

		Page
Α.	Stratification Distribution for the Pathways Sample	124
В.	Completion and Response Rates for the Pathways Sample	126
c.	Comparisons of Selected Variables with 1980 Census Figures for Richmond, Virginia	128
D.	Data Collection Instrument	131



12

EXECUTIVE SUMMARY

The Mental Health Research and Development Center of Howard University's Institute for Urban Affairs and Research undertook a study to develop a comprehensive data base regarding the utilization of informal social support networks as an avenue of help-seeking for Blacks. The following objectives were addressed: (1) to determine the presence and absence of a number of mental health-related problems, (2) to identify, classify, and describe the nature and magnitude of informal social support networks available to Blacks, (3) to ascertain the extent to which informal versus formal social networks are applied in help-seeking, (4) to determine the satisfaction of Blacks regarding the assistance they receive through their informal social support networks, (5) to examine the extent to which Blacks are knowledgeable about and use formal mental health facilities, (6) to examine the relationship among sociocultural, demographic, and social network characteristics, and (7) to develop hypotheses concerning the utilization of informal social networks among Blacks and suggest corresponding program and policy implications for mental health service delivery.

Four hundred and fifty-one (451) noninstitutionalized Black adults from Richmond, Virginia, participated in the study. The mean age of the respondents was 42.0 years, and nearly two-thirds (60.8 percent) of the respondents were women. The respondents were interviewed with a structured interview schedule during the late summer and fall of 1981.



хi

The findings from the study provided comprehensive data on informal social support networks, help-seeking behavior, and mental health-related problems among Blacks.

The incidence of mental health-related problems among the respondents, the number of stressful life circumstances, the number of recent problems, and the number of depressive symptoms experienced were identified. The respondents experienced a-range of stressful life events, but those that were experienced the most frequently were financial problems and family-related problems such as the death of a close family member. The recent problems about which respondents were concerned pertained to life transitions such as returning to school or retirement. As a whole, the respondents were not a "depressed" sample; however, some respondents experienced more depressive symptoms than others did.

Female, divorced/separated, young (18 to 30 years old), and less religious respondents experienced more stressful life circumstances, such as financial problems or the death of a close family member, than did other respondents. Younger respondents (18 to 30 years old) and individuals who were divorced/separated or never married, employed, and less religious also experienced more recent concerns, than other respondents did. The recent concerns of respondents pertained to issues such as thoughts about returning to school. In addition, respondents who were female, widowed or never married, younger (18 to 30 years old), nonactive community participants and who had a lower income experienced more depressive symptoms than did other respondents.



Most of the respondents had social networks consisting of friends and relatives that lived within a 50-mile vicinity. Respondents who had at least some college education, were religious, and actively involved in their communities were more likely than were other people to have long distance social networks. These individuals had friends and relatives who did not live in close proximity to them.

Looking specifically at the inner circle of the respondents' social networks, female friends, male friends, and sisters were the network members to whom respondents indicated they felt closest. Men and women had a same sex preference for those they named as a close person. For example, men named male friends and women named female friends. The majority of the sample had dense inner circles within their social networks, wherein all the network members knew one another. Male and unemployed respondents were more likely than were others to have these dense social networks.

The respondents had very frequent contact with members of their respective social support networks. Over 80 percent of the respondents had contact with a network member at least two or three times per week. Most of these social support network relationships were quite durable. Nearly 20 percent of the sample had known members of their network for over 30 years. Older (over 65 years), widowed or married, and highly religious respondents had the most enduring network relationships. Most of the social support network relationships were not reciprocal, especially when exchanging money was involved. Male, middle-aged (45 to 65 years), and employed respondents as well as those who were



involved in the community, were more likely than were others to have reciprocity when it came to giving and receiving advice. Only those respondents who were not married (either single, divorced, or separated) were more likely than were others to have reciprocity for giving and receiving help.

For the most part, the respondents turned to informal sources of support during financial crises and to formal sources of assistance during health-related crises. The help received from informal sources included emotional support and instrumental support in the form of various gifts and loans. Formal sources of assistance were more likely to provide help in the form of other types of instrumental support such as medicine or treatment.

Most of the respondents were satisfied with the assistance they received from their support networks. Respondents who were more educated were, in particular, more likely than were others to be satisfied with this support.

Overall, the majority of the respondents were not knowledgeable about various mental health facilities in their community. However, younger individuals and never married persons were more knowledgeable about these facilities than were their older and married counterparts. In addition, respondents who were active in the community were more knowledgeable about these facilities than were nonactive respondents.

In terms of the utilization of community mental health facilities, only a very small percentage (4.6 percent) of the respondents indicated that they had used such facilities at least once within the past year. A slightly greater proportion of



kiv 16

nonactive community participants than active community participants used community mental health facilities.

Several promising areas for future research emerged from the findings. In addition, the results had direct implications for human service providers interested in enhancing the helping capacity of members of the informal social support network.



CHAPTER I

INTRODUCTION

Blacks are disproportionally impacted upon by a range of circumstances which are associated with a high prevalence of mental health problems. For example, in 1982, 35 percent of the Black U.S. population lived below the poverty level, while only 12 percent of white Americans lived under these same conditions (Pear, 1984). In addition, it has been repeatedly documented that the unemployment rates for Blacks across various age, gender, and educational levels are higher than those for their white counterparts (U.S. Department of Labor, 1983). Blacks, in comparison with whites, differentially confront a number of other stressful life conditions, including higher rates of infant mortality, fewer years of schooling, poorer housing, and lower rates of life expectancy (U.S. Bureau of the Census, 1980). Furthermore, many Black communities are plagued by problems of alcoholism and drug abuse. Thus, it is apparent that large segments of the Black population live under stressful conditions which are conducive to the emergence of mental health-related problems.

Despite the prevalence of stress-related conditions confronting Blacks, research indicates that they are often reluctant to seek assistance from formal mental health facilities (Cannon & Locke, 1976; Gary, Hendricks, & Howard, 1979; Greenley & Mechanic, 1976; Leutz, 1976; Shapiro, 1975; Sue, Allen, McKinney & Hall, 1974). Several factors appear to influence this decision. Some studies have found that Blacks do not perceive that coping



1

with daily problems or crises is related to the maintenance of mental health and, thus, such coping is not perceived as requiring professional help (Gary, 1978; Hollingshead & Redlich, 1958, Landy, 1960; Lerner & Anderson, 1963; Lieberman, 1975). Cher research suggests that barriers such as inaccessible locations, the lack of adequate transportation, the inability to take leave from work, and negative perceptions of culturally and racially alien care givers preclude Blacks from using formal mental health facilities. These factors are reflected in the high dropout rate among Blacks who seek assistance from the formal delivery system (Finman, 1975; Garfield, 1963; Gilbert, 1972).

While it is evident that Blacks experience social conditions that are adversely related to mental health and that many are disinclined to use formal mental health facilities, it is also evident that most Blacks do manage to survive, cope, and function within the society. Thus, it can be assumed that Blacks use alternative avenues for obtaining assistance with problems and maintaining adaptive behaviors. Several studies have indicated that, when faced with a range of stressful life events, from daily harassments to major crises, many Blacks seek assistance from persons within their informal social networks such as family members, friends, neighbors, work associates, and church members (Hill, 1972; Nobles, 1976; Stack, 1974; Staples, 1976). These informal social networks seem to continuously function as a support source for Blacks when they need assistance.

Despite this evidence that suggests the importance of informal social networks among Blacks, research on Blacks that investigates the utilization of informal social support networks



as a resource for dealing with mental health-related problems is relatively scarce. It is difficult to make broad generalizations about Black informal social networks because of the methodological constraints of a number of these studies. For example, some studies have peripherally included Blacks in their samples (Hays & Mindel, 1973; Thompson, 1973), while others have focused solely on low-income Black populations (Stack, 1974; Warren, 1976) or data obtained from secondary sources (Blumberg & Bell, 1958). Few empirical research efforts have undertaken an in-depth analysis of the identification, utilization, and maintenance of informal social support networks as a resource in the prevention of mental illness among Blacks. The purpose of this study was to address this gap in the research knowledge by examining informal social support networks in a diversified Black population in the United States and to determine the extent to which Blacks use these networks in problem-solving.

The results of this study are described in this report. The remainder of this chapter reviews some of the social science literature that served as the conceptual framework for the study, and presents the research objectives. Chapter II covers the research methods that were used to undertake this study. This chapter also provides information on the study site and sample population, the sampling procedure, the research instrument, and the data analysis techniques that were used. Chapter III focuses on the findings of the study. These findings are organized around the research objectives. The last chapter, IV, presents a discussion of the findings as well as their implications for program and policy development.



Selected Literature Review

This is not an exhaustive review of the social science literature on informal social networks. Instead, the review provides summary information from social science research to illustrate how social networks have been defined and studied in general, as well as within the Black community.

Social Networks

The concept of "social network" has been variously applied to form a basis for understanding the complex set of social interrelationships among individuals, their relatives, friends, neighbors, and others in the community (Barnes, 1954). "Social support networks" are social networks which consist of the structural configuration of relationships among people that can provide tangible and intangible forms of assistance (Gottlieb, 1978, 1981). The initial research on social networks was done in anthropology (Barnes, 1954). This research was generally conducted in isolated communities, where documentation of helping relationships among family, friends, and neighbors was more easily identifiable than it was elsewhere.

Within the past decade, however, numerous researchers have begun to examine networks from an urban perspective (Capian, 1974; Craven & Wellman, 1973; Martineau, 1977; Stack, 1974). The importance of informal social support networks in urban settings has been presented in social science literature from several perspectives, ranging from studies of the assistance provided by informal care givers (Caplan, 1974; Collins, 1973; Leutz, 1976) to



4- 21

investigations of the neighboring patterns in urban neighborhoods and participation in community organizations (Bell & Boat, 1957; Gans, 1962; Warren, 1975; 1976). Kinship and friendship bonds have been the focus of a substantial amount of this research (Blumberg & Bell, 1958; Gans, 1962; Irving, 1977; Langlie, 1977; Martineau, 1977; Mitchell, 1969; Stack, 1974)

Overall, previous research indicates that informal social support networks can function as alternatives to formal types of assistance within the boundaries of urban setings (Bell & Boat, 1957; Blumberg & Bell, 1958; Irving, 1977). These networks may consist of family members, friends, neighbors, co-workers, ministers, local merchants, and/or mutual-help groups. Researchers have typically looked at the structural characteristics of social networks when they examined the assistance provided through such networks. These characteristics focus upon aspects of the relationships among network members, such as the number of relationships within the network, the geographic distance of network members from one another, the amount of contact network members have with one another, and the reciprocity and durability of network relationships (Leavy, 1983; Mitchell, 1969).

Social Networks within the Black Community

Little comprehensive data exist on informal social support networks within Black communities. The literature that has emerged, however, indicates that the family is a primary source of support within the Black community. Nobles (1976) documented that "family networking" is the basis for many services such as child care, financial aid, and counseling. Using a sample of low-income

Blacks, Hays and Mindel (1973) also revealed the importance of the family as a source of support. In addition to family members, friends have been found to be a source of support (Stack, 1974).

Neighboring has been found to be another critical source of support for Blacks. A study by Warren (1975) indicated that the local neighborhood plays a more critical role in the lives of Blacks than it does among whites. Blacks rely on neighborhoods as a reference group, a center for interpersonal influence, and an arena for interaction. Blacks rely on their neighbors for assistance and engage in lending and borrowing activities with their neighbors (Martineau, 1977).

There are also other informal support resources for Blacks within the neighborhood. Probably one of the more crucial sources of assistance is the Black church. The church has been repeatedly documented as a significant resource for problem-solving activities within the Black community (Franklin, 1974; Frazier, 1964; Hill, 1972; McQueen, 1977; Staples, 1976).

Other Black organizations within the neighborhood and community environment, such as fraternal societies, sororities, social clubs, and civic associations, serve as additional resources for informal support (Jones, 1977; McPherson, 1971; Tomeh, 1973). Billingsley and Giovannoni (1972) observed that Black women's clubs are especially active in providing social work and mental health services to the Black community. Additional sources within the broader community provide help in problem-solving. Community leaders and informal, indigenous care givers, such as the local bartender, beautician, grocery store clerk, indigenous therapist, fortune teller, or soothsayer, often



-6- .

become part of the informal support network. However, the literature provides sparse documentation of their roles as informal helpers in the Black community.

Summary

The social science literature on informal social support networks provides scanty empirical data from which clear inferences and generalizations may be drawn about the nature and magnitude of informal social support networks among Blacks. Research that includes Blacks has been somewhat limited in scope, many times only highlighting the importance of families and friends (Hays & Mindel, 1973), while ignoring the potential extent of individuals' social networks. Studies which have extended their methodologies to include additional aspects of social networks, such as Black neighborhoods (Warren, 1975), Black churches (Cameron, 1969; Glenn & Gotard, 1977), and Black organizations and voluntary associations (Stack, 1974) have usually included only the impoverished segments of the Black population. While this information is useful, it does not provide a foundation upon which to build a systematic body of knowledge concerning the function and utilization of the informal social network as a resource in problem-solving and the preservation of mental health among Blacks.

<u>Objectives</u>

This study was undertaken in an effort to develop a comprehensive data base regarding the utilization of informal

social support networks as an avenue of help-seeking for Blacks. This study had as its focus the following objectives:

Objective I. To determine the presence and absence of mental health-related problems confronting a representative sample of Blacks. The occurrence of mental health-related problems was examined by looking at the stressful life events, recent concerns, and depressive symptoms experienced by respondents.

Objective II. To identify, classify, and describe the nature and magnitude of informal social support networks available to Blacks. Six (6) structural network characteristics were investigated: (1) range, (2) nature, (3) density, (4) frequency, (5) durability; and (6) directedness. Three (3) components of the social networks were focused upon: the overall social network that consisted of respondents' relatives and friends; the inner circle of the social network which included the people to whom respondents felt closest, and the social support network that was comprised of people who provided assistance to the respondents.

Objective III. To ascertain the extent to which formal and informal networks are applied to help-seeking. Various approaches to help seeking were examined. Two (2) specific problem areas, financial and health-related, were focused upon to determine the extent to which respondents use formal and informal network resources when they need assistance. Formal network resources consisted of various sources of help, such as physicians or mental health agencies. Informal networks, on the other hand, comprised such sources of help as relatives, friends, a spouse, or the church.



Objective IV. To determine the satisfaction of Blacks regarding the assistance received through the informal social support networks. Information concerning respondents satisfaction with assistance received through informal social support networks was assessed.

Objective V. To examine the extent to which respondents are knowledgeable about and use formal mental health facilities. Information was gathered on respondents' awareness and use of formal mental health facilities.

Objective VI. To examine the relationship among sociocultural, demographic, and social network variables. A number of variables were investigated. Specifically, demographic variables included the following: (1) age, (2) sex, (3) education, (4) marital status, (5) employment status, (6) family structure, and (7) household income. The sociocultural variables were community participation and religiosity. The network variables consisted of the six structural characteristics discussed earlier: (1) range, (2) nature, (3) density, (4) frequency, (5) durability, and (6) directedness.

Objective VII. To develop hypotheses concerning the utilization of informal social support networks among Blacks and the corresponding program and policy implications for mental health service delivery. The research findings were critically examined and a number of hypotheses concerning the use of informal support networks among Blacks and various program and policy implications for mental health service delivery were proposed.

CHAPTER II

METHOD

Overview

In contrast to the anthropological research methods most often used to examine social networks, survey research techniques were employed to implement the present investigation, which is commonly referred to as Pathways. Data were collected through the use of personal interviews conducted during the late summer and fall of 1981. This chapter of the report describes the survey research techniques that were used, including the selection of the study site, the sampling procedure and sample description, the instrumentation, the data collection and field operations procedures, and the data analysis process.

Study Population and Site

The target population for this study consisted of Black adults, 18 years of age and older, residing in the urban community of Richmond, Virginia. The city of Richmond was chosen as the research site for several reasons. Richmond, the focal point of a large metropolitan area, was considered an appropriate site because it contained a Black population of over 100,000 persons with a fairly stable and varied economic base. In addition, Black communities within Richmond were socially, economically, and politically viable. This was evidenced by the range of Black community, civic, and fraternal organizations within Richmond as well as the presence of three Black city council members, a Black mayor, and a Black state senator from Richmond. The city of Richmond is also the site of one of this country's historically



-10-

Black colleges, Virginia Union University. All of these factors suggested that the Black residents and communities of Richmond met the conditions sought for Pathways' research population. That is, Richmond's Black population was a diverse group of Black Americans.

Sampling Procedure

A multi-stage, cluster sampling procedure was used to select a representative sample of the noninstitutionalized Black adult population residing in Richmond. The procedure ensured that all Black adults in Richmond had an equal chance of being selected as part of the study sample. In addition, it helped to keep interview costs at a minimum by concentrating interviewers in sections of the city where Blacks actually resided.

The sampling scheme consisted of five stages. These stages involved the selection, determination and/or identification of:

(1) census tracts, (2) the number of blocks to be selected from each census tract, (3) the specific blocks to be sampled within each census tract, (4) the specific households within selected blocks to be sampled, and (5) the specific respondents to be interviewed within selected households.

Stage 1

According to census data, the city of Richmond contained sixty-nine census tracts. In this study, five of these tracts were eliminated because they contained virtually no households (i.e., they were census tracts comprised primarily of parks or business districts) or almost no Blacks resided within them. As a result, sixty-four tracts were considered in this investigation. The sixty-four tracts were ordered according to median income and



the percentage of Black residents within the tract. (The distribution of Pathways' sample on these two strata can be seen in Appendix A.)

Stage 2

The sampling plan indicated that three interviews would be conducted per block and that the total sample size (\underline{N}) would be 450. It was determined that 150 blocks (450/3) were needed to complete this task. To determine the number of blocks to be selected per census tract, the total number of Richmond Blacks living in households was divided by 150. This number provided the sampling interval for the number of blocks to be selected from each census tract.

Stage 3

Essentially the same procedure was followed to identify specific blocks within tracts as was used to determine the number of blocks per tract. That is, the total number of Richmond Blacks living in households in the particular census tract was divided by the total number of blocks selected for the particular census tract. This number provided the sampling interval for block selection.

Stage 4

In the fourth stage, every household on the selected block was assigned a number. A simple random sampling method was used to select five households. Correspondence was mailed to each of these five households, explaining the nature of the project and indicating that an interviewer might be contacting them. Interviewers were instructed to obtain three interviews per block.



⁻¹²⁻ 29

The remaining two households were used as replacements in the event of refusals or vac. It houses.

Stage 5

The respondent selection interval was established as one out of every two Black adults living in the selected households, since 1978 Richmond census data indicated that the average Black household contained 2.2 adults. A respondent selection sheet was constructed for each block to determine which individuals in the selected households would be interviewed. Upon contacting the selected households, interviewers listed the names and ages of all adult residents on this prenumbered sheet that indicated which of these individuals would be targeted for an interview. Instructions to the interviewers required that up to five call-backs be made to obtain the interview with the targeted individuals. Steps 4 and 5 were repeated to replace non-Black households, incomplete interviews, refusals, and people who were not contacted after five visits.

Participation in the study was strictly voluntary and was conducted in accordance with the procedures required for the protection of human subjects. The interview required one to one and one-half hours to complete. Respondents were paid \$10.00 each for participating in the interview.

The completion and response rates for the Pathways project were 50.3 percent and 73.6 percent, respectively. The response rate was reasonable for a survey interview. It was very good for Black respondents who are less likely than are whites to participate in research studies. These rates were calculated in accordance with procedures used by the Survey Research Center at



the Institute for Social Research (1976). (The basis upon which the rates were calculated is presented in Appendix B.)

Sample

Four hundred and fifty-one (451) Black adults participated in The demographic characteristics of this sample are illustrated in Table 1. Nearly two-thirds of the sample (60.8 percent) were women, whereas the remaining one-third (39.2) percent) were men. The majority of the respondents (60.3 percent) were between the ages of 18 and 45 years. The mean age was 42.0 Nearly one-quarter of the respondents (23.6 percent) had one or more years of college education. In terms of income, the majority of the respondents (82.6 percent) had incomes of less than \$25,000 per year. Most of the participants (56.5 percent) were employed outside the home; however, a substantial proportion (43.5 percent) did not work outside the home. Approximately one-third of the sample (33.0 percent) were never married, whereas the remaining individuals were either married (35.9 percent), widowed (11.8 percent), or divorced/separated (19.3 percent). Most of the respondents living with their families (71.7 percent) had households that represented nuclear families (i.e., husband-wife; two parents-children; one parent-children). Extended families (e.g., parents-children-other relatives) represented about a fourth (28.3 percent) of the family structures of the respondents.

Table 1 also shows the sociocultural characteristics of the sample. Over half of the respondents (52.5 percent) were active community participants who belonged to one or more community organizations. The respondents were religious. Nearly 80 percent



Table 1
DESCRIPTIVE SUMMARY OF THE SAMPLE

Demographic Characteristics Sex Male Female Total	177 274 451	39.2
Male Female	177 274 451	39.2
Female	177 <u>274</u> 451	39.2
Female	274 451	39.2
Total	451	_60.8
		100.0
Age		
18-30 years	163	76.4
31-45 years	103	36.4 23.9
46-65 years	108	24.1
Over Total	<u>70</u> 448	<u>15.4</u>
	446	99.8
Education		
8 years or less	96	21.4
9-11 years High School Graduate	134 113	29.8
Some College	67	25.2 14.9
College Graduate	25	5.6
Graduate School Total	1 <u>1</u> 4	100.0
iousehold Income	773	100.0
Less than \$6,000	*	
\$6,000 - \$11,999	100 8 3	27.5 22.9
\$12,000 - \$24,999	117	32.2
\$25,000 - or more Total	63 449	17.3
Interior Int	449	100.0
Not Employed ^b	195	43.5
Employed Total	<u>253</u> 448	<u>56,5</u> 100.0
Marital Status	.,,	20000
Never Married	149	33.0
Married	162	35.9
Widowed	53	11.8
Divorced/Separated	87	<u> 19.3</u>
Total	451	100.0
family Type		
Nuclear	213	71.7
Extended . Total	<u>84</u> 297	$\frac{28.3}{100.0}$
Sociocultural Charactristics	-5.	20010
Community Participation		
Not Active	214	47.5
Active	<u>237</u>	<u>52,5</u>
Total	451	100.0
Religiosity		
Low	89	19.0
Me dium High	- 263	66.0
High Total	<u>60</u> 412	14.0 99.0

Percentages may not be equal to 100 due to rounding. b Includes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.



of the respondents were at least moderately involved in religious activities.

This sample was representative of the general Black population in Richmond, according to 1980 census data. (A comparison of the sample and the general Black population in Richmond by demographic characteristics such as sex, age, marital status, and education can be seen in Appendix C.)

Instrument

A variety of measures were used to address the objectives of this research. They consisted primarily of close-ended questions with only a few open-ended questions. Some of these measures were constructed specifically for this research, while others were taken, in part or whole, from previously constructed measures. The measures were designed and selected to tap the specific demographic, sociocultural, social network, and mental health characteristics of interest in this investigation. (The research instrument can be seen in Appendix D.)

Demographic Characteristics

Several questions were devised to assess various demographic characteristics of the respondents. The interviewer recorded the appropriate information regarding each respondent's sex and the type of dwelling in which the respondent resided (i.e., apartment, townhouse, or single-family house). Additional data were obtained from the participants regarding their age, education, employment and marital status, occupation, household income, family structure, and other relevant demographic information.

Family structure, referring to the familial composition of a household, was originally classified into the twelve categories of



Billingsley's (1968) family structure typology. They are shown in Table 2. In the data analyses, family structure was grouped into two categories: nuclear and extended. A nuclear family was operationally defined as husband-wife, husband-wife-children, and single-parent-children families. The remaining nine categories of Billingsley's family structure typology were considered to be extended families.

To ascertain the proportion of households within the Pathways sample not identifiable under Billingsley's family structure typology, four additional categories were constructed. These included household structures consisting of: (1) relatives, (2) non-relatives, (3) relatives and non-relatives, and 4) individuals living alone. Households falling under these categories were eliminated from data analysis that involved family structure, since individuals comprising these four groups were not operationally defined as constituting a family.

Sociocultural Characteristics

The two sociocultural characteristics examined in this research were religiosity and community participation. Religiosity was ascertained by a 13-item scale devised by Kenney, Cromwell, and Vaughan (1977). Since the last three items of Kenny et al.'s religiosity scale required the participant to be either married or have children to respond to the statements, these items were eventually dropped, leaving ten statements indicating the degree of religious involvement. Sample items from this measure included the following: (1) I attend religious crusades, revival meetings, or missions, (2) I feel the church or religion helps me in getting ahead in life, and (3) I regularly take part in various



Tab?e 2 FAMILY STRUCTURE TYPOLOGY

Category	Description
1	Husband, wife
2	Husband, wife, children
3	Single-parent, children
4	Husband, wife, children, other relatives
5	Husband, wife, other relatives
6	Single-parent, children, other relatives
7	Husband, wife, non-relatives
8	Husband, wife, other relatives, non-relatives
9	Husband, wife, children, non-relatives
10	Husband, wife, children, other relatives, non-relatives
11	Single-parent, children, non-relatives
12	Single-parent, children, other relatives, non-relatives

activities in my religious organization. Participants responded to statements on the religiosity measure with a 5-point Likert-type scale, ranging from 1, "never" to 5, "very often." Total scores on the religiosity index could range from 10 to 50, with higher scores indicating greater religious involvement. In this research, individuals who received scores ranging from 10 to 29 were classified as "low" in religiosity, those who received scores from 30 to 44 were classified as "medium" in religiosity, and those who received scores of 45 or above were classified as "high" in religiosity. The alpha reliability of the scale for this sample was 0.88 (Cronbach's alpha), a good level of internal consistency.

Four (4) additional questions were asked in reference to participants' religious behavior. These questions focused on issues of religious preference; church attendance; consultation with a minister, priest, or elder; and the types of problems discussed with these individuals.

To obtain information on community participation, a measure was constructed to document respondents' participation and membership in various social, political, and civic organizations. Information was also obtained on respondents' voting behavior. Sample items from the community participation measure included the following: (1) Do you belong to any social clubs, political groups, fraternal organizations, etc.? and (2) Do you hold any office in any of these groups? For the data analysis, community participation was indexed solely on the basis of the number of organizations in which an individual claimed membership. An individual indicating no organizational affiliation was classified



as a "nonactive community participant," while an individual who indicated one or more organizational affiliations was classified as an "active community participant."

Social Network Characteristics

Several network characteristics were ascertained. These were the range of the social network, the nature and density of network relationships, the frequency of contact with network members, and the durability and directedness of network relationships. Various questions were devised to gather information pertinent to each of these content areas. Sample items included the following: (1) How many close friends (excluding relatives) live in the metropolitan area--less than 50 miles away? (Range), and (2) Please give me the names and relationships of the five persons to whom you feel the closest.

(Nature)

Respondents were also asked questions regarding their satisfaction with the assistance they received through their informal and formal support networks when they experienced problems (i.e., financial problems). In addition, a question was asked of respondents that ascertained the extent to which they were knowledgeable about and used formal mental health facilities.

Mental Health Problems

Three (3) mental health problems were assessed: stressful life events, recent concerns, and depressive symptoms. A
twenty-five item inventory was devised to measure stressful life
events. Sixteen (16) of the statements were taken from the Holmes
and Rahe (1967) Social Readjustment Rating Scale (SRRS). The
remaining items were constructed to tap stressful events that are



particularly prevalent in the lives of urban Blacks (i.e., crime and drug abuse). Participants were asked if any of the events had happened to them within the last year. They responded to the items on the stressful life events inventory on a "YES - NO" basis. Respondents received a score of "0" for a no-item endorsement and "1" for a yes-item endorsement. Thus, scores on the inventory could range from 0 to 25, with higher scores indicating the respondent had experienced a greater number of stressful life events. Examples of events from the stressful life events inventory included the following: (1) divorce, (2) death of a spouse, (3) fired from a job, and (4) victim of a crime. Respondents were also asked which three events on the inventory had affected them the most and which three events had affected them the least.

The alpha reliability of the stressful life events inventory for this sample was 0.65 (Cronbach's alpha) and the Spearman-Brown split-half reliability was 0.62. Both indicated a reasonable level of internal consistency for the scale. The mean score on this measure was 2.93, with scores ranging from 0 to 12.

Warren's (1976) Index of Recent Concerns was used to identify a number of problems that recently occurred in the lives of respondents. The Index of Recent Concerns consists of nine statements involving concerns that the participants may have experienced. Participants responded to statements on the Index of Recent Concerns by indicating "YES" or "NO." A score of "O" was received for a no-response endorsement, and a score of "1" was received for a yes-response endorsement. Thus, total scores on the Index of Recent Concerns could range from 0 to 9, with higher



scores indicative of a greater number of recent concerns. The alpha reliability of the recent concerns measure for this sample was 0.65 (Cronbach's alpha) and the Spearman Brown split-half reliability was 0.68, indicating reasonable levels of internal consistency. The mean score was 3.02, with scores ranging from 0 to 9.

Respondents were also asked to indicate other similar concerns they had experienced that were not mentioned in the nine statements. In addition, they were requested to indicate which recent concerns affected them the most and the least.

Depressive symptoms were assessed by the Cent.r for Epidemiologic Studies Depression Scale (CES-D)(Radloff, 1977). The CES-D consists of a 20-item self-report symptom scale that measures depressive moods. Scale items requested respondents to indicate their feelings or moods during the preceding week. Sample items from the CES-D included the following: (1) I felt lonely, (2) I felt sad, and (3) My sleep was restless. The item "I was happy" was inadvertently omitted from the interview questionnaire, leaving a total of 19 items for analysis in this investigation. This was not viewed as a serious problem, since Radloff (1977) indicated that the CES-D was judged usable when as many as four item responses were missing. The 19 items on the CES-D were summed to obtain a total depressive symptoms score. Responses on each item ranged from 1, rarely or never to 4, most of the time. Thus, total scores on the CES-D could range from O to 57, with higher scores indicative of higher levels of depressive symptoms. The alpha reliability of the CES-D for this sample was 0.84 and the Spearman Brown split-half reliability was

0.82. Both showed the scale had a high level of internal consistency with this sample. The overall mean score was 11.03 (SD = 8.61), with scores ranging from 0 to 47.

In the fall of 1980 and winter of 1981, a pretest of the instrument was conducted using a sample of 77 Black residents of Seat Pleasant, Maryland. The results of this pretest were examined and utilized to make modifications, as necessary, to various segments of the interview questionnaire.

Data Collection and Field Operations

To facilitate the data collection, a field office site was maintained within the educational facility of one of Richmond's largest Black churches. Field staff and interviewers were recruited from local universities and colleges, churches, community organizations, and the Howard University alumni association.

An intensive two-and-a-half-day training session was conducted for interviewers, followed by close monitoring of their initial interviews. Considerable effort was made to inform Richmond's Black community of the research project. This included sponsoring a community forum and participating in television, radio, and newspaper interviews. In addition, announcements were sent to various local churches as well as to community, social, civic, and fraternal organizations.

Data Analysis

A codebook was developed for the instrument, and the data were coded onto code sheets as the interviews were completed. Once the interviews were coded, the code sheets were keypunched, and a dataset was created within the Howard University computer



system. This dataset was cleaned and edited. The data were analyzed with the Statistical Package for the Social Sciences (SPSS) (Nie, Hull, Jenkins, Steinbrenner, & Bent, 1975). The first stage of data analysis encompassed the use of univariate statistical techniques to generate measures of central tendency, such as means and standard deviations, as well as other descriptive statistics, such as frequency counts for the variables. In the second stage of the analysis, scale reliabilities were calculated. In addition, the relationships among variables were examined using bivariate statistical procedures. These consisted primarily of chi-square analysis, t-tests, and analysis of variance.

CHAPTER III

RESULTS

Overview

This chapter of the report presents the findings of the study. 1 These results pertain to the first six research. objectives of the investigation which sought to: (1) determine the presence and absence of a number of mental health-related problems; (2) identify, classify, and describe the nature and magnitude of informal social support networks available to Blacks; (3) ascertain the extent to which informal versus formal social networks are applied in help-seeking; (4) determine the satisfaction of Blacks regarding the assistance they received through their informal social support networks; (5) examine the extent to which Blacks are knowledgeable about and use formal mental health facilities; and (6) examine the relationship among sociocultural, demographic, and social network characteristics. The last objective, to develop hypotheses concerning the utilization of informal social networks among Blacks and to suggest corresponding program and policy implications for mental



The statistical results are reported in the style of the American Psychological Association. In some instances when tables are not provided for the results of the data analysis, the requisite statistics from the data analysis are reported in the text. However, when the results are reported in tables, the requisite statistics can be found in the tables.

health service delivery, will be addressed in Chapter IV in the discussion of the results.

The first section of this chapter covers the findings concerning the mental health problems of the respondents. The second section examines the findings on the nature and magnitude of their informal social networks. In addition, this section describes the findings on the relationship between demographic and sociocultural characteristics, and structural social network characteristics. The next section presents findings on the extent to which the respondents' informal support networks and more formal networks are used in help-seeking. The fourth section presents findings on the respondents' satisfaction with the assistance received through their informal social support networks. The final section covers findings on the respondents' knowledge and use of formal mental health facilities.

Mental Health Problems

A number of mental health-related problems were examined in this investigation. These included stressful life events, recent concerns, and depressive symptoms. The occurrence of these mental health problems was documented, in addition to their relationship to each other, and to the various demographic and sociocultural characteristics of interest in this research. Analysis of variance and correlations were used to analyze these relationships. The results that are presented in the summary tables represent several analyses of variance.

Mental Health Problems: Stressful Life Events. Recent Concerns, and Depressive Symptoms

A stressful life events inventory developed from the Social Readjustment Rating Scale by Holmes and Rahe (1967) was used to identify stressful life circumstances. Respondents experienced a number of traumatic events such as the loss of a job or a change in the health of a family member. On the average, each respondent experienced 2.93 of these events. Table 3 provides the ranks and number of "yes" or positive responses to events on the stressful life events inventory. The events that were experienced by the largest proportion of participants were financial problems (N = 159), followed by the death of a close family member (N = 126), and family members quarreling among themselves (N = 118).

Warren's (1976) Index of Recent Concerns was used to identify a number of events that recently occurred in the lives of respondents. Table 4 provides the ranks and number of "yes" or positive responses on this measure. As indicated in the table, the most frequent concerns for this sample were thoughts about going back to school (Rank 1, N = 257), thoughts about how it would be to retire (Rank 2, N = 206), and feeling so "blue" or "low" it ruined the whole day (Rank 3, N = 189).

The Center for Epidemiologic Studies Depression Scale (CES-D) was used as an index for depressive symptoms. The average score on the CES-D was 11.03, and scores ranged from a low of 0 to a high of 47.

A Pearson product-moment correlation analysis was computed to determine the relationship among the three measures. The results of this analysis are presented in Table 5. These three measures



Table 3

RANK AND NUMBER OF POSITIVE RESPONSES TO EVENTS ON THE STRESSFUL LIFE EVENTS INVENTORY

Event	Rank	Number of Positive Responses
Financial problems	1	159
Death of close family member	2	126
Family members fought among themselves	3	118
Change in health of family member	4	110
Personal injury	5	103
Begin or end school	6	64
New person in house- hold	7	63
Change in living conditions	8	62
Trouble with other family members	9.5	56
Moved or relocated	9.5	56
Changed jobs	11	49
Family member victim of crime	12	44
Problems raising children	13.5	38
Spouse began or stopped work	13.5	38
Family member arrested	15	38
Marital difficulties	16	35
Family member involved with drugs	17	32
Victim of crime	18	30
Trouble with in-laws	19	28
Retirement	20	25
Arrested	21	13
ired	22	` 11
oivorced .	23	10
Marital reconciliation	24	9
Death of spouse	25 4.5.	8



Table 4

RANK AND NUMBER OF POSITIVE RESPONSES TO EVENTS ON THE INDEX CF RECENT CONCERNS

Event	Rank	Number of Positive Responses
Thought about going back to school	1	257
Thought about how it would be to retire	2	206
Felt so "blue" or "low" it ruined whole day	3	189
Wanted completely different job	4	179
Concerned about suspicious people in neighborhood	5	172
Felt it's no use trying	6	108
Got so tense at work you blew your stack	7 .	99
Thought about moving from neighborhood because of crime problems	8	72
Wanted to change way you and spouse divide family activities	.· 9	
Other similar events	10	57 21



Table 5
CORRELATIONS: CES-D, RECENT CONCERNS,
AND STRESSFUL LIFE EVENTS

	CES-D	Recent Concerns	Stressful Life Events
CES-D	•	0.35*	0.33*
Recent Concerns	0.35*	•	0.43*
Stressful Life Events	0.33*	0.43*	-

^{*}p < .001, N = 438.



of mental health-related problems were significantly related to each other.

Mental Health Problems and Demographic Characteristics

Analysis of variance was used to examine the relationships among mental health-related problems and demographic characteristics. Summary tables of the significant results of these analyses can be seen in Tables 6 through 9.

Stressful life events. Sex, marital status, and age were significantly related to the number of stressful life events experienced by respondents (See Table 6). Women ($\underline{M} = 3.12$) reported more stressful life events than did men ($\underline{M} = 2.70$). Divorced and separated individuals ($\underline{M} = 3.59$) reported the highest number of stressful life events, whereas widowed individuals ($\underline{M} = 1.96$) reported the least.

Younger individuals, ages 18 to 30 (\underline{M} = 4.02) reported the highest number of stressful life events, and the oldest group, those who were over 65 years, (\underline{M} = 1.85) reported the least. Respondents in the 31 to 45 year old age group (\underline{M} = 3.54) reported the second highest number of stressful life events and those who were 48 to 65 years (\underline{M} = 1.90) reported the second lowest number of stressful life events.

Recent concerns. Marital status and age were also significantly related to the number of recent concerns experienced by respondents. In addition, employment status was significantly related to the respondents' reporting of recent concerns (See Table 7).

Widowed (\underline{M} = 1.52) and married (\underline{M} = 2.88) individuals reported the least number of recent concerns, whereas



Table 6

SUMMARY TABLE: ANALYSIS OF VARIANCE FOR STRESSFUL LIFE EVENTS BY DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristics	. <u>M</u>	<u>N</u>	<u>F</u>	<u>df</u>
Sex	<u> </u>	448	4.16*	1,432
Men	2.70			
Women	3.12			
Grand $\underline{M} = 2.95$				
<u>Marital Status</u>		448	7.49**	3,432
Never Married	3.32			
Married	2.59			
Widowed	1.96			
Divorced/Separated	3.59			
Grand $\underline{M} = 2.95$				
Age		330	19.63**	3,282
18-30	4.02	•		
31-45	3.54			
46-65	1.90			
Over 65	1.85			
Grand $\underline{M} = 3.14$				

^{*&}lt;u>p</u> <.05. **<u>p</u> <.001.



Table 7
SUMMARY TABLE: ANALYSIS OF VARIANCE FOR RECENT CONCERNS BY DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristics	<u>M</u>	<u>N</u>	<u>F</u>	<u>df</u>
Marital Status		448	12.71*	3,432
Never Married Married Widowed Divorced/Separated Grand M = 3.03	3.71 2.88 1.52 3.05			
Age		330	30.12*	3,282
18-30 31-45 46-65 Over 65 Grand <u>M</u> = 2.30	4.10 3.82 2.15 1.00			
Employment Status ^a		448	23.10*	1,432
Employed Not Employed Grand $\underline{M} = 3.03$	3.51 2.40			

a Includes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.

^{*}p < .0001.

Table 8
MEANS FOR RECENT CONCERNS BY INCOME AND EDUCATION

	Educ	ation	
Household Income	Less than High School Graduate	High School Graduate	Some College
Less than \$6,000			
M	2.88	3.50	1.20
<u>n</u>	67	18	5
\$6,000-\$11, 999			
M	2.57	2.90	3.40
<u>n</u>	35	21	15
\$12,000-\$24,999			
<u>M</u>	3.00	3.54	4.08
<u>n</u>	39	35	38
\$25,000 or More			
<u>M</u>	2.07	3.89	3.92
<u>n</u>	15	18	24

 \underline{F} (6,282) = 2.37, \underline{p} < .05, \underline{N} = 330.



BEST COPY AVAILABLE

Table 9

SUMMARY TABLE: ANALYSIS OF VARIANCE FOR DEPRESSIVE SYMPTOMS BY DEMOGRAPHIC CHARACTERISTICS

Demographic Characteristics	M	N	E	₫£
Sex		250	9.34*	1,227
Men Women Grand <u>M</u> = 10.89	8.58 12.35			
Marital Status		438	7.61*	2,426
Never Married Married Widowed/Divorced/ Separated Grand <u>M</u> = 11.04	12.38 8.79 12.22			
Age		323	11.68**	3,275
18-30 31-45 46-65 Over 65 Grand M = 10.37	12.81 10.85 6.64 8.51			
Household Income		323	5.33*	3,275
Less than \$6,000 \$6,000 - \$11,999 \$12,000 - \$24,999 \$25,000 or more Grand.M = 10.37	13.70 10.24 9.05 7.86	•		
Employment Status ^a		438	15.21**	1,426
Employed Unemployed Grand <u>M</u> = 11.04	9.54 12.95			
Education		323	5.03*	2,275
Less than High School High School Graduate Some College Grand <u>H</u> = 10.37	11.52 10.22 8.38			

^aIncludes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.



 $[*]_{\underline{p}} < .01.$

 $[\]frac{**}{p}$ < .001.

divorced/separated (\underline{M} = 3.05) and single (\underline{M} = 3.71) individuals reported the greatest number. Employed individuals (\underline{M} = 3.51) reported more recent concerns than did individuals who were not employed outside the home (\underline{M} = 2.40). Individuals over 65 years (\underline{M} = 1.00) reported the least number of recent concerns, followed by individuals aged 46 to 65 years (\underline{M} = 2.15) and those aged 31 to 45 years (\underline{M} = 3.82). Individuals aged 18 to 30 years (\underline{M} = 4.10) reported having the greatest number of recent concerns.

Education and income had a significant interaction effect on the number of recent concerns reported by respondents. Table 8 illustrates that individuals with some college education earning less than \$6,000 yearly ($\underline{M} = 1.20$) reported the lowest number of recent concerns, whereas those earning yearly incomes between \$12,000 and \$24,999 ($\underline{M} = 4.08$) reported the highest number of recent concerns. Of individuals with a high school diploma, those earning yearly incomes between \$6,000 and \$11,999 ($\underline{M} = 2.90$) reported the least number of recent concerns, while these earning yearly incomes of \$25,000 or more ($\underline{M} = 3.89$) reported the greatest number of recent concerns.

<u>Depressive symptoms</u>. Sex, marital status, age, education, employment status, and household income were significantly related to the number of depressive symptoms experienced by respondents. Table 9 shows the results of the analyses.

Individuals in the lowest family income bracket, less than \$6,000 yearly, (\underline{M} = 13.70) reported the greatest number of depressive symptoms, followed by individuals having incomes of \$6,000 to \$11,999 (M = 10.24) and those with incomes of \$12,000 to \$24,999 (M = 9.05). The lowest number of depressive symptoms was



reported by individuals ($\underline{M} = 7.86$) with a yearly family income of \$25,000 or more.

In terms of age, the greatest number of depressive symptoms was reported by the 18 to 30 year olds (M = 12.81), whereas the lowest number was reported by the 46 to 65 year olds (M = 6.64)and those over age 65 (\underline{M} = 8.51). The 31 to 45 year old age group $(\underline{M} = 10.85)$ reported fewer depressive symptoms than did the 18 to 30 year olds (M = 12.81), but more than did their cohorts aged 46 to 65 ($\underline{M} = 6.64$). Individuals with less than a high school education ($\underline{M} = 11.52$) and those with a high school education ($\underline{M} = 11.52$) 10.22) reported more depressive symptoms than did individuals with some college education ($\underline{M} = 8.38$). Women ($\underline{M} = 12.35$) reported more depressive symptoms than did men ($\underline{M} = 8.58$). Never married $(\underline{M} = 12.38)$ and widowed $(\underline{M} = 12.22)$ individuals reported the highest number of depressive symptoms, whereas married individuals ($\underline{M} = 8.75$) reported the lowest. Individuals not employed outside the home ($\underline{M} = 12.95$) reported more depressive symptoms than did employed individuals ($\underline{M} = 9.54$).

Mental Health Problems and Sociocultural Characteristics

Analyses of variance were used to examine the relationship between mental health problems and the sociocultural characteristics, community participation, and religiosity. Tables 10 and 11 present the significant results that emerged from this analysis.

Stressful life events. Both religiosity and community participation were significantly related to the number of stressful life events experienced by respondents. However, community participation was related to stressful life



Table 10

MEANS FOR STRESSFUL LIFE EVENTS BY COMMUNITY PARTICIPATION AND FAMILY STRUCTURE FOR MEN

	Family Structure	
Community Participation	Nuclear	Extended
Inactive		
<u>M</u>	2.39	1.77
<u>n</u> .	33	13
Active <u>M</u>	2.43	4.47
<u>n</u>	51	. 15

 \underline{F} (1,108) = 8.09, \underline{p} < .01, \underline{N} = 112.

Table 11

MEANS FOR RECENT CONCERNS BY COMMUNITY PARTICIPATION
AND FAMILY STRUCTURE FOR MEN

	Family Stru	cture
Community Participation	Nuclear	Extended
Inactive		
<u>M</u>	3.03	1.90
<u>n</u>	29	48
Active		
<u>M</u>	2.60	4.64
<u>n</u>	48	10

 $[\]underline{F}$ (1,90)=8.81, \underline{p} < .01, \underline{N} =97.



circumstances only for a particular subset of the men in the sample.

Men who were involved in community organizations and lived in extended families ($\underline{M}=4.47$) reported the greatest number of stressful life events, whereas those who were involved in no community organizations and lived in extended families ($\underline{M}=1.77$) reported the least number of stressful life events (See Table 10). Men ($\underline{M}=3.21$) living in extended families also tended to report more stressful life events than did those living in nuclear families ($\underline{M}=2.42$), \underline{F} (1, 108, $\underline{N}=112$) = 3.34, p<.07. No significant effects on the stressful life events index emerged for women as a function of community participation and/or family structure.

Individuals classified as high on the religiosity measure reported the least number of stressful life events (\underline{M} = 2.91), and those classified as medium (\underline{M} = 3.19) and low (\underline{M} = 3.13) reported the highest number, \underline{F} (2,282, \underline{N} = 330) = 3.89, p<.05.

Recent concerns. Religiosity was also significantly related to the number of recent concerns reported by respondents. This was especially true for men in the sample but not for women. In addition, community participation was significantly related to the number of concerns reported by men but not to the number reported by women, particularly when the family structure and familial composition of their households were taken into account.

Individuals classified as high on the religiosity measure reported the lowest number of recent concerns (\underline{M} = 2.21), followed by those classified as medium (\underline{M} = 3.38), with individuals classified as low reporting the greatest number of recent concerns



(\underline{M} = 3.78), F (2,246, \underline{N} = 258) = 6.01, \underline{p} < .01. Men classified as having high religiosity reported the lowest number of recent concerns (\underline{M} = 2.00), whereas those classified as medium (\underline{M} = 2.90) and low (\underline{M} = 3.68) reported the greatest number of recent concerns, \underline{F} (2,90, \underline{N} = 97) = 5.70, \underline{p} < .01.

Men who were involved in some community organizations reported more recent concerns (\underline{M} = 3.06) than did those involved in no community organizations (\underline{M} = 2.74), \underline{F} (1,90, \underline{N} = 97) = 4.68, $\underline{p} < .05$.

Men belonging to no community organizations and who lived in extended families reported the least number of recent concerns (\underline{M} = 1.90), and those belonging to some community organizations and who lived in extended families reported the most number of recent concerns (\underline{M} = 4.64). Of the men living in nuclear families, those belonging to no community organizations reported the greatest number of recent concerns (\underline{M} = 3.03), whereas those belonging to some community organizations reported the lowest number of recent concerns (\underline{M} = 2.60) (See Table 11).

<u>Depressive symptoms.</u> Community participation was significantly related to the number of depressive symptoms reported by respondents. Individuals with no community participation reported greater depressive symptoms ($\underline{M} = 13.24$) than did those with some community participation ($\underline{M} = 8.88$), \underline{F} (1,227, $\underline{N} = 250$) = 6.15, \underline{p} <.01.

Highlights of the Mental Health Problems

The incidence of mental health-related problems among respondents, the number of stressful life circumstances, the number of recent problems, and the number of depressive symptoms



experienced were identified. The respondents experienced a range of stressful life circumstances but those most often experienced were financial problems, and family-related problems such as the death of a close family member and disagreements among family members. The recent problems about which respondents were concerned pertained to life transitions, such as returning to school or retirement. As a whole, the respondents were not a "depressed" sample; however, some respondents experienced more depressive symptoms than did others.

Female, divorced/separated, young (18 to 30 years old), and less religious respondents experienced more stressful life circumstances such as financial problems or the death of a close family member than did other respondents. Younger respondents (18 to 30 years old) and individuals who were divorced/separated or never married, employed, and less religious also experienced more recent concerns than other respondents did. The recent concerns of respondents pertained to issues such as their returning to school. In addition, respondents who were female, widowed or never married, younger (18 to 30 years old), nonactive community participants, and who had a lower income experienced more depressive symptoms than did other respondents.



⁻⁴²⁻ 59

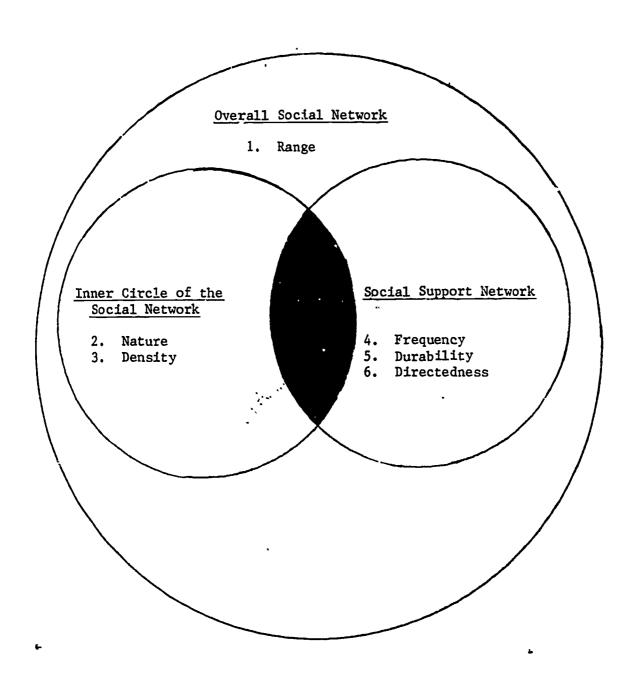
Social Network Characteristics

Six (6) structural social network characteristics were examined in this research. These included the following: (1) range, (2) nature, (3) density, (4) frequency, (5) durability, and (6) directedness. They were examined by using three components of the respondents' social networks.

Figure 1 provides an overview of these components. The first component is the large overall social network consisting of the respondents' family members and friends, including close neighbors and co-workers. The measure of network range was taken from this aspect of the social network. The second component is the inner circle of the respondents' social networks, consisting of the people toward whom the respondent felt closest. Measures of the nature of network relationships and the density of the social network reflect the second component. The third component, the respondents' social support network, is made up of the people to whom the respondents had recently talked and who were the most involved in providing the respondents with advice, help, or money. The measures of frequency of contact, durability, and directedness were taken from this component. In addition to investigating these network characteristics in isolation, the relationships between the various demographic and sociocultural characteristics of interest to the study and network characteristics were examined. Chi-square analysis, frequency distributions, and analysis of variance were used to analyze these relationships. The results that are presented in the summary tables represent several chi-square analyses and analyses of variance.



Figure 1
COMPONENTS OF THE SOCIAL NETWORK





Social Network Characteristics: Range, Nature, Density, Frequency, Durability, and Directedness

The range of the respondents' social networks was examined by measuring the number of network members in close proximity to the respondents and the number of network members who lived some distance from the respondents. Short distance networks were defined as those with at least one close friend and relative within a 50-mile radius of the respondent. Long distance networks, on the other hand, were defined as those with at least one close friend and relative residing more than 50 miles from the respondent.

Tables 12 and 13, respectively, illustrate the frequencies and percentages for the number of individuals in the respondents' short distance and long distance networks. Only 2.1 percent of the sample did not have friends and relatives that lived within 50 miles. But 18.9 percent of the sample had no friends and relatives that lived more than 50 miles away. Nearly all the respondents (98.0 percent) indicated that they had at least one close friend or relative who lived within 50 miles, while a smaller proportion of the sample (81.3 percent) indicated that they had at least one close friend or relative who lived more than 50 miles away.

Respondents were asked to identify individuals to whom they felt closest -- that is, the inner circle of their social network -- to delineate the <u>nature</u> of network relationships. They were given the opportunity to name up to five people with whom they felt closest. Some individuals (70.7 percent) named five close persons; however, others (29.3 percent) named fewer than five (See



62

Table 12
SHORT DISTANCE NETWORKS

Number of Close Friends and Relatives Within 50 Mile Radius	Frequency	Percent ^a
None	9	2.1
1-3 Persons	55	12.5
4-6 Persons	99	22.6
7-10 Persons	89	20.3
11-20 Persons	109	24.8
21 or More Persons Total	78 43 9	$\frac{17.8}{100.1}$

apercentages may not equal 100.0 due to rounding.



Table 13 LONG DISTANCE NETWORKS

Number of Close Friends and Relatives Outside a 50 Mile Radius	Frequency	Percent
None	83	18.7
1-3 Persons	107	24.1
4-6 Persons	89	20.0
7-10 Persons	47	10.6
11-20 Persons	60	13.5
21 or More Persons Total	<u>58</u> 444	$\frac{13.1}{100.0}$



Table 14). The order in which these persons were named did not necessarily reflect the intensity of the relationship (i.e., the first person named was not necessarily the person to whom respondents felt the closest).

The mean rank across all five people named was computed to determine the nature of the relationship of the people named as "close people" most often by all the respondents. The results of these rankings are provided in Table 15. The first number is the mean rank. The number in parenthesis is the rank of the category relative to the other categories. Overall, the mean rankings, at least of the top ten, indicated that friends and immediate family members were the people to whom the respondents felt closest. Female friends, with a mean rank of 1, were named the most frequently as one of the closest five contacts. The next most frequently named were male friends (Mean Rank = 2.6), sisters (Mean Rank = 2.8), brothers (Mean Rank = 4.2), and sons (Mean Rank = 7.4). Other people identified included grandmothers, aunts, uncles, neighbors, and co-workers.

The degree to which individuals in the respondents' social network inner circles were acquainted with one another was investigated to examine network density. More specifically, network density was measured by the proportion of the number of actual network relationships (or individuals knowing each other) to the number of possible network relationships. Dense networks were operationally defined as those networks with the maximum number of network relationships; that is, the degree to which everyone in the network was acquainted with one another. Thus, networks of five members (the networks of respondents who named



-48- 65

Table 14 FREQUENCY AND PERCENT OF THE NUMBER OF INDIVIDUALS NAMED AS CLOSEST CONTACTS WHEN GIVEN THE OPPORTUNITY TO NAME UP TO FIVE PERSONS

Number of People Named	Frequency	Percent
one	14	3.1
	16	3.5
	21	4.7
	46	10.2
	35	7.8
Total	<u>319</u> 451	$\frac{70.7}{100.0}$



five individuals to whom they were close) with ten possible relationships wherein all five persons knew one another were classified as "dense" networks. Similarly, networks of four members with all six possible relationships, networks of three members with all three possible relationships and networks of two members were classified as "dense" networks. "Non-dense" networks had fewer than the maximum possible number of relationships. Overall, 57.4 percent of the sample had "dense" networks, while the remaining 42.6 percent had "non-dense" networks.

The <u>frequency</u> of network relationships was measured in terms of how often respondents claimed to have contact with or talk to members of their social support network. Table 16 illustrates the respondents' frequency of contact with the first person they named as an individual to whom they have given or from whom they have received advice, help, or money. Most of the sample (84.5 percent) had contact with this person at least two to three times per week. Only 8.0 percent of the sample reported contact of only once every two weeks or less with the person named.

Network <u>durability</u> was defined as the persistence, in years, of social support network relationships. Table 17 illustrates the durability of the network relationship between respondents and the first person named as one of the people to whom they give or from whom they receive help, advice, or money. The mean number of years the sample reported knowing the individual first named was 17.2 years, with a standard deviation of 16.5. Over half of the respondents (52.1 percent) knew their first named person for more than ten years. Only 16.9 percent of the sample reported knowing their first named person for less than two years, while 19.8



-51- 67

Table 15

TOP TEN INDIVIDUALS NAMED MOST FREQUENTLY AS ONE
OF THE FIVE CLOSEST CONTACTS

Closest Individual	Rank	lank	
Temale Friend	1	(1)	
Male Friend	2.6	(2)	
Sister	2.8	(3)	
Brother	4.2	(4)	
Son	7.4	(5)	
Daughter	7.6	(6)	
Friend (sex unknown)	8.6	(7)	
Mother	8.6	(8)	
Female Cousin	9.0	(9)	
Niece	10.0	(10)	

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 16

FREQUENCY AND PERCENT OF CONTACT WITH FIRST PERSON NAMED AS A MEMBER OF THE SOCIAL SUPPORT NETWORK

Amount of Contact	Frequency	Percent
Once a day	92	52.9
2 to 3 times per week	55	31.6
Once per week	13	7.5
Once per two weeks or less Total	$\frac{14}{174}$	$1\frac{8.0}{00.0}$



Table 17

FREQUENCY AND PERCENT OF DURABILITY
FOR SOCIAL SUPPORT NETWORK RELATIONSHIPS

Durability	Frequency	Percent
Less than 2 years	30	16.9
2 - 10 years	56	31.6
11 - 20 years	29	16.4
21 - 30 years	28	15.9
31 - 40 years	20	11.5
More than 40 years Total	$\frac{14}{177}$	$1\frac{8.3}{00.0}$

percent of the sample reported network durability of over 30 years.

Network <u>directedness</u> was defined as the reciprocity of the social support network relationship. To index this dimension, three types of help-seeking and help-giving were examined. These included: (1) giving and receiving advice, (2) giving and receiving cash, and (3) giving and receiving help. Table 18 shows the frequencies and percentages for reciprocity and non-reciprocity among the respondents' networks with the three types of helping behaviors. There was very little reciprocity within network relationships for this sample. Almost all of the respondents (99.3 percent) had no reciprocity when the exchange of money was involved in the relationship. However, greater reciprocity was evident when advice (25.7 percent) or help (17.3 percent) was exchanged. Overall, network relationships for this sample were unidirectional.

Social Network Characteristics and Demographic Characteristics

Several statistical techniques were used to analyze the relationship between social network characteristics and demographic characteristics. These were chi-square analysis, frequency distributions, t-tests, and analysis of variance. The results of the various analyses are presented in Tables 19 to 29.

Range. Education and sex were the only demographic characteristics that were significantly related to the range of the respondents' social networks.

Education was significantly related to the long distance networks range (See Table 19). Individuals with some college (84.8 percent) and those who were college graduates (97.4 percent)



71

Table 18 FREQUENCY AND PERCENT OF DIRECTEDNESS FOR SOCIAL SUPPORT NETWORK RELATIONSHIPS WITH THE THREE TYPES OF HELPING BEHAVIORS

Type of Help	Frequency	Percent
Giving and Receiving Advice		
Reciprocity	79	25.7
Nonreciprocity Total	<u>228</u> 307	$\frac{74.3}{100.0}$
Giving and Receiving Cash		
Reciprocity	2	0.7
Nonreciprocity Total	<u>305</u> 307	$\frac{99.3}{100.0}$
Giving and Receiving Help		
Reciprocity	53	17.3
Nonreciprocity	_254_	82.7
Total	307	100.0

Table 19

CHI-SQUARE ANALYSIS: LONG DISTANCE NETWORK RANGE BY EDUCATION OF THE RESPONDENTS

Long Distance Network Range

Years of	Percent Indicating No Friends/Relatives	Percent Indica One of More Fr Relatives 50 M	iends/
Education	50 Miles Away	Away	To tal
0-9 Years	24.7	75.3	100.0
9-11 Years	23.8	76.2	100.0
High School Gr	aduate 16.4	83.6	100.0
Some College	15.2	84.8	100.0
College Gradus	ate 2.6	97.4	100.0

 \underline{X}^2 (4) = 11.72, \underline{p} < .05, \underline{N} = 437.



Table 20 INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF FIVE CLOSEST CONTACTS BY SEX OF THE RESPONDENTS

Closest Individual	Sex Men		Women	
Female Friend	3.2	(3)	1.0	(1)
Male Friend	1.0	(1)	4.8	(5)
Sister	3.2	(3)	2.0	(2)
Brother	2.2	(2)	4.6	(4)
Son	7.8	(5)	6.5	(6)
Daughter	9.4	(8)	4.0	(3)
Friends (sex unknown)	8.2		8.8	(10)
Mother	•		7.6	(7)
Female Cousin	10.0	(10)	8.6	(9)
Niece	12.2	(11)	8.5	(8)

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 21

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY AGE OF THE RESPONDENTS

Closest Individual	18-30 yrs.	Age 31-45 yrs.	46-65 yrs.	Over 65 yrs
Female Friend	1.2 (1)	1.2 (1)	1.0 (1)	1.0 (1)
Male Friend	2.0 (2)	3.4 (3)	4.8 (5)	5.4 (7)
Sister	3.8 (3)	2.6 (2)	2.6 (2)	2.8 (2)
Brother	4.2 (4)	3.6 (5)	2.8 (3)	4.8 (5)
Son	•	8.6 (9)	5.8 (6)	4.8 (5)
Daughter	~	7.6 (7)	4.2 (4)	3.6 (3)
Friend (sex unknown)	9.2 (9)	8.2 (8)	7.8 (7)	9.2 (10)
Mother	5.4 (5)	3.4 (3)	9.4 (12)	N.
Female Cousin	7.4 (6)	-	9.0 (10)	8.0 (9)
Niece	-	11.0 (12)	8.4 (8)	4.4 (4)

 $\underline{\text{Note.}}$ The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 22

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY EDUCATION OF THE RESPONDENTS

Closest Individual	0-8	yrs.	9-11	yrs.		Grad.		College	College Grad.	Grad. S	choo!
Female Friend	1.4	(1)	1.0	(1)	1.6	(1)	1.2	(1)	1.0 (1)	1.2	(1)
Male Friend	4.2	(4)	2.4	(2)	2.0	(2)	2.4	(2)	2.4 (2)	5.6	(9)
Sister	1.8	(2)	3.4	(3)	2.8	(3)	4.0	(3)	3.8 (3)	5.2	(5)
Brother	3.6	(3)	3.6	(4)	4.2	(4)	5.4	(6)	5.2 (5)	5.2	(5)
Son	7.0	(7)	6.4	(6)	6.6	(6)	9.0	(12)	-	6.0	(12)
Daughter	5.2	(5)	5.6	(5)	7.8	(8)	5.4	(6)	6.0 (8)	4.0	(2)
Friend (sex unknown)	7.0	(7)	9.2	(12)	6.6	(6)	9.4	(13)	6.4 (11)	4.4	(3)
Mother	-		7.2	(7)	6.0	(5)	6.4	(8)	4.2 (4)	4.8	(4)
Female Cousin	8.0	(9)	8.4	(10)	9.6	(12)	7.2	(9)	6.2 (9)	5.8	(10)
Niece	5.6	(6)	8.2	(9)	10.4	(13)	9.4	(13)	6.2 (9)	_	

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 23

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY MARITAL STATUS OF THE RESPONDENTS

	Marital Status							
Closest Individual	Ne ve Marri			ed	Widowed		Divorced Separate	
Female Friend	1.2	(1)	3.2	(2)	1.4	(1)	1.0	(1)
Male Friend	2.0	(2)	3.6	(3)	4.6	(4)	3.0	(3)
Sister	3.8	(3)	2.8	(1)	2.6	(3)	2.6	(2)
Brother	4.2	(4)	3.8	(4)	4.8	(5)	4.8	(5)
Son	-		5.2	(6)	6.4	(8)	4.6	(4)
Daughter	9.4	(1)	4.8	(5)	2.0	(2)	5.8	(6)
Friend (sex unknown)	7.2	(8)	8.8	(12)	6.4	(7)	7.0	(7)
Mother	5.2	(5)	6.4	(7)	-		7.6	(8)
Female Cousin	6.2	(7)	6.8	(8)	9.6	(10)	-	
Niece	9.8	(12)	8.2	(11)	-		7.8	(9)

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 24

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY HOUSEHOLD STRUCTURE OF THE RESPONDENTS

		<u>Househol</u>	d Struc	ture		
Closest Individual	Nucl	ear	Exten	Extended		uated
Female Friend	1.0	(1)	1.0	(1)	2.0	(1)
Male Friend	4.3	(3)	3.4	(2)	4.6	(6)
Sister	2.4	(2)	4.2	(3)	4.8	(7)
Brother	5.4	(4)	5.2	(5)	3.4	(3)
Son	5.8	(5)	6.4	(7)	6.6	(9)
Daughter	6.4	(7)	5.0	(4)	3.0	(2)
Friend (sex unknown)	10.4	(14)	7.9	(18)	-	
Mother	6.6	(8)	5.8	(6)	5.0	(8)
Female Cousin	9.2	(11)	7.0	(8)	4.0	(5)
Niece	8.8	(10)	8.2	(11)	6.8	(10)

Note. The numbers in parentheses indicate the rank number of the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 25

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY EMPLOYMENT STATUS OF THE RESPONDENTS

	Employment Status					
Closest Individual	Not Emp	loyeda	Employed			
Female Friend	1.0	(1)	1.0	(1)		
Male Friend	3.0	(3)	2.0	(2)		
Sister	2.6	(2)	4.4	(4)		
Brother	3.4	(4)	3.6	(3)		
Son	6.8	(6)	7.2	(6)		
Daughter	5.4	(5)	6.0	(5)		
Friend (sex unknown)	8.8	(9)	8.8	(9)		
Mother	7.4	(7)	7.4	(7)		
Female Cousin	8.6	(8)	8.8	(9)		
Niece	10.6	(13)	9.6	(12)		

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Includes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.

Table 26

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY HOUSEHOLD INCOME OF THE RESPONDENTS

	T 0 0 0		House	hold I	ncome			
Closest Individual	Less than \$6,0	ì	\$6,0 \$11,		\$12,0 \$24,9		\$25,0 or mo	
Female Friend	1.2	(1)	1.0	(1)	1.2	(1)	1.0	(1)
Male Friend	2.2	(2)	4.4	(3)	3.8	(3)	1.0	(2)
Sister	5.0	(3)	2.0	(2)	3.0	(2)	2.8	(3)
Brother	5.2	(4)	5.6	(6)	3.8	(3)	4.4	(4)
Son	6.0	(6)	6.2	(7)	6.2	(5)	8.6	12)
Daughter	5.6	(5)	5.2	(4)	7.8	(7)	7.0	(7)
Friend (sex unknown)	8.2	(9)	5.2	(4)	8.4	(9)	10.4	(14)
Mother	6.2	(7)	6.4	(8)	6.4	(6)	5.8	(5)
Female Cousin	8.6	(10)	9.0	(11)	9.0	(12)	7.8	(9)
Niece	6,6	(8)	8.4	(9)	9.6	(14)	10.0	(13)

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



82

Table 27
SUMMARY TABLE: CHI-SQUARE ANALYSIS OF NETWORK
DENSITY BY SEX AND EMPLOYMENT STATUS
OF THE RESPONDENTS

	Network Density						
Demographic Characteristics	Percent Not I	ense Percent Dense	Total				
Sex							
Men	37.9	65.1	100.0				
Women	47.4	52.6	100.0				
	$\underline{X}^{2}(1)=6.10**, \underline{N}$	<u>I</u> = 437					
Employment Status							
Not Employed ^a Employed	36.6 47.7	63.4 52.3	100.0 100.0				
	$\underline{X}^{2}(1) = 4.93*, \underline{N}$	<u>I</u> = 437					

a Includes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.



^{*}p < .05. p < .01.

Table 28 SUMMARY TABLE: CHI-SQUARE ANALYSIS OF NETWORK DIRECTEDNESS FOR GIVING AND RECEIVING ADVICE BY SEX, AGE, AND EMPLOYMENT STATUS OF THE RESPONDENTS

	Giving and Receiving Advice						
Demographic Characteristics	Percent Nonreciprocity	Percent Reciprocity	Total				
Men	66.9	33.1	100.0				
Women	78.8	21.2	100.0				
	$\underline{X}^{2}(1) = 4.77*, \underline{N} = 1$	307					
Age 18-30 Years	72.5	27.5	100.0				
31-45 Years	76.6	23.4	100.0				
46-65 Years			100.0				
	66.2	33.8	100.0				
Over 65 Years	89.7	10.3	100.0				
	$\underline{X}^{2}(3) = 7.73*, \underline{N} =$	307					
Employment Status							
Not Employeda	81.2	18.8	100.0				
Employed	68.9	31.1	100.0				
	\underline{X}^2 (1) = 5.25*, \underline{N} = 3	305					

^aIncludes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.

^{*}p < .05.

Table 29

CHI-SQUARE ANALYSIS: NETWORK DIRECTEDNESS FOR GIVING AND RECEIVING HELP BY MARITAL STATUS

OF THE RESPONDENTS

	<u>Giv</u>	ing and Receiving	Не 1 р
Marital Status	Percent Nonreciprocity	Percent Reciprocity	Total
Never Married	74.8	25.2	100.0
Married	91.4	8.6	100.0
Widowed	88.2	11.8	100.0
Divorced/Separated	78.7	21.3	100.0

 \underline{X}^2 (3) = 11.73, p < .01, \underline{N} = 307.



were more likely to have long-distance networks than were individuals with less than a high school education (75.3 percent) and those with some high school education (76.2 percent). The sex of respondents was significantly related to short distance networks. Men ($\underline{M} = 45.45$) indicated that they had more close friends and relatives living near them than did women ($\underline{M} = 20.47$), \underline{t} (231, $\underline{N} = 439$) = 1.98, $\underline{p} < .05$.

Nature. There were differences in the nature of the respondents' social network relationships as a function of the various demographic characteristics examined in this investigation. The mean ranks of the top can relationships named most frequently as one of the five closest contacts as a function of sex, age, education, marital status, household structure, employment status, and household income are shown in Tables 20 to 26. The mean rank is the first number. The number in parentheses is the rank of the specific category relative to the other categories.

The mean ranking of people named most frequently as one of the five closest contacts varied as a function of the respondents' sex (See Table 20). For example, men consistently named male friends most frequently as one of their five closest contacts (Mean Rank = 1.0), and women named female friends (Mean Rank = 1.0). In addition, brothers were the second person most frequently named by men (Mean Rank = 2.2), whereas women named their sisters (Mean Rank = 2.0). Although friends and relatives were important to both sexes, men and women had a same sex preference for their initial close contacts.



Table 21 indicates the mean ranking of the individuals named most frequently as one of the five closest contacts as a function of the age of the respondents. Respondents in all four age levels most frequently named a female friend as one of their five closest contacts. Mothers were included among the five most frequently named close contacts by those between the ages of 18 to 45; however, after age 45, the frequency of identifying mothers as one of the five closest contacts subsided. Naturally, mothers were not included among the most frequently named individuals for respondents aged 66 or older.

The ranking of individuals named most frequently as one of the five closest contacts as a function of education is shown in Table 22. This table reveals a striking rank pattern, especially for respondents who have at least some graduate school education. For this group, female friends (Mean Rank = 1.2), daughters (Mean Rank = 4.0), friends whose sex was not disclosed (Mean Rank = 4.4), mothers (Mean Rank = 4.8), and sisters and brothers (for each, Mean Rank = 5.2) were the five most frequently named close contacts. Male friends were not as important to this group. However, for the other education levels, male friends were one of the top five most frequently named close contacts.

Table 23 illustrates the individuals named most frequently as one of the five closest contacts as a function of marital status. Married individuals most frequently named their sisters (Mean Rank = 2.6) as one of their five closest contacts, followed by female friends (Mean Rank = 3.2), and male friends (Mean Rank = 3.6). Divorced/separated individuals, on the other hand, listed female friends (Mean Rank = 1.0) most frequently, followed by sisters



(Mean Rank = 2.6), and male friends (Mean Rank = 3.0). While widowed individuals also most frequently listed female friends (Mean Rank = 1.4) as one of their five closest contacts, daughters (Mean Rank = 2.0) were named second most frequently, followed by sisters (Mean Rank = 2.6). The top three most frequently cited close contacts by never married individuals were female friends (Mean Rank = 1.2), male friends (Mean Rank = 2.0), sisters (Mean Rank = 3.8), and brothers (Mean Rank = 4.9).

Table 24 provides data on individuals named most frequently as one of the five closest contacts as a function of household or family structure. In this analysis, family types were classified into three typologies: 'nuclear, extended, and attenuated. earlier discussions, extended and attenuated families were all categorized as extended. The term "attenuated families" refers to those households having individuals other than relatives living with them.) In this study, 4.4 percent (\underline{N} = 13) of the households were attenuated. As indicated in Table 24, female friends (Mean Rank = 2.0) and daughters (Mean Rank = 3.0) were the individuals most frequently included among the five closest contacts of persons living in attenuated households. Although female friends were also frequently named by individuals in nuclear (Mean Rank = 1.0) and extended (Mean Rank = 1.0) households, variations emerged in the subsequent rank orderings of the individuals named. instance, individuals in extended households most frequently named male friends second (Mean Rank = 3.4) on their list of their five closest contacts, while those in nuclear families most frequently named sisters second (Mean Rank = 2.4).



The two demographic indicators of economic status, household income and employment status, did not yield patterns that varied widely from the overall pattern of responses (See Tables 25 and 26). Respondents at all income levels, as well as those who were employed and those who were not employed outside the home, most frequently named female friends as one of their five closest contacts.

<u>Density</u>. Only sex and employment status were significantly related to network density (See ~ble 27). A greater proportion of men (65.1 percent) than women (52.6 percent) had dense networks, and unemployed individuals (63.4 percent) were more likely than were employed individuals (52.3 percent) to have dense networks.

<u>Frequency.</u> None of the demographic variables examined in this investigation were significantly related to the frequency with which respondents had contact with members of their social support networks.

<u>Durability.</u> Age and marital status were significantly related to network durability. Individuals over age 65 (\underline{M} = 29.9) and between the ages of 46 and 65 (\underline{M} = 24.34) reported the greatest amount of network durability, whereas those between the ages of 18 and 30 (\underline{M} = 10.66), and 31 and 45 (\underline{M} = 15.48) reported the least amount of network durability, \underline{F} (3,295, \underline{N} = 299) = 20.68, \underline{P} < .001. Widowed (\underline{M} = 23.26) and married (\underline{M} = 19.70) individuals reported the greatest amount of network durability, and never married (\underline{M} = 12.28) and divorced/separated (\underline{M} = 17.83) individuals reported the least amount, \underline{F} (3,295, \underline{N} = 299) = 6.54, \underline{P} < .001.



<u>Directedness.</u> To examine the relationship between social support network directedness and demographic factors, only two forms of helping behavior were further examined. These were as follows: (1) the giving and receiving of advice, and (2) the giving and receiving of help. The third type of helping behavior, the giving or receiving of money, was not examined in this analysis due to the very small number of cases (N = 2) where this type of reciprocity occurred.

Sex, age, and employment status were significantly related to network directedness for giving and receiving advice (See Table 28). Men (33.1 percent) were more likely to have reciprocal advice giving and receiving relationships than were women (21.2 percent). Respondents over age 65 (10.3 percent) were the least likely to have network reciprocity in terms of the giving and receiving of advice, whereas those individuals between the ages of 46 and 65 (33.8 percent) were the most likely to have reciprocity in this regard. Employed individuals (31.1 percent) were more likely to have reciprocity in terms of giving and receiving advice than were individuals not employed outside the home (18.8 percent).

Marital status was the only demographic variable significantly related to network directedness for giving and receiving help. Table 29 shows that never married (25.2 percent) and divorced/separated (21.3 percent) individuals were more likely than were married (8.6 percent) and widowed (11.8 percent) persons to report network reciprocity for giving and receiving help.



 $_{-71}$ 90

Social Network Characteristics and Sociocultural Characteristics

The relationships between social network characteristics and sociocultural variables were analyzed by using chi-square analysis, frequency distributions, and analysis of variance. The significant findings that resulted from these analyses can be seen in Tables 30 to 32.

Range. Community participation and religiosity were both significantly related to long distance networks (See Table 30). Individuals who were active participants in the community (86.7 percent) were more likely to have long distance networks than were those who were not active (75.1 percent). Individuals who were classified as high (87.5 percent) and medium (85.3 percent) in religiosity reported having friends and relatives more than 50 miles away to a greater extent than did those classified as low (70.5 percent) in religiosity. Neither of these sociocultural characteristics were significantly related to short distance networks.

Nature. The nature of the social network was also examined as a function of community participation and religiosity. As indicated in Table 31 (the mean rank is the first number), the ranking patterns among active versus nonactive community participants were similar. For example, female friends, male friends, and sisters were among the three most frequently named close individuals for both the nonactive (Mean Ranks = 1.0, 3.0, and 2.6, respectively) and active community participants (Mean Ranks = 1.0, 2.4, and 3.0, respectively).

In terms of religiosity, variations were noted in the ranking patterns of individuals named most frequently as one of the five



Table 30

SUMMARY TABLE: CHI-SQUARE ANALYSIS OF LONG DISTANCE NETWORK RANGE BY COMMUNITY PARTICIPATION AND RELIGIOSITY OF THE RESPONDENTS

I	Percent Indicating No	tance Network Range Percent Indicating One or More Friends/ Relatives 50 Miles Away	Total
Community Participation	<u>on</u>		
Not Acti	ive 24.9	75.1	100.0
Active	13.3	86.7	100.0
	$\underline{X}^{2}(1)=8.90*, \ \underline{N} =$	439	
Religiosity			
Low Medium High	29.5 14.7 12.5	70.5 85.3 87.5	100.0 100.0 100.0
	$\underline{X}^{2}(2) = 11.10^{*}, \ \underline{N} =$	402	

^{*}p < .01.

Table 31

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY COMMUNITY PARTICIPATION OF THE RESPONDENTS

Closest Individual	Community Participation			
	Not Active	Active		
Female Friend	1.0 (1)	1.0 (1)		
Male Friend	3.0 (3)	2.4 (2)		
Sister	2.6 (2)	3.0 (3)		
Brother	4.0 (4)	5.4 (4)		
Son	7.6 (7)	7.0 (5)		
Daughter	6.0 (5)	7.4 (6)		
Friend (sex unknown)	7.6 (7)	8.8 (10)		
Mother	6.6 (6)	7.4 (6)		
Female Cousin	· ·	7.4 (6)		
Niece	8.2 (8)	8.6 (9)		

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



Table 32

INDIVIDUALS NAMED MOST FREQUENTLY AS ONE OF THE FIVE CLOSEST CONTACTS BY RELIGIOSITY OF THE RESPONDENTS

Closest Individual	Low	Medium	ium High	
Female Friend	1.6 (1)	1.0 (1)	1.0 (1)	
Male Friend	2.2 (2)	2.6 (2)	4.6 (4)	
Sister	4.0 (4)	2.6 (2)	3.4 (3)	
Brother	3.4 (3)	4.4 (4)	3.2 (2)	
Son	8.8 (10)	7.6 (7)	4.8 (5)	
Daughter	7.8 (7)	6.4 (5)	5.2 (6)	
Friend (sex unknown)	-	7.8 (8)	-	
Mother	8.6 (8)	9.0 (9)	6.8 (7)	
Female Cousin	8.6 (8)	9.0 (9)	6.8 (7)	
Niece	-	-	7.0 (8)	

Note. The numbers in parentheses indicate the rank number of the category relative to the remaining categories, whereas the nonparenthetic numbers represent mean ranks.



closest contacts. Table 32 reveals that female friends were the individuals most frequently named as one of the five closest contacts for all three religious groups. However, male friends were the second most frequently named contacts for individuals classified as low (Mean Rank = 2.2) and medium (Mean Rank = 2.6) in religiosity, while brothers were the second most frequently named contacts for individuals classified as high (Mean Rank = 3.2) in religiosity. Male friends (Mean Rank = 4.6) were the fourth most frequently named contact for individuals rated high in religiosity.

Density and frequency. Community participation and religiosity were not significantly related to the density of the respondents' social networks. Nor were these sociocultural characteristics significantly related to the frequency with which respondents had contact with members of their social support networks.

<u>Durability.</u> Community participation was not significantly related to network durability. Religiosity, however, was significantly related to network durability, \underline{F} (2, 277, \underline{N} = 299) = 3.37, \underline{p} < .05. Individuals classified as high in religiosity (\underline{M} = 22.0) reported the greatest amount of network durability, whereas those classified as low in religiosity (\underline{M} = 13.97) reported the least amount of network durability. Individuals classified as medium in religiosity (\underline{M} = 17.64) reported greater network durability than did those classified as low, but less than those individuals classified as high.

<u>Directedness.</u> Community participation was significantly related to network directedness for giving and receiving advice,



 \underline{X}^2 (1) = 6.23, \underline{p} < .01 (See Table 33). Individuals who were involved in community activities (31.6 percent) reported network reciprocity in the giving and receiving of advice to a greater extent than did individuals who were not involved in any community activities (18.4 percent). Neither of the sociocultural characteristics were significantly related to network directedness for giving and receiving help.

Highlights of the Social Network Characteristics

Most of the respondents had social networks consisting of friends and relatives that lived within a 50 mile radius. Respondents who had at least some college education, were religious, and actively involved in their communities were more likely than were other people to have long distance social networks; that is, they did not have friends and relatives who lived in close proximity to them.

Looking specifically at the inner circle of the respondents' social networks, female friends, male friends, and sisters were the network members to whom respondents indicated they felt closest. Men and women preferred persons of the same sex as their closest contacts. For example, men named male friends and women named female friends. The majority of the sample had dense inner circles within their social networks, wherein all the network members knew one another. Male and unemployed respondents were more likely than were others to have these dense social networks.

The respondents had very frequent contact with members of their social support networks. Over 80 percent of the respondents had contact with a network member at least two or three times per week. Most of these social support network relationsips were



Table 33

CHI-SQUARE ANALYSIS: NETWORK DIRECTEDNESS FOR GIVING AND RECEIVING ADVICE BY COMMUNITY PARTICIPATION OF THE RESPONDENTS

Community Participation	Giving a	and Receiving Adv	<u>ice</u>
	Percent Nonreciprocity	Percent Reciprocity	Total
Not Active	81.6	18.4	100.0
Active	68.4	31.6	100.0

 \underline{x}^2 (1) = 6.23, \underline{p} < .01, \underline{N} = 307.



quite durable. Nearly 20 percent of the sample had known members of their network for over 30 years. Older (over 65 years), widowed or married, and highly religious respondents had the most enduring network relationships. Most of the social support network relationships were not reciprocal, especially when exchanging money was involved. Male, middle-aged (45 to 65 years), and employed respondents, as well as those who were involved in the community, were more likely than were others to have reciprocal relationships when it came to giving and receiving advice. Only those respondents who were not married (i.e., either single, divorced, or separated) were more likely than others were to have reciprocal relationships with regard to giving and receiving help.



Approaches to Help-Seeking

Five (5) general problems were examined to determine the extent to which informal networks, consisting of relatives and friends, were used for help when respondents sought aid. These problems focused on issues pertaining to finances, employment, crime, family, and health. A frequency distribution illustrating the presence and absence of these problems is presented in Table 34. As shown in this table, approximately one-half of the sample indicated that they had financial (44.9 percent) and health-related (42.6 percent) problems within the past five years. On the other hand, a relatively small proportion reported employment (19.3 percent), crime (11.7 percent) and family-related (20.2 percent) problems during this same time span.

Only the findings regarding two problems, financial and health-related, and approaches to help-seeking will be described in detail. These two problems were selected because they represented the areas identified most frequently by the respondents. Other areas such as crime, employment, and family-related were not as problematic for the sample.

Table 35 shows that respondents turned to a variety of sources for help, depending upon the type of problem experienced. Relatives (47.4 percent) were the source to which respondents most often turned for help when the respondents experienced financial problems, while sources other than those listed (63.7 percent) were the ones most often sought to for health-related problems. A larger proportion of the sample (14.1 percent) said they did not seek help during a financial crisis than those who said they did not seek help during a health-related crisis (1.1 percent).



-80-

Table 34

PRESENCE AND ABSENCE OF FINANCIAL, EMPLOYMENT, CRIME, FAMILY, AND HEALTH-RELATED PROBLEMS WITHIN THE PAST FIVE YEARS

Problem	Presence Percent	Absence Percent	Total	<u>N</u>
Financial	44.9	55.1	100	450
Employment	19.3	80.7	100	451
Crime	11.7	88.3	100	402
Family	20.2	79.8	100	436
Health	42.6	57.4	100	434



Table 35

INCIDENCE OF HELP SOUGHT FROM VARIOUS SOURCES
AS A FUNCTION OF THE TYPE OF PROBLEM

Source	Type of Problem			
		<u>Financial</u>		<u>alth</u>
	<u>N</u>	Percent	<u>N</u>	Percenta
Relative ·	91	47.4	27	14.8
Spous e	12	6.3	5	2.7
Friend	25	13.0	5	2.7
Agency	25	13.0	27	14.8
Other	12	6.3	116	63.7
No One Total	$\frac{27}{192}$	$\frac{14.1}{100.1}$	$\frac{2}{182}$	$\frac{1.1}{99.8}$

apercentages may not equal 100.0 due to rounding.



Classifying the sources of help as formal and informal more distinctly illustrated the types of sources from which respondents sought assistance. Relatives, spouses, and friends were classified as informal support networks. Agencies and other care givers (i.e., physicians) were classified as formal support networks. Table 36 shows the incidence of help sought from informal versus formal support systems as a function of the type of problem experienced. The sample sought assistance from informal network ties (66.7 percent) to a greater extent when faced with a finance-related problem. On the other hand, the participants used formal networks (78.5 percent) more often when faced with a health-related crisis. In terms of how helpful these sources of support were to the respondents, nearly three-fourths of the sample who had experienced financial problems (71.1 percent) indicated that informal networks helped them most often when these problems occurred. However, 68.2 percent of the respondents reporting health-related problems indicated that formal networks helped them the most when these problems occurred.

Table 37 illustrates the type of help the sources of support provided to the respondents. In terms of financial problems, the largest amount of help received was in the form of loans (35.0 percent) and gifts (27.3 percent); the least amount of help received was in the form of other types of instrumental support, such as a food or clothing donation, and emotional support (3.9 percent each). The type of help received most often by individuals with health-related problems was in the form of other types of instrumental support, such as receiving medicine or medical treatment (47.7 percent).



Table 36

INCIDENCE OF HELP SOUGHT FROM INFORMAL VS. FORMAL SUPPORT NETWORKS AS A FUNCTION OF THE TYPE OF PROBLEM

		Type of Pro	oblem .	
	<u>Fin</u>	ancial	<u>Healt</u>	<u>h</u>
Source of Help	<u>N</u>	Percent	<u>N</u>	Percent ^a
Formal Network	37	19.3	143	78.5
Informal Network	128	66.7	37	20.2
No One Total	$\frac{27}{192}$	$\frac{14.0}{100.0}$	182	$\frac{1.1}{99.8}$

^aPercentages may not equal 100.0 due to rounding.



Table 37

TYPES OF HELP PROVIDED TO THE RESPONDENTS
BY TYPE OF PROBLEM

	<u>Financial</u>		<u>Health</u>	
Type of Help	<u>N</u>	Percent	<u>N</u>	Percent
Referral ·	5	6.5	5	5.8
Advice	8	10.4	14	16.3
Loan	27	35.0		
Gift	21	27.3		-
Other Instrumentala	10	13.0	41	47.7
Emotional	3	3.9	11	12.8
Instrumental and Emotional Total	<u>3</u> 77	3.9	<u>15</u> 86	$\frac{17.4}{100.0}$

a Instrumental forms of support relating to financial problems include a donation of food, clothing, or shelter. Instrumental forms of support relating to health problems include giving medicine, or diagnosis and medical treatment.



Approaches to Help-Seeking and Demographic Characteristics

None of the demographic variables examined in this research were significantly related to the use of a formal versus an informal network for assistance. This was the case for both health and finance-related problems.

Approaches to Help-Seeking and Sociocultural Characteristics

Neither community participation nor religiosity was significantly related to respondents' approaches to help-seeking for health and finance-related problems.

Highlights of the Approaches to Help-Seeking

For the most part, the respondents turned to informal sources of support for assistance during financial crises and to formal sources of assistance during health-related crises. The help received from informal sources included emotional support and instrumental support in the form of various gifts and loans. Formal sources of assistance were more likely to provide help in the form of other types of instrumental support, such as medicine or medical treatment.



Perceived Satisfaction with Support Networks

Perceived satisfaction of the respondents with the assistance provided by their support networks was examined. Respondents were asked to indicate how satisfied they were with the responses of others to their problems. The majority of the sample (86.7 percent) was either "satisfied" or "very satisfied" with the responses of others (See Table 38). Only 13.3 percent of the sample indicated that they were either "dissatisfied" or "very dissatisfied."

Satisfaction and Demographic Characteristics

Chi-square analysis was used to analyze the relationship between the respondents' perceived satisfaction with their support networks and demographic characteristics. Perceived satisfaction with network support and education level were significantly related (See Table 39). A greater proportion of individuals with some college education (94.9 percent) was satisfied with the responses of others to their problems than were individuals who had less than a high school education (83.5 percent) or those who were high school graduates (85.1 percent). None of the other demographic variables examined in this research were significantly related to satisfaction.

Perceived Satisfaction and Sociocultural Characteristics

Community participation and religiosity were not significantly related to satisfaction.

Highlights of the Perceived Satisfaction with Support Networks

Most of the respondents were satisfied with the assistance they received from their support networks. Respondents who were



Table 38

PERCEIVED SATISFACTION OF THE RESPONDENTS WITH THE RESPONSES OF OTHERS TO THEIR PROBLEMS

Response	Frequency	Percent
Very Satisfied	72	17.7
Satisfied	281	69.0
Dissatisfied	35	8.5
Very Dissatisfied Total	19 407	$\frac{4.7}{100.0}$

Table 39 CHI-SQUARE ANALYSIS: RESPONDENTS' SATISFACTION WITH NETWORK SUPPORT BY EDUCATION LEVEL

	Sati	sfaction ^a	
Education Level	Satisfied	Dissatisfied	Tota1
Less than High School Education	83.5	16.5	100.0
High School Education	85.1	14.9	100.0
Some College	94.9	5.1	100.0

 $[\]underline{X}^2$ (2) = 7.89, p < .05, \underline{N} = 406.



a Responses were consolidated into two categories. Individuals responding "very satisfied" and "satisfied" were grouped into a single category of "satisfied," while those responding "dissatisfied" and "very dissatisfied" were grouped into a single category of "dissatisfied."

better educated were, in particular, more likely to be satisfied with this support than were others.

ERIC

Full Text Provided by ERIC

Knowledge and Utilization of Mental Health Agencies

The knowledge and use of formal mental health services was investigated. Information was ascertained from respondents concerning their knowledge of formal mental health facilities within their community. Only 31.6 percent (N = 142) of the sample was knowledgeable about any agency or organization within their community which dealt specifically with mental health problems, while 68.4 percent (N = 308) of the sample was not.

Information was also obtained from respondents concerning the number of times they had used the services of a community mental health clinic within the past year. Only 4.6 percent (N = 21) of the sample indicated that they had used the services of a community mental health clinic at least once within the last year, while the remaining 95.4 percent (N = 428) of the sample had not used such services.

Knowledge and Utilization of Mental Health Agencies and Demographic Characteristics

Chi-square analysis was used to examine the relationship between the knowledge and use of mental health services, and demographic characteristics. The statistics that resulted from the chi-square analyses of these relationships can be seen in Table 40. This is a summary table that presents the results of several chi-square analyses. Age, marital status, education, and employment status were significantly related to the respondents' knowlege of community mental health facilities. A greater proportion (85.5 percent) of older individuals (aged 66 years or over) was less knowledgeable about community mental health facilities than were younger individuals. A higher proportion



⁻⁹¹⁻ 110 ·

Table 40

SUMMARY TABLE: CHI-SQUARE ANALYSIS OF KNOWLEDGE OF MENTAL HEALTH FACILITIES BY AGE, MARITAL STATUS, EDUCATION, AND EMPLOYMENT STATUS OF THE RESPONDENTS

Demographic Characteristic	Percent Knowledgeable	Percent Not Knowledgeable	Total	
Age				
18 - 30 years	33.1	66.9	100.0	
31 - 45 years	39.3	60.7	100.0	
46 - 65 years	33.3	66.7	100.0	
Over 65	14.5	85.5	100.0	
$\underline{X}^2 (3) \underline{N} = 12.$	53**,			
<u>Marital Status</u>				
Never Married	38.9	61.1	100.0	
Married	25.9	74.1	100.0	
Previously Married	30.2	69.8	100.0	
$\underline{x}^2 (2) = 6$.24*, <u>N</u> = 450			
<u>Education</u>				
Less than High Scho	24.0	76.0	100.0	
High School Gradua	te 45.1	54.9	100.0	
Some College	34.0	66.0	100.0	
$\underline{x}^2 (2) = 15.9$	1***, <u>N</u> = 448			
Employment Status				
Not Employed ^b	24.2	75.8	100.0	
Employed	37.2	62.8	100.0	

^aIncludes respondents who were divorced, separated or widowed.



b Includes unemployed individuals seeking work, homemakers, students, retired individuals, and disabled persons.

^{*&}lt;u>p</u> <.05.

^{**}p <.01.

^{***}p <.001.

(38.9 percent) of never married individuals was knowledgeable about community mental health facilities than previously married (30.2 percent) or married (25.9 percent) individuals.

With regard to educational level, the highest proportion of the sample who were knowledgeable about mental health facilities were those individuals who were high school graduates (45.1 percent), followed by individuals with some college (34.0 percent), and those with less than a high school education (24.0 percent). In addition, employed individuals (37.2 percent) were more likely to be knowledgeable about mental health facilities than were individuals who were not employed outside the home (24.2 percent).

None of the demographic variables examined in this research were significantly related to the utilization of community mental health services.

Knowledge and Utilization of Mental Health Agencies and Sociocultural Characteristics

The relationships between knowledge and use of mental health facilities and sociocultural characteristics were analyzed using chi-square analysis. Religiosity was not significantly related to respondents' knowledge or use of mental health facilities. Community participation, however, was related to knowledge of mental health facilities, \underline{X}^2 (1, \underline{N} = 450) = 9.39, \underline{p} < .01. A greater proportion (38.1 percent) of active community participants were knowledgeable about mental health facilities than nonactive (24.3 percent) community participants. Community participation was also significantly related to respondents' utilization of community mental health services, \underline{X}^2 (1, \underline{N} = 449) = 4.13, $\underline{p}_<$.05.



A greater proportion of individuals with no community involvement (7.0 percent) used community mental health services within the last year than did individuals who were involved in community organizations (2.5 percent).

<u>Highlights of the Knowledge and Utilization of Mental Health</u> Agencies

Overall, the majority of the respondents were not knowledgeable about various mental health facilities in their community. However, younger individuals and never married persons were more knowledgeable about these facilities than were their older and married counterparts. In addition, respondents active in the community were more knowledgeable about these facilities than were nonactive respondents.

In terms of the utilization of community mental health facilities, only a very small percentage of the respondents (4.6 percent) indicated that they had used such facilities at least once within the past year. A slightly greater proportion of nonactive community participants used mental health facilities than did active community participants.



CHAPTER IV DISCUSSION AND IMPLICATIONS

Overview

The purpose of this research was to provide a comprehensive data base regarding the utilization of informal social networks as an avenue of help-seeking among Black adults. Unlike previous research in this area that focused primarily on low-income Blacks (Stack, 1974; Warren, 1975) or data obtained from secondary sources (Blumberg & Bell, 1958), the present investigation collected and analyzed data on social networks among a diversified Black population. The participants in this research represent a heterogeneous sample of Black adults residing in Richmond, Virginia. A major focus of this investigation was to examine the relationships among various sociocultural, demographic, and social network characteristics. In addition, this research sought to: (1) determine the presence and absence of mental health-related problems; (2) identify, classify, and describe the nature and magnitude of informal social support networks available to Richmond Blacks; (3) ascertain the extent to which informal versus formal social networks are applied in help-seeking; (4) determine the satisfaction of Richmond Blacks regarding the assistance they received through their informal social support networks; and (5) examine the extent to which Richmond Blacks are knowledgeable about and use formal community mental health facilities. overall goal of this research was to develop hypotheses concerning the utilization of informal social networks among Blacks and to suggest corresponding program and policy implications for mental health service delivery.



The initial sections of this chapter discuss the results of this investigation as they bear upon these objectives and goals. The final section describes the research and practice-oriented implications of the study.

Mental Health Problems

Several general mental health problems, stressful life events, recent concerns, and depressive symptoms were examined. They were related to each other; however, the correlations were quite low and probably emerged significant solely as a function of the large sample size. These mental health problems were related to the demographic and sociocultural characteristics of the respondents. The patterns of association for major demographic variables such as income, education, age, marital status, and sex with depressive symptom scores demonstrated in this investigation were consistent with the findings of previous research (Comstock & Helsing, 1976; Eaton & Kessler, 1981; Weissman & Klerman, 1977). More specifically, income, age, and education tended to be inversely related to the presence of depressive symptoms. Individuals with lower incomes, of younger ages, and with less formal education reported more depressive symptoms than did their counterparts. The social and economic "stress and strain" of being in a low socioeconomic status (i.e., low income and education) is probably a major precipitating factor contributing to the higher numbers of depressive symptoms in these individuals.

Like depressive symptoms, other mental health problems tended to be more prevalent in younger age groups. Individuals over 65 years reported the least number of depressive symptoms, stressful



life events, and recent concerns, while the 18 to 30 year olds reported the greatest number of all these problems. These general findings are consistent with those of other research (Roberts, Stevenson, & Breslow, 1981; Sayetta & Johnson, 1980). In the absence of adequate adjustment for many of the variables associated with age, i.e., measures of life satisfaction, that might influence the number of depressive symptoms and other mental health-related concerns such as stressfu! life events and recent concerns, one can only speculate on how much the association of age with indices of mental health results from age per se, and how much results from a variety of socioeconomic changes that accompany age. Therefore, generalizations regarding a cause-effect relationship between age and mental health should be made with caution.

In this research, women reported more depressive symptoms than did men. This finding has been repeatedly documented across a variety of samples (Radloff, 1975; Rothblum, 1983; Weissman & Klerman, 1977; Weissman & Paykel, 1974). Women also reported more stressful life events than men did. No sex differences were found in the number of recent concerns reported by the respondents. Psychosocial theories suggest that the cultural and personal aspects of women's lives are conducive to the higher rates of stress and depressive symptoms that are often found among women. Therefore, these results are not surprising.

Marital status influenced the number of mental health problems experienced by respondents. More specifically, divorced and/or single individuals reported the greatest number of recent concerns, depressive symptoms, and stressful life events, whereas



widowed and/or married individuals reported the least. These findings are also somewhat consistent with those of earlier research conducted among the general population (Comstock & Helsing, 1976; Pearlin & Johnson, 1977; Weissman & Myers, 1978). For example, Comstock and Helsing (1976) found among samples studied in Cansas City, Missouri, and Washington County, Maryland, that the number of high depression scores was lowest among married persons. The reasons for lowe, psychological well-being among the single and divorced samples are unclear. However, one might suggest that it is not marital status but variations in the kinds of social activities and supports readily available to married, divorced, single, or widowed individuals that moderate the effects of various mental health-related problems.

Community participation had a significant effect on depressive symptoms. That is, individuals who were not active community participants reported more depressive symptoms than did active community participants. Participation in various community and civic organizations seems to buffer some of the negative effects that lead to increased levels of depressive symptoms. In fact, previous research indicates that participation in social activities is related to increased global happiness and mental well-being (Bradburn, 1969; Phillips, 1967).

Although the present findings with a Black sample replicate the findings of much of the previous research, additional research still needs to be conducted. Such research should move to the next level of delineating the processes that cause various socioeconomic, sociocultural, and demographic factors to be significantly related to one's overall mental health. For



instance, although much of previous research suggests that women report more depressive symptoms than men do, the next step is to document empirically the "process" that perpetuates this occurrence. It may not be the status of being male or female that influences the presence or absence of depressive symptoms, but rather sex roles and other cultural norms. In fact, Rothblum (1983) strongly suggests that sex role stereotypes influence depression in women. Similarly, the status of being married may not be the contributing factor which leads to increased psychological well-being, but rather the quality of interaction which an individual has with an intimate other such as a spouse. Evidence suggests that it is a "good marriage" and not marriage that is important to the well-being of an individual (Gove, Hughes & Style, 1983). The development of a fairly systematic and comprehensive theory linking these and other social and psychological processes associated with demographic status variables (such as sex, marital status, income, and education) to the psychological well-being of individuals is very much needed. Such a theory should be able to explain, for instance, why married individuals have fewer depressive symptoms or stressful life events than do single individuals or why individuals of lower educational levels report lower psychological well-being than do those of higher educational levels. Subsequently, this theory should be empirically evaluated. Only then can researchers begin to make clear statements regarding factors that truly moderate psychological well-being and mental health.



Social Network Characteristics

By using a multi-level approach to examine the structural characteristics of the social networks of a heterogeneous probability sample of Blacks, this investigative Pathways study has yielded some interesting results. These results can be used to draw some conclusions about the social networks of Blacks, and how their networks are influenced by selected demographic and sociocultural factors. The findings on Black social networks will be discussed in the section that follows. Initially, findings on the overall social network will be presented. These findings will focus upon the network's range or the proximity of network members to the respondent. Next, findings on the inner circle of the social network -- that is, the people to whom respondents felt closest -- will be presented. This section will cover the nature of the inner circle (i.e., the type of people to whom respondents are close), as well as the density of the inner circle (namely, the degree to which people the respondents named as members of their inner circle are close to one another). The final set of findings that will be discussed covers the social support network of the social network. These are findings on the respondents' frequency of contact with members of their support network, and the durability and directedness of these supportive relationships.

Range of the Social Network

Looking at the overall social network of the respondents, the findings indicate that most individuals had social networks consisting of family and friends that live within close proximity to them, less than an hour's drive away. Approximately 98 percent of the respondents had friends and relatives nearby. This was



found to be especially true for Black men, who had more close friends and relatives living near them than Black women did. These findings suggest that Blacks have social networks that are easily accessible and available for assistance if the need arises. Not having as many friends and relatives nearby as Black men may be somewhat problematic for the women in this study. Other studies (e.g., McAdoo, 1982) have found that Black women often need instrumental support in the form of child care from their social networks. Having a number of network members that are in close proximity makes it easier to request this form of assistance (Belle, 1982). Therefore, not having a number of network members close by can be potentially stressful for women.

Additional analysis that extends beyond the scope of this report remains to be completed. This analysis will help to determine if the number of network members that are in close proximity is related to the occurrence of stressful life events among Black women. This study suggests the need for additional analysis, given the fact that the women in this sample did report significantly more stressful life events than the men did.

In addition to having friends and relatives nearby, this research found a large number of respondents, approximately 81 percent, had friends and relatives who lived some distance away from Richmond. This finding suggests the social networks of Blacks extend beyond the boundaries of their current residence. The findings indicate that individuals who were more educated, more actively involved in community organizations, and more highly religious were more likely than were others to have social



networks with friends and relatives located some distance away from where they lived.

The findings on the relationship between the sociocultural characteristics (i.e., community participation and religiosity) and long distance networks lend themselves to two interpretations which warrant further examination. One is based upon a compensation model that suggests increased community and religious activity is a substitute for not having a readily available social network. The other is an enhancement model which suggests increased community and religious activity leads to more long distance relationships by exposing those individuals who are highly involved to a wider range of social contacts beyond the boundaries of their immediate neighborhoods and communities (Brown, 1982). Additional analyses and research that focus on Blacks with long distance social networks need to be conducted. A number of questions that will help to determine which of the models is applicable or if some other model is more appropriate should be addressed. These questions include the following: (1) Who makes up the network, and to what degree? Is it comprised primarily of friends or relatives? A network comprised primarily of relatives would support the compensation model, while one comprised primarily of friends would support the enhancement model. (2) What are people's reasons for being actively involved in religious or community organizations? How does the range of their social networks influence the reasons for their involvement? For example, do active community participants with distant social networks give reasons for being involved which suggest they are compensating for not having friends and relatives nearby?



Nature of the Social Network

Results of the examination of the inner circle of the respondents' social networks indicated that the five people closest to the respondents were friends or relatives. circle of the social network can be viewed as the close confidants of the respondents. Individuals usually named friends, siblings, and children as their close confidants. Demographic and sociocultural characteristics did not change the nature of the inner circle of the social network to an overwhelming degree. findings suggest that various members of Black social networks can share the close personal role of confidant; however, these people are most often friends or closely-related kin.

Men and women were found to have a same sex preference for close relationships. This is not surprising and does not differ from the findings of previous research that has been done on the general population. These studies have shown that close personal relationships are usually between members of the same sex due to socialization processes that mitigate against opposite sex friendships (Salifios-Rothschild, 1977).

This investigation also indicated that individuals that one would expect to be named as close confidants within certain groups were not named. For example, highly religious people did not name church members or ministers as frequently as one might expect. These people may not play a major role in the support networks of Blacks to the extent that we sometimes assume they do--at least not in the role of close confidant. However, more research needs to be conducted to test this hypothesis.



In addition, married individuals did not frequently name their spouse as one of the five closest people. This raises some interesting questions about the role of conjugal relationships among Blacks. Why were spouses not named more frequently? finding implies that spouses were not confidants for this sample Additional analysis remains to be done to determine of Blacks. whether factors such as sex and age have an effect as well. For example, the finding may hold true only for older Black women. This finding is particularly germane for studies that use conjugal roles as a measure of social support. It suggests that the conjugal relationship should not be used as the sole measure of social support. Within conjugal relationships, some are supportive while others are not. More research needs to be done to examine fully the supportive aspects of conjugal relationships among Blacks. Researchers need to address the question of what Black men and women do to provide social support to one another by focusing upon the underlying socio-psychological processes that facilitate supportive interactions.

A question can be raised about possible methodological constraints in this study which influenced who was named as a confidant. Perhaps if people had been allowed to name more than five close contacts, married people would have named their spouses, or those who were religiously involved would have named their ministers or church members more often. However, research on the social networks of the general population suggests that "additional friends or kin do not significantly shape social behavior" (Birkel & Reppucci, 1983: p. 190). In other words,

naming more people probably would not have changed the outcome significantly.

Density of the Social Network

Most respondents had dense inner circles within their social networks. The respondents' confidants knew one another to a great extent. Specifically, men were more likely than were women to have highly dense networks. This is not surprising given the fact that men also had more close friends and relatives living near them than women had. Therefore, since these friends and relatives lived nearby, one would expect them to know one another.

It was also found that people who were not employed outside the home were more likely than were those who were employed to have highly dense networks. This finding is not unexpected. The unemployed respondents included homemakers, students, retired persons, and disabled persons. These are groups where one would expect inner circle members to know each other because of the geographic proximity of network members resulting from these groups' limited mobility. Moreover, this finding suggests that those who are employed do not have inner circles that include their co-workers. If they did, their networks would be more dense since co-workers would be likely to know one another. For Black workers, the workplace does not seem to be a source for close, confiding relationships. Examining the nature of the inner circle of the employed corroborates this finding. Co-workers were not one of the ten most frequently named "closest" people.

A suggestion for further research would be to explore how the density of Black social networks influences the provision of informational support. Studies on predominantly white samples



(e.g., Craven & Wellman, 1973) suggest less dense social networks are better providers of informational support. It would be interesting to see if this holds true in the Black community as well. One can hypothesize that it may not be true for the social networks of Blacks, because previous discrimination has resulted in Blacks forming dense networks among themselves. Such networks may allow for the transmittal of all types of resources, including informational support.

Frequency of Contact with the Social Network, and the Durability and Directedness of Network Relationships

Examining the frequency of contact within the respondents' social networks yielded some interesting findings. Most individuals, approximately 85 percent of the sample, had contact with their social support network at least two or three times per week. Relationships within the social support network were long-lasting. Over half of the respondents had known the members of their support networks for more than ten years. Of course, those who were older were found to have had the most enduring relationships. So did those who were widowed or married, and those who were more religiously involved. These findings suggest the social support networks of Blacks are long-lasting and persist throughout the life cycle, both as people age and as they progress through certain types of life transitions such as widowhood.

Overall, this research found that the respondents' social support network relationships were not reciprocal, especially those involving giving and receiving money. However, some reciprocity did exist in relation to giving and receiving other types of assistance such as advice and help. Other researchers



have documented the importance of reciprocal support relationships within the Black c mmunity, particularly in low-income Black communities (Stack, 1974).

In terms of reciprocity regarding advice, this study found that men, younger individuals, and those who were employed were more likely to have reciprocal advice relationships than were women, older individuals, and those who were unemployed. These findings suggest several implications about the directedness of Black social support networks. Black men were found to be involved more often in reciprocal relationships than Black women This can be a source of stress for Black women, particularly if they are at the giving end of the relationship. where constant demands are placed upon them to give advice but no resource is available for them to obtain advice. On the other hand, Black women may be on the receiving end, which also can be indicative of stress. Black women are either more stressed to begin with and are therefore seeking help (e.g., Belle, 1982), or the strain of being a recipient of continuous support leads to stress in terms of one's feelings of self-worth and self-esteem. Women in this sample experienced significantly more life stresses than men did. Additional analyses and further research will help to ascertain whether Black women fall into the provider or recipient role and how this aspect of the social support process impacts upon their experiencing stress.

Older people, in particular those over 65 years, were found to have the least reciprocity in their advice-social support relationships. Either the Black elderly are giving a lot of advice to members of their support network or they are receiving a



lot of advice. Additional analysis needs to be done on the Black elderly subsample within this study to determine exactly how they fit into the provider-recipient dyad. Previous research (Martin & Maxtin, 1978) has suggested that Black elderly family members are often important providers of instrumental and emotional support.

For reciprocity regarding help, this research found that those who were not married due to being single or divorced/separated were more likely than those who were married or widowed to have reciprocal relationships. Previous studies on the general population (McLanahan, Wedemeyer & Adelberg, 1981) have found that women who are divorced and making role transitions from being a homemaker to being a member of the paid workforce have support networks where reciprocity is essential. These networks provide help in the form of child care and emotional support. This also seems to be true for the support networks of Black single and divorced/separated adults in this sample. Reciprocity is a key characteristic of their help support network. Stack (1974) also found reciprocity was a major component of the help exchange network of low-income Blacks.

Approaches to Help-Seeking

To determine the extent to which Blacks seek help from informal and formal sources, this research focused upon two problems, financial and health. These problems were the most prevalent ones in the lives of the respondents within the past five years. A very small proportion of the sample reported problems related to employment, crime, and/or their family. Since over half of the respondents had current family incomes of less than \$12,000 yearly, it is understandable that issues focusing on



finances may be problematic. This is especially the case given the fact that these individuals resided in a fairly large urban area with a relatively high cost of living. It is not quite so clear, however, why almost one-half the sample reported health-related problems within the last five years, especially considering that only a small proportion of the sample was senior citizens. However, the wording of the survey question which ascertained health-related problems may account for this high rate. The question simply asked if the respondents had "any" health-related problems within the last five years. It is not clear whether the participants were reporting minor or serious health-related problems. Since the nature of this sample's health-related problems is unclear, generalizations about its occurrence in other populations are unwarranted.

The results indicated that the type of problem experienced is more indicative of where people go for help than are demographic or sociocultural factors. Respondents sought help from informal sources for financial problems and from formal sources for health-related problems. Demographic and sociocultural characteristics did not significantly influence where individual Blacks went for assistance. These findings do not differ from the findings of previous research on Blacks, other minorities, and whites which suggests that the type of problem experienced influences where help is sought (Brown, 1978; Cook & Weigel, 1983; Hendricks, Howard & Gary, 1981; Leutz, 1976; Lieberman & Mullen, 1978; Schreiber & Glidewell, 1978).

The findings from this study suggest that Blacks do seek formal help when it is appropriate to do so, such as when a



medical problem arises. Studies that note Blacks are less likely than are others to seek professional help (Windle, 1980) must be interpreted with caution. More emphasis needs to be placed on examining the quality of services provided, rather than assuming that Blacks do not seek professional help because of cultural norms or informal support which makes such help-seeking unnecessary. It is far easier for service providers to suggest that Blacks do not seek professional help because of some inherent characteristics of the Black community than to evaluate critically the services they are providing. Service providers should have an interest in determining whether their services adequately address the needs of the Black community. The findings from this study also suggest that Black help-seeking behavior may be far more complex than originally assumed. Help-seeking among Blacks seems to result from the interaction between the help-seeker (including his/her cultural norms, the perceived seriousness of the problem, and his/her perceptions of the provider) and the provider (including his/her perceptions of the service-recipients). Future research should include an examination of the various factors that are components of this interactive process.



Perceived Satisfaction with Support Networks

In analyzing the respondents' perceived satisfaction with support networks, the research indicated that 86.7 percent of the sample were at least satisfied with the assistance they received. Of the demographic and sociocultural variables studied, only education was found to be related to perceived satisfaction with support networks. Specifically, individuals with more formal education were satisfied with the responses of others to their problems. This may be due to the fact that for this study, education was positively related to income, and most problems listed were financial. Therefore, these persons may have problems that are easier to resolve.

Knowledge and Utilization of Mental Health Agencies

The results indicated that fewer than one-third (31.6 percent) of the total sample had any knowledge of where a mental health facility was located in their community. Those who indicated they did know of a mental health facility in their community tended to be younger, single, more educated, employed, and actively involved in community organizations. All of these variables--i.e., age, marital status, education, employment status, and community participation--were significantly related to knowledge of mental health agencies.

Only 4.6 percent of the sample used mental health agencies. Analysis using demographic and sociocultural variables showed no significant differences between those who used a mental health facility and those who did not. This lack of significance may be attributable to the small number of respondents who had used a



community mental health facility. Only 21 individuals had used such facilities.

<u>Implications</u>

The results of this investigation provide an initial data base regarding the utilization of social support networks as an avenue of help-seeking among Black men and women. Several areas of promise for future research emerged from this study. Overall, the Black respondents in this research had social networks consisting of friends and relatives living in close proximity to In addition, these individuals had frequent contacts with members of their social networks. For the most part, members of the social networks tended to know one another and maintained long-lasting network relationships. These informal social networks provided assistance to the respondents in times of need. However, the assistance provided through these networks was not always reciprocated. Although the informal social networks were utilized for assistance with all types of problems, they were especially sought out for assistance with financial matters. the other hand, formal networks were used most often when the respondents were confronted with health-related crises. suggests that individuals go through some type of "selection process" to decide where they should go to seek assistance for various types of problems. Future research should engage in a more "process-oriented" approach that moves beyond examining the structural characteristics of social networks and the demographic and sociocultural characteristics of the people who comprise these networks. Such research should focus upon how individuals perceive life stressors and how they evaluate the appropriateness



and effectiveness of the various resources, both formal and informal, that are available to them.

In terms of psychological well-being, this research indicated that various demographic and psychosocial factors influence mental health. For instance, women reported more depressive symptoms and stressful life events than did men, and single individuals reported more depressive symptoms and stressful life events than did married individuals. Variables such as sex, marital status, age, and income are "macro-level" measures that encompass a number. of "micro-level" processes which modify and influence behavior. Additional research that critically examines these micro-level processes in representative samples of Blacks should be implemented. For example, rather than merely examining marital status per se, issues concerning the dynamics of the marital and/or other intimate relationships should be addressed. Two (2) issues guiding such research could be as follows: (1) the perceived quality of the relationship, and (2) the satisfaction with the support received from the relationship.

The Pathways investigation also examined individuals' knowledge and use of community mental health facilities. The fact that only a small proportion of the sample indicated that they were aware of any mental health facilities within their community suggests the need for the dissemination of more literature and other types of information to educate people regarding the availability of these facilities. Such information could be targeted to a number of different sources, including doctors, ministers, teachers, and other key figures within the Black community.



-113- 132

The results of the Pathways investigation also have direct implications for practicing professionals, i.e., social workers, psychologists, and sociologists. Of particular interest is how to enhance the helping capacity of members of the informal network system to improve the assistance that is provided to highly stressed individuals. Generally, the informal network support system consists of family and friends who often share more commonalities than differences with those in need. As vital as the support of this network may be, much is lacking. For example, members of the network often do not have the requisite skills or training to deal with highly stressed individuals. Yet, the potential support that could be effectuated through this informal network is unlimited when fostered, buttressed, and linked into formal support network systems. With this backdrop, the following applications, as well as key assumptions are proposed.

Linkages should be established between the informal and the formal support networks to provide treatment to and intervention with highly stressed individuals. For example, a social worker or psychologist involved in clinical practice could actively seek out members of a client's informal support network to assist in the client's treatment. The client would play a critical role in identifying and selecting informal network members who would become involved in his/her treatment. These network members would receive some training in order to help them provide advice, and share in problem identification and problem-solving with clients. In addition, they would develop skills in seeking out and obtaining essential services and resources for the client. The investment of finances and training for members of the informal



support network could generate additional benefits. This developed informal network could be used as a model to set up similar treatment programs for other clients.

This type of program would be especially beneficial for clients with chronic disorders. Involving the informal network would help to improve the quality and continuity of care with such clients. The client would be provided with a treatment mode that allows for intensive therapy from a clinician as well as the social integration, bridging, and linking to a larger community that informal network support can offer.

In addition, this investigation of Black informal support networks showed that some individuals within the Black community are highly stressed. For example, individuals with lower incomes and less formal education experienced more mental health problems than did others. The role of informal social networks in the therapeutic process becomes even more critical, especially since the study also found that most individuals, approximately 85 percent of the sample, had at least two to three contacts per week with members of their social support network. Often, individuals find themselves in a vicious cycle of stress, to the point of becoming dysfunctional. Rarely do these individuals escape somebody's "eyes or ears." There is always someone who knows about these individuals' burdens. Invariably, this person is a friend, a spouse, a co-worker, or some other member of the informal support network. One might call these persons "early detectors" who could become effective "early intervenors" in preventing crises, depressive behavior, abuse, and even suicidal



behavior. In addition, these persons could, if properly oriented, get the highly stressed individual into treatment.

In summary, this investigation is only a step in quantifying the significance of informal social networks within the Black community. Before statements can be made regarding the uniqueness of these findings to the Black community, a replication of this research with comparable Black and white samples should be done. Only then can researchers begin to delineate different and similar aspects of help-seeking behavior among Blacks and whites.



REFERENCES

- Barnes, J. (1954). Class and committees in a Norwegian island parish. Human Relations, 7, 39-58.
- Bell, W., & Boat, M. (1957). Urban neighborhoods and informal social relationships. American Journal of Sociology, 62, 391-398.
- Belle, D. (1982). Social ties and social support. In D. Belle (Ed.), <u>Lives in stress: Women and depression</u>. Beverly Hills, CA: Sage.
- Billingsley, A. (1968). Black families in white America. Englewood Cliffs, NJ: Prentice Hall.
- Billingsley, A., & Giovannoni, J. (1972). Children of the storm:

 Black children and American welfare. New York: Harcourt,

 Brace and Jovanovich.
- Birkel, R.C., & Reppucci, N.D. (1983). Social networks, information-seeking, and the utilization of services. American Journal of Community Psychology, 11(2), 185-205.
- Blumberg, L., & Bell, R. (1958). Urban migration and kinship ties. Social Problems, 6, 328-333.
- Bradburn, N. (1969). The structure of psychological well-being. Chicago: Aldine.
- Brown, B.B. (1978). Social and psychological correlates of help-seeking behavior among urban adults. American Journal of Community Psychology, 6 (5), 425-439.
- Brown, D.R. (1982). The church as a predictor of social participation in voluntary associations. (Occasional Paper No. 19). Washington, DC: Howard University, Institute for Urban Affairs and Research, Mental Health Research and Development Center.
- Cameron, P. (1969). Valued aspects of religion to Negroes and whites. Proceedings of the 77th Annual Convention of the American Psychological Association, 4, 741-742.
- Cannon, M., & Locke, B. (1976, December). Being Black is detrimental to one's mental health. Paper presented at the W.E.B. DuBois Conference on the Health of Black populations, Atlanta University, Atlanta, GA.
- Caplan, G. (1974). <u>Support systems and community mental health</u>. New York: Behavioral Publications.



-117-

- Collins, A. (1973). Natural delivery systems: Accessible sources of power for mental health. <u>American Journal of Orthopsychiatry</u>, 43, 46-52.
- Comstock, G.W., & Helsing, K.J. (1976). Symptoms of depression in two communities. <u>Psychological Bulletin</u>, 6, 551-563.
- Cook, A.S., & Weigel, D.J. (1983). Relocation and crisis: Perceived sources of support. <u>Family Relations</u>, 32, 267-273.
- Craven, P., & Wellman, B. (1973). The network city. Sociological Inquiry, 43, 57-58.
- Eaton, W.W., & Kessler, L.G. (1981). Rates of symptoms of depression in a national sample. <u>American Journal of Epidemiology</u>, 114, 528-538.
- Finman, B.G. (1975, March). Special report on inequities in mental health service delivery. Paper prepared for the National Institute of Mental Health. McLean, VA: Human Sciences Research.
- Franklin, J. (1974). From slavery to freedom: A history of the Negro American (4th ed.). New York: Alfred A. Knopf.
- Frazier, E. (1964). The Negro church in America. New York: Macmillan and Company.
- Gans, H. (1962). The urban villagers. New York: Free Press.
- Garfield, S.L. (1963). A note on patients reasons for terminating therapy. <u>Psychological Reports</u>, <u>13</u>.
- Gary, L.E. (1978). Support systems in Black communities:
 Implications for mental health services for children and youth.
 (Occasional Paper, No 3.). Washington, DC: Howard University,
 Institute for Urban Affairs and Research, Mental Health
 Research and Development Center.
- Gary, L.E., Hendricks, L.E., & Howard, C. (1979). Conceptions of mental health in an urban Black community: Final report. Washington, DC: Howard University, Institute for Urban Affairs and Research, Mental Health Research and Development Center.
- Gilbert, J. (1972, September). A study of equity in providing community mental health services. Interim report prepared for the National Institute of Mental Health. New York: Public Sector.
- Glenn, N., & Gotard, E. (1977). The religion of Blacks in the U.S.: Some recent trends and current characteristics. American Journal of Sociology, 83, 443-451.



- Gottlieb, B.H. (1981). Social networks and social support in community mental health. In B. Gottlieb (Ed.), Social networks and social support, Beverly Hills, CA: Sage.
- Gottlieb, B. H. (1978). Development and application of a classification scheme of informal helping behavior. <u>Canadian Journal of Behavioural Science</u>, 10, 105-115.
- Gove, W. R., Hughes, M., & Style, C. B. (1983). Does marriage have positive effects on the psychological well-being of the individual? <u>Journal of Health and Social Behavior</u>, 24, 122-131.
- Greenley, J., & Mechanic, D. (1976). Social selection in seeking help for psychological problems. <u>Journal of Health and Social Behavior</u>, 17, 249-262.
- Hays, W., & Mindel, C. (1973). Extended kinship relations in Black and white families. <u>Journal of Marriage and the Family</u>, 35, 51-57.
- Hendricks, L.E., Howard, C.S., & Gary, L.E. (1981). Help-seeking behavior among urban Black adults. Social Work, 26 (29), 161-163.
- Hill, R. (1972). The strengths of Black families. New York: Emerson Hall.
- Hollingshead, A., & Redlich, F. (1958). Social class and mental illness. New York: John Wiley and Sons.
- Holmes, T.H., & Rahe, R.H. (1967), The social readjustment rating scale. <u>Journal of Psychosomatic Research</u>, 11, 213-218.
- Irving, H. (1977). Social networks in the modern city. <u>Social</u> <u>Forces</u>, <u>55</u>, 867-880.
- Jones, F.C. (1977). The changing mood in America: Eroding commitment? Washington, DC: Howard University Press.
- ..enny, B., Cromwell, R., & Vaughan, C.E. (1977). Identifying the socio-contextual forms of religiosity among urban ethnic minority group members. <u>Journal for the Scientific Study of Religion</u>, 16, 237-244.
- Landy, D. (1960). Problems of the person seeking help in our culture. Social Welfare Forum. New York: Columbia University Press.
- Langlie, J. (1977). Social networks, health beliefs and preventive health behavior. <u>Journal of Health and Social Behavior</u>, 18, 244-260.
- Leavy, R.L. (1983). Social support and psychological disorder:
 A review. <u>Journal of Community Psychology</u>, <u>11</u>, 3-21.



- Lerner, M., & Anderson, O. (1963). <u>Health progress in the United States: 1900-1960</u>. Chicago: University of Chicago Press.
- Leutz, W.N. (1976). The informal community caregiver: A link between the health care system and local residents. <u>American Journal of Orthopsychiatry</u>, 46, 678-688.
- Lieberman, E.J. (Ed.) (1975). Mental health: The public challenge. Washington, DC: American Public Health Association.
- Lieberman, M.A., & Mullen, J.T. (1978). Does help help? The adaptive consequences of obtaining help from professionals and social networks. American Journal of Community Psychology, 6 (5), 499-517.
- Martin, E.P., & Martin, J.M. (1978). The Black extended family. Chicago: University of Chicago Press.
- Martineau. W. (1977). Informal social ties among urban Black Americans. <u>Journal of Black Studies</u>, 8, 83-104.
- McAdoo, H.P. (1982). Stress-absorbing systems in Black families. Family Relations, 31, 779-788.
- McLanahan, S.S., Wedemeyer, N.V., & Adelberg, T. (1981). Network structure, social support, and psychological well-being in the single-parent family. <u>Journal of Marriage and the Family</u>, 73, (3), 601-612.
- McPherson, J. (1971). <u>Blacks in America: Bibliographical</u> <u>essays</u>. New York: Doubleday.
- McQueen, A.J. (1977). The adaptations of urban Black families: Trends, problems and issues. In <u>Public Services Studies</u>. Oberlin, OH: Oberlin College.
- Mitchell, C.J. (1969). <u>Social networks in urban situations</u>. Manchester, England: University of Manchester.
- Nie, N.H., Hull, C.H., Jenkins, J.G., Steinbrenner, K.M., & Bent, D.H. (1975). Statistical package for the social sciences (2nd ed.). New York: McGraw-Hill.
- Nobles, W. (1976, December). A formulative and empirical study of Black Families: Final report. Submitted to the Department of Health, Education and Welfare.
- Pear, R. (1984, February 24). Rise in poverty from '79 to '82 is found in U.S. Census: Bureau reports rise in poverty. New York Times, pp. B1, B8.
- Pearlin, L.J., & Johnson, S.S. (1977). Marital status, life-strains and depression. American Sociological Review, 42, 704-715.

-120-



- Phillips, D. (1967). Social participation and happiness. American Journal of Sociology, 72, 478-488.
- Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 3, 385-401.
- Radloff, L.S. (1975). Sex differences in depression: The effect of occupation and marital status. <u>Sex Roles</u>, <u>1</u>, 249-265.
- Roberts, E., Stevenson, M.A., & Breslow, L. (1981).

 Symptoms of depression among Blacks and whites in an urban community. The Journal of Nervous and Mental Disease, 169 (12), 774-779.
- Rothblum, E.D. (1983). Sex role stereotypes and depression in women. In N. Franks & E.D. Rothblum (Eds.), <u>The stereotyping of women: Its effects on mental health</u>. New York: Springer.
- Salifios-Rothschild, C. (1977). Love, sex and sex roles. Englewood Cliffs, NJ: Prentice-Hall.
- Sayetta, R.B., & Johnson, D.P. (1980, April). National Center for Health Statistics: Basic data on depressive symptomatology, United States, 1974-1975. Vital and Health Statistics, Series 1, No. 216 (DHEW Pub. No. (PHS) 80-1666). Wahington, DC: U.S. Government Printing Office.
- Schreiber, S.T., & Glidewell, J.C. (1978). Social norms and helping in a community of limited liability. American Journal of Community Psychology, 6 (5), 441-453.
- Shapiro, R. (1975). Discrimination and community nental health. Civil Rights Digest, 7, 19-23.
- Stack, C. (1974). All our kin. New York: Harper and Row.
- Staples, R. (1976). <u>Introduction to Black sociology</u>. New York: McGraw-Hill.
- Sue, S., Allen, D., McKinney, H., & Hall, J. (1974). <u>Delivery of community mental health services to Black and white clients: Final report</u>. Seattle, WA: University of Washington.
- Survey Research Center, Institute for Social Research. (1976)
 Interviewer's Manual. Ann Arbor, MI: University of Michigan.
- Thompson, S.E. (1973). A new way of viewing Black families. Smith College Studies in Social Work, 44, 42-43.
- Tomeh, A. (1973). Formal voluntary organizational participation: Correlates and interrelationships. Sociological Inquiry, 43, 89-110.



- U.S. Bureau of the Census. (1980). Statistical abstracts of the United States: 1980. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Commerce. (1975). The social and economic status of the Black population in the United States, 1974. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Labor, Bureau of Labor Statistics. (1983, May). <u>Geographic profile of employment and unemployment</u>. Washington, DC: U.S. Government Printing Office.
- Warren, D. (1976). Neighborhood and community contexts in help-seeking, problem-coping and mental health: Data analysis monograph. Ann Arbor, MI: Program in Community Effectiveness, University of Michigan.
- Warren, D. (1975). <u>Black neighborhoods: An assessment of community power</u>. Ann Arbor, MI: University of Michigan.
- Weissman, M.M., & Klerman, G.L. (1977). Sex differences and the epidemiology of depression. <u>Archives of General Psychiatry</u>, 34, 98-111.
- Weissman, M.M., & Myers, J.K. (1978). Affective disorders in the United States community: The use of research diagnostic criteria in an epidemiological survey. Archives of General Psychiatry, 35, 1304-1311.
- Weissman, M.M., & Paykel, E. (1974). The depressed woman: A study of social relationships. Chicago: University of Chicago Press.
- Windle, C. (1980). Correlates of community mental health center underservice to non-whites. <u>Journal of Community Psychology</u>, 8, 140-146.



APPENDICES



APPENDIX A STRATIFICATION DISTRIBUTION FOR THE PATHWAYS SAMPLE



Richmond, Virginia $(\underline{N} = 362)^{2}$

Household Income Distribution	Percent	age of Bla 40-79\$	cks in 80+\$	Census Tracts <u>Total</u>
\$ 0-9,999	10	21	131	162
\$10-19,999	11	16	74	101
\$20,000+ Total	<u>17</u> 38	<u>8</u> 45	<u>74</u> 279	. <u>99</u> 362

^aBased on the number of responses to the household income item.



144

APPENDIX B COMPLETION AND RESPONSE RATES FOR THE PATHWAYS SAMPLE



Categories	Completion Rate = 50.3% Percent		Response Rate =72.3% N Percent		
	_		=======================================	rereent	
Completed interviews	451	50.3	451	72.3	
No one home after less than 5 visits 1	92	10.3	**	-	
Non-Black households	79	8.8	-	-	
Respondent refusals	73	8 . 1	73	11.7	
No eligible respondents	62	3.9	-	-	
Refusal from person answering door	53	5.9	53	8.5	
Vacant houses	35	3.9	-	-	
No one home after 5 visits	22	2.4	22	3.5	
Unable to interview due to physical/mental illness	11	1.2	11	1.8	-127-
Broken appointments to be interviewed	9	1.0	9	1.4	
Business	5	0.6	-	-	
Respondents unavailable for interview	5	0.6	5_	0.8	
Total	897	100.0	624	100.0	

These respondents were not replaced because they were not needed.



APPENDIX C

COMPARISONS OF SELECTED VARIABLES WITH 1980 CENSUS FIGURES FOR RICHMOND, VIRGINIA



<u>Variable</u>	Richmond	<u>Pathways</u>
Sex		
Male Female	43.1% 56.9%	39.2% 60.8%
Age		
18-34 35-49 50-64 65+	46.2% 20.7% 19.6% 13.5%	43.9% 20.8% 17.9% 17.4%
Birthplace		
In Virginia Not in Virginia	54.8% 45.2%	75.1% 24.9%
Marital Status ^a		
Never Married Married Separated Widowed Divorced	39.3% 34.0% 8.6% 9.4% 8.7%	33.0% 36.1% 9.1% 11.8% 10.0%
Education		
Median years High school graduates	11.2% 42.7%	11.4% 48.6%
Income		
Less than \$5,000 \$5-9,999 \$10-14,999 \$15-19,999 \$20-24,999 \$25,000+	24.0% 21.4% 18.1% 13.3% 9.3% 13.9%	22.9% 22.0% 15.4% 12.4% 9.9% 17.4%



<u>Variable</u>	Richmond	Pathways	
${\tt Occupation}^{ extbf{b}}$			
Managerial and Pro- fessional	12.8%	19.9%	
Technical, Sales, and Administrative	30.0%	20.5%	
Services	28.5%	30.3%	
Farming	0.3%	0.6%	
Precision production, Repair	5.0%	6.7\$	
Operators, laborers	23.1%	22.0%	
Unemployment			
Rate	21.3%	30.7\$	
Persons Per Household			
Me an	2.89	3.52	
Mobility (Moved in the las	st 5 years)		
Yes	35.0%	41.0%	
No	65.0%	59.0%	

a Richmond data based on persons 15 years and older. Pathways data based on persons 18 years and older.



Richmond data based on persons 16 years and older. Pathways data based on persons 18 years and older.

APPENDIX D DATA COLLECTION INSTRUMENT





HOWARD UNIVERSITY, WASHINGTON, D.C.

PATHWAYS:

A SYUDY OF BLACK INFORMAL SUPPORT NETWORKS

1981

Questionnaire Number: _	
Location Number:	
Interviewer ID Number:	



BEFORE BEGINNING THE INTERVIEW

WHAT NUMBER WAS THE RESPONDENT ON THE	SELECTION FORM?			
REEMPHASIZE THE CONFIDENTIAL NATURE OF BY HOWARD UNIVERSITY TO OBTAIN YO INTERVIEW.	THE INTERVIEW, THEN STATE OUR INFORMED CONSENT BEFORE	: We ar Beginni	E REQUI	RED
HAND THE RESPONDENT THE CONSENT FORM. IN APPROPRIATE PLACE.	READ THE CONSENT FORM AND	REQUEST	SIGNAT	URE
. '	TODAY'S DATE:		DAY /	YEAR
	TIME INTERVIEW BEGAN:			_ A.M.
				P.M.

INTRODUCTION: READ TO RESPONDENT

THIS INTERVIEW IS CONSTRUCTED TO LOOK AT YOUR INTERPERSONAL RELATIONSHIPS AND THE LIVING CONDITIONS OF BLACK PEOPLE IN THE UNITED STATES. I WILL ASK YOU QUESTIONS ABOUT YOU AND YOUR FAMILY, FRIENDS, NEIGHBORS, AND WORK. OF COURSE, THIS INTERVIEW IS COMPLETELY VOLUNTARY. IF WE SHOULD COME TO ANY QUESTION YOU DO NOT WANT TO ANSWER, PLEASE TELL ME AND WE WILL GO ON TO THE NEXT QUESTION. AS INDICATED EARLIER, ALL OF YOUR ANSWERS WILL BE HELD IN THE STRICTEST CONFIDENCE.



SECTION A: DEMOGRAPHIC DATA

City (or Town)	County	State (or Countr if not U.S.)
How long have you lived at your pr	resent address?	(YEARS)
How satisfactory would you say you satisfactory, satisfactory, unsat	ur present home is? Mould you s	ay that it is <u>very</u> <u>y</u> ?
1 VERY SATISFACTORY	3 UNCERTAIN	ERY UNSATISFACTORY
2 SATISFACTORY	4	UNSATISFACTORY
How many rooms do you have in you utility room.) Does your home have air-condition	ning?	counting bathroom, porch, o
1 YES	2 NO	
	borhood?	

OTH COPY AVAILABLE



A7. Mould you recommend that someone else move here?

		MHY NOT?
How long have you l	ived in this city?	(YEAR
		ear?
		Five (5) years? E IF RESPONDENT SAYS "SINGLE")
•	1 NEVER MARRIED	4 DIVORCED
	2 MARRIED	5 SEPARATED
	3 WIDOWED	6 COMON LAW MARRIAGE
How long have you	been married?	Allb. How long have you been living toget
		(YEA



A12.	What was your age on your last birthday?	(YEARS)
A13.	How many grades or years of school did you finish? GRADES OF SCHOOL	•
	Elementary	High School
	00 01 02 03 04 05 06 07 08	09 10 11 12
	College	<u>Graduate</u>
	13 14 15 16	17+
Al3a.	Have you had any other schooling?	•
A13b.	1 YES 2 NO	SKIP TO A14
A14.	Do you feel you have accomplished most of the things you w	wanted to at this point in your life?
	1 YES 2 NO	→ Why not?
		

ERIC

Full Text Provided by ERIC

•	I would like to ask you a few questions about your family and friends.
B 1.	How many people do you feel close to the ones you can really trust and be yourself with?(NUMBER)
D 2	How many people in the neighborhood do you consider your close friends? (NUMBER)
B 2.	How many of your co-workers are your close friends?(NUMBER)
B 3.	How many close friends (excluding relatives) live in the metropolican area less than 50 miles away? (NUMBER)
	How many close friends (excluding relatives) live outside the metropolitan area more than 50 miles away? (NUMBER)
8 6.	Among your close friends, how many are white?
B 7	. How often do you invite whites to your house; would you say often, occasionally, or never? 1 OFTEN 2 OCCASIONALLY 3 NEVER
BE	3. How many relatives (those you see, talk to regularly) live in the metropolitan area less than 50 miles away? (NUMBER)
В	9. How many relatives (those you see, talk to regularly) live outside the metropolitan area more than 50 miles away?(NUMBER)

8

BIO. Please give me the names and relationships of the five persons with whom you feel the closest. 810a. Is person A (name) acquainted with NAME RELATIONSHIP 2 NO-YES 2 NO YES \$10b. Is person B (name) acquainted with YES 2 NO YES 2 NO 1 YES Bloc. Is person C (name) acquainted with 1 YES 2 NO C. 2 NO 1 YES (name) BlOd. Is person D (name) acquainted with 2 NO 1 YES



SECTION C: PREVIOUS DAY CONTACTS

Now, I would like to ask you questions about people you talked to yesterday. Please give me the names of the people with whom you had the most important conversations yesterday. (Exclude conversations that were strictly job or business-related.) FIRST, LIST ALL OF THE NAMES, THEN, ASK QUESTIONS C2 - C7 FOR EACH NAME.

C2. What is relationship to you?	C3. IF UNCLEAR. ASK: Is male or female?	C4. How old is ?	C5. Who initiated the contact?	7.1ve in the household?	11ve in the neighborhood?
C2e	1 FEMALE 2 MALE	C4e	1 RESPONDENT 2 SOMEONE ELSE	1 YES	1 YES
•		•	3 CHANCE 4 ROUTINE ENCOUNTER	2 HO	2 MO
			5 PERSON 6 OTHER (SPECIFY)		
C2b	1 FEMALE 2 MALE	C4b	1 RESPONDENT 2 SOMEONE ELSE	. TYES	1 YES
`			3 CHANCE 4 ROUTINE ENCOUNTER	2 HO	2 MO
			5 PERSON 6 OTHER (SPECIFY)		
C2c	1 FEMALE 2 MALE	C4c	1 RESPONDENT 2 SOMEONE ELSE	1 YES	1 YES
			3 CHANCE 4 ROUTINE ENCOUNTER	2 NO	2 NO
			5 PERSON 6 OTHER (SPECIFY)		
	relationship to you? C2e	ASK: Is male or female? C2a	relationship to you? C2a 1 FEMALE 2 MALE C4a C2b 1 FEMALE 2 MALE C4b	ASK: IS male or female? C2a.	ASK: IS

ERIC Full Text Provided by ERIC

159

	Tag. 1904 40	C3. IF UNCLEAR, ASK:	C4. How old is	C5. Who initiated the	C6. Does	C7, Does
C1. People you talked to	cz. What is	13	1	contact?	live in the	Tive in the
	relationship to	male or female?			household?	neighborhood?
C14	C24	1 FEMALE 2 MALE	c4d	1 RESPONDENT 2 SOMEONE ELSE	1 YES	1 YES
				3 CHANCE 4 ROUTINE ENCOUNTER	2 NO	2 MO
				5 PERSON 6 OTHER (SPECIFY)		
Cle	CZe	1 FEMALE 2 MALE	c4e	1 RESPONDENT 2 SOMEONE ELSE	1 YES	1 YES
-				3 CHANCE 4 ROUTINE ENCOUNTER	2 NO	2 MO
				5 PERSON SOTHER (SPECIFY)		
C1f	C27	1 FEMALE 2 MALE	C41	1 RESPONDENT 2 SOMEONE ELSE	1 YES	1 YES
				3 CHANCE 4 ROUTINE ENCOUNTER	2 110	2 MO
				5 PERSON 6 OTHER (SPECIFY)		·
1 0]	
ERIC 16						
Full faxt Provided by ERIC 1.6		REST COPY	AVAILABLE			162

<u> </u>						
C1. People you talked to	c2. What is relationship to you?	C3. IF UNCLEAR, ASK:	C4. How old is	C5. Who initiated the contact?	C6. Does Tive in the household?	C7. Does Tive in the neighborhood?
(lg	C2g	1 FEMALE 2 MALE	C4g	1 RESPONDENT 2 SOMEONE ELSE 3 CHANCE 4 ROUTINE ENCOUNTER	1 YES	1 YES
				5 PERSON 6 OTHER (SPECIFY)		
BLAILAIAVA	C2h	1 FEMALE 2 MALE	C4h	1 RESPONDENT 2 SOMEONE ELSE 3 CHANCE ENCOUNTER ENCOUNTER	1 YES	1 YES
e. E.				5 PERSON 6 OTHER (SPECIFY)		

ERIC

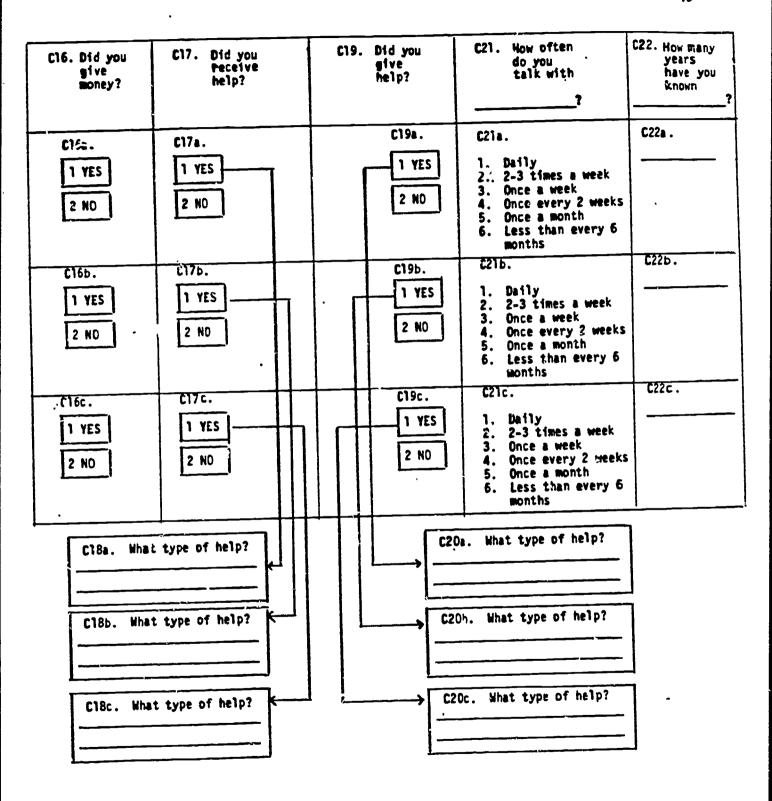
Full Text Provided by ERIC

C8. Of the contacts just mentioned, which ones most involved giving or receiving advice or help?

(LIST THREE NAMES OF PERSONS GIVING OR RECEIVING HELP. THEN 60 BACK AND ASK QUESTIONS

C9 THROUGH C22.)

C9 THROUGH C8. NAMES OF PERSONS GIVING OR RECEIVING ADVICE OR	C9. When? did this contact occur?	C10. What time did this contact occur?	C17. Did you receive advice?	C13. Did you give advice?	C15. Did you receive money?
CRa.	C9a.	C10a.	CITA. 1 YES 2 NO	C13a. 1 YES 2 NO	1 YES 2 NO
CBb.	C9b.	C10b.	1 YES 2 NO	C13b. 1 YES 2 NO	1 YES 2 NO
Cac.	C9c.	ClOc.	C11c. 1 YES 2 NO	1 YES 2 NO	1 YES 2 NO
	C12a. What about?				it about?
[-	Cl2b. What about?			C14b. Wh	at about?
	C12c. What about?			C14c. Wh	at about?



FLORIZATION TO THE



SECTION D: BEHAVIORAL INVENTORY

D1. Next, I would like for you to put yourself in the place of the person being described. Tell me whether you strongly approve, approve, disapprove, or strongly disapprove of the following statements. (CIRCLE NUMBER)

	SPECEMENTS: (CINCLE MOUNTLY)	_				
		STRONGLY APPROVE	APPROVE	NOT SURE	DISAPPROVE	STRONGLY DISAPPROVE
Dia.	When Sherman Smith feels upset, he talks about his feelings with close friends.	1	2	3	4	5
DIb.	When Curtis failed a test at school, he asked a classmate how he could improve his study habits for the next test.	1	2	3	.4	5
Dic.	Hattie joins many groups in order to meet her needs.	1	2	3	4	5
Did.	When Sherman feels he can't make it, he goes to the community mental health center.	1	2	3	4	5
Die.	Robert Lee joins many groups in order to meet his own needs.	1	2	3	4	5
DIF.	Wheneth Robert Lee feels he can't make it, he takes some pep pills.	1	2	3	4	5
Dìg.	Sherman Smith hardly ever has time to listen to other people's problems.	1	2_	3	4	5
Dìh.	When Sherman feels he can't make it, he often takes a drink of liquor.	1	2	3	4	5
D11.	curtis Williams would not take his son to the community mental health center across the street, even though his son is behaving strangely.	1	2	3		5
DIJ.	Sherman Smith would rather talk to his church pastor about his problem than go to the Community mental health center.	1	2	3	4	5
		STRONGLY APPROVE	APPROVE	NOT SURE	DISAPPROVE	STRONGLY DISAPPROVE

167



SECTION E: HELPING BEHAVIOR

2. 3. 4. 5.	No one asked for help Referred them to help Gave advice Loaned them money Gave them money Other (specify)	Ela.	Where? Agency Person Institution Other (specify)
Wit	hin the last year, what was the most impo	rtant hel YS NONE)	p you provided to someone with a mate-relat
2. 3. 4. 5.	No one asked for help Referred them to help Gave advice Listened to them Discussed problem with them Other (specify)	€2a .	Mhere? Agency Person Institution Other (specify)
. Wii	thin the last year, what was the most impolated problem? (PROBE IF RESPONDENT SAYS	ortant hel	p you provided to someone with a crime-
2. 3.	No one asked for help Referred them to help Gave advice Posted bond Other (specify)	→ E3a.	Where? Agency Person Institution

3. Gave advice 4. Told them to 5. Prayed for 6. Listened	o pray	E4a. Where? Agency Person Institution Other (specify)	
. Within the last	year, what was the most imp ted problem? (PROBE IF RESP	rtant help you provided to someone IDENT SAYS NONE)	with a job or

marker to the later of the

Within the past five years, have you had any financial problems?	•
1 YES 2 NO (SKIP	ro E14)
E6a. Who helped with this problem?	(NAME)
E6b. What is this rerson's relationship to you?	
1 RELATIVE (SPECIFY)	
2 SPOUSE	
3 FRIEND (SPECIFY)	
4 AGENCY (SPECIFY)	IF AGEN
S OTHER (SPECIFY)	
E6c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
1 MALE 2 FEMALE	
E6d. How old is this person?	(YEARS)
E6e. What is this person's Occupation?	_
E6f. How long have you known this person?	(YEARS)
E6g. How far does (name of helper) live from you?	(MILES)



(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; . OTHERWISE SKIP TO EB)

E7a.	How did you find out about this agency?	-
E7þ.	How much did these services cost?	-
E7 c.	How long have you used this agency's services?	_
E7d.	How far is this agency from your home?	
Ę7e.	How satisfactory were the services provided by the agency? Would y satisfactory, satisfactory, unsatisfactory, or very unsatisfactory.	ou say they were <u>very</u> ?
	1 VERY SATISFACTORY 3 UNCERTAIN 5	VERY UNSAT ISFACTORY
•	2 SATISFACTORY	UNSATISFACTORY

E8a.	Who else helped with this problem?	(NAME)
E8b.	What is this person's relationship to you?	
	1 RELATIVE (SPECIFY)	_
	2 SPOUSE	-
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E9)
	5 OTHER (SPECIFY)	
E8c.	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	1 MALE 2 FEMALE	
E8d.	How old is this person?	(YEARS)
E8e.	What is this person's occupation?	
E8f.	How long have you known this person?	(YEARS)
E8g.	How far does (name of helper) live from you?	(MILES)



(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; OTHERWISE SKIP TO E10)

E9 ₂ .	How did you find out about this agency?	
E9b.	. How much did these services cost?	
E9c.	. How long have you used this agency's services?	· · · · · · · · · · · · · · · · · · ·
E9d.	How far is this agency from your home?	
E9e.	How satisfactory were the services provided by the agency; satisfactory, satisfactory, unsatisfactory, or very unsati	Would you say they were <u>very</u> sfactory?
		VERY UNSATISFACTORY
	2 SATISFACTORY 4	UNSATISFACTORY

E10a.	Who else helped with this problem?	(NAME)
E10 b.	What is this person's relationship to you?	
	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO EII)
	5 OTHER (SPECIFY)	
£10c.	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	. 1 MALE 2 FEMALE	
E10d	. How old is this person?	(YEARS)
E10e	. What is this person's occupation?	
£101	. How long have you known this person?	(YEARS)
	. How far does (name of helper) live from you?	
	(SVIP TO E12)	



(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; OTHERWISE SKIP TO E12)

Ella.	How did you find out about this ag	ency?	
E116.	How much did these services cost?		•
Ellc.	How long have you used this agency	's services?	
Elld.	How far is this agency from your h	ome?	
Elle.	How satisfactory were the services satisfactory, satisfactory, unsat	provided by the age isfactory, or very u	ency? Would you say they were very insatisfactory?
	1 VERY SATISFACTORY	3 UNCERTAIN	5 VERY UNSATISFACTORY
	2 SATI SPACTORY	<u> </u>	4 UNSATISFACTORY

MINA WAY COM TOWN

E12a.	Which of the above mentioned persons	s or agencies helped the most?	(NAME
E12b.	What type of help was provided?		•
	1 REFERRAL 3 LOAN	5 OTHER (SPECIFY	
	2 ADVICE 4 GIFT		
E13.	Which of the above mentioned person		
		Knows	



E14. Within the past five years, have you had any employment-related g	
E14a. Who helped with this problem?	(NAME)
E14b. What is this person's relationship to you?	
1 RELATIVE (SPECIFY)	
2 SPOUSE	
3 FRIEND (SPECIFY)	
4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E15)
5 OTHER (SPECIFY)	
E14c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
1 MALE 2 FEMALE	
E14d. How old is this person?	(YEARS)
El4e. What is this person's occupation?	
E14f. How long have you known this person?	(YEARS)
E14g. How far does (name of helper) live from you?	(MILES)
(SKIP TO E16)	•

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; OTHERWISE SKIP TO E16)

E15a.	How did you find out about this agency?
E15b.	How much did these services cost?
E15c.	How long have you used this agency's services?
E15d.	How far is this agency from your home?
E15e.	How satisfactory were the services provided by the agency? Would you say they were very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
	2 SATISFACTORY 4 UNSATISFACTORY

BEST COPY AWARLABLE

16a. (Who else helped with this problem?	(NAME)
16b. (Mhat is this person's relationship to you?	·
	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E17)
	5 OTHER (SPECIFY)	
16c.	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	7 MALE 2 FEMALE	
16d.	How old is this person?	(YEARS)
	What is this person's occupation?	
lof.	How long have you known this person?	(YEARS)
16g.	How far does (name of helper) live from you?	(MILES)
-	(SKIP TO E18)	• •

Eller to the second

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPEDS OTHERWISE SKIP TO E18)

E17a.	How did you find out about this agency?	
E17b.	How much did these services cost?	
E17c.	How long have you used this agency's services?	
E17d.	How far is this agency from your home?	
E17e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very un	Would you say they were satisfactory?
	1 VERY SATISFACTORY 3 UNCERYAIN	5 VERY UNSATISFACTORY
	2 SATISFACTORY	4 UNSATISFACTORY

E18a.	Who plse helped with this problem?		(NAME)
T186.	What is this person's relationship to you?		
	1 RELATIVE (SPECIFY)		
	2 SPOUSE		•
	3 FRIEND (SPECIFY)		
	4 AGENCY (SPECIFY)		(IF AGENCY. SKIP TO E19)
	5 OTHER (SPECIFY)		
E18c.	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?		
	1 HALE 2 FEMALE		
E18d.	How old is this person?	(YEARS)	
	What is this person's occupation?		
	How long have you known this person?	(YEARS)	
	How far does (name of helper) live from you?	(MILES)	
	(SKIP TO E20)		·

AMARKS IN COLOR

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E20)

94.	How did you find out about this agency?	
195.	How much did these services cost?	_
19c.	How long have you used this agency's services?	
19d.	How far is this agency from your home?	
19e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory.	Would you say they we satisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN	5 VERY UNSATISFACTORY
	2 SATISFACTORY	4 UNSATISFACTORY

E20a.	Which of the above mentioned persons or agencies helped the most?	(NAME
520b.	What type of help was provided?	•
	1 REFERRAL 2 ADVICE 3 OTHER (SPECIFY)	
E21.	Which of the above mentioned persons know each other? Knows	
	Knows	-
	Mnows	
	Knows	

The state of the state of the state of

E22. Within the past five years, have you had any crime-related problems? 1 YES 2 NO E22a. Who helped with this problem? ______ (NAME) E22b. What is this person's relationship to you? 1 RELATIVE (SPECIFY) 2 SPOUSE 3 FRIEND (SPECIFY) → (IF AGENCY. A AGENCY (SPECIFY) SKIP TO E23) 5 OTHER (SPECIFY) E22c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female? 2 FEMALE 1 MALE E22d. How old is this person? (YEARS) E22e. What is this person's occupation? E22f. How long have you known this person? _____ (YEARS) E22g. How far does (name of helper) live from you? _____ (MILES)



(SKIP TO E24)

(ASK THE FOLLOWING QUESTZONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E24)

E23a.	How did you find out about this agency?	
E23b.	How much sid these services cost?	
E23c.	How long have you used this agency's services?	
E23d.	How far is this agency from your home?	 .
E23e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very un	Mould you say they were satisfactory?
•	1 VERY SATISFACTORY 3 UNCERTAIN	5 VERY UNSATISFACTORY
	2 SATISFACTORY	4 UNSATISFACTORY

E24a.	Who else helped with this problem?	(NAME)
	What is this person's relationship to you?	
*	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E25)
	5 OTHER (SPECIFY)	
E24c.	. (. SEX IS UNCLEAR, ASK:) Is this person male or female?	
	1 MALE 2 FEMALE	
E24d	. How old is this person? (YEARS	3)
E24e	. What is this person's occupation?	
E241	F. How long have you known this person? (YEAR	s)
	g. How far does (name of helper) live from you? (MILE	
	(SKIP TO E26)	



(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; OTHERWISE SKIP TO E26)

E25a.	How did you find out about this agency?	
E25b.	How much did these services cost?	
E25c.	How long have you used this agency's services?	
E25d.	How far is this agency from your home?	•
E25e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very un	Mould you say they were isatisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN	5 VERY UNSATISFACTORY
	2 SATISFACTORY	4 UNSATISFACTORY

BURN WARAN IN THE



E26a. Who el	se helped with this problem?	(NAME)
E26b. What i	s this person's relationship to you?	
	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E27)
	5 OTHER (SPECIFY)	
E26c. (IF S	SEX IS UNCLEAR, ASK:) Is this person male or female?	
•	1 MALE 2 FEMALE	
E26d. How	old is this person?	(YEARS)
	is this person's occupation?	
E26f. How	long have you known this person?	(YEARS)
E26g. How	far does (name of helper) live from you?	(MILES)
	(SKIP TO E28)	

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E28)

E27a.	How did you find out about this agency?	
E27b.	How much did these services cost?	
E27c.	How long have you used this agency's services?	
E 27d.	How far is this agency from your home?	
E27e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very un	Mould you say they were satisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN	5 YERY UNSATISFACTORY
	2 SATISFACTORY .	4 UNSATISFACTORY

E28a. 1	Which of the above mentioned persons or agencies helped the most?	(NAM
E886. 1	What type of help was provided?	•
	1 REFERRAL 3 LOAN 5 OTHER (SPECIFY)	
	2 ADVICE 3 POSTED BOND	
E29.	Which of the above mentioned persons know each other?	
	Knows	

	menta Aba	Give	Wears.	have	YOU !	ted	any	family-related	proble	ems?
E30.	Mithin the	PESE TIVE	ilears.	11212	Joa .	1-2-	0		•	

1 YES 2 MO	(SKIP TO E38)
E30b. What is this person's relationship to you?	
1 RELATIVE (SPECIFY)	
2 SPOUSE	
3 FRIEND (SPECIFY)	
4 AGENCY (SPECIFY)	(IF AGENCY. SKIP TO E31)
5 OTHER (SPECIFY)	

E30c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?

	1 MALE 2 FEMALE	
E30d.	How old is this person?	_ (YEARS)
E30e.	What is this person's occupation	-
E30f	How long have you known this person?	(YEARS)
E30g.	How far does (name of helper) live from you?	(MILES)

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E32)

E31a.	How did you find out about this agency?
E31b.	How much did these services cost?
E31c.	How long have you used this agency's services?
E31d.	How far is this agency from your home?
£31e.	How satisfactory were the services provided by the agency? Would you say they were very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory?
	T VERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
	2 SATISFACTORY 4 UNSATISFACTORY

E32a. Who else helped with this problem?	(NAME)
E32b. What is this person's relationship to you?	
1 RELATIVE (SPECIFY)	
2 SPOUSE	
3 FRIEND (SPECIFY)	
A Machael (alleast)	(IF AGENCY, SKIP TO E33)
5 OTHER (SPECIFY)	
E32c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
1 MALE 2 FEMALE	
E32d. How old is this person? (YEARS)	
E32e. What is this person's occupation?	
E32f. How long have you known this person? (YEARS)	
E32g. How far does (name of helper) live from you? (MILES)	

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED; OTHERWISE SKIP TO E34)

E33a.	How did you find out about this agency?	-
E33b.	How much did these services cost?	_
£33c.	How long have you used this agency's services?	-
E33d.	How far is this agency from your home?	-
£33e.	How satisfactory were the services provided by the agency? Would very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory.	you say they were actory?
		VERY UNSATISFACTORY
	2 SATISFACTORY 4	UNSATISFACTORY



E34a.	Who else helped with this problem?	(NATE)
E34b.	What is this person's relationship to you?	
	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY. SKIP TO E35)
	5 OTHER (SPECIFY)	
E34c	. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	1 MALE 2 FEMALE	~
E34d	. How old is this person?	(YEARS)
E34e	. What is this person's occupation?	
E341	. How long have you known this person?	(YEARS)
	. How far does (name of helper) live from you?	
	(SKIP TO E36)	•

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E36)

E35a.	How did you find out about this agency?	
E35b.	How much did these services cost?	
E35c.	How long have you used this agency's services?	
E35d.	How far is this agency from your home?	
E35e.	How satisfactory were the services provided by the agency? very satisfactory, satisfactory, unsatisfactory, or very uns	Would you say they wer atisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN	5 VERY UNSAT1SFACTORY
	2 SATISFACTORY	4 UNSATISFACTORY



	Which of the above mentioned persons or agencies helped the most? What type of help was provided?		
	1 REFERRAL 3 LISTENED 5 OTHER (SPECIFY) 2 ADVICE 4 DISCUSSED PROBLEM		
3 7.	Which of the above mentioned persons know each other? Knows Knows		

E38. Within the past five years, have you had any health-related problems	?
1 YES 2 NO	(SKIP TO F1)
E38a. Who helped you with this problem?	(NAME)
E38b. What is this person's relationship to you?	
1 RELATIVE (SPECIFY)	
2 SPOUSE	
3 FRIEND (SPECIFY)	
4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E39)
5 OTHER (SPECIFY)	·
E38c. (IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
E38d. How old is this person?	_ (YEARS)
E38e. What is this person's occupation?	-
E38f. How long have you known this person?	(YEARS)
E38g. How far does (name of helper) live from you?(SKIP TO E40)	(MILES)

BEST COPY AVAILABLE



(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY MELPED; OTHERWISE SKIP TO E40)

E 39a.	How did you find out about this agency?
E39b.	How much did these services cost?
E39c.	How long have you used this agency's services?
E39d.	How far is this agency from your home?
E39e.	How satisfactory were the services provided by the agency? Would you say they were very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
	2 SATISFACTORY 4 UNSATISFACTORY

BUTTER OF AN OR STORE

E40a.	Mino else helped you with this problem?	(NAME)
E40b.	What is this person's relationship to you?	
	1 RELATIVE (SPECIFY)	
	2 SPOUSE .	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO 241)
	5 OTHER (SPECIFY)	
E4 0c.	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	1 MALE 2 FEMALE	
E4 0d.	How old is this person?	(YEARS)
E40e.	What is this person's occupation?	
E40f.	How long have you known this person?	(YEARS)
E40g.	How far does (name of helper) live from you?	(MILES)
	(SKIP TO E42)	



BURNISHAN TOO THEE

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E42)

E41a.	How did you find out about this agency?
E41b.	How much did these services cost?
E41c.	How long have you used this agency's services?
	How far is this agency from your home?
E41e.	How satisfactory were the services provided by the agency? Would you say they were very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory?
	1 VERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
	2 SATISFACTORY 4 UNSATISFACTORY

BEST COPY AVAILABLE

E42a.	ino else helped you with this problem?	(NAME)
E42b.	What is this person's relationship to you?	•
	1 RELATIVE (SPECIFY)	
	2 SPOUSE	
	3 FRIEND (SPECIFY)	
	4 AGENCY (SPECIFY)	(IF AGENCY, SKIP TO E43)
	5 OTHER (SPECIFY)	
E42c,	(IF SEX IS UNCLEAR, ASK:) Is this person male or female?	
	1 MALE 2 FEMALE	
E42d.	How old is this person?	(YEARS)
E42e.	What is this person's occupation?	_
E42f.	How long have you known this person?	(YEARS)
E42g.	How far does (name of helper) live from you?	(MILES)

BEST COPY AVAILABLE

(ASK THE FOLLOWING QUESTIONS ONLY IF AGENCY HELPED: OTHERWISE SKIP TO E44)

E43a.	How did you find out about this agency?
E43b.	How much did these services cost?
E43c.	How long have you used this agency's services?
	How far is this agency from your home?
E43 e	 How satisfactory were the services provided by the agency? Mould you say they were very satisfactory, satisfactory, unsatisfactory, or very unsatisfactory?
	7 YERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
	2 SATISFACTORY

5. My Charles Street Could

E44a.	Which of the above mentioned persons	or agencies helped the most?	(NAME)
E44b.	What type of help was provided?		
	1 REFERRAL 2 ADVICE	3 OTHER (SPECIFY)	
E45.	Which of the above mentioned persons	know each other?	•
		Knows	
		Knows	_ _
		Knows	
	- -	Knowe	



SECTION F: PROBLEM SOLVING

Next, I'd like to ask your few questions about dealing with problems.

	a second field are will
FI.	In general, how satisfied are you
•	
	The Adecaraction, Very Classiciation
	satisfied or very satisfied?

1	VERY DISSATISFIED	3 UNDECIDED	5 VERY SATISFIED
2	DISSATISFIED		4 SATISFIED
Ľ			

£2.	If you had a serious problem, such
	as being depressed, nervous, or
	SUXTORS TO MILLION MOST STICKENTD)
	for help? (ASK FOR RELATIONSHIP)

rn. Einet?	(RELATIONSHIF)
F2a. First?	(RELATIONSHIP)
F2b. Second?	(RELATIONSHIP
F2c. Third?	- KELHI TORSHE

F3.	Have you ever been faced problem of accepting the prolative or a friend?	with the death of
	Intive of a 'irlenu!	

	1 YES 2 NO	
F3a.	From whom did you receive help?	(RELATIONSHIP)
	1 YES 2 NO	

£4	Have you ever been faced with
• • •	the problem of coping with your
	ava daath?

_	£	whom	did	AOII	receive	help?		
d.	LLOw	WILLIAM	•	3			(RELATIONSHI	P

F5. Do you feel that there is enough care in your community for persons with mental health problems?

		. 1		
1	YES		2	NO

F6.	In the last year, how	many times
•••	have you used the ser	vices of a
	community mental heal	th clinic?

(NUMBER)

F7. Do you know of any agency or organization in this community which deals specifically with mental health problems?

	1 YES 2 NO
a.	What are the names of these? (RECORD ALL NAMES MENTIONED OR IDENTIFYING INFORMATION)
	1)
	2)
	3)
	4)
	<u></u>

BEST COPY AVAILABLE



SECTION G: RELIGIOSITY

Mext, I would like to ask you some questions about religion.

61. Using the expressions—very often, sometimes, almost never, and never, describe ways in which you are invoin religion. (CIRCLE NUMBER)	Tved OFTEN	OFTEN	SOMETIMES	ALMOST NEVER	NEVER
a. Attend religious crusades, revi	val l	2	3 3	4	5 5
 Attend religious services Listen to religious services or the radio or TV. 	1	2	3	4	5
d. Sometimes pray, either privated or with family. e. Listen to religious music.	ly 1	2 2	3 3	4	5 5
f. Ideas I have learned from relig sometimes help me understand my own life.	afon 1	2 2	3	4	5 5
g. I contribute money to my church h. I regularly take part in various activities in my religious	h. 1 us	2	3	•	5
organization.	gion	2	3	Ą	5
helps me in getting ahead in j. The religious beliefs I learne I was young still help me.	1115.	2	3	4	5
k. I feel that the church or rem helps me in my marriage.	•	2	3	4	5
(SKIP TO 62 IF RESPONDENT HAS NO C	CHILDREN)				
1. I try to see that my children something about our religion		2	3	4	5
m. I encourage my children to par in activities sponsored by a groups.	religious	2	3	4	5

62. What is your religious preference?

DO NONE	3 BAPTIST	5 LUTHERAN	9 PRESBYTERIAN
1 AFRICAN METHODIST EPISCOPAL (AME)	4 CATHOLIC	7 MUSLIM (ISLAMIC)	10 UNITED METHODIST
2 AFRICAN METHODIST EPISCOPAL ZION (AMEZ)	5 CHRISTIAN METHODIST EPISCOPAL	8 PENTECOSTAL	11 OTHER (SPECIFY)

SECT COPY AVAILABLE



63. About how often do you attend the main worship service of your church? 3 SEVERAL TIMES 1 EVERY WEEK 5 LESS THAN A YEAR ONCE A YEAR 2 TWO TO THREE ONLY ONCE OR TWICE A YEAR 6 NEVER TIMES PER MONTH 64. In the past year, have you gone to a minister, priest or elder for guidance when faced with a problem? 2 NO 1 YES 64a. What kind of problem(s) have you discussed with these persons? (MARK ALL THAT APPLY) 9 WORRY (ANXIETY) 7 ACCIDENT 3 MONEY 5 JOB 1 MARITAL 10 FEELING LOW. 4 SPIRITUAL 6 HEALTH 8 DIVORCE 2 FAMILY DEPRESSION 11 OTHER (SPECIFY)



SECTION H: COMMUNITY PARTICIPATION

Now, I would like to talk with you about your involvement in the community. COMPLETE HI - H4 FOR EACH TYPE OF ORGANIZATION BEFORE GOING TO THE NEXT TYPE.

HE NEXT TYPE.	H2. What are the names of these groups?	H3. Do you hold an office in any of these groups?	H4. How sat in the	tisfied are se groups?	you with	your overall (participation	4
			VERY SATISFIED	SATISFIED	UNSURE	DISSATISFIED	VERY DISSATISFIED	
Mia. Social clubs?	H2a	H3a. 1 NO 2 YES				4		
1 MO 2 YES		What office(s)? ↓				4		
H1b. Political groups 1 H0 2 YES	H2b	H3b. 1 HO 2 YES	1					
Hic. Civic groups?	H2c.	H3c. 1 NO 2 YES) '	2	3	4	5	
1 HO 2 YES		What office(s)?				4		
HId. Labor unions?	H2d	H3d. 1 NO 2 YES	-1					
Hie. Fraternal organi-	H2e	H3e. 1 NO 2 YES] 1	2	3	4	5	
zation?		What office(s)?	-					<u> </u>
HIF. Service clubs?	H2f	H3f. 1 NO 2 YES	الـ	2 hy?				
ERIC			-				210	 -

H1. Do You Belong to Any:	H2.	What are the names of these groups?	H3. Do you hold any office in any of these groups?	H4. How sa in the	tisfied are se groups?	you wit	h your overall	participation
			H3g. 1 NO 2 YES	YERY SATISFIED	SATISFIED	Utishre	CISSATISFIED	VERY DISSATISFIED
1 NO 2 YES	HZ g.		What office(s)?	1 Why?		3	4	5
Nih. Cultural groups 1 NO 2 YES	H2ħ.		H3h. 1 NO 2 YES What office(s)?	1 Why?	2		4	. 5
HII. Church-related groups 1 NO 2 YES	H21.		H31. 1 NO 2 YES What office(s)?		?		4	5
Hij. Other (specify) 1 40 2 YES	H25		H3j. 1 NO 2 YES What office(s)?		-		4	5



Have you ever voted in any local or state elections?

H7. Did you vote in the 1980 presidential election?

211

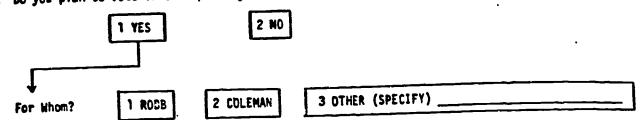
		ì
NO	2 YES	l

2 YES

1 NO 2 YES



MB. Do you plan to vote in the upcoming November gubernatorial election?



H9. How familiar are you with the new redistricting plans for the city of Richmond?

•	Ī	VER	FAMILIAR	2 FAMILIAR	3 NOT FAMILIAR
Н9 а .	What do	you	perceive to	be the possible c	consequences of the new redistricting plans?

SECTION I: EMPLOYMENT AND INCOME

Now,	I would like to talk to you abou	it work.			 -,
11.	How many jobs do you have?	Ila.	What is the main working now?	reason you are not	
	(NUMBER) (IF NONE) —				
12.	What type of job position(s) is (are these)?	this	•		
	ā	I1b.	How long have you	been unemployed?	(SKIP TO 19)
	b				
	c	,			
13.	Are you self-employed?	YES 2 NO			
14.	What do you consider your main ;	job?			_
15.	Do you consider your main job to have seasonal periods?	o be a steady job o	r is it likely that	; you will be laid of	for
•	1	STEADY	3 SEASONAL		
	2	LAYOFFS	OTHER (SPECIFY)		
				1	

In general, how much would say that you like your job? Would you say that you like it very much. like it, neither like nor dislike, dislike it, or dislike it very much.
1 LIKE IT VERY MUCH 3 NEITHER LIKE NOR DISLIKE 4 DISLIKE IT
2 LIKE IT VERY MUCH
How would you feel if a (son/daughter SAME SEX AS RESPONDENT) of yours had your job as a regular, permanent job. Would you feel very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?
1 VERY SATISFIED 3 SOMEWHAT DISSATISFIED 4 VERY DISSATISFIED
2 SOMEWHAT SATISFIED 5 DISSATISFIED
How long have you worked at this job? (YEARS/MONTHS)
What do you consider your occupation?
What was the total income of all persons living in your household in 1980, that is considering all sources such as salaries, wages, unemployment compensation, profits, interest, and so on? (GIVE RESPONDENT CARD #1)
A. Less than \$1,000 F. \$6,000 - 6,999 L. \$15,000 - 19,999
8. \$1,000 - 2,999 G. 7,000 - 7,999 M. 20,000 - 24,999
C. 3,000 - 3,999 H. 8,000 - 8,999 N. 25,000 - 29,959 D. 4,000 - 4,999 I. 9,000 - 9,999 O. 30,000 - 39,999
E. 5,000 - 5,999 J. 10,000 -11,999 P. 40,000 OR MORE
K. 12,000 -14,999

A.	Less than \$1,000	F.	\$6,000 - 6,999	П r.	\$15,000 - 19,99 9
	\$1,000 - 2,999	F 6.	7,0 00 - 7,9 99	T M	20,000 - 24,999
- C.	3,000 - 3,9 99	= #.	8,000 - 8,999	T N	25,000 - 29,999
F 5.	4,000 - 4,999		9,000 - 9,999	in o	. 30,000 - 39,999
E.	5,000 - 5, 9 99] 3.	10,000 -11,999		. 40,000 OR MORE
			12,000 -14,999		

Il2b. I do not need their names--but could you tell me each person's age, sex, and relationship to you? (PROBE: Anyone else?)

AGE	SEX	RELATIONSHIP TO YOU
		1
	 	
	 	
	 	
	 	
		•
	 	
	 -	
	 	

SECTION J: RECENT CONCERNS

This section deals with concerns you may have had.

JI.	Tel	ne if this has happened to you recently:		
	ā.	Wanted to get a completely different job. (IF NEVER MARRIED, SKIP TO C)	1 YES	2 NO
	b.		1 YES	2 NO
	c.	Concerned about suspicious people in the neighborhood.	1 YES	2 NO
	d.	Felt it's no use trying to do things because so many things go wrong.	1 YES	2 NO
	e.	Thought about going back to school.	1 YES	2 ND
	f.	Thought about how it would be to retire.	1 YES	2 NO
	g.	Got so tense at work you blew your stack.	1 YES	2 NO
	h.	Thought about moving from the neighborhood because of crime problems.	1 YES	2 NO
	ſ.	Felt so "blue" or "low" it ruined your whole day.	1 YES	2 NO
	j.	Other similiar events (specify)	1 YES	2 NO
			•	
J2a.	Of (P	those mentioned, which one affected you most? _ LACE ALPHABETICAL LETTER IN BLANK SPACE)		
J2 b.	Wh (P	ich one affected you least? LACE ALPHABETICAL LETTER IN BLANK SPACE)		

Hermes & Rahe

J3. Have any of the following things happened to you in the last year?

a. Personal injury or serious illness.	1 YES	2 NO
b. Change of job.	1 YES	2 NO
c. Death of spouse.	1 YES	2 NO
d. New person added to household	1 YES	2 NO
e. Divorce	1 YES	2 NO
f. Wife/husband began or stopped work.	1 YES	2 NO
g. Retirement	1 YES	2 NO
h. Death of close family member.	1 YES	2 NO
i. Fired from job.	1 YES	2 NO
j. Began or ended school or job training.	1 YES	2 NO
k. Problems in raising your child.	1 YES	2 NO
1. Marital reconciliation.	1 YES	2 NO
m. Victim of crime.	1 YES	2 NO
m. Reen arrested.	1 YES	2 NO

•	. Family member	arrested.		1 YES	2 40	
p	o. Family member	has been victim of c	rime.	1 YES	2 ND	
•	q. Family member	· involved with drugs.		1 YES	2 NO	
,	r. Family member	rs have argued/fought	among	1 YES	2 NO 5	
:		alth of family member	•	1 YES	2 NO	
,	t. Marital diff	iculties.		1 YES	2 NO	
	u. Financial pr	oblems.		1 YES	2 ND	
	v. Trouble with	n in-laws.		1 YES	2 ND	
	w. Trouble with	h other family members	i.	1 YES	2 NO	
		iving conditions.		1 VES	2 ND	
	y. Hoved or re		•	1 YES	2 ND	
34.5	Of those events	just mentioned, whic	h three affects	ed you most? (PLI	ACE ALPHABETIC LETTE	R IN
UTE.	BLANK SPACES)	1				
J4b.	Of those events	just mentioned, which			ACE ALPHABETIC LETTE	R IN
4-6.	BLANK CDUCEZI	•	_	3	•	

SECTION K: HEALTH

K1.	If you were physically sick (such as severe vomiting, swollen joints, etc.), where would you go for medical care or treatment?
	1 HOSPITAL 2 DOCTOR'S OFFICE 3 LOCAL CLINIC 4 FREE CLINIC 5 OTHER (SPECIFY)
K2.	In the last year, have you or your family used hospital emergency services? 1 YES 2 NO
	K2a. How satisfactory were those services? Would you say they were very satisfactory. satisfactory, unsatisfactory, or very unsatisfactory? (SKIP TO K3)
	1 VERY SATISFACTORY 3 UNCERTAIN 5 VERY UNSATISFACTORY
N.	'2 SATISFACTORY 4 UNSATISFACTORY
K3.	How many visits have you made to a doctor during the past year?(NUMBER) <

X4.	1 YES 2 NO 3 DON'T KNOW
K5.	Are you taking any prescribed medicine? 1 YES 2 NO
K6.	Have you been told by a doctor that you have a problem with your health due to smoking? I YES 2 NO K6a. From whom did you receive help? (ASK FOR RELATIONSHIP AND SEX)
,K7.	Have you been told by a doctor that you have a problem with your health due to drinking alcohol? I YES 2 NO K7a. From whom did you receive help? (ASK FOR RELATIONSHIP AND SEX)
K8.	Have you ever had a drug problem? 1 YES 2 NO KBa. From whom did you receive help? (ASK FOR RELATIONSHIP AND SEX)
K9	. How many visits have you made to the dentist during the past year? (NUMBER)

K10.	In general, would you say that your physical health has been excellent, good, fair or 1 EXCELLENT 2 GOOD 3 FAIR 4 POOR	<u>poor?</u>
K 11.	Is your health better, the same, or worse than it was one year ago? BETTER 2 SAME 3 MORSE	
K12.	Is your health better, the same, or worse than it was five years ago? 1 BETTER 2 SAME 3 WORSE	
_. к13.	When was the last time you felt perfectly healthy? 1 HEALTHY NOW 4 SIX MONTHS TO ONE YEAR AGD	
	2 LESS THAN ONE MONTH AGD 5 ONE TO FIVE YEARS AGO	
K14.	3 ONE TO SIX MONTHS AGO 6 FIVE OR MORE YEARS AGO How many hours of exercise do you participate in weekly? (HOU	RS)
	What activity is your primary source of exercise?	
K16.	What is your greatest health worry?	

BEST COPY AVAILABLE



224

SECTION L: RECENT MOOD

(Tre	last week. (GIVE RESPONDENT CARD #2)	1 RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)	3 OCCASIONALLY OR A HODERATE AMOUNT OF TIME (3-4 DAYS)	4 MOST OF THE TIME (5-7 DAYS)
Lla.	I was bothered by things that usually don't bother me.				
L1b.	l did notifeel like eating; my appetite was poof्				
Lic.	I felt that I could not shake off the blues even with help from my family or friends.				
L1d.	I felt that I was just as good as other people.				
Lle.	I had trouble keeping my mind on what I was doing.				
LIF.	1 felt depressed.				
L1g.	I felt that everything I did was an effort.				
L1h.	I felt hopeful about the future.				
LII.	I thought my life had been a failure.				
L1j.	felt fearful.				
L1k.	. Hy sleep was restless.				
	t ballad lace than usual.				

	1 RARELY OR HONE OF THE TIME (LESS THAN 1 DAY)	2 SOME OR A LITTLE OF THE TIME (1-2 DAYS)	3 OCCASIONALLY OR A MODERATE AMOUNT OF TIME (3-4 DAYS)	4 HOST OF THE TIME (5-7 DAYS)
m. I felt lonely.				
n. People were unfriendly.				
le. I enjoyed life.				,
lp. I had crying spells.				
lq. I felt sad.				
r. I felt that people disliked me.				
is. I could not get going.				
1t. I'was happy.				
•	·			

2. How many hours per day of television do you watch? ______ (NUMBER OF HOURS)

226

225

69



SECTION M: BLACK AMARENESS

ihat makes ₎ you	most as	hamed ab	out being							
Do you believ	e that t	here is a	n problem	in the	way Black	men an	d wome	n relate	to eac	th other
Do you believ	e that t		a problem	in the	way Black	men an	d wome	n relate	to eac	ch other
Do you believe			YES		way Black	men an	d wome	n relate	to eac	ch other

Now I am going to read some statements regarding Black issues. Please tell me whether you strongly agree, agree, are undecided, disagree, or strongly disagree with these statements. (CIRCLE NUMBER)

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
945.	Whenever possible a person should buy from a Black-owned store.	1	2	3	4	5
M 6.	If economic conditions were not an issue, I would prefer to live in a separate Black mation.	1	2	3	4	5
M 7.	Being Black is more than skin color it's a state of mind.	1	2	3	4	5
M8.	The world should be understood and explained from a Black point of view.	1	2	4	4	5
M 9.	I feel an overwhelming attachment to all Black people	1	2	.	4	5
M 10.	Black religious holidays such as Kwanza should be recognized in the schools just as Christmas and Hannukah are.	1	2	3	4	5
M11.	While at home or in other countries, we should always defend all that Blacks stand for.	1	2	3	4	5
M12.	The playing of "The Star Spangled Sanner" does not inspire me.	1	2	3	4	5
M 13.	Large numbers of Blacks cannot be trusted.	1	2	3	4	5
9114.	Integration and following the American standard of rules of society is the best way to solve the problems of Blacks.	1	2	3	4	5
		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree

	•	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
n15.	Poor Black children and poor white children are oppressed by the system to the same degree.	1	2	3	4	5
116.	School desegregation will bring about harmony between the races	1	2	3	4	5
M17.	Middle income Black families have more in common with middle income white families than with low income Black families.	1	2	3	4	5
418.	I feel a great love and compassion for all people who are oppressed.	1	2	3	4	5
119.	In the public schools there is too much emphasis on Blackness.	1	2	3	4	5
120.	1°d rather be thought of as a person first and a Black person second.	1	2	3	4	5
21.	For Black people in this country the present social, economic and political situation is better than it was before 1970.	1	2	3	4	5

BEST COPY AVAILABLE

SECTION N: SROWING UP

now, äge, N1.		•
N2.	How many of these brothers were older than you?	
N3.	How many sisters did you have, including half, step, and adopted? (Do not include yourself.)	(IF NONE, SKIP TO N5)
N4.	How many of these sisters were older than you?	
N5.	Are both of your parents still living?	
	1 YES 2 NO 3 DON'T KNOW	
	N5a. Which of your parents has passed?	
	1 MOTHER 2 FATHER 3 BOTH	
N6.	Did you live with both of your real parents until you were sixt	een years old?
	1 YES 2 NO N6a. Why not?	
	1 PARENTS DIED	PARENTS DIVORCED/ SEPARATED
	2 MOTHER DIED	5 PARENT DESERTED
	3 FATHER DIED	6 OTHER (SPECIFY)
		

DEET COM AVAILABLE

u '7 1	While growing up, did you	u ever live :	with a grandparent	?	
17.	1 YES	٦	2 NO		•
!	N7a. How many years did	you live wi	th firem?		_ (NUMBER)
N8.	Had you mother finished	high school	before you were st	xteen?	
	1 YES		2 NG	3 DON'T K	NOW
N9.	Had your father finished	i high school	before you were	sixteen?	
	1 YES	7	2 NO	3 DON't N	KNOW
10.	When you were growing up	2 KIND OF	of work did your		sian do? 3 DON'T KNOW
111.	When you were growing u		······································		3 DON'T KNOW
	1 DID NOT WORK	 	MORK		
TIF	ME INTERVIEW ENDED		A.M. P.M.	This very	completes the interview. Thank you much for your time and cooperation.



SECTION O: INTERVIEWER CHECK LIST (TO BE FILLED OUT AFTER INTERVIEW IS COMPLETED)

1.	What is respondent's sex?	1 MALE	2 FEMALE
2.	Generally, was the respondent	1)	VERY COOPERATIVE
		2)	SOMEWHAT COOPERATIVE
		3)	SOMEWHAT UNCOOPERATIVE
		4)	VERY UNCOOPERATIVE
3.	When you first began the interv	iew, was the re	espondent:
	•	<u>·</u> 1)	SUSPICIOUS OR RELUCTANT
		2)	MELCOMED YOU
		3)	RESERVED, BUT FRIENDLY
		4)	OTHER(SPECIFY)
	Approximately, how many interru	uptions occurre	ed that were at least a minute or so long?
₹.	Number of Interrupt		MONE
	Nature of Interrupt		
			_
			—



M	hich	other per	·sons ,	11 years	; of age	or older, t	ere pre	sent duri	ng the 1	urei a iem .	
	- Now 1	many enild	iren, ¹	10 years (NUMBER)	of age o	or younger,	were pr	esent dur	ing the	interview	?
•	Did		nce of			or childre	en) affe	no	terview	in any im	portant way?
•		plain how:					•				•
•	Wit Ot	hich quest r understa	ions i	n the su wording	rvey pos	ed diffici itivity of	ilties fi questi	or the re	pondent	in terms	of comprehen

	A.	HEARING PROBLEM
		VISION PROBLEMS: BLINDNESS, UNUSUALLY THICK GLASSES
•	c.	PHYSICAL IMPAIRMENTS
'ype of dwallin	ng	
	A.	APARTMENT OR MULTIPLE FAMILY HOUSE
	3.	DETACHED SINGLE FAMILY HOUSE
•	c.	TOWNHOUSE/ROWHOUSE
	D.	BUPLEX OR SEMI-DETACHED HOUSE
		DWELLING ABOVE STORE
	F.	OTHER(SPECIFY)
		(SPECIFY)
Did the neighbo	orhood appear to be w	ell-kept? 1 YES 2 NO
How?		
		• • • • • • • • • • • • • • • • • • • •
		ring the interview.
Describe any u	UNZREI OCCALLENCE? AA	
Describe any u	NUSUAL OCCUPTENCES OF	



	•	<u>. </u>		
Interviewer information				
A. DATE OF INTERVIEW: _	Month	Day	Year	<u>-</u>
B. LENGTH OF INTERVIEW:				
C. SEX OF INTERVIEWER:	·			
D. INTERVIEWER'S ID				
				•
_	INTERVIEWER			DATE