

THE VALIDATION OF THE HEIMLER SCALE OF SOCIAL FUNCTIONING  
(HSSF) FOR CLIENT GROUPS IN SOUTH AFRICA

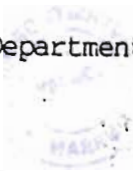
by

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## ABSTRACT

The problem identified as the focus of this study is the absence of a scale that measures social functioning with validated norms for any population group in South Africa. The need for such an instrument is highlighted by the importance of measurement to social work practice. Descriptions and definitions of "social functioning" in social work literature are evaluated and social functioning is operationally defined. Various approaches to the measurement of social functioning and contemporary ideas concerning the measurement of marital and family life are explored.

Literature pertaining to the Heimler Scale of Social Functioning (HSSF), the measurement instrument selected in this study to measure social functioning, is examined and systematized and research findings on the HSSF are reviewed. The examination of the HSSF is focussed on the reliability of the scale for three population groups in South Africa : Whites, Indians and Blacks. The HSSF was administered to client sample groups (N = 281) from three types of welfare agencies in Durban, South Africa. These welfare organisations represent the counterparts of the British welfare agencies from which samples were drawn in the original validation study of the HSSF. As English and Zulu speaking clients are included in sample groups, the HSSF had to be translated into Zulu.

The questions included in the HSSF appear to be suitable in a construct that attempts to measure social functioning and the Zulu translation of the HSSF appears to be acceptable. Findings of the study show that the international norms of the HSSF cannot be applied without adjustment across racial and ethnic boundaries and certain changes to the norms for specific client groups are recommended.

I hereby declare that the whole thesis, unless specifically  
indicated to the contrary in the text, is my own original work.

...M.A. van Zyl

MA VAN ZYL

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## SUMMARY

The problem identified as the focus of this study is the absence of a scale that measures social functioning with validated norms for any population group in South Africa. The need for such an instrument is highlighted by the importance of measurement to social work practice. Descriptions and definitions of "social functioning" in social work literature are evaluated and social functioning is operationally defined. Various approaches to the measurement of social functioning and contemporary ideas concerning the measurement of marital and family life are explored.

Literature pertaining to the Heimler Scale of Social Functioning (HSSF), the measurement instrument selected in this study to measure social functioning, is examined and systematized and research findings on the HSSF are reviewed. The examination of the HSSF is focussed on the reliability of the scale for three population groups in South Africa : Whites, Indians and Blacks. The HSSF was administered to client sample groups (N = 281) from three different welfare agencies in Durban, South Africa. These welfare organisations represent the counterparts of the British welfare agencies from which samples were drawn in the original validation study of the HSSF. As English and Zulu speaking clients are included in sample groups, the HSSF had to be translated from English into Zulu.

The questions included in the HSSF appear to be suitable in a

construct that attempts to measure social functioning and the Zulu translation of the HSSF appears to be acceptable. Findings of the study show that the international norms of the HSSF cannot be applied without adjustment across racial and ethnic boundaries and certain changes to the norms for specific client groups are recommended.

## CHAPTER 1

### INTRODUCTION TO THE STUDY

This study focuses on the measurement of social functioning and the application of the Heimler Scale of Social Functioning (HSSF) to client groups in Durban, South Africa. The reasons for conducting research on the HSSF, and what is hoped will be achieved by the study, are elaborated in the first part of chapter one. The remaining section of the first chapter is devoted to introductory information relating to the nature of the study, viz. : research hypothesis, scope and method of the study, limitations of the study, report outline, glossary of terms, and the nature of research findings.

#### 1 PROBLEM IDENTIFICATION

The problem identified as the focus of this study is the absence of a scale that measures social functioning with validated norms for any population group in South Africa. The need for such an instrument is highlighted by the importance of measurement to social work practice.

Measurement has become crucial to social work practice, mainly because of two developments in social work theory. Contemporary social work literature emphasises the necessity of gathering information on clients, their concerns and environment systematically, preferably by means of prescribed procedures and

secondly, the need for evaluating social work practice is generally acknowledged and predicated (Bloom and Fischer, 1982; Cox, Erlich, Rothman and Tropman, 1977; Gambrill, 1983; Rosen and Proctor, 1978; Stuart, 1980; Tripodi, 1983).

### 1.1 Measurement and assessment

Assessment refers to the phase in social work that aims at specifying the nature of the problem or potential problem encountered by the client, in ways that lead to the delineation of possible intervention approaches. Although various social work theorists analyse assessment as involving somewhat different tasks, virtually all imply that there are both information-gathering and information-processing aspects in making an assessment (Feld and Radin, 1982; Gambrill, 1983; Pincus and Minahan, 1973; Reid and Epstein, 1972; Siporin, 1975; Whittaker, 1974). Furthermore, they agree that information to be collected and assessed must include data on the interface between the individual and the social environment in which the individual functions.

The effectiveness of gathering information on clients, or assessment, depends on what information is gathered, how it is gathered, and how the information is organised to the advantage of the client system (Stuart, 1980). Assessment should be of value to clients (Jacobson and Margolin, 1979). The social worker can take various actions to ensure that assessment is of value to clients. Assessment should be linked to a theory of intervention; it should be parsimonious (only information directly related to

offering effective services should be gathered); multiple sources to gather information should be used; preference should be given to observation rather than speculation; assessment should be situation-specific and should be an ongoing process; clients should participate in collection of helpful information and information on strengths, positive contributions and problems should be gathered (Haynes and Wilson, 1979).

Considering the actions the social worker can take to ensure that assessment is of value to clients outlined above, the necessity of systematic assessment is evident. There are a number of sources to choose from when collecting data on client-systems. These include verbal reports, standardized measures, self-anchored and rating scales, client logs, role plays, direct observation in real life settings, physiological indicators and archival records. Several criteria and guidelines have been developed in the literature for the selection of assessment methods and types of measurement (Biesheuvel, 1969; Grinnell, 1981; Hudson, 198 ). Reviewing these guidelines one can conclude that a method and type of measurement that will provide reasonably accurate and relevant information in a manageable way should be selected.

## 1.2 Measurement and evaluation

The increasing sense of urgency about being accountable in the 1980's, which has appropriately been named the "age of accountability" (Bloom and Fischer, 1982), also highlights the need to evaluate social work practice and to provide evidence of the effectiveness of social work intervention. Accountability

cannot be achieved without evaluation, and accurate evaluation is dependent on the quality of measures used. Sources used in gathering information on clients, can also be applied in process evaluation, which focuses on what has been done, and outcome evaluation, which focuses on results achieved in social work practice.

Guidelines developed for the selection of assessment methods, apply also when these methods are used in evaluation, although another requisite needs to be added. Apart from selecting a measurement that will provide reasonably accurate and relevant information in a manageable way, the measurement must also be sensitive to change (Ghiselli et. al., 1981). The assessment method must be sensitive enough to assess changes brought about by therapeutic interventions or other known factors influencing functioning, but it must be resistant to random daily fluctuations in the mood of the client or other factors irrelevant to the purpose of the assessment.

### 1.3 Measurement and social functioning

Social work aims to enhance the social functioning of people (Boehm, 1959). Social functioning is central in the formulation of the goal of the profession, and the active pursuit of the enhancement of social functioning of clients is paramount to the effective social worker (see pp 19 - 21). In view of the discussion on accountability and measurement, it is argued that the social worker can evaluate whether or not the social functioning of clients had been enhanced only if social

functioning is measured accurately.

"What is the best method for measuring social functioning?" is a question that arises from the importance of the concept social functioning to social work. Criteria to ensure that assessment is of value to clients, were outlined above. In this regard the use of standardized measures in assessment, offers several advantages : it ensures a systematic approach to information gathering; if a suitable instrument is selected information gathering is parsimonious; information can be compared with specific criteria and become less susceptible to speculation; the standardized measure can be used repeatedly and ongoing assessment can be facilitated; clients are actively involved in the process of providing information; and standardized measures usually focus not only on problem areas, but also on strengths and positive areas of the client's life.

Standardized measures are not without disadvantages which include a tendency to view them as impersonal by respondents; the dependence of the value of the measure to some extent on the competence of the interpreter and the possibility of social workers becoming overly dependent on standardized measures. Interpretations of results are not absolute but probabilistic and standardized measures may lead to too much emphasis on the individual or group assessed and too little attention to life situations. Although standardized measures should not be used in isolation or to the exclusion of other measures in assessment, the use of standardized measures in social work practice and research, can greatly facilitates the systematic and scientific endeavours of the social worker (Filsinger, 1983; Haynes and Wilson, 1979; Sundberg and Tyler, 1962; Thorndike



and Hagen, 1969).

A standardized measure of social functioning has several advantages compared to non-standardized procedures. Standardized measures are inexpensive, generally take very little time or energy on the part of either social worker or client, and can be easily administered and scored. Apart from being efficient, a standardized measure can also provide crucial information about a variety of topics important to assessing and evaluating practice. Results obtained through a standardized measure can also easily be compared with results from numerous other administrations, and thereby enhance the understanding of score patterns by the social worker. Standardized measures are relatively free from personal bias and are often amenable to exact statistical analysis (Sundberg and Tyler, 1962; Woody, 1980). Falsifiability, or the systematic exclusion of inferior hypotheses, is the basis of scientific progress and requires standardized measurement strategies that are public and verifiable, viz. the data must be reliable and valid, and the procedures must be repeatable (Pap, 1962).

Theoretically, a standardized scale of social functioning could :

- 1) be used as an assessment instrument to assist both the social worker and the client in the identification and prioritization of problems;
- 2) serve as a progress indicator in the evaluation of social work intervention;
- 3) contribute to clarity and specificity around the use of the concept social functioning in social work practice.

#### 1.4 Problem identified

Bloom and Fischer state that "Standardized measures are available for measuring almost every conceivable area of human functioning" (1982 : 133), but fail to acknowledge the paucity of standardized measures that attempt to measure social functioning per se. Furthermore, the validation of the small number of comprehensive instruments of social functioning available, are restricted to a few countries. The utility of standardized measures depends partially on the availability of norms for different populations and the existence of a measure does not necessarily mean that it can be used by a social worker practicing in as culturally diverse a community as South Africa (Hudson, 1982).

Before a standardized measure of social functioning can meet the requirements of measurement discussed in the above mentioned paragraphs, viz. : it must provide reasonably accurate and relevant information in a manageable way and be sensitive to client change, the instrument must be validated for specific populations.

## 2 THE AIMS OF THE STUDY

The aims of the study are :

- 1) to review the literature on the measurement of social functioning;
- 2) to identify an instrument that measures social functioning;
- 3) to establish the validity of the generally accepted norms for

such a measurement when applied to the White, Indian and Black client groups in a South African city;

- 4) to identify aspects of importance for the validation of a South African social functioning scale;
- 5) to compile profiles of client groups at three welfare agencies in South Africa, using the international norms of the HSSF.

### 3 RESEARCH HYPOTHESIS

Only one main descriptive hypothesis has been formulated to direct the empirical component of the research project as causal analysis of data, often requiring a series of hypotheses, has not been attempted; and the identified aims of the study do not necessitate additional hypotheses.

#### Hypothesis

The great majority White, Indian and Black welfare organisations client groups in Durban, South Africa will, with the international norms applied, be assessed as in need of support by the Heimler Scale of Social Functioning (HSSF).

This research question, expressed in terms of a statement, was formulated after an extensive exploration of the relevant social functioning literature, investigating whether the "international norms" of the HSSF apply to populations in South Africa. If this hypothesis is not proven false, the great majority of clients included in the sample group, should be assessed as in need of

support by the HSSF. This would mean that the HSSF may be valid, not only for client groups, but for South African population groups. On the other hand, if the majority of clients are not assessed as to be in need of support, it would certainly indicate the invalidity of the HSSF for South African population and client groups, when applying the international norms.

Due to the complexities of the South African society and the multi-cultural groupings that are found in this country, it can be expected that an instrument of measurement that has been standardized in a predominantly Western orientated society, to be less accurate, when applied to South African population groups, than when used in countries and cultures from which it was developed. Hence, "international norms" for interpreting an assessment instrument, do not necessarily apply to the South African situation, and the scale and norms may need to be revised, before applicability and validity for South African groups can be claimed.

Investigating the validity of a standardized measure of social functioning for specific population groups is based on several assumptions. Assumptions are that "social functioning" can be defined and wholly or partially measured and that a standardized measure on social functioning exists. These assumptions, related to the first two aims of the study, are explored in a literature review.

#### 4 SCOPE AND METHOD OF THE STUDY

The scope of the study includes an evaluation of descriptions and definitions of "social functioning" in social work literature; and the exploration of issues and literature related to the measurement of social functioning. The study focuses more specifically on the literature considering the application and evaluation of the HSSF, the social functioning measurement instrument most frequently used. The HSSF, in addition to its frequent use, is specifically developed to measure social functioning. The examination of the HSSF is focussed on the reliability of the scale for three population groups in South Africa : Whites, Indians and Blacks.

An empirical study was conducted. The HSSF was administered to client sample groups from three types of welfare agencies in Durban, South Africa, viz. : Child and Family Welfare Societies (CWS), Durban Mental Health Society (MHS), and the National Institute for Crime Prevention and Rehabilitation of Offenders - Durban (NICRO). These welfare organisations represent the counterparts of the British welfare agencies from which samples were drawn in the original validation study of the HSSF (see p. 135).

As English and Zulu speaking clients are included in sample groups, the HSSF had to be translated into Zulu. Qualified social workers were used as fieldworkers and the HSSF was successfully completed for 281 clients. Statistical analyses of data obtained from the completed scales were conducted using

standard computer programmes (NP50 - NIPR, 1974; SPSS - Nie et al., 1975; SPSS\* - SPSS Inc., 1983). The study is concluded by interpretations of research findings, a discussion of their meaning and implications for social work and a series of recommendations based on the outcome of the study.

## 5 LIMITATIONS OF THE STUDY

The study is limited in ways other than those stated above. Science proceeds in small steps and although the identification of crucial aspects for the validation of a South African social functioning scale, was attempted, this study is not meant to constitute a complete validation package of a scale as applied to South African population groups.

The research findings are limited to the application of the HSSF to clients of population groups included in the samples and cannot be generalized to non-client populations. Only Whites, Indians and Zulu-speaking Blacks were included in the samples, while Coloureds were excluded (see chapter four). Considering that, on a national level, 890 social workers employed by the three welfare organisations referred to in this study render services to approximately 71 000 clients, information that can be generalised to client groups is significant.

Another restriction of the study resulted from the analysis of data. Unacceptably low coefficients for some types of reliability on a sub-scale of the HSSF relating to certain sample

configurations, were obtained. The extent of meaningful data analysis on that sub-scale was consequently limited.

## 6 REPORT OUTLINE

A brief outline of the first chapter was given at the beginning of this chapter.

The second chapter is titled : "Literature review : enhanced social functioning as a prime goal of social work practice". Two themes, understanding social functioning, and the measurement of social functioning, are addressed. Attention is given to historical definitions of social functioning, and to the application of role theory in an understanding of social functioning. Other orientations, viz. social functioning as a unifying concept are summarised and social functioning is operationally defined. Various approaches to the measurement of social functioning, and contemporary ideas concerning the measurement of marital and family life are explored.

The literature review continues in the third chapter with focus on the work of E. Heimler. The philosophy, principles, methodology and techniques of human social functioning are examined, followed by a description and evaluation of Heimler's Scale. Final conclusions are drawn from the literature review and related to the research design of this study.

The rationale for, and description of, the empirical research

design are given in chapter four. The sampling plan, data collection procedures and the instruments used and developed for the study are expounded.

Chapter five focuses on a demographic description of sample groups and the analyses of data, as well as on research findings.

After the demographic description of sample groups, findings on the reliability of the HSSF are presented. The hypothesis of the study is tested and profiles of sample groups compiled by applying the international norms of the HSSF to sample groups, are also given. A description of the "statistically average client" is presented. The implications of the findings for the application of the HSSF in South Africa, and for validating a social functioning scale in this country are considered.

A discussion of research findings and a recommendations section are presented in the last chapter.

## 7 GLOSSARY OF TERMS

The glossary of terms is merely an alphabetic list or index of some words and their meanings, used in the research report.

Although references are made in the subsequent discussion to definitions postulated in social work and other literature, the meaning ascribed to terms are pragmatically derived, and not from an indepth analytical exposition usually associated with the process of conceptualization.



### 7.1 Agency

"Used in social work textbooks to mean the organisation by which the social worker is employed and to which the client comes for help" (Clegg, 1971 :3). The term "welfare organisation" is used alternatively and interchangeably with "agency" and "welfare agency", in this report.

### 7.2 Durban African Child Welfare Society

The agency functioning to protect the interest and promote the well-being of Black children and their families of Durban and District (Bedford, Wright and Shaw, 1981).

### 7.3 Durban Child and Family Welfare Society

The agency aiming to protect the interest and promote the well-being of children and their families of the White and Coloured groups in the Magisterial district of Durban; to cause effect to be given to any legislation framed for the protection of children and conservation of family life; to investigate and deal with any cases of neglect, poverty, distress or cruelty to children, and to deal with cases where children have committed an offence (Bedford, Wright and Shaw, 1981).

### 7.4 Durban Indian Child Welfare Society

The agency aiming to protect the interest and promote the well-being of Indian children in the Magisterial district of Durban; to cause effect to be given to any legislation framed for the protection of children and conservation of family life; to investigate and deal with any cases of neglect, poverty, distress

or cruelty to children, and to deal with cases where children have committed an offence (Bedford, Wright and Shaw, 1981).

#### 7.5 Durban Mental Health Society

The agency that is concerned with the social aspects of the prevention and treatment of mental illness and retardation and supportive counseling to patients and their families as provided in conjunction with the Mental Health team (Bedford, Wright and Shaw, 1981).

#### 7.6 Human Social Functioning

Human social functioning refers to a particular practice, methodology and theory of social work developed by Heimler (1975), marked by an emphasis of the interactional relationship between past and present experiences and future aspirations; the operationalization of "social functioning"; and a methodology directed at the facilitation of functional human behaviour in individuals, groups and societies.

#### 7.7 National Institute for Crime Prevention and Rehabilitation of Offenders

The specialist agency concerned with the rehabilitation of accused and convicted adults of all races, and with the rendering of supportive and counseling services to the family of the offender (Bedford, Wright and Shaw, 1981).

#### 7.8 Social Functioning

Social functioning designates those activities considered, from a

role performance perspective, as essential to carry out life tasks; and as a unifying concept it refers to the concern of social work with the study of relationships among parts of a system or among disparate systems, to the interplay between the social environment and the individual, to a framework of concepts for organizing thought and experiences describing psychosocial elements of human organisms, to freely expressed and socially responsible voluntary behaviour, and to the relationship of satisfaction and frustration as experienced by the individual.

## 8 THE NATURE OF THE RESEARCH FINDINGS

Research findings relate to six major areas of knowledge, viz. definitions of social functioning; the measurement of social functioning; human social functioning - an approach in social work; the validity of the HSSF for client groups in South Africa; aspects of importance for the validation of a South African social functioning scale, and profiles of client groups at three welfare agencies in South Africa.

A description and an operational definition of social functioning has been formulated based on an extensive review of the literature. Various factors that may influence or facilitate the measurement of social functioning were identified, and different attempts at the measurement of social functioning were analysed. Literature pertaining to the HSSF, the measurement instrument selected in this study to measure social functioning, was examined and systematized, and research findings on the HSSF were reviewed.

The questions included in the HSSF appear to be suitable in a construct that attempts to measure social functioning, and the Zulu translation of the HSSF, constructed as part of this study, appears to be acceptable. Findings of the study show that the international norms of the HSSF cannot be applied without adjustment across racial and ethnic boundaries and certain changes to the norms for specific client groups are recommended. However, applying the international norms to the South African sampling groups, 99.6% of the respondents, all of whom are clients at three welfare organisations, are classified as in need of support by the HSSF. Hence it can be concluded that the expectation postulated in the research hypothesis is fully met and that a South African clinical group are a clinical group in terms of the HSSF.

Reliability of the HSSF for different racial groups varies considerably, with Whites obtaining the highest and Blacks the lowest coefficients. Internal consistency reliability (alpha) coefficients for the sub-scales of the HSSF are slightly higher than those established in a North American sample (Griswold and Ross, 1977).

Evaluating the differences in score patterns for racial groups, it can be concluded that Indian and White clients appear to test very similarly by the HSSF, except in relation to frustration experienced. Blacks have significantly higher frustration and synthesis scores than White and Indian clients. Societal factors in the South African context probably contribute to higher

frustration levels experienced by Indians and Blacks and it is unlikely that this difference in score patterns is due to cultural or ethnic factors. Mental Health Society clients have lower satisfaction and synthesis scores and higher frustration scores than clients at the other agencies.

CHAPTER 2LITERATURE REVIEW : ENHANCED SOCIAL FUNCTIONING AS A PRIMEGOAL OF SOCIAL WORK PRACTICE1 INTRODUCTION

The concept of social functioning is crucial to social work. The concept is central in the formulation of one of the profession's primary goals and consequently the direction it gives to the nature of developments in social work theory and practice. One primary goal of social work, often quoted in the literature, was formulated in 1959 as : "The enhancement of social functioning wherever the need for such enhancement is either socially or individually perceived" (Boehm : 46).

A number of social work educators have noted the significance of enhanced social functioning as an important outcome goal for practicing social workers. They recommend that the social worker should have a thorough and clear understanding of what is meant by social functioning, and how it relates to the aims of a specific intervention programme. The social worker needs to be grounded in social functioning in order to clarify his role and tasks as he becomes involved in the variety of helping processes normal to his/her professional life (Goldstein, 1973; Morales and Scheafor, 1980; Skidmore and Thackeray, 1964; Turner, 1974).

The following literature review clearly establishes that the

enhancement of social functioning is an overriding goal of the social work profession. It is argued that the profession has a responsibility to define clearly what is meant by social functioning, and further that the profession should develop methods to measure social functioning effectively.

Although the necessity of defining social functioning is acknowledged by theorists (Boehm, 1959; Butler, 1970; Geismar, 1971; McCormick, 1961; Robinson, 1978; Skidmore and Thackeray, 1964; Tropp, 1966) the importance of measuring social functioning is less widely acknowledged.

The measurement of social functioning is of paramount importance to social work for the following reasons. The social worker must determine (measure) the need for social work intervention before embarking on service delivery programmes, as a primary goal of social work is described as the enhancement of social functioning wherever the need for such enhancement exists. To be accountable, the social worker must also evaluate (measure) the extent to which the social functioning of the client system has been improved by his professional endeavours. Since accurate assessment and evaluation depends to a large extent on the accuracy of procedures used in measurement (Grinnell, 1981; Haynes and Wilson, 1979), the accurate measurement of social functioning is of great importance for assessment and evaluation, two main phases in the social work helping process (Fischer, 1978; Gambrill, 1983).

In the literature review, sources quoted either provide the

background necessary for an understanding of social functioning or review the attempts at measuring social functioning. Only one standardized measurement specifically designed to measure social functioning, viz. the Heimler Scale of Social Functioning (HSSF), could be identified. Chapter three reviews the literature specifically related to the HSSF.

## 2 TOWARDS AN UNDERSTANDING OF SOCIAL FUNCTIONING

The concept of social functioning, as can be seen from this discussion, is repeatedly used in the literature as a central theme in social work, and according to Cannon (197 ) also to some extent in the other helping professions. There is, however, no generally accepted definition of the concept social functioning. Two main perspectives are employed in this review of the concept of social functioning namely, the role performance perspective, and in terms of the utility of the concept, social functioning as an unifying concept. The role performance perspective is expanded by an examination of self-evaluation and attribution theories, and their relevance to social functioning.

### 2.1 Social functioning and the role performance perspective

A widely known definition of social functioning was formulated by Boehm. "Social functioning" he wrote, "designates those activities considered essential for performance of the several roles which each individual, by virtue of his membership in social groups, is called upon to carry out" (1959 : 46). Social functioning as a concept gave expression, in terms of this view,



to the focus of social work on social interaction and role performance. It follows that social dysfunction may result from social deviations and violation of established community norms, dissatisfaction with behaviour and life as a whole, and is often associated with a sense of meaninglessness and an attitude of distance with reference to social relationships.

Siporin (1975) stresses behaviour in order to carry out life tasks and meet needs, as the earmark of social functioning. He views social functioning as a human, ecological, social, psychological and systemic phenomenon. For Siporin, social functioning is compatible with an ecological perspective as it expresses the concurrent functioning of people on varied levels of social organisation - family, small group, community, cultural and institutional systems. Social problems exist due to a difficulty in the social functioning on part of the individual, family, small group, community or cultural and institutional system.

Geismar (1971) and Kotze (1979) regard role performance as only one area of social functioning and identify a number of other areas such as : social behaviour, mental-physical state, social adaptation, emotional capacity and ego functioning. Jaffee and Fanshel (1970) associated effective social functioning with successful adaptation, and also indirectly with successful role performance, in the following areas : social relationships, including family relationships; scholastic achievement; personal adaptation; mental and physical health; and financial success. In a national study of psychotherapists Goldman and Mendelsohn

(1969) found that therapists felt they worked best with a patient who exhibits little pathology, and the successfully treated patient was described almost entirely in terms of positive social functioning. Social functioning was viewed in the context of social adjustment and a role performance perspective. This data suggests, according to the authors, an implicit consensus about the goals of psychotherapy and points to the salience of a social adjustment (or role performance) criterion in the evaluation of outcome.

Because the role theory framework "has become part of the very web of social work thinking and literature" (Strean, 1967 : 77), and in view of the relevance of role theory to social functioning, a more detailed exposition of role theory is essential. A framework for role theory and other related conceptualisations relevant to social functioning are discussed in the following paragraphs.

## 2.2 A framework for role theory

Role theory seeks to explain the ways in which the behaviour of the individual is directly and indirectly influenced by the social environment. In essence it is a system that is both congruent with and can provide theoretical and empirical support for social work's historical emphasis on person-environment transactions (Davis, 1986). Role theory can be used to conceptualise experiences related to the ill-match of persons and their environments, as well as many of the interventions social workers used to restore a balance between persons and their environments.

Recently the purpose of social work has been described in terms of the promotion and restoration of a mutually beneficial interaction between individuals and society (Hepworth and Larsen, 1986), a formulation that clearly indicates the relevance of role theory to social work. The same authors define social work in terms of activities which are directed at helping individuals, groups, or communities to enhance their social functioning and to improve the quality of life for everyone by working toward the enhancement of the social and physical environments. Enhancing social functioning involves addressing environmental and personal deficiencies, as social work is directed to the interface between people and their environment. The interconnectedness between social functioning as a concept in social work and role theory is evident from this conceptualization of the purpose of social work identified by Hepworth and Larsen (1986).

One of the major values of role theory for assessment in social work is the emphasis on the social determinants of human behaviour and human interactions. It serves to embed the assessment of persons and the problems they are experiencing within an ongoing interpersonal and societal context. Role theory offers a non-pathologically-oriented perspective from which to assess clients and the problems they present, a notion well developed in various conceptualizations of social functioning.

A structural approach to role theory is adopted in discussing role theory, because it clearly links the individual to the larger environment. Understanding of the way in which socially prescribed

roles influence the behaviour of persons can be facilitated by reviewing the primary concepts of the structural orientation to roles (Davis, 1966; Levinson, 1959; Linton, 1936; Spiegel, 1960).

### 2.2.1 Positions

A position is a unit that can be located in the social structure, viz. employer, student or teacher. Positions exist regardless of the particular individual who occupies it at any given time, and only in relation to other complementary positions (Feld and Radin, 1982; Kingsley, 1966).

### 2.2.2 Role demands

The set of expectations concerning how the position-holder should behave, think, and feel, is called role demands. The term implies that other members of the social system exert influence upon position-holders to meet these expectations (Merton, 1957).

Role demands can be described independently of the person occupying the relevant position, and can be communicated either formally or informally. Job descriptions in bureaucracies are examples of the formal communication of role demands. Informal role demands are often more important to the social worker, and refer to acceptable and unacceptable attitudes, feelings, and behaviours of persons in societal positions such as grandmothers, bachelors and students, as communicated by the mass media, and persons in related and parallel positions (Davis, 1986).

Stereotypes can act as societal role demands that affect the role

conceptions and role performance of persons occupying the positions to which the stereotypes are attached. A stereotype is a set of beliefs or disbeliefs about a group of people and can be thought of as expectations about how members of the group in question should behave, think, or feel. Contemporary movements for racial, ethnic and sexual equality involve, in part, a rejection by the occupants of particular positions of the role expectations and show how stereotypes can be a source of social conflict and social change. Subcultural variations in role demands are important for social workers in understanding clients from different backgrounds (Feld and Radin, 1982).

#### 2.2.3 Role conceptions

Role conceptions are the set of personal expectations of the individual who occupies any given position about how someone in that position should behave, think, and feel. Behaviour is affected not only by role demands, but also by knowledge and acceptance of these demands by the person occupying a position (Feld and Radin, 1982).

#### 2.2.4 Role performance

The behaviour of an occupant of a position is his role performance, and should be differentiated from role demands and role conceptions. Role performance may be a close approximation of the occupant's role demands, or a compromise between the two if there are differences. Role performance can be seen as the joint result of social system pressures (role demands) and the specific actor's own contribution in the form of role conception, skills

and personality (Biddle and Thomas, 1966).

#### 2.2.5 Role concepts and assessment

Although concepts such as role demands, role conceptions and role performance are interdependent, it is important to understand the differences among them, as each constitutes a potential source of problems in social functioning. Perlman (1968) recommended that social workers should explore vital life roles often at the centre of problems confronting clients and that they identify factors about these roles or their enactment that are causing the problems.

#### 2.2.6 Positions in a social system and their relationships

Positions exist in relation to other positions within a social structure. Role analysis can focus on any position within the system, acknowledging the relationships among persons occupying different positions. A number of concepts are useful to describe the social system of role relationships, or the relationships among various positions in a social system (Biddle, 1979; Feld and Radin, 1982).

The focal person - The person occupying any given position that is the focus of analysis or assessment at a given time.

The role set - The related positions that are affected by the focal person's role performance.

A role sender - Members of the role set are role senders.

A role receiver - The focal person can also be considered a role receiver.

Sent role - Expectations for the focal person of role senders

and their communications and influence attempts directed at the focal person.

Received role - The perception of the focal person related to his interpretation of the sent role.

Role episodes - The dynamic interplay between role senders and role receivers, the expectations and behaviours of each influence the expectations and behaviours of the other.

Role episodes occur in the context of the social structure or organisation within which the role set exists; the personal attributes and personality of the role senders and the focal person, and the interpersonal relationship that already exists between the actors (role senders and focal person) in the role episode.

#### 2.2.7 Role conflicts

An imperfect meshing of reciprocal roles viz. between role senders and role recipients, or incompatible role conceptions for a given position, or incompatible expectations from two or more role senders, causes role problems. Based on the work of Yinger (1965), Veroff and Feld (1970), and reworking the role conflict classification of Feld and Radin (1982) two types of role conflicts can be described : conflict that arises primarily from a single position that an individual holds (intraposition conflict), and difficulties related to relationships between simultaneously occupied positions (interposition conflict). Three key dimensions conflict relates to, can also be distinguished : conflict that results from role demands, conflict that relates to role

conceptions and conflict associated with the right to occupy a position. The typology of role conflict reflects different sources of role conflict based on differentiations made above in terms of type of role conflict and dimensions that conflict relates to.

#### TYPOLGY OF ROLE CONFLICT

KEY DIMENSION	TYPE OF CONFLICT	
CONFLICT RELATE TO	INTRAPPOSITION	INTERPOSITION
Role demands	Among several role demands of one role sender	Among several demands of one role sender who occupies two positions that are reciprocal to two positions occupied by focal person
	Role demands of one role sender vs. role demands of another role sender	Role demands of one role sender occupying position reciprocal to focal person vs. role demands of another role sender occupying a different reciprocal position to focal person



KEY DIMENSION	TYPE OF CONFLICT	
CONFLICT RELATE TO	INTRAPPOSITION	INTERPOSITION
Role demands from role sender vs. role conceptions of focal person	Role demands from role sender vs. role conceptions of focal person	
	Role demands from role sender vs. personal attributes of focal person	
	Role demands from role sender vs. role performance of focal person	
Role conceptions	Among components of role conceptions	Role conceptions for one position vs. role conceptions in another position
	Role conceptions vs. role performance	Role conceptions for one position vs. role performance in another position

KEY DIMENSIONS	TYPE OF CONFLICT	
	INTRAPosition	INTERPOSITION
CONFLICT RELATE TO	Personal attributes vs. role conceptions or role performance	Personal attribute required for one position vs. role conceptions or role performance for another position
Right to occupy position	Role sender does not acknowledge focal person's right to occupy position	Role sender does not acknowledge focal person's right to occupy two or more positions simultaneously

#### 2.2.8 Role deficiencies

Contradictions among role expectations are not the only source of role problems. Role problems can also result from personal or systemic deficiencies, and several types of deficiencies can be identified :

- 1) deficiency in knowledge about a position held;
- 2) deficiency in clarity of role demands;
- 3) deficiency in skill, resources, time, or energy required by a role;
- 4) general deficiency in commitment to a position;

5) deficiency in the number of roles one has to enact.

Lack of knowledge about what position(s) a person occupies, or casting a person into an inappropriate position, interfere with interpersonal relations (Steiner, 1967). Sarbin and Allen (1968) postulate that social relations proceed more smoothly if persons locate themselves and others appropriately in the social system. Lack of knowledge about what positions are in the role set may cause an individual to ignore role demands from a relevant other. Lack of knowledge about role demands may in itself be an important type of deficiency.

Role ambiguity or lack of clarity about the expectations of role senders may cause the focal person to feel inadequate in role performance, and can occur either with respect to role demands or to the criteria for evaluation of role performance. Evidence has also been accumulated to show that role ambiguity can, in some cases, facilitate adequate role performance (Preiss and Ehrlich, 1966; Radin, 1975).

Lack of skills for adequate role performance is sometimes difficult to distinguish from lack of fit between personal attributes or capacities and role demands. Lack of skills is usually associated with an easily modified area, such as knowledge of child care, and lack of fit between attributes and role demands is usually related to a more stable aspect of human functioning, such as intellectual capacity.

A frequent source of role problems for social work clients refers to deficiency in material resources, including money, goods, or tools. Lack of time or energy to fill the role demands an individual is faced with, or quantitative role overload, is often associated with both psychological and physiological signs of strain (French and Caplan, 1973). Lack of energy may stem from the state of the actor rather than from the nature of role demands, viz. in cases of illness or depression.

As some positions are more central to our lives than others, people identify differentially with the various roles they enact (Fried, 1978; Hunt, 1967; Merton, 1966; Perlman, 1968). A low level of identification with a single position may be less of a problem to the person involved, but a source of difficulty to members of the role set.

Role underload refers to the absence or loss of a position and problems often occur in this respect as the individual loses not only the obligations that were part of role demands, but also the satisfactions and status that resulted from the social contact linked to the position. The loss of one position may have a mushrooming effect and remove access to other positions. Role underload can also manifest when the full capacities of the individual are untapped in the major roles he or she plays.

#### Summary

Role theory contributed to the understanding of the nature and dynamics of situational factors individuals are confronted with,

and to the realisation that problems in social functioning are often not intrapsychic. Furthermore it provides a framework for the social worker to explore the possibilities that the positions their clients are currently occupying in their daily lives are largely responsible for their discomfort and hence are key dimensions of their social functioning.

### 2.3 Role performance, attribution and the assessment of social functioning

The question whether observed role performance is more reflective of the individual's personal characteristics or of the role demands of the system, constitutes a specific difficulty in assessment of social functioning. Attribution theorists are concerned with the causality that people attribute to the behaviour they observe in others and in themselves (Heider, 1958; Jones, 1979; Jones and Davis, 1965; Jones and Nisbett, 1972; Kelley, 1967, 1971, 1972, 1973) and offer some solutions to this dilemma. The problem addressed by attribution theorists is not whether the behaviour is actually determined by factors in the environment or the person, but the conditions under which it is interpreted as such by someone observing the behaviour (called the observer) or by the person engaged in the behaviour (called the actor).

Heider (1958) and Kelley (1967) seek to explain how persons use information available to them in a systematic and logical way to disentangle the various possible factors that might cause a particular behaviour. They postulated that people's inferences

are based on rules of covariation of cause and effect that are analogous to the rules used by scientists to infer effects based on experimental methods. According to Kelley three types of covariations influence any individual's tendency to attribute causality to external or personal sources : consistency across time, distinctiveness across objects, and agreement in behaviour across individuals. These covariations imply that when the individual reacts the same way to different objects and people over a period of time, and others do not act the same way, causal attribution is made to the individual who performs the behaviour, not the situation. On the other hand, the more the individual regularly reacts differentially to specific objects at specific times, and the more others react in the same way in those circumstances, the more likely the behaviours are to be attributed to the situation.

Not all attributions follow the logical covariation rules posited by Kelley and two main sources of deviations from these rules were reported, viz. the perspective of the person making the judgment and the role congruency of the behaviour.

Jones and Nisbett (1971) hypothesize that observers tend to attribute behaviour to the disposition of the actors, whereas actors tend to attribute their behaviour to the situation. Subsequent studies provided considerable support for their hypothesis (Arkin and Duval, 1975; Gurwitz and Panciera, 1975; McArthur, 1972; Ruble, 1973; Snyder and Jones, 1974). This divergence in attribution between actor and observer can be best

explained by the fact that there is a difference in the way actors and observers process the same information available to both. Actors and observers see different components of the situation as the most salient, because of their divergent physical perspectives. Actors focus outside themselves as a way to try and respond sensitively to the situation, and their visual receptors are too poorly located for them to monitor their own behaviour. On the other hand, for observers the action itself is salient as it is often seen against a relatively stable background. Duval and Wicklund (1973), Regan and Totten (1975) and Storms (1973) found support for the Jones and Nisbett (1971) informational processing hypothesis which states that an observer's perspective leads to a bias toward attributing the behaviour to the dispositional condition of the actor and the actor's perspective results in a bias toward attributing the cause of the same behaviour to the situation.

A proposition supported in a study by Jones, Davis and Gergen (1961) that behaviour inappropriate to the role being performed is more likely to be interpreted as reflecting the individual's true feelings, whereas the causal inferences drawn from behaviour congruent with role demands may be ambiguous, offer other variables also found to affect the attribution process.

Apart from concentrating on attribution and social interaction where two or more individuals seek to understand the causes of their own and the other person's behaviour, it is useful to pay attention to how actors interpret their own behaviour. Self-

attribution is explained by Bem (1972) who argues that to the extent that internal cues are weak or ambiguous, individuals come to understand themselves by observing their own overt behaviour and the circumstances under which it occurs. Hence, actors are also observers of themselves and use similar external cues to infer inner states. Causal attributions related to one's own achievement-related behaviours, is a particular type of self-attribution that has generated considerable research (Feld and Radin, 1982). Weiner (1974) concluded from research evidence that there are typically two types of internal descriptions of causes for success or failure : ability and effort, while external attributions can be based on the difficulty of task or on luck.

#### Summary

Attribution theory assists the social worker in understanding the client's view of the world and how these views may be in conflict with those of certain members of their role set, as well as in understanding how own bias may affect assessment of social functioning.

#### 2.4 Self-evaluation and the assessment of social functioning

In the discussion of attribution theories the causality that is attributed to clients' behaviours received attention. When the emphasis shifts from assigning causes to behaviour to evaluating the appropriateness or adequacy of one's opinions, behaviours, rewards or abilities, the focus becomes the social context for self-evaluation, or self-satisfaction and dissatisfaction.



Two ideas form the core of most concepts that have emerged from sociology and social psychology addressing the issue of self-evaluation :

- 1) human beings learn about themselves by comparing themselves to others;
- 2) the process of social evaluation leads to self-ratings that are relative to the standards set by those who are used for comparison (Pettigrew, 1967).

The five self-evaluation theories and concepts to be discussed below are particularly important to the assessment of social functioning, and include social comparison theories, reference group theories, the concept of comparison level, the principle of relative deprivation and self-efficacy theory. Other self-evaluation theories, such as equity theory and theories of status equilibration and status crystallization, focus more on the reaction of people to their perceived unequal exchanges or returns, or inconsistency in ranks associated with various positions, and affects assessment of social functioning only indirectly (Adams, 1963; Goffmann 1957; Lenski, 1954; Sampson, 1969).

#### 2.4.1 Social comparison theory

A central proposition of the social comparison theory is that people compare themselves with someone similar to themselves rather than with someone divergent in opinion and ability, as sharply divergent comparisons complicate a subjectively precise evaluation (Festinger, 1954). Although several investigators support the theory's contention that similar referent individuals

are selected when individuals are given a range of possible referents by which they may assess their positive attributes (Jones and Regan, 1974; Wheeler, 1966), when negatively valued characteristics are being evaluated, there seems to be a choice of referent individuals who are dissimilar in possessing the negative attribute to a strong degree (Friend and Gilbert, 1973; Hakmiller, 1966). Another diversion from the original proposition can be found in descriptions of ability comparisons as possibly more oriented to self-enhancement than to accurate self-appraisal (Samuel, 1973).

Comparative reference group theories are similar and different to that of social comparison theory. A comparative reference group is a group that a person uses as a reference point or standard in making self-evaluations and evaluations of others (Kelley, 1952). Both social comparison and comparative reference groups imply that there is a category of individuals used as a standard for self-evaluation, and that conditions under which a group comes to be used as a standard by the individual are of fundamental concern.

Factors emphasized in regard to comparative reference groups are :

- 1) similarity to the individual (Festinger, 1954);
- 2) the predominant influence of face-to-face contacts in cases of consensus (Feld and Radin, 1982);
- 3) conditions under which individuals are likely to refer their evaluations and behaviour to groups to which they do not belong (Merton, 1957);
- 4) personality factors in the selection of reference groups (Feld

and Radin, 1982);

- 5) levels of aspirations and norms of acceptable behaviours affected by comparative reference groups (Davis, 1966);
- 6) the impact of the larger social system on the choice of comparative reference groups (Merton, 1957).

Apart from comparative reference groups, normative reference groups also fulfil a distinct function. In contrast to comparative reference groups that involve setting evaluative standards for self-appraisal, the normative function involves setting and enforcing attitudinal and behavioural standards. A critical difference between the two reference groups is that only normative groups directly reward or punish conformity to standards of the group. While normative reference groups define the permissible variability in role performance, comparative groups are used to learn how to enact the role and to evaluate one's own role performance (Kemper, 1968).

#### 2.4.3 The concept of comparison level

Comparison level can be defined as some type of average value of all outcomes known to a person, by virtue of personal or vicarious experience, with each outcome weighed by its salience (Thibaut and Kelley, 1959). Comparison level (CL) is a neutral point on a scale of satisfaction-dissatisfaction with one's rewards in life, and adds another dimension to self-evaluation, viz. that of the individual's own past experiences. Each new outcome of an experience is measured against an individual's past gratifications that are salient, and an assessment is then made concerning the

current satisfaction state associated with the new experience. Hence, the objective facts of an individual's current life do not guarantee satisfaction or dissatisfaction, and the present must be put into context of the past. The concept of comparison level has been expanded to incorporate the idea of comparison level of alternatives, which is defined as the lowest level of outcomes an individual will accept in the light of available alternative opportunities. Knowledge of comparison level of alternatives enables one to predict continuity or disruption in an ongoing relationship. The future orientation component of behaviour assessment, will be discussed further in the summary of self-efficacy theory.

#### 2.4.4 Relative deprivation

The concept of relative deprivation is similar to comparison level in that it ~~refers~~ to a satisfaction-dissatisfaction dimension; and it is similar to comparative reference groups and social comparison groups in that individuals are looking to some other aggregate to assess their own conditions. Relative deprivation refers to the evaluation by an individual or by a class of individuals of being deprived in comparison to relevant reference groups or individuals. Stouffer (1949) concluded from his original study of army morale from which the concept relative deprivation developed, that it is not the absolute level of attainment that makes for poor morale so much as the discrepancy between what one anticipates and one receives.

Davis (1959) and Runciman (1961) extended Stouffer's theory and

considered the consequences of comparing oneself with those outside and inside one's own group. They describe their findings as follows. When a social categorization, such as occupation, that defines group membership is combined with objective deprivation, such as in income, feelings of relative deprivation will be found most frequent among individuals who are in relative deprived situations within the non-deprived group, viz. low paid white-collar workers (fraternalist deprivation). Relative gratification will be found more frequently in the more favoured individuals within the more deprived category, viz. higher paid blue-collar workers.

Cantril (1965) developed a method for operationalizing the degree of relative deprivation experienced by an individual, as well as his aspiration level. The respondent was asked to imagine the top of a ten-step ladder as the best possible life for him, and the bottom as the worst possible life for him. Hence, the respondent's own assumptions, perceptions, goals, and values defined the endpoints of the scale represented in the ladder. The respondent was then asked : "Where on the ladder do you feel you personally stand at the present time ? Where on the ladder would you say you stood five years ago ? And where do you think you will be on the ladder five years from now ?". The main advantage of this method for assessment is that there is no intrusion of societal values by use of class, job, or financial labels, or intrusion of interviewer values concerning educational level, marital status or other aspects.

#### 2.4.5 Self-efficacy theory

Self-efficacy theory hypothesizes that expectations of personal efficacy determine whether coping behaviour will be initiated, how much effort will be expended and how long it will be sustained in the face of obstacles and aversive experiences (Bandura, 1977). The theory states that psychological procedures alter the level and strength of self-efficacy. It is proposed that expectations of personal efficacy are derived from four principle sources of information : performance accomplishments, vicarious experience, verbal persuasion, and physiological states (emotional arousal). The theory posits that people process, weigh and integrate diverse sources of information concerning their capabilities, and they regulate their choice behaviour and effort expenditure accordingly. Self-efficacy theory is based on the principle assumption that psychological procedures, whatever their form, serve as means of creating and strengthening expectations of personal efficacy.

Bandura (1977) convincingly shows that the strength of people's convictions in their own effectiveness is likely to affect whether they will even try to cope with given situations. People fear and tend to avoid threatening situations they believe exceed their coping skills. Expectations of eventual success, on the other hand, assist people in getting involved in activities that would otherwise be intimidating. The stronger the perceived self-efficacy, the more active the coping efforts. Self-efficacy theory does not imply that expectation is the sole determinant of behaviour, but it states that efficacy expectations are a major

determinant of people's choice of activities, how much effort they will expend, and how long they will sustain effort in dealing with stressful situations.

### Summary

Self-evaluation theories are concerned with the dynamics of self-satisfaction and dissatisfaction. Satisfaction or dissatisfaction is not so much a function of absolute level of attainment or performance, but rather of the standards set by those who are used for comparison, and the extent to which expectations are met. The intrusion of societal and interviewer values can easily obscure the measurement of self-satisfaction and dissatisfaction. Subjective self-ratings are therefore preferable to so-called "objective" or "outside" ratings of dimensions crucial to social functioning, such as appropriateness or adequacy of one's opinions, behaviours, rewards or abilities.

Self-efficacy theory increases our understanding of the choice of activities and settings related to the solving of problems that people get involved in, or their selection of "functional" alternatives. Although self-efficacy theory does not provide explanations of the satisfaction or dissatisfaction dimension of social functioning, it offers a schematic framework to predict the kind of functional or dysfunctional behaviour people will select in their problem-solving efforts.

## 2.5 Social functioning as a unifying concept

Geismar (1960) views social functioning as a unifying concept.

He argues that the use of the concept social functioning reinforces the concern of social work with the study of relationships among parts of a system or among disparate systems. He explains the rationale of this point of view by quoting Mercer's definition of function i.e. "the processes associated with the structure, or, more specifically, those contributions of a part to the continuity and ordered change of the larger whole to which it belongs" (1956 : 8). Within the context of social work, continuity relates to behaviour connected with the goals or values of autonomy, integration and viability of the system (Warren, 1970; Geismar, 1971). Autonomy refers to existence as a separate entity, and therefore some degree of independence, and existence of a positive image of self. Integration denotes interaction that serves to unify and harmonize elements of the system and encourages interdependence. Viability is defined as the capacity to confront problems and to survive under adverse conditions (Warren, 1970 : 223).

Hence functioning denotes a process in which the action of the parts of a system are viewed in relation to their contribution towards its continuity. Individual functioning refers to the process by which an individual achieves autonomy, integration and viability in material, biological, social and psychological spheres of life. Individual functioning can thus not be separated from family and community functioning. A reciprocal relationship and expectations exist between individuals and the systems to which they belong. The word social in "social functioning" emphasises this relationship (Geismar, 1971).



Hollis (1964) refers to social functioning as the interplay between two major variables - the social environment and the individual - each of which, in turn, are various composite forces. In agreement with this view, Butrym (1976) focuses on the interaction between a person or persons and their environment in his description of social functioning. Butrym argues that the recognition of the social nature of man is inherent to the concept of social functioning and thus also to the psychosocial nature of all human problems. In referring to social functioning Gordon (1968) and Bartlett (1970) stress the idea of interaction between people and the environment, or "the relation between the coping activity of people and the demands of the environment" (Bartlett, 1970 : 116). They also advocate the further definition and use of social functioning as a central unifying theme for social work theory and practice.

Alary (1968) and Bates (1972) also view social functioning as a unifying concept or, "a framework of concepts for organizing thought and experiences describing psychosocial elements of human organisms" (Bates, 1972 : 66), but added the symbolic interaction perspective. The complex interplay between the psychosocial process in an individual organism and the process between the organism and other persons, situations and objects with which the given organism interacts, constitutes the process of symbolic interaction. The process of stimulus-interpretation-response, the essence of the concept of symbolic interaction, was successfully connected with competent social functioning in an empirical study by Bates (1972).

Tropp (1966) explored the concept of maturity in social functioning. Maturity in social functioning consists, according to him, of voluntary behaviour that is freely expressed and socially responsible. Tropp defines maturity as a social rather than a personal manifestation, as a conscious rather than an unconscious process, not to be equated with health or normality. Three relationships were included in the concept of social maturity, self to self, self to others, and self to society. Cognition, valuation and action determined the unique characteristics of each of these relationships. Social functioning, as a unifying concept, embraces awareness, acceptance and the ability to mobilise oneself uniquely in terms of the three relationships of social maturity through freely expressed and socially responsible voluntary behaviour.

Heimler (1975) suggests that the relationship of satisfaction and frustration as experienced by the individual is the essence of social functioning. Satisfaction is the individual's subjective perception that he is making good use of his potential, while frustration refers to the inability to utilise such potential. Heimler operationalized the concept social functioning in his practical approach of integrating method and theory. He identified five main areas of human life in which success or failure manifest themselves : work, financial, friendship, family and personal; and five areas in which frustration is expressed : energy level, health, personal influence, affect and habits ( see pp 116 - 117 for further discussion of the areas).

## 2.6 Social functioning defined operationally

The following operational definition of social functioning has been formulated for the purposes of this study.

Social functioning refers to those activities essential for :

(a) deriving satisfaction and dealing with frustration in five main areas of life, viz. work or related activities, financial security, friendship, family and personal and (b) deriving meaning out of life. The level of an individual's social functioning is determined by the relationship between satisfaction (the individual's subjective perception that he is making good use of his potential) and frustration (his inability to utilise such potential). While satisfaction is reflected by the main areas of life in which success or failure manifest themselves (work, finance, friendship, family and personal), frustration is expressed in the following areas of the individual's life : energy flow, health, personal influence, affect and habits.

## 3 THE MEASUREMENT OF SOCIAL FUNCTIONING

Three themes are addressed in the literature review on the measurement of social functioning, namely : the possible use of existing standardized instruments, life satisfaction as an indicator of social functioning and measurement of marital and family life. Although the measurement of social functioning is a particularly difficult task as many levels of systems and dimensions of functioning are involved, it is not impossible. Problems associated with measurement can be overcome by the

combined use of instruments that focus on different levels and dimensions of functioning, or by the application of wholistic indicators of social functioning.

A strong argument in favour of a wholistic instrument for the measurement of social functioning as opposed to the use of diverse scales on various aspects of social functioning, can be stated.

A scale of social functioning is less time consuming to administer than a selection of scales. Results obtained from one scale can more easily be compared than results obtained from various instruments. When different scales are used, no single score can be obtained to indicate the level of social functioning of the respondent and inferences must be made from various scale scores to obtain an impression of the level of social functioning. The administration of different measurements may also provide the social worker with information that is not directly relevant to the client's concern, or the plan of intervention, thus violating the principle of parsimony in the gathering of information. The use of various scales to indicate the individual's level of social functioning can be cumbersome and impractical when used repeatedly to evaluate client progress and the effectiveness of intervention. Researchers tend to use different combinations of scales in measuring social functioning, hence complicating cumulative research on validity and reliability of such measurements, and comparing research results. The use of one wholistic measurement instrument offers clear advantages in these respects (Bloom and Fischer, 1982; Haynes and Wilson, 1979; Thorndike and Hagen, 1969; Woody, 1980).

The proliferation of diverse scales on various aspects of social functioning makes it possible to compile a battery of assessment instruments of social functioning, but only a few written instruments are available which are directed at the wholistic nature of social functioning, as indicated by the subsequent overview of relevant literature. Even in these cases the instruments, except for the HSSF, were not specially developed to measure social functioning and can only be used as crude indicators of social functioning.

### 3.1 Inference from standardized instruments

Reviewing the literature on the measurement of social functioning, only one standardised scale that attempts to measure social functioning, could be identified, viz. the HSSF. Another scale, a 21-item measurement developed by Goodman, Schulthorpe, Evje, Slater and Linn (1969), reports to measure social functioning, but can more accurately be described as a scale that attempts to measure the dimensions and degrees of social dysfunction. The scale was used to study social dysfunction in schizophrenic and medical outpatients in a Veterans Administration hospital in the United States of America. It is reported to measure aspects such as emotional withdrawal, adaptive rigidity, lack of participation in the community, goallessness and low self-concept. Results of the study indicate face validity of the scale, which measures dysfunction in personal, interpersonal, and performance areas, but no other studies where the scale has been used, could be identified.

The HSSF was developed and refined specifically to measure social functioning over a period of 14 years, beginning with the Hendon Experiment and Hounslow Project in 1953 and culminating in the completion of the final format of the HSSF in 1967. A total of 22 studies that reported on the validity and reliability of the HSSF were reviewed for this study alone (see chapter three). The HSSF is the single most used measurement instrument of social functioning.

In some studies social functioning was reported to be measured using different procedures, viz. Schuerman et. al. (1967), Zautra and Reich (1980), Goldman and Mendelsohn (1969), and Kotze (1979). Procedures followed in these studies usually followed the following sequence. Firstly, identifying several components of social functioning, referring to descriptions of theorists like Geismar (1971), Jaffee and Fanshel (1970), Tropp (1966) and Siporin (1975), and secondly measuring all or some of these components of social functioning. The fact that different instruments were used in these studies and that very little attention was given to validity or reliability of these measures for the measurement of social functioning, complicates comparison of findings and reflects a degree of unsophistication in measurement. As separate measurement instruments are used to measure various aspects of social functioning, attention is briefly given to measures of value in the measurement of different components of social functioning.

There are many standardized instruments available that focus on

some aspects of social functioning. Based on the problems social workers deal with in practice, the following collections of assessment instruments were selected as most relevant to social functioning :

- 1) Measuring Human Behavior : Tools for the Assessment of Social Functioning (Lake, Miles and Earle, 1973);
- 2) Sourcebook for Mental Health Measures (Comrey, Backer and Glaser, 1973);
- 3) Self Report Inventories (Bellack and Hersen, 1977);
- 4) Rapid Assessment Instruments for Practice (Levitt and Reid, 1981);
- 5) A Clinical Measurement Package (Hudson, 1983);
- 6) Marriage and family assessment : A sourcebook for Family Therapy (Filsinger, 1983).

In addition a table has been compiled as an example of measurement instruments that attempt to measure four important areas of social functioning (Table 1). The four areas included in the table are referred to as aspects of social functioning by several theorists (Siporin, 1975; Geismar, 1971; Jaffee and Fanshel, 1970; Bartlett, 1970; and Tropp, 1966), and include the following areas : family functioning, heterosexual relationships, affect (depression) and work. A fifth category of scales, viz. wholistic measures, is also included in the table because of their possible usefulness as indicators of overall social functioning. Table 1 include instruments over and above those contained in the collections of measurement instruments quoted above.

TABLE 1 EXAMPLES OF WRITTEN MEASURES ON VARIOUS ASPECTS OF SOCIAL  
FUNCTIONING

TITLE OF WRITTEN MEASURE	PURPOSE
<b>A SCALES OF FAMILY FUNCTIONING</b>	
A familism scale (Bardis)	Assesses individual attitudes toward both nuclear and extended families
Life interpersonal history inquiry (Schutz)	Evaluates an individual's relationship to parents before age six
Maryland parent attitude survey (Pumroy)	Assesses parents' attitudes toward the way they rear their children
Mother-Child relationship evaluation (Roth)	Measures mothers' attitudes and how they relate to their children
The family adjustment test (Elias)	Measures intrafamily homeness-homelessness (acceptance-rejection)
Family environment scale (McCos + Moos)	Assesses characteristics of family environments
Family relationship inventory (Michaelson + Bascom)	Evaluates family relationships along positive and negative lines
Borromean family index : for married persons (Bardis)	Measures a married person's attitudes and feelings toward spouse
Measuring family functioning (Geismar)	Explains a method for evaluating the social functioning of families
<b>B WHOLISTIC INSTRUMENTS</b>	
Human relations inventory (Bernberg)	Measures a person's tendency toward social(or lawful) conformity
Actualizing assessment battery (Shostrom)	Measures an individual's sense of actualization with himself and within his relationships with others
Adult stress inventory (Pikunas)	Measures the intensity of stress



TABLE 1 (CONTINUED) EXAMPLES OF WRITTEN MEASURES ON VARIOUS ASPECTS OF  
SOCIAL FUNCTIONING

TITLE OF WRITTEN MEASURE	PURPOSE
<b>B WHOLISTIC INSTRUMENTS</b>	
Affect scale (Girona)	Assesses adult adjustment and self concept
Mental health interview (Kornhauser)	Explores anxiety, self-esteem, hostility, sociability, life satisfaction and personal morale
Life Satisfaction (Quinn + Staines)	Measures life satisfaction against ten items
<b>C HETEROSEXUAL RELATIONSHIPS</b>	
California marriage readiness evaluation (Manson)	Measures a couple's readiness for marriage and indicates potential difficulties
Erotometer : A technique for the measurement of heterosexual love (Bardis)	Measures the intensity of an individual's love for a member of the opposite sex
Family relations test - married couples version (Bene)	Explores family interactions particularly between spouses and among parents and children
Marital check-up kit (Bienvenu)	Identifies potential marital problems, facilitates communication, and encourages co-operative problem solving
Marital satisfaction inventory (Snyder)	Identifies separately for each spouse the nature and extent of marital distress
Marriage adjustment schedule 1A (Marriage Council of Philadelphia)	Obtains a wide range of information on married couples
Marriage adjustment schedule 1B (Marriage Council of Philadelphia)	Obtains information concerning a couple's feelings, attitudes and behavior regarding sex
Locke-Wallace marital adjustment (Kimmel + Van der Veen)	Assesses overall marital adjustment and adjustment in specific areas

TABLE 1 (CONTINUED) EXAMPLES OF WRITTEN MEASURES ON VARIOUS ASPECTS OF SOCIAL FUNCTIONING

TITLE OF WRITTEN MEASURE	PURPOSE
D DEPRESSION SCALES	
Beck depression inventory (Beck)	Assesses severity of 21 characteristics of depression
Depression inventory (Hunt, Singer + Cobb)	Records an 11-item depression inventory of self-perceptions on a five-point response dimension.
E WORK RELATED SCALES	
General job satisfaction (Hackman + Oldham )	Measures the overall degree to which the employee is satisfied and happy with his job
Anxiety-Stress questionnaire (House + Rizzo )	Measures the existence of tensions and pressures growing out of job requirements, including the possible outcomes in terms of feelings or physical symptoms
Beliefs about work questionnaire (Buchholtz)	Measures five different belief systems : the work ethic, the organizational belief system, Marxist-related beliefs, the humanistic belief system and the leisure ethic
Central life interest questionnaire (Dubin)	Determines whether the job and workplace represent principle interests of the respondent or whether his/her main orientation is towards the world outside his/her work
Conflict resolution (Howat and London)	Provides measures of how conflicts are handled within specific superior-subordinate or other dyads. There are five sub-scales : confronting, withdrawing, forcing, smoothing and compromising

From Table 1 and from the collections of assessment measures available, it is clear that there are sufficient measurement instruments available on various aspects of social functioning to compile a battery of scales for the systematic assessment of social functioning, as a unifying concept of different constructs. The application of a battery of scales in social work practice is however impractical (Hepworth and Larsen, 1982). The social worker often works within time-limits, due to the urgency of the client's problem, and/or organisational imposed restrictions, that makes the application of time consuming assessment procedures impossible. The repeated use of formal assessment procedures, to meet the requirements of process assessment, is advisable. If a battery of instruments is used, the repeated use of all the procedures become impractical and might interfere with the helping process.

Although the advantages of multimethod assessment procedures are acknowledged (Filsinger, 1983), there is a need for one instrument with a wholistic focus on social functioning. From an overview of standardized measures it appears that only a few instruments could be identified which would meet, even to some extent, the requirements of a wholistic measure of social functioning.

### 3.2 Life satisfaction as an indicator of social functioning

Life satisfaction as an indicator of social functioning is investigated because :

- 1) theories on self-evaluation and self-efficacy indicated that

an individual functions at a level related to his life satisfaction obtained from comparing himself with previous experiences, his own expectations, and those of others (see pp 37 - 43);

- 2) the HSSF is based on the assumption that the degree of satisfaction an individual derives from life corresponds with his level of social functioning.

Literature specifically related to life satisfaction as an indicator of social functioning is reviewed to see if further support for this point of view exists.

Knox (1979) reviewed the use of subjective social indicators in the planning of urban social policy and illustrated how conventional "objective" indicators are persistently hampered by problems connected with weighting and synthesizing data. Subjective indicators, based on measures of people's hopes, frustration, satisfactions and sense of well-being, offer a potentially more sensitive yardstick of personal and community well-being (Knox). According to Kuz (1978) quality-of-life research using only "objective" variables is highly suspect in that it provides only one aspect of a multidimensional problem. The lack of confidence in the correlation between objective indicators and life quality emphasize the importance of subjective measures in social measurement (Andrews, 1976; Beckerman, 1978; Ellis, 1980; Johnston and Carley, 1981).

The effect of financial situation, health, standard of living and family on the life satisfaction of adult men and women (N = 1 786),

was examined by Medley (1980). Findings revealed that life satisfaction was relatively high for both men and women at each stage across the life span. For men, life satisfaction was related to age stage in an increasing fashion. In contrast, life-satisfaction scores remained relatively constant across stages for women. Family life and standard of living were found to be significant determinants of satisfaction for both sexes at each stage of adulthood.

In a study of changes in social functioning of hospitalized psychiatric patients, Schuerman et. al. (1967) found that social and psychiatric variables associated with levels of functioning are not always related to changes in levels of functioning. On the other hand, Zautra and Reich (1980) found that personal control is related to the level of social functioning and reports of well-being. The study explored the relationship between life events and subjective ratings of well-being.

Zober (1981) described life satisfaction of individuals residing in family care and group homes using the Life Satisfaction Inventory adapted from Seltzer (1978). Although age and sex do not appear to influence satisfaction, level of retardation was found to be negatively correlated with some satisfactions, particularly those related to autonomy or decision-making power. The above findings on subjective indicators of satisfaction, frustration, peoples hopes and sense of well-being, as well as the use of life satisfaction in studies as an indicator of social functioning are consistent with the work of Heimler (1975).

Heimler (1975) developed his scale of social functioning based on the perception of satisfaction and frustration by the individual. The ability of the individual to derive satisfaction from life, is of paramount importance to his social functioning and the ratio between satisfaction and frustration was also found to be a valid indication of social functioning (See the discussion of the validation of the HSSF, p 116 and pp 119 - 121).

### 3.3 Measurement of marital and family life

The measurement of marital and family life, as stated before, is relevant to the measurement of social functioning because :

- 1) marital and family life constitute important elements of social functioning;
- 2) different approaches have been developed in the measurement of marital and family life;
- 3) developments in this area may either contribute to the measurement of social functioning or indicate the soundness of the HSSF.

All members of family groups influence and are influenced by every other member, creating a system that has properties of its own and that is governed by a set of rules (Hartman, 1981). A systems framework or perceptual "set" of assessment that allows for an analysis of individuals in relation to the ongoing operations of the family group, is therefore required (Hepworth and Larson, 1986). Reading the literature on the measurement of

marital and family life, a tendency to extend assessment strategies beyond the individual level of analysis and to move away from individual self-report measures, are observed. This tendency and the arguments related to the choice of the level of analysis to be involved in assessment of family functioning, has been described by Cromwell and Peterson (1983) as reductionism versus wholism. Some of the major issues posed in the literature related to reductionism versus wholism and the problems associated with a systemic approach to measurement, are illustrated and discussed in the following paragraphs, indicating the implications to the HSSF.

The discussion of measurement of marital and family life is not an attempt to give an overview of the art in measurement in this specialized field. Two themes, often debated in recent literature on assessment as part of marriage and family therapy, are addressed. The advantages and disadvantages of assessment procedures based on different frames of reference and the level of analysis required by different measurement procedures, are explored. These themes have been selected as relevant to this study, because the issues under discussion apply not only to the measurement of marital and family life, but also to the measurement of social functioning.

### 3.3.1 Reductionism versus wholism

The degree or intensity of intrafamilial stress as seen and

reported by a member of the family, was measured by Hudson, Acklin, and Bartosh (1980). Intrafamilial stress and depression appear to be significantly related to a large number of problems concerning personal and social functioning in both the clinical and the nonclinical samples of the study. The authors conclude that this finding could mean that depression is a common reaction to loss of functioning and that a strong, supportive family with low stress levels is an important condition for the development of effective personal and interpersonal skills, and the development of mental health. The authors noted that the complexity of the phenomenon investigated (family life), was partially responsible for the hypothetical nature of the findings of this study. In this respect they share the concern of Cromwell and Peterson (1983) concerning family assessment techniques.

Cromwell and Peterson (1983) postulate that clinicians must be aware of various complexities of assessment techniques that could influence their choice of instrument. In family therapy, for example, an initial concern is the focus of an assessment method. Measures such as the Inventory of Marital conflict (Olson and Ryder, 1970), the Marital Roles Inventory (Hurvitz, 1965), and the Ravich Train Game (1969) focus on the marital subsystem, whereas the Kvebaek Family Sculpture Technique (1981) and the Family Adaptability and Cohesion Scales (Olson, Bell and Portner,



1978) focus on the family system level.

Secondly, assessment techniques and tools vary in terms of the level of the family system being observed or providing self-report information about an aspect of the system. In the case of the Marital Roles Inventory an individual provides self-report information about the marital subsystem. On the other hand the Inventory of Marital Conflict assesses a couple's conjoint resolution of marital conflict by behavioural observation, in addition to obtaining individual self-reports of the conflict that each partner experiences in the marital subsystem.

Peterson and Cromwell (1983) propose a wholistic, or systemic, approach to family assessment by using assessment tools as "sensory extenders" that probe various levels of the family system. Individual self-report measures, such as the MMPI and the TAT, are measures of only one level of a system (the individual), each with its own sources of measurement error. There is a distinction between people who self-report about individual-level variables and people who self-report about relationship or family-level variables. Use of the MMPI as a family test taking the average individual scores, for example, would not be appropriate because individual members would be self-reporting about individual personality variables and not relationship variables.

A reductionistic approach, as reflected by the pursuit of "specific traits" and "specific theories" may fail to "recognize some of the major problems in the interface between research and

the clinical paradigms that ... can be accommodated by the logic and rationale of MS-MM assessment" (Peterson and Cromwell, 1983 : 176). A Multisystem-Multimethod (MS-MM) strategy is advocated in cases of assessment of more than one level of family system, and means that "the therapist will need to step back, juxtapose, and integrate these data within and across system levels" (Cromwell and Peterson, 1983 : 152).

### 3.3.2 Systemic approaches

Family cohesion, adaptability and communication are three dimensions that emerge according to Olson, Russell and Sprenkle (1983) from a conceptual clustering of over fifty concepts developed to describe marital and family dynamics. It was hypothesized that low to moderate, and moderate to high levels of cohesion and of adaptability are conducive to marital and family functioning. Family communication, the third dimension of the Circumplex Model developed by the authors, was considered as a facilitating dimension for couples and families to move on the dimensions of cohesion and adaptability. After family types were located within the model, three basic groups were identified. One group with scores at the two central levels on both dimensions, another group with extreme scores on both dimensions and the third group with extreme scores only on one dimension.

Olson has undertaken a study, not yet completed at the time of publication of the above mentioned article, to investigate the types of stress and coping styles of family systems at various stages of the family life cycle.

In comparing and contrasting the Olson Circumplex Model with the Beavers Systems Model, Beavers and Voeller criticise the Circumplex Model because it :

- "1. has logical defects that make it confusing;
2. does not conform to the clinical reality of family development, regression under stress, and fluctuation in functioning;
3. does not integrate a systems concept, that of a negentropic continuum, which is a scale of functional ability (adaptability) that reaches toward infinity;
4. does not relate family systems to human developmental theories" (1983 : 86).

Olson et. al. (1983), on the other hand, identified the operationalization and assessment of the Beavers Systems Model as a major difficulty in the validation of the instrument. They reported that although some work has been done to develop rating scales, the interrater reliabilities are so low that questions are raised about the validity of Beavers' findings.

The differences between the two models are hard to reconcile and synthesize and this difficulty emphasises the family as a complex phenomenon "that is but one level of a multilevel systems reality of human experience" (Epilogue by Beavers and Olson, 1983 : 98).

### 3.3.3 Congruency across models of family assessment

Addressing the issue of cross-method comparison of concepts that describe family functioning by means of an empirical investigation

of two methods of family assessment, Sigafos et al.(1985), observed that the application of information derived from the Paradigm Model and the Circumplex Model can provide valuable perspectives on family functioning for clinicians and researchers.

Recently, Olson (1985) described and classified four methodological approaches for studying the family. His classification, as reflected in "Table 1", is particularly useful in understanding the different methodologies used in family assessment.

Based on past studies and his classification, Olson concluded that : "we can assume to find greater congruence across theoretical models if they use a similar methodology, i.e., selfreport methods or behavioral tasks. Conversely, we can assume little congruence across models using different methodological approaches"(1985 : 206). The importance of understanding the characteristics of data in relation to the methods that produced them, is thus iterated by Olson's classification. On the other hand, the system presented by Olson overlooks the equally important consideration "that the type of perspective offered by these data is, at least in part, a function of the pragmatic aspects of the research context" (Sigafos and Reiss, 1985 : 211).

The debate surrounding the assessment of family functioning was initially earmark by different theorists promoting their own perspectives, it developed through a phase of critical discussion between followers of different perspectives, and has subsequently

arrived at the next identifiable stage characterised by greater tolerance and comparisons directed at the usefulness of different methodologies.

The implications of this debate to the HSSF are twofold. On the one hand no specific methodology in the measurement of family and marital life has been proven as superior and the approach followed by Heimler in the measurement of social functioning can

"TABLE 1"\*

FOUR TYPES OF RESEARCH METHODS

Reporters' Frame of reference	Type of data	
	Subjective	Objective
INSIDER	SELF-REPORT METHODS Example : FACES(Olson)	BEHAVIORAL SELF- REPORTS Example : SELF- MONITORING OF OWN BEHAVIORS
OUTSIDER	OBSERVER'S SELF- REPORT Example : CLINICAL RATING SCALE FOR CIRCUMPLEX MODEL (Olson)	BEHAVIORAL METHODS Example : CARD SORT PROCEDURE (Reiss)

\*Olson, 1985 : 204

be recognised as useful and acceptable. On the other hand criticism of self-report measures that focusses on the individual level of measurement, implies that the HSSF must be used with caution when conclusions relate to the assessment of systems other than the individual system. Fisher (1982), for example, also commented on the meaningfulness of single paper-and-pencil scales applied to transactional research. Although these scales that purport to assess relatively complex dimensions of family functioning may yield statistically significant correlations to other variables, their use within the context of family functioning is open to question, according to Fisher.

#### 3.3.4 Conclusion

Guidelines that emerged from the preceding literature review for the identification of a measurement instrument of social functioning, are : the purpose for which the scale is to be used is of primary importance for the selection of the instrument; a wholistic approach to the measurement of social functioning is advisable, and subjective ratings of life satisfaction, frustration, hopes and general well-being are possible indicators of social functioning.

The Heimler Scale of Social Functioning (1975) was selected, in view of the above mentioned guidelines and other criteria (Bloom and Fischer, 1982 : 137 - 141), as a measurement instrument for the purpose of this study. The HSSF was selected also because of its widespread use and validation in a number of countries and indications of being a usefull cross-cultural scale and because

it purports to measure social functioning through the quantification of an individual's subjective ratings of satisfactions and frustrations in his life and of his hopes and aspirations; to assist the social worker and the client in the identification and prioritization of problems; to measure change in a client when administered over a period of time and to facilitate communication between social workers on the subject of social functioning.

#### 4 Summary

The concept of social functioning is central in the formulation of one of social work's primary goals. The profession has a responsibility to define clearly what is meant by social functioning, and should develop methods to measure it effectively. There is no generally accepted definition of the concept social functioning. Consequently the concept has been explored, using two frames of reference, viz. the role performance perspective, and an unifying perspective. The role performance perspective was expanded by an examination of self-evaluation and attribution theories, and their relevance to the measurement of social functioning.

Role theory contributes to the understanding of the nature and dynamics of situational factors individuals are confronted with, and provides a framework for the social worker to explore the positions their clients occupy in their daily lives, and the way these influence their social functioning. Attribution theory assists the social worker in understanding the client's view of the world and conflict that may arise from these views, as well as

in understanding how own bias may affect assessment of social functioning. Self-evaluation theories are concerned with the dynamics of self-satisfaction and dissatisfaction, as a function of the standard set by those who are used for comparison and the extent to which expectations are met. Research on self-evaluation indicated that subjective self-ratings are preferable to so-called "objective" or "outside" ratings of dimensions crucial to social functioning. Self-efficacy theory, a specific type of self-evaluation theory, increases our understanding of the choices of functional or dysfunctional alternatives in problem-solving by individuals.

As a unifying concept social functioning provides a framework for organizing thought and experiences related to the psychosocial and symbolic nature of man, and gives expression to the focus of social work on the interaction between individuals and society. Based on the work of Heimler (1975) an operational definition of social functioning has been formulated.

Three themes are addressed in the literature review on the measurement of social functioning, namely : the possible use of existing standardized instruments, life satisfaction as an indicator of social functioning and the measurement of marital and family life. A strong argument in favour of a wholistic instrument for the measurement of social functioning as opposed to the use of diverse scales on various aspects of social functioning, is stated. Only a few instruments could be identified which would meet, even to some extent, the requirements



of a wholistic measure of social functioning. The HSSF is the only standardized measurement identified specifically designed to measure social functioning. Findings on subjective indicators of satisfaction, frustration, people's hopes and sense of well-being are consistent with the work of Heimler (1975). Trends in the measurement of marital and family life indicate that different frameworks of assessment offer their own advantages and complications, and that the approach followed by Heimler in the measurement of social functioning can be recognised as useful and acceptable. The different levels of analysis represented by multimethod assessment in family therapy, implies that the HSSF must be used with caution when conclusions relate to the assessment of systems other than the individual system.

The HSSF was selected, in view of guidelines outlined in the literature and deducted from the literature review, as an instrument to measure social functioning.

CHAPTER 3LITERATURE REVIEW : HUMAN SOCIAL FUNCTIONING

This chapter presents the historical and philosophical underpinnings of the Heimler Scale of Social Functioning (HSSF). Heimler developed a unique approach in social work and, as discussed in chapter two, he constructed the only comprehensive tool for measuring social functioning. The philosophy, principles, methodology and techniques of human social functioning are examined, followed by an analysis of the HSSF.

The construct "human social functioning" has been described in chapter one as referring to a particular practice, methodology and theory of social work developed by Heimler (1975), marked by an emphasis of the interactional relationship between past and present experiences and future aspirations; the operationalization of "social functioning"; and directed at the facilitation of functional human behaviour in individuals, groups and societies. Human social functioning, as described above, can be seen as a separate, distinguishable approach in social work, such as the problem-solving approach of Perlman (1957) or the psycho-social approach of Hollis (1964). Just as the concept problem-solving is used by other authors (Spivack, Platt and Shure, 1976) without necessarily referring to Perlman's approach, some authors may also use the phrase human social functioning without referring to Heimler's approach. In this study the concept human social functioning is used exclusively to refer to the approach developed by Heimler.

# 1 Philosophical underpinnings of Human Social Functioning

Eugene Heimler (1975) developed a unique approach to social work assessment based on his thoughts regarding social functioning. The early development of human social functioning is closely related to Heimler's experiences in extermination camps during the Second World War. In a sense, the construct human social functioning, as developed by Heimler, is an expression of his personal philosophy of life, based on his encounter with and understanding of human conduct under adverse conditions (Heimler, 1960; 1962; 1967b; 1970; 1975). The philosophical base of Heimler's approach can be expressed in four postulates and in a discussion of utilitarianism. The postulates were formulated by the researcher in an attempt at systematizing the philosophical ideas of Heimler as expressed in his publications referred to previously in this section and as formulated by Heimler in extensive discussions with the researcher. Heimler made it clear during personal discussions that not all his ideas and philosophical assumptions are original, and that he also utilises work of other authors in his conceptualisations. His contribution to social work theory and practice consists of his own ideas, research and perceptions and his conceptualisations which represent an integration of other theories with his own approach.

In the presentation of the following postulates, reference is made to Heimler's ideas and to the work of other authors Heimler referred to during discussions. The work of other authors is also referred to in order to show that similar notions to those found

in human social functioning, can also be found in literature not specific to Heimler's approach.

1.1 Man must find meaning in his life to survive adversity and to live with a sense of satisfaction

The effect of enforced purposeless work on prisoners in concentration camps was that some committed suicide, others gave up the struggle and died and many more escaped into insanity. Heimler survived the holocaust because, according to him, he was able to draw on love received in the past, as well as his belief that he had to act upon his situation. In the absence of all other human satisfaction and purposeful activities, meaning and action enabled him to remain alive and to retain his sanity.

Meaning in life

According to Heimler, man can derive meaning from ordinary everyday activities, as well as from a conscious awareness of the theme or existential relevance of his life. There are two levels at which people find meaning (Titus, 1964). Meaning can be found in some immediate task that needs to be done or in seeking to achieve definite goals. In this sense to ask for the meaning of life is to ask, not for some remote meaning, but for those attitudes, thoughts and actions that contribute to a full and purposeful existence. The second question, whether all of life, considered as a totality, is meaningful, has been asked by mature men in all ages. Human experience indicates that there is a creative urge in man that is part of or related to the other

creative forces of the universe. This urge expresses itself as interest, wonder, striving for fulfillment, in thinking and in conscious activities, in the creations and achievements of science, art, philosophy, and religion (Heimler, 1982). "If man can acquire a feeling for his distinctive, strategic, and directive role in the general scheme of things, he may gain a new sense of meaning and direction that will give poise and significance to his life" (Titus, 1964 : 159).

The meaning we attribute to human life will largely depend on the place we assign to man in the universe (Arendt, 1960; Krutch, 1953; May, 1953; Teilhard de Chardin, 1959). In the intensity of the inhuman situation in extermination camps the full dignity of man became, for Heimler, more than a social contract of freedom and responsibility. It acquired a recognition of the essential spirituality of man. He expresses this idea in a simple, almost poetic description : "in my own small way, I was part of creation : and I sensed within myself something of that vast power that was responsible for me. And whenever I succeeded in bringing curiosity, interest, a smile or sometimes tears into the eyes of these wretched children and felt proud of myself for it, I also thought that in my very self-praise I was praising that infinite power which had granted me the opportunity of playing a positive role in this inferno" (Heimler, 1960 : 173). Heimler concluded that : "essentially as Mankind, we are one ... (that) I am not in any way superior, that I am not different from others, that I am but a link in the great chain" (Heimler, 1960: 161).

### Freedom

Heimler supports the notion of existential philosophy that we are all free to decide the course of our lives, or at least the psychological orientation we take toward the good or bad fortune which befalls us (Boss, 1963). The special capacity of human beings is the ability to choose how they will perceive themselves and the world of which they are aware. Since each individual's perception is unique, it is inappropriate for one person to attempt to impose his or her world view on another. Heimler's thinking is not unlike Bettelheim's (1960) individual and social levels of autonomy, and he realised that ultimately he had to answer to no one but himself. It is only through this assertion of autonomy that one is truly free to recognise others in the "I - Thou" relationship as viewed by Buber (1956). Freedom is working out the demands of one's inner nature; it is facing choices, making decisions and accepting responsibility for decisions and actions. Accepting responsibility for actions is vital to Bettelheim and Heimler. They concluded from their observation of human behaviour in adverse circumstances, that the reasons for behaviour are not as important as the form of behaviour, and that the individual's actions can ultimately change his very nature.

#### 1.2 Past frustration, challenged and redirected into the present, can become a potential source of creative functioning

Heimler's theoretical framework is based upon a concept of man's inescapable temporal existence, defined in terms of past and present experiences and future aspiration. He proposes that what

man "is", is determined not only by what he was, but also by what he does. What he does alters how he views the past. The past does not only influence the present, but recollections about the past are influenced by present feelings and circumstances. Likewise the future is affected by the past and present, and influences present behaviour as well as past experiences. Hence an interactional relationship between past, present and future is assumed.

The term "existence" is used by Heimler and other existentialists to refer to full, vital, self-conscious, responsible and growing life (Titus, 1964). He emphasizes the uniqueness and primacy of existence - the inner, immediate experience of self-awareness. Understanding the past/present/future interactional configuration of the human condition is of great importance to assist people in integrating observations with feelings. The millions of experiences people encounter each day may easily appear as unconnected events. The individual needs perspective in finding the connecting theme of his life experiences. If not, alienation of thought and feeling may result in alienation from others and "a dullness of human experience" (Heimler, 1975 : 8).

The person in need of perspective and assistance must be enabled to turn potentiality, existing in the form of frustrations, into actuality. This actuality is experienced as an increase in his level of satisfactions and, consequently, his level of performance or functioning. The creative process of transforming frustration into satisfaction does not happen in the counseling situation, but

in real life. Heimler stresses his belief that the individual has the resources within himself to discover and realise his own potential, needing a language, a framework and process as a model through which to work (see also the work of ego psychologists as discussed, for example by Uphan, 1973 and Goldstein, 1986).

Heimler (1982) refers to Jung's (1958) conceptualization of personality. Jung regarded personality as both caused by its past (particularly by its inherited archetypes) and directed towards its goals for future development. The primary goal of personality is self-realization. Self-realization consists of (1) incorporating unconscious aspects of personality into the ego, (2) achieving an equipotentiality of the four functions of the ego and (3) achieving a similar equipotential flexibility in adopting an extrovert or introvert attitude toward life.

Heimler realised that people's social functioning depends not so much on traumatic past experiences, but rather on the ability or inability to transform and use such experiences. Human relations depend greatly on the availability of relationships which provide a niche for pain. Human suffering and emotional pain are constructively externalised by finding personally satisfying and socially acceptable ways of expressing them, for example, in human relationships, work, ambition or financial success. People are creative and useful in society as long as they can use what Heimler calls "the negative in us" (1982).

Frustration as a potential source of creative functioning is



also recognized by other theorists. Essentially Eastern psychology represents a reaction to life as full of suffering and frustration (Murphy and Murphy, 1968). One of the four noble truths of Buddhist teaching is that all life is subject to suffering (Pederson, 1977). Heimler, while acknowledging struggle and pain in self actualization, explicitly encourages resistance to group pressure and the attainment of personally important goals and self-satisfaction. Buber (1956), Erikson (1950), Fromm (1955), Kelly (1963), Kierkegaard (Bretall, 1936), Maslow (1962), Rogers (1951), Sartre (1956), Sullivan (1953), Tillich (1952) and others all subscribe in some way to this notion.

Erikson, for example, believes that personal and social crises furnish components that are conducive to growth. Rogers believes that the human organism has an inborn need to learn how to gain mastery over its environment and avoid being controlled by forces external to itself. The central theme of Kelly's psychology of personal constructs, constructive alternativism, is basic to the notion also found in human social functioning, that man need not be the passive victim of his biography. Kierkegaard concerned himself passionately with the human predicament. He believes that "Every man who has not tasted the bitterness of despair has missed the significance of life, however beautiful and joyous his life might be" (1946 : 175). Sartre dwells on the tragic nature of life. For him man experiences dread and anguish in his aloneness, and the goal of human striving is an ideal self - a heightened consciousness and existence that may come to free and responsible men.

### 1.3 Satisfaction and frustration are interconnected in the experience of man

Human Social Functioning takes special cognizance of the individual's unique pattern of satisfactions and frustrations. Satisfaction is seen as the individual's subjective perception that he is making good use of his potential, while frustration reflects his inability to transform his potential into satisfactory life experiences. The internal frame of reference of the individual as revealed by the attitudes and feelings he expresses or the reality of the internal state as a mode of behaviour, is for Heimler and others, for example Rogers, vitally important. Rogers (1951) argues that the best vantage point for understanding behaviour is from the internal frame of reference of the individual himself. Along with other existentialists (May, 1961) Heimler places emphasis on man's inner life, with its moods, anxieties, and decisions, and truth as revealed in the subjective experience of living. He postulates that human social functioning attempts to discover the individual's "private world", presented by his thoughts, emotions and sensations and proposes that the subjective perception of satisfaction and frustration correspond to an objective reality.

The individual's perception of satisfaction and frustration corresponds to an objective reality in five basic areas of life, i.e. work, finance, friendship, family and intra-personal life experiences. Each of these areas contains essential life experiences

which contribute to the individual's level of social functioning. Heimler's research with 1200 patients led him to believe that a sense of satisfaction in these five areas correlate with an individual's effective performance in daily living, whilst accumulation of frustration correlated with lack of competence and ineffective performance. Overwhelming frustration leads to a loss of ability to cope in life. Within this social functioning formulation, paralysis of functioning is not so much a psychological state as an actual inability to cope with the on-going experiences of living.

#### 1.4 There are three stages or levels of human development which correspond to time sequences of life

Like others, Heimler has developed a stage theory of human development. His ideas are consistent with those of Jung (1958), Erikson (1950), Kierkegaard (Bretall, 1936), and Kohlberg (1976), but are to be seen as a separate development. The researcher is of opinion that the developmental theory of Heimler, although important and of value, has not been sufficiently refined and systematized in writing. Although this statement is also true, to some extent, regarding the philosophical assumptions of Heimler, the researcher had the opportunity of discussing the major ideas in some depth with him. Generally, a fairly systematized account of his work can therefore be given in this study. However, in personal interviews with Heimler, his developmental theory was not discussed to the same extent. Heimler's stage theory is therefore presented in this study as described in available literature

on the subject (unpublished reports - Heimler Foundation). Reference is also made to similar constructs, in particular those of Kohlberg and Kierkegaard, for the following reasons. There is a great resemblance between the three constructs, viz. each refers to three levels of development, the levels correlate to some extent with each other and Heimler and Kohlberg use similar words to identify the levels. Heimler speaks of Level 1 consisting of L1+ and L1-, Level 2 consisting of L2+ and L2-, and L3 or Level 3. Kohlberg categorises his six stages of moral development into Level I, Level II and Level III. Secondly, reference to these constructs may clarify Heimler's statements by providing wider background information for the interpretation of his work.

The first level of human development for Heimler, L1, begins at birth, at which time the infant experiences the instinct of life and threat against life a pleasure-pain combination. The infant experiences the two instincts through satisfaction of hunger with food and unsatisfied hunger (frustration). Level 1 consists of two forces, L1+ and L1-, called pleasure-pain or satisfaction-frustration. As there cannot be one without the other, the two forces, L1+ and L1-, are in constant interaction. Heimler postulates that L1 is an unconscious state, part of which is inherited or primordial, a conceptualisation that closely resembles Jung's concept of the collective unconscious.

With the repetition of the process of hunger and feeding, a pattern emerges and the infant is able to develop some expectation of what will happen. Hence the threat instinct is lessened and the life

instinct is reinforced. At this point L2 begins forming from L1. L2 is the stage of ego formation and consciousness. The nucleus of L2 is formed within the first year of the human's life. During this initial development of L2, the pleasure-pain pattern develops into the experience of love-hate and consciousness evolves through the infant's first human relationship with his mother. Although L2 gains some independence of L1 if satisfaction overrides frustration, the emerging L2 remains very much within the domain of L1. Hence, if frustration becomes the main experience of the infant, L2 withdraws into L1. Similar to L1, L2 also develops two interacting forces, L2+ and L2-, wherein good and bad are experienced in the outer world through projection. The human organism can, in the interest of its own survival, only allow an amount of pain into conscious awareness that can be dealt with, without being overwhelmed. The excess of pain is expressed in fantasies, unconscious (uncontrolled) and or rationalised actions. At a later stage, usually during adolescence, the individual begins to find some meaningful ways to integrate, or to reconcile the opposites of satisfaction and frustration. In essence, this involves an effort to utilise both pleasure and pain in a number of areas of life. This unifying process lessens the need for projection of good and bad to the outside world, so that it is experienced within, as well as outside, the individual. Frustration can then become a source of satisfaction, and ultimately lead to creativity, when the unacceptable is transformed into the acceptable. Other theorists such as Jung have also commented on the function of the ego in uniting opposing elements

in the individual, of consciousness and unconsciousness, or of good and bad.

On the basis of the kind of judgments related to moral dilemmas individuals make, Kohlberg (1976) formulated three levels of development. The three levels can be thought of as three different types of relationships between the self and society's rules and expectations. From this point of view, Level I is a pre-conventional person, for whom rules and social expectations are external to the self. Level II is a conventional person, in whom the self is identified or who has internalized the rules and expectations of others. These two levels correspond with the two main phases of Heimler's L2. The theory of stages implies that individual morality does not develop by internalization of society's moral standards. An interactionist theory of the development of moral stages is assumed. In the course of development, people interact with their environment: it is the variety of experiences they have and the nature of this interaction that determines the extent to which structural changes take place and lead to movement toward higher stages of morality.

Kierkegaard, in a number of works (Bretall, 1936), also utilizes a three stage theory in describing man's development. The first is the aesthetic stage, which is the life of the natural man, who lives in sensuous enjoyment. This is the life of immediacy, in which the senses and emotions dominate. The second is the ethical stage and resembles Heimler's L2 stage, where man arrives at the level of the "universal human". At this point man begins to have



some awareness of his vocation as a human being, as his ethical life ties him to the rational and social order.

The resemblance in conceptualization between the third level of development of Heimler, Kohlberg and Kierkegaard is particularly marked. For Heimler the process of transforming negative patterns into positive ones by the interaction of L1 and L2 continues on through to middle age, when the individual achieves a growing awareness that this transforming process does not afford the same measure of satisfaction as previously. The individual begins to question whether he has achieved what he wanted from life and whether his achievements were worth the effort. Heimler conceptualizes this period as a time when L2 is under attack, when the ego shrinks to a level wherein the individual feels he has nothing to hold onto, where the individual may regress to L1, where frustration overrides satisfaction. On the other hand the individual may begin a process of reconstruction of his life which may provide him with a new faith in himself, with new values, new horizons, and a sense of peace. Such a process marks the third stage of development, namely L3.

Heimler described L3 as the time when : "it becomes possible for man to feel relative freedom from guilt, from fear, from the unknown, which leads him towards a realisation of a purpose in life. Purpose in the later years in life is not just an interaction with instincts, but an evolving pattern, an almost indescribable knowledge that a person had, has and will have a place in the act of creation" (Rodway, 1972 : 28).

Kohlberg's Level III is a postconventional person, who has differentiated his self from the rules and expectations of others and defines his values in terms of self-chosen principles. At Level III a person's commitment to moral principles precedes his taking or accepting society's perspective. Such a person : "holds the standard on which a good or just society must be based" (Kohlberg, 1976 : 36).

The religious stage constitutes Kierkegaard's third and highest stage. The religious man discovers the meaning of existence and sees himself as an individual who stands alone before God. Not only does man's relation to God go beyond the ethical stage, but at times man may rise above ethics and do what appears to be "immoral". He describes such an act as the "teleological suspension of the ethical", in response to what is believed to be the will of God.

Heimler's Level 3 state, is not a static state, but interacts with and is replaced by L2 and L1. According to Heimler (1982), it closely resembles Jung's (1954) process of individuation, described as the quest of wholeness, the full experience of the archetype of the self, or finding the God within. Heimler, however, postulates that in L3 man may not find "the God within", but "the man within", meaning that the individual is better able to relate his feelings to the source from which they originate. In mature adulthood the self has acquired a sense of perspective and meaning and draws increasingly on the wealth of stored information in the unconscious, understanding its true significance



in terms of widely accumulated experiences. Through a sometimes painful process, the individual arrives at a level of awareness of the disciplined self-examiner, the level at which otherwise overwhelming frustration can be endured and redirected into creative action.

### 1.5 Satisfaction and frustration, and utilitarianism

Satisfaction and frustration are key concepts in the evaluation of social functioning. Mackie (1977) observed that it is often suggested that utilitarianism would be better stated in terms of satisfaction and non-frustration of desires, instead of in terms of happiness. The ultimate criterion of right action would then become the the maximum satisfaction and minimum frustration of desires. The relationship between human social functioning and utilitarianism is examined in the following paragraphs.

#### What is utilitarianism?

Utilitarianism refers to a nonhedonist version of altruistic consequentialism - an approach to resolving moral issues described in ethics, the branch of philosophy that deals with the moral dimension of human life (Brody, 1983; Taylor, 1975; and Mackie, 1977). The basic thesis of consequentialism is that the rightness or wrongness of an action is based solely on the consequences of performing it. There are two fundamental ambiguities that must be clarified before this thesis can effectively be used. By what standards are we to decide that one set of consequences is better than another and whose interest should we take into account when we evaluate the consequences?

Hedonism, the belief that the best consequences are the most pleasureable consequences, poses the classic account of the standards for evaluating consequences. The majority of consequentialists today seem to prefer the view that the standards for evaluating consequences should be based on some conception of the flourishing of human life, and possibly the resulting satisfaction of desires (Brody, 1983; Mackie, 1977). The question of whose interests to consider when deciding which action to perform, is answered differently by the thesis of egoism and of altruism. The answer of the egoists is that one should choose the action which produces the best consequences for oneself. The altruists are of the opinion that an action is right if it leads to the best consequences in terms of contributing to human flourishing, or to the gains (satisfactions) and losses (frustrations) of everyone.

#### Act-utilitarianism and rule-utilitarianism

Taylor (1975) states that it is possible to articulate two distinct versions of utilitarian ethical theory, viz. act- and rule-utilitarianism. The basic principle of act-utilitarianism can be formulated as follows : a person ought to act so as to produce the greatest balance of good over evil (human flourishing), everyone considered. In contrast, rule-utilitarianism advocates that a person ought to act in accordance with the rule that, if generally followed would produce the greatest balance of good over evil (human flourishing), everyone considered (Taylor, 1975). In the act-utilitarian system, determining the morally correct action is a matter of assessing alternative actions against the standard of utility. In the rule-

utilitarian system, determining the morally correct action involves only an indirect appeal to the principle of utility, as a moral code is first established by reference to the principle of utility.

Act-utilitarianism has often been criticized on the grounds of the impracticality of weighing the good consequences against the evil, considering the impact of my action on everyone whom it is likely to affect, because of the extensive sort of calculations that it seems to demand (Taylor, 1975; Mackie, 1977). The problem of assessment of good consequences and bad consequences can be partially overcome by a restatement of good in terms of the satisfaction of desires, and evil in terms of frustration (Mackey, 1977). In such a restatement of utilitarianism, the words "good", "happiness", and "utility", if retained, would be understood as referring to maximum satisfaction and minimum frustration of desires, and not to any balance of pleasure over pain as specific states. The problem is then reduced to, firstly, finding ways of measuring satisfaction and frustration, and secondly, on deciding how to determine persons concerned whose satisfaction and frustration should also be taken into account. "Persons concerned" is relevant if the well known argument of Mill (1962) in this respect is accepted. He argues that the great majority of good actions are intended not for the benefit of the whole human race, including its future or possible future members, but for that of individuals and particular persons concerned.

Heimler indirectly addresses these problems. Human social

function is not an ethical theory, but a social work approach concerned with the overall value system (therefore the ethics) of social work.

Possible solutions offered by human social functioning to some of the problems inherent to act-utilitarianism

The HSSF measures the satisfaction and frustration of the individual and provides criteria for assessing the health of a society in relation to individuals who comprise it, as well as the health of the individual in relation to that society. Heimler found in his validation study (see p 119 for a further discussion of the research) that on average people who function in society without over-reliance on family, friends, or support of professionals score between 72 and 79 on the HSSF. A sample of clients at a mental health agency scored less than 60 on average, and a sample of patients resident in mental hospitals scored less than 36.

Whatever "human flourishing" is, one can say that, ceteris paribus, those who sought out psychiatric treatment had less of it than those who did not. People who are not frustrated, who are happy, fulfilled and satisfied in relation to their environment do not seek professional treatment. A social group can be said to be "healthy" to the degree that it promotes "flourishing" (as measured by Heimler's Scale) for those within the group and those outside it. A criminal gang in which morale is high, may for example, be comparatively healthy in its effect on its members, but by no means healthy in its effect on other people. Hence, the

HSSF can at least theoretically be used to assess the "health" of a social group in relation to individuals, without begging the question whether the attempt of the individual to put his social nexus into the wrong may not be justified.

Laing (1959) quotes with approval a complaint that the language commonly used in the description of schizophrenics is a veritable "vocabulary of denigration", with its predisposition to terms like "failure", "lack" and "loss", and ask why one should not assess schizophrenia as a successful attempt not to adapt to society. Although Laing's comment that millions of "sane" people have deliberately killed and maimed millions of their "sane" fellows during the last seventy years is relevant, he does not provide a clear description of the kind of society to which the divided mind of the schizophrenic might be of positive worth.

Heimler's work and his scale offers some prospect of finding a measurable set of criteria by which not only the individual's adaptation to his society, but also a society's adaptation to individuals inside and outside it, can be reliably assessed. The scale is an account of human flourishing, or briefly, of happiness, which, while it reflects the subjective feelings and assessments which one might reasonably suppose to be part of the very essence of happiness, is yet capable of objective testing and measurement.

The reference made here to reliable objective testing and measurement does not imply that the Heimler Scale is in all respects perfect as a test of human flourishing; only that it is

on the right track. Neither mental health nor achievement in society are directly at issue; what is at issue is how satisfied the individual is with what he is doing and what is happening to him. Social function as such would be measured more effectively by the so-called "sociometric" methods, which assess an individual's rating among his fellows, but the measurement of social functioning must account for the individual's subjective experience of satisfaction in relation to the objective reality of functioning in society. As far as the scale measures health at all, the health measured is not merely mental, since physical disability may contribute to dissatisfaction (frustration).

In summary, human social functioning offers a way of assessing satisfaction and frustration of the individual in terms of the interplay between the individual and society. It addresses the question of how to assess satisfaction and frustration and suggests a method of accounting for particular persons concerned in this calculation, by the use of the concept "society". It does not mean that the concept society is the most effective one in deciding who "concerned people" are in all cases, but it does provide a way of operationalizing the matter under discussion.

The account given in the above paragraphs should not be seen as a detailed explication of utilitarianism. A schematic account of the relationship between human social functioning and certain aspects of utilitarianism was attempted. This presentation does not imply that the researcher accepts act-utilitarianism as a viable ethical theory. The researcher is well aware of



criticisms aimed at act-utilitarianism, but as Brody (1983) indicates, disadvantages can be identified for all major ethical theories. The solutions provided by human social functioning to some of the problems of act-utilitarianism, are nevertheless interesting and new to the argument in favour of the theory.

## 2     An evaluation of human social functioning as an approach to social work practice

Social workers, according to Meyer (1983), are not notably theoretical in clinical practice and their theoretical stance is indicative of the limited utility of many practice models or approaches in social work. She suggests an analytical framework comprising twelve elements to assist the social worker in his task to know what is to be combined to master the various bases of knowledge in eclectic clinical practice. Human social functioning is evaluated in terms of the elements of the proposed framework of Meyer, as it provides a relatively simple way of comparing clinical practice models. A general overview of human social functioning would be purely descriptive and of limited value. The framework analyzes the following elements :

Ideological biases

Values

Knowledge base

Unit of attention

Problem definition

Congruent and explicit interventions

Uses of the professional relationship

Desirable outcome

Structure of time

Options for use of differentially trained staff

Options for work with social services

Evaluation of effectiveness

## 2.1 Ideological biases

The major ideological competition in social work results from differing emphases on the person and the environment. An analytic framework, although not supposed to take sides in an ideological contest, addresses the question of how articulated the ideological bias is (Meyer, 1983).

Heimler emphasises an existential approach to helping. He advocates the necessity to be human in the broadest sense of the word in the therapeutic encounter, and defines the goal of helping in terms of the client's potentialities. His ideas resemble those of others such as May (1966) and Rogers (1951), who argue that the person-to-person nature of the helping relationship is fundamental. What happens during the interview is that the client begins to realize that it is possible to express feelings, all feelings, openly without fear of losing the positive regard of the helper. They expand on essential conditions that the helper must create in the interviewing situation. If the helper is congruent or genuine in the relationship, and if he conveys his understanding of the way the client evaluates and feels about himself, the client is able to alter problematic behaviour.



Secondly Heimler, like Freud (1949), attributes much importance to instincts in the dynamics of personality, and refers to instincts as those forces which are concerned with the preservation of life experienced as satisfaction and those which are concerned with threats to life, experienced as frustration. This is paralleled by Freud's classification of instincts into life instincts, or individual survival and racial propagation, and death instincts or destructiveness. The concept of psychic energy is for Freud the libido, experienced as a dynamic polarity of constant interaction between pleasure and pain. In contrast to the repetitive themes of Freud's id-superego polarity, Heimler's concept of polarity is an interplay of inner forces acting upon, and being acted upon by outer forces.

Human social functioning assumes a theory of polarity. Satisfaction and frustration embodies a basic psychodynamic concept of flow, transformation and exchanges of energy. Energy not reasonably distributed in the different areas of life experience, will lead to frustration and eclipse creative functioning. Effective social functioning depends on adequate economic distribution of energy into more than one area of human life, into more than one pattern of significant action. With sufficient awareness one can choose areas in which to direct energy through actions selected for personal significance towards increasing satisfaction.

A two system dichotomy in the explanation of psychological processes is also found in other theoretical orientations. Intra-

human conflict is explained, for example, by Rogers in his organism-self conceptualization. The organism refers to the total individual, while the self consists of the differentiated portion of the phenomenal field, the totality of experience, a pattern of conscious perceptions and values of the "I" or "me". Like Heimler's satisfaction-frustration dichotomy, the two facets of the individual, organism and self, may oppose one another. A similar notion is found in Buddhist philosophy. Individual differences in personality are explained in part by differences in the relative strengths of "healthy" and "unhealthy" factors in consciousness (Pederson, 1977).

Human social functioning is concerned, not only with the individual, but particularly with the interplay between person and environment. Although the natural growth and development of personality is of great importance, Heimler believes that society applies a good deal of pressure in the direction of conformity, which stifles individuality and prevents the individual from pursuing satisfying interests. Those who feel useful in society can be constructive to an amazing degree, and those who feel useless become destructive to an amazing degree. Purposeful and meaningful activity is of great importance to people, and people are creative and useful in society as long as they can externalise their suffering and emotional pain. The problem in society for Heimler is that society only provides opportunities for expression and externalization selectively. This is illustrated by the censure of unemployment in industrial and post-industrial societies where it is often inevitable. A society is needed

which will allow people at all levels to participate in activities for their own benefit, irrespective of their commercial viability. Financial assistance should be given to people to enable them to be productive when the income that they can derive from their commercial activities is inadequate to maintain them fully.

## 2.2 Values

In presenting the framework for analyzing practice models, Meyer (1983) argues that the framework need not question whether the model is sexist, racist, ageist or classist. The question of who is left out of the model is, however, a relevant one. An affirmative practice directed at specific minority groups can be identified, and these approaches, as the more generic ones, are not value-free either. The question, about the extent to which the model excludes people by virtue of their status, cultural characteristics and condition of life should be included in the framework for analysis of practice models.

Human social functioning is directed in particular at individuals and groups in transition across various life phases and situations; at the unemployed; at those who want to optimize their potential and at society's provision for the meaningful existence of its members. It can best be describe as general in orientation as opposed to clinical practice defined as specific, for example, ethnic or feminist social work practice.

## 2.3 Knowledge base

There is an imbalance in the knowledge base of human social

functioning. The model is more concerned with the person than the environment and the primary knowledge base is drawn from the biological and psychological sciences. Although knowledge is also sought from areas of social science concerned with social change, anthropology, social role theory, deviance theory and political science, human social functioning relies more on psychological than social science theory. Meyer (1983) points out that social science has not produced any single theory that explains why society acts in certain ways, and that the power of a single unitary (psychological) theory outweighs that of fragmented (social science) theory. The imbalance in knowledge base is therefore not uncommon in clinical practice models.

#### 2.4 The unit of attention

Human social functioning addresses, in terms of its philosophy, different sizes of systems viz. individual, family, group and society. The analysis of interventions, as suggested by Meyer (1983), indicates however that the model proposes a set of interventive processes directed mainly at the individual and group level.

#### 2.5 Definition of problems

Meyer (1983) argues that the mind set of practitioners who utilize one practice model or another is such that they define problems in terms of the model's structure. A model that emphasized personality change might rely heavily on psychoanalytic theory and consequently might define a problem in psychodynamic terms, while an environmentally oriented practice model might emphasize

social deprivation in a similar situation.

The mind set of the human social functioning practitioner tends to be directed more to descriptions of behaviour and situations, than to diagnoses or labelling; to subjective client-centered accounts of experiences than to "objective" statements and to concepts reflecting the interplay between person and environment than to concepts aimed at either the person or the environment.

## 2.6 Congruent and explicit interventions

Meyer (1983) states that the practice of social work is defined by what is actually done in a case situation. The model's theoretical integrity can only suggest the purpose, knowledge base, values, unit of attention, definition of problem and assessment skills repertoire. In order to understand how the above-mentioned aspects give direction to the explication of interventions, the stance of the social worker in intervention and certain core intervention strategies and techniques of human social functioning are evaluated. Firstly, the elements of interventions referred to are evaluated in terms of their congruency with the philosophical base and developmental theory of human social functioning; and secondly, in terms of their explicitness.

### 2.6.1 The stance of the social worker in intervention

The interview in human social functioning is consistent with existing methods and principles of social work directed at making the client feel at ease during the interviewing situation, rather

than under authoritative scrutiny (Kadushin, 1972). Heimler (1975) notes that the client is involved in a creative process of ordering his life experiences and assessing possible alternatives for future actions. The social worker does not convey to the client the idea that he knows more about him than the client knows about himself. It is in fact not important for the social worker to have a greater understanding of the client's situation than the client is capable of stating, but it is important that the client should understand himself and his situation. Heimler formulates this principle by stating : "In this approach the only understanding required from the therapist is to know what the patient has understood and stated about his life" (1975: 29).

The stance of the social worker in intervention is congruent with the philosophical base of human social functioning. The philosophical notions that we are free to decide the course of our lives, that each individual's perception is unique, that it is therefore inappropriate for one person to attempt to impose his or her world view on another and that the individual needs perspective in finding the connecting theme of his life experiences, are ~~added~~ to in the above formulation related to the stance of the social worker. The description of the stance of the social worker in intervention can be regarded as sufficiently explicit, as specificity is usually not required from a description of a such a general aspect of intervention.

#### 2.6.2 Intervention strategies and techniques

Six core intervention strategies and techniques of human social



functioning are evaluated in terms of congruency and explicitness.

(i) Summaries by the social worker

Heimler (1976) describes the aims of summaries by the social worker of what the client has said as follows : to ensure that he has understood what has been said; to convey to the client that what he has said has been understood and hopefully to help the client to discover, that what he has said, does in fact add up to something.

The timing of summaries is of great importance. A natural interval in the interview, when the client pauses before starting with a different topic or theme, is usually a good time for a summary. The intention of the summary should be made clear to the client and the following example illustrates the type of explanation required: "Perhaps at this point you will allow me to try to put together what you have said so far, as I would like to be sure that I have understood what you have told me. Please do correct me if what I sum up is not what you have said" (Heimler, 1975: 31).

It is essential that a summary is clear and brief and that the client's own words are used whenever possible. Skillful summarising can be achieved by disciplined memory through skillful selection of relevant data and the avoidance of too many details. Initially the client is inclined to agree with the social worker's summaries, but a tendency to correct or add to the social worker's subsequent summaries, indicates greater client independence. A

client's response to a social worker's summary including the words "yes", "but....." or "and" can therefore be seen as having good prognostic value (Heimler, 1976).

Heimler notes that summaries should be related to the content of the material expressed by the client, and not to the way in which this is done. Should he be more familiar with the process of self-observation, the client may discuss discrepancies between content and manner of expression, on own initiative.

The technique of summarizing facilitates attempts by the social worker to discover the individual's "private world", or understanding behaviour from the internal frame of reference of the individual himself. It is also consistent with Heimler's belief that the individual has the resources within himself to discover and realise his own potential, needing a language, a framework and process as a model through which to work.

Guidelines are provided for the social worker to know when and how summaries should be given. Summaries, as an intervention technique, can therefore be said to be congruent with the philosophical underpinnings of human social functioning and meet the requirement of explicitness.

(ii) Teaching the client to "capsulate" or conceptualise

A process goal of Heimler's approach is developing the client's ability to attempt his own summaries. People who are overwhelmed by their problems may find it impossible to become observers of their own feelings and actions. Thus these self-summaries or



auto-summaries should be attempted when readiness for self-observation is observed during the helping process. Clients who show willingness or spontaneously begin to make conceptualisations, are asked to write them down or record them on a tape.

Self-observation remains the primary aim, and summaries, written or recorded, should help accomplish this aim. The social worker should assume the responsibility of conceptualising for clients who find this task too difficult. In these cases the social worker must ensure that summaries are a true reflection of clients' statements (Heimler, 1976).

The intervention strategy of teaching the client to conceptualise is, as in the case of summaries, directed at providing a framework to the client, enabling him to derive meaning from the many experiences people encounter each day. It also assists the individual in finding meaningful ways to integrate, or to reconcile the opposites of satisfaction and frustration, a task associated with the L2 stage of human development. In essence, this process of uniting opposing elements in the individual, involves an effort to utilise both pleasure and pain in a number of areas of life. Although the strategy of teaching the client to conceptualise is congruent with the philosophical base and developmental theory of human social functioning, a more detailed step-by-step procedure of the teaching process, would make the strategy more explicit.

### (iii) The onset of self-observation

Heimler (1976) states that at the time of seeking help people

often experience an overriding feeling of failure. Immediate previous unsuccessful attempts to cope with their life situation often results in a paralysis in some area of functioning. The truth for Heimler is, that no human's life viewed over time on a continuum, consists only of failure. During the first interview the focus is usually on the negative aspects of living and an illusion of global failure is often created. The social worker should therefore assist the client in developing a more balanced view of himself. When the client is helped to reflect on what he has said, using the series of capsulated summaries, one or more themes often emerge from this process. Conceptualizations become objectified statements and are viewed by the client from outside his stated experiences. As the client's more global experiences are reflected in the capsulated summaries, he is not restricted by his immediate feelings of failure and is more able to deduce a meaningful theme from his connected life events. A discussion of a HSSF completed by the client is often also used to assist the client in self-observation and in making him more aware of his global experiences.

The special cognizance human social functioning takes of the individual's unique pattern of satisfactions and frustrations, finds expression in the intervention strategy directed at facilitating self-observation by the client. When the client arrives at a central theme or meaningful message in his life, Heimler (1976) believes that he can become highly motivated to act on the newly discovered understanding. Feelings of hope become more apparent and a need to seek meaningful action outside the interviewing

situation helps the client to do the actual problem solving in the real life situation.

From the above discussion it can be concluded that the strategy of self-observation meets both criteria stated in the introduction to this evaluation, of being congruent and explicit.

(iv) The statement (FRAGMENTA VITAE)

The statement or fragmenta vitae (slice of life) is an intervention technique developed to be used in short term work with clients.

In essence the statement is an exploration of any time period, which is usually limited to fifteen or twenty-five minutes of the client's experience 24 hours prior to the interview. The client is asked to relate as much as he can recall of a chosen period's experience. The client's statement is recorded on tape and played back to him afterwards. Any material which he desires to explore is then discussed. The client summarises these discussions, writing them down and uses them subsequently to arrive at the message contained in his reflections.

The statement as a process consists of the following interconnected phases :

- " 1) statement by the patient of a fifteen to twenty-five minute 'slice' of his last twenty-four hours;
- 2) simultaneous tape-recording of same;
- 3) patient listens to the recording, writing down summaries of his/her reactions to it;
- 4) search by the patient for a theme (or themes) running through

the summaries;

5) discussion between patient and therapist as to possible future action, implications, etc.;

6) sometimes ....., the use of the time-interaction technique " (Heimler, 1975 : 65-66).

The client often needs a framework to decipher the unique meaning of his life experiences and the statement provides him with such a framework. Experience has meaning only if a person is able to observe what is happening to him. Life can easily become a series of unconnected or meaningless events. The statement is a technique that disciplines the social worker to listen to the client, but more important, it assists the client in listening to himself.

Despite modern man's need to communicate with others and the increase in verbal skills people often feel that the more they say, the less they are understood since no one is listening to them (Heimler, 1982). Even in the interview situation the client may feel misunderstood or what happens in the helping process may be unrelated to the rest of his life. When the social worker tries to give a final interpretation of the client's statements, the basic right of self-determination is violated. The client needs to determine his life's direction after he has been given an opportunity to listen to himself, making his own conclusions and decisions (Heimler, 1976). No man has greater knowledge of another man's life than the person himself and each man is ultimately his own expert at working out the meaning and direction of his life.

When the client is trusted and believed to be capable of doing this, he can benefit from the statement, as it becomes a framework of self-observation (Heimler, 1976)

The statement is congruent with Heimler's view of man's inescapable temporal existence, defined in terms of past and present experiences and future aspirations, or the interactional relationship between past, present and future. The statement assists the client in his attempts to transform and use traumatic past experiences and to find socially acceptable ways of expressing human suffering and emotional pain. The statement, as an intervention strategy, allows the client to exercise his right of self-determination and, as a process, the interconnected phases of the strategy are clearly prescribed. Again the criteria of congruency and explicitness are met.

(v) The time-interaction technique

The technique of time-interaction, sometimes used as a part of the statement discussed above, is a way of helping the client to connect past, present and future in relation to an actual recent event. A process of integration of experiences is initiated within the client and continues after the interview. The experience of an event contains elements of past experiences, feelings and thoughts. Man's present contains and defines his past experiences. Any examinable event therefore, when viewed within a given time, attracts associations from a global past. Self-observation by listening to recordings and doing summaries, helps in integrating those aspects of the past relevant to present issues. This process

brings about a sense of meaning which in turn effects the individual's future social functioning.

The time-interaction technique usually involves the following steps : asking the client to imagine himself to be a much older person and that his present younger self approach the older self, asking him how he coped with the present problem; asking the client to come back to the present time and place and to choose any childhood memory, preferably between the ages of five to seven, and to try to see an actual memory; asking the client to choose one such an event and tell the social worker where he is, and what he is doing, and asking the client to allow his present self to enter the situation he described and to converse with the "child".

The congruency of the time-interaction technique with the philosophical underpinnings of HSSF is self-evident. The various steps of the technique are explicitly described.

#### (vi) The dialogue

The interconnectedness and congruency between the philosophical ideas of Heimler and the intervention strategies and techniques of human social functioning are well illustrated in a discussion of the dialogue. Without an indepth understanding of the philosophical base of human social functioning, it would be impossible for the social worker to use the dialogue in intervention. The dialogue is essentially a process directed at helping the client to derive meaning out of life, and to find some aim and purpose for the future. In the following discussion attention will also be given

to some philosophical notions related to meaning in life.

Social Work concerns itself with the needs of man, irrespective of the level at which such need is manifested (Heimler, 1975; and Morales and Scheafor, 1980)). The social worker often deals with people whose basic physical needs for shelter, food, clothing, hygiene and caring are not met. Due to the urgency of these needs, less attention is sometimes given to other clusters of need experienced by people. The need of man to communicate and understand himself as part of the world and the cosmos, has either been ignored or given little attention in social work. In South Africa, particularly during the early years of social work, some social workers' religious beliefs brought them into conflict with the scientific orientation of this new and developing profession. Social Work does not concern itself with the question of ultimate reality, that is whether or not God exists (Borenzweig, 1980). However, man does have a need to reach out towards himself, irrespective of whether he reaches out to God or not, and social work has to concern itself with this problem. The external world will not satisfy man's basic need for meaning. Man has a need to find some kind of symbolic meaning that extends beyond the boundaries of his immediate situation.

Heimler (1976 and 1982) referred to Jung (1958) in the discussion of the different ways men have attempted to find meaning in their lives. Looking beyond himself, primitive man tried to seek answers from spirits and gods to direct his actions and answer his questions. Man could then perceive and accept

interpretations beyond his comprehension by prophets, priests, or spiritual leaders more readily. Today we have to consider to what extent primitive man's beliefs assisted him in communicating with whatever forces speak from within. Looking at early religious beliefs, it stands to reason to accept that primitive man was genuinely in touch with some source, unconscious or not, and that this source was capable of guidance, creating a world for man beyond his immediate environment (Jung, 1958).

In contrast to primitive man, one might ask, what it is modern man is in touch with that extends beyond his environment. A dialogue between modern man and his gods appears to have almost disappeared (Heimler, 1976). Our age of reason caused the dialogue between man and his gods to atrophy. The trend amongst mental health practitioners in Africa today, to recognize and utilize traditional beliefs and customs in combination with modern medicine in combating ill-health, is a partial acknowledgement of the beneficial potential and necessity of a dialogue that extends beyond the boundaries of empirical knowledge (Trevelyan, 1985). The dialogue between man and the beyond can be regarded as a dialogue between man's experience, his hopes, aspirations and search for personal meaning. He therefore needs an opportunity to unite his experience, aspirations and hopes. When man perceives the particles of his experiences he can find direction in time of turmoil, and fill his life with meaning and purpose. Otherwise man can loose himself among the things that he has created, and things are functional but without intrinsic meaning (Heimler, 1976 and 1982).



The dialogue, in a therapeutic sense, attempts to bring together the experience of man into a meaningful whole. In the dialogue Heimler developed a way to personify past experience in such a way that eventually one has direct access to the totality of such personification, enabling the client to find some aim and purpose for the future. The dialogue is in a strict sense not a method of intervention, but rather a process of growth. It is applicable to those who have lost their aim and purpose in life, or have a feeling of emptiness. The dialogue is a confrontation with one's more global experiences (Heimler, 1976).

The difficulty of describing the actual process of the dialogue, because of its uniqueness in each individual case, is acknowledged by Heimler. He emphasises the fact that the dialogue attempts to unify already learned experiences and suggests that one way in which a synthesis of experiences can be achieved is through a paraphasis, or through communicating with the synthesis of a person's experiences. He calls such a framework a person can talk to a paraphant and presents a number of case studies to illustrate the dialogue as a process as well as the different forms a paraphant can assume for different people (Heimler, 1976 : 81 - 109).

The dialogue is not only congruent with the philosophical base of human social functioning and with the other intervention techniques and strategies discussed, but it is also interwoven with Heimler's philosophical ideas. He tries to compensate for the lack of explicitness of the dialogue, by offering several case examples and emphasising training in human social functioning and

experience in social work practice as essential for the successful use of the dialogue.

## 2.7 Uses of the professional relationship

The meeting between the social worker and client, the first step of the intervention process, is characterised by a mutuality of interest between the two : the client decided or was persuaded to seek help from outside and needs the social worker to be able to cope with life in toto, or with some aspect of it, and the social worker needs the client for his own growth, because of his need to be needed. In the words of Heimler : "The treatment process therefore can be successful only if two people with their own particular problems decide to use each other's presence and experience towards their own unique solutions and growth" (1975 : 28). By recognising this mutuality of interest in intervention, human social functioning is truly humanistic, and this principle is fundamental to the helping process. The helping relationship that emerges from the meeting between social worker and client, is based on the commonality of the human condition. The disciplined interviewing method of enabling the client to become his own examiner, rather than both he and the social worker feeling that the client is under examination, is only possible when the social worker accepts a humanistic stance with an awareness of role differentiation. The social worker's task is to stand outside the client's world and to help him objectively with his problems. The social worker should therefore be aware of his own problems and how they effect his attitudes towards others. Transference and countertransference, to refer to psychoanalytical concepts,

may prevent the social worker from recognizing the client's and his own problems, or from understanding others.

In human social functioning the nature of the professional relationship is described clearly. The relationship is not used as the major tool of practice, but constitutes a prerequisite for effective helping.

## 2.8 Desirable outcome

The decision to work for cure/resolution or adaptation/maintenance is heavily value-based (Meyer, 1983). Human social functioning favours an adaptation, but not necessarily a maintenance notion, as it permits the clinician to focus on "here and now" events. Ego functions such as coping, mastery and competence can be elicited and developed, as well as working with stress-producing environmental factors. A more accurate description of desirable outcome in terms of human social functioning, in terms of its philosophy at least, would be adaptation/resolution. The client is often assisted to adapt to his life situation and ambition by the creative process of resolving conflicting situations, wishes and experiences.

## 2.9 Structure of time

Prescribed time limits are not integral to human social functioning. Direct use of time as a clinical issue is not attempted, but time is indirectly used through the acknowledgment of the different phases of the helping process, the reality of time limits in crises and the necessity for clients to do their

actual problem-solving in the real life situation. The time-interaction technique, discussed elsewhere (pp 106 - 107) should not be confused with the structure of time as a criterion in the analysis of models, dealt with in this section. The direct use of time as a clinical issue means that time is used as an expectation, dynamic, and control in the helping process. The time-interaction technique in human social functioning is a way of helping the client to connect past, present and future in relation to an actual recent event.

#### 2.10 Options for use of differentially trained staff

Some models, viz. psychoanalyses, offer no or very limited options for use of differential (clinical and nonclinical) staff. Other models, particularly those with a systemic framework, offer multiple entry points where planned interventions can reinforce each other and differentially trained staff to carry out case-related tasks. Human social functioning emphasises the optimization of human potential through activities that are frequently nonclinical in nature. Effecting desirable changes materialises outside the interview situation in real life, and opportunities for the use of nonclinical staff in the planned change effort, are numerous.

#### 2.11 Options for work with social services

Human social functioning actively encourages the use of services or groups, such as self-help groups, outside the clinical encounter. In fact it can be said that this approach made clinicians more aware of the inherent dynamics and strengths of peer counselling and support and it also provided an

intervention structure that can tap the benefits of the commonality of peoples' situations in intervention.

## 2.12 Evaluation of effectiveness

Meyer (1983) appropriately observes that if models are to persist, work will have to be done to show evidence of their validity and reliability. In the selection of a practice model, the researchability factor is of particular importance. While the global framework of human social functioning is fairly explicit, the same can not be said for the different categories of the model. Hence an evaluation of specific elements of human social functioning is somewhat problematic.

A major contribution of human social functioning as a clinical model, can be found in its orientation towards measurement and evaluation, represented by the development and refinement of the HSSF. The HSSF can be used in several ways in social work intervention :

- 1) as an integral part of the assessment and intervention process by the social worker trained in human social functioning;
- 2) as an assessment tool to measure the client's level of functioning and the areas of greatest concern;
- 3) to ascertain other information on the client such as the degree of risk or crisis and the extent and presence of anxiety, rigidity and denial a client may have;
- 4) to measure the effectiveness of intervention by pre- and post-administration of the scale.

The distinguishing characteristic of the application of the scale in intervention can be found in the way the client can make use of the scale. In the first place the scale is for the client and not for the social worker. The scale is for the client to review, to understand and to act upon. When applied within the framework of human social functioning the scale is used after the initial interview to assist the client in the creative process of making sense out of his experiences.

The purpose of the scale is explained to the client before it is administered as a type of framework to enable him to reflect upon his life. Afterwards he is given the opportunity to tell the social worker exactly what he meant by his "yes", "perhaps" and "no" answers to the questions. In the discussion of the responses to the questions in the scale clients often explain what then appear to them as contradictions in their answers, or they continue to expand on what they have meant by a particular response. In essence the scale is a framework for systematic exploration or self-observation.

The social worker trained in the full interpretation of the scale will continue to help the client to search for and find a theme or themes in his life. Using the scale as described above assists the social worker to assess and explore problem areas. The latter can be done without training in human social functioning.



### 3      The Heimler Scale of Social Functioning (HSSF)

The HSSF was inductively developed out of observed differences in responses from experimental and control groups (Hendon Experiment and Hounslow Project) in a type of "grounded theory" approach (Glaser + Strauss, 1967). The Hendon Experiment began in 1953 with a group of unemployed men. The respondents had been unemployed for over two years in a period of good employment possibilities. Heimler (1967a) randomly selected half as an experimental group and 20 of this group of 41 returned to full employment within a year, and were still employed when a follow-up study was done eight years later. He continued his work with the unemployed (referrals increased to 300 in 1956) and devised the positive index of the HSSF on the basis of some 1200 social histories compiled between 1961 and 1965.

Hence, the individual questions within the HSSF are clinically directed, rather than statistically selected from a universe of legitimate questions.

The HSSF taps areas of life : through five areas in the satisfaction scale i.e. work, friendship, family, personal-sexual and finance; through five areas in the frustration scale i.e. energy, health, power and influence, moods and habits; and through five areas in the synthesis scale i.e. achievement of ambition, hope for the future, meaning of life, scope given for self-expression in life and worthwhileness of life's struggle. The satisfaction scale is the most complex of the three scales in

the structure. Work area consists of five sets of questions i.e. employed, unemployed, retired, housewife and student. There are three sets of questions in the finance area, each to be matched with an appropriate set of work questions, and two sets of questions in the family area, each to be matched with an appropriate marital status, i.e. never-married vs. all other. Also there are two sets of questions in the personal-sexual area, each to be matched with an appropriate set of family questions. Only one appropriate set of questions from each of the work, finances, family and personal-sexual areas, scores in the summary of the satisfaction scale scores. The friendship area consists of only one set of questions. Although only the appropriate sets of questions score in the summary of the satisfaction scale scores (depending on the main work role and on marital status), all appropriate sets of questions can be answered and utilized clinically, as in interpreting the HSSF of a woman who is simultaneously employed, a student and a housewife.

All the questions of the negative and synthesis scales must be answered.

### 3.1 Scoring the HSSF

The scoring is complex, with each question in the satisfaction and frustration scales scored 4, 2 or 0 for "yes", "perhaps" or "no". Each area or set of five questions in these two scales generates a "base score" (sum of 4's), and a "gross score" (sum of all scores i.e. 4's + 2's). These base and gross scores for the several areas add up to base and gross scores for each of the



respective satisfaction and frustration scales. While the satisfaction scale and the frustration scale each contain 25 scorable questions, which are each scored 4, 2 or 0, with total base and gross scores ranging from 0 to 100, the synthesis scale contains only five questions, each scored 1 to 20, with a total score ranging from 5 to 100. The lowest score of 5 rather than 0 is clearly a technical error when contrasted with the concepts of "zero satisfaction" and "zero frustration".

The HSSF has no single summary score or index; but rather selected scores and indices computed between scores are taken in a pattern and augmented in interpretation by analysis of patterns of answers to sets of individual questions.

### 3.2 Information that can be gleaned from the HSSF facesheet or "TOP BOX"

The interpreter looks at the following scores and permutations of scores in analysing the top box :

- 1) the positive mean (PMS);
- 2) the relationship between the PMS and the negative mean score (NMS);
- 3) the variance or "swing" between the base positive score (BPS) and the gross positive score (GPS);
- 4) the variance or "swing" between the base negative score (BNS) and the gross negative score (GNS);
- 5) the relationship of the BNS to the GPS and the GNS to the BPS, known as the "criss-cross";
- 6) the relationship of the total synthesis (Syn) to the PMS.

FORMAT OF THE "TOP BOX"

SCALE	TOTALS	MEAN
	T(4'S)/T(4+2'S)	TOTAL
POSITIVE	BASE POSITIVE /	POSITIVE
	GROSS POSITIVE	MEAN
NEGATIVE	BASE NEGATIVE /	NEGATIVE
	GROSS NEGATIVE	MEAN
SYNTHESIS		SYNTHESIS

3.3 The international norms for interpreting the HSSF

Heimler (1970) reported that it was possible to make a distinction with the HSSF between three levels of overall satisfaction which correspond to actual levels of social competence. "These levels are (1) where the individual functions well; (2) where he needs therapeutic help of some sort in order to function within the community; and finally, (3) where his level of satisfaction is so low that he cannot function outside an institution. These categories were established and confirmed by research" (1970 :9).

3.3.1 The positive mean score (PMS)

The average PMS in society is between 72 and 79. This means that most people in society derive satisfaction out of life, when scored on the HSSF, giving a PMS of between 72 and 79.

A PMS score of 60 and above indicates a person who is able to

function in society without the support of professionals like social workers, psychologists or psychiatrists. If the PMS is between 36 and 60 the person is able to function in society with support of professionals, or heavy reliance on family members and friends to cope with his current situation. When the PMS is between 0 and 36 the individual is in need of concentrated supporting relationships, protection or assistance e.g. institutionalized care or daily assistance.

### 3.3.2 The relationship between the positive mean score (PMS) and the negative mean score (NMS)

The NMS is expected to be 20% to 33.3% of the PMS. If the NMS is more than 33.3% of the PMS the individual is seen to carry a more than average load of frustration. Likewise, if the NMS is less than 20% of the PMS, the individual is seen to experience too little frustration. Severe frustration overload may give rise to paralysis of functioning, or breakdown in some areas of functioning. A low frustration score may be an indication of denial of frustration, or a lack of frustration that may lead to stagnation.

### 3.3.3 Comparison between the gross scores (4's + 2's) and the base scores (4's)

A difference of 6 to 8 points between the gross positive score (GPS) and the base positive score (BPS), or the gross negative score (GNS) and the base negative score (BNS), respectively, indicates uncertainty and flexibility within functional limits. A difference of less than 6 points shows a tendency towards rigidity and a difference of more than 8 points indicates a

degree of uncertainty or ambivalence and even anxiety.

Functioning with most satisfaction and least frustration is seen by comparing the GPS to the BNS. Functioning with least satisfaction and most frustration is seen by comparing the BPS to the GNS. The variance in mood of an individual over a period of time is reflected by this comparison, which is also known as the "criss-cross". No figures have yet been established to indicate what a normative variance may be.

#### 3.3.4. Comparison between the synthesis score (SYN) and the positive mean score (PMS)

A synthesis score within 8 points of the PMS indicates a global perception within expected limits of realism. A synthesis score above 8 points of the PMS indicates an optimistic global perception and a synthesis score below 8 points indicates a pessimistic global perception. A synthesis score of 79 with a PMS of 70 would, for example indicate optimism, while a synthesis score of 61 would indicate pessimism.

#### 3.4 An evaluation of the HSSF in terms of generally accepted criteria

There are several criteria one can use in the selection of a measurement instrument. Although it is often unlikely that the "perfect instrument" will be found, it is useful to evaluate an instrument in terms of certain criteria. The following criteria have been identified from a review of literature (American

Psychological Association, 1974; Anastasi, 1976; Bloom and Fischer, 1982 ; Brown, 1983; Edwards, 1970) : the purpose of the standardized measure, directness of problem assessment, sensitivity to change, utility, reliability and validity.

The purpose of the HSSF and how it relates to the purpose of the study, has already been discussed. The problems associated with the direct measurement of social functioning as a wholistic and unifying construct, were also outlined and it appears that the HSSF meets the requirements of directness, as it focuses on aspects directly related to a specific conceptualisation of social functioning. The HSSF can be used to measure change in functioning (Heimler, 1975) and it also provides an indication of : the level of functioning over a period of time, the likelihood of change and the areas where change occurs. The degree of sensitivity to change of the HSSF has as yet not been established and this is an unfortunate shortcoming of the scale.

The HSSF rates high on some aspects of utility, but low on others. It is easy to administer and takes only between 10 to 15 minutes to complete. Scoring is also relatively easy, but the full interpretation of the scale is complex and requires training and experience. Clients often find it interesting and useful to complete and the HSSF assists most people in understanding themselves or their situation better. Other aspects of utility are directly related to the purpose for which the instrument is to be used and the scale's utility value will vary under these circumstances.

### 3.5 Reliability of the HSSF

#### 3.5.1 Test-retest reliability

Dodrill (1975) tested 61 patients of the University of Washington Hospital Seizure Clinic on both the HSSF and the MMPI, and retested a group of 31 patients four months later. Test-retest correlations were computed for each of 13 HSSF scales and each of 14 MMPI scales. The median correlations of the HSSF and the MMPI were .635 and .715 respectively, and the median estimated overlaps between the two administrations for each scale were .403 and .551, respectively.

Test-retest correlations were .70, .72, and .47 for the satisfaction, frustration and synthesis scales of the HSSF respectively, while the estimated overlaps between the two administrations were .49, .52 and .22 respectively. The greater variability of the synthesis score compared to the satisfaction and frustration scores may be explained technically or theoretically. Technically, the synthesis scale has only five items, compared to 25 items in each of the satisfaction and frustration scales and each variable therefore contributes more to the total score than variables of the other scales. Theoretically, the synthesis scale measures a more sensitive aspect but also a less clearly defined construct, than the satisfaction and frustration scales.

Heimler's Scale of Social Functioning were administered to a control group of public assistance clients by Schumann, Ayres, and Hopkins (1972) twice, approximately one year apart. T-test of

differences between group means (Griswold + Ross, 1977) indicated that neither the satisfaction scale mean score nor the frustration scale mean score changed significantly over the year, 68.4 to 69.8, and 26.1 to 23.0, respectively; however the synthesis score improved significantly ( $p = .05$ ) from 69.5 to 76.1.

### 3.5.2 Internal reliability

Dodrill (1975) also tested the HSSF for split-half reliability on data from 36 patients with epilepsy, using the Spearman-Brown prophecy formula. Reliability coefficients for the satisfaction, frustration and synthesis scales were .76, .80, and .41 respectively, with the first two coefficients considered to be marginally satisfactory.

Ross (1973) computed the Alpha Coefficient, an interclass reliability coefficient which measures internal consistency, on 60 of Heimler's Scales obtaining values of .60, .54, and .74 respectively for satisfaction, frustration, and synthesis scales, thus finding a moderately acceptable level of reliability (Griswold, 1977).

### 3.5.3 Inter-interpreter reliability

Evidence on inter-interpreter reliability is accumulating in interpretations of the HSSF by students at the University of Washington School of Social Work . Each student makes full-scale interpretations and optimal treatment plans for a set of three scales. Consistent work is found across all levels from senior baccalaureate status in social work to post-magistral status,



based on 30 contact hours of instruction and interim exercises. Differences that do appear, seem to be in the sophistication and precision of optimal treatment plans, generally increasing from senior undergraduate to post-magistral levels.

#### 3.5.4 Conclusion on reliability

Test-retest reliability and inter-interpreter agreement of the HSSF appears to be satisfactorily high, although further systematic research on inter-interpreter agreement is desirable. Internal consistency is not satisfactory and should be assessed against general standards of reliability. In this respect Aiken reports that : "If the test is to be used to determine whether the mean scores of two groups of people are significantly different, then a reliability coefficient as low as .65 may be satisfactory. But if it is to be used to compare one examinee with another, a coefficients of at least .85 is necessary. These requirements are usually met by cognitive tests. However, some affective measures have quite low reliabilities and should not be used to compare individuals" (1979 : 62).

### 3.6 Validity of the HSSF

#### 3.6.1 Concurrent validity

Findings on concurrent validity of the HSSF are summarised in TABLE 2.



TABLE 2 SUMMARY OF STUDIES ON CONCURRENT VALIDITY

SCALE USED	STUDY DONE BY	FINDINGS
MAUDSLEY PERSONALITY INVENTORY (MPI) (1955, 1957)	Bender + Cooper (1967)	They found a significant relationship at the .01 level between the MPI neuroticism scale and the HSSF (N = 75)
MINNESOTA MULTIPHASIC INVENTORY (MMPI)	Maher (1969)	35 Significant correlations between the two scales were found. The MMPI depression sub-scale showed the greatest number of significant correlations (positive or negative) with the H.S.S.F., followed by psychoasthenia, hysteria, psychopathy, schizophrenia, social introversion, paranoia and hypermania. There were no significant correlations on the Masculinity-Femininity sub-scale. (N = 27)
	Dodrill (Seizure Clinic) (1975) +	Two Heimler Scales, frustration total and depression, correlated GE./ .40 / on nine out of 14 MMPI scales in the seizure patient matrix, and on 10 of 14 MMPI scales on the drug patient matrix.
	Fox +	Four MMPI scales depression, psychoasthenia, schizophrenia and social introversion,
	Griswold (drug addicts) (1977)	each correlated GE./ .40 / on five of seven of the 13 HSSF scales in both matrices (Pearson correlation GE (equal to or greater than) / .40 / (ignoring signs)). A factor analysis of the drug patient matrix produced a generalized factor, loading several HSSF scales together with several MMPI scales, suggesting that the HSSF measures a general pathology which is more sharply differentiated with the MMPI. (Seizure clinic N = 61 and Drug Addicts N = 175)
CONSENSUS OF OPINION OF STAFF	Ceccatto (1971)	Evidence of concurrent validity was found of the HSSF. Blind interpretation of the HSSF were compared with a consensus of opinion of staff of a educational training programme for unemployed, employable males. There was not one case where a blind interpretation was at variance with the staff consensus of opinion (N = 135)

TABLE 2 (CONTINUED) SUMMARY OF STUDIES ON CONCURRENT VALIDITY

SCALE USED	STUDY DONE BY	FINDINGS
SCHULTZ FUNDAMENTAL INTERPERSONAL RELATIONSHIP ORIENTATION BEHAVIOR + SATIR FAMILY INTERACTION SCALE (1966)	Bates (1972)	A comparison of the three scales by Kendall's coefficient of concordance indicated a significant relationship at the .05 level of significance between the scales on a common dimension called the symbolic interaction patterns of individual, group and family systems (N = 110).
KERESUK'S + SHERMAN'S GOAL ATTAIN- MENT SCALE (1968)	Lawson + Powers (1973)	Results indicated a significant correlation at the .05 level between patient self ratings on the GAS of progress towards personal goals compared with patient self ratings of satisfactions and frustrations on the HSSF.
HOLMES SCHEDULES OF RECENT + ANTICIPATED EXPERIENCES (CSRE) (1974)	Harrington (1977)	A high correlation (Pearson $r = .518$ ) was found between past life change units on the Holmes scale and HSSF frustration ratio.
	Marx, Garrity + Somes (1977)	A significant association ( $P = .01$ ) was found between the CSRE and blind scale interpretations of the HSSF which were categorised into a five-step measure of coping ability.
CLINICAL PSYCHOLOGICAL + PSYCHIATRIC EVALUATIONS	Schuman, Ayers, + Hopkins	Judgments of similarity were made on a five-point scale (high, medium high, medium, medium low, and low) with 36% of the pairs judged high, 18% medium high, 25% medium, 5% medium low, and 16% low. (N = 51)

### 3.6.2 Pragmatic validity

Bates (1972) compared couples in which a spouse was a patient at a state hospital in California, with couples from the same area where a spouse was not a patient. The theoretically expected decrease in HSSF satisfaction and synthesis scores for patients were confirmed by the study, as well as an expected increase in frustration ratios in comparison with patients' spouses and non-patients. (Non-patients had the highest satisfaction and synthesis scores, and the lowest frustration ratios.)

Cannon (1976) compared HSSF scores of family triads of a group of adolescents who were receiving treatment for drug abuse (DT) and a group of adolescents matched by age, sex, and availability of drugs, who were not using drugs (NDT), and their fathers and mothers respectively. The differences in scores between DT adolescents in comparison with the NDT group were especially marked. In all cases the expected decrease in satisfaction and synthesis scores, and increase in frustration ratios were found between the fathers, mothers and adolescents of the DT and NDT groups.

Dodrill and Troupin (1976) studied a pair of 19-year-old identical female twins who both had epilepsy, but highly contrasting histories of seizure frequency. The one twin was less competent in every area examined such as intelligence, academic achievement, emotional and social adjustment. HSSF scores for satisfaction, frustration, and synthesis of the twins : "make it appear that twin 1 has a substantially better personal adjustment "(1976 : 606).

Lagasca and Eagan (1972) studied a population of Anglo and Chicano public assistance recipients in Santa Clara County (San Jose), California. Subsequently Griswold (1977) reworked their data into a correlation of Phi coefficients, dichotomizing ordinal and interval variables at or near the median, and dichotomizing nominal variables according to some assumed underlying dimension. A total of 21 socio-economic, welfare experience and HSSF variables were correlated against the ethnic variable. Ranked by size of phi-coefficients, the HSSF frustration score (.19), synthesis score (.12) and satisfaction score (.02) ranked 5th, 14th and 21st respectively in correlations with Anglo-Chicano ethnic status. Variables correlating higher than the HSSF frustration score with ethnic status included education, employment status and AFDC status, with Phi coefficients of .36, .24 and .20 respectively. Visually it would seem that ethnic status did not bias the HSSF scores.

Pragmatic validity was explored over a three year period for four samples of Caucasian girls aged 15-18 years across four conditions : engaged girls in pre-marital counselling (Day 1975), girls serving as Girl Scout counsellors in a summer camp (Fortin 1975), girls residing in a group home (Devish 1975) and pregnant girls in a school-age-parent programme in a public school system (Mac Donald + Griswold 1977). The general expected pattern of change in HSSF scores in a theoretical expected direction was confirmed by this study, with the difference between pre-marital counseling and unmarried girls being especially marked.

In their study of Caucasian, employed, married males and residents in an alcoholism recovery programme, Griswold and Kelley (1977) attempted in validation research, to set up a control for the problem of satisfaction varying in the HSSF by main work role and marital status. Satisfaction scale scores were significantly different only at the .10 level of significance and synthesis scores were not significantly different. However, frustration scale scores were significantly different at the .01 level.

Ceccato's (1971) study also yielded evidence of pragmatic validity. Results of the study indicated significant change at the .05 level in the direction predicted by theory in the HSSF scores, following a six week educational and training programme.

### 3.6.3 Face validity

The three HSSF scales can be compared with other validated instruments with similar aims. The HSSF satisfaction scale asks questions in selected areas eg. work, finance, friendship, family and personal-sexual, some of which are found in other instruments including : the Normative Social Adjustment Scale (Barrabee, Barrabee, and Finesinger 1955); the Community Adaptation Schedule (Roen, Ottenstein, Cooper, and Burnes 1966); the Social Stability Index (Gerard and Saenger 1966); the Affect Balance Scale (Braßburn 1969); the Denver Inventory of Social Competence (Morse 1972); the Holmes and Rahe Schedule of Recent Experience, renamed Social Readjustment Rating Scale (Holmes + Masuda 1973); and the Domain Satisfaction Scale (Campbell, Converse, and Rodgers, 1976). The HSSF frustration scale includes questions in selected areas of



energy, health, power and influence, moods and lifestyle habits, which are somewhat similar to areas in the Minnesota Multiphasic Personality Inventory (Dahlstrom, Welsh, and Dahlstrom; 1972).

The HSSF synthesis scale asks questions in each of five areas viz. achievement of ambition, hope for the future, meaning in life, scope for self-expression and perception of life as a struggle. The same elements are found in the scoring categories of the Self Anchoring Striving Scale (Cantril; 1965).

#### 3.6.4 Construct validity

Construct validity research was done by Griswold and Kelly (1977) with Caucasian male alcoholic residents. The data for the total group of alcoholics was classified by social stability level (see Gerard and Saenger 1966 : 59) from highest ( employed, married) to lowest (unemployed, divorced). The group means fall in a definite sequence, either high to low or low to high, in 10 of 12 instances. Differences in mean scores between the high social stability and low stability categories were statistically significant.

#### 3.6.5 Predictive validity

Bender, in a two year follow up of his 1967 study, found evidence of the predictive validity of the HSSF in analyzing the relationship between its scores and performance during final examinations. He concluded that those students who functioned at a low level on the HSSF with satisfaction scores below 60 were ultimately less able to perform effectively during final examinations than those students whose satisfaction scores on the HSSF were above 60.

Thomas (1974) evaluated the HSSF as a predictive instrument for granting parole to federal prisoners. His findings indicated that in cases where there was disagreement as to whether parole should be granted, the accuracy of the HSSF recommendation in relation to the actual performance was significant at the .01 level.

Ross (1973) studied 15 males who went through a private hospital's programme of aversive conditioning treatment, and another 15 males who went through a Veterans' Administration Hospital's programme of eclectic psychotherapy treatment. Grisswold and Ross (1977) reworked the initial data and found a multiple correlation  $R$  of .842 between the complete set of HSSF variables and socioeconomic variables in the variance accounted for. These findings can only be regarded as tentative, because so few cases and so many independent and dichotomized variables were used.

Castle and Copeland (1976) found that clients' HSSF scores changed in the direction predicted by theory, following social work intervention. The final scales also gave diagnostic information which was useful when referring clients to other social workers.

#### 3.6.6 Conclusion on validity

A test has many different validities, depending on its specific purposes and varying with the procedure for assessing validity. Validity of a test is affected by both unsystematic and systematic errors, thus a test may be reliable without being valid, but it

cannot be valid without being reliable. The criterion-related validity of a test, as indicated by the correlation between the test and the external criterion measure, can never be greater than the square root of the parallel-forms reliability coefficient (Aiken, 1979).

In summary it can be said, considering that validity is dependent on reliability, that face validity, concurrent validity, pragmatic validity, construct validity and predictive validity appear to be satisfactorily, but more research is needed in the area of content validity, predictive validity and cross-cultural validity. The HSSF can be used, in view of the present status of validation research, in social work practice and research, acknowledging the requirements of validation when used in different settings and with different groups.

#### 4 The Literature Review on the HSSF and Constructing a Research Design to Assess the Application of the HSSF to Population Groups in South Africa

Apart from meeting rigorous scientific requirements, a research design must also be cost effective in terms of the number of respondents involved, time required to execute the design and financial expense, before it can be regarded as recommendable (Bailey, 1978). A crucial decision in this study is whether to validate a social functioning scale for South African population groups or to explore aspects of reliability and validity of a



social functioning scale, when applied to groups in South Africa. It is unlikely that both of these aims can be achieved in one study.

A decision to give preference to the latter alternative was made because the utilization of an existing scale has many advantages as opposed to designing a new instrument viz., validation studies have been done and statistics related to norms are known, and there must be sound reasons why a new scale, that attempts to measure the same constructs as an existing scale, is developed. It would have been cost ineffective to attempt the validation of the HSSF for different population groups, without an indepth exploration of the factors related to such validation.

Overseas studies obtained only moderately acceptable levels of some types of reliability and unacceptable levels on other areas of reliability of the HSSF. Hence the decision to explore the application of the HSSF to South African population groups with the integrity of the scale intact (American Psychological Association, 1974; Anastasi, 1976).

The HSSF was developed in a clinical programme in England and important aspects regarding validity and reliability have not been attempted in the traditional manner of testing. Although a number of validity studies have been completed in the United Kingdom, Canada and the United States of America, findings are often limited by the shortcomings of the initial studies on validity.

The original validation study of the HSSF (Davis and Heimler, 1967) was done with groups of social dysfunctioning people (clinical group) and groups of well-functioning respondents. Clinical samples were obtained from the following welfare agencies : Family Service Units (100 clients), Mental Health Departments in Greater London area (74 clients) and Probation Service (50 clients). The socially well-functioning sample consisted of 50 churchgoers from a congregation of a suburban church and 44 self-stated non-churchgoers obtained by house-to-house sampling.

In view of the aims of this study already stated and discussed and limited data available on samples used in the original study, only clinical samples are used in this study, which is to some extent a replication of the original study, the rationale being that findings on these sample groups would enable one to make valuable inferences regarding reliability, possible validity and usefulness of the HSSF, when applied to population groups in South Africa. At the same time cost-effectiveness could be achieved, particularly as some changes to the HSSF appear to be likely before comprehensive validation can be attempted.

### Summary

The HSSF was developed from a specific approach in social work, namely human social functioning. In the first section of chapter three this approach is reviewed and examined, the rationale being that the HSSF, selected as the tool for measuring social functioning in this study, can be better understood with some

background knowledge of human social functioning. Attention is given to the philosophical underpinnings of Heimler's approach and to solutions offered by human social functioning to some of the problems inherent to act-utilitarianism, a well-known approach to resolving moral issues.

The second section deals with an evaluation of human social functioning in terms of an analytic framework provide by Meyer (1983). Twelve elements are analysed and the content, strengths and weaknesses of the approach are explored.

In addition to the above, the first two sections of chapter three are an attempt to systematise the philosophy and principles of human social functioning, as current literature tends to be fragmented on these issues. The HSSF is then critically evaluated against generally accepted criteria for the selection of a measurement instrument. Finally, attention is given to implications of the literature review for planning a research design that would meet the requirements of the aims of this study.

## CHAPTER 4

### METHODOLOGY

In chapter four the methodology of the research is presented and discussed. Attention is given to the research design, the sampling plan, data collection procedures, and the instruments used and developed for the study.

The HSSF was selected, after reviewing the literature, as an instrument to measure social functioning in South Africa. The aims of administering the HSSF are to establish whether the HSSF would be a reliable instrument of measurement when applied to different population groups, and to identify and analyse aspects of importance for the validation of a South African social functioning scale.

#### 1 THE RESEARCH DESIGN

The research design is partially based on the original validation study of the HSSF done by Davis and Heimler (1967). Only clinical sample groups are used in this study, and the reasons for not including well-functioning respondents, as was done by Davis and Heimler, are outlined in chapter three (see p 135). The research design replicates the original study as far as client groups of three welfare organisations in a South African city, which resemble British welfare agencies from which sample groups

were drawn, are included in the design. In this study another variable, that of race, is considered and client groups from three population groups are also included.

Hence, the research design consists of administering the HSSF on sample groups set out in Table 3. The sample sizes reflected in Table 3 are envisaged sample sizes and not actual sample sizes (see the discussion of sampling plan and data collection procedures, pp 139 - 142).

TABLE 3

RESEARCH DESIGN : SAMPLE GROUPS AND ENVISAGED SAMPLE SIZES BY RACE

WELFARE AGENCY	SAMPLE SIZES			
	POPULATION GROUP			TOTAL
	WHITE	INDIAN	BLACK	
Child and Family Welfare Societies	35	35	35	105
Mental Health Society	35	35	35	105
National Institute For Crime Prevention and the Rehabilitation of Offenders	35	35	35	105
TOTAL	105	105	105	315

South Africans who are classified in terms of racial legislation as "Coloured" (people of mixed descent), were excluded from the

study. This was done because the largest number of Coloureds is found in the Western Cape (87% of the total) while only approximately 2,6% is found in the Durban metropolitan region, and : "In Natal, the Coloured community acquired a distinctive character after substantial immigration of people from the islands of Mauritius and St. Helena" (Schlemmer, Victor and Fisher, 1978 : 15). Findings on Coloureds in Durban can therefore not easily be generalised for Coloureds in other parts of South Africa.

Another restriction on the inclusion of respondents in samples was that only Whites and Indians who are either English speaking or have no difficulty in understanding English, as well as Blacks who are Zulu speaking or have no difficulty in understanding Zulu, qualified for possible inclusion. The HSSF is available in English and had to be translated into Zulu for this study. The language restriction was necessary to avoid translation into more languages, as this might have added intrusive factors to the study (Sue, 1981).

## 2      THE SAMPLING PLAN

The following welfare agencies were selected in Durban South Africa to draw client sample groups :

the South African counterparts of British Family Service Units : Durban Child and Family Welfare Society, Durban Indian Child and Family Welfare Society, and Durban African Child and Family Welfare Society (hereafter collectively referred to as CWS); the South African counterpart of Mental Health Departments of

Greater London : Durban Mental Health Society (hereafter referred to as MHS), and the South African counterpart of British Probation Service : National Institute For Crime Prevention and Rehabilitation of Offenders - Durban (hereafter referred to as NICRO).

Clients of the welfare agencies, identified as meeting the requirements for inclusion in sample groups and being 18 years and older (the HSSF can only be used with people of 18 years and above), can be seen as potentially constituting the universe from which samples were drawn (Maher, 1968). However, clients at welfare agencies are at different stages of requiring assistance with social functioning, some have already received help over a period of time and are almost ready to function independently, while others' social functioning might still be severely hampered and are only in the beginning phases of receiving support. Hence the universe of clients was restricted further by limiting sampling to clients at the same stage of receiving assistance, viz. the first interview at intake.

### 3 DATA COLLECTION PROCEDURE

Social workers, employed by the agencies selected for the research project, were used as fieldworkers after having been trained in the completion of the scale. They were asked to complete a HSSF after the first intake interview for each new client that came to the agency and could be identified as the primary client. A period of three weeks was allotted for this task to be carried out. Although this time limit was not strictly enforced, it was

essential that fieldworkers complete a scale for each client they saw in a given period to ensure randomization through the process of self-reporting to agencies by clients and that the selection of respondents by fieldworkers be prevented.

Fieldwork was carried out during November 1983, except for Durban Child and Family Welfare Society where it was completed during the latter part of February and first half of March 1984. These periods were selected to suit the agencies and after verifying from statistical information on patterns at intake, that these periods did not include exceptional patterns e.g. an above average intake of attempted suicides.

A total of 24 fieldworkers participated in the study, completing between five and 19 questionnaires each.

The data collection procedure followed was relatively easy to implement and did not disrupt the normal programme of service delivery of agencies, but it was difficult to establish sample size accurately. An ideal size of 35 for each population group at the agencies, with a total sample size of 315 was envisaged. Actual sample sizes are given in Table 4.

The main reason for uncompleted scales (Table 4) was that all the questions of the scale were not answered and scores could consequently not be computed for those scales. In the case of Indian women respondents, the unanswered question was usually one of two questions in the scale related to sexuality. In other



groups no pattern of unanswered questions could be established. The only respondents for whom the HSSF could not be completed at all, were two White NICRO clients who were too intoxicated to give reliable responses.

The actual sample size is 89.2% of the envisaged total sample size and Whites, Indians, and Blacks constitute 35.9%, 33.5% and 30.6% respectively of the total sample, giving a satisfactory distribution in terms of race. The small Black MHS sample was caused by practical problems (few fieldworkers and unexpected leave of a fieldworker).

TABLE 4

FINAL SAMPLE SIZES FOR EACH OF THE POPULATION GROUPS OF THREE WELFARE AGENCIES IN DURBAN, SOUTH AFRICA.

AGENCY	WHITE	INDIAN	BLACK	TOTAL
CWS	21 (2)	47 (3)	41 (2)	109 (7)
MHS	41 (1)	20 (2)	11 (1)	72 (4)
NICRO	39 (2)	27 (3)	34 (1)	100 (6)
TOTAL	101 (5)	94 (8)	86 (4)	281 (17)

Note : number of uncompleted HSSF scales are given in parentheses

### 3.1 Training of fieldworkers

All the fieldworkers are qualified and experienced social workers and training in general interviewing skills was not necessary, but it

was essential for fieldworkers to understand the purpose of the research, the research design and how to go about completing the HSSF. Fieldworkers were trained in small groups in three hour sessions and written instructions (separate instructions for Black fieldworkers) were handed to them with the scales (Appendices A and B respectively).

Attention was given during training to selection of the main client, in cases of a family, or joint interview; when to complete the HSSF; how to introduce the scale to the respondent; where to start and what sections should be completed for different clients, depending on work and marital status, and how to obtain background information. The importance of asking questions exactly as it is worded was emphasised and fieldworkers were also advised on how to deal with questions of clients related to the scale. The researcher was also available during the period fieldwork was conducted, to assist with any problems or questions of fieldworkers.

Besides completing the scale and providing some other demographic data viz. age, sex, marital status, race, occupation and number of children of respondents, fieldworkers also had to answer the following question : "Do you think the respondent needs some form of outside professional help (counseling, emotional support or psychotherapy) to cope with his life ?".

The training of Zulu fieldworkers was similar to training of other fieldworkers, although training sessions were longer, since attention was also given to additional illustration

cards to be used and the format of the translated scale.

Uncertainty is sometimes expressed concerning the effectiveness of structured interviewing with Blacks. Schlemmer made the point that : "structured individual interviewing among Black people can be done, up to a high level of complexity, provided the fieldworkers are well-trained, experienced and confident" (1983 : 27). Based on the experience of the researcher in this study, Schlemmer's viewpoint is supported.

The translation of the HSSF into Zulu necessitated another component of training given to four English speaking Zulu social workers. This aspect of training is discussed under a separate heading (see p 96), as it constitutes an integral part of the process of translating the HSSF into Zulu.

### 3.2 Problems encountered in the collection of data

A question was included in the questionnaire for social workers (fieldworkers) to answer, which was aimed at distinguishing between those respondents who are in need of support and those who do not require support. Unfortunately the question : "Do you think the respondent needs some form of outside professional help ( counseling, emotional support or psychotherapy) to cope with his life ?", could not be used for this purpose, because in the case of 101 questionnaires the question was unanswered (this was the only question fieldworkers ~~tended~~ not to complete and is probably due to the fact that the question was included in the field instructions for fieldworkers, although the answer had to be

filled in on the questionnaire).

The researcher also had some reservations concerning the ability of social workers to assess clients' need for support, after only one interview, particularly if the client was referred to the agency and has a need to prove himself as competent. Findings show that in only 8.3% of cases ( $N = 180$ ) social workers indicated that no assistance was required (in the case of Blacks only two clients were reported as not requiring help); and that those who were seen as not in need of assistance compared with those in need of assistance scored higher on the satisfaction scale ( $PMS = 75.5$  and  $53.8$  respectively) and lower on the synthesis scale ( $NMS = 27.9$  and  $50.4$  respectively). On the other hand social workers classified four respondents as not in need of support whose  $PMS$  was lower than 60, and in need of support in terms of the HSSF. Hence it appears if the opinion of social workers may be valuable in distinguishing between functional and dysfunctional individuals, even after one interview, but ideally other criteria should also be used in a validation study of a social functioning scale.

Problems reported by fieldworkers with the completion of the HSSF are as follow (frequency of occurrence are given in parentheses) : lack of privacy during completion of the scale (6); embarrassment with questions related to sexuality (8); limited time available after counseling to complete the HSSF (3); suspected bias of

respondents due to pending children's court enquiries (2); distractions caused by small children in the interviewing situation (9).

Although five types of problems were encountered by fieldworkers, the frequency of occurrence of problems are generally low, and in at least some of these cases there is little evidence to conclude that the reported factors adversely effected the completion of the HSSF.

#### 4 RESEARCH INSTRUMENTS

##### 4.1 Requirements to use the HSSF

Permission was obtained from Heimler to use the HSSF for research purposes, after the researcher completed two qualifying courses in Human Social Functioning at the Heimler Institute in London, during 1982.

The researcher is a lecturer in Human Social Functioning and licensed to use the HSSF in social work practice, as a research instrument, and to teach others in the use of the HSSF and in the principles of Human Social Functioning. This qualification is usually acquired after the successful completion of a minimum of two two-week courses and working with the HSSF over a period of two years.

#### 4.2 Development of illustration cards

A number of cards consisting of alternative answers to questions put to respondents (Appendices C and D respectively for English and Zulu speaking respondents), were designed and given to fieldworkers to assist them with interviewing. The cards were directed at easily obtaining demographic data from clients, except for cards B and D. Card B represents the alternative choices in responses to the satisfaction and frustration scales, viz. "yes", "perhaps/sometimes" and "no". Card D consists of a ladder which was used in the original validation study.

The synthesis scale proved to be particularly problematic for Blacks. Black respondents found it difficult to rate their responses on a twenty point scale, and the ladder symbol was not helpful to them either. After trying several alternatives, three cards were designed (Appendix D). Using these new cards necessitated slight changes in the phrasing of the five questions in the synthesis scale. Instead of giving the instruction : "score each question out of 20 points", and then e.g. ask : "How far do you feel hopeful for your future ?", the following instruction and question was formulated using card 2 (Appendix F) : "Which of the following faces express your feeling of hope for the future most accurately ? Number one means that you have no hope or very little hope for your future, and number twenty means that you feel extremely hopeful for your future." Hence questions were changed in order for people to relate more easily to the content, but using similar words and phrases as contained in the original questions. Fieldworkers reported favourably on the use

of these questions and accompanying cards.

#### 4.3 The Zulu scale

The process of translating the HSSF into Zulu consisted of three phases. Firstly four English and Zulu speaking Black social workers were trained in some of the major principles of Human Social Functioning, the theory from which the HSSF developed. The training was extensive and consisted of three-hourly weekly sessions over a period of four months. The meaning of the questions of the HSSF was discussed in depth and a number of case studies were done with the HSSF. Training continued until the social workers were familiar with the questions of the HSSF, as well as the rationale behind these questions.

The second phase marked the translation of the scale itself. The HSSF was independently translated by the four trained social workers as well as an official translator. Questions or sentences identically translated by all five people were accepted. Where differences existed, people were asked to explain their preference for format of translation. These reasons and translations were discussed with an anthropologist experienced in English/Zulu translations.

The deliberation phase was the final phase. The opinions of all the people involved in the translation and the various options were elaborated on in group discussions. A provisional translation was tested with ten respondents, some changes were suggested, and a final translation was submitted. The researcher played an active role in all three phases and the entire translation took

approximately six months to complete.



## CHAPTER 5

### RESULTS AND DISCUSSION

Descriptive data on sample groups is presented in the first part of chapter five. In the major section of this chapter analyses of data are directed at answering crucial questions formulated in this study viz. whether the international norms of the HSSF apply to populations in South Africa and what aspects should be taken into consideration in the validation of a South African social functioning scale.

Reliability of the HSSF is firstly investigated in the analysis of data, as reliability determines to a large extent the meaningfulness of subsequent analyses. The second type of analyses are directed at the testing of the main hypothesis of the study, viz. that South African client groups will, with the "international norms" applied, be assessed as in need of support by the HSSF. Thirdly a profile of client groups, applying the international norms of the HSSF is compiled followed by a description of the "statistically average client". In view of the criteria related to measurement instruments reviewed in this study, conclusions are drawn on the usefulness of the HSSF as a discriminative instrument. The last section of this chapter deals with the implications of the findings for the application of the HSSF in South Africa and for validating a social functioning scale in South Africa.

Attention is given to a description of sample groups based on data obtained in the study, before the analyses of data are presented.

# 1 DEMOGRAPHIC DESCRIPTION OF SAMPLE GROUPS

After completion of fieldwork, individual replies were coded and coded results were processed on computers, using the SPSS (Nie et al., 1975) SPSS\* (SPSS Inc., 1983) and NP50 (NIPR, 1974) programmes. The SPSS programme was initially used at the University of Natal, and subsequently the other programmes were used at the Rand Afrikaans University.

Demographic data on sample groups include distributions in terms of sex, marital status, age, number of children of respondents, educational level and employment status (Tables 5, and 6). The general impression gained from the combined totals of the sample groups, is that :

- 1) both genders are well represented (45.4% and 54.6% for males and females respectively);
- 2) most of the respondents are single (40.3%), and an almost equal number of respondents are either married (or cohabiting), or separated, divorced or widowed (30.8 % and 28.9% respectively);
- 3) a large percentage (72.2 %) of respondents are 40 years or younger, the modal group being 21 - 30 years, although the sample represents an accepted spread in age distribution;
- 4) the number of children of respondents and respondents' level of education, considering that the sample is multi-racial, shows

some similarity with the general population, viz. most families have either two or three children, and most respondents were exposed to high school education;

- 5) 6.5% more respondents are unemployed, compared to employed respondents.

TABLE 5

PERCENTAGE DISTRIBUTION OF KEY DESCRIPTIVE DEMOGRAPHIC CATEGORIES

BY RACE

DEMOGRAPHIC

DESCRIPTION	TOTAL	WHITE	INDIAN	BLACK
SEX : MALE	45.4	61.2	21.7	50.6
FEMALE	54.6	38.8	78.3	49.4
MARITAL STATUS :				
SINGLE ,	40.3	44.3	17.1	58.3
MARRIED	24.3	11.3	53.7	10.7
WIDOWED	8.7	3.2	6.1	17.9
SEPARATED	11.0	11.3	14.6	7.1
DIVORCED	9.2	21.6	1.2	2.4
COHABITING	6.5	8.3	7.3	3.6
AGE IN YEARS :				
18 - 20	9.2	10.4	14.5	2.4
21 - 30	34.4	31.3	44.6	27.7
31 - 40	28.6	37.5	25.3	21.7
41 - 50	14.5	11.5	10.8	21.7
51 - 60	8.0	7.3	1.2	15.7
61 +	5.3	2.0	3.6	10.8

TABLE 5 (CONTINUED)

PERCENTAGE DISTRIBUTION OF KEY DESCRIPTIVE DEMOGRAPHIC CATEGORIESBY RACE

## DEMOGRAPHIC

DESCRIPTION	TOTAL	WHITE	INDIAN	BLACK
NUMBER OF CHILDREN :				
0	36.7	50.5	27.7	30.2
1 - 2	32.7	27.7	38.3	32.5
3 - 4	21.4	17.8	24.5	22.1
5 - 6	4.6	1.0	6.4	7.0
7 - 9	4.6	3.0	3.1	8.2
EDUCATION :				
ILLITERATE	6.5	0.0	14.7	6.2
PRIMARY SCHOOL	32.9	2.4	45.6	53.1
STANDARD 6 - 8	43.7	69.5	29.4	29.6
STANDARD 9 - 10	13.4	23.2	10.3	6.2
POST-MATRIC	3.5	4.9	0.0	4.9

The sample group differs from what can be expected from a sample of adults taken at random from the general population in that almost 70% of respondents are neither married nor cohabiting and that the majority of respondents are unemployed. It can thus be concluded that demographic data reflects the clinical nature of the sample groups.

TABLE 6

PERCENTAGE DISTRIBUTION OF KEY DESCRIPTIVE DEMOGRAPHIC CATEGORIES

BY AGENCY

DEMOGRAPHIC

DESCRIPTION	TOTAL	NICRO	MHS	CWS
EMPLOYMENT STATUS :				
FULL AND PART-				
TIME EARNERS	30.2	44.6	17.0	27.8
HOUSEWIVES	26.0	14.9	56.4	5.8
UNEMPLOYED	36.7	36.5	18.0	57.0
STUDENTS	3.2	1.0	4.3	4.7
RETIRED	3.9	3.0	4.3	4.7
SEX : MALE	45.4	69.2	58.1	17.8
FEMALE	54.6	30.8	41.9	82.2
MARITAL STATUS :				
SINGLE	40.3	45.3	59.0	25.2
MARRIED	24.3	29.5	1.6	32.7
WIDOWED	8.7	4.2	0.0	17.8
SEPARATED	11.0	10.4	13.1	10.3
DIVORCED	9.2	3.2	23.0	6.5
COHABITING	6.5	7.4	3.3	7.5
AGE IN YEARS :				
18 - 20	9.2	5.3	15.0	9.3
21 - 30	34.4	40.4	31.7	30.6
31 - 40	28.6	28.7	30.0	27.8
41 - 50	14.5	14.9	15.0	13.9
51 - 60	8.0	6.4	6.7	10.2
61 +	5.3	4.3	1.6	8.2

TABLE 6 (CONTINUED)

PERCENTAGE DISTRIBUTION OF KEY DESCRIPTIVE DEMOGRAPHIC CATEGORIESBY AGENCY

## NUMBER OF CHILDREN :

0	36.7	42.0	65.2	12.8
1 - 2	32.7	32.0	23.6	39.5
3 - 4	21.4	14.0	9.8	35.7
5 - 6	4.6	6.0	1.4	5.6
7 - 9	4.6	6.0	0.0	6.4

## EDUCATION :

ILLITERATE	6.5	5.4	2.1	9.9
PRIMARY SCHOOL	32.9	34.4	23.5	36.3
STANDARD 6 - 8	43.7	51.6	46.8	34.0
STANDARD 9 - 10	13.4	8.6	17.0	16.5
POST MATRIC	3.5	0.0	10.6	3.3

## EMPLOYMENT STATUS :

FULL AND PART- TIME EARNERS	30.2	16.0	52.8	28.4
HOUSEWIVES	26.0	20.0	5.6	45.0
UNEMPLOYED	36.7	58.0	36.0	17.4
STUDENTS	3.2	1.0	2.8	5.5
RETIRED	3.9	5.0	2.8	3.7

Scrutinizing specific sample groups in terms of race and agency (Tables 5 and 6), the following characteristics emerge :

- 1) CWS and Indian sample groups are over-represented by females (82.2% and 78.3% respectively), but the NICRO sample consist of a majority of male respondents (69.2%);
- 2) the MHS sample has the highest number of single, separated and divorced respondents (59.0%, 13.1% and 23.0% respectively), while the high percentage of single Black respondents (58.3%) is surprising;
- 3) different sample groups compare favourably in terms of age distribution, except for the relatively young Indian sample group with 59.1% of respondents 30 years and younger (only 41.7% of Whites and 30.1% of Blacks are 30 years and younger);
- 4) illiteracy is the highest amongs the Indian sample group (14.7%), and Whites have the highest level of education (97.6% with at least high school education, compared with 39.7% and 40.7% for Indians and Blacks respectively);
- 5) the family size of the Black sample group is the largest, with 15.2% of respondents having five or more children (comparitive statistics for Whites and Indians are 4.0% and 9.5% respectively);
- 6) the majority of NICRO (58.0%) and Black (57.0%) respondents are unemployed.

The general opinion that MHS clients are, on a continuum of social functioning, more dysfunctional than most other clients, is reiterated by the fact that only 11.3% of the MHS sample is married. Other characteristics of sample groups appear to resemble general

demographic tendencies in society, except for the high unemployment incidents among NICRO and Black groups. Unemployment among NICRO clients is probably caused by the relatively short period new clients had been released from prison at the time of the interview, and the difficulty of obtaining employment with a criminal record.

In general, demographic data on sample groups does not differ from impressions often expressed by practicing social workers on client populations of the agencies represented in the study. High illiteracy amongs Indian (women) clients, the high percentage of single Black clients and the relatively young Indian client group, can be regarded as contrarary to the general belief that Blacks have the lowest literacy rate when compared to any other population group, that Blacks are usually not single, and that the majority of clients at a family welfare organisation, is over 30 years. However, social workers employed by the relevant agencies were not surprised by these findings. The fact that so many respondents are single, divorced or separated, indicate that South African social workers often deal with people who lack the support of a family, or who are relatively isolated from support networks in society.

## 2 RELIABILITY OF THE HSSF FOR SOUTH AFRICAN CLIENT GROUPS

A measurement instrument must be fairly consistent or reliable in what it measures to be useful (Bereiter, 1963). Reliability of a



scale "refers to its relative freedom from unsystematic errors of measurement" (Aiken, 1979 : 58). Unsystematic errors happen at random and lower test reliability, while systematic errors may inflate or deflate test scores in a fixed way and do not affect test reliability. Test reliability is usually estimated by analyzing the effects of variations in administration conditions and test content on examinees' scores.

The different methods of estimating test reliability e.g. test-retest, parallel forms and internal consistency take different conditions into account that may produce unsystematic changes in test scores. The split-half method means that a single test is viewed as consisting of two parts, each of which measures the same thing. Then the correlation between the two sets of scores is a parallel-form reliability coefficient for a test half as long as the original test. Hence the reliability of the entire test can be estimated by the Spearman-Brown prophecy formula. Internal consistency reflects the extent to which items on a given scale successfully sample from some homogeneous domain of interest, and permit unambiguous interpretation of a relatively uniform phenomenon or construct. Parallel-form reliability coefficients (Spearman-Brown prophecy and Guttman split-half) and internal consistency coefficients (Cronbach's alpha) are listed in Table 7 (Ferguson, 1976).

## 2.1 Comparison of reliability coefficients

Using the Spearman-Brown prophecy formula on data from 36 persons with epilepsy, Dodrill (1975, reported in Rodway, 1977)

found reliability coefficients for the satisfaction, frustration and synthesis scales to be 0.76, 0.80, and 0.41 respectively. Reliability of the satisfaction scale as tested in Dodrill's study is considerably higher than in this study, but synthesis scale reliability tested considerably higher in this study (Spearman-Brown coefficients - Table 7). In both studies reliability appears to be unsatisfactory if the HSSF is to be used to compare one examinee with another, although reliability in this study allows for comparison between mean satisfaction, frustration and synthesis scores of different groups ("If the test is to be used to determine whether the mean scores of two groups of people are significantly different, then a reliability

TABLE 7

COEFFICIENTS OF PARALLEL-FORM CONSISTENCY RELIABILITY,  
HEIMLER SCALE OF SOCIAL FUNCTIONING (N = 281)

HSSF SCALE	SPEARMAN-BROWN SPLIT-HALF COEFFICIENTS	GUTTMAN SPLIT-HALF COEFFICIENTS	CRONBRACH'S COEFFICIENTS
SATISFACTION	0.503	0.503	0.746
FRUSTRATION	0.732	0.726	0.850
SYNTHESIS	0.843	0.826	0.844

coefficients as low as 0.65 may be satisfactory. But if it is to be used to compare one examinee with another, a coefficient of at least 0.85 is necessary" Aiken, 1979 : 62).

Ross (Griswold and Ross, 1977) obtained alpha coefficient values of 0.60, 0.54 and 0.74 respectively for satisfaction, frustration, and synthesis scales. Findings of this study (Table 7) indicate higher levels of internal consistency for satisfaction, frustration and synthesis scales, thus reflecting a moderately acceptable level of reliability for the satisfaction scale and acceptable levels for the other scales.

## 2.2 Race and reliability

A critical dimension of this study is the inclusion of different population groups in the sample. A significant question that can be derived from the aims of the study, is how reliable the HSSF is in respect of the three population groups represented in the sample groups.

From Table 8 it can be seen that reliability for Whites and Indians are very similar and higher than coefficients for Blacks on all three scales. Reliability of the satisfaction scale does not reach the satisfactory level of 0.85 previously referred to. The reliability coefficient of the satisfaction scale for Blacks is very low, but for Whites and Indians the coefficients are high enough to permit comparison between group mean scores. Reliability of the frustration and synthesis scales for all three population groups, are higher and make comparisons between group mean scores and individual scores possible. The low level of internal consistency of the

satisfaction scale with Black clients is not surprising, given such a low Spearman-Brown coefficient, but the low alpha for Blacks in the synthesis score is difficult to explain without ascribing it to cultural and ethnic differences.

Another variable to consider when one evaluates the low reliability of the HSSF for Blacks, is the translation of the HSSF from English into Zulu. Hence an item analysis was done to establish whether the translation of specific questions contributed to low reliability coefficients. Results are discussed in the next paragraph.

TABLE 8

COEFFICIENTS OF INTERNAL CONSISTENCY RELIABILITY, HEIMLER SCALE OF  
SOCIAL FUNCTIONING, OF WHITE, INDIAN AND BLACK CLIENT GROUPS IN SOUTH  
AFRICA

HSSF		SPEARMAN-BROWN	CRONBRACH
SCALE	RACE	COEFFICIENT	ALPHA
SATISFACTION	WHITE	0.652	0.781
	INDIAN	0.487	0.787
	BLACK	0.228	0.546
FRUSTRATION	WHITE	0.808	0.865
	INDIAN	0.773	0.863
	BLACK	0.636	0.819
SYNTHESIS	WHITE	0.838	0.849
	INDIAN	0.828	0.846
	BLACK	0.830	0.795

### 2.3 Item analysis and reliability

Reliability of a test can be ascertained by an item analysis and through the elimination of items that does not contribute meaningfully to the overall test score, reliability can often be increased (Cronbach, 1972). An item analysis was done with the NP50 computer programme. After 10 iterations on all three scales no item was rejected and even after iterations were increased to 20, only three items were rejected, with very little difference in the reliability coefficients (Table 9). Consequently it was decided that the integrity of the scale should rather remain intact for the purposes of this study and these items were not eliminated.

The fact that no items were rejected through the process of item analysis and the moderately acceptable levels of internal consistency obtained, means that the questions incorporated in the HSSF are in fact sound for determining social functioning. The relatively low split-half reliability coefficients of the HSSF appear not to be caused by the questions asked, but rather by the fact that both the satisfaction and the frustration scales comprise "yes", "no" and "perhaps" responses. The limited range of responses in these scales undoubtedly contributes to low reliability coefficients, although it does not explain why reliability of the satisfaction scale is lower than the frustration scale. The relative high reliability of the synthesis scale, taking into consideration that it consists of only five items, is probably due to the wide range (20) allowed for responses.

Findings on item analysis apply not only to the total sample group, but also separately for the different racial groups. Even in the case of the translated Zulu scale, individual questions were not rejected and consequently there is no reason to ascribe low reliability, in the case of Blacks, to the translation of the HSSF.

Table 9

KUDER-RICHARDSON 20/14 RELIABILITY COEFFICIENTS, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF CLIENT GROUPS IN SOUTH AFRICA.

HSSF SCALE	KUDER-RICHARDSON 20	KUDER-RICHARDSON 14
SATISFACTION	.745	.746
FRUSTRATION	.850	.850
SYNTHESIS	.844	.846

#### 2.4 Conclusion on reliability

Given the research design, two types of reliability of the HSSF were investigated. Findings on internal consistency have five important implications for this study viz. :

- 1) reliability of the HSSF, particularly of the satisfaction scale, is unsatisfactorily low, although it allows for comparison between group means in most cases;
- 2) reliability for different racial groups varies considerably, with Whites obtaining reasonably acceptable levels;

- 3) reliability coefficients obtained for White South African clients also compare favourably with coefficients obtained by overseas studies;
- 4) the questions included in the HSSF appear to be suitable in a construct that attempts to measure social functioning;
- 5) the limited range (three point scale), allowed for responses in the satisfaction and frustration scales, contributes considerably to low reliability coefficients.

Subsequent analyses of data are attempted with consideration to the findings on reliability, hence only data representing acceptable levels of reliability are analysed.

### 3 HYPOTHESIS TESTING

Heimler (1970) reported that the HSSF differentiates between three levels of overall satisfaction which correspond to actual levels of social competence. The levels are, where the individual functions well, where he needs professional support and where his satisfaction is that low that he requires institutional care. Applying five criteria to clients' scores on the HSSF, it is possible to distinguish between those people in need of assistance, those who do not require professional help and those who are in need of institutionalised care or comprehensive support. These criteria are known as the international norms.

Due to the complexities of the South African society and the



multi-cultural groupings, it can be expected that the HSSF will be less accurate when applied to particularly non-Western populations, than when applied to predominantly Western societies. The hypothesis that functions as a guideline throughout this study, was presented in the first chapter as follows : The great majority White, Indian and Black welfare organisation client groups in Durban, South Africa will, with the international norms applied, be assessed as in need of support by the HSSF (see pp 8 - 9 and 119 - 121 for a further discussion of the hypothesis and of the nature of the international norms).

Hence, if this hypothesis is not proven false, the great majority of clients included in the sample group, should be assessed as in need of support by the HSSF. Should one be able to conclude from the findings that this is in fact the case, it means that the HSSF may be valid for South African population groups. The qualification "may be valid" is necessary as this would only mean that a South African clinical group does test as a clinical group by the HSSF, but whether a non-clinical group will indeed test as non-clinical is unknown. On the other hand, if the majority of clients are not assessed as to be in need of support, it would certainly indicate the invalidity of the HSSF for South African population groups, when applying the international norms.

#### (i) Criterion 1

A Positive Mean Score (PMS) between 0 and 36 is indicative of a need for concentrated supporting relationships, protection or



assistance e.g. institutionalized care or daily assistance.

Results are given in Table 10. There was no question included in the questionnaire directed at distinguishing between clients who need concentrated supporting relationships, protection or assistance and others who need less concentrated intervention, but the fact that 20.8% of MHS clients and only 7.0% and 2.8% NICRO and CMS clients respectively, fall in the first category, supports the reasonable expectation that MHS clients need more concentrated support than clients at the other agencies. Hence there is no reason to question the credibility of criterion 1.

Table 10

POSITIVE MEAN SCORE DISTRIBUTION ON THE HSSF OF CLIENTS AT  
THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA - CRITERION 1.

CLIENT GROUP BY RACE	PERCENTAGE DISTRIBUTION OF POSITIVE MEAN SCORES		
	0 - 35	> 35	TOTAL
WHITE	12.9	87.1	100 (N = 101)
INDIAN	12.8	87.2	100 (N = 94)
BLACK	0.0	100.0	100 (N = 86)
TOTAL	8.9	91.1	100 (N = 281)
CLIENT GROUP BY AGENCY			
CHILD AND FAM. WELFARE SOC.	2.8	97.2	100 (N = 109)
NICRO	7.0	93.0	100 (N = 100)
MENTAL HEALTH SOC.	20.8	79.2	100 (N = 72)
TOTAL	8.9	91.1	100 (N = 281)

(ii) Criterion 2

A Positive Mean Score (PMS) between 35 and 60 indicates a person who is able to function in society with additional support of professionals, or heavy reliance on family members and friends to handle his current situation. A PMS of 60 and above indicates a person who is able to function in society without the support of professionals i.e. social workers, psychologists or psychiatrists. Results are given in Table 11.

The latter part of criterion 2, creates the impression that a person with a PMS of 60 and above, under no circumstances requires the assistance of professionals. This, however, is inaccurate as other criteria also exist to identify someone in need of professional support. There are many examples in the literature, particularly of case studies with the HSSF (Bates, 1972; Bender and Cooper, 1967; Cannon, 1976 and Castle, 1976), to support this argument, although it has not been articulated in literature reviewed for this study. In fact, Heimler (1967a) emphasised that one could only apply criteria 3 and 4 in the analysis of score patterns accurately, if the PMS is 60 and above. A false impression can be created otherwise, viz. if a person has a PMS of 48, it would be unrealistic to expect that his Negative Mean Score be within 33.3% of his PMS.

This means that the statement contained in the second criterion is a provisional one, and should be interpreted only when the other criteria are also taken into consideration. On the other hand criterion 2 clearly serves as a premise to distinguish between

people who function satisfactorily and those who function unsatisfactorily. The subsequent criteria are firstly relevant to those with a PMS of 60 and above, and are intended to ascertain those in need of professional support despite the fact that they have a PMS of 60 or more. Secondly, criteria 3, 4 and 5 can also be used as guidelines in the interpretation of scales with PMS lower than 60. Unfortunately the ambiguity in the formulation of this norm gave rise to different interpretations, and in at least one study (Thomas, 1974) the analysis of data was adversely effected by this confusion.

Table 11

POSITIVE MEAN SCORE DISTRIBUTION ON THE HSSF OF CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA - CRITERION 2.

PERCENTAGE DISTRIBUTION OF					
CLIENT GROUP BY RACE	POSITIVE MEAN SCORE				
	0 - 35	36 - 59	sub-total	> 59	TOTAL
WHITE	12.9	47.5	60.4	39.6	100
INDIAN	12.8	21.2	34.0	66.0	100
BLACK	0.0	24.4	24.4	75.6	100
TOTAL	8.9	31.7	40.6	59.4	100
(N = 281)					
CLIENT GROUP BY AGENCY					
CHILD AND FAM. WEL. SOC.	2.8	22.9	25.7	74.3	100
NICRO	7.0	24.0	31.0	69.0	100
MENTAL HEALTH SOC.	20.8	55.6	76.4	23.6	100
TOTAL	8.9	31.7	40.6	59.4	100
(N = 281)					

Another approach of analysing satisfaction scores implies a comparison of satisfaction scores obtained in this study with scores derived from client groups in the original validation study of the HSSF in the United Kingdom. Such a comparison is desirable particularly in view of low reliability coefficients of the satisfaction scale. Statistics of the original study necessary to determine statistically significant differences between scores, e.g. standard deviations, are unfortunately not available, and only an eyeball comparison is possible (Table 12). From Table 12 it is clear that only South African Mental Health Society clients have similar satisfaction scores when compared to United Kingdom client scores. This is true even when compared with White clients' scores who have lower satisfaction scores than the other racial groups clients.

The comparison of South African client groups' satisfaction scores with that of United Kingdom clients' scores, supports the findings reflected in Table 11, that the majority of Child and Family Welfare Society and NICRO clients' satisfaction scores indicate that they are not in need of support.

### (iii) Criterion 3

The Negative Mean Score (NMS) is expected to be 20% to 33.3% of the PMS, given a PMS of 60 and above. If the NMS is more than 33.3% of the PMS the individual is seen to carry an above average load of frustration. Likewise, if the NMS is less than 20% of the PMS, the individual is seen to experience too little frustration. Severe frustration overload may give rise to paralysis of functioning

Table 12

COMPARISON OF SATISFACTION SCORES : SOUTH AFRICAN CLIENT GROUPS  
AND UNITED KINGDOM CLIENT GROUPS USED IN THE ORIGINAL VALIDATION  
STUDY\* OF THE HSSF

AGENCY CLIENT GROUP	POSITIVE MEAN		
	BASE SCORE	GROSS SCORE	N
U.K. FAMILY SERVICE UNITS	39.4	47.2	100
S.A. CHILD AND FAM. WEL. SOC.	62.8	68.3	109
WHITE S.A. CHILD AND FAM. WEL. SOC.	52.3	67.1	21
U.K. PROBATION SERVICE	38.9	47.2	50
S.A. NICRO	62.5	65.4	100
WHITE S.A. NICRO	58.8	63.6	39
U.K. MENTAL HEALTH DEPT.	45.1	50.9	74
S.A. MENTAL HEALTH SOC.	42.8	51.9	72
WHITE S.A. MENTAL HEALTH SOC.	39.6	50.8	41

\* Davis and Heimler, 1967

or breakdown in some areas of functioning. A low frustration score may be an indication of denial of frustration, or a lack of frustration may lead to stagnation. Results are given in Table 13.

Table 13

NEGATIVE MEAN SCORE / POSITIVE MEAN SCORE RATIO (HSSF) OF CLIENTS  
 AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, WITH  
 POSITIVE MEAN SCORES OF 60 AND ABOVE (N = 167)

CLIENT GROUP BY RACE	NMS/PMS<.20   ≥.20	NMS/PMS≤.33	NMS/PMS>.33
WHITE	45.0 (18.8)	10.0 (5.0)	45.0 (76.2)
INDIAN	9.7 ( 7.5)	11.3 (8.5)	79.0 (84.0)
BLACK	1.5 ( 1.2)	7.7 (5.8)	90.8 (93.0)
TOTAL	15.0 ( 9.6)	9.5 (6.4)	75.5 (84.0)
CLIENT GROUP BY AGENCY			
CWS	13.6 (10.1)	11.1 (8.2)	75.3 (81.7)
NICRO	14.5 (12.0)	8.7 (6.0)	76.8 (82.0)
MHS	23.5 ( 5.6)	5.9 (4.1)	70.6 (90.3)
TOTAL	15.0 ( 9.6)	9.5 (6.4)	75.5 (84.0)

Note : Percentage distribution of NMS/PMS ratio of all respondents, including those with PMS below 60, are given in parentheses

From Table 13 it can be seen that only 9.5% of respondents with a PMS of 60 and above, fall within the functional group, while 6.4% of the total sample group fall within this group. The usefulness of this criterion is also indicated by the fact that MHS clients have the smallest representation in the functional group, compared with clients from other agencies. Criterion 3 appears to distinguish more sharply than any other criterion between functional and dysfunctional individuals, if it is accepted that the total sample group consist of dysfunctional respondents. No other single criterion classifies such a high percentage of

respondents as dysfunctional (90.5%). The distinction effected by criterion 3, also compares favourably with the opinion of social workers regarding clients included in the sample who do not require support (9.5% and 8.3% respectively).

(iv) Criterion 4

A difference of 6 to 8 points between the Gross Positive Score and the Base Positive Score, or the Gross Negative Score and the Base Negative Score, respectively, indicates uncertainty and flexibility within functional limits. A difference of less than 6 points shows a tendency towards rigidity, and a difference of more than 8 points, indicates a degree of uncertainty or ambivalence, and even anxiety. Results are given in Tables 14, 15 and 18.

From Table 18 it can be seen that 94.3% of respondents fall in the dysfunctional group, applying criteria 1, 2, 3 and 4 cumulatively. Criterion 4 classify 21% of all respondents as functional and 19.2% of respondents with PMS of 60 and above as functional (Table 14). Table 15 shows that criterion 4 has merit for distinguishing between functional and dysfunctional groups, as only 3 (18.75%) of the 16 respondents classified by criteria 1, 2 and 3 as functional, still fall in the functional group, applying criterion 4.

(v) Criterion 5

A Synthesis Score within 8 points of the Positive Mean Score indicates a global perception within expected limits of realism. A synthesis score above 8 points of the Positive Mean Score indicates an optimistic global perception, and a Synthesis Score

below 8 points indicates a pessimistic global perception. Results are shown in Tables 16, 17 and 18. According to this criterion 28.8% of all respondents and 19.8% of those with a PMS of 60 and above are not in need of support. Only 11.8% of MHS clients with a PMS of 60 and above fall into the functional group, applying criterion 5. The value of criterion 5 is apparent from the fact that two clients, who are classified as dysfunctional are not classified as such by the other criteria.

Table 14

DIFFERENCES BETWEEN THE GROSS AND BASE HSSF SCORES OF CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, WITH POSITIVE MEAN SCORES OF 60 AND ABOVE

PERCENTAGE DISTRIBUTION OF UNCERTAIN INDEX			
CLIENT GROUP BY RACE	<6	6 - 8	>8
WHITE	42.5 (29.7)	35.0 (28.7)	22.5 (41.6)
INDIAN	51.6 (46.8)	22.6 (23.4)	25.8 (29.8)
BLACK	80.0 (77.9)	6.2 ( 9.3)	13.8 (12.8)
TOTAL	60.5 (50.2)	19.5 (21.0)	20.3 (28.8)
CLIENT GROUP BY AGE			
CWS	48.0 (44.0)	19.8 (22.0)	32.1 (34.0)
NICRO	76.8 (69.0)	15.9 (16.0)	7.3 (15.0)
MHS	52.9 (33.3)	29.4 (26.4)	17.7 (40.3)
TOTAL	60.5 (50.2)	19.2 (21.0)	20.3 (28.8)

Note : Percentage distribution of uncertain index of all respondents, including those with PMS below 60, are given in parentheses



Table 15

DIFFERENCES BETWEEN THE GROSS AND BASE HSSF SCORES OF CLIENTS AT  
THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, WITH PMS OF  
60 AND ABOVE, AND NMS/PMS RATIO WITHIN FUNCTIONAL LIMITS (N = 16)

FREQUENCY DISTRIBUTION			
GROUP BY RACE	UNCERTAIN INDEX		
	< 6	6 - 8	> 8
WHITE	2	0	2
INDIAN	2	3	2
BLACK	2	0	3
TOTAL	6	3	7
CLIENT GROUP BY AGENCY			
CWS	3	2	4
NICRO	3	1	2
MHS	0	0	1
TOTAL	6	3	7

Applying all five criteria to the South African sample groups 280 (N = 281) or 99.6% of the respondents are classified as in need of support by the HSSF, applying the international norms. Hence it can be concluded that the expectation postulated in the research hypothesis is fully met, and that a South African clinical group test as a clinical group by the HSSF. Good reasons exist for research to be done on the HSSF and to investigate the possible validity of the HSSF for the non-clinical groups too.

Table 16

COMPARISON BETWEEN THE SYNTHESIS SCORE AND THE POSITIVE MEAN SCORE (HSSF) OF CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, WITH POSITIVE MEAN SCORES OF 60 AND ABOVE

PERCENTAGE DISTRIBUTION OF			
DIFFERENCE BETWEEN THE PMS AND SYN SCORE			
CLIENT GROUP	SYN SCORE WITHIN +/- 8 POINTS OF PMS	SYN SCORE >+8 POINTS OF PMS	SYN SCORE < -8 POINTS OF PMS
BY RACE			
WHITE	15.0 (29.7)	52.5 (41.6)	32.5 (28.7)
INDIAN	9.7 (21.3)	29.0 (29.8)	61.3 (48.9)
BLACK	32.3 (36.0)	38.5 (36.1)	29.2 (27.9)
TOTAL	19.8 (28.8)	38.3 (36.0)	41.9 (35.2)
CLIENT GROUP			
BY AGENCY			
CWS	18.5 (24.8)	44.5 (40.3)	37.0 (34.9)
NICRO	23.2 (34.0)	31.9 (30.0)	44.9 (36.0)
MHS	11.8 (27.8)	35.3 (37.5)	52.9 (34.7)
TOTAL	19.8 (28.8)	38.3 (36.0)	41.9 (35.2)

Note : Percentage distribution of differences between PMS and SYN scores for all respondents, including those with a PMS of below 60, are given in parentheses

The findings reflected by Table 18 also means that a small percentage (8.1%) of respondents are classified as in need of institutionalised care and from Table 10 it can be seen that the

Table 17

COMPARISON BETWEEN SYNTHESIS SCORE AND POSITIVE MEAN SCORE (HSSF)  
OF CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA,  
WITH PMS OF 60 AND ABOVE, NMS/PMS RATIO, AS WELL AS UNCERTAIN  
SCORES WITHIN FUNCTIONAL LIMITS (N = 3)

FREQUENCY DISTRIBUTION OF			
DIFFERENCES BETWEEN THE PMS AND SYN SCORE			
CLIENT GROUP	SYN SCORE WITHIN	SYN SCORE	SYN SCORE
BY RACE	+/- 8 POINTS OF PMS	>8 POINTS	<-8 POINTS
WHITE	0	0	0
INDIAN	1	0	2
BLACK	0	0	0
TOTAL	1	0	2
CLIENT GROUP			
BY AGENCY			
CWS	0	0	2
NICRO	1	0	0
MHS	0	0	0
TOTAL	1	0	2

majority of these respondents are MHS clients, thus indicating the soundness of the HSSF to distinguish between clients who require different levels of support.

Table 18

DIFFERENTIATION BETWEEN FUNCTIONAL AND DYSFUNCTIONAL GROUPS  
APPLYING THE INTERNATIONAL NORMS CUMULATIVELY TO THE HSSF SCORES  
OF CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA  
(N = 281)

CRITERIA	PERCENTAGE DISTRIBUTION	
	DYSFUNCTIONAL GROUP	FUNCTIONAL GROUP
CRITERION 1	8.1	91.1
CRITERION 2	40.6	59.4
CRITERION 3	90.5	9.5
CRITERION 4	94.3	5.9
CRITERION 5	99.6	0.4

4      A PROFILE OF SOUTH AFRICAN CLIENT GROUPS, APPLYING THE  
INTERNATIONAL NORMS OF THE HSSF

Compiling a profile of the sample groups by applying the international norms makes it possible to observe trends and relationships related to tendencies of importance for the future validation of a South African social functioning scale.

Tables 19 to 28 compare White, Indian and Black clients of three welfare organisations in Durban, South Africa, viz. NICRO, CWS and MHS, on the major HSSF scores.

Comparing the mean of sample groups has the advantage that indications about specific population means, in comparison with

other population means, can be obtained. A problem encountered in this type of analysis is that the more separate t tests are performed, the more likely some findings will be statistically significant purely by chance. "A procedure for testing differences among three means for statistical significance which overcomes this difficulty is the analysis of variance (abbreviated as ANOVA)" (Welkowitz, et al., 1971 : 201).

The null hypothesis tested by ANOVA is that the means of the populations from which the samples were randomly drawn are all equal. ANOVA does not indicate anything about specific population means, but when the alternative hypothesis is accepted with an ANOVA, significant levels obtained by separate t tests, are supported.

Significant differences ( $p = .001$ ) were obtained by an ANOVA for the satisfaction and synthesis scales. Hence it can be concluded that it is, at the .001 level of significance not true that the means of all MHS, CWS and NICRO clients on the satisfaction and synthesis scales, or of all White, Indian and Black clients, are equal. It is therefore meaningful to look at between-group differences, by performing separate t tests.

In the case of the frustration scale an acceptable significance ( $p = .001$ , one-way ANOVA) was only obtained with race as variable, but not with agency as variable. This finding was expected and can be explained as follows. Frustration can derive from internal (intra-personal), external (inter-personal and

environmental) or both internal and external factors. MHS clients are more likely to experience frustration derived mainly from internal factors, while CWS clients are more likely to derive frustration mainly from environmental factors. It is therefore not surprising that total frustration scores of clients at different agencies do not vary considerably, although clients from different racial groups have significantly different frustration scores. The expected trend in frustration scores of different sample groups and the reasons likely to cause this pattern are considered in the interpretation of findings on the frustration scale.

Another statistically more refined method of analysis for differences between group mean scores is the two-way ANOVA. Interaction between the two variables, race and agency, can be expected and as the differences between different configurations of sample groups are important in this study, analysis of data were limited to a one-way ANOVA and separate t tests for differences between group means.

#### 4.1 Analysis of the satisfaction scores as reflected by the positive mean score (PMS)

Analysis of satisfaction scores is limited by the low reliability of the satisfaction scale and the full range of analysis, done on the other scales, is not attempted in the analysis of satisfaction scores.

TABLE 19

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR SCALES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 72 MENTAL HEALTH CLIENTS, 109 CHILD AND FAMILY WELFARE SOCIETY CLIENTS, AND 100 NICRO CLIENTS IN DURBAN, SOUTH AFRICA.

NAME OF		MENTAL HEALTH	CHILD AND	
HSSF		SOCIETY	FAM. WEL. SOC.	NICRO
SCALE	STATISTICS	(N = 72)	(N = 109)	(N = 100)
BASE	MEAN	42.83	62.83	62.48
POSITIVE	SD	17.59	14.81	16.50
GROSS	MEAN	51.91	68.28	65.42
POSITIVE	SD	16.05	13.15	15.14
MEAN	MEAN	47.38	65.54	63.65
POSITIVE	SD	16.56	13.81	16.09
BASE	MEAN	44.92	39.28	43.84
NEGATIVE	SD	20.92	22.25	22.83
GROSS	MEAN	52.75	48.04	48.64
NEGATIVE	SD	19.36	19.05	21.25
MEAN	MEAN	48.83	44.08	46.24
NEGATIVE	SD	19.90	20.24	21.86
SYNTHESIS	MEAN	44.36	64.19	63.41
	SD	18.86	21.81	20.93

TABLE 20

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR  
 SCALES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF CLIENTS OF THREE  
 WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, TABLE 19, BY RACE.

NAME OF				
HSSF		WHITE	INDIAN	BLACK
SCALE	STATISTICS	(N =101)	(N =94)	(N = 86)
BASE	MEAN	50.89	58.00	64.98
POSITIVE	SD	19.76	18.70	12.30
GROSS	MEAN	59.15	62.92	67.84
POSITIVE	SD	16.98	17.46	11.60
MEAN	MEAN	55.01	60.14	66.41
POSITIVE	SD	18.18	18.24	11.79
BASE	MEAN	36.04	41.94	50.21
NEGATIVE	SD	20.60	22.18	21.79
GROSS	MEAN	44.89	49.68	54.58
NEGATIVE	SD	20.20	20.20	18.29
MEAN	MEAN	40.47	46.15	52.55
NEGATIVE	SD	20.17	20.82	19.65
SYNTHESIS	MEAN	56.41	52.06	69.08
	SD	21.54	20.36	22.08



TABLE 21

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR  
SCALE SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 100 NICRO  
CLIENTS IN DURBAN, SOUTH AFRICA BY RACE.

NAME OF		WHITE	INDIAN	BLACK	TOTAL
HSSF					
SCALE	STATISTICS	N =39	N =27	N =34	N =100
BASE	MEAN	58.77	60.59	68.24	62.48
POSITIVE	SD	18.88	17.18	10.96	16.50
GROSS	MEAN	63.60	63.63	68.94	65.42
POSITIVE	SD	18.00	14.58	11.31	15.14
MEAN	MEAN	61.18	61.00	68.59	63.65
POSITIVE	SD	18.34	17.08	11.05	16.09
BASE	MEAN	36.00	38.52	57.06	43.84
NEGATIVE	SD	19.45	23.41	20.52	22.83
GROSS	MEAN	42.51	45.57	58.12	48.64
NEGATIVE	SD	19.13	21.78	20.36	21.25
MEAN	MEAN	39.26	42.04	57.59	46.24
NEGATIVE	SD	19.12	22.30	20.38	21.86
SYNTHESIS	MEAN	68.82	57.56	68.74	63.41
	SD	22.08	17.01	21.63	20.93

TABLE 22

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR SCALE SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 109 CHILD AND FAMILY WELFARE SOCIETY CLIENTS IN DURBAN, SOUTH AFRICA BY RACE.

NAME OF					
HSSF		WHITE	INDIAN	BLACK	TOTAL
SCALE	STATISTICS	N =21	N =47	N =41	N =109
BASE	MEAN	58.29	64.17	63.61	62.83
POSITIVE	SD	21.89	13.03	12.00	14.81
GROSS	MEAN	67.14	69.36	67.61	68.28
POSITIVE	SD	17.78	12.34	11.45	13.15
MEAN	MEAN	62.67	66.77	65.61	65.54
POSITIVE	SD	19.76	12.52	11.55	13.81
BASE	MEAN	22.10	43.57	43.17	39.28
NEGATIVE	SD	18.49	21.12	21.46	22.25
GROSS	MEAN	34.38	51.87	50.63	48.04
NEGATIVE	SD	19.70	19.13	15.59	19.05
MEAN	MEAN	28.24	48.40	47.24	44.08
NEGATIVE	SD	18.91	19.55	18.00	20.24
SYNTHESIS	MEAN	64.57	54.45	75.17	64.19
	SD	22.17	20.87	17.39	21.81

TABLE 23

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR  
 SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 72 MENTAL HEALTH  
 SOCIETY CLIENTS IN DURBAN, SOUTH AFRICA BY RACE

NAME OF		WHITE	INDIAN	BLACK	TOTAL
HSSF					
SCALE	STATISTICS	N =41	N =20	N =11	N =72
BASE	MEAN	39.61	40.00	60.00	42.83
POSITIVE	SD	13.35	21.25	15.60	17.59
GROSS	MEAN	50.83	46.80	65.20	51.91
POSITIVE	SD	11.45	21.33	13.63	16.05
MEAN	MEAN	45.22	43.40	62.64	47.38
POSITIVE	SD	12.08	21.11	14.51	16.56
BASE	MEAN	43.22	42.70	55.27	44.92
NEGATIVE	SD	19.40	23.52	20.30	20.92
GROSS	MEAN	52.54	50.10	58.36	52.57
NEGATIVE	SD	18.85	20.64	19.53	19.36
MEAN	MEAN	47.88	46.40	56.82	48.83
NEGATIVE	SD	18.84	21.90	19.89	19.90
SYNTHESIS	MEAN	46.12	39.05	47.46	44.36
	SD	16.35	18.53	26.94	18.86

TABLE 24

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR SCALE SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 101 WHITE CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA.

NAME OF		MENTAL	CHILD AND		
HSSF		HEALTH	FAM. WEL SOC.	NICRO	TOTAL
SCALE	STATISTIC	(N = 41)	(N = 21)	(N = 39)	(N = 101)
BASE	MEAN	39.61	58.29	58.77	50.89
POSITIVE	SD	13.35	21.89	18.88	19.76
GROSS	MEAN	50.83	67.14	63.60	59.15
POSITIVE	SD	11.45	17.78	18.00	16.98
MEAN	MEAN	45.22	62.67	61.18	55.01
POSITIVE	SD	12.08	19.76	18.34	18.18
BASE	MEAN	43.22	22.10	36.00	36.04
NEGATIVE	SD	19.40	18.49	19.45	20.60
GROSS	MEAN	52.54	34.38	42.51	44.89
NEGATIVE	SD	18.85	19.70	19.13	20.20
MEAN	MEAN	47.88	28.24	39.24	40.47
NEGATIVE	SD	18.84	18.91	19.12	20.17
SYNTHESIS	MEAN	46.12	64.57	62.82	56.41
	SD	16.35	22.17	22.08	21.54

TABLE 25

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR  
 SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 94 INDIAN CLIENTS  
 AT THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA.

NAME OF		MENTAL	CHILD AND		
HSSF		HEALTH	FAM. WEL. SOC.	NICRO	TOTAL
SCALE	STATISTIC	(N = 20)	(N = 47)	(N = 27)	(N = 94)
BASE	MEAN	40.00	64.17	60.59	58.00
POSITIVE	SD	21.25	13.03	17.18	18.70
GROSS	MEAN	46.80	69.36	63.63	62.92
POSITIVE	SD	21.33	12.34	14.58	17.46
MEAN	MEAN	43.40	66.77	61.00	60.14
POSITIVE	SD	21.11	12.52	17.08	18.24
BASE	MEAN	42.70	43.57	38.52	41.94
NEGATIVE	SD	23.52	21.12	23.41	22.18
GROSS	MEAN	50.10	51.87	45.57	49.68
NEGATIVE	SD	20.64	19.13	21.78	20.20
MEAN	MEAN	46.40	48.40	42.04	46.15
NEGATIVE	SD	21.90	19.55	22.30	20.82
SYNTHESIS	MEAN	39.05	54.45	57.56	52.06
	SD	18.53	20.87	17.01	20.36

TABLE 26

COMPARISON OF MEANS AND STANDARD DEVIATIONS OF EACH OF SEVEN MAJOR  
SCALE SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, OF 86 BLACK  
CLIENTS OF THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA.

NAME OF		MENTAL	CHILD AND		
HSSF		HEALTH	FAM. WEL.	SOC. NICRO	TOTAL
SCALE	STATISTIC	(N = 11)	(N = 41)	(N = 34)	(N = 86)
BASE	MEAN	60.00	63.61	68.24	64.98
POSITIVE	SD	15.60	12.00	10.96	12.30
GROSS	MEAN	65.27	67.61	68.94	67.84
POSITIVE	SD	13.63	11.45	11.31	11.60
MEAN	MEAN	62.64	65.61	68.59	66.41
POSITIVE	SD	14.51	11.55	11.05	11.79
BASE	MEAN	55.27	43.17	57.06	50.21
NEGATIVE	SD	20.30	21.46	20.52	21.79
GROSS	MEAN	58.36	50.63	58.12	54.58
NEGATIVE	SD	19.53	15.59	20.36	18.29
MEAN	MEAN	56.82	47.24	57.59	52.55
NEGATIVE	SD	19.89	18.00	20.38	19.65
SYNTHESIS	MEAN	47.46	75.17	68.74	69.08
	SD	26.94	17.39	21.63	22.08

TABLE 27

STATISTICALLY SIGNIFICANT HSSF SCORE DIFFERENCES BETWEEN WHITE,  
 INDIAN AND BLACK CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN,  
SOUTH AFRICA

DESCRIPTION		MEAN	SD	t-value	N
CLIENT GROUP	OF SCORE TYPE				
CWS	PMS	65.54	13.81		109
MHS		47.38	16.56	7.73***	72
NICRO	PMS	63.65	16.09		100
MHS		47.38	16.56	2.55**	72
WHITE CWS	PMS	62.67	19.76		21
WHITE MHS		45.22	12.08	3.70***	41
WHITE NICRO	PMS	61.18	18.34		39
WHITE MHS		45.22	12.08	4.57***	41
BLACK	NMS	52.55	19.65		86
WHITE		40.47	20.17	4.14***	101
BLACK	NMS	52.55	19.65		86
INDIAN		46.15	20.82	2.12*	94

\*p < 0.05

\*\*p < 0.01

\*\*\*p < 0.0005

TABLE 27 (CONTINUED)

STATISTICALLY SIGNIFICANT HSSF SCORE DIFFERENCES BETWEEN WHITE,  
INDIAN AND BLACK CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN,  
SOUTH AFRICA

DESCRIPTION		MEAN	SD	t-value	N
CLIENT GROUP	OF SCORE TYPE				
WHITE MHS	NMS	47.88	18.84		41
WHITE		28.24	18.91	3.87***	21
WHITE MHS	NMS	47.88	18.84		41
WHITE NICRO		39.26	19.12	2.03*	39
BLACK NICRO	NMS	57.59	20.38		34
BLACK CWS		47.24	18.00	2.31*	41
BLACK CWS	NMS	47.24	18.00		41
WHITE CWS		28.91	18.19	3.68***	21
INDIAN CWS	NMS	48.40	19.55		47
WHITE CWS		28.91	18.19	3.88***	21
BLACK NICRO	NMS	57.59	20.38		34
WHITE NICRO		39.26	19.12	4.11***	39

\* $p < 0.05$

\*\* $p < 0.01$

\*\*\* $p < 0.0005$



TABLE 27 (CONTINUED)

STATISTICALLY SIGNIFICANT HSSF SCORE DIFFERENCES BETWEEN WHITE,  
INDIAN AND BLACK CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN,  
SOUTH AFRICA

DESCRIPTION		MEAN	SD	t-value	N
CLIENT GROUP	OF SCORE TYPE				
BLACK NICRO	NMS	57.59	20.38		34
INDIAN NICRO		42.04	22.30	2.81**	27
CWS	SYN	64.19	21.81		109
MHS		44.36	18.86	6.50***	72
NICRO	SYN	63.41	20.93		100
MHS		44.36	18.86	6.25***	72
BLACK	SYN	69.08	22.08		86
WHITE		56.41	21.54	3.95***	101
BLACK	SYN	69.08	22.08		86
INDIAN		52.06	20.36	5.36***	94
WHITE CWS	SYN	64.57	22.19		21
WHITE MHS		46.12	16.35	3.37**	41
WHITE NICRO	SYN	62.82	22.08		39
WHITE MHS		46.12	16.35	3.84***	41

\* $p < 0.05$

\*\* $p < 0.01$

\*\*\* $p < 0.0005$

TABLE 27 (CONTINUED)

STATISTICALLY SIGNIFICANT HSSF SCORE DIFFERENCES BETWEEN WHITE,  
 INDIAN AND BLACK CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN,  
 SOUTH AFRICA

CLIENT GROUP	DESCRIPTION		MEAN	SD	t-value	N
	OF SCORE	TYPE				
INDIAN CWS		SYN	54.45	20.87		47
INDIAN MHS			39.08	18.53	3.00**	20
INDIAN NICRO		SYN	57.56	17.01		27
INDIAN MHS			39.05	18.53	3.51**	20
BLACK CWS		SYN	75.17	17.39		41
BLACK MHS			47.46	26.94	3.24**	11
BLACK NICRO		SYN	68.74	21.36		34
BLACK MHS			47.46	26.94	2.39*	11
WHITE NICRO		SYN	68.82	22.08		39
INDIAN NICRO			57.56	17.01	2.34*	27
BLACK NICRO		SYN	68.74	21.63		34
INDIAN NICRO			57.56	17.01	2.26*	27
BLACK CWS		SYN	75.17	17.39		41
INDIAN CWS			54.45	20.87	5.09***	47

\*p < 0.05

\*\*p < 0.01

\*\*\*p < 0.0005

TABLE 28

STATISTICALLY NON-SIGNIFICANT HSSF SCORE DIFFERENCES BETWEEN WHITE,  
INDIAN AND BLACK CLIENTS AT THREE WELFARE ORGANISATIONS IN DURBAN,  
SOUTH AFRICA

DESCRIPTION		t-value			
CLIENT GROUP	OF SCORE TYPE	MEAN	SD	( $p > 0.05$ )	N
BLACK NICRO	PMS	68.59	11.05		34
BLACK MHS		62.64	14.51	1.25	11
BLACK NICRO	PMS	68.59	11.05		34
BLACK CWS		65.61	11.55	.63	41
BLACK NICRO	NMS	57.59	20.38		34
BLACK MHS		56.82	19.89	1.45	11
BLACK MHS	NMS	56.82	19.89		11
WHITE MHS		47.88	18.84	1.34	41
BLACK MHS	NMS	56.82	19.89		11
INDIAN MHS		46.40	21.90	1.35	20
BLACK CWS	SYN	75.17	17.39		41
BLACK NICRO		68.74	21.63	1.40	34
BLACK MHS	SYN	47.46	26.94		11
INDIAN MHS		39.05	18.53	.92	20
BLACK MHS	SYN	47.46	26.94		11
WHITE MHS		46.12	16.35	1.45	41

(i) With agency as criterion

The initial impression of Table 19 is that NICRO and CWS clients have similar satisfaction scores (PMS = 63.65 and PMS = 65.54 respectively). These scores are significantly higher than MHS clients' satisfaction scores (PMS = 47.38) (Table 27).

(ii) With race as criterion

Satisfaction scores for all White (PMS = 55.01), Indian (PMS = 60.14) and Black (PMS = 66.41) clients vary considerably, with Whites having the lowest scores and Blacks the highest (Table 20).

(iii) With agency and race as criteria

White NICRO (PMS = 61.18) and CWS (PMS = 62.67) clients have at the .0005 level of significance, higher satisfaction scores than the same race group MHS clients (PMS = 45.22) (Tables 24 and 27).

In comparison to other racial groups at the same agency, Blacks at NICRO (PMS = 68.59) and MHS (PMS = 62.64) have the highest satisfaction scores, while Indian CWS clients' scores (PMS = 66.77) are slightly higher than Black scores (PMS = 65.61). The differences between MHS Black satisfaction scores (PMS = 62.64) and the other racial group clients (White, PMS = 45.22; Indian, PMS = 43.40), are particularly marked. Satisfaction scores of White (PMS = 61.18 and PMS = 45.22 respectively) and Indian clients (PMS = 61.00 and PMS = 43.40 respectively) at NICRO and MHS are very similar. CWS clients' scores appear, irrespective of

race, to be more similar (White, PMS = 62.67; Indian, PMS = 66.77; Black, PMS = 65.61) than clients of the other two agencies (standard deviations are smaller and scores of different racial groups more alike)(See Tables 21, 22 and 23).

#### 4.2 Analysis of frustration scores as reflected by the negative mean scores (NMS)

##### (i) With agency as criterion

MHS clients have the highest frustration (NMS = 48.83), and the lowest satisfaction scores, while the frustration scores for CWS (NMS = 44.08) and NICRO (NMS = 46.24) clients, like their satisfaction scores, appear to be fairly similar (Table 19).

##### (ii) With race as criterion

White clients at the three agencies have the lowest frustration scores, (NMS = 40.47) and Blacks the highest (NMS = 52.55), with the Indian scores (NMS = 46.15) approximately half way between the other groups' frustration scores (Table 20). Black scores are significantly higher at the .0005 level than White scores, and at the .05 level higher than Indian frustration scores, but there is not an acceptable statistical difference between White and Indian frustration scores (Tables 27 and 28).

##### (iii) With agency and race as criteria

White MHS clients (NMS = 47.88) have the highest frustration scores, when compared with White clients at NICRO (NMS = 39.24,  $p = .05$ ) and CWS (NMS = 28.24,  $p = .0005$ ). Black clients'

frustration scores at NICRO and MHS are also higher than scores of Black clients at CWS (NMS = 47.24). NICRO scores are higher than CWS ( $p = .05$ ) clients' scores, but otherwise the frustration scores of Blacks and Indians across agencies appear to be fairly consistent (Black MHS, NMS = 56.82 and NICRO, NMS = 57.59; Indian MHS, NMS = 46.40, CWS, NMS = 48.40, and NICRO, NMS = 42.04) (Tables 24, 25, 26 and 27).

Black frustration scores at NICRO (NMS = 57.59) and CWS (NMS = 47.24) are considerably higher than White scores ( $p = .0005$ ) at the same agencies, where the latter group has the lowest scores (NMS = 39.26 and NMS = 28.24 respectively). MHS frustration scores, when compared in terms of race, appear to be more similar (White, NMS = 47.88; Indian, NMS = 46.40; Black NMS = 56.82).

White and Indian scores at NICRO and MHS are fairly similar (White NICRO, NMS = 39.26; Indian NICRO, NMS = 42.04; White MHS, NMS = 47.88; Indian MHS, NMS = 46.40), but at CWS Indian client scores (NMS = 48.40) are significantly higher than White scores (NMS = 28.24,  $p = .0001$ ). That higher frustration scores for Blacks and Indians at CWS, where societal factors are more likely to contribute largely to frustration than at the other two agencies, is particularly interesting (see pp 125 - 126). It confirms the widely held belief that Black and Indian frustration levels in South Africa are generally higher than White levels of frustration (Tables 21, 22, 23 and 27).

### 4.3 Analysis of Synthesis scores

#### (i) With agency as criterion

NICRO (SYN = 63.41) and CWS (SYN = 64.19) clients' synthesis scores are very similar, but these scores are significantly higher than MHS clients' scores (SYN = 44.36,  $p = .0005$ )(Tables 19 and 27).

#### (ii) With race as criterion

Indian clients have the lowest synthesis scores (SYN = 52.06) and Black clients' scores (SYN = 69.08) are significantly higher than Indian and White (SYN = 56.41) synthesis scores ( $p = .0005$ )(Tables 20 and 27).

#### (iii) With agency and race as criteria

White, Indian and Black clients at NICRO and CWS have significantly higher synthesis scores when compared to clients of the same racial group at MHS (significantly higher levels for White, Indian and Black NICRO clients are respectively  $p = .0005$ ,  $p = .01$  and  $p = .05$ ; and for CWS clients in all categories  $p = .01$ )(Table 27).

White and Indian NICRO and CWS clients' synthesis scores are fairly similar (White NICRO, SYN = 62.82 and White CWS, SYN = 64.57; Indian NICRO, SYN = 57.56 and Indian CWS, SYN = 54.45). Although Black clients at CWS (SYN = 75.17) have higher synthesis scores than clients at NICRO (SYN = 68.74), the difference is not statistically significant at the .05 level (See Tables 24, 25, 26

and 28). Thus it can be said that no statistically significant differences exist between NICRO or between CWS clients' synthesis scores, irrespective of race.

In comparison to other racial groups at the same agency White (SYN = 63.82) and Black (SYN = 68.74) clients at NICRO have similar synthesis scores, and these scores are higher than Indian clients' scores (SYN = 57.56,  $p = .05$ ). Black CWS clients' synthesis scores (SYN = 75.17) are significantly higher than Indian clients' synthesis scores (SYN = 56.45) at the same agency ( $p = .0005$ ), while White scores (SYN = 64.57) are not significantly different to either of these groups. At MHS higher synthesis scores for Black and White clients, when compared with Indian scores, fail to reach statistical significance (White MHS, SYN = 46.12; Indian MHS, SYN = 39.05; Black MHS, SYN = 47.46) (Tables 21, 22, 23, 27 and 28).

##### 5      DESCRIPTION OF THE "STATISTICALLY AVERAGE CLIENT" APPLYING THE INTERNATIONAL NORMS

Clinical indices derived from the scores, listed in Tables 29 to 33, show similarities and differences more sharply for an idealized "statistically average client" for which a scale pattern may not occur modally.

The average MHS client appears to :

- 1) be unable to function in society without the support of



professionals (PMS = 47.38, cut off score = 60);

- 2) be immobilized by frustration ( the NMS is 1.03 of the PMS, while the cut-off score for average frustration is .33);
- 3) be uncertain of his perceived sources of satisfaction or lack of satisfaction ( the difference between the GPS and the BPS is 9.08 and the upper cut off score is 8), but more certain of sources of frustration or lack of frustration ( the difference of the GNS and the BNS is 7.83, which is within the norm of 6 to 8 points);
- 4) have a global perception within expected limits of realism (SYN - MPS = -3.01, the norm is + 8 or - 8 ).

The average NICRO client appears to :

- 1) be immobilized by frustration and therefore to be in need of support (the NMS is .73 of the PMS);
- 2) tend towards rigidity (GPS - BPS = 2.94 and GNS - BNS = 4.80);
- 3) have a global perception within expected limits of realism (SYN - PMS = -0.24).

The average CWS client appears to :

- 1) be immobilized by frustration and therefore to be in need of support (the NMS is .67 of the PMS);
- 2) be less certain of perceived sources of frustration or lack of frustration in comparison with perceived sources of satisfaction (GPS - BPS = 5.45 and GNS - BNS = 8.76);
- 3) have a global perception within expected limits of realism (SYN - PMS = -1.35).

TABLE 29

COMPARISON OF CLINICAL INDICES DERIVED FROM MEANS OF MAJOR SCALE  
 SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, TABLE 19, OF 72  
 MENTAL HEALTH SOCIETY CLIENTS, 109 CHILD AND FAMILY WELFARE SOCIETY  
 CLIENTS AND 100 NICRO CLIENTS IN DURBAN, SOUTH AFRICA.

CLINICAL INDICES	MENTAL HEALTH	CHILD AND	
	SOCIETY	FAM. WEL. SOC.	NICRO
	(N = 72)	(N = 109)	(N = 100)
BASE POSITIVE	42.83	62.83	62.48
GROSS POSITIVE -			
BASE POSITIVE	9.08	5.45	2.94
GROSS NEGATIVE -			
BASE NEGATIVE	7.83	8.76	4.80
MEAN NEGATIVE /			
MEAN POSITIVE*	1.03	.67	.73
BASE NEGATIVE /			
GROSS POSITIVE*	.87	.58	.67
GROSS NEGATIVE /			
BASE POSITIVE*	1.23	.76	.78
SYNTHESIS -			
MEAN POSITIVE	-3.01	-1.35	-.24

\* RATIO

TABLE 30

COMPARISON OF CLINICAL INDICES DERIVED FROM MEANS OF MAJOR SCALE  
SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, TABLE 20, OF CLIENTS  
OF THREE WELFARE ORGANISATIONS IN DURBAN, SOUTH AFRICA, BY RACE.

	WHITE	INDIAN	BLACK
CLINICAL INDICES	(N = 101)	(N = 94)	(N = 86)
BASE POSITIVE	50.89	58.00	64.98
GROSS POSITIVE -			
BASE POSITIVE	8.26	4.92	2.86
GROSS NEGATIVE -			
BASE3 NEGATIVE	8.94	7.74	4.32
MEAN NEGATIVE /			
MEAN POSITIVE*	.74	.78	.79
BASE NEGATIVE /			
GROSS POSITIVE*	.61	.67	.74
GROSS NEGATIVE /			
BASE POSITIVE*	.88	.86	.84
SYNTHESIS -			
MEAN POSITIVE	1.4	-8.10	2.67

\* RATIO

TABLE 31

COMPARISON OF CLINICAL INDICES DERIVED FROM MEANS OF MAJOR SCALE  
 SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, TABLE 21, OF 100  
 MICRO CLIENTS IN DURBAN, SOUTH AFRICA, BY RACE.

CLINICAL INDICES	WHITE (N =39)	INDIAN (N =27)	BLACK (N =34)	TOTAL (100)
BASE POSITIVE	58.77	60.59	68.24	62.48
GROSS POSITIVE -				
BASE POSITIVE	4.83	3.04	.70	2.94
GROSS NEGATIVE -				
BASE NEGATIVE	6.51	7.05	1.06	4.80
MEAN NEGATIVE /				
MEAN POSITIVE*	.64	.69	.84	.73
BASE NEGATIVE /				
GROSS POSITIVE*	.57	.61	.83	.67
GROSS NEGATIVE /				
BASE POSITIVE*	.72	.75	.85	.78
SYNTHESIS -				
MEAN POSITIVE	1.64	-3.44	.17	-.24

\* RATIO

TABLE 32

COMPARISON OF CLINICAL INDICES DERIVED FROM MEANS OF MAJOR SCALE  
SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, TABLE 22, OF 109  
CHILD AND FAMILY WELFARE SOCIETY CLIENTS IN DURBAN, SOUTH AFRICA,  
BY RACE.

	WHITE	INDIAN	BLACK	TOTAL
CLINICAL INDICES	(N =21)	(N =47)	(N =41)	(N =109)
BASE POSITIVE	58.29	64.17	63.61	62.83
GROSS POSITIVE -				
BASE POSITIVE	8.85	5.19	4.00	5.45
GROSS NEGATIVE -				
BASE NEGATIVE	12.28	8.30	7.46	8.76
MEAN NEGATIVE /				
MEAN POSITIVE*	.45	.72	.72	.67
BASE NEGATIVE /				
GROSS POSITIVE*	.33	.63	.64	.58
GROSS NEGATIVE /				
BASE NEGATIVE*	.59	.81	.80	.76
SYNTHESIS -				
MEAN POSITIVE	1.90	-12.32	9.56	-1.35

\* RATIO

TABLE 33

COMPARISON OF CLINICAL INDICES DERIVED FROM MEANS OF MAJOR SCALE  
SCORES, HEIMLER SCALE OF SOCIAL FUNCTIONING, TABLE 23, OF 72  
MENTAL HEALTH SOCIETY CLIENTS IN DURBAN, SOUTH AFRICA, BY RACE.

	WHITE	INDIAN	BLACK	TOTAL
CLINICAL INDICES	(N = 41)	(N = 20)	(N = 11)	(N = 72)
EASE POSITIVE	39.61	40.00	60.00	42.83
GROSS POSITIVE -				
BASE POSITIVE	11.22	6.80	5.27	9.08
GROSS NEGATIVE -				
BASE NEGATIVE	9.32	7.40	3.09	7.83
MEAN NEGATIVE /				
MEAN POSITIVE*	1.06	1.07	.91	1.03
BASE NEGATIVE /				
GROSS POSITIVE*	.85	.91	.85	.87
GROSS NEGATIVE /				
BASE POSITIVE*	1.33	1.25	.97	1.23
SYNTHESIS -				
MEAN POSITIVE	.90	-4.35	-15.18	-3.02

\* RATIO

The average White client appears to :

- 1) be unable to function in society without professional support  
(PMS = 55.01)
- 2) be immobilized by frustration (the NMS is .74 of the PMS);  
experience uncertainty just above functional levels (GPS - BPS = 8.26 and GNS - BNS = 8.94);
- 3) have a global perception within expected limits of realism  
(SYN - PMS = 1.4).

The average Indian client appears to :

- 1) be immobilized by frustration and therefore in need of support  
(the NMS is .78 of the PMS);
- 2) be very certain of perceived sources of satisfaction (GPS - BPS = 4.92) and to have a functional degree of uncertainty about  
perceived sources of frustration (GNS - BNS = 7.74);
- 3) have a pessimistic global perception (SYN - PMS = -8.1).

The average Black client appears to :

- 1) gain sufficient satisfaction from life to be able to function without  
support in society (PMS = 66.41), but experiences so much  
frustration that support is required (the NMS is .79 of the PMS);
- 2) tend towards rigidity (GPS - BPS = 2.86 and GNS - BNS = 4.32);
- 3) have a global perception within expected limits of realism  
(SYN - MPS = 2.67).

The statistically average White, Indian and Black MHS client,  
NICRO client and CWS client respectively can also be described

from Tables 29 to 33, but such a description would serve little purpose. Patterns of scores for racial groups across agencies can be ascertained more accurately from Tables 19 to 28, already analysed. Other analyses usually done with HSSF scores are to identify areas of greatest satisfaction, areas of greatest lack of satisfaction, areas of greatest frustration and areas of greatest lack of frustration (Fulcher 1977; Griswold, 1969; Lagasca and Eagan, 1972; and Maher, 1969). These analyses would however be more meaningful with a social functioning scale already validated, and the purpose of this study is to focus on the usefulness of the construct of the HSSF and the relevance of the norms for groups in South Africa. Hence further similar analyses of score patterns will not be attempted.

## 6 CONCLUSIONS ON THE USEFULNESS OF THE HSSF AS A DISCRIMINATIVE INSTRUMENT

An instrument that measures social functioning must be able to differentiate between people to be useful in social work practice. Otherwise the instrument will not enable the social worker to assess the individual client or client system, or to work out a plan of intervention most suitable for the particular client system, taking into consideration the client/environment configuration. Such an instrument must also be sensitive enough to assess changes in social functioning brought about by therapeutic interventions or other known factors influencing functioning, but it must be resistant to random daily fluctuations in the mood



of the respondent or other factors irrelevant to the purpose of the test (high temporal stability)(Ghiselli et. al., 1981).

From the above analysis it is evident that the HSSF discriminates successfully between different types of client groups.

(Significant differences between a great number of score patterns between different client groups as reflected by Table 27 were ascertained).

The next question to address is whether the HSSF discriminates between people in a generally accepted direction. The three welfare agencies selected represent client groups expected to be at different levels of social functioning, with MHS clients at the lower spectrum, NICRO clients somewhere between the two other groups, and CWS clients with the highest level of social functioning. The highly significant results (at a 1% level of significance) of a trend analysis (Meddis, 1984 : 183 - 193) confirm this expectation indicating that the HSSF discriminates in a generally accepted direction (see Appendix G). The finding that, with the international norms applied, South African client groups are assessed as in need of support, hence indicating the possible validity of the HSSF, is significant.

## 7 IMPLICATIONS OF THE FINDINGS OF THE EMPIRICAL STUDY FOR THE VALIDATION OF THE HSSF FOR DIFFERENT SOUTH AFRICAN POPULATION GROUPS

The soundness of the satisfaction/frustration/synthesis

configuration of the HSSF is evident from a number of findings, viz. :

- 1) the type of information that can be obtained through the HSSF;
- 2) the fact that MHS clients tested have lower satisfaction and synthesis scores and higher frustration scores than clients at the other agencies;
- 3) the differentiation of frustration patterns between racial groups established by the HSSF (Blacks and Indians at CWS, where societal factors are more likely to contribute largely to frustration than at the other two agencies, have higher frustration scores than clients of the same racial group at the other agencies);
- 4) and this configuration enables identification of problems in crucial areas of functioning (the latter is not a finding of this study, but is a logical conclusion drawn from an inspection of the HSSF which shows that each sub-scale comprises various clearly defined sections and the fact that the HSSF has been used effectively in this manner for a long time).

Findings of this study also have implications for the establishment of norms of the HSSF and show that the "international norms" cannot be applied without adjustments across racial and ethnic boundaries. The first satisfaction cut-off score of 36 (criterion 1) appears to be acceptable irrespective of race, but the second cut-off score of 60 (criterion 2) is probably a little too low, particularly for Blacks. The norms related to the satisfaction/frustration ratio seem to be acceptable, but the norms

related to the positive and negative swing need to be revised. The norms related to the relationship of the satisfaction and synthesis scores appear acceptable as approximately the same percentages of respondents (36.3% and 41.9%) fall into the two dysfunctional categories and an acceptable percentage of respondents are classified as functional.

The usefulness of the HSSF is greatly enhanced when a full interpretation of the scale is done, but the reliability of the full interpretation depends largely on the unambiguity, clarity and reliability of the "top box" interpretation. In the discussion of the usefulness of the HSSF it is however important to acknowledge the fact that a full interpretation provides additional information on the client, viz. which areas of functioning are most problematic, in which areas improvement is more likely and easier to be attained and whether the client is suicidal or destructive towards others (Robinson, 1979; Rodway, 1977; and Ross, 1973).

## CHAPTER 6

### CONCLUSIONS AND RECOMMENDATIONS

The absence of a scale that measures social functioning with validated norms for population groups in South Africa, has been identified as the problem focussed on in this study. In the subsequent resume of the conclusions of the study, attention be given to the findings and main conclusions of the study. The last section of this chapter, and of the research report, contains recommendations which resulted from the findings of the study.

#### 1 CONCLUSIONS ON LITERATURE REVIEW

##### 1.1 Definitions of social functioning

There is no generally accepted definition of social functioning, but two main perspectives, the role performance perspective and social functioning as an unifying concept, have been found useful in viewing different conceptualisations of social functioning. Role theory contributes to an understanding of the nature and dynamics of situational factors confronting individuals and to the realisation that problems in social functioning are often not intrapsychic.

A number of theorists (Alary, 1968; Bartlett, 1970; Bates, 1972; Butrym, 1976; Geismar, 1960; Gordon, 1968; Heimler, 1975; Hollis, 1964; Tropp, 1966) view social functioning as a unifying concept.

Geismar argues that "social functioning" emphasises the reciprocal relationship and expectations that exist between individuals and the systems to which they belong. Hollis, Butrym, Gordon and Bartlett refer to social functioning as the interplay between a person or persons and their environment, and to the coping activity of people and the demands of the environment. Alary and Bates added the symbolic interaction perspective to the concept social functioning and Tropp explored the meaning of maturity in social functioning. Heimler suggests that the relationship of satisfaction and frustration as experienced by the individual is the essence of social functioning.

The lack of a generally accepted definition of social functioning allows a degree of freedom in the use of the concept. Based on the study of relevant literature, an operational definition of social functioning has been formulated.

### 1.2 The measurement of social functioning

The role performance perspective of social functioning includes a number of theories and concepts of importance to the assessment of social functioning, viz. attribution theory and self-evaluation theories. Attribution theory assists the social worker in understanding the client's view of the world and how these views may be in conflict with those of certain members of their role set, as well as in understanding how own bias may affect assessment of social functioning. Self-evaluation theories are concerned with the dynamics of self-satisfaction and dissatisfaction and

increase our understanding of the choices of activities and settings related to the solving of problems. Satisfaction or dissatisfaction is not so much a function of absolute level of attainment or performance, but rather of the standards set by those who are used for comparison and the extent to which expectations are met. In view of research findings reviewed in this study, subjective self-ratings appear to be preferable to so-called "objective" or "outside" ratings of dimensions crucial to social functioning.

The measurement of social functioning is a difficult task, particularly as many levels of systems and dimensions of functioning are involved. The problems associated with measurement can be overcome by the combined use of instruments that focus on different levels and dimensions of functioning, or by the application of wholistic indicators of social functioning. An individual's life satisfaction and frustration and his future aspirations can be regarded as possible wholistic indicators of social functioning.

A wholistic instrument for the measurement of social functioning as opposed to the use of diverse scales on various aspects of social functioning has clear advantages. The HSSF<sup>1</sup> was selected as a measurement instrument for the purpose of this study, as it represents a wholistic approach to the measurement of social functioning; it utilises subjective ratings of life satisfaction, frustration, hopes and general well-being, as indicators of

social functioning; it is the only instrument specifically developed to measure social functioning; it has been used in many studies and validation was attempted in a number of countries. Furthermore, the HSSF purports to assist the social worker and the client in the identification and prioritization of problems, serve as a progress indicator in the evaluation of social work intervention and contribute to clarity and specificity around the use of the concept social functioning in social work practice.

The HSSF is a self-report measure that focusses on the individual level of measurement and from a review of marital and family measurement, the approach followed by Heimler in the measurement of social functioning can be regarded as useful and acceptable, although the HSSF should be used with caution when conclusions relate to the assessment of systems other than the individual system.

### 1.3 Human social functioning and social work practice

Human social functioning, the approach in social work from which the HSSF was developed, is reviewed and examined. Attention is given to the philosophical underpinnings of Heimler's approach, and to solutions offered by human social functioning to some of the problems inherent to act-utilitarianism. Human social functioning is evaluated in terms of an analytic framework of Meyer (1983) and the content, strengths and weaknesses of the approach are explored. This evaluation and examination of human social functioning can be seen as more than a mere literature



review and the relevant sections of the study constitute an attempt at systematising important aspects of the theory itself.

#### 1.4 The HSSF, directness of problem assessment, sensitivity to change, and utility

In view of the complexities associated with the direct measurement of social functioning as a wholistic and unifying construct, the HSSF can be regarded as meeting the requirements of directness. The HSSF focusses on aspects directly related to a specific conceptualisation of social functioning.

The HSSF can be used to measure change in functioning and it provides an indication of the level of functioning over a period of time; the likelihood of change; and the areas where change occur, as well. The degree of sensitivity to change of the HSSF has not yet been established.

The HSSF rates high on some aspects of utility, viz. : it is easy to administer and takes only between 10 to 15 minutes to complete. Scoring is also relatively easy, while clients often find it interesting and useful to complete, and the HSSF assists most people in understanding themselves or their situation better. The full interpretation of the scale is however complex and requires training and experience.

#### 1.5 The HSSF and studies on reliability

A review of five studies done on reliability of the HSSF indicates



that test-retest reliability, and inter-interpreter agreement of the HSSF appears to be satisfactorily high, but consistency, when assessed against general standards of reliability, is not satisfactory. Further systematic research on inter-interpreter agreement is also recommended.

#### 1.6 The HSSF and studies on validity

Reviewing 22 studies on different types of validity it can be said, considering that validity is dependent on reliability, that face validity, concurrent validity, pragmatic validity, construct validity and predictive validity appear to be satisfactorily, but more research is needed in the area of content validity, predictive validity and cross-cultural validity.

## 2 CONCLUSIONS ON METHODOLOGY

A cost effective design had to be selected that would provide answers to the questions :

- 1) Is the HSSF a reliable instrument when applied to different client groups in South Africa ?
- 2) Which crucial aspects should be considered when the validation of a social functioning scale in South Africa is attempted ?

The original validation study of the HSSF carried out in the United Kingdom, was duplicated under South African conditions, using only clinical sample groups, the rationale being that

replication of study design would provide valuable information concerning applicability of the HSSF, and that if the HSSF proved to be useful with clinical groups, then it is likely that it would also be relevant to non-clinical groups.

Heimler's method of selecting sample groups was taken into account when selecting sample groups for this study. In the selection of sample groups the researcher endeavoured to minimize the effect of language differences on research results, also controlling for different stages of assistance received and a possible large percentage of clients who did not need support.

Fieldwork was conducted in the natural environment, where the HSSF would be used in social work practice, and a random sampling procedure was pursued. Satisfactory sample sizes and race and sex distributions were obtained. Problems encountered during fieldwork do not appear to be so serious, that they would drastically effect research results (These problems would be encountered also when the HSSF is used in practice and influence scores in a systematic and predictable way).

Qualified social workers were used as fieldworkers after been trained in the completion of the HSSF and a number of cards were designed to assist clients in answering questions. The translation of the HSSF is earmarked by a systematic and somewhat cumbersome process, neccessitated by the difficulties associated with translating fairly abstract concepts into a language that is dominantly metaphorical and has a totally different structure to

English.

The following aspects, evaluating the research design, are also relevant to future research on the HSSF, or a social functioning scale :

- 1) some Indian woman respondents were reluctant to answer questions related to sexuality;
- 2) the training of fieldworkers in administering the scale can be effectively done in one three hour session, but if they are also to be instructed in the scoring and interpretation of the scale, at least three sessions will be necessary;
- 3) cards to assist respondents in answering the questions of the scale, particularly in the case of Black respondents, appear to be important.

On the whole it can be concluded that the research design selected, and the sample groups identified, meet the requirements of the study.

### 3 CONCLUSIONS ON EMPIRICAL RESULTS

#### 3.1 Demographic description of sample groups

The clinical nature of the sample groups is reiterated by demographic data analyses of the groups, although similarities between sample groups and the general population were found on non-clinical demographic indexes demographic trends, viz. over representation of male respondents in the NICRO sample, and over representation of females in the CWS sample, should be considered when deciding on sampling procedures for a validation

study.

### 3.2 Reliability of the HSSF as applied to client groups in South Africa

Assessment of the HSSF is focussed on the reliability of the scale related to White, Indian and Black client groups in South Africa. Parallel-form reliability coefficients of the satisfaction, frustration and synthesis sub-scales of the HSSF obtained, are .50, .73 and .83 respectively. Reliability of the HSSF, particularly of the satisfaction scale, is unsatisfactorily low, although the level of reliability allows in most cases for comparison between group means. Reliability coefficients, using the Spearman-Brown prophecy formula, for White South African clients (satisfaction scale .65; frustration scale .81; synthesis scale .94) compare favourably with coefficients obtained by an American study (.76, .80 and .41 respectively - Dodrill, 1975). Reliability for different racial groups varies considerably, with Whites obtaining the highest and Blacks the lowest coefficients (see Table 8, p 161). Reliability of the satisfaction sub-scale for Blacks, appears to be singularly problematic.

Internal consistency reliability (alpha) coefficients of 0.76, 0.85 and 0.84 for the satisfaction, frustration and synthesis scales were obtained, reflecting higher levels than those established by Griswold and Ross (1977) on a North American sample. Internal consistency of the satisfaction and synthesis scales of the HSSF when applied to Blacks, is less satisfactorily (see Table 7, p 159 and Table 8, p 161).

The integrity of the HSSF was left intact for the purposes of the study, as no items of the scale could be effectively eliminated through the process of item analysis that would have resulted in higher reliability coefficients. Consequently it can be concluded that the questions included in the HSSF appear to be suitable in a construct that attempts to measure social functioning and that the Zulu translation of the HSSF appears to be acceptable. Two factors, however, effect reliability adversely. Firstly, the limited range in possible responses of the satisfaction and frustration scales contributes to low reliability and secondly, it appears that race is a ~~dependent~~ variable in the measurement of social functioning and influences reliability of the HSSF.

### 3.3 The international norms of the HSSF and South African client groups

Findings of this study show that the international norms cannot be applied without adjustment across racial and ethnic boundaries. The first cut off score of 36 (criterion 1) appears to be acceptable irrespective of race, but the second cut off score of 60 (criterion 2) is probably a little too low, particularly for Blacks. The norms related to the satisfaction/frustration ratio seem acceptable, but norms related to the positive and negative swing need to be revised. The norms related to the relationship of the satisfaction and synthesis scores appear acceptable as approximately the same percentages of respondents (38.3% and 41.9%) fall into the two dysfunctional categories and an acceptable percentage of respondents are classified as functional.

Applying all five criteria to the South African sampling groups, 280 (N = 281) or 99.6% of the respondents are classified as in need of support by the HSSF, applying the international norms. Hence it can be concluded that the expectation postulated in the research hypothesis is fully met and that a South African clinical group tests as a clinical group by the HSSF.

A deficiency of the international norms is that no norms exist related to changes in scale scores required to indicate movement in examinees' social functioning, except for the very broad guidelines reflected by the cut off scores as such. Furthermore the inclusion of different dimensions in the interpretation of a score, when a norm is applied viz., ambivalence and anxiety, or rigidity and stagnation, indicates a lack of sophistication in measurement (Nelson, 1981).

Although all five criteria appear to contribute in some way towards differentiating between functional and dysfunctional individuals, criterion 3 distinguishes more sharply than any other criterion between these groups. Criteria 4 and 5 are not very effective in this respect.

The opinion of social workers appears to be of value in distinguishing between functional and dysfunctional individuals, even after only one interview. In 8.3% of cases (N = 180) social workers indicated that no assistance was required, and those who were seen as not in need of assistance scored higher on the satisfaction scale (PMS = 75,5 and 53,8 respectively) and lower on

the frustration scale (NMS = 27.9 and 50.4 respectively). The percentage of 8.3% compares favourably with 9.5% of respondents who, with the first three international norms applied, are not in need of assistance. Furthermore, only 2% of respondents were classified as not in need of assistance by social workers, while the HSSF assessed them as in fact in need of assistance, with the first three criteria applied. In making this comparison, only the first three norms for distinguishing between functional and dysfunctional individuals, and not all five criteria included in the international norms were used. The last two criteria effect only 9.5% of sample respondents and there is some doubt about the effectiveness of the latter criteria in distinguishing between functional and dysfunctional persons. In a validation study it seems desirable that an additional method is used to distinguish between functional and dysfunctional individuals, to assess the validity of all five scale norms.

### 3.4 Conclusions on profiles compiled of South African client groups

Statistically significant differences in score patterns between sample groups, although only clinical sample groups were used, is of great importance for the validation of a social functioning scale. On the one hand it means that the HSSF is sensitive enough as a instrument for distinguishing between different dilemmas that people are confronted with, but on the other hand the establishment of norms is greatly complicated by the diversity in score patterns. Differences in score patterns of sample groups with possible implications for the validation of a social functioning scale, include the following tendencies :



- 1) MHS clients have lower satisfaction and synthesis scores, but higher frustration scores than clients at NICRO and CWS;
- 2) Whites have lower satisfaction and frustration scores than Black and Indian clients;
- 3) Blacks have significantly higher frustration and synthesis scores than White and Indian clients;
- 4) Blacks at NICRO and MHS have relatively high satisfaction scores, compared with other racial groups at the same agency, but at CWS their frustration scores are significantly higher than synthesis scores of other racial groups;
- 5) CWS clients' satisfaction scores are, irrespective of race, more similar than satisfaction scores of clients at other agencies, but their frustration and synthesis scores vary considerably;
- 6) Satisfaction, frustration and synthesis scores for White and Indian NICRO and MHS clients are similar, but at CWS Indian clients have higher frustration scores.

Evaluating the differences in score patterns for racial groups, it can be concluded that Indian and White clients appear to test very similarly by the HSSF, ~~except~~ in relation to frustration experienced. Societal factors in the South African context probably contribute to higher frustration levels experienced by Indians and it is unlikely that this difference in score patterns is due to cultural or ethnic factors. The same is likely to also apply to Coloureds as they are closer to Whites than Indians culturally and ethnically, but are also reported to experience high frustration (Theron, 1976). Black clients score patterns show far less similarity with White or Indian score patterns, but findings indicate that they too



experience higher frustration than Whites.

On the whole it appears that the satisfaction/frustration/synthesis configuration in the measurement of social functioning is recommendable as is evident from a number of findings, viz. :

- 1) the type of information that can be obtained through the HSSF;
- 2) the fact that MHS clients tested have lower satisfaction and synthesis scores and higher frustration scores than clients at the other agencies;
- 3) the differentiation of frustration patterns between racial groups established by the HSSF (Blacks and Indians at CWS, where societal factors are more likely to contribute largely to frustration than at the other two agencies, have higher frustration scores than clients of the same racial group at the other agencies);
- 4) this configuration enables identification of problems in crucial areas of functioning.

### 3.5 Conclusions on the description of the "statistically average client"

The "statistically average" MHS, NICRO, CWS, White, Indian and Black client are described for which a scale pattern may not occur modally (see pp 145 - 157). Tendencies observed from different client groups in the description of an average client, show that :

- 1) NICRO clients, more than other clients, tend towards rigidity (GPS - BPS = 2.94 and GNS - BNS = 4.80);
- 2) MHS clients, more than other clients, are immobilized by

frustration (the NMS is 1.03 of the PMS), and are more ambivalent about their perceived sources of satisfaction, or lack of satisfaction (GPS - BPS = 9.08);

- 3) Indian clients, when compared to other racial group clients, have a more pessimistic global perception;
- 4) on the whole, Black clients gain sufficient satisfaction from life to be able to function without support in society (PMS = 66.41), but experience so much frustration that support is required;
- 5) Black clients, when compared to other racial group clients, incline towards rigidity.

#### 4 Conclusions and the aims of the study

The aims of this study are :

- 1) to review the literature on the measurement of social functioning;
- 2) to identify an instrument that measures social functioning;
- 3) to establish the validity of the generally accepted norms for such a measurement when applied to White, Indian and Black client groups in a South African city;
- 4) to identify aspects of importance for the validation of a South African social functioning scale;
- 5) to describe client groups at three welfare agencies in South Africa in terms of the HSSF.

The aims of the study have been achieved. The literature on

measurement of social functioning was reviewed, and the HSSF was identified as a useful instrument to measure social functioning. The validity of the international norms was extensively evaluated, as applied to White, Indian and Black client groups and a number of important findings, related to the future validation of a social functioning scale, were established. Client groups at three welfare agencies in Durban, South Africa, were also described in terms of the HSSF.

## 5 Recommendations

### Recommendation 1

Based on the review of literature, the following operational definition of social functioning was formulated and is recommended for use in future research.

Social functioning refers to those activities essential for : (a) deriving satisfaction and dealing with frustration in five main areas of life, viz. work or related activities, financial security, friendship, family, and personal and (b) deriving meaning out of life. The level of an individual's social functioning is determined by the relationship between satisfaction (the individual's subjective perception that he is making good use of his potential) and frustration (his inability to utilise such potential). While satisfaction is reflected by the main areas of life in which success or failure manifest themselves (work, finance, friendship, family and personal), frustration is

expressed in the following areas of the individual's life : energy flow, health, personal influence, affect and habits.

#### Recommendation 2

Although the sampling procedure followed in this study had several advantages, eg. it hardly effected the programme of service delivering of agencies, the fact that sample sizes were not equal, complicated and restricted some types of data analyses. A sampling procedure that would ensure equal sample sizes in terms of race and agency, is recommended for future research projects on validity of the HSSF.

#### Recommendation 3

The opinion of social workers is of value in distinguishing between functional and dysfunctional individuals, even after only one interview, but for future validation studies it is recommended that an additional method is used to distinguish between functional and dysfunctional individuals.

#### Recommendation 4

Acceptable levels of reliability of the HSSF can probably be ascertained by increasing the satisfaction and frustration scales from three point to five point scales. Should this be done, one will have a measurement instrument that effectively measures social functioning for South Africans with near certainty for Whites, most likelihood for Indians and less probability for Blacks.

#### Recommendation 5

The inclusion of at least two more items in the synthesis scale is recommended, as this would further increase reliability levels of the scale.

#### Recommendation 6

The formulation of criterion 2 is somewhat ambiguous and the following alternative formulation of criterion 2, and of the international norm, is recommended.

A PMS (positive mean score) of 60 and above indicates a person who derives sufficient satisfaction from life to be likely to function in society without the support of professionals i.e. social workers, psychologists or psychiatrists. The ability of a person to function independently depends on the extent of frustration he experiences, his level of anxiety, his possible tendency towards rigidity and his overall realistic perception of his life situation.

#### Recommendation 7

The norms related to the positive and negative swing of the HSSF need to be revised and specific norms must be developed to indicate movement in examinees' social functioning.

#### Recommendation 8

The development of more specific norms for the following dimensions measured by the HSSF is recommended : ambivalence, anxiety, rigidity and stagnation.

#### Recommendation 9

The second cut off score (criterion 2) of the international norms appears to be too low, particularly for Blacks and it is recommended that this score be increased from 60 to 66, until more evidence is accumulated on an accurate cut off score for Blacks in South Africa.

#### Recommendation 10

An observation, not referred to yet in the discussion, deserves elaboration. The HSSF identifies eleven areas of social functioning and the score for each of these areas can be calculated separately. An overall impression of an individual's functioning, as well as his functioning in specific areas, can be gained. It is thus possible to assess how balanced or imbalanced a person is in his functioning by referring to the separate total scores of each area. Theoretically and practically this application of the HSSF has far reaching consequences. Instead of focussing only on the social functioning or social dysfunctioning of clients, the social worker can introduce a new concept, viz. : competence in social functioning. Competence in social functioning would imply that a person is balanced in his energy output in the different areas of social functioning. The social worker and the client can form an impression of areas where the client has, or lacks, competence in social functioning. Although some work with the HSSF has been done in the area of balance in energy output (Lagasca and Eagan, 1972), this aspect, and the development of the concept competence in social functioning, merits further

investigation.

It is recommended that the concept of competence in social functioning be introduced to social work theory; and that a dimension to measure competence in social functioning be built into a scale of social functioning, and the norms for interpreting the scale.

#### Recommendation 11

This study has paved the way for the validation of the HSSF for South African population groups and it is recommended that the validation of the HSSF, or a similar construct, be done. Such a study should incorporate recommendations made in this study related to the nature and structure of an measurement instrument of social functioning. Until such a study has been done, it is recommended that the HSSF be used in social work practice in South Africa, using the revised norms in the interpretation of results, recommended in this study.

#### Recommendation 12

In view of the relatively high frustration experienced by Indian and Black NICRO and CWS clients, probably due to societal factors in the South African context, a strong community work oriented programme of service delivering, can be recommended as potentially more effective than programmes directed at the individual level.

#### Recommendation 13

From the description of the "average" client at different agencies,

propositions of importance to inservice staff training programmes directed at the specific needs of the agency's clientele are identified. Hence it is recommended that programmes are developed to assist :

- 1) NICRO staff in helping clients who tend towards rigidity,
- 2) MHS staff in helping clients who are paralysed by frustration and ambivalence.

#### Recommendation 14

Lastly it is recommended that cultural differences of client groups be acknowledged by social workers in general. From a predominantly Western perspective it appears that Indian clients tend towards a pessimistic perception of life; and that Blacks clients incline towards rigidity.



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APPENDIX A

INSTRUCTIONS TO FIELDWORKERS

(ENGLISH)

# INSTRUCTIONS TO FIELDWORKERS.

## THE ADMINISTRATION OF THE H.S.S.F. FOR RESEARCH PURPOSES - DURBAN 1983

### 1. Who should the scale be administered to?

The scale should be completed for each client eighteen years and over, seen by the Social Worker over the period of time previously agreed on. In the case of a family interview, or a joint interview client will refer to the person who is the main focus of the helping process.

### 2. When should the scale be completed?

During the first interview with the client in the prescribed period of time, just prior to, or after, the conclusion of the interview. Only one scale should be completed for each client.

### 3. How to introduce the scale to the client

#### EXAMPLE

I have a list of questions which usually helps people to find some way of understanding their lives better. In answering these questions truthfully you could assist us in helping others more effectively with their problems. It will only take a few minutes to go through the list.

### 4. Where to start and what should be completed?

Begin with the section on the top left hand side of the page under the heading - I Work. Complete only one of the sub-sections (a), (b),(c),(d) or (e).

#### QUESTION

#### CARD A

Which of the following words describes your present work role most accurately?

Employed (full or part-time)  
Housewife  
Unemployed  
Student  
Retired

Fieldworker - please ring the appropriate sub-section on the scale.

## 4. (Continued)

QUESTIONCARD B

Could you please answer each of the following questions with either YES, NO or PERHAPS. This last answer, in other words, indicates where you are not sure, how you feel..... (pause), or if you feel that sometimes would apply.

Please answer me as you feel today, and make an immediate response to my questions. Whatever you understand by the question is what you should answer. I will now put the questions to you.

Fieldworker : Ask the questions of the appropriate sub-sections under

I Work

II Financial, and the questions in section

III Friendship

Proceed with IV Family (a) for all respondents.

QUESTIONCARD C

What is your marital status ?

Married  
co-habiting-living in a common-law  
relationship  
single  
widowed  
divorced  
separated

Fieldworker : Please ring the appropriate word referring to marital status in section V Personal (a) or (b).

N B If the respondent is married or cohabiting, then part (b) of section IV Family is also answered.

Section V PersonalCARD B

Complete the applicable sub-section - either (a) or (b).

Ask ALL the questions of the General Negative Index.



SYNTHESIS

QUESTION	CARD D
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 indicates how you see yourself or how you feel.	
1. Have you achieved your ambition in life?	
2. Do you feel hopeful for the future?	
3. Do you feel that your life has meaning?	
4. Has life given you enough scope for self-expression?	
5. When you look back do you feel that life was worth the struggle?	

Fieldworker : Record the number on the scale.

Background Information

(Blocks on the lower part of the right hand side of the page)

EXAMPLE

MALE	SINGLE <u>MARRIED</u>	AGE	NO OF CHILDREN 3	I Q	OCCUPATION OR EDUCATION	SELF ADMIN.
<u>FEMALE</u>	WIDOWED	30	AGES	YES	std. 8	I
	SEPARATED		M : 7 9	*	*	DIRECT QUESTION *
	DIVORCED		F : 3			
	COHABITING					

Fieldworker : \*Instead of I.Q., please fill in your answer to the question: Do you think the respondent needs some form of outside professional help (counselling, emotional support or psychotherapy) to cope with his life?

YES / NO

\*The category that reflects social status best, should be answered eg. i) housewives and pensioners - education  
ii) factory foreman - occupation

\*Enter one of the following symbols for race group

White - W  
Indian - I  
Black - B

Remember to indicate : The date of the interview and the agency file number.

A LAST NOTE ON THE ADMINISTRATION OF THE SCALE

1. The importance of asking every question exactly as it is worded cannot be overemphasised as even a slight change in wording can alter the meaning of a question. If the respondent does not understand or answer a question, repeat the question as needed. If the respondent should ask for instance : "What do you mean by a 'secure childhood'?", the interviewer can answer "Whatever it means to you at this point." It is extremely important that the "here and now" is stressed consistently and that the respondent is made to feel that his interpretation of the question and, therefore his answer is the only thing that counts.
2. The interviewer should keep a record of the number of, and possible reasons for, refusals to complete the scale.

Your co-operation is greatly appreciated.

Thank you.

APPENDIX B

INSTRUCTIONS TO FIELDWORKERS

(ZULU)

INSTRUCTIONS TO FIELDWORKERS (ZULU)THE ADMINISTRATION OF THE H.S.S.F. FOR RESEARCH PURPOSES - DURBAN 19831. Who should the scale be administered to?

The scale should be completed for each client eighteen years and over, seen by the Social Worker over the period of time previously agreed on. In the case of a family interview or a joint interview, client will refer to the person who is the main focus of the helping process.

2. When should the scale be completed?

During the first interview with the client in the prescribed period of time, just prior to, or after, the conclusion of the interview. Only one scale should be completed for each client.

3. How to introduce the scale to the clientEXAMPLE

Nginohla lwemibuzo evame ukusiza abantu ukuthi bazi impilo yabo kangcono. Uma uphendula lemi-buzo ngeqiniso ungasisiza ukuthi sisize abanye abantu kangcono. Kuzothatha imizuzwana embalwa ukuphendula lemibuzo

4. Where to start and what should be completed?

Begin with the section on the top left hand side of the page under the heading - I Work. Complete only one of the sub-sections (a), (b), (c), (d) or (e).

QUESTIONCARD B

Yiliphi kulamagama alandelayo elichaza ngokuphelele okwenzayo manje

Uyasebenza (uqashwe isikhathi sonke noma izikhathi ezithize)

Ungunkosikazi wekhaya

Awusebenzi

Uyafunda

Ususempeshenini

Fieldworker - please ring the appropriate sub-section on the scale.

QUESTIONCARD A

Sicela uphendule lowongalowo kulemibuzo uthi : Yebo  
noma Cha. Noma anginaqiniso Lempendulo yokugcina  
isho ukuthu awunaqiniso ukuthu uzizwa kangani, noma  
ubona ukuthi lempendulo kwesinye isikhathu ayisho  
okuyikho.

Ngicela ungiphendule njengoba uzizwa namnhla  
Ungiphendule ngaphandle kokunangaze. Lokho ocabanga  
ukuthi kushiwo umbuzo yikhoma ofanele ukuphendule.  
Sengizokubuza manje.

Fieldworker : Ask the questions of the appropriate sub-sections  
under

I Work

II Financial, and the questions in section

III Friendship

Proceed with IV Family (a) for all respondents.

QUESTIONCARD C

Umi kanjani kwezomshado?  
ushadile  
ukipitile  
awushadile  
ungumfelokanzi  
wehlukanišile  
Awuhlali nomganile

Fieldworker : Please ring the appropriate word referring to marital  
status in section V Personal (a) or (b).

N B If the respondent is married or cohabiting, then part (b) of  
section IV Family is also answered.

Section V Personal

Complete the applicable sub-section - either (a) or (b).

Ask ALL the questions of the General Negative Index  
and the Synthesis scale.

Background Information

(Blocks on the lower part of the right hand side of the page)

EXAMPLE

MALE	SINGLE	AGE	NO OF CHILDREN	OCCUPATION OR EDUCATION	RACE
<u>FEMALE</u>	<u>MARRIED</u>	30	3		B
	WIDOWED		AGES		
	SEPARATED		M : 8 5	sch. 8	
	DIVORCED		F : 3		YES.
	COHABITING				

Fieldworker : Please fill in your answer to the question :  
Do you think the respondent needs some form of outside professional help (counselling, emotional support or psychotherapy) to cope with his life?

YES/NO

The category that reflects social status best, should be answered eg. i) housewives and pensioners - education  
ii) factory foreman - occupation

Enter one of the following symbols for race group

White - W  
Indian - I  
Black - B

Remember to indicate : The date of the interview and the agency file number.

A LAST NOTE ON THE ADMINISTRATION OF THE SCALE

1. The importance of asking every question exactly as it is worded cannot be overemphasised as even a slight change in wording can alter the meaning of a question. If the respondent does not understand or answer a question, repeat the question as needed. If the respondent should ask for instance: "What do you mean by a 'secure childhood'?", the interviewer can answer "Whatever it means to you at this point." It is extremely important that the "here and now" is stressed consistently and that the respondent is made to feel that his interpretation of the question and, therefore his answer is the only thing that counts.
2. The interviewer should keep a record of the number of, and possible reasons for, refusals to complete the scale.

Your co-operation is greatly appreciated.

Thank you.

APPENDIX C

ILLUSTRATION CARDS

(ENGLISH)

CARD A

EMPLOYED

HOUSEWIFE

UNEMPLOYED

STUDENT

RETIRED

CARD B

YES

PERHAPS

NO

SOMETIMES

CARD C

MARRIED

CO-HABITING (SHACKING UP)

SINGLE

WIDOWED

DIVORCED

SEPARATED



CARD D

	20
	19
	18
	17
	16
	15
	14
	13
	12
	11
	10
	9
	8
	7
	6
	5
	4
	3
	2
	1

(COMPLETELY)

(NOT AT ALL)

APPENDIX D

ILLUSTRATION CARDS

(ZULU)

A.

YEBO

ANGINAQINISO

CHA

KUKU KWENZEKE

CARD B

UYASEBENZE

UNGUNKOSIKAZI WEKHAYA

AWUSEBENZI

UYAFUNDA

USUSEMPESHENINI

CARD C

USHADILE

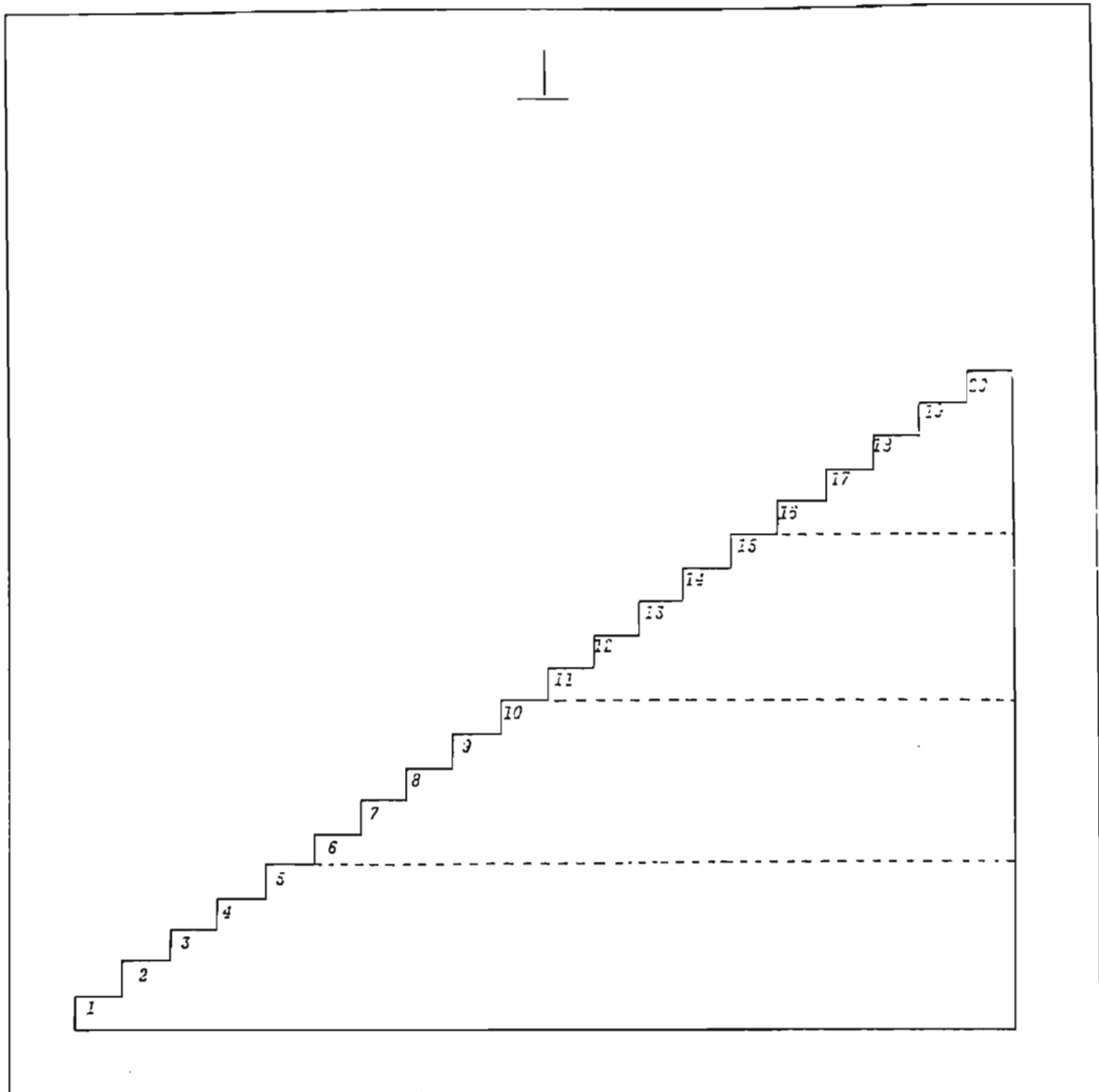
UKIPITILE

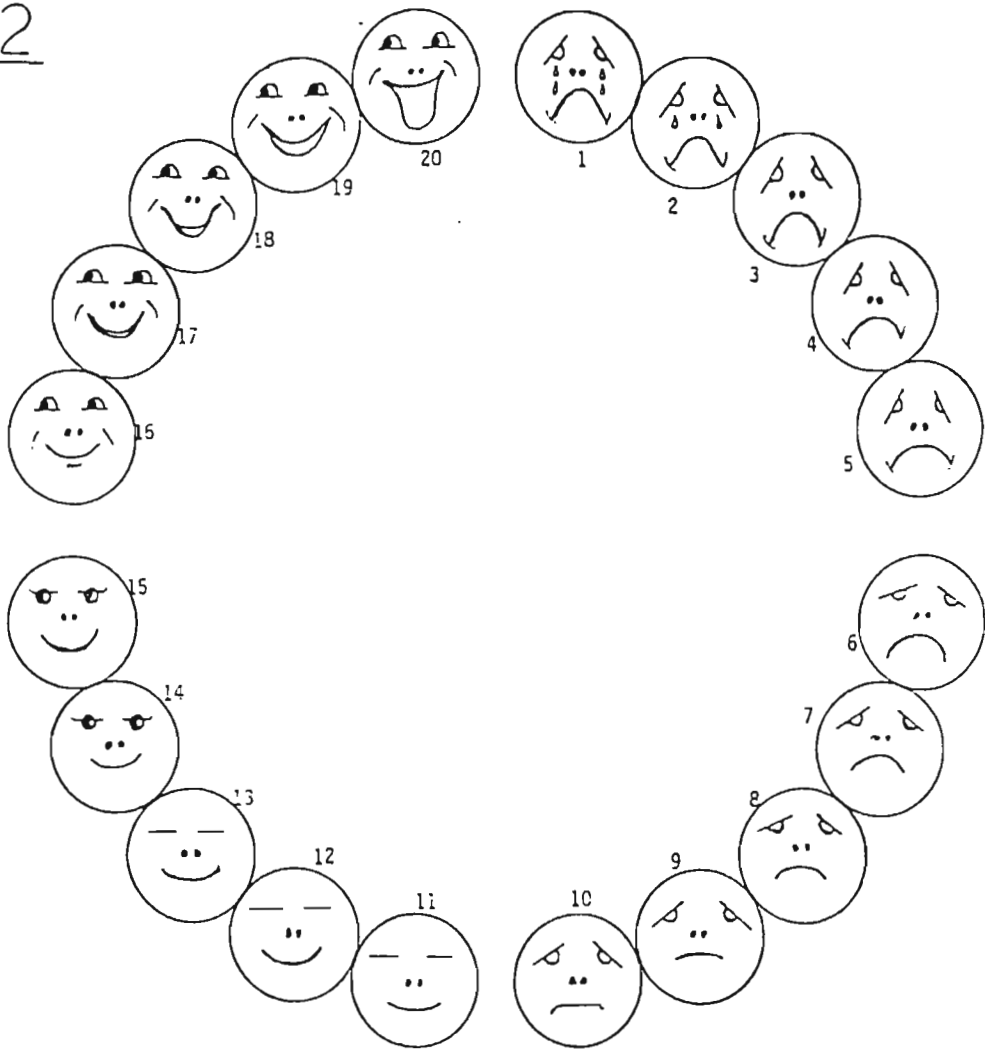
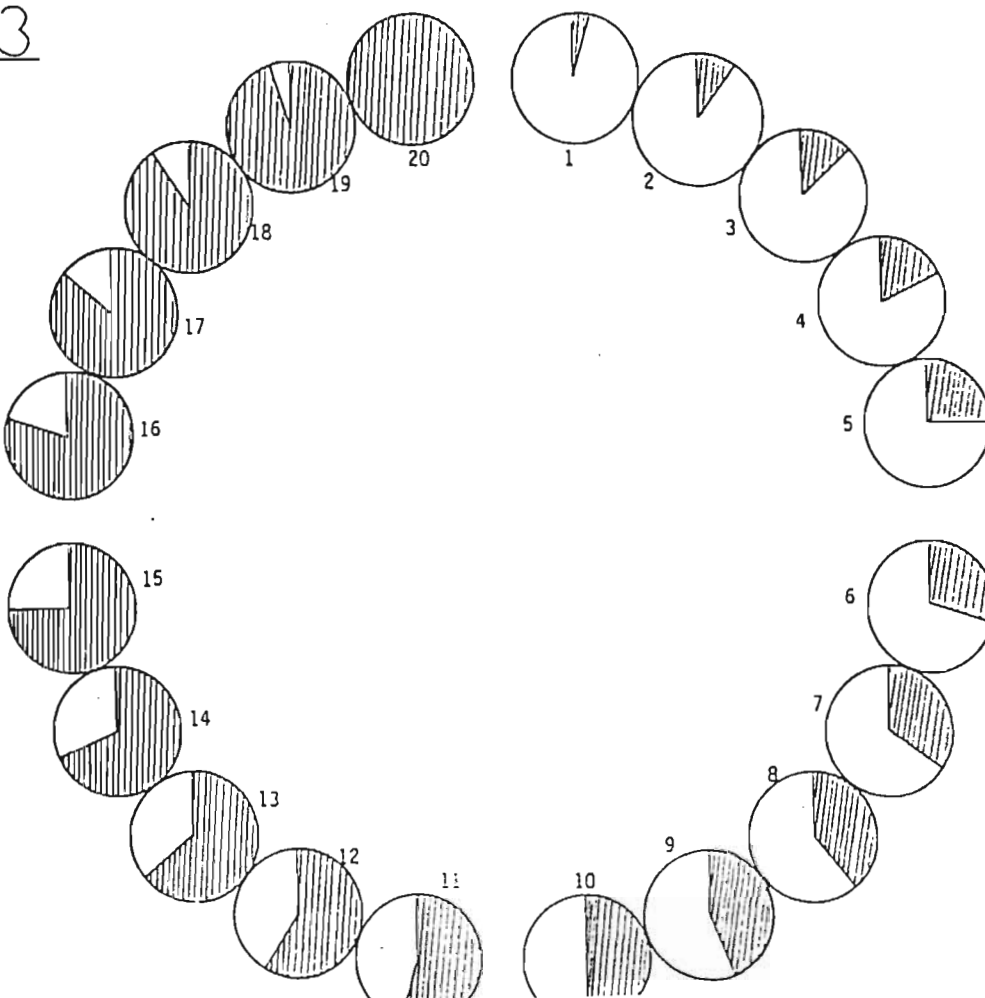
AWUSHADILE

UNGUMFELOKAZI

WEHLUKANISILE

AWUHLALI NOMGANILE



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APPENDIX E

THE HEIMLER SCALE OF SOCIAL FUNCTIONING  
(ENGLISH)

I WORK		(a) (Full & Part-time earners)	Ring your answer
a)	Do you like the work you are doing?	No / Yes / Perhaps	
b)	On the whole, do you like the people you work with?	Yes / Perhaps / No	
c)	Do you feel you are in the right kind of work?	Perhaps / Yes / No	
d)	Have you any really satisfying hobbies or interests outside work?	Yes / Perhaps / No	
e)	Have you enough opportunity for getting on in your work?	No / Perhaps / Yes	
		(b) (Housewives)	
a)	Do you enjoy running a home?	Yes / Perhaps / No	
b)	Do you have enough daily social contacts?	Perhaps / Yes / No	
c)	Does your work give you enough satisfaction?	Yes / Perhaps / No	
d)	Have you any satisfactory hobbies or interests, apart from work?	Perhaps / Yes / No	
e)	Are you content to remain a housewife?	Yes / Perhaps / No	
		(c) (Unemployed)	
a)	Are you content to be out of work at the present time?	Yes / Perhaps / No	
b)	If being out of work continued beyond six months would you still be content?	No / Perhaps / Yes	
c)	Do you see yourself working in the foreseeable future?	Yes / No / Perhaps	
d)	Have you any desire or ambition to work?	Perhaps / Yes / No	
e)	Have you any really satisfying hobbies or interests?	Yes / Perhaps / No	
		(d) (Students or have just left school)	
a)	Do (did) you like school?	Yes / Perhaps / No	
b)	Do (did) you feel accepted by your fellow students (schoolmates)?	Perhaps / Yes / No	
c)	Do you feel you are (were) in the right setting?	No / Perhaps / Yes	
d)	Have you any really satisfying hobbies or interests?	Yes / No / Perhaps	
e)	When your studies are (were), do (did) you regard going out to work as an attractive prospect?	Perhaps / Yes / No	
		(e) (Retirement from work)	
a)	Do you like retirement?	Yes / Perhaps / No	
b)	Do you like your social surroundings?	Perhaps / No / Yes	
c)	Is your life as full as you would wish?	No / Yes / Perhaps	
d)	Do you have any hobbies or interests?	Yes / No / Perhaps	
e)	Is your health satisfactory to you?	Perhaps / No / Yes	
II FINANCIAL		(a) (Full and part-time earners and unemployed)	
a)	Do you live more comfortably than you did two years ago?	Yes / No / Perhaps	
b)	Are you able to save?	Perhaps / Yes / No	
c)	Do you feel at ease about spending?	Perhaps / No / Yes	
d)	Are you reasonably secure financially?	No / Perhaps / Yes	
e)	Do you feel financially secure?	Perhaps / No / Yes	
		(b) (Female non-earners)	
a)	Can you manage on your housekeeping without a lot of anxiety?	Yes / No / Perhaps	
b)	Have you any income, other than housekeeping?	No / Yes / Perhaps	
c)	Do you feel at ease about spending?	Perhaps / No / Yes	
d)	Generally speaking, does being a housewife satisfy you?	No / Perhaps / Yes	
e)	Do you feel financially secure?	Perhaps / No / Yes	

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		(c) (Students or have just left school)	Ring your answer
a)	Is your pocket money or allowance enough?	No / Yes / Perhaps	
b)	Do you earn any extra?	Yes / Perhaps / No	
c)	Do you feel at ease when you spend money?	No / Yes / Perhaps	
d)	Do you feel happy about your family's finances?	Yes / Perhaps / No	
e)	Do you feel that your future prospects are reasonably good?	Perhaps / Yes / No	
III FRIENDSHIP			
a)	Have you a close friend in whom you can confide?	No / Yes / Perhaps	
b)	Outside your family, do you feel there are people who care about you?	Perhaps / No / Yes	
c)	Do you enjoy making acquaintances?	Perhaps / Yes / No	
d)	Would you want your friends to turn to you with their problems?	No / Yes / Perhaps	
e)	Do you enjoy entertaining or treating people?	No / Perhaps / Yes	
IV FAMILY		(a) Primary (i.e. parents, guardians, etc.)	
a)	When you look back do you feel happy about your childhood?	No / Yes / Perhaps	
b)	Did you have a secure childhood?	Yes / No / Perhaps	
c)	Did you feel that there were people in your childhood who really cared?	Yes / Perhaps / No	
d)	On the whole, do you think your childhood was a good preparation for adult life?	No / Yes / Perhaps	
e)	Would you want your family to turn to you with their problems?	Yes / Perhaps / No	
		(b) Secondary (spouse and children if married or cohabiting)	
a)	Are you interested in your partner's hobbies and/or activities?	Yes / No / Perhaps	
b)	Do you discuss your money, work or other problems with your partner?	Yes / Perhaps / No	
c)	Do you enjoy family life?	No / Perhaps / Yes	
d)	Do you feel that your partner understands you?	Yes / Perhaps / No	
e)	Do you feel that you understand your partner?	No / Yes / Perhaps	
V PERSONAL		(a) (Married or cohabiting)	
a)	Are you really satisfied with your marriage?	Perhaps / Yes / No	
b)	Do you feel that your partner really cares about you?	Yes / No / Perhaps	
c)	Does sex bring you much enjoyment in your marriage?	Yes / Perhaps / No	
d)	Do you like to be with children?	No / Perhaps / Yes	
e)	Can you relax?	Perhaps / Yes / No	
		(b) (Single, widowed, divorced, separated)	
a)	Do you like being single?	No / Yes / Perhaps	
b)	Do you like the company of the opposite sex?	Perhaps / No / Yes	
c)	Do you like children?	Yes / Perhaps / No	
d)	Does sex bring you much enjoyment?	Perhaps / Yes / No	
e)	Can you relax?	Yes / Perhaps / No	

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## ENERGY

### GENERAL NEGATIVE INDEX

Ring your answer

- Do you feel overworked?
- Do you feel too tired to work?
- Do you find that your mind is under-active?
- Do you feel too tired to enjoy life?
- Do you feel frustrated because you are prevented from doing things properly?

Yes / No / Perhaps  
Yes / No / Perhaps  
Perhaps / Yes / No  
Perhaps / No / Yes  
Perhaps / Yes / No

## HEALTH

- Do you have frequent headaches?
- Do you suffer from aches and pains?
- Is sex an unwelcome activity in your life?
- Are you concerned about your health?
- Is your imagination painful to you?

Yes / No / Perhaps  
No / Perhaps / Yes  
Yes / No / Perhaps  
No / Perhaps / Yes  
Perhaps / Yes / No

## PERSONAL INFLUENCE

- Do you often feel disappointed by people you trust?
- Do you often find that people like being hurtful to you?
- Do you feel that circumstances are often against you?
- Do you find that people are often against you?
- Would you like to have more power and influence?

Yes / No / Perhaps  
No / Yes / Perhaps  
Yes / Perhaps / No  
Perhaps / No / Yes  
Yes / Perhaps / No

## MOODS

- Are you at times very depressed?
- Do you often feel vaguely insecure?
- Do you feel unduly guilty at times?
- Do you ever wish you were dead?
- Do you find that people are often unappreciative of your efforts?

Perhaps / Yes / No  
Yes / Perhaps / No  
No / Yes / Perhaps  
Perhaps / Yes / No  
Yes / Perhaps / No

## HABITS

- Are you inclined to drink too much?
- Do you take drugs or medicines to help you to relax?
- Do you tend to get over-active or over-excited?
- Do you tend to eat too much or too little?
- Are you driven to do things which cause trouble to yourself or others?

Perhaps / Yes / No  
Yes / Perhaps / No  
No / Yes / Perhaps  
Yes / Perhaps / No  
Perhaps / No / Yes

## OVERALL VIEW OF LIFE

### SYNTHESIS

Score each question out of 20 points

Points

- How far do you feel you have achieved your ambition in life?
- How far do you feel hopeful for your future?
- How far do you feel your life has meaning?
- How far has life given you enough scope for self-expression?
- When you look back how far do you feel that life was worth the struggle?

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.....  
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Heimler Scale of Social Functioning flow II

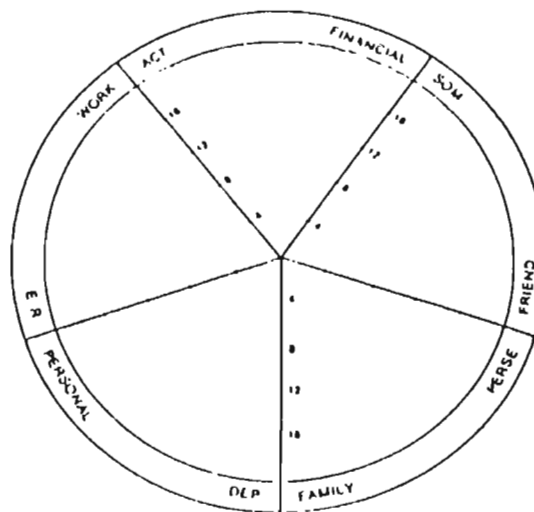
Date of Interview: / /

Scale No: \_\_\_\_\_

SCALE	TOTALS (14 x 1) / (14 x 2 x)	MEAN TOTAL
POSITIVE	/	
NEGATIVE	/	
SYNTHESIS	x x x	

agency's  
client no

POSITIVE INDEX							NEGATIVE INDEX							SYN- THESIS
Area	1	2	3	4	5	Totals	Area	1	2	3	4	5	Totals	
Work						/	ACT						/	1
Finance						/	Scm						/	2
Friends						/	Per						/	3
Family						/	Dep						/	4
Personal						/	EN						/	5
(Add only 1 point per area)						Totals /							Totals /	



Below	1 point score out of 20	Age	How far achieved	IQ how much	Disruption or disorder	Self esteem
From 10	1 point score out of 20	Age	How far achieved	IQ how much	Disruption or disorder	Self esteem

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APPENDIX F

THE HEIMLER SCALE OF SOCIAL FUNCTIONING  
(ZULU)

# HEIMLER SCALE OF SOCIAL FUNCTIONING

	YEBO 4	CHA 0	ANGINAQINISO 2
<b>I. WORK (a) (Full and part-time earners)</b>			
(a) Uyawuthanda umsebenzi owenzayo?		Y / C / A	
(b) Uza ubuka sonke isimo ungathi uyabathanda osebenza nabo?		Y / C / A	
(c) Uma ubona usembebenzini okufanele?		Y / C / A	
(d) Unazo izinto ozithanda ngempela, ngaphandle komsebenzi, zokuchitha isizungu?		Y / C / A	
(e) Unawo amathuba enele okuthuthuka emsebenzini wakho?		Y / C / A	
<b>(b) (Housewives)</b>			
(a) Ukuzwa kumandi ukuphatha ikhaya?		Y / C / A	
(b) Uthintana ngokwenele nsuku zonke nabanye abantu?		Y / C / A	
(c) Umsebenzi wakho uyakwenelisa ngokuphelele?		Y / C / A	
(d) Unazo izinto ozithanda ngempela, ngaphandle komsebenzi wasekhaya, zokuchitha isizungu?		Y / C / A	
(e) Kuyakwenelisa ukuzihlalela uphatha ikhaya?		Y / C / A	
<b>(c) (Unemployed)</b>			
(a) Wenelisiwe yini ukungasebenzi njengamanje?		Y / C / A	
(b) Uma ukungasebenzi kuthatha isikhathi esingaphezu kwezinyanga eziyisithupha ungalokhu wenelisiwe?		Y / C / A	
(c) Uyazibona usuwutholile umsebenzi ngesikhathi esizayo?		Y / C / A	
(d) Uyafisa ukuthola umsebenzi?		Y / C / A	
(e) Unazo izinto ozithanda ngempela zokuchitha isizungu?		Y / C / A	
<b>(d) (Students or have just left school)</b>			
(a) Uyasithanda (wawusithanda) isikola?		Y / C / A	
(b) Uzizwa (wazizwa) wemukelekile kulabo (owawu) ofunda nabo?		Y / C / A	
(c) Uzizwa (wazizwa) usendaweni ozwana nayo?		Y / C / A	
(d) Unazo izinto ozithanda ngempela zokuchitha isizungu?		Y / C / A	
(e) Ngesikhathi uqeda izifundo zakho uzokubona (wakubona) kuyinto elangazelekayo ukuyosebenza?		Y / C / A	
<b>(e) (Retirement from work)</b>			
(a) Uyakuthanda ukuya empesheni?		Y / C / A	
(b) Uyawuthanda umphakathi ohlala nawo?		Y / C / A	
(c) Impilo yakho inakho konke okudingayo?		Y / C / A	
(d) Unazo izinto zokuchitha isizungu?		Y / C / A	
(e) Uphile ngokwenelisiyo?		Y / C / A	

2.

<b>II. FINANCIAL (A) (Full and part-time earners and unemployed)</b>	
(a) Uyabusa wanjengaphezu lobuyliho eminyakeni emibili ehlule?	Y / C / A
(b) Ikhona imali okwazi ukuyibeka?	Y / C / A
(c) Uzizwa ukhululekile uma usebenzisa imali?	Y / C / A
(d) Awukhathazekile kakhulu ngemali?	Y / C / A
(e) Uzizwa unayo imali eyenele?	Y / C / A
<b>(b) (Female non-earners)</b>	
(a) Imali onayo izifeza ngaphandle kwenkathazo izidingo zomuzi wakho?	Y / C / A
(b) Ikhona imali oyitholayo ngaphandle kwaleyo efeza izidingo zomuzi wakho?	Y / C / A
(c) Uzizwa ukhululekile ngokusebenzisa imali?	Y / C / A
(d) Kuyakwenelisa ukhlala ekhaya uphatha umuzi?	Y / C / A
(e) Uzizwa unemali eyenele?	Y / C / A
<b>(c) (Students or have just left school)</b>	
(a) Yenele imali oyiphila ekhaya?	Y / C / A
(b) Ikhona oyitholayo ngaphezu kwaleyo?	Y / C / A
(c) Imali uyisebenzisa ngokukhululeka?	Y / C / A
(d) Siyakwenelisa isimo sezimali lwenu?	Y / C / A
(e) Uyabona ukuthi kusasa lakho lihle?	Y / C / A
<b>III. FRIENDSHIP</b>	
(a) Unaye umngani omthemelayo?	Y / C / A
(b) Ngaphandle kwakini, ulhi bakhona abantu abakuthandayo?	Y / C / A
(c) Uyakuthanda ukwenza ubuhlobo nalanye?	Y / C / A
(d) Unga jabula uma abangane bakho beza kuwe ubu bekakile?	Y / C / A
(e) Uyathanda ukujabulisa nokusiza abanye abantu?	Y / C / A
<b>IV. FAMILY (a) Primary (i.e. parents, guardians, sibs.)</b>	
(a) Uma ubuka emuva uyajabula ngendlela owakhula ngayo?	Y / C / A
(b) Wawulondolozekile usuncane?	Y / C / A
(c) Wawubona ukuthi kukhona abantu abakukhathalele usuncane?	Y / C / A
(d) Uma ubheka ebuntwaneni walungiselwa kahle utudala?	Y / C / A
(e) Unga jabula uma umndeni uza kuwe nezinkinga zawn?	Y / C / A
<b>(b) Secondary (spouse and children if married or cohabiting)</b>	
(a) Uyasithanda izinto ozenzayo noma ochitha ngazo isizungu nowakwakho?	Y / C / A
(b) Uyabonisa ngerimali, ngomsebenzi nangerinkinga nowakwakho?	Y / C / A
(c) Uhlale kahle emntini wakho?	Y / C / A

200

3.

- (d) Uma ubona owakwako uzibona njengoba uzibona izinto? Y / C / A
- (e) Wena uzibona njengoba ezibona izinto? Y / C / A
- V. PERSONAL (a) (Married or cohabiting)
- (1) Wenelisiwe emendweni? / khlala naye? Y / C / A
- (2) Lo enginene/ohlala naye naye uyakukhathalela? Y / C / A
- (3) Ukuya ocansini nowakwako kuyakuthokozisa? Y / C / A
- (4) Uyathanda ukhlala nabantwana? Y / C / A
- (e) Uyakwazi ukuphumula? Y / C / A
- (b) (Single, widowed, divorced, separated)
- (a) Uyabuthanda ubumpohlo? Y / C / A
- (b) Uphathaka kahle uma uhlezi nabangebona ubulili bakho? Y / C / A
- (c) Uyabuthanda abantwana? Y / C / A
- (d) Isinene sikuphatha kahle kakhulu? Y / C / A
- (e) Uyakwazi ukuphumula? Y / C / A

I. ENERGY

- (a) Umuzwa ungaphezu kwamandla umsebenzi wakho? Y / C / A
- (b) Uzizwa ukhathale kangangoba awukwazi ukusebenza? Y / C / A
- (c) Ukuthole ukuthi umqondo wakho awuphelele ngokwenele? Y / C / A
- (d) Uzizwa ukhathale kangangoba ubunandi bempilo awubuzwa? Y / C / A
- (e) Kuyakuthathaza ukuthola ukuthi uvinjelwe ukwenze izinto ngendlela efanele? Y / C / A

II. HEALTH

- (1) Uvamisile ukuphatha yikhandu? Y / C / A
- (2) Uluzwe izinhlungu nokunqamba? Y / C / A
- (3) Isinene into engathandeki empilweni yakho? Y / C / A
- (4) Awujabule ngesimo sempilo yakho? Y / C / A
- (5) Zikuphatha kabi yini izinto ozifaneleka emqondweni? Y / C / A

III. PERSONAL INFLUENCE

- (a) Uvamisile yini ukudunyezwa abantu obethembayo? Y / C / A
- (b) Uvamisile yini ukuthola ukuthi abanye bathanda ukuphatha kabi? Y / C / A
- (c) Ubona ukuthi izinto zivamise ukukumela kabi/isimo sezinto sivame ukukuphikisa? Y / C / A
- (d) Uke uthole ukuthi abantu bavamise ukuphilisana nawe? Y / C / A
- (e) Uyathanda ukuba namandla engezwe okwenza abanye kubonwa ngawe? Y / C / A

4.

IV. HOONS

- (a) Uke uzizwe umoya uphansi kakhulu? Y / C / A
- (b) Uke uzizwe sengathi awuphephile? Y / C / A
- (c) Uke uzizwe uzilahle ngecala ngokungafanele? Y / C / A
- (d) Uke ufise sengathi ngabe ufille? Y / C / A
- (e) Uke uthole ukuthi abantu bavame ukungakubongi? Y / C / A

V. HABITS

- (a) Uvamisile yini ukuphuza kuze kwege? Y / C / A
- (b) Uke udle imithi noma izidakamizwa ukuze utwazi ukuphumula? Y / C / A
- (c) Uke uzizwe ungenasinqe noma izinto uzithathela phezulu kakhulu? Y / C / A
- (d) Uvamisile yini ukudla kweqe noma kancane kakhulu? Y / C / A
- (e) Uke uzizwe uphokeke ukwenza izinto ezibangela wena noma abanye inkathazo? Y / C / A

## SYNTHESIS

## I. (CARD 1)

Awucabange ngalezizitebhis ziwamfanekiso werifiso zakho empilweni yakho. Awukhombise ukuthi usuhambe langatanani ekufereni izifiso zakho ngoluzibela kwesinye sazezisitebhis.

## II (CARD 2)

Yibuphi kulobuso obungamashumi amabili obukhonzisa ishemba ngekusasa lisho. Ubuso bolugala abunathemba neze ngekusasa kodwa ubuso 20 bukhombisa lithemba ngokudlulele ngekusasa.

## III (CARD 3)

Amabala amnyama kulezizitying ezingamashumi amabili zisho okuthize empilweni. Isiphi isitying esifakazela ulubona lwakho ukuthi impilo yalo lisho okuthize? Isitying sokugala sisho ukuthi impilo ayisho lutho, kanti isitying 20 sisho ukuthi impilo lisho luthulu.

## IV (CARD 3)

Awucabange ngalezizityingo ezingu 20 Ukuthi zisho amathuba okwenze okuveza amakhono akho. Impilo ikunikeze ithuba elinokaxhumi lokuveza amakhono akho? Isitying 1 sisho ukuthi akukho mathuba enziwe okuveza amakhono akho, kanti isitying 20 sisho ukuthi maningqi kakhulu amathuba okwenza okuveza amakhono akho.

## V (CARD 2)

Ubuphi ubuso kulobu obungu 20 ubusho nggo ukuthi uzabalaze kahle empilweni, ubuso bolugala bumele umuntu othi ums ebheka emuva, abone ukuthi wazabalazela ubala, kanti ubuso 20 bumele umuntu othi ums ebheka emuva abone ukuthi akazabalazela neze ubala.

TOTAL

Male	Single	Age	No. of Children	Occupation or Education	Race
Female	Married		Ages		
	Widow		M		
	Separated		F		
	Divorce				
	Cohabit				

APPENDIX G

STATISTICS ON THE POSITIVE MEAN SCORES (HSSF)  
OF CLIENTS AT THREE WELFARE ORGANISATIONS IN  
DURBAN, SOUTH AFRICA : A TREND ANALYSIS

## RANKS : POSITIVE MEAN SCORES

MENTAL HEALTH	R <sub>1</sub>	NICRO	R <sub>2</sub>	CWS	R <sub>3</sub>
8	1.0	24 X 2	16.0	10	2.5
10	2.5	28	10.0	32	17.0
12	4.0	31 X 2	27.0	33	20.0
18	5.0	32 X 2	34.0	39	33.5
19	6.0	37	27.0	40	37.5
24	8.0	38 X 2	60.0	42	46.0
30	11.0	42	46.0	44	53.5
31 X 2	27.0	43	48.5	45 X 2	120.0
33 X 2	40.0	44 X 3	160.5	47	65.0
34	22.0	45	60.0	48	69.0
35 X 3	72.0	48 X 4	276.0	49	74.0
36	26.0	51	79.5	51	79.5
38 X 3	90.0	52 X 4	344.0	52 X 4	344.0
39	33.5	55	96.0	54 X 2	186.0
40 X 5	187.5	54 X 3	301.5	56 X 3	301.5
41 X 4	170.0	57	106.0	57 X 2	212.0
42	46.0	58	110.5	58 X 2	221.0
43	48.5	60 X 5	600.0	59 X 2	227.0
44 X 4	214.0	61 X 2	260.0	60 X 5	600.0
45 X 2	120.0	64 X 10	1485.0	61 X 6	780.0
46 X 2	127.0	65 X 5	805.0	62 X 3	409.5
48 X 2	138.0	66 X 2	335.0	63 X 2	279.0
49 X 2	148.0	68 X 4	718.0	64 X 5	742.5
50 X 2	153.0	69 X 3	577.5	65 X 4	644.0
51 X 2	159.0	70 X 2	402.0	67 X 3	513.0
52	86.0	72 X 7	1508.5	68 X 6	1077.0
53	91.0	73	223.0	69 X 8	1540.0
54	93.0	76 X 6	1389.0	70 X 3	603.0
55 X 2	192.0	77	237.0	71 X 6	206.5
57 X 2	212.0	78 X 2	481.0	72 X 3	646.5
58	110.5	79 X 2	489.0	73 X 2	446.0
60	120.0	80 X 6	1503.0	74 X 2	451.0
61	130.0	84 X 6	1563.0	75	227.0
62	136.5	86	270.0	76 X 2	463.0
64	148.5	90 X 2	548.0	77 X 2	474.0
66 X 2	335.0	93	278.0	78	240.5
68 X 4	718.0	94	280.0	79	244.5
69	192.5			80 X 2	501.0
72	431.0			82	255.0
78	240.5			83	256.0
79	244.5			84	260.5
84	260.5			85 X 3	799.5
85	266.5			86 X 2	540.0
				87	272.0
				88	273.0
				91	276.0
				93 X 3	556.0
				96	281.0

$$R_1 = 5867.0$$

$$R_2 = 15754.5$$

$$R_3 = 17998.5$$

$$n_1 = 72$$

$$n_2 = 100$$

$$n_3 = 109$$

$$\bar{R}_1 = 81.4861$$

$$\bar{R}_2 = 157.545$$

$$\bar{R}_3 = 165.1239$$

$$\lambda_j' \quad 1$$

$$2$$

$$3$$

$$\lambda_1 R_1 = 5867$$

$$\lambda_2 R_2 = 31509$$

$$\lambda_3 R_3 = 53995.5$$

$$N(N+1)/2 = (281 \times 282)/2 = 39621$$

$$\Sigma R_j = 5867 + 15754.5 + 17998.5 = 39621$$

$$\lambda_j \quad 1 \quad 2 \quad 3$$

$$\lambda_j R_j \quad 5867 \quad 31509 \quad 53995.5 \quad \Sigma \lambda_j R_j = 91371.5$$

$$n_j \lambda_j \quad 72 \quad 200 \quad 327 \quad \Sigma n_j \lambda_j = 599$$

$$n_j \lambda_j^2 \quad 72 \quad 400 \quad 981 \quad \Sigma n_j \lambda_j^2 = 1453$$

$$L = \Sigma \lambda_j R_j$$

$$= 1(5860) + 2(15754.5) + 3(16998.5)$$

$$= 5867 + 31509 + 53995.5$$

$$= 91371.5$$

$$Z = \frac{L - E(L)}{\sqrt{\text{Var}(L)}}$$

$$E(L) = (N+1)(\Sigma n_j \lambda_j)/2$$

and

$$\text{VAR}(L) = (N+1)(N \Sigma n_j \lambda_j^2 - (\Sigma n_j \lambda_j)^2)/12$$

$$\Sigma n_j \lambda_j = 1(72) + 2(100) + 3(109)$$

$$= 599$$

$$\Sigma n_j \lambda_j^2 = 1(72) + 4(100) + 9(109)$$

$$= 1453$$

$$Z = \frac{91371.5 - 282(599)/2}{\sqrt{\{282[281(1453) - (599)^2]/12\}}}$$

$$= 6.41 \quad (p = 0,0000)$$

$$Z_{\text{calc}} = 6.41$$

$$Z_{\text{critical}} = Z_{0,01} = 2.58 \quad (\alpha/2 = 0.005)$$

$$Z_{\text{calc}} > Z_{\text{critical}}$$

Reject  $H_0$  in favour of  $H_a$ . This implies that there is a difference on the 1% level of significance (two-sided test).