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 I, 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, 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 $P < 0.038237$ 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:

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<th>Table 10.1: Correlation of various levels of education and response to Human Service Delivery Systems</th>
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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 8.1 on page 655 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 4.12, 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 483)

13. There is a strong correlation between client problem
preception score and the response to HSDS score.
(Table 7.22 , page 50C).

14. There is a correlation between the clients' individual organization score and the score of response.
(Table 7.21 , page 508)

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 correlationship between individual organization and education. (Table 8.7 )

23. There is a strong correlationship 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 'blinkers' 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.