We now come to the end of our discussion with a few vocal cases from the HSDS that translate theory into reality. In fact each of the 493 cases could have told us a new story but for the sake of brevity we restrict ourselves to a few, classified into four broad categories: 1. Matital discord, 2. Adoption crisis, 3. The crisis of family failure in childcare function, and 4. The crisis of dwindling morality in urban family.

All cases tell us of human needs. They illustrate the interaction of client systems and the HSDS and illustrate how clients utilise the HSDS. The discussion will offer insight to HSDS for even more effective programming.

**Failure in a Marriage with no Goal to Achieve**

**Case No. IX.1.1**

Mrs. H.N., a woman of 28 with four children was referred to agency I by the Personnel Manager of the Pharmaceutical Company where H. works. She earns Rs. 2000/- per month. She married a liftman who works in a cooperative housing scheme and earns Rs. 500/- per month.
H is the elder daughter of a widowed mother who lives in a slum. H realised that she married a man quite inferior to her in all respects. She wanted to restrict her family to two children but the husband refused consent for family planning and finally the couple ended up with four children in quick succession. Being frustrated in marriage H asked her mother to move in with her to another house but being a woman of limited means, the mother refused to do so. In the meantime H noticed that her husband was involved in a love affair with her own younger sister. She took the lead to get the sister married to a good man and after this H's husband turned an alcoholic.

He complains that H does not return home in time and neglects the children. This was verified with H who said that she stays back in her workplace to do overtime work and husband suspects her character. She admits having neglected her children but this is out of frustration in marriage. She agrees that the family earns much more than required and excess money gets spent in the husband's drinks. She does not mind his not supporting the family as she earns enough. The family has hardly any ideals of healthy family life. Having lost her father in her childhood H has not known any male company. The mother worked hard to support her family and H being smart looked after the domestic matters, studied well and landed a good job.
An acquaintance introduced H's husband to the widowed mother and H was married. Having lived economically all her life, H's material needs are very limited. She looks forward to nothing and is a workoholic. The husband developed feelings of inferiority. H was asked to move to the residential institution to review her problem. The husband refused detoxification. They were counselled of family life and budgeting. Within two days' stay at the institution H desired to return to her husband and was discharged. This is a typical family of the industrial metropolis who has no other preoccupation but earn a living. It is not possible to develop any idealism or philosophy in such families who will have nothing else to look forward to. India will have many neo rich families repatriated from the middle eastern countries with assured incomes, no concepts of home economics and blue collar values. Having nothing to look forward to, they will drown their boredom in addiction of different types. The industrial workers who also earn much more than they need have only material ends. Masses of such families will introduce the neo rich 'culture' in urban societies. Service delivery systems must find creative preoccupations for such masses if the quality of life is to be maintained.
Failure of Marriage with Contrasting Idealism

Case No. IX.1.2

Utilisation of human service delivery in the absence of family and agency support

RK, a 25 year-old Muslim lady, sought admission to a residential institution. She complained of harassment by her mother-in-law and sister-in-law. Her husband gambles and has no savings.

She got married against her mother's wish and the maternal family offered no sympathy or support.

She entered the institution with a definite goal to divorce her husband. She knew tailoring well, worked hard at the Institution and paid no heed to her husband's request at reconciliation. The agency upholds prevention of divorces and kept persuading her to go back to her husband. She made use of her stay at the Institution to regain her mother's sympathy.

She maintained her stand and was discharged by the agency as client and agency goals did not meet.

Here is an example of strong personal organization, despite total non-support of family and the human service delivery system. This personal organization is the outcome of good socialization and self-actualization built up by occupational skill. Her decision to seek divorce
is the outcome of clash of her good values with the husband's poor values. When all supports are withdrawn, act as supports and values and personal organization enable an individual to resolve a severe family crisis. Here is a client with sufficient individual strength to make good use of a human service delivery system which had turned hostile to her.

The mother did not tolerate her resorting to professional services and changed her attitude to receive her needy daughter back into the family of birth. Lasting family support systems in the form of personal values have facilitated resolution of a family crisis.

Another factor that offered support was the Islamic ideology and achievement orientation that the ego is a messenger of God and must strive to make the best of effort during lifetime for no human being is born twice.

When all supports fail, the values built up by sound family support systems during the socialization process act as support system for the individual. Values and socialization are the most lasting support systems.

Case No. IX.1.3

Sound Socialization and Faulty Sexual Function

"K", a Maharashtrian girl of 19, is married to a man of 26. She applied to the Institution after one year of marriage. The marriage was not consumated during this
year. She complained of being beaten by the husband. She and is a girl brought up in Bombay, insists on staying with her father and brother.

The husband is a temporary mill worker belonging to a farmer's family. K is very well respected and treated by her father-in-law.

When her father insisted that K goes to stay with her husband, K attempted suicide and because of the fear that she will kill herself, the father admitted her to the Institution.

The husband wants K to stay with him and refuses divorce. The wife beating is an obvious consequence of sexual frustration.

In spite of sound support from the older generation and extended family, this marriage was about to fail. During six months' stay in the Institution, K's behaviour was much improved. She did not attempt suicide any longer. By living with the peer-group she realised that she cannot insist or continue to stay at the parental house for too long as the brother may start losing respect for her.

Through a process of sixteen interviews during six months, she was gradually prepared to face life in future. Because of absence of a mother and alternate mother-figure in the male composition of her family of orientation, she was not socialised to understand the reality of marriage.
She established good therapeutic relations with the case worker and made up her missed social milestones.

A clear compromise was worked out between husband and wife - that henceforth the husband shall not beat and the wife shall not attempt suicide or sulk if matters went against her wish.

The human service agency gave her the desired psychosocial support and sufficient time to change her attitude towards sex relations and marriage. "K" was unwilling to give up her role of a capable home maker in the paternal house. A strong feeling of rejection by her father and the shock of being beaten up had reduced her self-esteem and led her to suicide. Her stay in the institution helped her learn that suicide is no solution to problems.

Case No. IX.1.4
Goal attainment without family support systems and HSDS support

Mrs. S.A., a woman of 33 with four children, applied to agency 1 for help in her personal matters.

S.A.'s husband is an Air Force Officer posted in border areas. S. complained of cruelty and wifebeating by the husband and harassment because husband is oversexed. She has medically terminated her pregnancies four times and requested the agency to help her.
She wanted to leave her husband and the four children. Her parents do not support this idea, as they claim to be orthodox and traditional. S. also said that her husband forces her to work and earn more as his salary is not enough to maintain a family. The husband refused to go in for sterilisation nor will he permit S. to do it.

On closer inquiry the Caseworker found out that S. has started living with a middle-aged Gujarati gentleman. S. has a Maharashtrian family. Her paramour Mr. P has an old mother and needs S. to look after the old lady. Both P. and S. are involved with each other and insist on continuing the relationship. S's parents vehemently oppose this relationship. The husband's reaction to this is quite lukewarm and he does not mind overlooking the matter so long as S earns some money to keep the family going. He too has an old mother who he feels must be looked after by S. S refused to do this. She also complains that the husband forcibly takes away her earnings.

In this case S. expected the agency to understand her. P and S understand each other very well. S wants a divorce which the husband refused to grant. He does not mind any arrangement provided that S keeps earning. It is obvious that S finds neither emotional nor material security from the husband. The paramour gratifies all her unmet needs and they support each other strongly. S needed support and help
from HSDS which the HSDS refused. The agency hired a lawyer to take brief on behalf of S's husband. The social worker supported the stand of S's parents and coaxed her to leave P. S refused. The agency has a casework committee that deals with cases that are particularly tough. In this case the committee called Mr. P and asked him to end their objected relationship. He vehemently refused to do this. S had earlier supported the same stand. When this intervention failed the agency engaged a lawyer to fight a case against the agency's own client. S was asked to leave the agency where she had resided for two weeks. S had established a good working relationship with the caseworker which the latter failed to convert into remedial relation.

With this illustration let us examine the issue of social and professional value at crossroads today. The materialism in S's husband undermined/established social values at the outset. S cannot be blamed for want of values. It was the husband who thwarted all her aspirations in marriage. She worked out all her frustrations with P, who really understood her. At this juncture, what is the professional stand of the HSDS? Professionalism must be re-examined in such cases. The agency became value judgemental. Ethically, it was S who is the client. The human service ethic believes primarily in its commitment to the client who is asking for help. Did the client get any?
Yes, the HSDS is also a representative of the society and very much upholds the values laid down by society. She stood by her client ethic and related to the agency in a consistently stable manner and kept on asking for help and direction. She did not leave the agency until asked to do so. As a woman she had every right to protection by the agency. A strong family counselling thrust is indicated in this case. Instead the HSDS personnel individually and collectively went against the client. Societal values cannot be thrust on clients against their desire. Just because the family though quite rightly upheld societal values, the agency cannot take sides. The basic democratic principle of client self determination principle is totally missed by the agency. The consumer of services in this case is certainly not a king. She comes with pre-determined goals which do not match the agency's goals. In any case can the agency take such an impossibly punitive stand? A changing society is also coming out with new values, very different and at times opposed to the old. Theoretically we do recognise that sexual standards of the family shall soon be less puritanistic. We do accept in Hindu society there is a recognised Dharma called the apad dharma or the dharma to be adopted in crisis but when it comes to reality and practice even the HSDS could not become value-free in its thinking.

Finally let us examine the goal striving of the client and her husband. She used to insist on coming to Bombay from
Assam for every confinement in order to keep in touch with the paramour. She had actually refused to return to her husband after the second delivery to which the parents vehemently opposed. At that time the paramour was not on the scene and some understanding by the parents could have saved the situation. S first solved the problem without family support and later even when the HSD withdrew support. Deviance requires tremendous courage to stand against societal resistance. The paramour showed the courage. At times it is social pressure that leads the ego to deviance and it is so in this case.

The details are discussed here to procure insights in terms of social values, and the functioning of the HSD. The principles of value neutrality and flexibility cannot be abandoned by the HSDs.

Problem solving with family and agency support

Case No. IX.1.5

Mrs. U.D., a woman of 22 from a blacksmith family applied to agency I for support in her decision.

She complains that her husband is an alcoholic and is cruel to her. His parents however are fond of her and

* The husband's refusal for sterilization was in order to control S's promiscuity, which he knew was S's reaction to his economic incompetence and excess expectation from his wife.
want her to stay. She is firm on a divorce. Customary
divorce is prevalent in the community. The woman and her
parents come from a very distant suburb of Bombay for
counselling. U complains that her husband does not have a
job. The husband denies this. The in-laws are very descent
and request the agency to mediate.

U said that the husband puts on airs to impress the
agency. He has no competence—neither economic nor social.
The agency requested the client and parents to wait for some
more time to give the husband a chance. The husband too
was counselled to work hard to win the wife's confidence.
The strategy could not work. It must be noted that the
community being of artisans is quite achievement oriented
while the occupationallly dislodged husband cannot come up
to the wife's expectations. Within two months of the
application the client got customary divorce. This case
gives us the insight that the HSDS must appreciate that
while clients are bound to approach the agency with pre-
determined goals, it must be appreciated that in spite of
having family and caste supports, clients will increasingly
depend on the professional judgments and wise counsel of the
HSDS. HSDS must therefore perform this supportive profe-
ssional duty with due freedom from values and no force on
clients. Appreciation of the clients situation and moti-
vation will go a long way in answering the real needs of the
client. Agencies by and large work towards the goal of averting divorces but at times social realities will dominate value judgment.

Case No. IX.1.6

The role of agency in decision making

S.P., a woman of 27 applied to agency 1 for help in securing a divorce for her. The husband earns nothing while she earns Rs. 300/- per month by working overtime. She will be happy if some contribution is made by her husband so that the family will be content and her burden of overtime work will be reduced. She admitted that she wanders around with another man until late in the night in order to work out her frustration with her incapable husband. Overtime work actually gave her a chance to keep away from the frustrating home situation with the result that whenever there was no overtime work available she used to just wander around to keep away from home and soon this man took advantage of her. She felt guilty for her three year old child. In six counselling sessions the caseworker succeeded in returning to the client her lost self-esteem and sense of worth and the client decided not to seek a divorce. She had realised that the paramour was not interested in her wellbeing but was simply taking advantage of her frustration. She was helped to once again become a good mother to her child.
The above cases equivocally warn us that ideas of morality are rapidly changing with frustrations created by the achievement oriented urban world. The larger characteristic of the third world countries - the inevitable unemployment is bound to spiral many such subtle effects which in the larger context will have grave consequences.

Case. No. IX.2.1

Adoption application

Mr. and Mrs. M.V.G., a couple in their late fifties applied to a day care agency for adoption of a nine year old girl to be placed in adoption. They are a very loving traditional business family hailing from north Gujarat. Married in their teenage, they had a son and a daughter. The son died in a road accident at his age of nine and since then they wanted to adopt a child. However, their daughter was opposed to the idea and they had to give up the idea. Unfortunately, two years before the application even their daughter died in childbirth, after being married for five years. Mr. G accepted these misfortunes as his fate but now had a keen desire to adopt a baby girl of a specific description aged nine. The couple was determined not to adopt a child unless their conditions were met. The situation was indeed very peculiar as no agency had arranged for an adoption of this kind. The caseworker explained to the couple the genuine difficulty in finding such a
child but the couple was determined of their choice. They were prepared for the consequence of such a situation and were prepared to wait for any length of time. Not only did the couple have a most tragic history of loss of children but also had a long genetic history. Mrs. G had had two abortions and her third child had died of erythroblastosis soon after birth.

The motivation to adopt was to guard property interests and to hand over lifetime's savings only to a loved one. After a search of two years the HSD agency miraculously located a girl of eight to be given in adoption from a mofussil Remand Home. By this time the adoptive father was 60 years old and the mother 59.

The Juvenile Court suddenly released the girl during the leave period of the caseworker without any intimation to the adoption agency. The adoptive parents suddenly came to the agency to inform the worker that the child had arrived, only to learn from the agency that the concerned caseworker was on a month's leave and that the substitute worker was not willing to follow up the case for fear of breach of confidentiality because the agency had the policy that adoption cases are to be supervised by only one worker and that picking up another person's case would mean breach of professional ethics. Two days later the adoptive parents paid a frantic visit to the HSD agency as the little girl
refused to stay with the adoptive parents. She insisted on returning to the remand home which she considered as her rightful home. 'I am not your daughter' said the girl. 'My mother abandoned me on the footpath and since then the Remand home has been my only home. 'The parents wanted to know if they could tell her that this was the mother who had in anger left her on the footpath, and now that they very much regretted their mistake would like to call back the girl who after all is their own. They were told not to come out with such a devastating story, but they did try this experiment in desperation. Finally when the girl threatened to run away she was recalled by the Juvenile Court on application of the adoptive parents.

The case clearly brings out the crisis of adoption after a series of untold woeful crisis the adoptive parents had been through and the psychological crisis the young and remand home staff child had to suffer, just because the honourable court had not appreciated the delicate event. It also goes on to demonstrate the crisis a raw machinery both the Juvenile court and the adoptive agency. Ignorance of procedures can be no excuse that too of the Honourable court, to whose wise counsel we all look up. The Remand Home machinery can without the fear of the contempt of court stay such rash action. Does the story of Maharathi Karna not remind the society of the non-erasable birth trauma of a deep
the so-feared psychic nature? Will a breach of professional ethic prove a greater sin than shocking innocent and already troubled minds? Was the human service agency not aware of the legal provisions of privileged communication? Is the interest of the child not a priority above all? Adoption cannot be such an instant procedure. Young and old minds need to be prepared to go through the crisis of adoption. They must be confidently monitored through all such rough events by the HSDS. There must be adequate inter-agency liaison and plan much before the child is released from a residential agency. The scars of such incompetent work will never heal.

The next case reveals on the other hand the mature stand adopted by the HSDS through the crisis of adoption.

**Case No. IX.2.2**

Mr. and Mrs. K.P. are a young couple from Coimbatore. Mr. P is 40 and Mrs. P. is 35. They have three biological children, all daughters. They applied for the adoption of a son. Mr. P is a very successful businessman. They both longed for a son as Mr. P. has a widely expanding business. Having had three daughters in succession they have finally decided to adopt a boy. Soon the agency succeeded in identifying a healthy infant boy and all the legal formalities of adoption were arranged.
Three weeks after the baby was taken to Coimbatore, he developed a serious sickness which was finally diagnosed as a congenital heart defect. The Paediatrician in Bombay missed this obvious hole in the heart. The baby started sinking rapidly. The mother had no courage to go through the last sickness of the baby. The family suddenly sent the baby with an ayah by aeroplane to Bombay with the message that the agency should look after the baby till the end and that the family will bear all the expenses but the child must receive the best terminal care. The agency staff decided in a meeting that the agency is morally bound to take up the responsibility of the child, whatever the legal and ethical constraints. Mr. K.P. spent Rs.20,000/- on the baby's terminal illness but did not take courage to go through the crisis with their adopted child though as the biological parents they could have never avoided the duty.

We note from this experience that adoption is a dual crisis. The crisis of sterility is by itself so painful. When the couple finally prepares to adopt, such crises occur. Many times the infant being unwanted undergoes the experience of being killed in utero. After he is born, defying all attempts on life before birth, he may have to suffer the aftermath of pre-natal injury. Very often, even a baby who has not been subjected to attempted abortions undergoes life threatening experiences soon after being
physically separated from his biological mother. This results in the baby's getting hospital infections or other forms of sicknesses. The HSD agency ordinarily keeps constant vigil on all anticipated crises but cannot at times be blamed for human errors. HSD agencies quite ably carry out the crisis oriented work in the interest of the innocent child.

After discussing all the illustrative cases, we shall examine the moral and the ethical aspects.

Case No. IX.2,3

Mr. and Mrs. Z.K., a middle aged couple, aged 55 and 48 respectively applied from Madras to an HSD agency for adoption. They had their own plans and procedures. In 1958 they got married 'once again' to each other under the Special Marriage Act 1956. Their real marriage was according to the Islamic rituals (Nikah). After prolonged medical treatment following an ectopic pregnancy and salpingactomy, they were told that Mrs. K. will never get a biological child as the other fallopian tube is also blocked. Although Muslim Law permits multiple marriages Mr. K was very firm about being married only once. The couple had kept Mrs. K's sterility secret from both families. The couple was indeed devoted to each other. There was ample family property but desired inter-family adoption and wished to keep away from all extended family members.
They had registered at Agency 3. The request was that an unmarried mother should be entrusted to them. They had taken their Gynaecologist in confidence and the stage was set to enact the drama. The unwed mother should accompany the K's to Madras. When she goes into labour she will be admitted to the maternity home as Mrs. K. soon after she delivers, the real Mrs. K will enter the lying-in room. The unwed mother will be well looked after and sent to Bombay after recovery. The social worker counselled the couple about the legal and ethical issues. Unwed mothers are the responsibility of various sheltered institutions. No institution will join in such plans. The couple was desperate. This was not a time to moralise. Yet the agency took a highly moralistic stand. The couple was already registered with this agency. A week later the couple wrote to the agency that they picked up an unwanted baby from one of Bombay's Municipal maternity homes and flew with the baby to Madras. The planned drama was duly enacted, without having to care for any unwed mother.

HSDS agencies are the safety valve of society but certainly must not take up the function of becoming the gatekeepers on moral issues of this kind. We have no information thereafter if the drama was successful in the long run or whether the adoption was successful. Adoptive parents need a lot of counselling and guidance in parent-
craft. MSUD must appreciate the delicate psychic states of adoptive parents and also the delicate physical condition of the baby to be adopted. Through this entire procedure the agency monitors the emotional environment of the whole family and ensures the physical wellbeing of the baby.

Let us now see how motivation plays a part in securing the total wellbeing of the child within the adoptive family.

Case No. IX.2.4

Mr. and Mrs. P.Y. are a young adoptive couple. Mr. Y is the only son of his widowed mother. The mother doted on the son who was posthumous.

Mrs. P.Y. suffered from cancer of the cervix and had to be hystractomised at 23. To help her recovery from this early disaster, Mr. Y had resolved to adopt two children. This case was referred to the MSUD agency by the hospital that conducted the hysterectomy. The case was registered for secret adoption. Mrs. Y pretended pregnancy. The agency informed the Y's on a certain day when an unwed mother went into labour. It was expected that Y's mother will insist on being with the daughter-in-law during 'childbirth'.

Mr. Y announced the birth of a son, also showed a blood-stained piece of cloth brought from the labour room.
to his mother. Keeping the secret of an adoption has become one of the functions of the agency since the days of Mr. and Mrs. K's case.

Such delicate issue result in creating a secret adoption programme in the HSDS. Generally only one worker deals with the entire case. The crisis of adoption creates challenging areas of work for the HSDS. The period of three years follow up are also a strain on the adoptive couple. They would like to omit this formality but the agency cannot overlook this obligation. Workers are requested by adoptive parents not to make home visits or conduct any correspondence with them. Such parents take up the responsibility to visit the agency regularly with the child.

**Failure of childcare function and misuse of HSDS**

**Case No. IX.3.1**

Mrs. SS, a woman of 26, married for ten years applied to agency No. 4 with a request to get her son and daughter aged 9 and 8 years to a residential institution.

The social worker located Mrs. SS's maternal uncle who agreed to take up the children for foster care. The uncle lived in a nearby village and the agency offered to pay for the children's maintenance. Mrs. SS also has her mother and brother, both skilled workers - the mother a gardner and brother a carpenter. The family had adequate
support to care for the growing children.

Mrs. S and her husband are separated for the last nine months, after nine years' conjugal life. The husband lost a steady job of a peon for his misconduct. Mrs. S set up her own cafetaria near a business area suburban place. The husband began giving her trouble at her place of work and she had to wind up the cafetaria. There was no sound reason to put the children in a residential institution. The agency also worked out an alternate job for Mrs. S. Before the children could be placed in foster care, Mrs. S managed to admit the children to a residential institution near Nashik. When she came to the agency to report about this, she also refused the job located for her by the agency. She applied for help with her pre-determined goal and refused to follow the agency's plan when her goal did not match the agency's goal.

Admitting the children to an institution, according to the client, is a solution to all her problems. She was afraid that the agency would interfere with her plans or actively try to withdraw her children from the Institution and therefore caused her case to be closed.

Case No. IX.3.2

Mrs. K.P., neo-Buddhist woman of 30, residing at Yerawada slum at Pune was referred to agency No. 4 by the Superintendent of Remand Home. She lived in a joint family
with both parents-in-law.

She had applied to Remand Home for admission of her orphaned niece. The Juvenile court had refused to admit the girl as the joint family was capable of looking after her. Mrs. K.i. had two daughters of her own, aged 10 and 8 years. Agency 4 was requested to counsel Mrs. KP and supervise the girls' welfare in the joint family. The agency arranged for books, clothes and sponsored the orphan girls' fee. Despite the support Mrs. KP managed to admit the girl to Balgram Yerawada. The urban joint family no longer offers social security to its orphaned children. The availability of a child welfare institution near the house encouraged the family to separate a deserving child. The effort made by two welfare agencies to dissuade institutionalization provided a negative learning experience to the client. The familiarity with the welfare setting taught the client how to dodge agencies and sabotage their treatment plans.

Case No. IX.4.1

Moral danger

N.P., an unmarried woman of 24, referred her own case to agency 1. She herself said that she was 'in moral danger'.

She has had a fight with her stepmother, who has settled her engagement with a man from their own caste. They
are Kadva Patidars. Parents are forcing her marriage whereas she has love relationships with a man of 16, who works in his father's factory and earns a pocket money of Rs. 100/- per month. His parents threaten to disown him if he marries this woman. The father had no knowledge of this love relationship but on being informed, he broke off her engagement. The client does not get along with her stepmother and neither have trust in each other. On being counselled the father took a very mature stand and agreed to get the daughter married to the lover as soon as he begins to earn on his own. This is a typical example of the crisis intervention technique adopted by the agency during the client's four day stay at the agency. The family dysfunction is corrected with agency mediation with an effective technique. Counselling enabled the father to adopt a remedial role.

Case No. IX.4.2

N.S., a 17 year old girl was referred to agency 1 by her mother as the girl was in moral danger.

The girl's father works in Dubai and the mother finds it very difficult to control this girl all by herself. There is no other member in the immediate family and mother finds it hard to share these secrets with the extended family with which she does not share too many confidences.
The girl stayed at the agency for eleven days and finally went on hunger strike. The father who had been earlier informed returned to India and the girl was restored to him.

The above cases indicate another family failure in the parent-child sub-system - that of establishing faith between parents and adolescent and adult children. This inherent weakness is accentuated by involuntary family separation as seen in Case No. IX.4.2.

Family life education must reach urban families in all walks of life and the HSDS will also have to introduce a monitoring system to establish its strength and effectiveness.

Case No. IX.5.1

Social roles and client role

Mrs. S.U.Sk. was referred to agency 2 for aid to her grandchildren.

S.U.'s daughter died in childbirth five months ago. Her son-in-law deserted all his five children including the newborn child in the client's home and disappeared.

Before coming to the agency S had lodged a police complaint about the disappearance of the son-in-law. She managed admitting the eldest grand-daughter to an Urdu school. She used to make paper bags at home. The grand-
daughter helped her in the kitchen and also this work in the night. Two sons were admitted to an institution with the help of the agency. S was very particular about the immunisation schedule of the baby. Two children received sponsorship from the agency. S paid very regular agency visits. Children did very well at school and S supervised the home work. The case was given to a new worker for follow up and she paid a surprise home visit. The daughter of S was very much alive and the son-in-law was also at home. The case was instantly closed when the client was found to be a cheat.
REFERENCES


CHAPTER X

CONCLUSIONS AND RECOMMENDATIONS

This study of urban family crisis, support systems, and response to human service delivery systems enabled a cross-sectional and cross sub-cultural study of a social work phenomenon from sociological point of view. It enabled the study of family dynamics in crisis situations and the effort of families to cope with crisis.

The families under study belonged to all socio-economic levels, multiple sub-cultures, all ages of, both sexes, and came from five types of urban families - joint, emotionally joint, isolated nuclear, broken and common law families. The families represent all the stages of family life cycles, as defined by Evelyn Duwall. Virginia Satir in her book "People Making" defines two extreme forms of families - 'the very nurtured' and 'the very troubled'. Our sample represents a full range of all types of families between these two ends of a continuum.

The answers to the questions raised in Chapter II can be stated as under:

1. The families who apply for human service delivery are mostly urban families and belong to all socio-economic levels and represent a cross-sub-cultural range. More middle-class families utilise human
service agencies.

2. The average age of the applicants is 30. Thus the clients of the human service agencies are essentially young. They belong to both sexes but more women apply to the human service agencies than men.

3. The crisis presented by these families amount to 101 types, classified into 8 broad categories described in Appendix p. 730.

Family crises and crises families in interaction with HSDS are a very complex phenomenon. Added to the complexity is the general urban environment resulting under stress from rapid social change and technological development. In order to undertake a systematic study of crisis families, the researcher devised and tested out different tools of study described in Appendix I, p. 671.

In order to control the phenomena, the problems of families in crisis were held constant at three points on a time scale, viz., application, intake and termination. The outcomes are presented in Table Nos. 41 p. 150 Chapter IV.

It is essential to obtain reliable data. Hence no sampling was done. Instead, a census study of all families registered with the HSDA in Maharashtra during 1977 to 1980 was conducted from the available case records of HSDA in
Maharashtra. In all, 620 families could be studied by survey method. The first fifty families were a part of the pilot study and hence not included in the final report. Out of the 570 cases analysed, 77 were discarded in the analysis of survey data, as ten per cent or more columns in each of these cases remained blank, and would have affected our final analysis. The processed findings of 493 cases are presented throughout this study.

Two very large groups of cases emerged from the preliminary classification of family problems. These were 204 cases of marital discord and 103 families that registered for child adoption. Since these two problems constituted a majority of problems tackled by the HSDA, a detailed analysis of the two social problems are presented in Chapter V.

As the phenomenon is complex and dynamic, a variety of approaches are adopted in the study. The eclectic approach is considered ideal in social work, but before adopting it, more conventional and well-tested approaches of social problems and structure-functionalism were initially adopted. The research also attempted to bridge the gaps in previous 94 studies and related literature as indicated in Chapter I.

The paradigms and schemes recommended by different exponents of crisis theory and family dynamics proved useful in understanding the phenomenon.
The preceding nine chapters gave us extensive information and fairly deep insight into the dynamics of families in crisis as well as the nature of family crisis itself. In this concluding chapter, we shall discuss the tests of hypotheses and draw out predictions related to human behaviour in crisis resolution.

10.1 Achievement of Objectives

10.1.1 To undertake a structure-functional analysis of families in crisis

Whilst adopting this approach we came to the conclusion that it is the weakening and failure of family functioning that leads families to crisis rather than any structural deficiency. The functional failure of families in crisis takes the form of disturbance in relationships within the family and in particular the failure of husband-wife relationships and the function of parenting. Functional failure is also manifested in behavioural disturbance in the form of alcoholism and family violence, sexual maladjustments, personality problems and environmental problems. In fact the families in our sample are multi-problem families. The conflict containment function was never consciously adopted by urban families and this void has led to intense crises. The human service delivery systems succeeded in drawing out many more problems during their treatment procedures than the problems presented by these families to the service
agencies or the problems identified by the referees. This is a very important function played by the Human Service Delivery Systems in the problem identification of urban families. (Table 4.1)

This study could successfully bring out the specific characteristics of urban families of all types, viz., the isolated nuclear families the emotionally as well as physically joint families, broken families as well as families which are not normatively recognised as such - being couples in love relationships, or "incomplete families" defined by Goode. The patent belief that the urban environments foster only isolated nuclear families has also been ruled out by our study as the sample consists of 111 or 22.52 per cent traditional joint families which still survive even in the urban metropolis despite the strong impact of westernization, urbanization and industrialization. This confirms the pet theorem that the Indian joint family is an institution which is most resistive to social change. In fact joint families are found in all three socio-economic classes from our sample, contrary to Gore's finding that only high socio-economic status families are joint.

While undertaking the structural analysis in greater detail the study brought forth a detailed specification of family support system which is described in Chapter VI. This finding is very relevant even to normal families.
These are the residual support systems that have survived the devastating attacks of industrial urbanization and family change. A conscious nurturing of these support systems could save families from crisis in future.

10.1.2 The next objective was to procure insights into client behaviour. Many of these have been described in detail in Chapter VIII. In fact much more clinical information was revealed by the study which has not been a part of this thesis as this study restricted itself to the sociological aspects of family crises and crisis families.

The last two objectives are also quite successfully achieved by the study.

10.2.1 The Testing of Hypotheses

We had adopted four hypotheses for our study including a null hypothesis. Two of them were proved and two including the null hypothesis were rejected. The tests have been very decisive and are being presented here in order:

Hypothesis I

There is an inverse correlation between family support systems and response to human service delivery systems. When the support systems scores and response scores were correlated, the probability value by chi square tests works out to $P \leq 0.038237$ and the gamma coefficient comes to $-0.0003$, indicating a strong negative correlation between
the variables. Thus our hypothesis is proved. The gamma coefficient being suitable for ordinal variables, we conclude that stronger the family support systems, poorer the response to human service delivery. The detailed table is presented in Chapter VIII, Table

**Hypothesis II**

There is an inverse correlation between education and response to human service delivery systems. This hypotheses was tested with the help of three types of classification of education correlated to the three levels of response to human service delivery systems. The values in the statistical analysis are as under:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Categories of education</th>
<th>Chi square value</th>
<th>Degree of freedom</th>
<th>Probability value</th>
<th>Gamma coefficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Low, medium &amp; high (3 categories)</td>
<td>16.6428</td>
<td>6</td>
<td>≤ 0.011236</td>
<td>0.1774</td>
</tr>
<tr>
<td>2.</td>
<td>Illiterate, Primary, higher secondary, Graduates &amp; above</td>
<td>12.6505</td>
<td>6</td>
<td>≤ 0.049318</td>
<td>0.5769</td>
</tr>
<tr>
<td>3.</td>
<td>Illiterate to Postgraduate &amp; unrecorded (12 categories)</td>
<td>44.8756</td>
<td>27</td>
<td>≤ 0.018491</td>
<td>0.1541</td>
</tr>
</tbody>
</table>
We note from the above values that in fact there is a strong positive correlation between education and response to human service delivery systems. Thus we reject this hypothesis and conclude that better educated persons make better clients.

**Hypothesis III** (Null hypothesis)

Pre-occupation with factors external to the therapeutic situation (i.e. distance of clients' houses and the human service agencies, occupation of clients and the number of children in the family) adversely affects the response to human service delivery.

Weighted values given to the three variables in brackets were added together to secure the index of client pre-occupation. The Chi square test gave a probability of $< 0.143297$ which proves that there is no correlation between the two variables. Thus, we conclude it is the internal situation between the worker-client-crisis-agency transaction that influences the response to remedial efforts of the HSD agencies. We are able to reject our null hypothesis. Table 8. on page brings out the type II error of hypothesis.

**Hypothesis IV**

There is a positive correlation between the intensity of crisis and response to human service delivery systems.
It was possible to measure the intensity of family crisis from casework records by techniques of quantification. The chi square value worked out by comparing the two continuous variables indicated a probability value of less than or equal to 0.000049 which indicates a very high degree of interdependence of the two variables. The higher the degree of intensity of the crisis, the better the response of clients to human service delivery. Now caseworkers will be able to predict client response by measuring the degree of intensity. Thus we are able to prove this hypothesis. Thus only one hypothesis out of four has been rejected after statistical analysis. Apart from this we are able to evolve the following new hypotheses as a result of our study:

1. The higher the degree of migration, the lesser the strength of family support. (Table 4.15, page 173, Chapter IV).

2. There is an inverse correlation between the incidence of marital discord and the level of education. The higher the level of education, the lesser the incidence of marital discord.

3. There is a strong inverse correlation between socio-economic status and family problems. As SES becomes higher, the problems decrease. This observation consistently holds valid in every category of family
problems classified in this study. (Table 4, page 170)

4. There is a weak correlation between family support systems and family types. (Table 6.5, page 433)

5. There is absolutely no correlation between ego's sense of values and family support systems. (Table 4.6, page 435).

6. There is a strong positive correlationship between socio-economic status and family support index.

7. There is a strong positive correlationship between family support score and SES. (Table 6.3, page 437)

8. There is a strong degree of correlationship between family support systems and SES. (Table 6.6, page 442)

9. There is an inverse correlationship between the duration of marriage and family support systems.

10. There is a strong positive correlation between caste hierarchy and family support systems.

11. There is a strong correlationship between client role performance and response to HSDS. (Table 7.12, page 493).

12. There is a correlation between client ego function and SES. (Table 7.8, page 496)

13. There is a strong correlation between client problem
preception score and the response to HSDS score.
(Table 7.22 , page 56).

14. There is a correlation between the clients' individual organization score and the score of response.
(Table 7.21 , page 56)

15. There is a correlation between the clients' problem perception and response to HSDS.

16. There is no correlation between the family support systems index and client role performance.

17. There is no correlation between family support systems and client ego function score.

18. There is a very strong correlation between the intensity of problems and response to HSDS. (Table 8.16 )

19. There is no correlation between SES and response to HSDS. (Table 8.15 )

20. There is a strong correlation between family type and duration and sustenance in casework treatment.

21. There is a strong relationship between family support systems and response to HSDS in a positive manner.

22. There is a strong positive correlation between individual organization and education. (Table 8.7 )

23. There is a strong correlation between clients' present problem solving ability and response to HSDS.
While establishing this hypothesis, we must again reaffirm that the problem solving ability of clients reduces to a large extent after admission to the HSDS.

Having thus evolved as many as 23 pairs of strong correlations, ten of which indicate $p = 0.001$, one may tend to doubt the credibility of this research. In defence we would like to record that the sets of very strong correlations must be put to repeated tests on different samples at different times or the test of reliability. Another doubt is that whether the researcher devised the tools with 'blinders' on. The defence is that the data is of secondary origin and perhaps while recording the richly diverse events in highly tense situations, the caseworkers cannot be humanly expected to record with mathematical sharpness. These tools of measurement were not available to the caseworkers when they wrote their records. Now that the measures are available, the caseworkers can make extensive use of these tools to improve their quality of records as well as the accuracy of diagnosis.

10.3 Formulation of tools of measurement and use of the technique of quantification of qualitative data

This research has certainly proved that casework records can be very reliably quantified and tested out.
Many new insights are now available to caseworkers in India. These records are a rich source of clinical and sociological material.

These tools need to be re-tested on cases in institutions, child guidance clinics and all possible case records. It is possible to operate the tool on as less as one that is the initial intake interview. Rich material for research is available in the human service delivery agencies and data collection can be most economically done. Coding the qualitative data affords economic preservation of case records. It is hoped that increasing use and the tools as well as material will be undertaken by researchers and social workers. We also conclude that along with the functional failure of the families, the crises were triggered on by the weakening supportive external/institutions like caste which is the foundation Indian of the family system. This study strongly indicates that it is the weakening of the institution of marriage that results in family crises. The failing sub-system of the family system, namely the husband wife sub-system and the parent-child sub-system are also highly responsible for family failure in the urban areas. The data is in agreement with Parson's finding that the kin is fading in urban areas. This situation is not irretrievable. The main external support system will be the HSDS which must
however work hard to devise and run an effective referral system for families in distress. The research reveals that the client systems are not shy of approaching the HSDS for help; but the HSDS must devise many more definite and effective strategies of intervention in a short time span, which is the biggest need of the client systems.

There is yet another effective intervention strategy which must be promoted and that is the development and promotion of self-help groups within the client systems. We note that many of our clients were referred to HSDS by old clients. The Bapnu Ghar experiment proves that peer learning is a very effective form of resocialization to be adopted by HSDS. These forms of treatment should be added with effectiveness and decisiveness by the HSDS.

10.4 Tasks in Crisis Management

In order to relieve stress, the present method of family functioning must be changed. Alterations in structure or process are needed to handle the difficulty. Shift in family power structure, means of communication, affected relationships (tasks assigned to members) ways of problem-solving, and conflict resolution may solve or ease a crisis. Without such modification, disequilibrium will continue and family functioning may become less effective or less efficient.
For the family to handle the variation in such situations like developmental crisis which it must deal with, role re-structuring is usually essential.

Our workers must be increasingly and emphatically trained in this treatment technique if the HSD agencies hope to treat an increasing number of problem families that apply to HSDs in family crises.

It is time we gave up our age old ideal of having to remain in therapeutic relationships for three to six months - this being the stereotype contract made with clients day after day when they apply for help. It is this long term contract that encourages them to drop out of treatment. No person likes to review the most unhappy events in his/her life over a period of three to six months. If definite insights could be gained within five or seven interviews, the effects of crisis intervention will be lasting.

**Future Tasks**

Many interrelated factors contribute to social work's increasing interest in crisis intervention, including concern with therapeutic efficiency and effectiveness; development of scarce professional manpower; rapidly growing community mental health programmes that promise massive service coverage and require round the clock emergency walk-in clinics; and a desire to deepen understanding of the dynamics of healthy
coping for preventive purposes. From the point of view of improving social work's still rudimentary practice theory regarding time-limited crisis therapy, the crucial developmental task facing the profession is to build up a cumulative body of knowledge rather than settle for the largely repetitive one it now has. This requires exploratory clinical action research to provide systematic information about (1) criteria for intervention, (2) the client's perception of the precipitating stressful event.* This study highlighted the second point. Further analysis of the clinical material not reported here is a subject of a future study.

* This part is quoted from International Encyclopaedia of Social Work, Vol. I, pp. 198-201.