

THE UNIVERSITY OF CALGARY

A Descriptive Study of the Social  
and Emotional Life of Single Female  
Parents on Assistance

by

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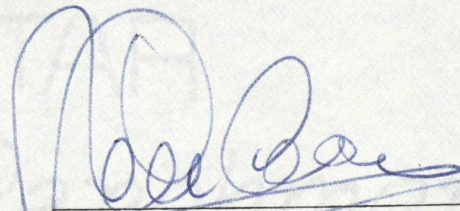
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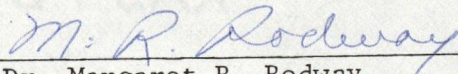
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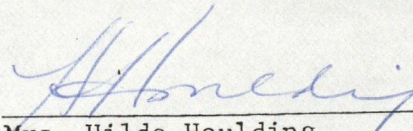
The undersigned certify that they have read, and recommend to the Faculty of Social Welfare for acceptance, a project entitled "A Descriptive Study of the Social and Emotional Life of Single Female Parents on Assistance", submitted by Mary Lilian Dick, in partial fulfillment of the requirements for the degree of Master of Social Work.



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## ABSTRACT

The purpose of this descriptive, exploratory study was to examine the social and emotional life of a partially representative sample of single female parents on assistance. The instrument of measurement was the Heimler Scale of Social Functioning.

The literature about this group suggests that the single female parent family is merely one form of the family and is capable of supplying all the needs of its members. Poverty seems to be the distinguishing feature of this group and tends to set it apart from others, a fact with which society must come to terms.

Conscious and unconscious feelings and attitudes were examined through a detailed analysis of the Heimler Scale which was administered to the sample group at the beginning of an employment opportunities course.

The study confirmed much of what could be expected about this group of women; that they are experiencing too much stress and too little satisfaction in their lives, often to the point of being immobilized; and that they are very insecure and uncertain although they are fairly realistic about their situations. The majority of the women in the sample have problems around their sexuality and their sexual identity. Most of them also feel that they have not achieved their ambition in life and that opportunities have not been available to them.

The study indicates that apart from necessary environmental assistance they need help to reconcile their interpersonal relationships. They also need intensive vocational training and counselling based on attempts to harmonize basic psychic needs with existing opportunities.



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## CHAPTER I

### INTRODUCTION

This study is designed to examine the social and emotional functioning of forty-two single female parents who are on assistance. This will be done through the use of a particular psychological measuring instrument, known as the Heimler Scale of Social Functioning, which will be administered to forty-two single female parents on assistance. These Scales will then be examined in detail. It is hypothesized that through this Scale a fairly complete albeit general picture of this group of individuals can be made. In comparing the results of the sample with the literature and what we already know about the single female parent, the study hopes to confirm what has already been pointed out as well as perhaps find new relationships. A secondary purpose would be to point out the usefulness of this particular Scale in delineating characteristics of this group, in addition to describing ways in which intervention in a policy or environmental as well as in a more personal sense could be more effective.

Much research has been done on the effects on children of growing up in single parent families, but much less has been written and researched on the emotional and social life of the single female parent herself and how she copes with her own needs as an individual and as a parent. Single parents are subjected to a variety of societal attitudes, not only toward their singleness, but also towards their working. On

the one hand, they are encouraged to be independent, to go out to work for fulfillment and to become economically independent and self supporting; while on the other hand, they are chastised for leaving the children to be brought up by others, perhaps haphazardly and uncontrolled.

In addition to being subjected to this push-pull influence, the single parent on assistance has an additional burden to bear: the stigma of being "on welfare" and "living off society". The confusion in messages comes not only from society in the form of neighbours and friends, but also from the public welfare department, and adds to the vulnerability of this group. This group which, through being alone as well as being parents, already has to cope with loneliness, social isolation, poverty, feelings of failure and inadequacy and lack of the satisfactions that normally one should expect to have in life. The results of these conditions must, for some, breed depression, physical and emotional breakdown and a host of other symptoms not particularly conducive to positive mental health. If it can be assumed that what the mother is experiencing in her own life has a direct bearing on the emotional development of the children, then it would appear to be extremely urgent that we devote more attention to increasing our knowledge and understanding of this group of women, perhaps leading to better intervention on behalf of them and their children. Understanding is needed not only to help the women themselves to attain a more satisfactory life situation, but also to attempt to do something about the poverty cycle.

### Background of the Study

The idea for this study evolved from the writer's experience in using the Heimler Scale in counselling. The method, which will be described later in detail, is effective with a great many people in helping them to take charge of their own lives by using their frustrations as a source of energy to direct them toward achievement of their goals.

The idea of using the method with single female parents on assistance evolved during a practicum experience at the Alberta Social Services and Community Health (A.S.S.C.H.), where a large number of clients are women in this situation. At first, it was the writer's desire to test out the method with this group by conducting from three to five interviews with each of the sample group, and administering a pre- and post-counselling test. The time and effort required to do such a study was too demanding for this project, hence the writer resolved to do an exploratory study of what the individuals in this group are experiencing in terms of their emotional life and to develop a profile of a typical single female parent on assistance in those terms.

Coincidentally, Alberta Social Services and Community Health were planning a year-long study on the same group, using the Scale in a pre- and post-test to analyze a preparation-for-work program for these women. The A.S.S.C.H. program involved the selection of women for a job opportunities program, who were given the Heimler Scale at the beginning and again at the end of the program which involved two afternoons a week for

six weeks. It was agreed that, in return for administering the Scale, the writer could use the Scales of the pre-test to form a sample group.

A.S.S.C.H. has embarked on the twelve month project "to determine whether a concentrated linkage of social services to single parents in receipt of social allowance will prove more beneficial than existing methods."<sup>1</sup> What the Department plans to do when a single female parent enters the program is to assess her needs in order to increase her independence, and refer her to services not offered by their own team. These assessments are made on an objective basis and on the basis of one interview and may, or may not, reflect what is accurately happening with the client.

What A.S.S.C.H. is doing in its study is admirable, but probably does not go far enough. This study will support what the Department is doing and support the absolute need for special services for this target group, but, in addition to that, it will attempt to show the value of using an instrument such as the Heimler Scale to help in assessing correctly what is happening with the clients and, therefore, to make more appropriate referrals. Some of these women are so immobilized in their frustration that only specialized services will assist them and in the long run, this could save time and money for A.S.S.C.H.

The sample is somewhat biased in favor of those women who were physically able to work. It does not include those who are physically disabled to the point of not being able to work. It does, however, include those who are emotionally unable to work and that is what this study will look at in depth.

### Rationale

The single parent phenomenon is a growing concern within this community and in North American society as a whole. According to Levine, writing in Psychology Today, some seventeen percent of all children in the United States, or one in six, are living in single parent families.<sup>2</sup> In Canada, the 1971 census data indicated that nearly one out of two single female parents was widowed, one in eight divorced and five out of sixteen separated and one in sixteen never married.<sup>3</sup>

In Alberta, ninety-eight percent of all single parents are female and a significant number of these families is on assistance. For example, out of a total of 35,053 female single parents in Alberta, forty-two percent or 14,550 are on assistance. Roughly, one-third of single female parents on assistance lives in Calgary (3,700).<sup>4</sup>

Not only are the numbers high but the trend has grown steadily and Government statisticians forecast a continuation of this trend well into the 1980s, at which time there could be a demographic change due to the post-war baby boom tapering off. In addition to the social costs for such problems as delinquency, alcoholism, drug dependency, to mention only a few, which can be aggravated by the single parent phenomenon, there are the very real financial costs for the large amount of resources this group consumes. In Alberta, in 1977-78, it is estimated that \$84,000,000.00 will be spent on single parents, which represents fifty-three percent of the total welfare budget. Quite apart from other, and perhaps more important issues, it certainly must be everyone's concern that there be good returns on the investment.

However, society has so far failed to come to grips with the growing phenomenon of the single female parent on assistance. The gap in community services, related to the needs of many single parents, particularly in the area of loneliness and isolation, is a serious one. Except for the recent arrival of self help groups in this particular area, society has not yet recognized this changing life pattern as one that may be in need of special services. For those on assistance the need is often vital and could make the difference between staying on assistance and being helped to become independent. As Schlessinger states, the single parent's ability to cope with new demands and to make satisfactory adjustments could be enhanced with appropriate help at the right time.<sup>5</sup> He goes on to say that their job is lonely, and endless and isolation from normal community life seems to be the fate of single parents. Those on assistance suffer to an even greater degree because of the social stigma accompanying their situation.

Our society is meeting some of the needs of this group. However, it is more often the aggressive, more knowledgeable people who are able to reach out and use a limited number of resources. One example is counselling offered by the Calgary Family Service Bureau. This service is available to everyone regardless of income and the sliding fee scale indicates that those on low incomes do not pay for it. Yet, for many single parents on assistance the amount of organization and effort needed to get to the agency, including the cost of transportation and babysitting, is too much and they fail to take advantage of this service.



The self help group, Parents-Without-Partners, is an excellent organization set up to help single parents cope with their particular problems. While its main objective is help for parents, it also provides support and companionship to a large number of its members. Where everyone is in a similar circumstance, the feeling of being different is diminished. However, this group tends to be middle-class in composition and single parents in poorer circumstances, particularly those on assistance, often do not feel comfortable there. Opportunities for group experience like this should be extended to the more disadvantaged single parent. The main complaint that the writer found, coming from the participants of the summer groups on employment preparation, was that the group itself came to an end after six weeks. They do not have the organizational ability to keep this going themselves and they desperately need it.

Our bandaid help involves the welfare assistance program that, while gradually improving, is still woefully inadequate. For example, too few public housing units are available, which works to the detriment of the Welfare Department, as well as to the detriment of the recipients because housing, at the moment, consumes too large a portion of the available financial resources. This is because the Welfare Department in Alberta tends to be fairly liberal about approving rents and rent increases for welfare recipients. This has, undoubtedly, a great many positive features, especially that those on assistance do not feel stigmatized in searching for apartments. However, many landlords take advantage of this situation. For instance, the writer is

aware of an example of a landlord who is receiving \$1,000.00 per month for a small bungalow, housing three different welfare families who exist in crowded quarters. This is not good value for the money and it is suggested that with more adequate public housing funds would be available for other equally necessary services.

Professionally staffed, low-priced and convenient child care services like day nurseries and nursery schools; pre-school, lunch-time and after school care; babysitting and homemaker services, are absolutely essential to assist the single parent and to aid their children. In addition to the necessity for appropriate care when the parent is working or obtaining training, part of this is to offer relief from the burden of constant parental responsibility.

Job training and re-training for single female parents is now developing fairly rapidly in Alberta, partly because of an increased awareness of the obvious financial advantages, not only to the recipient but to society. This program will only succeed, however, when many other services are available, such as good substitute child care. What is equally important is that any program of upgrading ought to be geared to the mother's ambitions for herself, as well as to society's goals, or the program will be doomed to failure. In a study on work incentive programs, Reid and Smith found that training programs are (often) not successful because they fail to deal with the women's own aspirations.<sup>6</sup>

Organizations like Aunts and Uncles at Large are a big help to single parents but these have limitations due to the scarcity of men offering their services as Uncles, although there is an abundance of Aunts and too few Nieces. What might be even more appropriate is an organization

set up to provide foster relatives to single parents on assistance to aid them with a support system, such as a relative would provide.

### Purpose of the Study

The main purpose of this study is to examine the social and emotional functioning of a sample group of single female parents on assistance, through the Heimler Scale of Social Functioning, and to make tentative recommendations for dealing more effectively with this group, both environmentally and personally.

Sub-purposes of the study are:

1. To demonstrate the value of the Heimler Scale which has been verified through research studies<sup>7</sup> in eliminating time-consuming and haphazard assessments, so that more appropriate and accurate referrals may be made.
2. To further demonstrate the value of the Heimler Scale in forecasting possible destructive kinds of behavior, so that more effective preventive services may be used.
3. To identify those who are at the moment unemployable due to poor emotional adjustment, as well as societal constraints.
4. To develop a demographic as well as a social/emotional group profile.
5. To make recommendations for assessing this group more effectively and to support the need for specialized services for this group.
6. To inform the public as well as government and private agencies about the seriousness of the problems experienced by single female parents

on assistance, and the ultimate effect on the well-being of the children in these families; therefore the need to act on their behalf.

## CHAPTER I

### FOOTNOTES

1. Alberta Social Services and Community Health. Proposed Service Delivery for Single Parent Project. Calgary: unpublished manuscript. November 1977, p. 2.
2. Levine, James A. "Real Kids Versus The Average Family," Psychology Today, June 1978, p. 14.
3. Schleslinger, Benjamin, The One-Parent Family. Toronto: University of Toronto Press, 1975, p. 4.
4. Alberta Social Services and Community Health. Op. cit., p. 3.
5. Schlesinger, Benjamin, op. cit., p. 12.
6. Reid, William J. and Audrey D. Smith, "AFDC Mothers View The Work Incentive Program." Social Service Review, XLVI Sept. 1972, p. 347.
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## CHAPTER II

### LITERATURE REVIEW

The adaptability of the family may well be its greatest and most significant contribution to modern society ... its amenability to change and adaptation to the pressures and expectations of society is consistent with its functions of preparing individuals for adult life.<sup>1</sup>

This statement may very well be true for many forms of the family, but for the sub-group known as "the single female parent on assistance" the ability to adapt to the pressures and expectations of society may be a myth and the preparation of individuals for adult life may be incomplete and enormously costly, both for the individuals, the family and for society as a whole. Hopefully this study will shed some light on this statement.

#### Poverty as a Distinguishing Feature

As an adaptation of the family, the single parent family headed by a female is an ever-increasing phenomenon in our society. According to Warren Gerard, writing in MacLean's Magazine, the number of single parent families in Canada has increased at three times the rate of two parent families, so that there are now 631,360 children living in 300,000 one-parent families. Of the children, 143,000 are pre-schoolers with, as reported in 1974, only 50,000 day care spaces available. One in every four first marriages is ending in divorce and the trend is toward one in three, so it is expected that these numbers will increase.<sup>2</sup>

Schlessinger reported that in 1971 nearly one in every ten families in Canada is headed by a single woman.<sup>3</sup> The whole area of female-headed families needs to be studied from many points of view because of its powerful effect on individuals and its ramifications for society as a whole. This branch of the family ought not to be looked upon negatively, or as a non-whole family, but as an entity in itself. Its strengths and weaknesses should be examined. The sub-group of the female-headed family in poverty also needs to be studied independently. Paul Adams, in the American Journal of Psychiatry,<sup>4</sup> refers to this as the lower class partial family and he feels that what sets it apart is its fatherlessness and its poverty. He also feels that, in spite of these deficiencies, this type of family possesses a remarkable durability. At the same time, he feels that they need a lot of outside help.

As with many other authors, Adams feels that the single parent family carries out almost all the functions of the complete family, "biologic maintenance, social control, and culturation of children, status placement and emotional maintenance as well as reproduction - providing that it is not poor."<sup>5</sup> In a study of "mature single women," 75 percent of whom had children, Hindbo and Kisner<sup>6</sup> found the level of income of their sample group to be a factor in overall satisfaction. The higher the income, the higher the satisfaction. Income levels then appear to be significant and often a key to normal functioning of the single female parent.



Disproportionate Number of Female Headed Families in Poverty

What is really cause for alarm is the large number of female-headed families who are living in poverty and that these numbers appear to be growing. According to David Ross in the Canadian Fact Book on Poverty,<sup>7</sup> in 1961, ninety-two percent of all families, regardless of income level, were headed by men, and eight percent by women. When looking at the picture for lower income families, only eighty-seven percent of these were headed by men and thirteen percent by women. This means that female family heads were over-represented in the low income population. Ross goes on to make the point that the percentage of female headed families almost doubled between 1961, when their numbers accounted for thirteen percent of total low-income families, and 1973, when the numbers increased to twenty-nine percent. Ross believes that this increase can only partially be explained by there being more female-headed families, since female-headed families as a percentage of all families only increased from 7.8 percent in 1961 to 8.6 percent in 1973. He also notes that, for the first time, in 1974 the combination of female heads of families plus females who are sixty-five years of age or over now make up more than one-half of the low income population, while only constituting 21.2 percent of the general population.

Another way of looking at these statistics is equally alarming. The chances of being poor simply by being the male head of a family in 1973 was 9.3 percent, while this same chance of being poor by being a female head of the family was 40.1 percent.<sup>8</sup> The situation is not improving either as it is for other groups in our society. According to Table 7

in the Canadian Fact Book on Poverty, while the number of men in poverty has decreased from one in four in 1961 to one in eight at the present time, the ratio for women has remained almost the same at two out of five.

The female-headed family has a much greater chance of being poor than the male counterpart and as such she may be among either the working poor or those on assistance. The two groups have much in common besides their lack of male head and their poverty. The conference on Income Supplements for the Working Poor heard the following:

... the system of social assistance to the present day has been based on a philosophy that if you work you look after yourself, and only if you are unable to work, for some unidentifiable legitimate reason, are you then deserving of assistance. It has seemingly never occurred to legislators that it is possible to be fully employed but still in serious need.<sup>9</sup>

By 1971 more than half of the low income families headed by workers were below the poverty line. So, while poverty has become synonymous with welfare, it is more correct to associate poverty with low earnings.<sup>10</sup> This fact is an important one in a woman's decision of whether or not to go into the labor force or to go on welfare. There could be some gains but by working she is not necessarily able to get herself out of poverty.

All the problems that affect women affect low income women and over and above this there are also special problems that face low income women - particularly those on welfare.<sup>11</sup> Women who head families and do not work are likely to: have dependent children under eighteen years, have minimal education, be either very young or old and live in a less

developed province (where the job opportunities are less).<sup>12</sup> It will be interesting to compare these facts with the demographic profile of the study group.

Given a combination of poor training possibilities, inadequate child care provisions and low wages, the welfare system is often the only real alternative for women heading families.

In Canada, 42.7 percent of all female heads, with children under eighteen years old, were social assistance recipients in 1971. The highest percentage of female family heads with children receiving social assistance was in the 19-24 year bracket. Almost seventy percent of these women were social assistance recipients. Older female heads of families are less likely to be social assistance recipients because they are less likely to have pre-school children. Yet, about one-third of female heads over thirty-five are on social assistance.<sup>13</sup>

The harsh consequences of poverty are compounded for women. If a woman is among the "working poor" she knows the frustration and disappointments, the sense of inferiority, which are the inevitable result of working hard for little return ... the feelings of helplessness and self-depreciation, which are one of the most serious aspects of poverty, may be here in double measure.<sup>14</sup>

For those on welfare, the situation is even more desperate.

Dependency in any guise is enervating; institutionalized dependency is immobilizing. Women who have been trained since birth to be dependent on a man are at least made to feel they are adequately productive by keeping a house and raising children for him (and her). It is difficult for them to convince themselves they are adequately productive in keeping house and raising children for the Department of Public Welfare. They know they are not paid for services rendered to the state, but they are subsidized merely because no one is supposed to starve.<sup>15</sup>

The results of a sub-standard income and economic destitution then, such as is found with women on assistance, could be apathy and fatalism.

RESEARCH QUESTION NUMBER ONE: DO THE WOMEN IN THIS STUDY EXHIBIT APATHY AND FATALISM? DO THEY HAVE FEELINGS OF DEPENDENCY AND IMMOBILIZATION THAT HELP KEEP WOMEN IN POVERTY? DO THEY DISPLAY HELPLESSNESS, INFERIORITY, FRUSTRATION?

### Póverty and Health

Poor people who live in crowded housing with poor sanitation and lack of adequate heat and light and cannot afford to eat healthy food, or enough of it, get sick more often and die sooner than others in the population. Briefs to the special Senate Committee on Poverty pointed out that while the poor comprised about twenty percent of the Canadian population, they have seventy-five percent of the illnesses.<sup>16</sup> As has been pointed out, most of these poor people are women and their children.

An Ontario study of recipients of family benefits, done in Toronto, showed that four out of ten mothers on family benefits, according to their own assessment, had "not very good" or "poor" health. Poor health is often closely allied to nutrition and the poor are often unable to buy nutritious food because of the cost. This is especially difficult in times of rising prices, when food prices which have risen fifty-two percent since 1969 while at the same time welfare benefits have not increased at this rate.

The poor are subject to more mental illness than anyone else in society - their disturbances tend to be more serious than those of any other class.<sup>17</sup> Poor people often have difficulty obtaining treatment for anything short of a complete breakdown. When a breakdown occurs, the poor are more likely to be given shock treatments than therapy.<sup>18</sup> Poor people often avoid going to doctors because they cannot afford the

cost of a babysitter, plus the extra billing now practised by many physicians. Costs of drugs and health insurance premiums are another barrier to obtaining good health care. Doctors and other health personnel sometimes display a negative attitude to low income people and to women; the health system is often unaware of the causes of health problems of the poor.

[It] ... treats symptoms and then sends people back to where they came from, with no better knowledge of why they were sick, or what to do so they don't get sick again. Worse than that, the system sends them back to the environment that helped make them sick and will do so again.<sup>19</sup>

RESEARCH QUESTION NUMBER TWO: DO THE SINGLE FEMALE PARENTS ON ASSISTANCE IN THIS STUDY HAVE ANY CONCERNS AROUND HEALTH AND MENTAL HEALTH, AS SHOWN BY THE HEIMLER SCALE?

### Education and Poverty

In spite of the fact that women in Canada generally tend to have more education on the lower levels than men, women still occupy the lowest paid jobs in our society. The employment of female heads was concentrated in a few low-paying sectors, half of all women heading families were employed in clerical and service occupations and there was no occupational group in which women did not earn less than men.<sup>20</sup> Nor are they apt to get top priority when it comes to training programs through Canada Manpower. Daly, writing in To See Ourselves, states that

Manpower officials in several cities have admitted privately that priorities for eligibility for most of its retraining programs are as follows: men with dependents, men without dependents, and only then women with dependents, and women without dependents. The rationale, they say, is that the woman with dependents has the option of welfare.<sup>21</sup>

Daly goes on to say that "one confidential survey done for the Federal Government and not made public, indicated widespread discrimination against women in Manpower programs and in the attitudes of Manpower officials."<sup>22</sup> Information on the local situation is difficult to obtain but one long term employee stated that attitudes toward women have changed drastically in the past four years and that at least in the Calgary Manpower office priorities for retraining are given to young people, mature people and women with dependents, the latter now constituting by far the largest group.

It would seem extremely important to help women to get back into the working world, even in a very part-time way, when her children are small and providing she wants this. Apart from the advantages in improving her feelings of self-esteem, it has been found that a woman who has been on welfare for fifteen years while her children are growing up, has little chance of getting back into the job market for lack of social and vocational skills. This is partly why so many older women whose dependents are gone are still on welfare. It would appear that a good case could be made here for promoting part-time jobs instead of prohibiting them, as is often the case with government employers.

The following statement in the Status of Women report describes the plight of the single female parent in poverty and on assistance as being a desperate one.

To experience poverty is to experience hopelessness, and powerlessness. To be poor is to feel apathy, alienation from society, entrapment, hopelessness and to believe that whatever you do will not turn out successfully. To be poor is to feel deprived of the means of obtaining even the most elementary things that others take for granted.

The statement goes on to say that "aspirations of the poor for economic opportunities and a middle-class style of life may be very strong, and that the desire to participate in a productive way in our society is more often frustrated than lacking."<sup>23</sup>

According to Daly, the recent Federal-Provincial Welfare Study group reveals that female welfare recipients do not want to stay at home.

"Only thirty-one percent listed their occupation as 'homemaker'. Nine percent called themselves 'white collar' workers, four percent sales, 10.7 percent skilled labourers, 32.9 percent unskilled labourers."<sup>24</sup>

RESEARCH QUESTION NUMBER THREE: WHAT DOES THE SCALE INDICATE ABOUT THE FEELINGS AND ATTITUDES OF THIS GROUP OF WOMEN TOWARD BEING OUT OF WORK? DO THEY EXHIBIT HOPELESSNESS AND POWERLESSNESS, APATHY, ALIENATION, AS WELL AS FRUSTRATION AT NOT ACHIEVING? HOW DO THEY VIEW THEMSELVES IN RELATION TO THEIR WORK ROLE?

#### Parenting in Female Headed Families

Stresses and frustrations come from many different sources for the single parent female on assistance. Not the least of these is the raising of children, so that consideration of the psychological and sociological ramifications of parenting in this group is relevant in terms of the behavior and personality development of children and, also, the remaining parent.

Current literature seems to suggest that the one parent family is not necessarily dysfunctional or pathological for its members. "Just as the two parent family is not necessarily and inherently non-pathogenic, by the same reasoning, the one parent family is not necessarily an inherently pathogenic family."<sup>25</sup> The one parent family is as



heterogeneous as any other form. Those on assistance will share a multitude of forms and situations of family relationships, but being poor will tend to exaggerate the situation.

While this study is primarily concerned with the mothers in these families, what happens to the children is important also, because their behavior in turn affects the mother. Her frustrations, sources of satisfaction, sense of worth and achievements are inextricably bound up with the behavior and development of her children.

Because some of the mother's needs may not adequately be met as a consequence of a lack of a male partner, her relationship with her child may become distorted.

She may become over-possessive, seeking from the child the affection she needs; more permissive in making restitution to the child, out of guilt. The child may be pressed into pseudo-maturity by being forced to assume the role of parent surrogate. As for the child, he or she loses an intimate source of male sexual identification, an additional disciplinarian and affectionate socializer, an additional source of emotional support, and a companion. He or she also is prevented from observing an on-going marriage in action.<sup>26</sup>

Bruce Peck, writing in Family Therapy,<sup>27</sup> observed from doing psychotherapy with father-absent families that what often emerges after the father leaves is a "make-shift" marriage between the identified child and the mother. In this situation, mother relates to one child in the marriage as she did formerly to her husband. Often the mother-child system works well until the children begin separating themselves through, for example, dating, then the system may collapse with all the attendant pain and frustration for both the mother and the children.

There are no definite answers to the questions around the effects of fatherlessness on children. What is important, is the mother's coping ability. What the literature seems to say is that far more important than the father's absence is how the mother deals with the absence and her dual role as both father and mother, which is both demanding and difficult. How extremely important it is then, for the sake of the children as well as the mother, that the mother in these situations be assisted as much as possible in her dual role.

Hetherington, writing on 'Girls Without Fathers' in Psychology Today,<sup>28</sup> found that father absence shows up in a girl's behavior at adolescence. If the absence was through divorce, she may be clumsy and awkward with men. If it was through death, she may fear men. But crucial to the girl's attitude toward men, was the mother's attitude to her former spouse. This explains why some studies show that children of widows make a better adjustment than children of divorced mothers. In a research study on Family Variables and School Adjustment of Eighth Grade Father-Absent Boys,<sup>29</sup> Kopf also found that the mothers' attitudes and behavior appeared crucial to the sons' adjustment at school. Less adequate mothers may tolerate less well the absence of the father and present it to the family as being more traumatic than it is.

Newman and Denman, in a study on Felony and Paternal Deprivation,<sup>30</sup> found that white males who have lost their fathers prior to the age of eighteen are more likely to be involved in criminal behavior. They too found that the manner in which the mother without a husband rears her son may be a strong determinant of the son's adult behavior.

While it is generally accepted that children will fare better in the home of two mature stable parents, the lack of a father is not damaging providing the mother has good coping skills. The ramifications for treatment here are enormous. While it is not possible to put a father figure in every female-headed family, it is possible for society to provide additional supportive services to help the single mother with her dual role and to help her with her self-image if this is a problem. This is one of the themes of this paper and will be examined further in Chapters four and five.

RESEARCH QUESTION NUMBER FOUR: WHAT INDICATIONS ARE THERE IN THE SCALE AS TO THE PARENTAL COPING ABILITY OF THESE WOMEN? GIVEN THEIR EMOTIONAL HEALTH OR LACK OF IT, WHAT EFFECT ON THE CHILDREN MIGHT BE EXPECTED?

#### Effects of Being a Single Female Parent

Marital status apparently plays a large part in a woman's emotional security and social stability. Burgess, writing on the Single Parent Family, noted that "suicide rates of widows are higher than for married women. And the suicide rate for divorced women three times as high as among men, four times as high as those who are married."<sup>31</sup> Formerly married women, as compared to married women, are more likely to feel unhappy, to suffer from fears of being alone and from loss of self-esteem as women, and to lack self-confidence. This was compared also in the Hindbo-Kisner study which found that generally the mature single women experienced frustration because of the lack of satisfying male relationships.<sup>32</sup> The problem is compounded by a lack of money and the need for a lot of energy to care for young children. They tend to

experience guilt, fear, frustration and loneliness. Cultural patterns make it difficult for these families to fit into the normal way of life. Complete families are sometimes rigid about avoiding friendships with members of a broken family.<sup>33</sup> So the members of the one-parent family can feel isolation and rejection, further augmenting their problems.

Single parents are also affected by the commonly held view that children who grow up in a single parent home are detrimentally affected. They feel guilt, fear and frustration. The community is also often similarly affected and can be unsympathetic and condemning of the single parent and her children. Inevitably, the results are feelings of isolation.

As Burgess points out, any parent, at some time or another, will consider herself or himself inadequate in the task of child rearing, and, without the normal support systems, the fears of the single parent are understandably exaggerated.

There is also a need to help women develop social skills at an early age to prevent problems developing in later life. Bahr and Garrett,<sup>34</sup> writing about "disaffiliated women" (those living alone, not employed and without voluntary associations), found they are multi-problem women, manifesting feelings of deprivation, both with respect to their own past and to significant others in the present. They are lonely, poor, sick and afraid.

Given society's values, social relationships and friendships are often difficult to maintain and develop in the couples' world. Being feared by their married friends as possible competition, is one situation

in which single females find themselves. If those in poverty experience the same problems as all women but with added problems, and those on welfare being worse off, the inevitable result seems to be feelings of loneliness and isolation for the single female parent on assistance.

RESEARCH QUESTION NUMBER FIVE: DO THE WOMEN IN THE SAMPLE GROUP INDICATE FEELINGS OF LONELINESS AND ISOLATION, DO THEY SUFFER FROM FEARS OF BEING ALONE, WITH LOSS OF SELF-ESTEEM AND LACK OF SELF-CONFIDENCE?

#### Battering Parents Among Single Parents in Poverty

It is important to examine battering parents in relation to the single female parent in poverty because, for two reasons, there is a high probability that this group would include some batterers. The problem of child abuse is not limited to the poor and to racial minorities even though these groups account for disproportionately large figures in the reporting statistics. This may be because the home lives and problems of the poor are more open to professional and public scrutiny. However, the profound effects of social and economic deprivation, housing problems, and unemployment can readily lead to parents mistreating their children out of sheer frustration. Given the right or wrong circumstances, anyone could abuse or neglect a child. Out of sheer frustration, then, a single female parent on assistance could fall into this category.

In addition to this, there are certain personality factors and traits prominent in abusive and neglectful parents.

These include a special form of immaturity and associated dependency; extremely low self-esteem and a sense of incompetence; difficulty in seeking pleasure and finding satisfaction in the adult world; social isolation and reluctance to seek help; significant misperceptions of the child; fear of spoiling children; a strong belief in the value of punishment; and serious lack of ability to be empathically aware of the child's condition and needs.<sup>35</sup>

Parents exhibiting these characteristics may also find themselves unable to form adult relationships and unable to work, with the result that they could fall into the group of single female parents on assistance.

RESEARCH QUESTION NUMBER SIX: DOES THE SCALE REVEAL ANY SIGNIFICANT INDICATION THAT SOME OF THE WOMEN IN THE SAMPLE MAY BECOME BATTERERS?

The study will examine the effects on this sample group of an accumulation of circumstances, being a woman, being alone, being a parent and living in poverty as well as on assistance.

CHAPTER II

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## CHAPTER III

### METHODOLOGY

To achieve the purposes of this study, which in broad terms is to examine the social and emotional functioning of single female parents on assistance, the Heimler Scale of Social Functioning will be used. The study also hopes to demonstrate the value of the Scale in eliminating time-consuming and haphazard assessments, so that more appropriate and accurate referrals may be made. The Scale could also be a valuable instrument for predicting the possibility of destructive kinds of behavior.

The Scale will be used to develop a group profile. The knowledge thus gained about the real condition of these women could help to educate the public, as well as government and private agencies. With more accurate information, perhaps better solutions will result. For example, those with a poor emotional adjustment will not be sent to job opportunity programs until the emotional problem has been dealt with.

#### Hypotheses

No formal hypothesis is necessary for this exploratory study but as a guide to the study the following hypothesis is offered: the Heimler Scale will show that women in the sample group each display at least some of the following characteristics: apathy; fatalism; dependency; immobilization; frustration; concerns around health; frustrations

around the area of work, money, parenting, health; loss of self-esteem, resulting in loneliness and isolation; lack of self-confidence, and alienation from friends.

More specifically, the Heimler Scale will examine the following objectives:

1. That the women in this group experience an overall imbalance between their feelings of frustration and their feelings of satisfactions, causing them to feel thwarted and immobilized.
2. That in the work role they will have feelings of hopelessness, powerlessness, apathy and alienation.
3. That they will experience financial dependency causing anger, helplessness, inferiority and frustration.
4. That they will experience physical problems and excessive health concerns.
5. That they will experience alienation from friends resulting in loneliness, isolation, loss of self-esteem, and lack of self-confidence.
6. That there will be disturbances in their ability to parent and for some the possibility of neglect and perhaps even battering of their children.

### Design

Because this is an exploratory and descriptive study, it is felt that the Heimler Scale will be a useful means of obtaining sufficient information to characterize and explain the unique features of this small group. Instead of being limited to the testing of existing

hypotheses, this study will be guided by the features of the group being studied.<sup>1</sup>

The data will be examined thoroughly for indications of the uniqueness of this group. It is hoped that this exploratory study will then point the direction for further research.

### Sample

The sample used in this study is not a random sample. For this reason it is not necessarily representative of the total population of single female parents on assistance. It comprises only those who, during a specific two-month period during the summer of 1978, were referred by their respective social workers to the Employment Opportunities Division (E.O.D.) of the Alberta Social Services and Community Health (A.S.S.C.H.). From the E.O.D. they were referred to a career counselling group, a course involving two afternoons a week for six weeks. The Heimler Scale was administered to each member of each of the groups at the beginning of the course. It was administered, not on an individual basis, which is the usual method of administering this Scale, with the administrator circling the verbal replies of the client, but with each client circling her own responses, while the researcher read aloud, at a steady pace, through all the questions.

The forty-two scales were originally divided into two groups because of the difference in the way in which they were administered. Because the writer was away when the first career counselling group began, Group A, consisting of eighteen scales, was administered by a staff

member of A.S.S.C.H. who is trained in using the Human Social Functioning method. Rather than the technique of administering the Scale as described above, the women read their own questions and filled in the appropriate answers. This may have altered somewhat the way in which the questions were answered, as the women may have had time to think more about their answers and therefore, the eighteen scales of Group A were treated as a separate group until their similarity to the other scales was proven. Self administration of the Scale appeared to be appropriate in the first years of its use. However, since 1967,

self administration of the scale has been thoroughly questioned as it appears to introduce cognitive variables other than when the scale is administered by a second person. Self administration of the scale, even for research purposes, has since been discontinued.<sup>2</sup>

However, consultation with Heimler, the author of the Scale, indicated that he saw no problem in using the two groups as one. He mentioned that the Kaiser-Permanente study on the "Worried Well" did research on five thousand scales all of which were self administered.<sup>3</sup>

To be sure of the propriety of using the two groups as one sample they were examined separately and compared by their average Basic Positive Score, by their average Negative Mean and by their average Positive Mean. There was a one-point difference on the average Basic Positive Score, a four-point difference on the average Negative Mean and a two-point difference on the average Positive Mean. Since the two groups continued to show similarities, it seemed appropriate to treat them as one sample group of forty-two.

Another difference in the administration of Group A as compared with the remaining group (Group B) is that the women in Group A were not asked to fill in the background information, including age and number of children. This group then, cannot be compared along with Group B as to its representativeness to the total Calgary group of single female parents on assistance. The demographic profile of the sample group is therefore limited to the 25 scales of Group B. The total sample therefore, is limited in its ability to be compared demographically to the total population of single female parents on assistance.

In comparing some aspects of Group B with the Calgary caseload of single female parents on assistance, from which Group B was drawn, there appears to be a similar number of younger women with young children but Group B has three times the number of women with teenage children.<sup>4</sup>

### Data Collection

#### A. The Scale

The instrument used for data collection in this study is the Heimler Scale of Social Functioning. The Scale is part of a larger methodology and was developed by Heimler as a result of his personal life experiences, the most traumatic of which was being in concentration camps during World War II, and as a result of his professional development in psychiatric social work in Britain. The Scale essentially emerged from Heimler's need, in his work with the long-term-unemployed, the refugees and the mentally ill, for a system of interviewing that would allow for

self-exploration by a client within the totality of his intrapersonal, interpersonal and environmental situation.<sup>5</sup> It deals with the relationship of satisfaction and frustration as experienced by the individual and his ability to use the negative experiences in his life in a more satisfying and creative way. Heimler believes that "Neurosis is not so much a psychological state as an inability to cope with the experiences of life."<sup>6</sup> and that "the question of sanity or insanity therefore (appears) to depend not so much on the fact of injury in the past but rather on the ability or the inability to transform and use such injury."<sup>7</sup>

Heimler's work with the unemployed in London's Burrough of Hounslow pointed up the need for a system of interviewing to cover all important areas of life and, as well, to give the client a framework within which he could explore his life situation.<sup>8</sup> It is this exploration of one's self through the Scale that gives a uniqueness to the method and a shorter road to an understanding of what is going on internally for the client.

As well as measuring levels of satisfaction and frustration, the Scale touches on five important areas of human existence: work, finance, family life, friendship and personal life, including sexuality. In addition, the Scale also explores five areas of frustration: the use of energy, health, personal influence or paranoia, moods or depression, and habits or alternate forms of action or escape routes. Some questions relating to the person's global outlook in life at the time of taking the Scale are also examined. The inter-relationship of each of

fifty-five questions making up the Scale provides an almost endless amount of data from which to describe an individual who has taken the Scale.\*

In addition to the psychological questions in the Scale, there is space provided on the back of the Scale for questions on background information. This information was collected on only twenty-five of the scales used in this study, as described earlier in this chapter.

The questions on the Positive and Negative indexes are answered with "yes", "no", or "perhaps" responses, and are given a score of four, zero and two, respectively, making it possible to score a maximum of 100 on either index, providing all questions are answered "yes".

The Synthesis Scale, consisting of five questions and responded to on the basis of a twenty-point ladder (with twenty meaning "completely" and zero meaning "not at all"), is designed to provide a capsule view (past, present and future) of an individual's life, and as such it acts as a check on present reality.<sup>9</sup>

While the major emphasis of the Scale has continued to be as a methodological tool in the treatment process, its use as a diagnostic instrument in clinical practice and as an evaluative device in research has been increasing.<sup>10</sup>

This paper is concerned with the Scale providing a relatively fast diagnosis for a more immediate and accurate referral system. Used in this way, it could be an effective preventive social work tool.

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\* See Appendix A for copy of the Scale.



B. Validity and Reliability of the Heimler Scale

Evidence of the Scale's validity and reliability has been growing through research done in North America and in Europe. Bender and Cooper (1967) at the University of Edinburgh, used the Maudsley Personality Inventory (M.P.I.) and a number of sociometric scales with which to validate the Heimler Scale, using seventy-five psychology students as a sample. They found a significant relationship at the .01 level between the M.P.I. neuroticism scale and the Heimler Scale.<sup>11</sup>

Cecatto (1971) found evidence of concurrent validity of the Heimler Scale, using a sample of 135 unemployed employable males.

Blind interpretations of the Heimler Scale were compared with a consensus of opinion of the staff of a training program, whose evaluation was based on six weeks close association and work with the men. There was not one case where a blind interpretation was at variance with the staff consensus of opinion.<sup>12</sup>

Dr. John Griswold reports that two widely separated medical studies have found a strong relationship between the Schedule of Recent Experience (S.R.E.) and the Heimler Scale. The S.R.E. is a stress scale which asks questions about changes in areas in which the Heimler Scale asks questions about satisfactions.<sup>13</sup>

In another test of concurrent validity, Schuman et al. (1972) gave an experimental group of fifty-one public assistance recipients the Heimler Scale (H.S.S.F.). These were subsequently subjected to blind interpretations.

Content analysis of the blind interpretation was made against clinical psychological and psychiatric evaluations which were done several weeks to months after the initial H.S.S.F. had been given. Comparison of themes identified the blind H.S.S.F. interpretations,

and the evaluations, was made by three professionals who were not connected with the projects. Judgments of similarity were made on a five point scale ... with thirty-six percent of the pairs judged high, eighteen percent medium high, twenty-five percent medium, five percent medium low and sixteen percent low.<sup>14</sup>

Bender ... found evidence of the predictive validity of the H.S.S.F. in analyzing the relationship between its scores and its performance on final examinations. Bender concluded

... that those students who functioned at a low level on the H.S.S.F. with satisfaction: scores below sixty were ultimately less able to perform effectively on final examinations than those students whose satisfaction scores on the H.S.S.F. were above sixty.<sup>15</sup>

Testing the Heimler Scale for reliability is difficult because it measures how the individual is feeling at a particular moment in time. With projective techniques this is often the case. However, Griswold has found the overall reliability of the Scale to be satisfactorily high.<sup>16</sup> In a test for internal reliability, Ross (1973) computed the Alpha Coefficient, an intraclass reliability coefficient which measures internal consistency, finding a "moderately acceptable level of reliability."<sup>17</sup> Schumann, Ayres, and Hopkins (1972) gave initial and terminal Heimler Scales approximately one year apart, to a control group of forty-five public assistance clients. Subsequently, Griswold and Ross (1977) reworked these data. T-tests of difference between group means indicate that neither the Satisfaction Scale mean nor the Frustration Scale mean score changed significantly over the year ... however, the Synthesis score improved significantly.<sup>18</sup>

### C. Verification of the Heimler Scale as an Assessment Tool

Hindbo and Kisner explored some aspects of life experience of mature, single women, through three study instruments including the Heimler Scale. The overall pattern of satisfaction in the lives of some of these women and the major frustrations in the lack of satisfying male relationships was confirmed in the follow-up sessions during which the results of the study were shared with the women.<sup>19</sup>

The Kaiser-Permanente Research project involving 5,000 medical patients uses the Heimler Scale to identify the five to six percent of their patients who are high medical utilizers without a medical diagnosis. On the basis of the Heimler Scale and two other tests, the research group was able to separate people with medical problems from those who need help from the psychiatric clinic, and those who require only a minimum of counselling and who could ... benefit from health education programs.<sup>20</sup>

### Data Analysis

Following the collection of the data, an analysis or "walk through" of eighteen scales was done. A "walk through" involves an examination of each question with summary statements for each section, a summary statement of the Positive, Negative and Synthesis areas and finally an overall statement of what the Scale says about the person who filled it in. This provided an excellent learning experience for the writer, and one of these statements has been placed at the end of the study as an example of a summary of one woman's life situation at the moment she filled in the Scale (see Appendix B).

The totals for many of the subscales were analyzed in a quantitative fashion and an average obtained for these. The same was done for those individual responses which were pertinent to this particular group. Totals were noted and averages made for each of the major scores.

The sample group was divided into three sub-groups according to their level of functioning and labelled High Functioning, Medium Functioning, and Low Functioning Groups. The cut-off points for these divisions are explained in Chapter IV.

In analyzing the data, it is important to be aware of the Heimler Scale as being different from most standardized tests of personality which measure an individual against some objective or norm. The Scale has been designed to examine how the individual views her own world in terms of her own feelings, much like the Rorschach Ink Blot Test.

#### The Heimler Scale

appears to fit somewhere between the two types of tests, the Rorschach which is able to go deeper than other tests to get at the primary ways in which an individual perceives and arranges his world, ... and the paper-and-pencil tests which are primarily concerned with conscious attitudes and those psychic factors which are amenable to conscious control.<sup>21</sup>

The Scale then attempts in a projective way to investigate how the individual organizes life situations and responses in a total way. It looks at "conscious functioning as represented in the present, as well as pertinent, unconscious material which is evidenced in and influences conscious functioning."<sup>22</sup> This is important to be aware of because it is often a pattern of responses rather than a single answer that gives a clue to functioning. Several patterns will be observed in Chapter IV.

The Scale can also serve as an indicator of how frustration is being channeled at the moment, and where it could be channeled in order to bring about a higher level of functioning and therefore a more satisfactory way of life.

#### Limitations of the Study

The exploratory nature of this design raised several limitations which should be recognized. Some of these have already been mentioned, such as the sample not being random and therefore not representative of the total population of single female parents on assistance. While there was some control of variables, all of the sample being single, female, a parent and on assistance, what would have made it more representative is the matching of, for example, ages, length of time on assistance, number and ages of children, with the larger Calgary population of single female parents on assistance. As it happened, this was a time sample, a group of women who were referred to the Employment Opportunity Course and who agreed to attend. It is possible that not all those who were referred did attend. Another point is that women who are unable to work for physical reasons would not have appeared in this group. Group B, for whom we have information on age and number of children, is not representative of the larger sample group in that it tends to have more older women with teenage children.

Another limitation is that the writer would have preferred to administer the Scale individually for maximum accuracy, but time constraints made this impossible. As a result, the women may have failed

to fill out certain sections in the "work" area. For example, some of them saw themselves as "unemployed" and did not fill out the "housewife" area. Yet because they are "housewives" it would have been appropriate to fill in both.

A separate questionnaire to elicit replies on length of time on assistance and the date when the singleness occurred could have added more information to the study. Also, some questions around common-law relationships and male companionship may have clarified replies to certain questions on the Scale. An accurate indication of income, although difficult to obtain because of the nature of the sample group with different rates of assistance in addition to part-time and casual work, would nevertheless have been valuable for this study.

### CHAPTER III

#### FOOTNOTES

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## CHAPTER IV

### FINDINGS OF THE STUDY

In this study of forty-two single female parents on assistance, there is an attempt to describe and measure the emotional state of the women by means of the Heimler Scale. This chapter will deal with the results of the investigation, by first describing the statistical background of the women and secondly, discussing the findings from the Heimler Scale. As described in the previous chapter, statistical information to be filled in on the back of the Heimler Scale is available on twenty-five of the forty-two scales.

#### A. The Sample

In this group of twenty-five women, the ages range from twenty to fifty-one years, with an average of 33.3 years. The median age is thirty-two years.

The average family size is 2.96 children, the numbers of children ranging from one to seven per family. The average age of the children is 12.3 years.

The age at which the average mother bore her first child was 20.5 years. Fifteen out of 25 had their first child at age 20 or under. Ten had their first child at 19 or younger and 4 of these were 16 years old at the time of the birth of their first child.

The education level of this group is as follows: out of the 25 women who filled in the statistical information, 6 completed grade school, 15 have some high school, 2 completed high school and 2 have some college.

Not all the respondents answered the question regarding their marital status. Of the 21 who did, 9 were divorced, 3 widowed, 7 separated and 2 never married. Seventy-six percent of this sample of 21 were separated or divorced.

The following Table (1) describes three populations according to marital status; this study, the Schlesinger study on one-parent families,<sup>1</sup> using Canadian census figures for 1971, and the Hindbo-Kisner study on mature single women.<sup>2</sup>

Table 1.

A Comparison of the Populations of Three Studies  
on Social Functioning According to Marital Status.

Study	Marital Status			
	Widowed	Separated	Divorced	Never Married
Single female parents on assistance	14%	33%	43%	9.5%
Schlesinger study (Canada census 1971)	50%	31%	12.5%	6%
Hindbo-Kisner study	23%	-	48%	30%

Schlesinger's Canadian widowed population, one in two, is far higher than in the other two studies. The two smaller studies have a much higher rate of divorced women, although the percentage of separated women is roughly the same for the Schlesinger group and the single female parents on assistance. The Hindbo-Kisner study is weighted in favour of never married women.

Looking at the group as a whole, the average woman in this sample of 25 is 33.3 years of age, has 2.96 children whose average age is 12.3 years. She is likely to have borne her first child at 20.5 years of age and she has an education level of "some high school". She is likely to be divorced or separated, with a slightly higher chance of being divorced than separated.

The total group is broken down into three divisions according to their level of functioning, High, Medium and Low. These groupings will be dealt with at length later in this chapter but for this sample of 25 it is interesting to compare the 'functioning' groups in terms of the demographic data that is available (Table 2).

According to Table 2, the lower the level of functioning, the higher the percentage of mothers whose children were born before the mother was 19. None of the High Group was in this situation. The Low Group also had the least schooling, the lowest age, the fewest children and the youngest children.

Table 2

Demographic variables as distributed over three groups according to their functioning levels.  
(N=25)

Level of Functioning	Number	Average age	Average child per family	Average age of children	Average education level	Children before 19
High Group	4	38	2.75	16	Some High School	0
Medium Group	14	34.2	3.35	13	Some High School	36% (5)
Low Group	7	29	2.28	8	Completed Grade School	42% (3)
Total Group	25	33.3	2.96	12.33	Some High School	32% (8)

As was stated previously, not all the respondents answered the question regarding their marital status. Of the 21 who did, 9 were divorced, 3 widowed, 7 separated and 2 never married. Table 3 indicates how these were broken down into the High, Medium and Low functioning groups.

Although the sample is small, the High Group does contain more widows than the other two groups which may confirm what some literature states, that widows often have an easier time than divorced or separated women.

Table 3

Distribution of marital status according to the level of functioning.

Level of Functioning	Number	Widowed	Separated	Divorced	Never Married
High Group	3	2	1	-	-
Medium Group	11	-	4	6	1
Low Group	7	1	2	3	1
Total Group	21	3	7	9	2

#### B. Findings From The Analysis of Scales

Some of the theory and philosophy of Human Social Functioning has been dealt with in Chapter III. Some additional comments about the interpretation of the Scale are presented for clarification.

Sometimes the answers to psychological functioning is only acquired by examining patterns of behavior and combinations of answers. These answers cannot be interpreted in a black and white manner, but often must be viewed in the relationship to other answers. This has implications for research based on the Scale. There is a difference, for example, between the diagnostic use of the Scale for referral and counselling knowledge and analytical use for research purposes. In research one is forced into a more black and white picture. In individual interpretations for diagnostic purposes, cut-off points are seen as more blurred and the interpretations are of a more cautious nature. In this study specific cut-off points have been chosen to deal

with the situation and the reader is advised to take note of this and to be aware of this aspect of the Scale regarding the interpretation and findings.

### Satisfactions and Frustrations

The Social Functioning concept is a theory of polarities which has origins in basic psycho-dynamic theory.<sup>3</sup> In social functioning the polarities are stated in terms of satisfaction and frustration. Heimler maintains that at any point in time there can never be frustration without some satisfaction nor satisfaction without some frustration, be it conscious or unconscious.<sup>4</sup>

The subjective experiences of satisfaction can be measured to the extent that they correspond to an objective reality in work and interests, financial security, friendship and social contact and the personal areas of life, including sex. Similarly, the subjective experiences of frustration may be measured as they manifest themselves in psychosomatic symptoms, paranoia, paralysis of activity, in moodiness or depression; in various forms of unsatisfactory escape routes, for example, alcohol, drugs, over or under eating; and behavior which causes trouble to oneself or to others.

Some additional statements that can be made are that those who function normally in society have a balance between satisfactions and frustrations, and for normal functioning, satisfactions must be higher than frustrations. Overwhelming frustrations lead to social malfunctioning or an inability to cope with problems in the main areas of life.

Creativity cannot take place unless there is both satisfaction and frustration or negative and positive poles and unless the satisfaction experience is greater than the frustration. If frustrations are larger than satisfactions, then, again through experience, it has been observed that immobilization seems to take place and the person is unable to use the potentials for creativity.

Through large sample research, it has been found that there are five major criteria for making a diagnostic statement on a person in a holistic sense. Since the theory of Social Functioning stresses the uniqueness of the individual's experience, it is only in a global sense that we can get a diagnostic picture. These five criteria for the functioning person are:

1. The Basic Positive Score (BPS) is expected to be over 60.
2. The Mean Negative Score (MNS) is expected to be between  $1/3$  and  $1/5$  of the Mean Positive Score (MPS).
3. The Synthesis Score (SS) is expected to be within 8 points of the Mean Positive Score.
4. The range or spread between the Basic Positive Score (BPS) and the Gross Positive Score (GPS) as well as that between the Basic Negative Score (BNS) and the Gross Negative Score (GNS) is expected to be from 6 to 8 points for each - or from 12 to 16 points taken together.
5. The mood swing is indicated by what is called the Criss-Cross; that is comparing the Gross Positive Score with the Basic

Negative Score, on the one hand, and the Basic Positive Score with the Gross Negative Score, on the other.

Each of these criteria will be examined and elaborated upon regarding their meaning and significance, followed by the results according to that particular criterion. Unless otherwise stated, N will always equal 42.

1. The Basic Positive Score (BPS), which is the sum of all the "yes" answers on the positive side of the scale.

Through much research it has been found that normally a person scoring above 60 on the BPS is able to function in society with the usual supports of family, friends, fellow employees and acquaintances. If the score is between 36 and 60 it is expected that the person may only be able to function if there are additional supports available such as that provided by a social worker, a minister, a psychiatrist, or someone on whom the person relies fairly heavily for emotional support. It could happen that without this support, an individual whose BPS is between 36 and 60 may deteriorate to the point of needing massive help or institutionalization. It has been found that when the BPS is between 0 and 36 the individual is probably in need of concentrated supporting relationships or an institution. If this kind of help is not available, it is quite possible that such an individual with so little satisfaction in life could indulge in behavior that is either self-destructive or other destructive, for example, serious or not so serious criminal activity, spouse or child battery.



The 42 women in the sample group were distributed in the following way (Table 4) according to their Basic Positive Scores.

Table 4

Distribution of the Sample According to the Basic Positive Score (BPS)  
N = 42

Basic Positive Score (BPS)	Single Female Parents on Assistance (SFPA)	%
High Group (BPS > 60)	6	14
Medium Group* (BPS > 35 < 61)	25	60
Low Group (BPS < 36)	11	26
Totals	42	100

The average BPS was 47.3 and the median score 48. Only 14% scored above 60 and are, therefore, able to function in society with normal support. Sixty-two percent are able to function in society with additional support. Another 24% show a need for concentrated supporting relationships and possible institutionalization. A total of 86% of these women need some kind of special supportive help.

The following Table (5) shows a comparison of the Social Functioning scores of 5 groups in the United Kingdom and the sample group used in this study by their average overall scores in the Positive Index. The table shows a similarity in the functioning of the Calgary group with the United Kingdom groups; from a Mental Hospital, the Probation Service and the Family Service. These 4 groups each show a much lower level of functioning than the 'normal churchgoers' and 'normal non-churchgoers'.

Table 5

A Comparison of the Social Functioning of Various Groups in the United Kingdom and the Sample Group used in this Study, by their Average Overall Scores in the Positive Index.<sup>5</sup>

Sample	Calgary Single Female Parents on Assis- tance	Mental Health Hospital	Probation Service	Family Service Units	Church- goers	Non- Church- goers
Number	(42)	(73)	(50)	(100)	(50)	(44)
Average Positive Index Scores	*47.3/56.8	45/51	39.2/47.5	39/44.7	72/79	74.8/79
Max. = 100/100 (BPS/GPS)						

\* The two numbers refer to the average of the basic scores and the average of the gross scores.

## 2. The Negative Mean in Comparison to the Positive Mean

The BPS is the score which indicates a minimum amount of satisfaction, and is the sum of the positive answers each with "4". Where the person is in doubt about an answer, indicated by "perhaps", Heimler has allotted the number "2". The gross scores indicate definite satisfaction in addition to some potential for satisfaction. Numerically speaking, this is the sum of the "4" answers plus the "2" answers. The Mean score then is simply an average of the Basic Positive Score and the Gross Positive Score. Numerically speaking, the Mean score is the average of the sum of the "4" answers and the sum of the "4" answers plus the "2" answers.

This applies to both the Positive and the Negative index.

If the person does score within the functioning range (above 60) then the Negative Mean Score can be expected to be within  $1/3$  to  $1/5$  of the Positive Mean. The significance of this relationship is based on the fact that the person needs a pool of frustration to be creative but, as was said previously, if there is too much frustration then immobilization will likely take place.

Heimler has said that where the PM is below 60, the relationship between the Negative Mean and the Positive Mean no longer applies.

Where the Negative Mean is less than  $1/5$  of the Positive Mean, it is possible that the individual may be denying frustration or it is also possible that he or she is sluffing off the frustration onto someone emotionally near, as for example, onto a wife, a child, or a colleague. If the Negative Mean is more than  $1/3$  of the Positive Mean, then the individual may be over-burdened with frustration.

The Negative Mean is always seen in comparison with the Positive Mean, the higher or lower the relationship the more clinical significance it tends to have.

Looking at the 42 sample Scales, according to this criterion, it was found that the average Negative Mean is 43. Only 9 of the 42 Scales of the sample group had frustration levels within a normal manageable range. Conversely, 79% appear to be carrying too much frustration.

Sixteen out of 42, or 38%, have more negatives in their lives than positives and therefore could be in a state of immobilization. Four of these women had negative scores in the 80's.

The average Positive Mean is 52 or too low to be normal, so that if the average PM is compared with the average NM, 52/43, the average woman in the sample has far too much frustration for the amount of satisfaction she is experiencing.

### 3. The Synthesis in Comparison to the Mean Positive Score.

The Synthesis is a numerical indication of how the person views his or her global life, past, present and future, at the time the Scale was administered. Numerically it is the sum of the five questions, each of which has a total of 20 points for a maximum of 100.

The Synthesis gives an indication of how the person relates to the rest of the world and to himself. It has been found that in normal functioning the Synthesis is expected to be within 8 points (above or below) of the Positive Mean, a numerical indication of how the person views his present situation. If the Synthesis is more than 8 points below the Positive Mean then the present appears to be much better than the overall picture, and could be symptomatic of a depression. Ten of the group showed signs of depression and all but one of these had eating problems, a symptom often associated with depression.

If the Synthesis is more than 8 points above the Positive Mean it may be that the person is in a transitory situation, or perhaps has an unrealistic appraisal of his or her global circumstances or situation.

The average for the Synthesis score is 53, whereas the average for the Positive Mean Score is 52. Almost half of the group see their global situation and their present situation about the same. For these women, this could mean that their reality situation is not out of balance.

They are realistic about their situations. In the group 13 saw their global situation as being better than their present situation, so some distortion of reality is present. Eight scales were very high, which could indicate that they are out of touch with reality in terms of delusions. There could be, with these people, an inability to cope with the on-going experience of life.

An overall comparison can be made of the women in the sample according to the 3 criteria mentioned thus far.

Table 6

Distribution of the sample, divided into 3 groupings according to their level of satisfaction (BPS), and showing the average scores for the Positive Mean, Negative Mean and Synthesis in each group.

Functioning Level	Number	Positive Mean	Negative Mean	Synthesis
High Group	6	74	25	61
Medium Group	25	54	40	56
Low Group	11	36	61	43
Total Group	42	52	43	53

Table 6 indicates that, according to the 3 criteria which are interrelated, the groupings hold. The Negative Mean increases while the Synthesis score and the Positive Mean decrease.

#### 4. The Spread or Range

The Spread in the Heimler Scale measures the ambivalence or rigidity a person has around his sources of satisfaction and his sources of frustration. It is arrived at by observing the difference between the Basic Positive Score and the Gross Positive Score and also the Basic Negative

Score and the Gross Negative Score. In normal functioning this is expected to be 6 to 8 points, or a total of 3 to 4 "perhaps" responses. The Total Spread would then be the sum of the Negative and Positive Spreads, which would be 12 - 16 points, or a total of 6 to 8 "perhaps" responses.

If the spread is below 6 points, the person may be perceiving the sources of his satisfaction or frustration in a fairly rigid, black and white manner. If the spread is more than 8 points, the individual may be said to be feeling uncertain as to sources of satisfaction or frustration or feeling ambivalent about them.

For this criterion, the sample group had a Spread ranging from 0-28 for sources of satisfaction, and 0-22 for sources of frustration. Thirty-one percent of the group had a lower than expected Spread around their sources of satisfaction, while 26% had a lower than expected Spread around their sources of frustration. It is interesting to note that in the High Group (according to the BPS) all were below the expected amount of ambivalence (see Table 7).

Twenty-one percent were within the expected range of satisfactions, and 26% within the expected range of frustrations.

Forty-eight percent of the women were above the expected range of satisfactions and 48% were above the expected range of frustration. Nearly half the group experienced too much frustration. Of these, a high percentage of the women had extremely high scores, from 18-28, indicating 9 to 14 "perhaps" or unsure answers. Nineteen percent of the sample fell into this extreme category around satisfactions and 12%

Table 7

The ambivalence, insecurity or uncertainty of the sample group as shown through the spread or range, by levels of functioning (BPS).

	Levels of Functioning	Number	Less than Normal 0-4	Within the Expected Normal Spread 6-8	Higher than Normal 10-16	Extreme Spread 18-28
High Group (6)	Sources of Satisfaction	6	6	-	-	-
	Sources of Frustration	6	6	-	-	-
	Total	12 (100%)	12 (100%)	-	-	-
Medium Group (25)	Sources of Satisfaction	25	5	7	9	4
	Sources of Frustration	25	4	8	10	3
	Total	50 (100%)	9 (18%)	15 (30%)	19 (38%)	7 (14%)
Low Group (11)	Sources of Satisfaction	11	2	2	3	4
	Sources of Frustration	11	1	3	5	2
	Total	22 (100%)	3 (14%)	5 (23%)	8 (36%)	6 (27%)
Totals (N=42)		84*	24 (28%)	20 (24%)	27 (32%)	13 (15%)

\* double 42 because each has 2 spreads (satisfaction and frustration).

around frustrations. So the extremely high group was more uncertain around satisfactions than frustrations.

As explained previously, a combination of the Positive and Negative Spread is the Total Spread. When the sample groups' Total Spread was examined, it was found that this criterion ranged from 0-50. The expected Spread is 12-16 points, so the average, 20, is too high. Twenty-six percent had too small a Spread and 52% had too high a Spread.

In the Low Group, 70% scored 20 or more on their Total Spread. Four of this group scored over 30 and two were over 40.

#### 5. The Criss-Cross

The criss-cross really indicates the mood swing or variance a person may be experiencing. It indicates the best moments or days or periods in a day compared with the worst moments. The best moments come when there is a maximum of satisfactions together with a minimum of frustrations. The worst days or moments are those where the frustrations are highest and the satisfactions lowest. In reality this does not actually happen but is another way of looking at extremes.

The criss-cross is merely an abstract way to look at the person as if all of his positives and the fewest of his negatives are working at the same time and as though all of his negatives and the fewest of his positives are working for him at another time.<sup>6</sup>

By this criterion there were 16 scales where the frustration level was overwhelming or where the Negative Mean was larger than the Positive Mean. These 16 scales were then eliminated from further statistical analysis on this criterion because when the frustration level is higher than the satisfaction level, the theory does not apply.



Of the remainder, six Scales showed an extreme mood swing in the criss-cross. This was indicated by noting those Scales where the Gross Negative Score was higher than the Basic Positive Score, although the Gross Positive Score was higher than the Basic Negative Score. In other words, on the "best days" satisfaction was higher than frustration, but on the "worst days" frustration was higher than satisfaction. Nine scales had an expected amount of mood swing and all of these were in the Medium Group. Eleven scales showed hardly any swing; six of these came from the High Group and five from the Medium Group as shown in Table 8.

Table 8

Criss-Cross or Mood Swing by Functioning Levels.

Functioning Levels	* Negative Mean Higher than Positive Mean (16)	Remainder (26)		
		Gross Negative Score Higher than Basic Positive Score (Extreme Mood Swing)	Normal Range	Very Little Range
High Group (6)	-	-	-	6/6
Medium Group (25)	8/25	3/17	9/17	5/17
Low Group (11)	8/11	3/3	-	-
Totals (N=42)	16/42	6/26	9/26	11/26

\* Scores indicating the Negative Mean higher than the Positive Mean are not applicable to this criterion.

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Additional Comments

From the clinical practice of the author of the Scale, Professor Heimler, and others working with the Scale, the following four comments can be made with some confidence.

1. If there are 3 or more Basic Positive area scores of 12 or below, the person is in need of additional support. Eighty-eight percent of this sample of 42 women were in this situation.
2. A void, or "zero", on any Basic Positive area score indicates that the person is in an extremely high stress situation and requires immediate help geared to the "void" area. Fifty-seven percent of this group had a void in the area of Finances. In addition to this, there were 7 other voids, 2 in the Housewife-work role, 1 in Personal, 1 in Friendship, 1 in Primary Family and 2 in the Present Family situation.
3. A 20/20 score in any area on the Positive Index indicates the source of the person's major satisfactions with his life, or in Social Functioning terminology, the person is seen as having a "flooding" situation in that area. This often means that too much energy is going into the "flooded" area to the detriment of others. This situation could indicate a dependency situation in this particular area.

Forty-five percent of the sample had at least one 20/20 score. Twenty-four percent had "flooding" in the Friendship area and twenty-six percent in the Primary Family area; this could mean that they are turning to their friends or the primary family respectively

for support. Twelve percent indicated "flooding" in their single Personal Life.

4. According to Roach, high scores, 12 or above, on both the Depression and Persecution areas alerts the interpreter to the possibility of imminent striking out or self-destructive activity.<sup>7</sup> Forty-three percent of the sample scored 12 or higher in both the Depression and the Persecution areas.

The following tentative example is interesting to observe although it has not been verified. Roach indicates that when Depression #4 is scored "yes" and extremely low scores in Synthesis 2 and 3 are indicated, immediate intervention to prevent self-destructive behavior might be indicated.<sup>8</sup> Others indicate that it is necessary to look at a larger combination of answers before coming to any conclusion about the criteria of self-destructive behavior. Other signs for a person striking inward could be a combination of several factors.

(a) The Persecution and Depression scores are both above 12.

(b) "yes" to the following questions would be significant:

1. Do you ever wish you were dead?
2. Do you feel unduly guilty at times?
3. Is your imagination painful to you?
4. Are you inclined to be hurtful to self or others?

(c) Scores of 10 or below in reply to the 2 Synthesis questions:

1. Do you feel hopeful for the future?
2. Do you feel that your life has meaning?

There were 7 out of this sample of 42 who fell into this pattern - 3 in the Middle Functioning Group and 4 in the Low Functioning Group. Only 2 of these had a Synthesis score reaching 45 and the other 5 were all under 34.

The following Table 9, on the next page, is offered to illustrate the kinds of things that can be pulled together from the enormous amount of material encapsulated in the Scale.

### Sexual Patterns

Another pattern which was examined in the sample group was the womens' attitudes to their own sexuality. These questions were thought to be significant because these are all single women and their single-ness could have roots in their psycho-sexual development.

Two specific questions on sexuality were asked, as part of the Heimler Scale. These occur in the area of Personal Satisfaction, as either "Does sex bring you much enjoyment in your marriage?", if there is a partnership, or if the woman considers herself single, "Does sex bring you much enjoyment?".

As seen in Table 10, the higher the level of functioning the higher the level of sexual enjoyment.

Two other questions are asked in the Positive Index on attitudes to the opposite sex, "Do you like the company of the opposite sex?", for those who consider themselves single, or for those who feel they have a partner, "Do you feel your partner really cares about you?"

Again, according to Table 10 the higher the level of functioning, the more satisfaction around relating to the opposite sex.

Table 9

Possible Predictive Pattern for a Striking Inward Type of Behavior as Illustrated in both the Medium and Low Scoring Individuals on the Positive Index.

Negative Index-Selected Questions							Synthesis	
Level of Functioning M = Medium L = Low	Depression and Persecution Area Scores	Do you ever wish you were dead?	Do you feel unduly guilty at times?	Is your imagina- tion pain- ful to you?	Are you driven to do things which cause trouble to yourself or others?	Total Synthesis	To what extent do you feel hopeful for the future?	To what extent do you feel that your life has meaning?
M	$\frac{20/20}{16/18}$	yes	yes	yes	yes	45	10	8
M	$\frac{12/16}{20/20}$	yes	yes	yes	yes	31	10	4
M	$\frac{12/16}{16/18}$	yes	yes	perhaps	perhaps	24	2	6
L	$\frac{20/20}{20/20}$	yes	yes	yes	yes	28	4	4
L	$\frac{12/14}{20/20}$	yes	yes	yes	yes	21	2	10
L	$\frac{16/18}{20/20}$	yes	yes	yes	perhaps	34	10	8
L	$\frac{20/20}{12/12}$	yes	yes	perhaps	no	45	10	5

In the Negative Index, the question is repeated under frustrations in the health area, as, "Is sex an unwelcome activity in your life?". Answers to this question indicate that the lower the level of functioning the more unwelcome is sex in their lives.

This appears to be consistent with the previous questions and to confirm the fact that for this sample, the lower the level of functioning, the more problematic is the sexual area.

Table 10

Distribution of Responses as Indicators of Sexuality  
by Level of Functioning, using Gross Scores

	Number	Positive Index		Negative Index
		Sex Brings Much Enjoy- ment in Life	Likes Company of Opposite Sex Feels Partner Really Cares	Sex is an Unwelcome Activity
Level of Functioning N = 42		%	%	%
High Group	6	100	100	0
Medium Group	25	92	96	24
Low Group	11	73	81	73

Table 10 indicates that there is a correlation between high overall functioning and sexual satisfaction or adjustment.

As another important indicator for this group of single female parents, a series of five questions around the housewife-work role, could give an indication of how these women see themselves.

The total score for the questions would be 20/20. For purposes of scoring only the definite "yes" answer (4) is calculated. The author of the Scale suggested that 12 be used as the cutoff point, to show satisfaction with this role.

Table 11

Scores on Five Area Questions Relating to the "Housewife Role",  
by Level of Functioning

	Number	Scores on five area questions relating to the Housewife Role.						
		20	16	12	8	4	0	* N.A.
Level of Functioning								
High	6	3	-	2	-	-	-	1
Medium	25	1	1	2	6	8	1	6
Low	11	-	-	1	1	8	1	-

\* Not answered

Using the suggested cut-off point of 12 it would appear that in the High Functioning Group 100 % see themselves as satisfied. In the Medium Group, 20%, and in the Low Group, only 10% of those answering the questions see themselves as being satisfied with their housewife role.

In summary, 90% of this Low functioning group had very little or no satisfaction around their housewife role. This tends to correspond to the answers each group gave on their sexuality and to confirm the fact that they see themselves as having concerns in their traditional role as females.

A significant question which is worthy of examination is the Synthesis #1, "to what extent have you achieved your ambition in life?" For this question, according to Heimler, 12 and over indicates a reasonable amount of achievement, whereas under 12 indicates a less than desirable amount of achievement.

Only 4 women in the sample of 42 feel that they have achieved their ambition to a positive extent. These happen to be in the Medium Functioning Group. This would seem to indicate that whatever ambition means to the women of this sample, for most of them this has not been achieved.

Related to some extent with the question of ambition is another synthesis question, "To what extent has life given you enough scope for self-expression?" Here again, 12 and over indicates a reasonable amount of "scope", whereas under 12 indicates a less than desirable amount of "scope". Again the High Functioning Group shows more satisfaction with "opportunities that life has given them" than the other two, although none of the groups is very happy with these opportunities.

From these two questions on the synthesis then, what these women seemed to be saying about themselves is that there is a direct relationship between non-achieved ambition and generally low scores. In addition, they perceive that the opportunities that life has to offer have not been available to them.



Table 12

Illustrates the Attitude of the Women in the Sample, Toward Their Achievement and to the Opportunities that Life has Given Them.

Functioning Level	Have you achieved your ambition in life?		To what extent has life given you enough scope for self-expression?	
	-12	12+	-12	12+
High Group (6)	100%	0	50%	50%
Medium Group (25)	84%	16%	76%	24%
Low Group (11)	100%	0	91%	9%

#### Health Problems

The literature has indicated that poor people often have more health concerns than the more affluent. This sample group is no exception as the following table (13) indicates.

Table 13

Attitudes of the Women in the Sample Group  
Toward Their Health Situation.  
Gross scores were used.

Level of Functioning	Do you have frequent headaches Yes or Perhaps	Do you suffer from aches and pains Yes or Perhaps	Are you concerned about your health Yes or Perhaps
High Group (11)	33%	33%	50%
Medium Group (25)	52%	48%	80%
Low Group (6)	64%	73%	91%
Total Group	52%	52%	78%

In the High Functioning Group, 33% of the women indicate problems with headaches, another 33% suffer from aches and pains and 50% are concerned about their health.

All of these categories are higher for the Medium Functioning Group with 52% having headache problems, 48% suffering aches and pains, and 80% being concerned about their health.

Health concerns appear to be consistently worse as the level of functioning decreases. Sixty-four percent of the Low Functioning Group suffers in some way from headaches, 73% suffer from aches and pains, and a large 91% are concerned about their health.

Overall total scores indicate that 52% have frequent headaches, 52% suffer from aches and pains and 78% are concerned about their health.

CHAPTER IV

FOOTNOTES

1. Schlesinger, Benjamin, The One-Parent Family. Toronto: University of Toronto Press, 1975. p. 4.
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## CHAPTER V

### DISCUSSION OF FINDINGS AND IMPLICATIONS FOR PRACTICE AND RESEARCH

This study was undertaken to learn and understand more about the social and emotional functioning of a group of single female parents on assistance using the Heimler Scale as a subjective/projective measuring instrument. Although there is no formal hypothesis, a working or guiding, informal hypothesis of the study is that the women in the sample will exhibit some of the following characteristics: apathy, fatalism, dependency, immobilization, frustration, and health concerns; frustrations around the area of work, money, and parenting. They will feel a loss of self-esteem, resulting in loneliness, isolation, lack of self-confidence and alienation from friends and neighbors.

The purpose of this chapter is to discuss the findings in relation to both practice and research with a caution to the reader that since this is largely an exploratory study, in the strictest research sense no inferences can be drawn to the general population. Tentatively, however, the findings might be indicative of the general population of single female parents on assistance.

## I. DISCUSSION OF THE FINDINGS

### A. Demographic Profile

Statistically speaking, as reported in Chapter IV, the typical women in the sample of 25 for whom the statistics were available, is 33.3 years of age, has 2.9 children whose average age is 12.3 years. She is likely to have had her first child at 20.5 years of age. She has taken some high school so may have Grade X or XI. She is likely to be divorced or separated with a slightly higher chance of being divorced.

### B. Social/Emotional Profile of the Total Sample of 42 Women

The average Basic Positive score for this group is 47, indicating that the women need a great deal of support in order to function. Eighty-six percent of the women in the sample need some kind of extra support. This was verified also to a certain extent by comparisons with other groups in the United Kingdom from mental hospitals, probation service and the family service units, all of whom had similarly low scores. In contrast, the Hindbo-Kisner study on 'mature single women' has a low 7% of their sample who fall into the range of needing extra support.<sup>1</sup>

The average woman in the sample group had a Negative score of 43, which is far too high for the average Positive score of 47. This indicates an extremely high stress factor, which could render a person almost immobile and therefore unable to function normally in society.

The average Synthesis score was 53 within a normal ratio of the Positive Mean score. On an average, then, the women in the group are fairly realistic about their unhappy situations.

On looking at the Range in both the Positive and the Negative index, it is clear that the average woman in the sample group is experiencing far too much insecurity and uncertainty about both her sources of satisfaction and her sources of frustration.

It is impossible to state an average for the mood swing. However, in the Lower Functioning Group, the Negative Mean in relation to the Positive Mean was often so high that mood swing could not be taken into account.

The average woman has at least one "high stress" area and it is likely to be in the area of finances. She has little or no satisfaction around her housewife/homemaker role, nor in the area of sexuality. She does not feel that she has achieved her ambition in life, nor that the opportunities for self-expression that life has to offer, have been available to her. The reader is referred here to the interpretation of a particular Scale taken from the sample (see Appendix B).

C. A Comparison of Levels of Functioning According to Their Basic Positive Score

As explained earlier, the division into the three groups was done according to Heimler's criterion for functioning levels; that is High, those scoring above 60, Medium, those scoring between 60 and 37, and Low, those scoring 36 or less. The divisions according to this criterion yielded 6, 25 and 11 women, respectively.

1. Positive Mean, Negative Mean and Synthesis

Looking at Table 3, the High Scoring Group has a positive mean of 74 and a Synthesis of 61, indicating that this group may be

somewhat unrealistic about their sources of satisfaction, although their frustration is in the manageable range. The Medium Functioning Group has an imbalance in the satisfaction/frustration area, but present and overall satisfactions are the same. They tend to be more realistic about their situation than is the High Scoring Group. The Low Functioning Group is problematic in that they have very low satisfactions in relation to too high frustrations. However, the overall Synthesis is within the expected range, so that they tend to be aware of their situation. It appears that, on the whole, all three groups are fairly realistic regardless of their level of functioning.

Regarding the frustration level, only 9 scales in the sample were within the expected  $1/3$  to  $1/5$  of the Positive Mean. Four of these were in the High Group and 5 in the Medium Group. Nearly 4 out of 5 of the total group have too much frustration to be comfortable. More negatives than positives were exhibited by 16 women, who can be expected to experience high stress. Twenty-two percent of the Low Group and 32% of the Medium Group fall into this category. Four women, whose negative scores are in the 80's, all from the Low Group, have such high amounts of frustration and appear to be in such an exceedingly stressful situation that anyone working with them would need to be alerted to the possibility of mental illness or an emotional breakdown.

## 2. Spread or Range

Higher than normal insecurity and uncertainty were exhibited by 47%, or nearly half of the total group. In the Low Functioning Group 53% were higher than normal or extremely high. Four of these were so

high as to appear to be in some kind of difficulty. These were not the same 4 who, in a previous paragraph, exhibited extremely high negative scores. Of the 4 exhibiting the high negative scores, all were from the Low Group and their spread included 2 on the rigid side, 1 with a normal spread, and 1 with a slightly higher than normal spread. It is noteworthy that the higher the functioning of the group, the more the tendency toward rigidity. One hundred percent of the High Group, 18% of the Medium Group and 14% of the Low Group exhibited rigidity. The question to be asked is, whether rigidity is a good adaptation to this way of life, or whether rigid people are better able to cope with this particular life style. Thirty percent of the Medium Group had average or expected ambivalence and 23% of the Low Group had average or expected ambivalence.

### 3. Mood Swings

Mood swings were very evident in most of the Medium and Low Groups. Only 9 scales appeared to fall within the expected range for this criterion and these all came from the Medium Group. Again, the High Group tended toward rigidity, so, while they were higher functioning, they tended to see things in a black and white way. Again, while the High Group appeared to be the most rigid, this could be a successful coping mechanism.

### 4. Basic Positive Area Scores

A look at the group's Basic Positive Area scores of work, activity, friendship, finances, family and personal, confirmed the fact



that the group has need of additional support beyond that which the average person has with family and/or friends. (Three area scores of 12 or less on the Positive Index indicates need for additional support.)

#### 5. Sexuality and Housewife Role

A logical, and not unexpected, result of the investigation of the group's sexual patterns shows that the lower the general functioning, the more unelcoming the sexual activity. This relationship held also when the questions on attitudes to the opposite sex were examined. This correlation between high functioning and sexual satisfaction was also evident when looking at the role of the women in relation to being a housewife/homemaker. Here again, the High Group saw themselves satisfied in their housewife/homemaker role, whereas very few of the Low Group did.

#### 6. Achievement of Ambition and Opportunities for Self Expression

The three functioning groups did not seem to discriminate significantly when looking at the question of achievement of ambition in life. Ninety percent of the total group feel they have not achieved their ambition in life.

On looking at the question, "To what extent has life given you enough scope for self-expression?" the three functioning groups do discriminate. For the High Group, 50% feel they have been given enough opportunity for self-expression, whereas only 24% of the Medium Group and 9% of the Low Group feel this way.

D. Discussion of Findings in Relation to the Specific Research Questions

So far the discussion of the findings has been in relation to the three functioning groups, according to their score on the Basic Positive Score. The research question as stated in Chapter II will be examined to determine how the findings respond to those original questions.

Research question No. 1. "Do the women in this study exhibit apathy and fatalism? Do they have feelings of dependency and immobilization that keep them in poverty? Do they display helplessness, inferiority and frustration?"

One would have expected that this group would generally not be in too good a life situation and this is certainly borne out by the Scale. A look at Table 4 shows that only 6 of the group are within a comfortable functioning level. The remaining group is not, and 86% need some kind of additional help other than the normal support of the family and friends. The 11 women in the Low Group would appear to need massive support systems or could totally break down, perhaps in mental or physical illness, either minor or major criminal acts, or acts of violence to themselves, or possibly to those close to them. Any one of these could require institutionalization. A significant 16% of the scales indicate a pattern of possible suicide.

The extremely high frustration levels would appear not as apathy but as feelings of immobilization. In looking further at the scales, 69% of the women indicated they were frustrated by things they could not do properly, and relating to this, 90% of these indicated that they would like more power and influence. They appear to be so frustrated with their situation that they are unable to do anything to get

themselves out of it, although they would like to. Part of this situation is no doubt environmental, as 83% feel that circumstances are against them. If they seem helpless to get out of their situation, it may be that, in addition to the environmental factors and support that they need, they do not understand their own feelings or the probability that with more understanding of their own motives and unconscious drives they would be able to use their energy in a more creative and satisfying way.

Immobilization is certainly going to be a result of the high levels of frustration the women feel. Any single female parent on assistance is going to feel some helplessness and many of their needs are justified. The most obvious is financial. However, some of this may be a lack of awareness of their own potential and perhaps a lack of ability to then reach out and find the support systems they need in order to help themselves.

If it is true, as the results of the scale seem to suggest, that women in the lower scoring groups have some problems accepting their own sexuality, their lack of awareness around this and what to do about it would render them helpless to resolve this issue satisfactorily.

The scale does not measure inferiority as such but this group indicates high inferiority feelings when only 4 of the group feel they have achieved their ambition in life. In addition, only 10 feel that life has given them enough opportunity to express themselves.

Research Question No. 2. "Does this group of women show concern around health problems?"

The literature states that the poor have more health concerns than the more affluent and this group is no exception. Fifty-two percent of them have frequent headaches and 52% suffer from aches and pains. An overall high of 79% of the group are concerned about their health.

As usual, the Low Group was higher in every category, with 90% of them concerned about their health, 64% having headaches and 73% suffering from aches and pains. It would seem then, at least for this group, that poverty and health concerns do go hand in hand. However, those women who function at a higher level, in spite of the poverty, do not have as many health concerns. It is not known how many of this group are on welfare because of a health problem, which would tend to bias the previous statement. However, since all these women were referred to a job training program it is assumed that if they have an illness it is not so bad as to stop them from working, at least in the eyes of a social assistance department.

Research Question No. 3. "What does the scale indicate about the feelings and attitudes of this group of women toward being out of work? Do they exhibit hopelessness and powerlessness, apathy and alienation as well as frustration at not achieving? How do they view themselves in relation to their work role?"

Fifty-seven percent of the total group indicated an extremely high stress situation around finances and 38% had a very low score. Only one person felt any real satisfaction. Therefore, there is a great deal of anxiety and stress around money. The question arises,

why don't they get a job to relieve the stress? The answer is not straightforward and may lie in several areas. Some prefer to be with their children as a matter of choice, during their growing years. Problems around care of children and obtaining suitable foster care for them, to say nothing of the large expense involved, could be one reason why these women do not work. Another is that they are not generally a well-educated group, the average having "some high school", so that any job they get will likely be as low paying as when they are on assistance, especially when costs of working, babysitting, transportation and clothing, are taken into consideration. The generally high feelings of frustration in relation to satisfaction indicated by so many of the scales would give rise to feelings of immobilization and helplessness and powerlessness to do anything about the situation.

It is interesting to note that 64% of the women saw themselves as "unemployed" rather than as "housewives" because they filled out the area on the scale for unemployed people. Does this mean that they see the ideal situation as one where they are working? Or does this represent the values of our society where it is more socially acceptable to be working than to be on social assistance?

All of the 27 who answered the question, "Have you any desire to work?" answered "yes". It can, therefore, be assumed that they do want to work. Fifty-four percent replied that they were content to be out of work at the present time, but 83% said that they would not be content if they were still out of work in 6 months, and 88% said that they could see themselves working in the foreseeable future.

Research Question No. 4. "What indications are there in the scale as to the parental coping ability of these women? Given their emotional health or lack of it, what effect on the children might be expected?"

Parental coping ability as such cannot be measured by the scale, but generally we know that parents who are themselves happy probably make the best parents. Raising children in a fatherless family is in itself a difficult task in that the responsibility is not shared. But, if a mother has come to terms with her situation and accepts it, then her effectiveness is far greater than a mother who has not the coping skills to make her own life satisfying. Poverty, combined with fatherlessness, is the really problematic area. These women, almost as a whole, leave no doubt about their feelings regarding their poverty; they are in a crisis over finances. However, when looking at the question, "Do you enjoy family life?", two-thirds of the 39 who answered the question stated "yes". Twenty percent had some doubts around this but only 13% answered a definite "no". In addition, when the figures were broken down into High, Medium and Low Functioning Groups, there was no significant difference in the answers.

One could speculate that since the average age for the children of the women in this group is 12.3 years, and there are an average of almost 3 children in each family, the satisfaction levels of these women would not enable them to be very loving, patient and sympathetic parents, especially during the difficult teen-age years. There is no doubt that some of the high frustrations indicated by the Scales comes from the parenting role and becomes then a vicious circle. However,

when looking at the question "Do you like to be with children?", a resounding 85% said definitely that they liked to be with children. Five said "perhaps" and only one said that she does not like to be with children. Family life and children seem to be a fairly satisfying area for this group.

Research Question No. 5. "Do women in the sample group indicate feelings of loneliness and isolation, do they suffer from fears of being alone, with loss of self-esteem and lack of self-confidence?"

One of the first indications of loneliness and feelings of isolation is depression. Sixty-six percent of the 42 scales indicate high levels of depression (high level of depression was obtained by taking a score of over 8, including 4's plus 2's. Very high depression indicated by a score of over 12 and extreme depression was shown by a score of 20). Fifty percent had a very high depression and 14% had an extremely high score on depression.

Although 23% of the women showed an excessive amount of attention to the area of friendship, and are, therefore, getting a lot of satisfaction there, 26% of the women showed low satisfaction around friendships. A further indication of loneliness and isolation is the revelation of low satisfactions around sex and relationships to the opposite sex, especially for the Low Functioning Groups.

Research Question No. 6. "Does the scale reveal any significant indication that some of the women in the sample may become batterers?"

The Scale, so far, has not revealed any definite pattern for indicating a possible battering parent. However, Roach has a pattern, so far unverified, for identifying a person who may strike out at someone emotionally close rather than directing the anger at less important things.<sup>2</sup> It became known to the writer, during the writing of this paper, that one of the women whose Scale indicated this pattern, rubbed her child's face with its faeces. The Scale could provide health and welfare workers with an additional awareness of the possibility of a person becoming a batterer under the right circumstances. The worker would then be able to give the necessary help to the parent to prevent the occurrence of a tragedy.

## II. IMPLICATIONS

### A. For Practice

"The philosophical base of the method stresses that symptoms and pathology are secondary to the more important question of how these frustrations and negative energies are being channelled and directed."<sup>3</sup> The question regarding women in this study is not so much whether they are out of work, depressed or immobilized by their frustrations, but rather how they are using what appears to be their negative energy. The study clearly shows that so far these women have not learned or have not had the opportunity to use this energy in a creative way, one that will bring them better returns in life's satisfactions.



Changes will have to take place in the environment before many of these women will be able to take hold and improve their own situation.

1. Greater public awareness of the problems of this group is an absolute essential so that the attitude to these families will be more sympathetic and accepting.
2. More financial help should be forthcoming, if not in direct welfare, then in more family allowance benefits, free day care and other baby-sitting arrangements.
3. The use of first-class day care centres or family day homes, particularly for school-aged children, should be developed for this group and other low income families if not for the total community. These should be available free of charge for single parents on assistance or marginal income people. This would allow women peace of mind to work at least part-time if they so choose which could be not only financially beneficial, but also emotionally therapeutic. Emotionally needy people often have a desire to get away from the children, even for short breaks, but many of these women feel trapped, even though the study reveals that almost all of them like to be with children. Other kinds of help to mothers could be explored. Christensen and McDonald investigated the influence of a support system on parent-child interaction with a group of 18 single female parents. They found that help with household chores rather than child care relieved stress and led to improved relations with their children.<sup>4</sup>
4. There should be a heavy emphasis on rehabilitative and educational programs for this group, who have indicated in the study that they

feel that they have not had enough opportunities in life. Many of them had their first child before they could complete their education and obtain a vocation. Efforts should be made to have the women take what they themselves see as valuable. A study alluded to in Chapter III found that a group of women, similar to the group in this study, were given training to fill existing job vacancies and no consideration was given to the training desired by the person. The end result was a total failure of the job training program because of lack of consideration of personal needs.

5. Changes in community attitudes towards single female parents are badly needed as well as a battery of support systems to help them improve their situations and increase their social functioning. However, this study points out very clearly the need for many women to be able to understand better their own feelings and begin to reorganize their inner life in a deliberate and conscious way. When the inner life changes, outer changes begin to happen. Energy, instead of being turned inside, for example in depression, paranoia, and health concerns will then be released and put to better use. Some of this energy will go into seeking and finding employment. The Hendon experiment in England showed that of a group of men who had been unemployed for two years prior to treatment by the Human Social Functioning method, 50% of the original sample were in regular employment two years after. Of the control group used in this study, after two years only 5% were employed.<sup>5</sup>

Some of the energy will go into improving relationships with other people, so that ultimately there will be more satisfaction in this area.

What the Scale can do, as discussed in Chapter III, is eliminate time-consuming and haphazard assessments so that more appropriate referrals can be made; so that possible destructive kinds of behavior can be eliminated; and so that more effective preventive services may be initiated.

What this study proposes is that single female parents on assistance go through this simple Heimler Scale of Social Functioning at a particular time after intake and that a skilled diagnostician then help in the planning with that person. Those indicating a need for in-depth therapy could obtain help, either through a person trained and skilled in the Human Social Functioning method within the agency, or be sent to another recognized private agency which has practitioners skilled in the method.

#### B. For Research

Research on the plan which the writer originally proposed would be a natural follow-up to this study. That is, a sample group of single female parents on assistance would be selected to go through the Human Social Functioning method including the Fragmenta Vita and possibly the Dialogue. This group would then be compared with a control group. Follow-up studies would then be done on both groups to test the effectiveness of the Human Social Functioning method.

A study which is more representative of the larger group would be valuable. A comparative study on other groups, for example, single female parents not on assistance could be revealing. It has been suggested to the writer that middle class housewives may be experiencing feelings similar to the study group such as, isolation, loneliness, lack of status and inadequacy. A comparative study with this group could shed much insight into women's problems in general.

Among the women with the lowest levels of satisfaction in the group of single female parents on assistance were many who had borne their first child while still in their teens. In addition to too early responsibility, premature parenthood sets limits to the attainment of satisfactory levels of education and vocational training. A study relating to these factors could be valuable.

A research program based on different kinds of assists to families, such as home help, baby sitting, counselling, and foster relatives could be worthwhile to determine if satisfaction levels could thereby be improved.

An in-depth study on the psycho-sexual aspect of these women would be valuable to determine the need for further counselling in this area.

CHAPTER V

FOOTNOTES

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APPENDIX A

THE HEIMLER SCALE OF SOCIAL FUNCTIONING

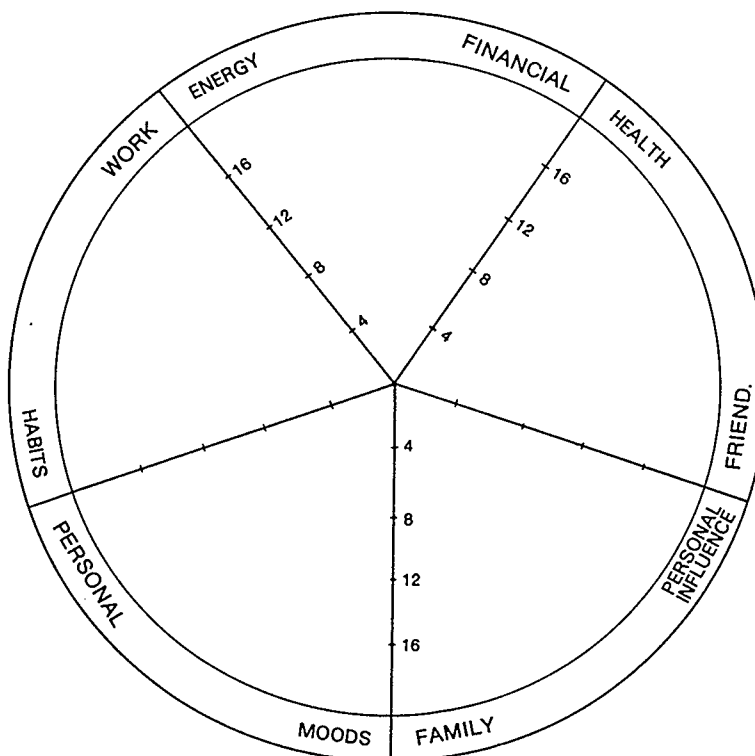
Heimler Scale of Social  
Functioning, Rev. III (1977)

1

SCALE	TOTALS T(4's) / T(4+2's)	MEAN TOTAL
POSITIVE	/	
NEGATIVE	/	
SYNTHESIS	x x x	

agency's  
client no.

POSITIVE INDEX								NEGATIVE INDEX							SYN- THE- SIS
Area	part	1	2	3	4	5	Totals	Area	1	2	3	4	5	Totals	
Work							/	Energy						/	1.
							/							/	2.
							/							/	3.
Finance							/	Personal Influence						/	4.
Friends							/							/	5.
Family	A						/	Moods						/	
	B						/	Habits						/	
Personal							/							/	
(Add only 1 part per area)							Totals: /	Totals: /							



Heimler Scale of Social Functioning, Rev. III, Copyright Eugene Heimler, 1967. This Scale may not be reproduced in whole or in part by mimeograph, photoduplication, or any other means without the prior consent of Eugene Heimler.

This page to be completed on all scales administered.

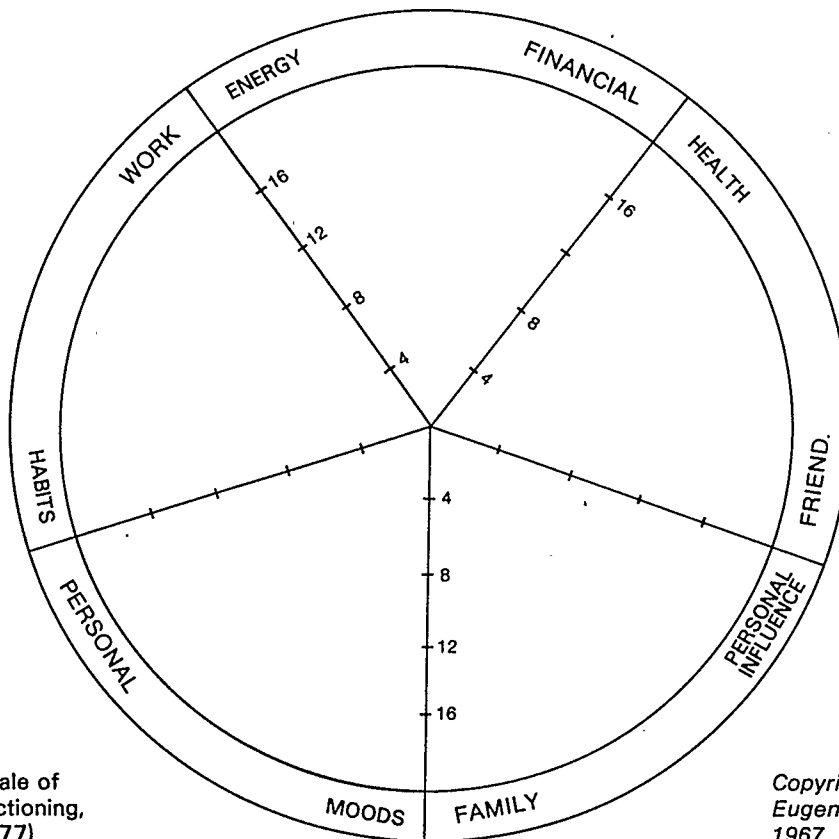
Age	No. of children or Siblings	Boys ages	Girls' ages	Children at home with Respondent
Occupation (See below)		Kind of business		Spouse's occupation
Income Last Year		Marital status	Sex	Race (Optional)
Religion		Formal education	Business Technical Training	
Known disabilities (past and present)				
Date of Interview		Agency	Place	Interviewer
No. of scales previously administered and dates				
No. of scales administered to spouse and dates				

Use this section for other comments and additional information deemed important for research purposes: (e.g. date last employed, if unemployed)

1  
Card 1, col. 1-9

	TOTALS	MEAN
<u>Positive</u> 10-18	— / —	—
<u>Negative</u> 19-24	— / —	—
<u>Synthesis</u> 25-27		—

POSITIVE	AREA SCORES	NEGATIVE	AREA SCORES
Work/interests 28-31	— / —	Energy 48-51	— / —
Financial 32-35	— / —	Health 52-55	— / —
Friendship 36-39	— / —	Personal Influence 56-59	— / —
Family 40-43	— / —	Moods 60-63	— / —
Personal 44-47	— / —	Habits 64-67	— / —
Totals: — / —		Totals: —	
Mean: —		Mean: —	



Heimler Scale of  
Social Functioning,  
Rev. III (1977)

Copyright,  
Eugene Heimler  
1967.

(Example of introduction)

2  
Card 2, col. 1-9

Now to have some specific information about your feelings right now, I would like to ask you a few questions in the questionnaire here. From these I believe we have a chance to understand more about you and your feelings at this moment. As soon as we are finished we can share what I have found. It may take about 10 minutes to answer all the questions. Could you please answer each question with either YES, NO or PERHAPS. This last answer, in other words, indicates where you are not sure how you feel. Again, let me stress that you answer these questions as you feel about them *here and now—TODAY*.

## POSITIVE INDEX      I. WORK

(Screening questions to ask if  
needed to determine work status:)

Are you working?  
Are you looking for work?  
Are you going to school or college?  
Are you retired?

Circle all  
which apply      14. Circle  
main role

10. Employed (full or part-time).....	1	1
11. Housewife .....	1	2
12a. Unemployed .....	1	3
b. Retired .....	2	4
13. Student.....	1	5

Ask everyone: WHICH MOST ACCURATELY DESCRIBES YOUR PRESENT WORK ROLE ...?  
(i.e. which of the above: 10, 11, 12a, 12b or 13)

ASK ALL PARTS WHICH APPLY, but add into the total score only that part which the person perceives as most accurately describing his present work role.

### PART A (ask full & part-time employed)

	YES	PER- HAPS (circle)	NO
15. Do you like the work you are doing?	4	2	0
16. On the whole, do you like the people you work with?	4	2	0
17. Do you feel you are in the right kind of work?	4	2	0
18. Have you any really satisfying hobbies or interests outside work?	4	2	0
19. Have you enough opportunity for getting ahead in your work?	4	2	0

/

### PART B (ask housewives)

	YES	PER- HAPS (circle)	NO
20. Do you enjoy running a home?	4	2	0
21. Do you have enough daily social contacts?	4	2	0
22. Does your work give you enough satisfaction?	4	2	0

23. Have you any satisfactory  
hobbies or interests, apart  
from work?      4      2      0

24. Are you content to remain  
a housewife?      4      2      0

/

### PART C (ask unemployed)

	YES	PER- HAPS	NO
25. Are you content to be out of work at the present time?	4	2	0
26. If being out of work continued beyond six months would you still be content?	4	2	0
27. Can you see yourself working in the foreseeable future?	4	2	0
28. Have you any desire or ambition to work?	4	2	0
29. Have you any really satisfy- ing hobbies or interests?	4	2	0

/

**PART D** (ask students, or have just left school)

	YES	PER- HAPS	NO
30. Do (did) you like school?	4	2	0
31. Do (did) you feel accepted by your fellow students (school-mates)?	4	2	0
32. Do you feel you are (were) in the right setting?	4	2	0
33. Have you any really satisfying hobbies or interests?	4	2	0
34. When your studies are (were) over, do (did) you regard going out to work as an attractive prospect?	4	2	0

/

**PART E** (ask retired)

	YES	PER- HAPS	NO
35. Do you like retirement?	4	2	0
36. Do you like your social surroundings?	4	2	0
37. Is your life as full as you would wish?	4	2	0
38. Do you have any hobbies or interests?	4	2	0
39. Is your health satisfactory to you?	4	2	0

/

**II. FINANCIAL**

Ask the part which the person perceived as most accurately describing his present work role.

**PART A** (ask full & part-time employed, unemployed & retired)

	YES	PER- HAPS	NO
40. Do you live more comfortably than you did two years ago?	4	2	0
41. Are you able to save?	4	2	0
42. Do you feel at ease about spending?	4	2	0
43. Are you reasonably secure financially?	4	2	0
44. Do you feel financially secure?	4	2	0

/

**PART B** (ask housewives)

	YES	PER- HAPS	NO
45. Can you manage on your house-keeping money without a lot of anxiety?	4	2	0
46. Have you any income, other than housekeeping money?	4	2	0
47. Do you feel at ease about spending?	4	2	0
48. Generally speaking, does being a housewife satisfy you?	4	2	0
49. Do you feel financially secure?	4	2	0

/

**PART C** (ask students, or have just left school)

	YES	PER- HAPS	NO
50. Is your pocketmoney or allowance enough?	4	2	0
51. Do you earn any extra?	4	2	0
52. Do you feel at ease when you spend money?	4	2	0
53. Do you feel happy about your family's finances?	4	2	0
54. Do you feel that your future prospects are reasonably good?	4	2	0

/

**III. FRIENDSHIP**

Ask everyone.

	YES	PER- HAPS	NO
55. Have you a close friend in whom you can confide?	4	2	0
56. Outside your family, do you feel there are people who really care about you?	4	2	0
57. Do you enjoy making acquaintances?	4	2	0
58. Would you want your friends to turn to you with their problems?	4	2	0
59. Do you enjoy entertaining or treating people?	4	2	0

/

## IV. FAMILY

(Screening question if needed) What is your marital status?

Note that both parts A and B are asked of all persons married currently or previously.

### PART A (ask everyone)

	YES	PER-HAPS	NO
60. When you look back do you feel 4 happy about your childhood?	4	2	0
61. Did you have a secure childhood? 4	4	2	0
62. Did you feel that there were 4 people in your childhood who really cared?	4	2	0
63. On the whole, do you think your 4 childhood was a good prepara- tion for adult life?	4	2	0
64. Would you want others in your 4 primary family (e.g., parents, brothers, sisters) to turn to you with their problems?	4	2	0

/

### PART B (ask married and common-law, currently or previously)

	YES	PER-HAPS	NO
65. Are (were) you interested in 4 partner's hobbies and/or activities?	4	2	0
66. Do (did) you discuss your 4 money, work or other problems with your partner?	4	2	0
67. Do (did) you enjoy family life? 4	4	2	0
68. Do (Did) you feel that your part- 4 ner understands (understood) you?	4	2	0
69. Do (Did) you feel that you under-4 stand (understood) your partner?	4	2	0

/

## V. PERSONAL

### PART A (ask currently married and common-law; married includes currently separated but not legally separated)

	YES	PER-HAPS	NO
70. Are you really satisfied with 4 your marriage?	4	2	0
71. Do you feel that your partner 4 really cares about you?	4	2	0

72. Does sex bring you much en- 4 2 0  
joyment in your marriage?

73. Do you like to be with 4 2 0  
children?

74. Can you relax? 4 2 0

/

### PART B (ask single, widowed, divorced and legally separated)

	YES	PER-HAPS	NO
75. Do you like being single? 4	4	2	0
76. Do you like the company of 4 the opposite sex?	4	2	0
77. Do you like children? 4	4	2	0
78. Does sex bring you much 4 enjoyment?	4	2	0
79. Can you relax? 4	4	2	0

/

3

Card 3, col. 1-9

## NEGATIVE INDEX

Ask every question

### I. ENERGY

	YES	PER-HAPS	NO
10. Do you feel overworked? 4	4	2	0
11. Do you feel too tired to work? 4	4	2	0
12. Do you find that your mind is 4 under-active?	4	2	0
13. Do you feel too tired to enjoy 4 life?	4	2	0
14. Do you feel frustrated because 4 you are prevented from doing things properly?	4	2	0

/

### II. HEALTH

	YES	PER-HAPS	NO
15. Do you have frequent headaches? 4	4	2	0
16. Do you suffer from aches and 4 pains?	4	2	0
17. Is sex an unwelcome activity 4 in your life?	4	2	0

18. Are you concerned about your health? 4 2 0

19. Is your imagination painful to you? 4 2 0

### III. PERSONAL INFLUENCE

	YES	PER-HAPS	NO
20. Do you often feel disappointed by people you trust?	4	2	0
21. Do you often find that people like being hurtful to you?	4	2	0
22. Do you feel that circumstances are often against you?	4	2	0
23. Do you find that people are often against you?	4	2	0
24. Would you like to have more power and influence?	4	2	0

### IV. MOODS

	YES	PER-HAPS	NO
25. Are you at times very depressed?	4	2	0
26. Do you often feel vaguely insecure?	4	2	0
27. Do you feel unduly guilty at times?	4	2	0
28. Do you ever wish you were dead?	4	2	0
29. Do you find that people are often unappreciative of your efforts?	4	2	0

### V. HABITS

	YES	PER-HAPS	NO
30. Are you inclined to drink too much?	4	2	0
31. Do you take drugs or medicines to help you to relax?	4	2	0
32. Do you tend to get over-active or over-excited?	4	2	0
33. Do you tend to eat too much or too little?	4	2	0

34. Are you driven to do things which cause trouble to yourself or others? 4 2 0

## SYNTHESIS

### OUTLOOK ON LIFE

(show card of ladder to respondent)

Now here is a ladder with twenty steps numbered from one, not at all, to twenty, completely. When I read you a question, would you tell me the number which best indicates how you see yourself or how you feel

(record number below)

35—  
36 To what extent have you achieved your ambition in life? \_\_\_\_  
37—  
38 To what extent do you feel hopeful for the future? \_\_\_\_  
39—  
40 To what extent do you feel that your life has meaning? \_\_\_\_  
41—  
42 To what extent has life given you enough scope for self-expression? \_\_\_\_  
43—  
44. When you look back to what extent do you feel that life was worth the struggle? \_\_\_\_

TOTAL



## BACKGROUND INFORMATION

45- What is your age?

46. \_\_\_\_\_ years. \_\_\_\_\_

47. Do you have any children?  
(if yes) How many? \_\_\_\_\_

48 How many are boys? \_\_\_\_\_  
What are their ages? \_\_\_\_\_

How old are the girls? \_\_\_\_\_

49 What was the last grade (highest  
year) of regular school which you  
completed? (exclude business  
college, trade school, etc.)

	grades	
Some grade school	(1-4)	1
Completed grade school	(5-8)	2
Some high school	(9-11)	3
Completed high school	(12)	4
Some college		5
Completed college (degree)		6
Some graduate work		7
Completed advanced degree		8

50- What kind of work do you do?  
51 \_\_\_\_\_

(such as school teacher, TV  
repairman, housewife, student,  
retired, etc.; if unemployed ask  
about last job held)

(if applicable) What kind of business  
or industry do you work in?

(such as construction, etc.)

(hand card to respondent)

52- In which income group did your

53. total family income fall for last year?

(circle group) \_\_\_\_\_

01	\$ 0- 499	10	4,500-4,999	19	9,000- 9,499
02	500- 999	11	5,000-5,499	20	9,500- 9,999
03	1,000-1,499	12	5,500-5,999	21	10,000-12,499
04	1,500-1,999	13	6,000-6,499	22	12,500-14,999
05	2,000-2,499	14	6,500-6,999	23	15,000-17,499
06	2,500-2,999	15	7,000-7,499	24	17,500-19,999
07	3,000-3,499	16	7,500-7,999	25	20,000-22,499
08	3,500-3,999	17	8,000-8,499	26	22,500-24,999
09	4,000-4,499	18	8,500-8,999	27	25,000 & above

Interviewer: please complete from memory:

54 Date \_\_\_\_\_

(respondent's) (circle)

55. Sex: Male .....1  
Female ..... 2

56. Marital status: Married .....1  
Common-law. ....2  
Widowed. ....3  
Divorced. ....4  
Separated. ....5  
Never married. ....6

57 Race: White. ....1  
Black. ....2  
Oriental. ....3  
Can. Indian ....4  
Metis. ....5  
Other ..... 6

(specify)

58- Your (interviewer's) name:

59. \_\_\_\_\_

Agency \_\_\_\_\_

Please review this booklet to make certain  
it is complete. Thank you.

## APPENDIX B

### A Description of One Woman in The Low Functioning Group As a Result of An Analysis of Her Scale

Anne is a 20-year old woman, divorced and on assistance with two children, ages 4 and 2.

In summary she has low satisfaction and much too high frustrations, sees herself realistically but experiences much uncertainty and insecurity. At best she can barely cope - at worst she is striking out, blaming others, is in a crisis around finances, but needs help with family, housework, and friends. She has no outside interests, experiences insecurity around relationships with other people and has no social contacts. She feels something was very unhappy in her childhood, and probably experiences insecurity coming from that. She was misunderstood by her partner and she only partially understood him. She likes the opposite sex, children and sex but has difficulties relaxing. She feels trapped and unfulfilled, disappointed by those she trusts.

She wants power and influence to break out of her frustrating situation.

She's depressed, insecure, guilty, and so uncomfortable that she will at times strike out against society and herself by overeating and over-reacting.

She's achieved no ambition but does have hope for the future and feels life was worth the struggle.

She is insecure, hurting badly, is angry and wants to do something about herself and her situation.