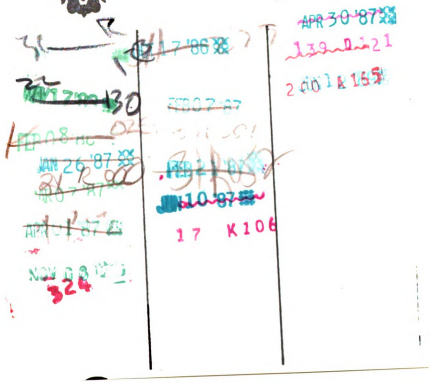

MENTAL HEALTH AND SUPPORT SYSTEMS AMONG URBAN NATIVE AMERICANS

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Frederick Wise

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ABSTRACT

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The present study stemmed from two well-documented assumptions concerning contemporary Native Americans: (1) they have a high incidence of mental health problems; and (2) their subculture provides strong familial and informal support networks. In view of recent research indicating that the absence of informal supports for coping with stress may precipitate psychological distress and pathology, this investigation explored relationships between help-sources utilized for "personal" problems and the mental health and well-being of an urban (Grand Rapids, Michigan) Native American sample.

Data were collected from 88 adult Native Americans (74 female/14 male), all parents of currently enrolled school children. They reported affiliations with the Ottawa, Chippewa, and Potawatomi tribes. One respondent per family completed a 90-minute survey interview designed to assess current mental status, feelings of well-being, and the

nature and extent of their support systems.

The mental status/psychopathology measures were derived from a widely used twenty-item symptom checklist. Scales tapping psychological and physiological distress included: Psychological Anxiety, Ill Health, Immobilization, Drinking, Drug-taking, and a "Zest" measure. Well-being measures addressed satisfaction and happiness in their lives, with themselves, and with such major life roles as parenthood and marriage. Brief Anomie and Self-Esteem measures were also included. The nature and extent of support networks were analyzed by assessing the number of help-sources, both formal (professionals and/or agencies) and informal (family, friends, neighbors, etc.), that were contacted for personal problems. Ancillary data regarding who was sought, the outcome of that interaction, and its perceived reciprocality were also examined. Their scores on the pathology measures, well-being scales, and number of help-sources utilized were compared with data from a nationwide survey using similar instruments and conducted within the same time-frame (1977-78).

This urban Indian sample differed from the national sample by manifesting: (1) greater psychological and physiological distress; (2) greater Anomie (alienation); and (3) substantially fewer informal supports. Evidence of familial disorganization was also noted as approximately half the sample were currently unmarried and represented

single-parent families. Few linkages were observed between their pathology and/or satisfaction measures and either the number of help-sources contacted or outcome of their help-seeking interactions.

What emerged were significantly weaker than expected traditional familial and informal support systems accompanied by minimal reliance on formal supports. Considering the relatively high degree of pathology observed and its lack of correlation with help-sources, there appears a marked discrepancy between the help they need and obtain. This disparity may be both a precipitant in the etiology of psychological impairment as well as a manifestation of the stresses faced by Native Americans coping in an urban environment. Implications of these findings for future research and programming efforts to strengthen support networks within an urban Indian community were discussed.

For Diane

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CHAPTER I

THE PROBLEM

Introduction

Until approximately the last ten years, research on the American Indian has largely consisted of cultural studies conducted primarily by anthropologists (Waddell & Watson, 1971) and historians (Vogl, 1972). Their foci was generally a documentation of traditional tribal customs and belief systems. While historically important, this kind of research yields little information on the problems faced by today's Indian populations and provides little insight into how contemporary Indians cope with their everyday existance.

Recently, however, there has been an increased interest on the part of behavioral scientists in examining American Indians and in particular, the problems that face them. Among numerous problems are employment, education, family adjustment, and economic issues. Although such matters present difficulties to most persons from time to time, an overriding cultural factor often magnifies or intensifies the process of adjustment that confronts the American Indians. Thus, for reasons of employment, Indians often move into cities where they are likely to encounter

prejudice, a weak system of social supports, and an unfamiliar cultural environment.

In addition to the few studies on Indian populations and their problems, there has been a concurrent increase in the number of governmental programs designed to improve the Indian's condition. Federal and state programs such as Manpower, Indian Health Service, Relocation aid, and educational assistance are just some examples.

The obvious question that arises is: Why, if so much economic and technical assistance has been provided, do American Indians in general continue to show up in social statistics as having the highest unemployment rates, highest alcoholism and substance abuse, highest suicide rates, and lowest educational achievement of any ethnic group? These statistics are staggering and in many cases the magnitude of such problems is five to twenty times the national average (American Indian Policy Review Commission, 1976).

The answer may partially reside in the poor translation of social science research into viable and effective programs designed to alleviate their specific problems. For example, these programs are often politically determined, sometimes dictated by economic considerations, and in some cases evolve to the deteriment of the people who supposedly have benefited (i.e., Federal relocation and termination policies, educational boarding schools, etc.).

Part may also lie in the focus of the programs and

research. Governmental programs tend to be aimed directly at alleviating problems with distinctly less interest in ascertaining their underlying causes (i.e., if Indians do not have jobs, government has tended to allocate funds to welfare or job-training programs such as Manpower or CETA). Social scientists on the other hand, have characteristically been preoccupied with building theoretical relationships between some aspect of Indian culture and their problems. Unfortunately the cause-and-effect relationships that are drawn from such studies are rarely translated into the more difficult task of effective program design and implementation. A classic example of this type of research is seen in studies attempting to explain specific problems found among Indians in terms of their degree of assimilation or adaptation into "white" culture. Little of this research has pragmatic utility, however, as evidenced by the dismal failure of attempts to alter rate of acculturation as seen in Federal termination and relocation policies (Chadwick, 1972; Officer, 1971; Chadwick & Bohr, 1973; Graves, 1967).

To view Indian problems as a result of inadequate assimilation also seems only to mask our ignorance of underlying processes. Perhaps it is more useful to view many of the aforementioned problems from a closer perspective, one that examines <u>from within the culture</u> the ways that this population attempts to cope with life stresses. Rather than assessing the failure of the Indian culture within the context of the dominant white culture in

relation to economic and social levels or lack of assimilation, this study attempts to investigate the support systems that are used within the Indian subculture to cope effectively in a white culture.

There is growing body of research that emphasizes the strong relationship of mental health and well-being to social and community support systems. Essentially, these studies posit that the number and nature of supports available through family, friends, neighbors, etc., may have a significant impact on coping with mental health problems (Clifford, 1974; Gurin et al., 1960; Litwak & Szelenyi, 1969; Quarentelli, 1960; Liem & Liem, 1976; Tolsdorf, 1976). Other research has found support systems to be of special importance within ethnic minority communities (Glazer & Moynihan, 1963; Giordano, 1973; Liebowitz et al., 1973; Suchman, 1964).

Much of the literature dealing with American Indians and their culture also seems to imply that they provide strong familial and ethnic support systems. In fact, many of the "acculturation" theorists have posited that their failure to effectively assimilate into majority "white" culture is largely due to the strong kinship bonds that exist and a related enhanced resistance to change traditional Indian values (Graves 1967; Chadwick & Strauss, 1975; Ablon, 1964). It seems paradoxical that Indians who supposedly have such strong support systems continue to manifest such extensive mental health and mental health

related problems. It is hoped by examining the nature of the support systems within one urban Indian community and their relationship to mental health, that a better understanding of how Indians cope with their problems will emerge.

Focus and Justification

Several factors influenced this study's direction. First, the rapid increase of American Indians moving into rural and urban areas from reservation communities necessitates adequate social statistics to effectively identify needs for remedial programs. Present demographic information on this ethnic subgroup is notoriously poor (Murdock & Schwartz, 1978) and the most often used sources of information are census data which may grossly underrepresent this population by as much as fifty percent (Levitan & Hetrick, 1971).

Second, there has been very little research concerning the mental health problems of the American Indian. Moreover, to the author's knowledge, no data has been collected concerning helping networks and their relationship to mental health variables among Indians.

Third, there are a great number of mental health and mental health related problems found in this population. These include alcoholism, suicide, unemployment, child abuse, and marital and family discord.

Finally, there is a definite need to develop new ways of looking at Indians and their problems. Despite the

targeting of Indian problems by social service delivery agents and the considerable amount of money allocated to this area, their problems of adjustment continue and in some cases have increased (Fahey & Muschenhiem, 1965; MacGregor, 1966).

Purpose of the Study

The purpose of this study is to examine the relationship between the mental health of American Indians in an urban environment and the nature and extent of their formal and informal helping networks. Of special importance are the helping networks or support systems that are indigenous within the Indian community. Specific foci of analysis will include not only the quantity of helping resources an individual has, but the quality of these contacts. Variables such as relationship to respondent, whether or not the helping relationship is reciprocal, and the outcome of their help-seeking interactions will be examined. To clarify the general demographic characteristics of this population, descriptive statistics will be emphasized.

Contributions and Implications

This study is an attempt to further knowledge in the area of Indian mental health, particularly as it relates to an urban Indian population. Considering the magnitude of their problems, there is clearly a dearth of pertinent literature and especially in the area of how Indians

attempt to cope with these problems. It is this author's contention that the nature of coping mechanisms and specifically how they seek help, from whom, and the extensivity of their support relationships are extremely important variables in resulting mental health status.

Overview of Thesis

This chapter includes a presentation of the general problems, foci and justification for the study, and purposes of the study. Chapter II is divided into three sections; (1) a review of the literature relevant to Indians and their mental health problems, (2) a review of relevant social-support studies, particularly as they relate to Indians, and (3) a development of hypotheses. Chapter III consists of the methodology used in the study including instrumentation, data collection, and the design of the analyses. Chapter IV contains the results of the analyses of data gathered in this study with relevant tables. Chapter V is a discussion of the results, conclusions, and implications for future research.

CHAPTER II

LITERATURE REVIEW

Who Is An Indian?

In contrast to any other cultural group in our society, a person is not a "real" Indian for purposes of Federal assistance unless s/he fits into categories defined by the Federal government, including blood degree and tribal status. To qualify for Federal Indian programs, a person must be able to prove that s/he is at least one-quarter Indian "blood", and his/her tribe must be one that is officially "recognized" by the Federal government. For other benefits and services, s/he must also reside on a Federally-defined reservation.

American Indians are generally perceived as a homogeneous group, a composite of certain physical and personality characteristics which have become stereotypes reinforced by the media. Trimble (1974) noted that the common view of the American Indian is the media portrayal of a person with black hair, brown skin, high cheekbones, and most often dressed in clothing typical of Indian life one-hundred years ago. Bromberg and Hutchinson (1974) noted personality characteristics of stoicism, nature/ecology orientation, and non-competitiveness. History has seen

Indians alternately described as savages, nuisances, objects of curiosity, research subjects for social scientists, and people to be pitied and helped. More recent land, fishing, and water rights litigation have generated a new view of Indians as persons to be feared, despised, or envied (for oil moneys).

Obviously, the idea that there is an "Indian" stereotype that could fit all or even most Native Americans today is naive and simplistic, no more valid than any similar attempt to describe a "white" person. Vine Deloria, an Indian leader and author, sums up the frustration among Indian people of this stereotyping: "People can tell just by looking at us what we want, what should be done to help us, how we feel, and what a 'real' Indian is like." (Deloria, 1969).

There are, however, some important distinctions regarding Native Americans which must be noted. One is the wide disparity among tribes with respect to such variables as size, geographic location, language, traditions and customs, and fiscal and natural resources. There are over 400 tribes recognized by the Federal government, about 280 of which have a land base or reservation. There are also tribes which have never been recognized by the Federal government and tribes which have lost trust-status through termination policy.

Just as tribes represent a wide range of characteristics, so do Indian individuals. About half of the more than

one million Indians in the United States today live on reservations, with the other half living in urban and rural areas. Clearly, the social and cultural influences that come to bear on these populations are very different. For example, while the reservation group may have the benefit of a number of Federally-supplied services, such as health care, the urban group is often isolated from these services. Indians living on reservations also continue to have regular access to traditional customs, while those in urban areas are generally cut-off from many Indian cultural influences. Conversely, opportunities for employment and higher education are often greater for Indians living in urban areas.

Another difference among Indians is "quantum blood" or biological "Indianness", referring to the degree of Indian ancestry an individual possesses. Many Indians believe that the arbitrary blood requirement of the government is a dominant culture policy that has produced divisiveness and dissension among Indians who have had to fight for limited funds and services. In addition, it has provided an economically advantageous excuse for not recognizing certain individuals for trust-status benefits. Indeed, the idea of legislating who is an "Indian" is very foreign to the Indian belief system; Indians "know" who is and is not an Indian. While this is not to say that a universal definition exists among tribes, or even among individual Indians within a tribe, it points out that the issue in

most cases has not been theirs to decide. Indians also represent a wide range of phenotypic characteristics with respect to body size, skin and hair color, and facial features. The conflict of cultural identity is often increased for those Indians who do not fit the traditional physical stereotype, as they may encounter prejudice and rejection from both Indians and non-Indians alike.

Also to be considered is the degree to which an individual has been assimilated into the dominant society. Many Indian people live in isolated reservation areas with little contact with the dominant society, often in very primitive living conditions, and retaining their traditional language and customs. Other Indians have "melted" into the dominant culture and retain few if any traditional beliefs, while still others have acculturated to the degree that they exist comfortably within the dominant society, but retain many of their original beliefs and practices. What is emerging, particularly among urban Indians, is an increasing pan-Indian identity, both as a means of establishing ties with those of similar backgrounds and experiences, and as an instrument for acquiring greater political strength (Ablon, 1972; Price, 1972).

Thus, there are vast differences among Indian people which challenge the stereotypes held by the dominant culture. Yet, there is a pervasive view that Indians are the way they were a century ago, and that an Indian is not an Indian unless he lives on a reservation with a marginal

existence and maintains all traditional beliefs and customs. Consistent with this belief is the view that for an Indian to possess or desire the artifacts of our modern world seems, in some way, to diminish his "Indianness". In addition, there is still a tendency to view such traits as education or affluence as antithetical to being Indian. In fact, other than the romanticism of the "simple" life-styles of Indians, rarely does the dominant cultural attribute success or positively valued behavior to Indians. These views have obvious detrimental effects, not only on the perpetuating aspects of stereotypes, but also on the self-concepts of Indian children who often see economic and educational advancement as a threat to their identity.

Paradoxically, there is also a belief that all Indians want to be assimilated and supposedly "equal". This view appears to be based on the assumptions that: (1) all Indians are alike; and (2) the dominant culture is better and, therefore, Indians should <u>want</u> to be part of it. It is as if the prerequisite for change is assimilation.

As Steiner (1968) noted, however, there is a great deal of change occurring within Indian cultures. Many Indians are becoming educated and are improving their economic status despite the hindering aspects of negative stereotypes. Concurrently, there is a strong resistance to assimilation, both among Indians on reservations and in urban areas (Ablon, 1972; Bowman, et al., 1975; Chadwick and Strauss, 1975). This resistance attests to the strength

and belief in the values of Indian culture and traditions.

Urban Indians

A 1970 Census Report showed that 45% of all American Indians lived in urban, off-reservation settings (Scaler, 1972). This was a 25% increase from 1960 and equalled an urban population of 340,000. The total Indian population in Michigan is 16,854 according to the 1970 census, .02% of total Michigan residents. Estimates based on Manpower surveys and school census figures, however, indicate the actual number is closer to 35 to 40,000 (Crane, 1974). Approximately 45% live in rural areas, 50% live in urban areas, and 5% live on reservations. According to the American Indian Policy Review Commission (1976), Indians have come to the cities in substantial numbers because of acute problems on their reservations. They came in hope of finding employment and to establish themselves successfully, but unfortunately, many have been unable to find security in the cities. In addition, Federal policies, such as the Relocation Services Program (1952) and Termination Act (1953), have encouraged Indians to move to metropolitan areas since it was believed that relocation would assist Indians in assimilating into the dominant white culture. Another Federal policy that attempted to foster assimilation was the removal of Indian children from their homes and their relocation in off-reservation boarding schools (Brophy & Aberle, 1966; Goldstein, 1974; Chadwick, 1972).

In a review of rural and urban non-reservation Indians, the American Indian Policy Review Commission (AIPRC) stated:

> "Federal program policies dedicated to the assimilation of Indian people have created a situation in which half a million people now present a cultural or legal paradox; they are neither reservation nor urban, and neither culturally stable nor assimilated. Government policies meant to assimilate, if not eliminate, a portion of an entire race of people, have created a large class of dissatisfied and disenfranchised people who, while being subjected to all the ills of urban America, have been consistently denied services and equal protection guaranteed under the Constitution as well as by their rights as members of Federal Indian Tribes... These Indian people are predominantly located in Alaska, California, Oklahoma, and Michigan." (Report on Urban and Rural Non-Reservation Indians, 1976).

The fact that increasing numbers of urban Indians encounter stresses such as unemployment, undereducation, and maladjustment to a social and cultural environment that is foreign and often contrary to their traditional belief systems has led to an increased interest on the part of social scientists in examining not only their problems, but also how they deal with them.

Mental Health and Related Problems

Mental health problems among American Indians are receiving increasing recognition. At the Third National Conference on American Indian Health (1965), it was reported that mental health was emerging as one of the major health problems among American Indians. It was

estimated that "possibly 20-25% of the American Indian population may be affected by some type of mental health problem, ranging from major psychoses to personality disorders." Factors cited included disintegration of American Indian culture, the transition in the way of life from previous predominant Indian culture to the present social order of American society, and generally poor levels of education, poverty, and disturbing childhood experiences (Fahey & Muschenheim, 1965). At another conference Alexander Leighton stated: "There is scarcely a problem of mental health in childhood, adolescence, family relationships or community psychiatry that is not found among them..." (Leighton, 1968).

Shore (1973) conducted an in-depth analysis of psychiatric epidemiology in an American Indian tribe of the Northwest coast. He examined over half of the adult population by gathering information from a psychiatric interview, a self-rating symptom checklist, impressions of local physicians, and behavior ratings from significant others. He found high rates of psychiatric impairment with the most common disturbances being alcoholism, depression and anxiety, and psychophysiologic reactions. He also noted the importance of tribal-specifice patterns, especially in the area of psychophysiologic adjustment.

Using the Cornell Medical Index and the Langer Scale, Martin et al. (1972) assessed emotional disturbance among Indians in eastern Oklahoma. He found 29% of the population

to be psychiatrically impaired. This compared to the 23% rate of impairment for whites that was found in the Midtown Manhattan study (Srole et al., 1962).

Borunda and Shore (1978) cited a 1972 survey of Indians living in the Portland, Oregon area. They reported that 32% of the respondents regarded mental health problems as serious in their population. They also found that 78% reported alcoholism as a major health problem while 48% viewed drug abuse in the same category. The respondents stressed the need for mental health education and for direct services to counter alcoholism, drug addiction, and general mental health problems--such as anxiety, depression, and maladjustment.

Bryde (1970) hypothesized that the poor educational achievement found among Indian students compared to white students was the result of personality problems caused by "psycho-cultural conflict" during adolescence. Using the Minnesota Multiphasic Personality Inventory (MMPI), he compared these groups and found that the Indian students had greater personality disruption and poorer adjustment, especially on dimensions judging depression, anxiety, tendency to withdraw, feelings of rejection and alienation, and social and emotional isolation.

Alcoholism

A mental health related problem that has received a large share of publicity and research attention is

alcoholism. Interest has been focused on this problem not only because of its severity and alarming magnitude among the American Indian population, but because it continues to exist in spite of concentrated efforts by Federal and state government agencies to deal with it. The "drunken Indian" is probably one of the most common stereotypes given to American Indians. While this view may be detrimental to a more holistic and accurate perception, it is sadly not without foundation. The American Indian Policy Review Commission stated:

> "Nowhere is the effect of alcohol and drug misuse more prevalent and visible than among the American Indian and Alaska natives... The Indian people, individually, and through their tribal leadership and health boards, have identified the destructive use of alcohol and drugs as the most important and pressing problem which they face today. It has an adverse affect upon all aspects of their health, cultural, social, and economic existence" (AIPRC, 1976).

Mail and McDonald (1977) presented an extensive annotated bibliography of studies relating to alcohol use and abuse among American Indians. They categorized it into four areas that included: (1) the identification and exploration of native American drinking patterns, (2) the investigation of biological/physiological aspects of Native American alcohol consumption, (3) the history of alcohol use among Native Americans, and (4) the development of treatment/therapy programs aimed at alleviating alcohol abuse among Native Americans. While it is beyond the scope

of this paper to review all the literature relevant to alcohol use among American Indians, at least some of it should be mentioned to highlight the problem.

Death rates due to alcoholism, alcoholic psychosis, and alcoholic cirrhosis on 24 Federal reservations were 6.9% of the total deaths seen in the population in 1973. This equalled 4.3 to 5.5 times the U.S. average for all races (AIPRC, 1976). Sievers (1968) found the rate of "heavy drinking" among Southwest Indians to be 52.5% for men and 24.4% for women compared to 14.0% and 3.9%, respectively, for the white population. Shore (1973) reported that 27 out of 100 Indians studied in a Northwest tribe were considered alcoholics. Another Northwest tribe was studied by Swanson (1971), who concluded that alcohol was estimated to present serious social and physical problems for 75% of the reservation Indians.

In addition to death rates attributable to alcohol consumption, there are a number of other serious problems related to alcohol among American Indians. Stewart (1964) found that in Denver, American Indian arrest rates due to drunkenness were twelve times higher than those for other minority groups. Ferguson (1970) studied Navajos in Gallup, New Mexico. She found that 118 subjects in her study accounted for 1196 arrests in eighteen months. She further reported that 92% of all arrests in Gallup were of intoxicated Indians. A report of Price (1975) indicated that for the United States in 1968, Indians had an

alcohol-related arrest rate 21.7 times that of Whites and 9 times that of Blacks. He also noted that of all Indian arrests, 75% were for drinking related offenses. His statistics revealed that although the majority of these arrests were for "drunkenness", multiple arrests of individuals were common. He found the urban Indian rate to be 38 times greater than the rural rate. Wax (1971) reported that in South Dakota one-third of the prison population was Indian (many for alcohol related crimes), although Indians accounted for only 5% of the state population.

The AIPRC report (1976) linked a number of other problems related to alcohol abuse among Indians, including child and wife abuse, juvenile deliquency, and family discord. Other researchers also reported high rates of alcoholism and alcohol-related problems (Honigman & Honigman, 1968; Ferguson, 1968; Whittaker, 1962; Graves, 1969; Brod, 1975; Sorkin, 1971).

A number of explanations regarding the etiology of alcohol abuse and related problems have been posited. Among them are: (1) problems in developing adequate and culture-fair definitions of alcohol abuse (Keller & Seely, 1968; Brod, 1975; Savard, 1968; Westermeyer, 1974); (2) prejudicial arrest rates (Stratton, 1973; Brod, 1975); (3) predisposing psychological variables (Hoffman & Jackson, 1973; Kline et al., 1973; Williams, 1975); (4) physiological predisposition or innate lack of tolerance for alcohol

(Wolff, 1973; Fenna et al., 1973; Bennion & Li, 1976); and (5) its functional social adaptative qualities (Waddell, 1971; Devereaux, 1948; Heath, 1964; Ferguson, 1971; Westermeyer, 1974; Brody, 1971; Rohner, 1970; Hamer, 1965). The focus of most studies, however, is the relationship between alcohol consumption or alcohol abuse and the stresses and anxiety endemic to Indian populations. The bulk of this research focuses on stresses associated with acculturation or assimilation into white society (Whittaker, 1962; Ferguson, 1968; Honigman & Honigman, 1968; Graves, 1967; Hamer, 1965; Query & Query, 1972; Stull, 1973; Topper, 1973). These studies essentially attribute alcohol abuse among Indians to such factors as: (1) lack of access to the economic means of the dominant culture, (2) lack of traditional tribal controls and sanctions against drinking, (3) the stress encountered in a transition from one cultural system to another, (4) lack of familiarity with urban environments, and (5) the absence of positively reinforcing social situations.

Not all researchers, however, support the blanket notion that Indians have serious alcohol problems or that their consumption of alcohol should be termed maladaptive. For example, Westermeyer (1974) reviewed the literature relevant to alcohol usage among Indians and noted that: (1) there are considerable inter- and intra-tribal differences in alcohol usage with some groups both higher and lower than national averages; (2) the relationship between

alcohol and the social problems of Indians is not clearly cause and effect, (3) studies dealing with physiological predispositions to alcohol usuage suffer from methodological problems, and (4) there is a problem with defining what constitutes alcohol abuse. Rohner (1970) reported that among the Kwakiutl of British Columbia, alcohol was used to relax normally constricted interpersonal communication. Daily (1968) observed similar behavior with the Huron tribe and concluded that alcohol served an important function in Indian societies which valued vision-quest, dreams, trances, and related experiences. Heath (1964) reported that alcohol contributed to social integration among the Navajo, and Brod (1975) cited a number of studies that posited that drinking among Indians serves an important social function and, in some cases, contributes to their feelings of "Indianness".

Although the research on the alcohol usage of American Indians is varied in its focus and conclusions, the magnitude and severity of alcohol and related problems noted by many authors underlines its importance as a mental health problem. This is true whether or not it is a cause of problems or the effect of internal or external factors.

Suicide

Suicide is another major and sometimes related problem. Resnick and Dizmang (1971) found that for some reservations the suicide rate was five to ten times the

national average. Cutler and Morrison (1971) studied sudden deaths in British Columbia and found Indians to have almost three times the number of suicides that non-Indians had. Shore (1975) also reported high rates of suicide for a number of Indian tribes, but stated that there were significant differences among these groups. Conrad and Kahn (1974) also noted wide differences among tribes. In their study of suicides among the Papago, they found suicide rates to be higher than other ethnic groups and that those involved were usually of the 20 to 45 age range group. They also speculated that since nine of the ten victims were men, males may have greater stresses due to their poorly defined social role as a result of acculturation (i.e., Anglo priests have replaced spiritual leaders, physicians replaced medicine men, and welfare has replaced the male's role as breadwinner). Further support for the acculturation hypothesis was seen in the fact that 80% of the suicides were commited by people living in or near urban areas and thus exposed to greater acculturation stress. This view was echoed by Bynum (1972) in a review of recent trends in suicide among American Indians. He concluded that the Indian, especially young males, is a classic example of Stonequist's "marginal man" (1937). That is, he is a member of two different cultures and yet not totally committed or accepted by either. Attempts at bicultural loyalty often result in tension and maladjustment. In turn, this has led to a sense of alienation, isolation, and aggression which

often is turned inward and ends in suicide.

In a review of the literature pertaining to suicide among American Indians, May and Dizmang (1974) noted that most current studies show suicide to be a behavior of younger persons. They cited causes as social disorganization, cultural conflict, and breakdown of family structure. This last cause is of particular importance as it has been noted in other studies as a precipitating factor in suicide. Dizmang et al. (1974) studied case histories of adolescents who had committed suicide and compared them with a control group from the same tribe. They found that most suicidal adolescents came from an unstable and chaotic family background. Levy (1965) supported this finding by noting that marital trouble was a frequent motive for suicide among Navajo adults. He also reported that in forty-seven percent of the suicides he studied, alcoholic intoxication was a factor. Mindeland and Stuart (1969) examined twenty-five suicide attempts on the Pine Ridge Indian Reservation and reported similar evidence for family variables as precipitating stresses. Specifically, they found that fifty-two percent felt rejected by a significant other and sixteen percent blamed interference in family matters by relatives.

Acculturation

Why do Indians have these problems? The bulk of the research concerning causes deals with acculturation

(Linton, 1940 and 1963; Vogt, 1957; Chadwick & Strauss, 1975; Graves, 1969; Jessor et al., 1960; Dohrenwend & Smith, 1962; Walker, 1972; Spindler, 1955; Paredes, 1973; Hallowell, 1960). This is probably due to a widely held assumption that many of the problems of an ethnic minority can best be explained by cultural dynamics. It seems elitist, however, to define as deviant or pathological those behaviors and attitudes that do not conform to those of the dominant culture. Basically, most of these studies sought to relate certain problems such as alcoholism, delinquency, and unemployment to level of acculturation. These levels are usually operational definitions that used variables such as number of white friends, acceptance of white culture, or marital assimilation as criterion variables.

Wagner (1976), for example, examined the role of inter-marriage in the acculturation of urban Indian women. She posited that intermarriage with whites was a valid measure for estimating extent of acculturation. Her study showed that acculturation level linked strongly with frequency of contact with other Indian community members. This acculturation level appeared to depend on such factors as the influence of Indian parents' wishes for their children to become assimilated, family relationships, and personal identification as an Indian.

Lefly (1976) studied two Florida tribes, the Big Cypress Seminoles and the Miccosukee Tribe, with different

levels of acculturation (the latter being less acculturated). She found that the less acculturated Miccosukees showed a higher sense of positive self-regard. Her conclusions were that when social disintegration occurs, positive self-regard becomes milieu-specific rather than culture-specific.

An intensive study of the adjustment of Navajo migrants to Denver, Colorado by Graves (1970) provides some valuable insights into some of the correlates of acculturation stress. He studied 259 male Navajo Indian migrants to Denver, many of whom were part of a "relocation" program designed to train Indians for off-reservation jobs. The focus of his investigation was their alarmingly high arrest rates (20 times that of whites), and especially those for alcohol-related offenses (93% of all Navajo arrests). He concluded that the high drinking rates observed in Indians compared to other urban ethnic groups was due primarily to their poor preparation for successful and unstressful urban living (acculturation stress). He also stated that as many as 50% of the Indian migrants did not have drinking problems and that this was primarily accounted for by social and psychological factors that helped them deal with the stress of adapting to a new socioeconomic environment.

Stull (1973) proposed that rapid modernization produced increased levels of psychological stress in the Papago Indians residing in Tucson, Arizona. Accidental injury and alcohol use were assumed to be valid social

indicators of psychological stress. "Modernity," or level of acculturation, was operationalized in terms of the type of occupation that these urban Indians held. Correlations between "modernity" and the psychological stress indicators proved non-significant, leading the investigator to conclude that not only is modernization a multidimensional process, but that the social indicators of stress (alcohol use and accident rate) are probably inadequate and may be only partial manifestations of a much larger group of stresses found in the urban environment.

Acculturation stresses have also been linked to mobility statistics for Indians living in urban environments. Ablon (1965) estimates that as many as 50% of the Indians she studied in San Francisco eventually returned to their reservations. Bigony (1975) examined reasons for Indians moving into the Detroit, Michigan area. She reported that those Indians with vocational skills found steady employment, lived in nuclear housholds, had optimistic attitudes toward white society, and, consequently, remained in the city. Conversely, those migrants without such skills did not find regular employment and tended to move in and out of poverty areas of the city with many also moving back and forth between city and rural or reservation areas. In a similar study of Indians living in Chicago, Garbarino (1971) noted that families with a stable background, employment, and a strong family head had relatively few adjustment problems, while those families characterized by

divorce, excessive drinking, illness, or unemployment did not adapt well to the urban environment.

The theme of loss of traditional culture and a concurrent inability to embrace or fit into the dominant culture is also seen in the work of other researchers. French (1976) concluded from his study of the social problems of Cherokee women that they experienced a loss of their traditional heritage and a lack of access to the substitute white culture that led to cultural and social normlessness and a confused role identity. Typical consequences cited included violence, alcoholism, physical illness, mental disorders, and family disorganization. Meyer (1974) pointed out that these stresses are especially powerful on young Indians who have left the reservation and are thus caught in conflicting value systems. Symptoms of stress often result from conflict with an earlier identity that was equally valid in an earlier context.

Not all studies regarding acculturation or assimilation are clearcut, however. As Leighton (1963) noted, change is not necessarily a predisposing factor to psychological distress, although sociocultural disintegration might very well be. Barger (1977) studied Eskimo and Cree Indians in a Northern Canadian settlement and reported no universal relationship between change and adjustment (or maladjustment). He concluded that any relationship between them was case-specific and due to the situational and cultural contexts of change. Clinton et al., (1975) has even posited

a positive relationship between change and adjustment in their research on "relocated" Indians. They found that urban relocation was related to an improvement in employment, income, housing and perceived quality of life.

Further confounding this issue is the fact that despite considerable efforts to acculturate or assimilate Indians into the dominant culture, there remains a large segment of this population that is very resistant to such efforts (Ablon, 1972; Bowman et al., 1975; Chadwick & Strauss, 1975). It should not be forgotten that Indian culture has withstood removal from traditional lands, attempts at extermination, boarding schools, assimilation attempts such as federal "termination" and "relocation" policies and other direct attacks. Busnell (1968) underlined this concept in his research on the Hupa by noting that, although their culture is largely American, an unique sense of ethnic identity endures.

Regardless of the research correlating specific problems with acculturation, it is clear that many researchers believe it to be an important factor bearing on the mental health of the American Indian. This is perhaps summarized best in a report to the Office of Economic Opportunity on American Indian mental health:

> "It is the thesis of this report that the cultures of American Indians have been overwhelmed, leaving the people stunned and disorganized because they must adopt to and live within the context of surrounding American society...The pressure for assimilation which the Federal Government has exerted on the Indians and the

> imbalance between their acceptance of material aspects of American life and their confusion about American social institutions and values, have led to serious psychological problems" (MacGregor, 1966).

Help-Seeking

A number of studies have investigated the prevalence of psychological problems in the American population and its relationship to seeking help. The Midtown Manhattan study (Srole et al., 1962), the Stirling County study (Leighton, 1959), the national surveys of mental health and quality of life conducted by Gurin et al. (1960) and Veroff et al., (1981), and the Phillips' study (1966) of mental health hospital admissions all concluded that as much as 50% of the American public who are "psychologically impaired" never seek help from a professional source. These statistics are often magnified for lower socioeconomic and ethnic minority groups (Hollingshead & Redlich, 1958; Gurin et al., 1960; Rosenblatt & Mayer, 1972; Sue et al., 1978; Overall & Aronson, 1963; Crawford 1966; Miller, 1966; Andrulis, 1977).

Barriers to utilization of mental health services are varied and include such variables as sex, age, race, socio-economic status, personality factors inhibiting help-seeking, lack of availability of sources, degree of impairment, and awareness of problems (Gurin et al., 1960; Mechanic & Volkart, 1961; Suchman, 1964; Landy, 1960; Brown, 1978; Kadushin, 1969; Tolsdorf, 1976; Gottlieb, 1976).

Who Seeks Help

Considering the large percentage of the population who could use professional mental health services but never find their way into that delivery system, who then does seek out help? The key variables that differentiate help-seekers from non-seekers are sex, age, race,and social class. Gurin et al. (1960) found that females more often have sought help in the past and were also less inclined to adopt a self-help position when considering future alternatives to deal with stress. These investigators also reported that as people get older, they are less likely to seek help. Murdock and Schwartz (1978) confirmed these findings related to age for a Native American population. They also cited family structure as particularly important in that elderly with fewer social contacts tend to seek help less often than both younger persons and elderly with strong family ties. Brown (1978) examined the relationship of help-seeking behavior to such variables as personal resources, social networks, demographic background, and psychological barriers to seeking help. He concluded that the only demographic variables that consistently differentiated help-seekers and nonseekers were age and race. Both the elderly and ethnic minorities showed significantly fewer help-seeking behaviors, particularly with respect to informal contacts. Other researches have found help-seeking more prevalent among Whites than Blacks (Gurin et al., 1960; Rosenblatt & Mayer, 1972; Crawford,

1966) or Chicanos (Rogaski & Edmundson, 1971; Karno & Edgerton, 1969).

Social class is another variable that has been linked to help-seeking and one that also often relates to ethnicity. Several investigators have noted that the higher ones' social class, the more likely one is to seek help (Asser, 1978; Rosenblatt & Suchman, 1964; Kadushin, 1969; Imber et al., 1955; Hollingshead & Redlich, 1958; Fisher & Cohen, 1972). This is consistant with the findings of Gurin et al. (1960), Kammeyer and Bolton (1968), and Srole et al. (1962) reported that the majority of those who seek professional help for psychological problems are white, middle-class, educated, and female. As Lieberman and Glidewell (1978) noted, however, the severest life strains are found among young females of lower socioeconomic status, indicating the dissociation of use and need for service.

Who Provides Help

In their formulations of theories of community mental health, Blackman and Goldstein (1968) posited that the likelihood of a person becoming "disabled" or psychologically impaired is related to their patterns of interaction with their social community. This has been supported by the many studies addressing the role of community, neighborhoods, and social networks in the epidemiology and management of mental illness (Warren, 1963; Warren &

Clifford, 1975; Sharp & Axelrod, 1956; Gans, 1962; Stack, 1974).

Specific causal relationships are difficult to pinpoint because of the many possible social factors influencing mental health, but some researchers have theorized it is not so much inclusion in these networks, but exclusion from them, that generates psychopathology (Levy & Visotosky, 1969; Meyers & Bean, 1968; Blackman & Goldstein, 1968; Gans, 1969). As Gans states:

> "... my findings suggest that the major sources of stress are not to be found in the community, but in being left out of it, excluded from activities and relationships... social isolation is the main source of stress." (Gans, 1969, p. 239)

One can argue that the plight of minorities and economically disadvantaged people is in part accounted for by their social isolation.

Therefore, it follows that the individual's social network is an important variable affecting how the person experiences stress. It not only helps define the nature of that stress, but it is the most immediately accessible resource to help deal with that stress. As Clifford states:

> "The community and its support systems can be seen to be an important causal factor in the differential prevalence and incidence of problems among various segments of the population and an important component in explaining differences in coping patterns." (Clifford, 1976, p. 59)

The majority of people perceive their social network

to be a primary source of help for "problems", especially those of a psychological nature (Wellman, 1971; Gurin et al., 1960; Litwak & Szelenyi, 1969). As defined here, the social network consists of informal sources of help such as family, friends, and neighbors as opposed to formal sources of help that might include physicians, clergy, psychologists, psychiatrists, and social workers. The importance of these informal social support systems is underlined by the findings that most people initially consult informal sources for help (Gourash, 1978), that they rely on informal more than formal sources of help (Brown, 1978; Gurin et al., 1960), and that formal sources of help tend to be contacted only after informal sources have proven inadequate (Kadushin, 1969; Quarentelli, 1960).

The functions of these informal helping networks are varied. In reviewing recent help-seeking literature, Gourash (1978) posited that social network members affect help-seeking in such ways as: (1) buffering the experience of stress to obviate the need for help; (2) precluding the necessity for professional assistance through the provision of instrumental and affective support; (3) acting as screening and referral agents to professional services; and (4) transmitting attitudes, values, and norms about help-seeking.

Who constitutes these informal social networks? Gurin et al. (1960) found that for general worries, 56% turned to spouses for help. Lieberman and Mullan (1978) studied a

sample of Chicago area residents and reported mates were chosen most often, followed by friends and relatives. They noted that neighbors were rarely turned to for help. Sharp and Axelrod (1956) expanded the sphere of helping relationships to family and extended family. In a Detroit study, they found that 70% of the couples interviewed had exchanged aid with relatives outside the immediate household. The relationships that these people reported with neighbors and friends were viewed as less important in terms of mutual aid. Brown (1978) classified a sample of people who had sought help for a range of problems into those who sought formal, informal, or both sources of help. He found that 48% contacted only family and friends (informal) for help or advice regarding problems. Although these studies varied in terms of type of problem for which help was sought, what was viewed as help-seeking, and categorization of help-sources, it appears that families, and especially spouses are important and often-used sources of support.

Ethnicity and Support Systems

The importance of social networks for ethnic minority communities is well-documented. Their extensiveness was underlined in Beyond the Melting Pot (Glazer & Moynihan, 1963), a study of ethnic neighborhoods in New York City. In a review entitled Ethnicity and Mental Health, Giordono (1973) also stressed the importance of community support

systems and their relevance to future programming efforts designed to deal with mental health problems. Stack (1974) described elaborate networks of supportive relationships in her study of a poor, black community. Liebowitz et al. (1973) studied Portland (Oregon) Jewish families and found that the nuclear family was by far the most often relied upon help source for diverse problems (personal, financial, emplomент, etc.). Suchman (1964) reported similar findings for medical problems.

Much of the literature dealing with American Indians has also implied that these social networks, and particularly family support systems, play a central role. In a paper on the strengths of the Indian family, Attneave (1977) stated that all tribes are based on the family unit and that this unit's destruction (i.e., by children leaving for boarding schools) was a threat to the integrity of future cultural values. This concept was echoed by several authors in a book entitled The Destruction of American Indian Families (Unger, 1977).

Ablon (1964) studied urban Indian migrants in the San Francisco area. She noted that for those new to the city, Indian organizations were important institutions in that they helped the migrant adjust to the new environment in such areas as employment, residence, and developing social contacts. As these people became adjusted, the formal institutions were less important and were replaced with kinship/friendship networks.

Snyder (1971) also noted the importance of informal social interaction patterns within an urban Indian community in Denver, Colorado. One interesting finding was that 52% of his sample had social support contacts before moving to the city and an additional 16% were followed by their reference group. Once in Denver, 66% of their interactions were taken up with members of their tribe (Navajo) and an additional 14% by other Indians. He concluded that social support networks were primary factors in their well-being and continued existence in the urban setting.

In a description of Indian family networks, Redhorse (1978) emphasized the family's importance in preserving mental health. Specifically, he posited that the individual's mental health is related to a sense of selfhood that is transmitted primarily through family socialization and depends on a strong adherence to traditional cultural values.

Molohon (1977) studied Indian students and their families in San Francisco. She reported that the solidarity of these families, their linkages to kin on reservations, and the emotional support provided by the family, indicated that a strong kinship affect was their primary motivation for behavior. This affect not only assured kin allegiances, but helped them deal with the pressures of migration, geographic separation, and rapid social change.

The social support networks indigenous to Indian cultures have also been linked to therapeutic outcomes. Fox

(1960) examined the continuity of psychiatric care in Indian cultures and hypothesized that the strength of informal social supports provided a means for continous reinforcement of "cure" after treatment and reduced the incidence of relapses.

Ethnicity and Utilization Patterns

Informal social networks become even more important when one considers how ethnic minorities relate to professional agencies. Despite the fact that one of the stated purposes of community mental health centers is to provide services for traditionally underserved groups, such as ethnic minorities and lower socioeconomic clients, these groups continue to underutilize such resources (Andrulis, 1977). For example, Crawford (1966) found that low income and poorly educated blacks did not use conventional treatment resources. Rogaski and Edmundson (1971) reported that Mexican Americans, infrequently use mental health facilities. There is also evidence that minorities, when they are admitted to such institutions as mental hospitals, tend to present more severe psychopathology than white populations (Kramer et al., 1973), or are diagnosed as more disturbed than dominant culture clients with equivalent pathology (Weclew, 1975; Bergman, 1977). The reasoning behind this is that minority groups may tend to wait as long as possible and exhaust all informal resources, before asking for outside help.

Relatively few studies have addressed how Indians utilize mental health facilities. Anecdotal evidence for strong familial support systems, coupled with a distrust of dominant culture institutions, have often been presented as reasons for underutilization (Suchman, 1964). While these are seemingly reasonable assertions, hard empirical support is lacking. As noted by Murdock and Schwartz (1978) who cited a 1971 Special Senate Committee on Aging report, "We are appalled to discover that statistics for many matters of vital concern to Indians and those who work with Indians are inadequate, inaccurate, or not available at all."

Murdock and Schwartz (1978) examined the relationship between social support available to elderly Native Americans (Pueblos) and their utilization of social services. They found that although usage was tied to extensivity of family contacts, few used these agencies despite clear needs.

Miller (1978) documented similar underutilization patterns for Indian parents of developmentally disabled children in Los Angeles. It seemed to stem from institutional barriers, lack of transportation, dissatisfaction with services, and cultural factors.

Sue et al. (1978) surveyed seventeen community mental health centers in Seattle in an effort to account for the utilization patterns of ethnic minorities. They reported no evidence of inferior treatment for Indians, but a much higher rate of failure to return for therapy than held for

Anglos. They concluded that the mere fact that there was an equality of services did not necessarily indicate a responsiveness to the needs of ethnic and minority groups.

Hypotheses

If the family and social networks are major forms of support, as suggested by prior research, why is there still such a high incidence of mental health problems among Indians in general? Utilization figures suggest that contemporary mental health delivery systems are not meeting their needs. Should it be inferred that the family and social networks are also not functioning well? Considering the extreme importance of kinship bonds among Indians, and their isolation from majority culture values, one would assume that there would be a strong reliance upon each other within the community. Despite the research that emphasizes the high stresses that Indians face in urban settings, some Indians appear to adjust successfully without developing either alcholism or psychopathology. It is this study's purpose to examine one factor that may contribute to their ability to "cope" with urban stresses, the nature of support-seeking and support availability in their community.

This study has two major foci: (1) a general assessment of adjustment, mental health, and well-being; and (2) an exploration of support systems. Jointly considered, they permit investigation of the relationship

between adjustment problems and help-seeking patterns. The following hypotheses will be examined:

1. There is a positive correlation between the number of helping-resources and satisfaction or happiness in each of the principal life roles (marriage, parenthood, employment).
2. There is a negative relationship between the number of helping-resources and the psychopathology measures.
3. Urban Indians rely more on informal than formal sources of help.
4. Fewer helping-resources will be reported by persons who perceive the outcome of help-seeking as negative than by those who report more positive outcomes.

CHAPTER III

METHODOLOGY

This chapter will describe the sample population used in this study, the staff that assisted in data collection, the data collection procedures, the instruments and their previous use, and the design of the analysis.

Sample

The population selected was a group of American Indians living in the urban area of Grand Rapids, Michigan. Because of the difficulty of selecting a true random sample or a stratified random sample, a special note about the selection procedure is needed. The data base for a random sample was almost non-existent, or at best under-representative for Indians. Census data are notoriously poor, in many cases approximating only 50% of the actual population (Levitan & Hetrick, 1971). Additionally, Indians are characteristically wary of question-asking strangers and a fear of prejudice often affects their willingness to even be identified as Indians. A compounding problem is that many community census figures indicate only white, black, or other.

In light of these problems, and short of conducting a

very expensive complete survey of the total community, this study used a sample of Indians taken from a list compiled by the Title IV (Part A) Indian Education Program in the Grand Rapids area. The list included all Indian parents who had children in school in the Grand Rapids area in 1977. Estimates from the Grand Rapids Inter-Tribal Council and the Title IV Indian education director indicated that this comprised approximately 80% of all Indians in Grand Rapids. These records were up-to-date at the beginning of the school year, although data collection was in the summer following that school year. The criterion for inclusion in these records was a self-reported ethnic identification of at least one-quarter Indian by the parents of children enrolled in the Grand Rapids public school system. This self-report data was gathered during enrollment of the children in school.

Initially the sample was stratified by dividing the city into five sections, according to relative density of Indian population. Each household in the five sections was assigned a number according to their position in the central list of families. Using a random number generator in a pocket caculator, 85 household numbers were chosen which represented the target sample of 75 plus 10 extra to make up for attrition. However, as data collection proceded, it became obvious that an adequate sample size would never be obtained due to a number of factors, including: (1) refusal to be interviewed; (2) difficulty in

reaching subjects at home; and (3) subjects moving with no forwarding address. It was then decided to modify the sample by including everyone that could be contacted in the total group of one hundred and fifty-one families. Eighty-eight families were finally contacted in the two and one-half months of data collection. There were twenty-three families who had moved with no forwarding address or moved to a place where it was not feasible to contact them, eleven families who could not be reached after five attempts (interviewer going to their house), six families who had been incorrectly identified as Indians, eleven refusals to be interviewed, and twelve interviews excluded from the analysis because of unreliable data. It is assumed that this attrition of sample size did not bias the results since none of the factors contributing to the attrition are logically related to help-seeking behavior. It could be argued, however, that the subsample with a high mobility rate and those who refused to be interviewed may have different help-seeking behavior or perhaps different rates of pathology than the rest of the Indian population. The results then, should be reviewed with this in mind since little can be done to alter mobility or refusals and this study made every conceivable effort to contact those people. A special note concerning those subjects who refused to be interviewed is included in the Data Collection section of this chapter.

Conspicuously absent from this sample are the single/away-from-family, and married with no children groups. These groups are extremely difficult to locate because of their high mobility as noted in other studies (Stanbury, 1975; Ablon, 1964) and frequently have little contact with other Indians.

As has been noted, prior research seems to point to the conclusion that if mental health problems occur, help is usually sought within the confines of family and friends. This provides further justification for using a sample of families, although its generalizability may be somewhat limited. It is also important that this sample is of an urban population, since the majority of American Indians fit into this category and their numbers are increasing (Scaler, 1972).

This study was funded by the Indian Education Program who provided initial information about the sample. In exchange for demographic information regarding the sample, they supplied the interviewers for the study. All coding, data analysis, and interpretation were the responsibility of the author.

Staff

Because of the difficulty in getting Indians to answer survey questions, and especially those of a personal nature, initially only Indian interviewers were used. The three interviewers were all Indians living in the Grand

Rapids area and all had some previous experience working with the Indian population there. For example, two of the interviewers had worked with an Indian education program supervising Indian children during summer programs and one interviewer had been an Indian education consultant for the five previous years. To minimize possible bias, interviewers did not approach any families with whom they had previous contact.

Unfortunately, one interviewer proved to be thoroughly unreliable and was replaced after approximately one month. He had completed only nine interviews and since his work performance was so poor (i.e., did not report to work; produced incomplete interviews), it was decided to exclude those interviews from the final data analysis. His non-Indian replacement was a trained survey interviewer, and had worked on four previous large-scale surveys. Perhaps due to her knowledge of, and contact with, Indians in this area, she proved an excellent interviewer. She had been recommended by the President of the Indian Parent Association, a group of parents who provided input into the education programs of Indian children in local schools.

Staff training consisted of two weeks of instruction on survey techniques and practice with the instrument used in this study. The author supervised all training. The interviewers were then instructed to complete three interviews in the field. After each of these, there was a thorough analysis of responses, a discussion of any

problems that had arisen, and considerations for future interviewing. To maximize learning, this was done individually with the author and in a group context in the presence of all interviewers. The replacement interviewer received only one week or pre-field training, but that seemed entirely adequate in view of her substantial prior experience. The author was also present for six to eight hours each day of the data collection and supervised each interviewer on a daily and individual questionnaire basis.

Data Collection

Data collection began on July 6, 1977 and concluded on September 20, 1977. A summary of who was and was not interviewed and the reasons for no interview is presented in Table 1.

TABLE 1

Schedule of Interviews

Respondent	Interview Outcome
88 (total respondents) 74 females 14 males	Completed interview
11	Refusals
11	Not able to contact after 5 attempts
12	Excluded from analysis
6	Not Indian
23	Moved with no forwarding address

The sample was highly skewed in the direction of females, seventy-four females (84.1%) in comparison to only fourteen males (15.9%). Most interviewing was conducted between the hours of 9:00 am and 8:00 pm, times when working males were unlikely to be at home. This was done primarily for the safety of the interviewers since many interviews took place in lower socioeconomic neighborhoods. Another reason for the predominantly female sample is that only forty-seven (53.4%) respondents were presently married leaving forty-one single parent/guardian households which were almost always headed by a female. In addition, even if both husband and wife were home at the time the interviewer called, the husband usually asked his wife to answer the survey questions. Because of this, separate data analyses were conducted on the male and female subsamples as well as for the total sample.

Twelve interviews were excluded from analysis. Nine of these were conducted by the interviewer that was replaced because of unreliability. It was decided that these data could not be trusted for accuracy or completeness so they were set aside. Three interviews from the field training phase were also either incomplete or had mistakes that made them invalid and thus were excluded.

Of the other possible respondents in the total group of one hundred and fifty-one families, six had been incorrectly identified as Indians and so were not included. Thirty-four households were not contacted. Twenty-three of

these had moved with no forwarding address and eleven others could not be contacted after five attempts. It was thought that five attempts was a reasonable cutoff point and the effort was discontinued thereafter. Those who could not be reached may have moved or may have been passively declining to be interviewed (i.e., not answering the door). The high proportion of respondents who had moved underlines what other researchers have noted about the high mobility of urban Indians (Ablon, 1964; Bigony, 1975; Garbarino, 1971).

There were also eleven direct refusals to be interviewed, seven of which were incurred in a two-week period. In fact, almost all of those households contacted in that period refused to be interviewed. From information given to the interviewers, it was discovered that one highly visible member of the Indian community had spread a rumor that the survey was being used for "negative" purposes, although it was never ascertained what those purposes were supposed to be. All interviews were suspended for one week while the principal investigator met with the Indian Parent Association (IPA) to discuss this matter. After the purposes of this study were again explained to the relevant IPA committee, they agreed to formally endorse the research. Although this group's president had previously agreed to the survey, it had not been formally presented to the total group, and once that was done the refusals stopped. It seems notable how quickly word spread throughout the Indian

community. This appears to confirm the existence of extensive informal networks, since all communication about this matter was on an informal basis.

Instrumentation

The instrument used was a modification of a survey schedule developed by the Institute for Social Research at the University of Michigan. It was used in essentially the same form in both their 1957 study, Americans View Their Mental Health (Gurin, Veroff, & Feld, 1960), and in their 1976 replication study, The Inner American (Veroff, Douvan, & Kulka, 1981). Adaptations for the present research were developed in consultation with their staff. A copy is included in Appendix A.

There were many advantages to its use for the present research. It had been thoroughly field-tested, refined and used in two nationwide studies of the mental health and quality of life of the American public. There were national norms with which to compare the present data and, although extensive analysis was beyond the scope of this research, some comparisons will be made to highlight basic differences or similarities between a national sample and this Indian sample.

Although the survey instrument yielded a wealth of data, only certain parts of it were analyzed and reported in the present study. The data has been broken down into four relevant groups; (1) feelings of Well-being,

(2) measures of Psychological and Physiological Distress, (3) measures of Help-seeking, and (4) Demographics. An index of items included in each of the four groups is provided in Appendix B. Each subgroup of items will be discussed, including any relevant research.

A multiple criterion approach was selected because of the complex and multi-faceted nature of the human personality. Although a number of studies have investigated a variety of diverse criteria in assessing psychological well-being or distress (Campbell et al., 1976; Meyers et al., 1974; Andrews & Withey, 1976), few have used more than a single indicator to appraise psychological adjustment (Gurin et al., 1960; Veroff et al., 1981). So for the purposes of presenting a more comprehensive, and presumably, a more accurate picture of how Indians view their lives, a number of variables were analyzed.

The first two areas of measurement, (1) feelings of Well-being and (2) Psychological and Physiological distress, represent an attempt at measuring subjective feelings of how people view their lives and their mental status.

Well-being

These items and scales were designed to be subjective indices of adjustment that tapped not only how the respondent felt about his/her present life situation, but

also how they viewed past and anticipated future well-being. No attempt was made here to equate these views with clinical diagnosis, although it could be argued that some relationship may exist. Rather, they represented general feelings about how the repondent experienced the stresses and strains of everyday life, their satisfaction with themselves and their life roles, and their present situation. Help-seeking seems likely to be prompted by such subjective feelings, as much as anything.

A general assessment of well-being was asked in the question: "Taking all things together, how would you say things are these days -- would you say you're: (1) very happy (2) pretty happy (3) not too happy".

A related group of questions was designed to evaluate satisfaction with their lives and their major life roles. This is central to the analysis of reports of subjective well-being. Its importance was underlined by the research of Campbell et al. (1976) and Andrews and Whithey (1976), who found that evaluations of life satisfaction showed few noticeable changes across age groups. The first two items asked not only how they felt about the way they spent their lives, but a future assessment of their perceived ability to change some of the things they were not satisfied with.

> In general, how satisfying do you find the way you are spending your life these days? Would you call it (1) completely satisfying (2) pretty satisfying or (3) not very satisfying?
>
> When you think about the kind of person you are now, how likely do you think it is that you could

> change some of the things about yourself that you don't like or are not satisfied with? Would you say that it is (1) very likely, (2) somewhat likely, (3) not too likely, or (4) not likely at all?

Satisfaction with major life roles was considered an extremely important variable in overall satisfaction with life. There is usually a great degree of psychological investment in one's life roles and consequently, they are related more generally to how a person views her/his adequacy and self-worth. Initially, three major roles were examined: parenthood, marriage, and employment. The latter was subsequently dropped from the final analysis because so few respondents were employed. The items for parenthood and marriage were:

> Overall, would you say that in your case, being a (father/mother) has nearly always been enjoyable, that it has been usually enjoyable, that it has sometimes been enjoyable or that being a (father/mother) has hardly ever been enjoyable?
>
> How much satisfaction have you gotten/would you get/did you get out of being a (father/mother)?
>
> What about being married? How much satisfaction have you gotten /would you get/ did you get from being married?
>
> Taking all things together, how would you describe your marriage--would you say your marriage was very happy, a little happier than average, just about average, or not too happy?

An item related to perceived worries and unhappiness was also included. It was an open-ended question designed to provide descriptive data as to what people worried about most in their lives.

> Everyone has some things he worries about more or less. What kinds of things do you worry about?

Another measure from the Inner American study was labelled Anomie. It appears to tap a general sense of alienation from society. It was included in this study on the assumption that a feeling of alienation from others can have a profound effect on psychological well-being and is, therefore, important in an analysis of distress factors and their impact on mental health. The Anomie items were:

> I have always felt pretty sure my life would work out the way I wanted it to.
>
> No one cares much what happens to me.
>
> I often wish that people would listen to me more.
>
> I often wish that people liked me more than they do.
>
> These days I really don't know who I can count on for help.

The scoring categories were: very true, pretty true, not very true, and not true at all, with the higher scores indicating a greater degree of alienation.

Veroff et al. (1981) also used a 3-item Self-esteem scale adapted from a scale developed by Rosenberg (1966). As its name implies, it was designed to be an indicator of general feelings of self-worth. The items included:

> I feel I am a person of worth, at least as much as others.
>
> I am able to do things as well as most other people.

On the whole, I feel good about myself.

In summary, the well-being items and scales were designed to tap the subjective experiences of everyday living. A number of different aspects were examined including both satisfactions and dissatisfactions with one's major life roles such as being a husband/wife or parent. In addition, questions reflecting general satisfaction or happiness with life and, conversely, worries and unhappiness were also included to enlarge the window of perceived adjustment.

Psychological and Physiological Distress

While the items assessing well-being possessed face validity, the psychological distress items have an extensive history bearing on their validity and reliability. The core of items designed to measure psychological, physiological, or psychosomatic symptoms was a twenty-item symptom checklist (see Appendix C). It was included in the 1957 and 1976 nationwide studies of quality of life carried out by Gurin et al. (1960) and Veroff et al. (1981). This symptom checklist is a conglomerate of their items plus others selected from the Health Opinion Survey (MacMillan, 1957) and the Langer Scale (1962). The two latter instruments had been used in previous community surveys, the Sterling County Study (Leighton et al., 1963) and the Midtown Study (Srole et al., 1962). Both studies used these scales as general indicators of psychiatric impairment or

mental illness. Their basic purpose was to detect patterns of mental disorder, especially untreated impairment, within the general community. Their obvious utility resided in their purported ability to quickly and efficiently identify psychological disturbance in the general population. Because of their practical usefulness and careful preparation, many investigators adopted them as screening devices to assess untreated psychiatric disorder (see Dohrenwend & Dohrenwend, 1974).

Validity data on these scales were essentially of a construct nature. In the Sterling County Study, psychiatric diagnoses were made based on psychiatrists' short interviews of the respondents in the study. The Midtown Study employed psychiatrists' judgements based on the total survey schedule. Despite this considerable use and presumed validity, however, recent research has questioned both as general measures of psychological disorder (Dohrenwend, 1975: Seiler, 1973); Schwartz et al., 1978). For example, Dohrenwend and Dohrenwend (1969) suggested that they were contaminated by response biases due to the diverse views of ethnic and social groups of how desirable or undesirable the content of the symptom items may be within specific cultures and lifestyles. Phillips and Segal (1969) noted sex differences in responses to symptom items. They interpreted these to mean that women, who usually score higher in distress on these scales, may be more willing to admit the presence of undesirable symptoms. Other researchers,

however, have posited that, although sex differences occur, they are not wholly due to response bias (Gove & Gerken, 1977; Gove et al., 1976). In addition, they reported that such biases have little impact on relationships between these measures and the demographic variables commonly used in community mental health surveys. Their questionable ability to identify psychiatric impairment in the general population does not, however, entirely obviate their utility. The ways in which people respond to symptom checklists remain important pieces in the mosaic of how people view their lives. While there is continued controversy over whether or not such measures accurately diagnose mental illness in a population, they at least provide some measure of how people feel about the ways they are coping with the stresses of everyday life. More importantly, they may be informative when used in conjunction with other measures, as in this study, and notably in the Americans View Their Mental Health (Gurin et al., 1960) and Inner American (Veroff et al., 1981) studies. In this manner more attention to symptom patterns can be given rather than attempting to develop absolute indicators of psychopathology.

The notion of defining absolute mental illness within a population bears heavily on this study. The primary purpose of the preceding literature review of Indian mental health problems was to underline the complexities of studying Indian culture and lifestyles. As such, the focus of this study is to provide descriptive data on how one

urban Indian population views their lives. Instead of establishing absolute incidence of mental illness, it seems more important to identify relative patterns of coping. That is, how do segments of this population compare to each other with respect to subjective reports of symptoms, help-seeking patterns, and demographic variables? In addition, the previously mentioned data from a nationwide sample permits interesting comparisons with the urban Indian sample in this study.

Congruent with the goal of a multi-dimensional approach to assessement of psychological and physiological distress were efforts to factor analyze the twenty-items in the symptom checklist. Gurin et al. (1960) found four distinct clusters of items within the instrument. They included; (1) Psychological Anxiety, (2) Physical Health, (3) Immobilization, and (4) Physical Anxiety. These researchers thought that the scale tapped more than one dimension, particularly in light of the fact that the content of the items clearly had physiological as well as psychological connotations. Other researchers have also factor analyzed these items, and while the factors were rarely identical, heavy loadings have consistently been found on two basic dimensions; physiological and psychological distress (Tousignant et al., 1974; Crandall & Dohrenwend, 1967; Seiler and Summers, 1974; Phillips & Segal, 1969). This relationship appears logical in that both psychological and physical symptoms could coexist and also figure

in each other's etiology.

Veroff et al. (1981) again factor analyzed the symptom items in their replication of the 1957 nationwide survey of Gurin et al. (1960). Three very similar factor loadings emerged which they labeled; (1) Psychological Anxiety, (2) Ill Health, and (3) Immobilization. The earlier fourth factor (Physical Anxiety) was dropped because it did not prove a distinct factor in their later analysis. The three consistent factors are described as follows:

(1) Psychological Anxiety--a general factor appearing to tap anxiety reactions. Items include; (a) trouble sleeping, (b) nervousness, (c) headaches, (d) loss of appetite, and (e) upset stomach. They appear to involve psychosomatic reactions to anxiety.

(2) Immobilization--a factor that was difficult to describe in both nationwide studies but seems to tap an "inability to get going". Items include; (a) difficulty getting up in the morning, (b) can't take care of things because couldn't get going, (c) drinking more than one should, and (d) troubled by hand sweating. It was included because of it's relative high factor loadings and internal consistency. Since the first two items have such strong face-validity for this scale, a two-item composite was also analyzed along with the four-item version.

(3) Ill Health--a factor previously named Physical Health but renamed because it rather addresses ill health. Items include; (a) ill health interferring with work, (b) shortness of breath, (c) heart beating hard, (d) pains and ailments in the body, (e) healthy enough to carry out things, and (f) any health problem. They concluded that it was a relatively pure and stable measure of ill health.

In addition to the three factors, three other items

were added in the 1976 Inner American study. They concerned drug and alcohol usage and were: (1) When you feel worried, tense, or nervous, do you ever take medicines or drugs to help you handle things?; (2) When you feel worried, tense, or nervous, do you ever drink alcoholic beverages to help you handle things?; and (3) Have there ever been problems between you and anyone in your family because you drank alcoholic beverages? Face validity was claimed and another dimension was added to the symptoms already mentioned. New items 2 and 3 (above) were summed because of their similar content. Because some researchers have used the whole 20-item checklist as an overall indication of distress (Sieler, 1973), that global index was also included in this study.

A further addition was an adaptation of a scale developed by Zung (1965). It is named "Zest", although it has been posited that it reflects depression. Veroff et al. (1981) found that many of Zung's items correlated positively with the items in the twenty-item symptom checklist, especially those relating to tension, nervousness, and other psychosomatic complaints. One group of items, however, appeared to address a positive outlook on life and did not correlate highly with the sympton items. Labelled the "Zest" scale, its items included:

My mind is as clear as it used to be.

I find it easy to do the things I used to.

My life is interesting.

I feel that I am useful and needed.

My life is pretty full.

I feel hopeful about the future.

Responses were coded so that the higher numerical score on each item was in the direction of negation of the statement. Thus, the lower one scored on the scale (summing across items), the more "zest" for life one has. Conversely, high scores reflect a more depressed attitude, lack of energy, and pessimism about the future.

A final question related to mental health, scored "yes" or "no", was: "Have you ever felt that you were going to have a nervous breakdown? Although general in nature, this item assessed past feelings of psychological distress. It can be argued that memories of past "bad times" are rarely clear, and thus a question encompassing general feelings of distress is most appropriate.

Help-seeking

Central to the present study is an analysis of what people actually do when they experience personal problems. More specifically, do they seek out help, and, if so, what kind of help? Specific units of analysis included; (1) number and nature of formal help-sources sought, (2) number and nature of informal help-sources sought, (3) total number of help-sources sought, (4) a series of items dealing with community and social support systems, (5)

outcome of help-seeking interactions, and (6) the perceived reciprocity of help-seeking behavior.

The first two measures of help-seeking, formal and informal help-sources sought, were derived from two similar matrices (formal and informal) of items (see instrument, Appendix A) relating to who the respondent had seen concerning problems of a personal nature. Beyond identifying who they contacted, respondents were asked to indicate; (1) if they felt that person would talk to them if they felt that way (reciprocation), and (2) how much the interaction helped them (a lot, some, not much). The respondent filled in the matrix in response to the previous three items in the survey schedule:

> Over their lives most people have something bad happen to them, or to someone they love, like when someone important dies, leaves, or disappoints you. Or something awful like getting sick, losing a job, not having enough money, being in trouble with the police or at school. Or maybe just something important you wanted to happen didn't happen. Compared with most other people you know, would you say that these sorts of things have happened to you more than to others, less than to others, or what?
>
> When things like these have happened to you, have there been times when you found it very hard to handle? When you couldn't sleep, or stayed away from people, or even felt depressed or nervous and couldn't do much of anything?
>
> When things like that happen some people like to talk it over with other people. Did you talk to any of these people about that matter? For each person, choose the one description that fits them best. If more than one person you talked to fits the same description (like friend or relative), please tell me.

The possible categories included in the informal sources of help matrix were; (a) husband, (b) wife, (c) son, (d) daughter, (e) father, (f) mother, (g) brother, (h) sister, (i) other relative, (j) friend, and (k) neighbor. Separate descriptive analyses of who was sought were performed. The mean number of informal help-sources was also computed. Identical analyses were completed on the formal sources of help matrix, except that the possible choices for person sought included; (a) Psychiatrist, (b) Psychologist, (c) Social Worker, (d) Counselor, (e) Doctor, (f) Nurse, (g) Clergyman, (h) Teacher, (i) Police, (j) Lawyer, (k) Union Steward, and (l) other.

In both matrices, the respondent was asked to indicate whether the interactions helped a lot, helped some, or wasn't much help. A mean of scores across help-sources sought was computed and represented an overall indication of the "quality of outcome" in help-seeking interactions. In addition, there was a question in the informal matrix only regarding whether or not they thought that the person from whom help was sought would also approach them concerning a personal problem. Because this item permitted only dichotomous answers, a ratio of "yes" to "no" answers was computed, respectively, for each respondent's choice of help sources and used as an overall measure of "reciprocation". Its purpose was to add an extra dimension in the description of help-seeking behavior, namely, to ascertain

if the respondent perceived his relationship with the help-sources to be mutual. It seems logical that if the help-seeker felt that s/he would be depending on someone who didn't feel the same way, help would be sought less frequently.

Another measure of help-seeking behavior was how the respondent viewed his/her community and social support networks. The respondent's relationship to two potential support groups, neighbors and friends, was examined. The questions regarding neighbors asked how many neighbors they felt they could call on or visit, how often they visited them, and how often they talked over problems with them. For friends, they were asked to indicate how often they visited friends, how many they felt free to talk with about their problems, and how often they talked over their problems with them. Finally, a general question was asked regarding how often they talked over problems with someone they trusted. In a sense, these are additional measures related to informal help-seeking. Descriptive statistics were computed for them. They were included as variables which would contribute to a better overall picture of the person's social network, and especially his perceived integration into that network.

Demographic Data

Finally, a number of demographic items were included. The primary reason was to give the reader a fuller picture

of the participating Indians. As stated before, it is extremely difficult to generalize about Indian groups since great variations occur regarding Indian tribes, rural versus urban populations, and among Indian individuals. These data are provided to move fully identify the present sample.

Included were: marital status and whether or not this was their first marriage; age; where they were born and raised; family size while growing up; whether or not they lived with their natural parents; education of respondent, spouse, and their parents; household income; and number of people over and under 21 years-old living presently in their household.

Data Analysis

The data analysis had three major foci. They included: (1) descriptive statistics such as frequencies and means; (2) *t*-tests to compare certain results from this population with the national sample used by Veroff et al. (1981) in their Inner American study; and (3) Pearson product-moment correlations to test hypotheses regarding relationships between help-seeking behavior and measures of well-being, psychological distress, and satisfaction in life roles. All analyses were performed for both the male and female subsamples as well as for the total sample. This precaution was taken in answer to the previously mentioned research indicating possible response bias due to sex (Gove & Gerken, 1977; Dohrenwend & Dohrenwend, 1969; Phillips &

Clancy, 1972). In most cases all statistics are reported, aside from instances in which separate analyses by sex yielded no significant deviation from total sample results (noted where appropriate). It should also be remembered that only 14 persons constituted the male sample as opposed to 74 females. The male findings must, therefore, be interpreted with caution.

The first focus of analysis was descriptive statistics. Because of the dearth of basic background information regarding urban Indians, this may be the most important feature. These analyses consist of frequencies and means for such variables as demographic data, satisfaction with life roles, community and social support perceptions, and persons sought for help. It illuminates special qualities of the present sample, including some of their perceptions about their social environment and aspects of their help-seeking behavior.

The second focus of analysis concerns comparisons between the present sample and a national sample surveyed in 1976 using a similar instrument (Veroff et al., 1981). Essentially a "quality of life" study, the Inner American provided excellent reference data in approximately the same time frame. T-tests were employed to assess mean differences across samples on the following variables; (1) the number of sources of informal and formal help sought, (2) the scales included in the well-being measures, and (3) the psychological and physiological distress scales. The

purpose was to establish relative states of well-being and distress rather than absolute measures of pathology. Findings that reached the .01, .05, and .10 levels of statistical significance by the two-tailed test are reported, although the .01 differences were given only for ancillary information.

Finally, zero-order and partial correlations (controlling for age, sex, income, and education) were computed. These analyses were used to test hypotheses regarding the relationship of help-seeking to the measures of well-being, psychological and physiological distress, and satisfaction with life roles. As with the t-tests, levels of significance are reported at the .05 and .01 level.

CHAPTER IV

RESULTS

Descriptive Statistics

Demographic Data

The sample consisted of eighty-eight respondents, seventy-four females (84%) and fourteen males (16%). Age ranged from 21 to 71 with a mean age of 40. Almost 70% of the sample was in the 30 to 50 age range with equal numbers in the 31 to 40 and 41 to 50 ranges. The distribution was somewhat skewed toward the upper range with 22.6% over 50 and 18.4% between the ages of 21 and 30. The major tribes represented were Ottawa (29), Chippewa (19), and Pottawatomi (9). Blood quantum ranged from one quarter to full-blood (4/one-quarter, 10/one-half, 11/three-quarters, 30/full-blood, 33 unable to state exact amount). Approximately one-third were of mixed tribal heritage.

Since this sample was derived from a population of parents with children in school, marital status seemed especially important. Only forty-seven (53.4%) of the respondents reported being currently married and it was not the first marriage for fifteen of them. Twenty-five more were divorced and eight others were currently separated.

Four each were widowed and single. Thus, nearly half of the sample represented single-parent households. Ancillary data suggested that often only one adult was raising the children, since thirty-three respondents (37.5%) reported being the only person over 21 years-old in the household. The average total number of household members was approximately five.

A number of questions focused upon the respondent's background. Considering the large proportion of single-parent families in the sample, data concerning the respondent's family background was also analyzed. A surprising number (34/38.6%) had not been raised by their natural parents. The reasons included death of a parent (9/10.4%), parents separated (6/6.8%), and divorce (9/10.4%).

Four items dealt with the education of the respondents, their spouses, and their parents. The respondent's education ranged from 3rd grade to 5 years of college with the majority falling in the high school education or less categories (72/82.8%). Of these, twenty-five (28.7%) had finished high school. Their spouses' education was similar, as thirty-nine (27.1%) of the forty-three respondents had a high school or less education. Thirteen (14.8%) had finished high school. Their parents were somewhat less educated, for only eleven (12.5%) head of households had finished high school and 54.0% had completed eleventh grade or less. These figures are probably higher than reported, since twenty-four people did not know what that person's

education was. The educational attainment of the other parent was similar, eleven finished high school and 51.7% finished less than high school, but the proportion of those with no formal education was higher (11/12.5%) than for the head of household (3/3.4%).

The distribution of household income level was bi-modal. The greatest number of respondents reported annual incomes between $3,000 and $5,000 (22/25%). The next most often reported income level was $12,500 to $15,000 (10/11.4%). The majority of the others were fairly evenly distributed in the $5,000 to $10,000 range.

Almost all of the respondents were born (73/83%) and raised (71/81.6%) in Michigan. The majority came from the country (38/43.2%) or small towns (12/13.6%). Twenty-five of the respondents were from small cities while only ten (11.4%) had been raised in large cities. To assess mobility, a question was asked about how long they had resided at their present address. The responses were widely distributed, ranging from 1 to 52 years with a median of 16 years.

Help-seeking

This section contains analyses for help sources sought for personal problems, who was sought, the outcome of the help-seeking interaction, whether or not the respondent judged the helping relationship as mutual (reciprocation), and the community and social support variables. Means and

frequencies are presented. National sample means are also reported when pertinent, although t-test comparisons are given in this chapter's second section.

The number of help-sources sought by the respondent for personal problems was divided into three categories; formal, informal, and total (informal and formal). For the present sample, the mean number of total help-sources sought was 1.8 (informal = 1.34; formal = 0.48) versus 2.8 (2.14 informal and 0.65 formal) for the national sample. The majority of help-sources were informal. Thus, there was a clear difference in the number of informal sources contacted, but no significant difference for formal sources. Similar results were obtained for the male and female subsamples, although the males reported slightly fewer contacts than females (see Table 9). It is also important to note that a large number of respondents reported having no informal or formal help-sources. Seventeen persons (19%) had neither an informal nor formal source of help, twenty-one (24%) had no informal help-source, and fifty-nine (67%) had no formal help-source. Further analysis showed that approximately 86% had two or less informal sources and 88% had one or less formal sources of help.

Of those informal sources who provided assistance with personal problems, the majority (35 mentions) were spouses or friends (22 mentions). Twenty-six of the women in this group also reported relying on other family females

(daughters and mothers). The most often reported formal sources were clergy, doctor, and social worker (in that order), but it should be remembered that only twenty-seven people mentioned any formal source.

Community and Social Support

Community and social support variables were thought to indicate the respondents' perception of, and integration into, his/her social environment. Specific variables in this analysis were perceptions of friends, relatives, and their neighbors.

Questions for the neighbor group related to how many they knew well enough to call on, how often they were visited, and how often they discussed problems with them. Only twenty-seven (30%) reported having many or several neighbors that they felt they could call on. Sixty-one (69.3%) reported none or few. While it appears that the majority had few neighbors to call on, the frequency of contact with those visited was fairly high. Approximately 55% reported visiting with neighbors from once to a few times weekly. Talking over their problems with these neighbors, however, seems to be a different matter and one that reflects a greater degree of intimacy. Discussions of personal problems with neighbors occurred never or rarely by thirty-six (61%) of the fifty-nine, sometimes by fifteen (25%), and often or very often by only eight (13.6%). Over half (eleven) of 21 respondents in the never

category would not ever feel free to talk over problems with their neighbors.

Similar inquiries were made regarding friends and relatives. An overview of these results suggests a greater amount of contact and sharing with their friends than with their neighbors. Fifty-six (63.6%) reported visiting with friends and relatives at least weekly. Only eleven (12.5%) visited their friends less than once a month. This frequency of contact, however, does not appear to carry over into their perceptions of how many friends they could count on for advice or help. Fifty-nine (67.1%) reported none or few, sixteen (18.4%) reported several, and twelve (13.6%) reported many. A related question asked how often they actually talked over their problems with their friends or relatives. Again, many (41/46.6%) were in the rarely and never response categories. Thirty (34.1%) answered sometimes and only seventeen (19.4%) reported talking over problems with friends often or very often. When asked if they had as many friends as they wanted, sixty-three (71.6%) responded affirmatively and twenty-five (28.4%) said they would like more friends. A final general question concerned how often they talked over their problems with someone they trusted. An equal number reported sometimes and often (29/33%) while twenty-five (28.4%) and five (5.7%) respectively, said they rarely or never talked over problems with a trusted person.

Satisfaction

The satisfaction items were intended to tap the respondents' perceived satisfaction or happiness in major life roles (parenthood and marriage), with themselves and their lives, and with their friendships. The parent happiness item asked how often they found parenthood enjoyable. Most of the respondents answered usually or nearly always (77/85.2%), ten (11.4%) stated sometimes, and only one (1.1%) reported parenthood as hardly ever enjoyable. The marital question asked how happy they would characterize their marriage. Of the forty-seven married respondents, forty-six replied with almost equal numbers reported their marriages as average (13/14.8%), a little happier than average (16/18.2), and very happy (12/47.7%). Only two people described their marriage was not too happy.

An additional two items assessed satisfaction with marriage and parenthood. Both questions asked directly how much satisfaction had they gotten /would they get/ did they get from each of these roles. They differed from the other role satisfaction items in dealing more with satisfaction than with happiness or enjoyment. It was also asked of everyone whether or not they were presently married or with children. Results showed both roles to be satisfying for most respondents. For marriage, 78.4% reported great satisfaction and only two said their marriages provided little or no satisfaction. The distribution was wider for satisfaction with parenthood, although most respondents

reported great satisfaction (34/43.6%) or some satisfaction (29/37.2%).

Three more general items dealt with the respondents' personal happiness and satisfaction with their lives. The first concerned their overall present happiness. The majority of responses were in the pretty happy category (60/69.0%). It is interesting to note that of the remaining respondents, more than twice as many reported not too happy (19/21.8%) compared to eight (9.1%) who said they were very happy. A similar question concerned how satisfied they were with the way they were now spending their lives. The results were almost identical to the happiness question, with the majority responding that their lives were pretty satisfying (59/67.0%), nineteen (21.6%) feeling not too satisfied, and ten (11.4%) saying their lives were completely satisfying. Finally, a question asking whether overall, they were satisfied or dissatisfied with themselves found them much more satisfied (71/83%) than dissatisfied (13/14.8%).

Another satisfaction variable concerned friendships. This item related to the community and social support variables previously mentioned. It offered a seven-point Likert scale, with one defined as completely satisfied and seven defined as completely dissatisfied. The mean was 2.3, with 78.4% responding in the top three categories (toward satisfied), suggesting that most of the sample was satisfied with their friendships.

Future Well-being

One item asked how likely it was that they could change aspects about themselves with which they were dissatisfied. The majority of respondents optimistically reported that it was somewhat likely (44/50%) or likely (16/18.2%) that they could change. Yet approximately one-third felt that it was not likely (10/11.4%) or not too likely (10/20.5%) that their lives would change.

Past Distress

The one item from the symptom checklist that was included as a past distress measure was the question regarding ever feeling like they were going to have a nervous breakdown. Although the majority reported no (51/58%), a substantial proportion (35/40%) responded affirmatively.

Worries and Unhappiness

A final well-being item asked what they worried about most. The three most often mentioned categories, in order, were; (1) economic and material worries (30/34.1%), (2) current family-related matters (23/26.1%), and (3) general life problems (i.e., many things, my life in general; 12/13.6%). The comparable national sample response rates were; economic worries (561/26.6%), general non-personal (i.e., national and world affairs, societal problems, interracial relations; 341/16.3%), family-related matters (270/12.8%), and job-related matters (247/11.7%).

Sample Comparisons

This section contains mean comparisons between the Indian population in this study and a national sample surveyed by Veroff et al. (1981). Comparisons were made for: (1) the two well-being scales (Anomie, Self-Esteem); (2) five psychological and physiological distress scales (Psychological Anxiety, Immobilization, Ill Health, Drinking, Zest) and the one-item Drug-taking measure; and (3) the number of help-sources sought for a personal problem (Formal, Informal, Total). Data for both samples was collected in approximately the same time frame (1977-78). Two-tailed *t*-tests were performed and the results are shown in Tables 2,3, and 4.

Well-being

Two scales, composites of separate items, were included in the Well-being section of the survey. They were the Self-Esteem scale and the Anomie scale. The Self-Esteem scale was designed to tap general feelings of self-worth and included such items as: (1) I feel that I am a person of worth; (2) I am able to do things as well as most other people; and (3) On the whole, I feel good about myself. The items were scored one to four (*never true*, *rarely true*, *sometimes true*, *often true*) with the higher score representing more self-esteem. The Anomie scale appears to be a general indicator of feelings of alienation, especially from one's social contacts. It offered the same coding

Table 2. Well-being

		N	MEAN	S. D.		t	p
Scale		G.R/Nat.	G.R. Nat.	G.R.	Nat.		
Anomie	T	88/2193	8.17 > 7.27	2.58	2.33	3.10	.01
	F	74/1270	7.98 > 7.07	2.50	2.31	3.04	.01
	M	14/923	9.14 > 7.56	2.87	2.34	1.96	.05
Self-Esteem	T	88/2211	4.42 > 4.16	1.61	1.36	1.50	ns
	F	74/1273	4.14 < 4.23	1.32	1.37	.46	ns
	M	14/938	5.85 > 4.07	2.21	1.35	2.89	.01

categories as did the Self-Esteem scale, but they were scored oppositely so that higher scores represented a greater degree of alienation. The items included: (1) I have always felt pretty sure of my life and what happens to me; (2) I often wish that people would listen to me more; (3) I often wish that people liked me more than they do; and (4) These days I really don't know who I can count on for help.

No statistically significant overall differences were found between the national and present samples on Self-Esteem. Only the male subsamples differed significantly ($p < .01$). Although this finding may support some of the notions about male-pride that have been posited for an Indian population, this 14 male sample is too small to have much meaning.

On Anomie, significant mean differences were noted for both the total sample and the male/female subsamples. The total sample and females in the Indian population showed a greater degree of alienation ($p < .01$), while the male results were also in the same direction ($p < .05$).

Psychological and Physiological Distress

Four composite scales and one single-item indicator of distress were compared. Derived from the twenty-item symptom checklist (see Methodology), these four scales were: (1) Psychological Anxiety, (2) Ill Health, (3) Immobilization, and (4) Drinking. The single item indicator

Table 3. Psychological Distress

Scale		N G.R/Nat.	MEAN G.R.		MEAN Nat.	S. D. G.R.	S. D. Nat.	t	p
Psychological Anxiety	T	86/2235	10.18	>	8.73	2.72	2.44	5.99	.01
	F	74/1287	10.12	>	9.06	2.70	2.47	3.34	.01
	M	14/948	10.50	>	8.28	2.90	2.32	2.74	.01
Ill Health	T	85/2231	15.48	>	12.21	2.42	3.48	11.94	.01
	F	71/1285	15.52	>	12.50	3.50	3.56	7.14	.01
	M	14/946	14.28	>	11.81	2.58	3.31	3.40	.01
Immobilization	T	88/2203	4.28	>	3.50	1.26	1.25	5.61	.01
	F	74/1266	4.35	>	3.57	1.46	1.27	4.46	.01
	M	14/937	3.92	>	3.50	1.26	1.22	1.65	.10
Drinking	T	88/2226	3.54	>	2.64	2.06	1.36	4.03	.01
	F	74/1281	3.28	>	2.42	1.89	1.07	3.82	.01
	M	14/945	4.92	>	2.95	2.46	1.64	2.87	.01
Drug-Taking	T	88/2222	1.78	>	1.63	1.15	1.15	1.19	ns
	F	74/1278	1.85	>	1.74	1.20	1.21	.70	ns
	M	14/944	1.42	<	1.48	.85	1.03	.23	ns
Zest	T	87/2149	11.67	>	10.90	3.93	3.69	1.78	.10
	F	73/1221	11.47	>	11.03	3.98	3.77	.91	ns
	M	14/928	12.71	>	10.73	3.64	3.58	2.23	.05

of distress, Drug-taking, was also part of the symptom checklist.

Significant mean differences were found on all symptom checklist scales except Drug-taking. The .01 level of significance was reached in all cases for both the total sample and male/female subsamples compared, except for males on Immobilization. This indicates that the Indian sample appeared more pathological on virtually all of the psychological measures. On the Zest scale, the total samples compared had mean differences significant at the .10 level (unacceptable for this study), and the males differed at the .05 level. The diminutive male sample suggests that the Indians were somewhat more depressed than the national sample.

Help-Sources

The Indians reported significantly ($p < .01$) fewer informal help-sources than did the national sample. For formal help-sources, only the males differed significantly, but the small sample and narrow range of scores makes this finding dubious.

Hypotheses

This final section deals primarily with the hypotheses of this study. Supplemental analyses were also performed to

Table 4. Help-sources

		N	MEAN			S. D.		t	p
Scale		G.R/Nat.	G.R.		Nat.	G.R.	Nat.		
Informal	T	88/2116	1.34	<	2.14	1.38	1.84	5.23	.01
Sources	F	74/1245	1.39	<	2.25	1.46	1.82	4.47	.01
of help	M	14/950	1.07	<	1.98	.82	1.85	3.82	.01
Formal	T	88/2415	.68	>	.65	1.58	.96	.16	ns
Sources	F	74/1294	.55	<	.68	.99	.97	1.06	ns
of help	M	14/950	.08	<	.61	.85	.28	6.25	.01

provide related information. The hypotheses were:

1. There will be a positive relationship between the number of helping resources sought for personal problems and satisfaction or happiness in major life roles.

2. There will be an inverse relationship between the number of helping resources and the psychological and physiological distress measures.

3. There will be a higher degree of reliance on informal than formal sources of help.

4. The more negative outcomes when help was sought (both formal and informal), the fewer the help resources will be.

Hypothesis 1.

Pearson product-moment correlations were determined between the number of help-sources contacted (informal, formal, total) and each of the satisfaction variables. The latter items included parental and marital satisfaction and happiness, satisfaction with one's self and life, general happiness in one's life, perceived ability to change things one is dissatisfied with, and satisfaction with one's friendships.

Little support was found for the hypothesized positive relationship between the number of help-sources and satisfaction or happiness in life and its major roles. Of twenty-four correlations among the variables, the only statistically significant were: (1) between satisfaction with the number of friends one has and the number of informal sources of help (r = .25, p < .008); and (2) between the number of formal sources and satisfaction with

one's self (r = .21, p < .027). The relationship between satisfaction and informal sources seems as expected and banal. Although the correlation was negative, the satisfaction measure was scored with a higher score indicating more dissatisfaction. The correlation of formal sources and self-satisfaction was contrary to expectation, that is, greater degrees of self-satisfaction were associated with lesser reliance on formal sources of help. Both of these relationships were significant for the female subsample, but not for the males. Partial correlations that controlled for sex, age, income, and education (individually and all permutations thereof) also confirmed the friend-satisfaction relationship to informal sources, but did not support the self-satisfaction linkage.

Hypothesis 2.

Hypothesis 2 suggested an inverse relationship between the number of helping resources and measures of psychological and physiological distress. This hypothesis was clearly unsupported by the data. Of thirty correlations, the only statistically significant linkages obtained were between the Immobilization scales of two and four-items and the number of informal help-sources (r = .28 and .21; p < .02 and .03) and with total number of help-sources (r = .17 and .22; p < .06 and .02). There was also a significant correlation between the use of drugs or medicines to help one through tense or nervous times and

the number of formal help-sources (r = .18, p < .05) and the total number of help-sources (r = .18, p < .05). The female subsample confirmed these results, but the data for the males did not. The above correlations were not, however, in the expected direction and indicated that the greater degree of Immobilization and use of drugs was accompanied by more help-sources.

Hypothesis 3.

Hypothesis 3 was supported in that for personal problems there was a higher degree of reliance on informal versus formal sources of help. The mean number of informal sources was 1.34 while the mean for formal sources was .48 for the total sample. Females reported a slightly higher number (1.39) of informal sources than did males (1.07), a finding that also held for formal sources (.55 vs. .08). As earlier noted, the total Indian sample and the male/ female subsamples had significantly (p < .01) fewer informal sources of support than did the national sample. The number of formal sources contacted revealed no similar differences between Indians and the national sample, except for the small male subgroup.

Hypothesis 4.

This concerned the relationship between the number of one's help-sources and the outcome of such interactions. It was posited that the more positive outcomes (i.e., helped

the person deal with his/her problems), the greater the number of sources sought. This was inferential in that it assumed that as a person seeks help, positive outcomes will foster a further seeking of help from other resources. These data did not support this linkage. The only significant correlations were between the number of formal sources sought and the outcome means for informal and formal sources (r = .23, p < .04; r = .45, p < .02). Thus, for formal help-seeking interactions, the more positive the outcome the greater the number of formal sources of help. The majority of both formal and informal helping interactions were judged to have positive outcomes (helped a lot or helped some). Of one hundred and three cited informal helping interactions, only seventeen were reported to have helped not much. Of the thirty-five formal help-seeking interactions, only seven were judged as not helping much. When help was sought, the outcome generally appeared positive.

Correlations for another aspect of the help-seeking interaction, reciprocation, were also computed to test the hypothesis that the greater the number of informal sources sought (reciprocation scores were only for informal help), the more the person viewed the helping interaction as a mutual one. This hypothesis was rejected. It should be noted that an extremely high percentage of respondents did view their help-seeking interactions as mutual (i.e., the helper would feel free to also ask for help from the

respondent). Out of the one hundred and three informal interactions that were reported, only seven were judged by the respondent as being non-reciprocal.

CHAPTER V

DISCUSSION

The final chapter will review the findings in relationship to relevant literature. It includes both an examination of results, focused around the hypotheses, and a discussion of the sample's help-seeking behavior and mental status. It begins with a review of the population studied and concludes with a summary, implications for future research, and some of the study's limitations, and suggestions for future studies.

The Sample

The sample consisted of 88 Indians living in Grand Rapids, Michigan. All were parents of children in the Grand Rapids public school system and had a self-reported ethnic identification. Thirty-three did not know their degree of Indian blood, 30 reported that their heritage was entirely Indian, 11 described themselves as 3/4 Indian, 10 as half-Indian, and four as 1/4 Indian. Major tribes represented were Ottawa (29 respondents), Chippewa (19), and Potawatomi (9), while 31 did not identify any tribal affiliation. Sex distribution was skewed toward females with 74 females versus 14 males. Their ages ranged from 21 to 71 with a

mean age of 40. Most respondents were born and raised in Michigan with the majority coming from the country or small towns. The median length of residence at their present address was 16 years.

Of particular importance, considering that the sample was drawn from a population of families with children, were the findings relating to family structure. Only 47 of the respondents were currently married and for nearly a third of them it was not their first marriage. An additional 38% of the sample was divorced or separated indicating that approximately half of this group represented single-parent households. This is clearly not what one would expect from an Indian sample with its supposed strong familial ties and extended family orientation (Redhorse, 1978; Attneave, 1977). The familial disorganization evidenced by the nearly half of the sample that was currently unmarried was also unexpected. It seems especially alarming when compared to the 87% of all family households in Michigan who have a husband as head of household and a wife present, although this 87% figure appears somewhat high (Second Annual Conference on Michigan Foundations, 1974). It also restricts the possible support sources, since the most often relied upon help-source was a spouse, both in this sample and in other research (Gurin et al., 1960; Lieberman & Mullan, 1978).

Familial disorganization is, however, not a new phenomenon to this sample. Approximately 40% of the

respondents reported that they had not been raised by their natural parents. The majority of this group cited such reasons as death, divorce, or separation of parents. Because the family is a primary conduit for transmission of cultural values and traditional belief systems within Indian societies, this disorganization seems of special importance. In addition, successful role models become exceedingly difficult to find for the children of broken families.

As has been noted for other Indian populations (Price, 1978; Bryde, 1971; Chadwick, 1973), the educational attainment of this sample was below that of the dominant culture. This sample's mean number of years of education was 10.7 compared to 12.1 for Michigan's total population (Civil Rights Commission, 1973). Over half the sample had eleventh grade educations or less. Similar results were obtained for the spouses of married respondents. Their educational achievement was an improvement compared to their parents, however, a finding that is likely similar for the general population. For the respondent's parent who had been the head of household, only 52% had completed as much as the eighth grade and less than 33% had gone beyond the eleventh grade.

This seems especially unfortunate in light of the importance that our society has placed on education. In fact, many Indian leaders view education as the best path to a better way of life (Chadwick, 1972). It is also in

spite of the fact that the Federal government has spent more money per capita on Indian education than for any other group (Levitan & Hetrick, 1971). The large number of Indians with less than high school educations also adversely influences their prospects for employment.

Seventy percent of the sample reported annual incomes of less than $10,000 and one-third reported less than $5,000 per year. This is clearly insufficient money to support the average five-person family of this sample. In addition to the obvious stresses associated with poverty, many studies have established that persons of lower socioeconomic status are less likely to use professional mental health resources (Asser, 1978; Rosenblatt & Suchman, 1964; Kadushin, 1969; Imber et al., 1955; Hollingshead & Redlich, 1958).

The sex distribution of the sample deserves notice. Due to the apparent reluctance of males to be interviewed if there was a female present in the household, and perhaps because most interviews occurred during the prime working hours for males, the sample was predominantly female. This has implications for interpretation of the results, especially those derived from the symptom checklist scales.

To help control for possible sex-linked response bias, the present symptom checklist data were analyzed separately for females, males, and the total sample and compared with the corresponding national sample data. There seems no entirely satisfactory way, however, to ascertain how much

of the results are due to bias versus "real" differences in pathology. The fact that there is continued controversy in the literature regarding its effects on results provides little consolation. The present findings should be reviewed with this in mind.

Confounding interpretation even further is the possible response bias due to interviewer differences. Although it is impossible to determine exactly how interviewer attributes (age, sex, etc.) affected responses, it can be argued that some systematic bias existed. For example, older Indians who view themselves as examples for, and teachers of, younger generations may have been reluctant to admit their perceived inadequacies to interviewers appreciably younger than themselves. These situations are difficult to control for and become less important as sample size grows and variables such as age and sex approach a more normal distribution. This was obviously not the present case which had a skewed sample toward females and interviewers who generally were younger than most respondents. It was assumed that the use of Indian interviewers would reduce bias, but a general examination of the completed surveys revealed no obvious difference between the data generated by the Indian interviewers and the one white interviewer (i.e., there were no apparent differences in completeness of response to the open-ended questions).

Mental Health and Well-being

On four of the symptom checklist scales (Ill Health, Psychological Anxiety, Immobilization, Drinking) this sample proved significantly ($p < .01$) more pathological than did the national sample. This held for the total sample and for the male and female subsamples (except for males on Immobilization scale,where $p < .10$). Suggesting that this Indian sample was slightly more depressed than the national sample, the Zest scale also yield marginally significant ($p < .10$) differences. The solo Drug-taking item yielded no differences of note. Beyond their higher psychopathology scores, many respondents (40%) also reported that they had in the past felt like they were going to have a nervous breakdown. Sadly, these results suggest a group having quite serious problems coping with life's stresses, although this may partially be due to their low socioeconomic status and level of education. As Andrews and Whithey (1976) noted, these measures can be viewed as largely a judgement on how well they are coping and to what degree their needs are being satisfied.

More positively, most of the respondents also reported a high degree of satisfaction with their lives, friendships, and roles as a parent and marriage partner. The results concerning how happy they were with their lives showed more variance. Most (69%) reported their lives as "pretty satisfying", but almost twice as many of the remaining 28 stated that they were "not happy" versus

"feeling very happy". The majority, however, seemed optimistic about being able to change those things with which they were dissatisfied.

At first glance, these results appear contradictory. How could they exhibit higher degrees of pathology presumably related to stress, yet report being in general satisfied and happy in their lives? One possible explanation is that although they have faced many stresses linked to living in an urban setting and being Indian, they possess an optimistic outlook that enables them to survive. Perhaps, as some investigators have posited, the strength of their cultural identity and past experiences of coping with adversity have enhanced their capacity to cope with stresses. Some of this is probably true.

Another explanation relates to the characteristics of the pertinent survey items. First, those items assessing satisfaction were single items that directly requested perceptions of present states of well-being. Considering the research underlining the importance of family to Indian culture, they were perhaps reluctant to admit problems in these areas. Secondly, it has been argued that there is less likelihood of such obvious response biases in the symptom checklist (Gurin et al., 1960; Veroff et al., 1981; Clancy & Gove, 1974; Gove & Geerken, 1977). Although these items also assume face validity, response bias appears a lesser issue because the sympton checklist measures are scale composites and pose issues in a manner that requires

greater sophistication to foil. For example, it seems easier to perceive the socially favorable response to a question asking how happy a person is (satisfaction) than to one that addresses how often nervousness or tension bothers them (symptom). It is the author's view then, that the pathology/satisfaction discrepancy is probably more an artifact of these instruments than it is a reflection of a group of people who are "satisfied" with their lives while simultaneously experiencing a great deal of distress.

Support Systems

As hypothesized, there was a greater degree of reliance on informal than formal support sources. Yet this sample relied on significantly fewer informal sources for help with personal problems than did the national sample ($p < .01$). This was unexpected in view of extensive literature that depicts strong familial networks of support within the Indian culture (Ablon, 1964; Snyder, 1971; Redhorse, 1978; Molohon, 1977; Fox, 1969).

It also seems unlikely that this Indian sample was effectively coping with their life-stresses alone. Brown (1978) posited that self-reliant persons (those who do not seek help) are perhaps supported by friends and family without having to ask for help. He added that those who relied on formal sources did so because their informal supports had proven inadequate. Yet for this sample, the questions regarding support-sources were phrased so that

the respondent answered who he/she talked to about a personal problem rather than who he/she sought out, although seeking support may have been the avenue to receiving help. Additionally, very few contacted formal supports. It appears then, that these urban Indians were neither self-sufficient nor did they seek formal supports when informal supports proved inadequate.

A closer analysis of the nature of their support systems revealed that spouses were the most often relied-upon person. This is similar to the findings of Gurin et al. (1960) and Lieberman and Mullan (1978), but for the present sample mates were often the only support person mentioned. Coupled with the fact that about half were unmarried, it appears that one particularly important source of help was unavailable to many of them. It can also be argued that help-seeking outside the family confines was an even more difficult task, leaving these urban Indians with a unique sense of helplessness.

Another notable feature concerns their relationships with friends and neighbors. The majority of respondents reported that they visited with both groups once or more times weekly. This frequency of contact did not, however, carry over into their perceptions of how many they felt that they could count on for advice or help. Most respondents reported discussing personal problems with very few friends or neighbors. Among those respondents who "never" confided in neighbors, over half reported that they would

not ever feel free to do so. A question representing a greater degree of intimacy asked how often they actually talked over problems with their friends and neighbors. The findings were similar, with the majority of respondents reporting that they "never" or "rarely" discussed their problems with friends or neighbors, although there appeared to be a somewhat greater reliance on friends than neighbors.

What emerges then is a picture of serious isolation from informal support systems, especially those that might be counted on for help with personal problems. The elevated Anomie scores provided ancillary evidence for this social isolation hypothesis. If Anomie represents a sense of alienation, these findings suggest that the present sample harbors a pessimistic outlook on their lives and integration into their community. The social isolation that Indians may encounter in urban environments because of their cultural background adds another dimension to the already difficult task of coping. Also, these data fail to support the notion of strong extended family support systems noted in other research. It appears, then, that these urban Indians not only avoid formal support sources, but that they have access to distinctly fewer informal support sources than does the general population.

Hypotheses

Hypotheses 1 and 2 predicted that there would be: (1) a positive relationship between the number of help-sources (formal, informal, total) and satisfaction or happiness in major life roles; and (2) a negative relationship between help-sources and the measures of psychological and/or physiological distress. Both hypotheses were refuted by the data from the present sample.

Of twenty-four correlations computed to support the expected linkage between help-sources and the satisfaction measures, only two were statistically significant: (1) the more informal sources of help, the greater the satisfaction with the number of friends one has; and (2) the fewer formal help-sources, the greater the satisfaction with one's self. The first of these seems banal, in that a person is likely to have more informal contacts (i.e., with friends) if satisfaction is derived from friendships. The second finding suggested that self-satisfaction was a facet of self-reliance, and thus linked to the avoidance of formal supports. Both relationships held only for the female subsample. The males showed a broader general avoidance of help-sources, as expected.

There were also only two statistically significant linkages, of a possible thirty, between the help-sources and the pathology measures. Both were contrary to the hypothesized negative direction and indicated that greater Immobilization and drug usage were associated with greater

access to help-sources. These linkages make little sense and may represent spurious correlations. There are no ancillary data which would help explain these relationships and so no attempt is made here to speculate their meaning.

Hypothesis 3 assumed there would be more reliance on informal than formal sources of support, based upon the assumption of strong familial ties within the Indian culture (Redhorse, 1978; Molohon, 1977; Snyder, 1971; Ablon, 1964) and from previous research reporting similar findings (Gurin et al., 1960; Brown, 1978; Sharp & Axelrod, 1956; Gourash, 1978). It was clearly supported with females reporting slightly more informal and formal sources than males. Yet, as noted before, the sample's reliance on informal help-sources was appreciably below that of the national sample.

Hypothesis 4 assumed that there would be a greater degree of reliance on help-sources if the respondents viewed their interactions as having positive outcomes and as being mutual. These assertions were only marginally supported. Although outcome correlated very modestly with number of formal help-sources, very few respondents had sought the aid of formal sources. It may be that they perceived strong barriers to seeking formal help, but when they did go they viewed it to have a positive outcome. The majority of respondents reported feeling helped by their support interactions, whether formal or informal. Most (93%) also felt that the informal sources they talked with

about their problems would ask them for similar assistance, although this "reciprocity" measure did not correlate with number of help-sources.

Summary and Implications

The principal findings were that these urban Indians showed: (1) a greater amount of psychological and physiological distress than a national sample as evidenced by their scores on a number of scales designed to measure Immobilization, Ill Health, Psychological Anxiety, and excessive Drinking; (2) significantly fewer informal support sources than the national sample; and (3) few linkages between the pathology and/or satisfaction variables and the number of help-sources, their outcome, and perceived reciprocity. Some of these findings were unexpected.

For example, previous research led to the expectation of a high degree of reliance on informal support networks for Indians. Contrarily, this sample of urban Indians reported substantially fewer informal sources than did the majority culture. This may reflect a disturbing disintegration of urban Indian family ties. At least for this sample, the stresses faced in an urban environment may have weakened familial ties that appear more intact within a traditional cultural setting, such as on a reservation. These family breakdowns were further evidenced by the high proportion of divorced, unmarried, and single-parent households. A picture of social isolation emerges when one also considers

their strong avoidance of formal help-sources.

Could it be that this familial instability and social isolation were precipitants of the pathology reflected in the physiological and psychological distress measures? The data revealed few significant correlations between the number of help-sources and the pathology or satisfaction measures. It is this author's contention, however, that it is precisely this lack of correlation that could exacerbate pathology or distress. In other words, regardless of the degree of distress felt by this sample, they do not generally, seek or get help for their problems. The barriers to seeking help seem varied, including lack of social ties, no spouse, or reluctance to disclose distress (perhaps Indian culture-based). Whatever the reasons, this sample unfortunately appeared unable to seek much-needed help. Even though their reported helping interactions seemed beneficial, there were apparently too few. Their elevated scores on the pathology measures also suggest that self-reliance was not an effective coping strategy. As Brown (1978) noted, reluctant non-seekers of help are a dangerously handicapped group. He added that they have the least effective coping repertoires, the lowest self-esteem, comparatively ineffective informal networks, and a severe reluctance to discuss their problems with others. Previous researchers have also posited that the lack of these informal support networks may lead to greater psychological distress and pathology (Gore, 1973; Liem & Liem, 1976;

Hessler et al., 1971) and a greater reluctance to seek help from formal sources (Booth & Babchuk, 1972; Lieberman, 1965).

These findings have direct implications for the delivery of mental health services to Indians. Many writers have belabored the limitations of present delivery systems, particularly their inability to transcend cultural differences. In fact, most articles addressing the mental health of Indians conclude with the recommendation that therapists and agents of social change should make their services more culturally relevant. Yet the present findings imply that even if these services were more sensitive to ethnic differences, few Indians would take advantage of them. It could be argued that formal sources of help are not used <u>because</u> of their insensitivity to cultural differences. Closer analysis, however, appears to refute this, since it seems doubtful that they would use professional agencies any more than the informal support systems that they plainly use less than did the national sample. Exceptions may occur, for example, in the case of physicians for health care, but dealing with such ego-linked and status-bound issues as psychological distress is probably more in the domain of informal support.

This is not to say that services should not be made more sensitive to the Indian culture. It is the responsibility of all those in helping professions to deliver effective services to those who will use them. Rather, it

is this author's view that it is erroneous to believe that offering effective services is all that is needed to alleviate social and psychological problems. The results of this investigation imply that coping effectively with life problems may be more related to an individual's integration into his/her community than it is to the availability of services. For example, there was an Indian community organization within the area immediate to most of the respondents in this study. Yet even though supposedly sensitive to cultural issues, it was rarely mentioned as a source of help for personal problems. This could have partially been accounted for, however, by a special image problem of this agency in the local community during the period of this survey (as reported by some respondents). Future programming efforts then, should strive to develop more effective services that are both more culturally relevant and responsive to the community's particular needs.

Future efforts should also be made to help strengthen the Indian community and the integration of individuals into it. Considering the central importance of the family to transmission of cultural values and to mental health, one important intervention may be to involve parents more in the education of their children. In fact, the Title IV Indian Education Act provides for just such a concept. Pow-wows, feasts, and ethnic gatherings may be other ways

to accomplish this. At present, they seem very effective in many Indian communities in that these events provide not only social contact, but a strengthening of cultural identity. Reports from the local Indian center indicate that turnout for these events in Grand Rapids is usually high, but that funding limitations curtail their frequency. Door-to-door contacts may be necessary to reinforce the value and availability of such events. It is unfortunate that for many Indians, this intrusion into other's lives is antithetical to their traditional belief systems encompassing non-interference. Perserving mental health, however, would seem of overriding importance and the present dearth of social support highlights a pressing social need.

Limitations

The present research had a number of limitations. The first concerns the sample. The Indian sample in this study was representative only of one metropolitan area in Michigan and thus, any generalizations must be limited. As noted before, there are vast differences among Indian groups and individuals. The present research then, was meant primarily as a descriptive first step in providing sorely needed background data for subsequent studies. The sample was also predominantly female and, therefore, reflects only a portion of how this population viewed their lives. It also did not include single/away-from-family respondents because of the difficulty in contacting them.

Future research should address these issues to present a better overall representation of the population.

The second limitation deals with instrumentation. Response biases due to sex differences, ethnic identification, and socioeconomic variables appear unavoidable in survey research. Attempts were made to control for their influence by analyzing the data using separate male and female subsamples and partialing-out sex, age, income, and education in the correlational analyses. It remained impossible, however, to precisely determine their influence on the results. Moreover, self-report data is often criticized for limited validity and reliability. Unfortunately, to obtain some of the kinds of descriptive data presented from this research, there is no more appropriate way than to use self-report measures. Although the scales included in the survey to assess well-being and psychological distress have been employed in a number of other studies with a range of populations, they have not been used with Indians and thus, their validity for this sample is uncertain.

A major limitation concerned the sample comparisons. The total Indian sample and male/female subsamples in this study were compared to their respective groups in the national sample. No adjustments were made for comparing samples with similar ages, socioeconomic status, education, or rate of "declining to be interviewed". It is likely that although the age distribution for both samples was

comparable, socioeconomic status was not. The national sample's presumed higher levels of education and income could largely account for its lesser pathology. Future research should control for socioeconomic status.

Future research should also consider the relationships between help-seeking and type of problem that help is sought for. This study used a general rather than specific problem, but it seems logical that help-seeking may vary according to the type of problem experienced. Additionally, respondents with high rates of pathology or help-seeking behavior should be compared to those who score lower on these measures.

A final limitation is that the present data were cross-sectional rather than developmental. Therefore, they provided only a very limited time perspective, rather than the broaden time frame of a longitudinal analysis. Ideally, data should be collected at different points in time to provide an overview of the processes of change. This is especially important considering the informal feedback from the respondents that the local Indian agency was in a state of political turmoil during the period that interviewing was conducted. Conceivably, reliance on that organization (a formal support) could have been greater.

APPENDICES

APPENDIX A

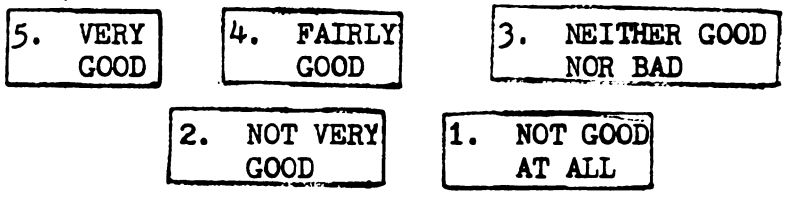
APPENDIX A

Data Instrument

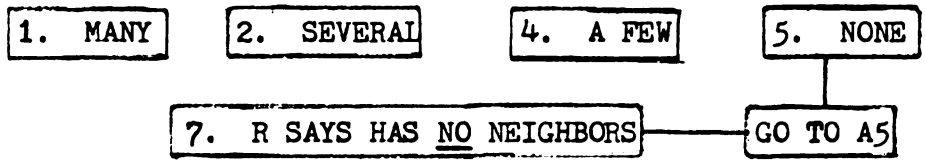
Section A - Community and Social Support

First, I would like to ask a couple of questions about how you feel about your community and neighborhood. (HAND R CARD A)

A1 How do you feel about the quality of the public schools that the children from around here go to -- would you say it is very good, fairly good, neither good nor bad, not very good, or not good at all?



A2 Now a couple of questions about neighbors. About how many of your neighbors do you know well enough to visit or call on? Would you say you have many, several, a few, or none that you know well enough to visit or call on?



A3 (CARD B) About how often do you visit with any of your neighbors, either at their homes or at your own? Would you say more than once a week, once a week, a few times a month, once a month, or less than once a month?

4. ONCE A MONTH | 5. LESS THAN ONCE A MONTH | 6. NEVER

A4 (CARD C) How often, if ever, have you talked with any neighbors about your problems when you were worried or asked them for advice or help? Would you say very often, often, sometimes, rarely, or never?

5. VERY OFTEN | 4. OFTEN | 3. SOMETIMES | 2. RARELY

→ GO TO A5

1. NEVER

A4a Would you ever feel free to talk with one of your neighbors about such things?

5. YES | 3. DEPENDS | 1. NO

A5 (CARD B) Here are a few questions about your friends and relatives. First, about how often do you get together with friends or relatives -- I mean things like going out together or visiting in each other's homes? Would you say more than once a week, once a week, a few times a month, once a month, or less than once a month?

1. MORE THAN ONCE A WEEK | 2. ONCE A WEEK | 3. FEW TIMES A MONTH | 4. ONCE A MONTH | 5. LESS THAN ONCE A MONTH | 6. NEVER

A6 Now, think of the friends and relatives you feel free to talk with about your worries and problems or can count on for advice or help. Would you say you have many, several, a few, or no such friends or relatives?

1. MANY	2. SEVERAL	4. A FEW	5. NONE

A7 (CARD C) How often, if ever, have you talked with friends or relatives about your problems when you were worried or asked them for advice or help -- very often, often, sometimes, rarely, or never?

1. VERY OFTEN	2. OFTEN	3. SOMETIMES	4. RARELY	5. NEVER

A8 Do you feel you have as many friends as you want, or would you like to have more friends?

1. AS MANY FRIENDS AS WANTS	5. WOULD LIKE MORE FRIENDS

A9 Now, could you tell me how satisfied you are with your friendships -- with the amount of time you can spend with your friends, the things you do together, the number of friends you have, as well as the particular people who are your friends. If you are completely dissatisfied, you would say "seven." If you are completely satisfied with your friendships, you would say "one." If you are neither completely satisfied nor completely dissatisfied, you would put yourself somewhere from two to six; for example, four means that you are neutral, just as satisfied as you are dissatisfied. Which number comes closest to how satisfied or dissatisfied you feel?

COMPLETELY SATISFIED	1	2	3	4	5	6	7	COMPLETELY DISSATISFIED

A10 In general, how often do you talk over a big problem in your life with someone you trust? Would you say often, sometimes, rarely, or never?

4. OFTEN	3. SOMETIMES	2. RARELY	1. NEVER

A11 Now could I ask you this -- who are the people in your life that you really depend on? You don't have to tell me their names, but just who they are to you -- like your friend down the street or someone like that. (IF ONLY ONE PERSON MENTIONED, PROBE FOR MORE THAN ONE) Is there anyone else? (ENTER TO FIVE PERSONS IN THE SPACES BELOW) Now I'd like to ask a bit more about each of these persons.

ASK ITEMS A11a TO A19f FOR THE FIRST PERSON MENTIONED, RECORDING ANSWERS IN THE FIRST ROW BELOW. THEN REPEAT FOR SECOND PERSON, THEN FOR THIRD --

A11a-(IF NOT CLEAR) Is the first (2nd, 3rd, etc.) person male or female. (RECORD IN COL. a BELOW)

A11b-Does (he/she) depend on you? (RECORD IN COL. b BELOW)

A11c-(IF NOT CLEAR) Does (he/she) live near you? (RECORD IN COL. c BELOW)

A11d-(IF NOT CLEAR) Is (he/she) a relative of yours or not? (IF "YES" RECORD IN COL. d BELOW) (IF NOT RELATIVE)

A11e- How did you first get to know (him/her) -- through work or school, as a neighbor, through a church, club, organization, or through other friends? (RECORD ONE OF THE UNDERLINED WORDS IF POSSIBLE IN e)

A11f- How many years have you known (him/her)?

A11a - A11d PERSON	(a) SEX (M,F)	(b) DEPEND ON YOU? (Y,N)	(c) LIVE NEAR? (Y,N)	(d) RELA-TIVE? (Y,N)
1. _____	___	___	___	___
2. _____	___	___	___	___
3. _____	___	___	___	___
4. _____	___	___	___	___
5. _____	___	___	___	___

A11e - A11f (IF NOT RELATIVE)

PERSON	(e) HOW YOU FIRST GOT ACQUAINTED?	(f) KNOWN HOW LONG?
1. _____	_____	____YRS
2. _____	_____	____YRS
3. _____	_____	____YRS
4. _____	_____	____YRS
5. _____	_____	____YRS

Section B - Worries and Unhappiness

Another one of the things we're interested in is what people think about these days.

B1 Everybody has some things he/she worries about more or less. What kinds of things do you worry about most?

_____

_____

_____

B2 Do you worry about such things a lot, or not very much?

[5. A LOT] _____ [1. NOT VERY MUCH]

B3 If something is on your mind that's bothering you or worrying you, and you don't know what to do about it, what do you usually do?

_____

_____

(IF DOESN'T MENTION "TALK IT OVER")

B3a Do you ever talk it over with anyone?

[5. YES] [1. NO] (GO TO B4)

(IF NOT MENTIONED) B3b Who is that? _____

B3c Is there anyone else? (Who is that?) _____

_____

(IF MORE THAN ONE PERSON MENTIONED IN B3b and B3c)

B3d Whom do you talk to most often? _____

_____

B3e What generally happens when you talk to that person?

_____

_____

B3f How much does it help to talk to that person? Would you say that it's a lot of help, some help, or not much help?

[5. A LOT OF HELP] [3. SOME HELP] [1. NOT MUCH HELP]

B4 Everyone has things about their life they're not completely happy about. What are some of the things that you're not too happy about these days? (PROBE FOR FULL RESPONSES.)

_____

_____

_____

_____

B5 Taking all things together, how would you say things are these days -- would you say you're very happy, pretty happy, or not too happy these days?

[5. VERY HAPPY] [3. PRETTY HAPPY] [1. NOT TOO HAPPY]

B6 One of the things we'd like to know is how people face the unhappy periods of their lives. Thinking of the unhappiness you've had to face, what are some of the things that have helped you in those times?

Section C: Self-Perceptions

Now I am going to hand you a sheet which tells about some of the ways in which different people describe themselves. After each statement, would you please check the category that applies to you. Please let me know when you are finished.

(HAND R THE INTERVIEW SCHEDULE TURNED TO Q. C1. AFTER R FILLS OUT AND RETURNS IT, GO TO C3)

INTERVIEWER: IF R HAS A READING OR SEEING PROBLEM, USE THE QUESTIONNAIRE AS USUAL: READ EACH STATEMENT AND THE RESPONSE CATEGORIES AND CHECK R'S CHOICE.

C1 How often do you feel:

a. My mind is as clear as it used to be.

b. I find it easy to do the things I used to.

c. My life is interesting.

d. I feel that I am useful and needed.

e. My life is pretty full.

f. I feel hopeful about the future.

	A LITTLE OR NONE OF THE TIME	SOME OF THE TIME	A GOOD PART OF THE TIME	ALL OR MOST OF THE TIME
a.				
b.				
c.				
d.				
e.				
f.				

C2 How often are these true for you:

a. I feel that I am a person of worth, at least as much as others.

b. I am able to do things as well as most other people.

c. On the whole, I feel good about myself.

	OFTEN TRUE	SOMETIMES TRUE	RARELY TRUE	NEVER TRUE
a.				
b.				
c.				

C3 When you make plans ahead, do you usually get to carry out things the way you expected, or do things usually come up to make you change your plans?

1. THINGS WORK OUT AS EXPECTED	5. HAVE TO CHANGE PLANS	8. DON'T KNOW

C4 Some people feel they can run their lives much the way they want to; others feel the problems of life are sometimes too big for them. Which one are you most like?

1. CAN RUN OWN LIFE	5. PROBLEMS OF LIFE TOO BIG	8. DON'T KNOW

C5 In general, how satisfying do you find the way you're spending

your life these days? Would you call it completely satisfying, pretty satisfying, or not very satisfying?

1. COMPLETELY SATISFYING	3. PRETTY SATISFYING	5. NOT VERY SATISFYING	8. DON'T KNOW

C6 When you think about the kind of person you are now, how likely do you think it is that you could change some of the things about yourself that you don't like or are not satisfied with? Would you say that it is very likely, somewhat likely, not too likely, or not likely at all?

4. VERY LIKELY	3. SOMEWHAT LIKELY	2. NOT TOO LIKELY	1. NOT LIKELY AT ALL

C7 Overall, are you more satisfied or dissatisfied with yourself?

5. SATISFIED	1. DISSATISFIED

C8 Here are some interesting comparisons people sometimes make about their lives. For each pair of statements I read, please tell me which one you would rather overhear about yourself.

C8a First, which of these two statements would you rather overhear about yourself? (CHECK ONE)

(1) (He/she) if a fine (father/mother).

-or-

(5) (He/she) is excellent at the work (he/she) does.

C8b How about these two? Which would you rather overhear about yourself? (CHECK ONE)

(1) (He/she) is a fine (father/mother).

-or-

(5) (He/she) is a fine (husband/wife).

C8c Which of these two would you rather overhear? (CHECK ONE)

(1) (He/she) is a fine (husband/wife).

-or-

(5) (He/she) is excellent at the work (he/she) does.

C9 Now I would like to ask you some questions about how you see yourself. We are interested in how you identify yourself at different times. (HAND CARD X)

1. In terms of your heritage or birth, how would you see yourself _____?
2. In terms of your job _____?
3. In terms of the organizations or clubs you may belong to _____?
4. The way you relate to your friends _____?
5. The way you relate to your children _____?
6. The way you relate to your husband/wife _____?
7. The way you think others see you _____?
8. In terms of the values you hold as important in your life _____?

Card X

A. Indian
B. more Indian than White
C. more White than Indian
D. White

Section D: Marriage

Now I'd like to ask you some questions about marriage.

D1 Are you married, widowed, divorced, separated, or never married?

[1. MARRIED] [2. WIDOWED] [3. DIVORCED] [4. SEPARATED]

GO TO D9 GO TO D5 GO TO D7

[5. NEVER MARRIED, SINGLE]

GO TO D12

D2 Is this your first marriage?

[5. YES] [1. NO]

E2a How long have you been married? _____(YEARS)

GO TO D3

E2b Did your last marriage end by death or divorce?

3. DEATH 5. DIVORCE

E2c How long have you been married to your present wife/husband?

_____(YEARS)

D3 Thinking about your own marriage, what would you say were the nicest things about it?

_____

_____

_____

D4 Taking things all together, how would you describe your marriage - would you say your marriage was very happy, a little happier than average, just about average, or not too happy?

[4. VERY HAPPY] [3. LITTLE HAPPIER THAN AVERAGE] [2. JUST ABOUT AVERAGE] [1. NOT TOO HAPPY]

GO TO D4c

D4a Even in cases where married people are happy there have often been times in the past when they weren't too happy--

when they had problems getting along with each other. Has this ever been true for you?

5. YES 1. NO ——— GO TO SECTION E

D4b What was that about?

_____

_____

_____

_____

GO TO D15

D4c What are some of the things you're not too happy about?

_____

_____

GO TO D15

IF R IS DIVORCED OR SEPARATED (ASK FOR MOST RECENT MARRIAGE):

D5 How long have you been (divorced/separated)? _____

D6 How long were you married and living together? _____

D7 Thinking about your marriage before you were (divorced/separated), what would you say were some of the nicer things about it?

_____

_____

_____

D8 What were some of the problems in your marriage?

_____

_____

_____

GO TO D15

IF R IS WIDOWED

D9 How long ago did your (husband/wife) die? _____

D10 How long had you been married? _____

D11 When your (husband/wife) died what helped you the most?

_____

_____

_____

GO TO D15

IF R IS SINGLE, NEVER MARRIED:

D12 Are you planning to get married in the near future?

5. YES

D12a When do you plan to get married? _____

_____

D12b What would you say are your main reasons for getting married?

_____

_____

_____

GO TO D15

1. NO

D12c Would you eventually like to be married?

5. YES

D12d What would you say are your main reasons for wanting to get married?

_____

_____

_____

_____

1. NO

D12e What would you say are your main reasons for remaining single, or not wanting to get married?

_____

_____

_____

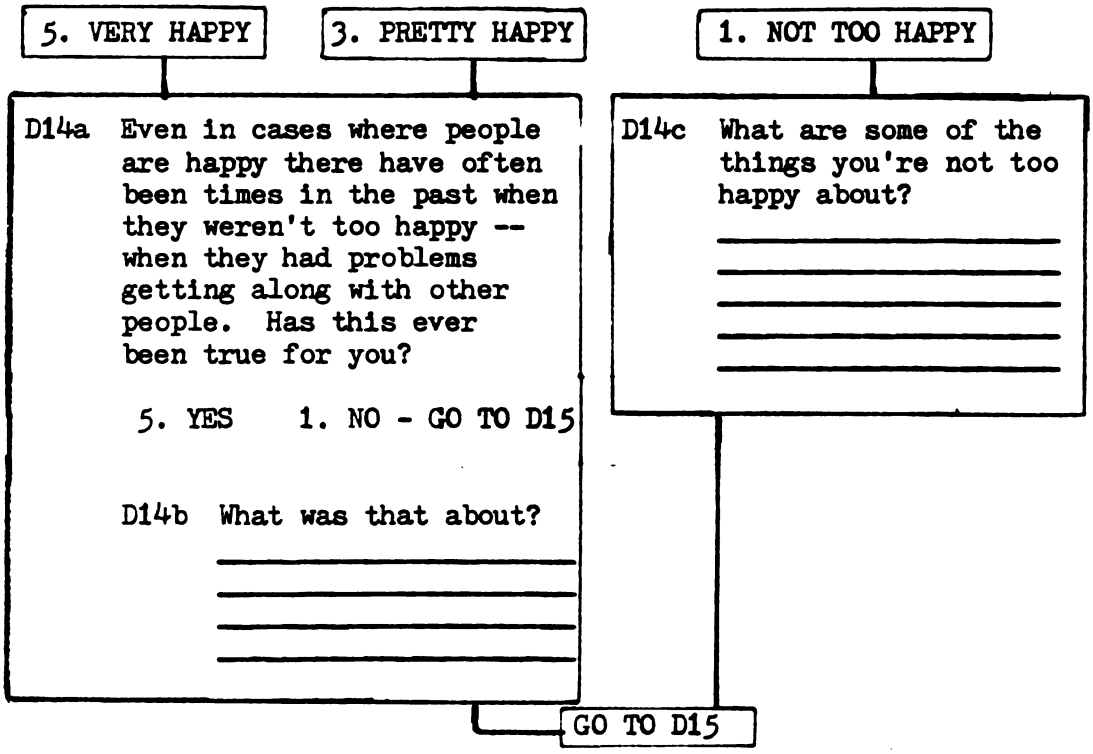
_____

D13 What are some of the problems of living in this area as a single person?

_____

_____

D14 All in all, how happy are you these days about how you get along with the people who are close to you -- would you say very happy, pretty happy, or not too happy?



D15 Sometimes when people are bothered by things like that they like to talk it over with other people. (HAND R CARD E) (Did you talk/Have you talked) to any of these people about that matter? For each person choose the one description that fits them best. If more than one person you talked to fits the same description (like friend or relative), please tell me.

( ) CHECK HERE IF R SAYS "TALKED TO NO ONE" ON THE LIST. THEN GO TO D16	D15a (IF NOT CLEAR) Is that person male or female?	D15b (IF NOT CLEAR) Is he/she older than you are, younger, or about the same?	D15c Would he/she talk to you if he/she felt that way?
(A) Husband			YES NO
(B) Wife			YES NO
(C) Son			YES NO
(D) Daughter			YES NO
(E) Father			YES NO
(F) Mother			YES NO
(G) Brother		OLDER YOUNGER SAME	YES NO
(H) Sister		OLDER YOUNGER SAME	YES NO
( ) _____ (other G-H or	MALE FEMALE	OLDER YOUNGER SAME	YES NO
( ) _____ other relative)	MALE FEMALE	OLDER YOUNGER SAME	YES NO
(I) Friend	MALE FEMALE	OLDER YOUNGER SAME	YES NO
(J) Neighbor	MALE FEMALE	OLDER YOUNGER SAME	YES NO
( ) _____ other (I-J)	MALE FEMALE	OLDER YOUNGER SAME	YES NO

	D15d Which of the things on this card happened when you talked with him/her? You can choose more than **one**. a. just listened to me b. cheered or comforted me c. asked me questions d. told me who else to see e. showed me a new way to look at things f. gave me advice g. helped me take action	D15e How much did it help to talk? Would you say it: helped a lot? helped some? or was it not much help?
(A) Husband	a b c d e f g	A LOT SOME NOT MUCH
(B) Wife	a b c d e f g	A LOT SOME NOT MUCH
(C) Son	a b c d e f g	A LOT SOME NOT MUCH
(D) Daughter	a b c d e f g	A LOT SOME NOT MUCH
(E) Father	a b c d e f g	A LOT SOME NOT MUCH
(F) Mother	a b c d e f g	A LOT SOME NOT MUCH
(G) Brother	a b c d e f g	A LOT SOME NOT MUCH
(H) Sister	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other G-H or	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ other relative)	a b c d e f g	A LOT SOME NOT MUCH
(I) Friend	a b c d e f g	A LOT SOME NOT MUCH
(J) Neighbor	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ other (I-J)	a b c d e f g	A LOT SOME NOT MUCH

D16 Now, how about these people? (HAND R CARD F) Did you talk to any of these people about that matter? Again, for each person, choose the one description that fits them best. If more than one person you talked to fits the same description, please tell me.

( ) CHECK HERE IF R SAYS "TALKED TO NO ONE" ON THE LIST. THEN GO TO SECTION E	D16a Is that person connected with any place or agency?	D16b (IF YES TO D16a) Do you remember the name of the place or agency, or the kind of place it was?	D16c How did you know to go to that person?
(K) Psychiatrist	YES NO DK		
(L) Psychologist	YES NO DK		
(M) Social worker	YES NO DK		
(N) Counselor	YES NO DK		
(P) Nurse	YES NO DK		
( ) _____ (other K-P)	YES NO DK		
(R) Clergyman	YES NO DK		
(S) Teacher	YES NO DK		
(T) Police	YES NO DK		
(U) Lawyer	YES NO DK		
(V) Union steward	YES NO DK		
( ) _____ (other R-V)	YES NO DK		

	D16d Which of the things on this card happened when you talked with that person? You can choose more than one. a. just listened to me b. cheered or comforted me c. asked me questions d. told me who else to see e. showed me a new way to look at things f. gave me advice g. helped me take action	D16e How much did it help to talk? Would you say it: helped a lot? helped some? or was it not much help?
(K) Psychiatrist	a b c d e f g	A LOT SOME NOT MUCH
(L) Psychologist	a b c d e f g	A LOT SOME NOT MUCH
(M) Social worker	a b c d e f g	A LOT SOME NOT MUCH
(N) Counselor	a b c d e f g	A LOT SOME NOT MUCH
(P) Nurse	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other K-P)	a b c d e f g	A LOT SOME NOT MUCH
(R) Clergyman	a b c d e f g	A LOT SOME NOT MUCH
(S) Teacher	a b c d e f g	A LOT SOME NOT MUCH
(T) Police	a b c d e f g	A LOT SOME NOT MUCH
(U) Lawyer	a b c d e f g	A LOT SOME NOT MUCH
(V) Union steward	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other R-V)	a b c d e f g	A LOT SOME NOT MUCH

Section E: Parenthood

And now I'd like to ask you some questions about children.

E1 Do you have any children?

1. YES

5. NO

E1a Do you expect to have any children?

1. YES

3. MAYBE, DEPENDS PROBABLY

5. NO

GO TO SECTION F

E1b How many children have you had? _____ (NUMBER OF CHILDREN)

E1c Would you tell me whether they're boys or girls, how old they are, and whether they're living with you or away from home?

(WRITE DOWN IN ORDER OF MENTION)

CHILD NUMBER	SEX	AGE	CHILD LIVES WITH R, AWAY, OR IS DEAD?
1			1. WITH R 2. AWAY 3. DEAD
2			1. WITH R 2. AWAY 3. DEAD
3			1. WITH R 2. AWAY 3. DEAD
4			1. WITH R 2. AWAY 3. DEAD
5			1. WITH R 2. AWAY 3. DEAD
6			1. WITH R 2. AWAY 3. DEAD
7			1. WITH R 2. AWAY 3. DEAD
8			1. WITH R 2. AWAY 3. DEAD

E2 In what year did you first become a parent? _____YEAR

E3 Do you expect to have any more children?

1. YES

3. MAYBE; DEPENDS; PROBABLY

5. NO

E4 Most parents have had some problems in raising their children. What are the main problems you've had in raising your child(ren)?

_____

_____

_____

E4a What (did/do) you do when things like that (came/come) up?

_____

_____

_____

E5 Compared with most other children, would you say that your (child/children) (has/have) given you a lot of problems, some problems, only a few problems or haven't they given you any problems at all?

4. A LOT	3. SOME	2. ONLY A FEW	1. HAVEN'T GIVEN ANY PROBLEMS

E6 Some people say that having children brings a husband and wife closer together. Others feel that having children makes a husband and wife less close. Thinking about your own experience, how do you feel about that? Do you feel that children (have) brought you and your (husband/wife) closer together or farther apart?

1. CLOSER TOGETHER	3. SOME OF BOTH	5. FARTHER APART	6. NO DIFFERENCE

E7 Overall, would you say that in your case, being a (father/mother) has nearly always been enjoyable, that it has usually been enjoyable, that it has sometimes been enjoyable, or that being a (father/mother) has hardly ever been enjoyable?

4. NEARLY ALWAYS	3. USUALLY	2. SOMETIMES	1. HARDLY EVER

Section F: Employment

I now have some questions about your work.

F1 Are you working now, unemployed, retired, (a housewife, a student), or what?

[1. WORKING NOW; ON STRIKE; SICK LEAVE] [2. TEMPORARILY LAID OFF] [3. UNEMPLOYED] → GO TO F8

[4. RETIRED] → GO TO F10 [5. PERMANENTLY DISABLED] → GO TO F10 [6. HOUSEWIFE] → GO TO F15 [7. STUDENT] → GO TO F15

F2 What is your main occupation? (What sort of work do you do?)

_____

F3 Tell me a little more about what you do.

_____

F4 What kind of (business/industry) is that?

_____

F5 Do you work for yourself or for someone else?

[1. SELF-EMPLOYED] [2. SOMEONE ELSE]

F6 (DON'T ASK IF CLEAR, BUT MARK ANSWER)
Where do you do this work -- at home or away from home.

[1. AT HOME] [2. AWAY FROM HOME]

F7 About how many hours do you work on your job in the average week?

_____ HOURS A WEEK

GO TO F16

F8 Have you ever done any work for pay?

[1. YES] [5. NO] → GO TO F43

F8a What was your occupation on your last regular job? (What sort of work did you do?

_____

F8b Tell me a little more about what you did.

F8c What kind of (business/industry) was that?

F8d Did you work for yourself or for someone else?

[1. SELF-EMPLOYED] [2. SOMEONE ELSE]

F8e About how many hours did you work on your last job in the average week? _____HOURS A WEEK

GO TO F 40

F9 Have you ever done any work for pay?

[1. YES] [5. NO] GO TO SECTION G

F10 What was your main occupation before you (retired/became disabled)? (What sort of work did you do?)

F11 Tell me a little more about what you did.

F12 What kind of (business/industry) was that?

F13 Did you work for yourself or for someone else?

[1. SELF-EMPLOYED] [2. SOMEONE ELSE]

F14 INTERVIEWER CHECKPOINT

( ) 1. R IS RETIRED → GO TO F44

( ) 2. R IS DISABLED

F14a Are you doing any work for pay at the present time?

[1. YES] [5. NO] GO TO

GO BACK TO F2
"WORKING NOW"

F15 Are you doing any work for pay at the present time?

[1. YES] GO BACK TO F2 "WORKING NOW"

[5. NO]

F15a Have you ever done any work for pay?

[1. YES]

[5. NO] ——— GO TO F15d

F15b When did you leave your last regular job? (IF LESS THAN TWO YEARS, GET MONTH.)

_____YEAR _____MONTH

F15c What happened -- why did you leave it?

_____

_____

F15d INTERVIEWER CHECKPOINT

( ) 1. R IS HOUSEWIFE ——→ GO TO F 49

( ) 2. R IS STUDENT ——→ GO TO SECTION G

ASK ALL PEOPLE WORKING FULL OR PART TIME.

F16 How long have you been doing this kind of work? _____ YEARS

F17 Taking into consideration all the things about your job, how satisfied or dissatisfied are you with it?

_____

_____

_____

F18 What things do you particularly like about the job?

_____

_____

_____

F19 What things don't you like about the job? _____

F20 Regardless of how much you like your job, is there any other kind of work you would rather be doing?

[1. YES] [5. NO] ——— GO TO F21

F20a What is that? _____

_____

F21 Taking everything into consideration, how likely is it that you will make a genuine effort to find a new job within the next year -- very likely, somewhat likely, or not at all likely?

[1. VERY LIKELY] [3. SOMEWHAT LIKELY] [5. NOT AT ALL LIKELY]

F22 If you didn't have to work to make a living, do you think you would work anyway?

[1. YES] [3. MAYBE; PROBABLY] [5. NO] [8. DON'T KNOW]

GO TO F23

F22a What would be your reasons for going on working? _____

_____

_____

F22b Why would you not continue to work?

_____

_____

_____

F23 Have you ever had any problems with your work -- times when you couldn't work, weren't getting along on the job, or didn't know what kind of work you wanted to do?

[1. YES] [5. NO] ——— GO TO F24

F23a What was that about? _____

_____

_____

F24 Do you feel that the demands of your work ever interfere with the demands of your family?

[1. YES] [3. SOMETIMES] [5. NO]

F25 Next are some things that might describe a person's job. First, how much does your job allow you to make a lot of decisions on your own? Would you say a lot, somewhat, a little, or not at all?

[1. A LOT] [2. SOMEWHAT] [3. A LITTLE] [4. NOT AT ALL]

F26 How much say do you have over what happens on your job? Would you say a lot, some, a little, or none?

[1. A LOT] [2. SOME] [3. A LITTLE] [4. NONE]

(CARD F-A) Here are some more things that might describe a person's job. Please tell me how true each is of your (main) job, using one of the answers on this card.

F27 The first one is: The work is interesting. Is this very true, somewhat true, not very true or not at all true of your job?

F28 The next one is: I am given a lot of chances to talk with the people I work with. Is this very true, somewhat true, not very true or not at all true of your job?

F29 I am given a chance to do the things I do best. Is this very true, somewhat true, not very true or not at all true of your job?

	VERY TRUE (1)	SOMEWHAT TRUE (2)	NOT VERY TRUE (3)	NOT AT ALL TRUE (4)
F27				
F28				
F29				

F30 What does it take to do a really good job at the kind of work you do? _____

_____

F31 How much ability do you think it takes to do a really good job at the kind of work you do? _____

_____

F32 How good would you say you are at doing this kind of work -- would you say you were very good, a little better than average, just average, or not very good?

1. VERY GOOD	2. A LITTLE BETTER THAN AVERAGE	3. JUST AVERAGE	4. NOT VERY GOOD

F33 Do you have any people working under (for) you?

1. YES	5. NO ——— GO TO F 34

F33a How many? _____NUMBER OF PEOPLE

F34 INTERVIEWER CHECKPOINT

( ) 1. R IS SELF-EMPLOYED	GO TO F37
( ) 2. R IS <u>NOT</u> SELF-EMPLOYED	GO TO F35

(IF R IS <u>NOT</u> SELF-EMPLOYED)

F35 Do you work under anyone -- a supervisor or anyone in charge of your work?

1. YES	5. NO ——— GO TO F36

F35a Just how much does (he/she) have to do with you and your work? _____

_____

F36 Outside of the people working over you or under you, do you work

with any other person or people?

1. YES	5. NO ——— GO TO F 37

F36a How do you like the people you work with? _____

_____

_____

F37 INTERVIEWER CHECKPOINT

( ) 1. R IS MALE ——————> GO TO SECTION G

( ) 2. R IS FEMALE

↓

F38 Different people feel differently about taking care of a home -- I don't mean taking care of the children, but things like cooking and sewing and keeping house. Some women look on these things as just a job that has to be done -- other women really enjoy them. How do you feel about this? _____

_____

_____

WOMEN WORKING FULL OR PART TIME

F39 INTERVIEWER CHECKPOINT

( ) 1. R HAS CHILD(REN) UNDER 12 LIVING IN HOUSEHOLD

( ) 2. R HAS NO CHILD(REN) UNDER 12 LIVING IN HOUSEHOLD
GO TO SECTION G

↓

F39a How (are the children/is the child) taken care of while you are at work? _____

_____

F39b (IF R MENTIONS SCHOOL ONLY) What about the time (he/she isn't) (they aren't) in school? _____

_____

GO TO SECTION G

R IS UNEMPLOYED

F40 When did you leave your last job? _____

F41 What happened -- why did you leave it? (DON'T PROBE IF R IS RESISTANT.) _____

_____

_____

F42 Do you expect to have much trouble getting another job?

[1. YES] [5. NO]

F43 Have you been looking for work during the past month?

[1. YES] [5. NO] ——— GO TO F43b

F43a What have you been doing in the last month to find work?

_____

_____

_____

GO TO SECTION G

F43b Do you want a regular job now, either full or part-time?

[1. YES] [3. MAYBE - IT DEPENDS] [5. NO] [8. DON'T KNOW]

F43c What are the reasons you are not looking for work? (DON'T

F43d Do you intend to look for work of any kind in the next 12 months?

PROBE IF R IS RESISTANT.)

_____

_____

_____

1. YES

5. NO

3. DEPENDS

8. DON'T KNOW

GO TO SECTION G

R IS RETIRED

F44 In what year did you retire? (IF LESS THAN TWO YEARS, PROBE: In what month was that?) _____YEAR _____MONTH

F45 Why did you retire? _____

_____

F45a (IF NOT CLEAR) Did you have to retire, or is this something that you wanted to do? _____

_____

F46 In what way has retirement made a difference in your life?

_____

_____

_____

F46a Could you tell me more about these changes and what they have meant in your life?

_____

_____

_____

F47 When you think of the days when you were working, what do you miss most? _____

_____

_____

F48 Are you doing any work for pay at the present time?

1. YES → TURN BACK TO F2 "WORKING NOW"

5. NO → GO TO SECTION G

R IS A HOUSEWIFE

F49 Different people feel differently about taking care of a home -- I don't mean taking care of the children, but things like cooking and sewing and keeping house. Some women look on these things as just a job that has to be done -- other women really enjoy them. How do you feel about this?

F50 Have you ever wanted a career?

1. YES

F50a What kind of career?

5. NO → GO TO F51

F51 What are the main reasons you aren't working at present?

F52 Are you planning to go to work in the future?

1. YES

F52a Women have different reasons for working. What would be

5. NO → GO TO SECTION G

your main reasons for working? (PROBE FOR FULL RESPONSES)

_____

_____

_____

_____

F52b What kind of work do you think you will do? _____

_____

_____

F52c Are you looking for work at the present time?

1. YES	5. NO

GO TO SECTION G

Section G: Role Comparisons

G1 (CARD G) Here is a list of things that many people look for or want out of life. Please study the list carefully, then tell me which two of these things are most important to you in your life.

(CHECK TWO)

- 1. SENSE OF BELONGING
- 2. EXCITEMENT
- 3. WARM RELATIONSHIPS WITH OTHERS
- 4. SELF-FULFILLMENT
- 5. BEING WELL-RESPECTED
- 6. FUN AND ENJOYMENT IN LIFE
- 7. SECURITY
- 8. SELF-RESPECT
- 9. A SENSE OF ACCOMPLISHMENT

G2 (CARD G) And of these two, which one is most important to you in your life?

(CHECK ONE)

- 1. SENSE OF BELONGING
- 2. EXCITEMENT
- 3. WARM RELATIONSHIPS WITH OTHERS
- 4. SELF-FULFILLMENT
- 5. BEING WELL-RESPECTED
- 6. FUN AND ENJOYMENT IN LIFE
- 7. SECURITY
- 8. SELF-RESPECT
- 9. A SENSE OF ACCOMPLISHMENT

NOTE TO INTERVIEWER: COPY HERE THE VALUE SELECTED BY R IN G2

_____. SUBSTITUTE THIS PHRASE FOR "MOST IMPORTANT VALUE" IN QUESTIONS G3a-G3e.

G3 (CARD G) Now I'd like to ask you how much various things in your life either have led or would lead to (MOST IMPORTANT VALUE).

QUESTIONS G3a-G3e SHOULD BE ASKED OF <u>EVERYONE</u>.

G3a First, how much have the things you do in your <u>leisure</u> time led to (MOST IMPORTANT VALUE) in your life -- very little, a little, some, a lot, or a great deal?

G3b How much has the work you do in and areound the house led to (MOST IMPORTANT VALUE) in your life -- very little, a little, some, a lot, or a great deal?

G3c How much (has/would/did) work at a job (led/lead) to (MOST IMPORTANT VALUE) in your life?

G3d How about being married? How much (has/would/did) being married (led/lead) to (MOST IMPORTANT VALUE) in your life?

G3e What about being a (father/mother)? How much (has/would) being a parent (led/lead) to (MOST IMPORTANT VALUE) in your life?

	VERY LITTLE (1)	A LITTLE (2)	SOME (3)	A LOT (4)	A GREAT DEAL (5)
G3a					
G3b					
G3c					
G3d					
G3e					

G4 (CARD I) Some things in our lives are very satisfying to one person, while another may not find them satisfying at all. I'd like to ask how much satisfaction you have gotten or would get from some of these different things.

QUESTIONS G4a-G4e SHOULD BE ASKED OF EVERYONE

G4a First, consider the things you do in your leisure time. All in all, would you say you have gotten great satisfaction, some satisfaction, a little satisfaction, or no satisfaction from the things that you do in your leisure time?

G4b How about the work you do in and around the house? Would you say you have gotten great, some, a little, or no satisfaction?

G4c How much satisfaction (have you gotten/would you get/ did you get) out of work at a job?

G4d What about being married? How much satisfaction (have you gotten/would you get/ did you get) from being married?

G4e How much satisfaction (have you gotten/would you get/ did you get) out of being a (father/mother)?

	GREAT SATISFACTION (1)	SOME SATISFACTION (2)	LITTLE SATISFACTION (3)	NO SATISFACTION (4)
G4a				
G4b				
G4c				
G4d				
G4e				

Section H: Symptoms

Now, some questions about your health.

H1 Do you have any particular physical or health trouble?

[1. YES] [5. NO] — GO TO H2

H1a What is that?_____

H2 (P. 3, RESPONDENT BOOKLET) Here is a list which tells about different troubles and complaints people have. After each one would you check the answer which tells how often you have had this trouble or complaint. Please let me know when you have finished the page. (HAND RESPONDENT BOOKLET. AFTER R FILLS OUT AND RETURNS BOOKLET, TURN TO H3.)

H3 Here are some more questions like those you've filled out. This time just answer "Yes" or "No". Do you feel you are bothered by all sorts of pains and ailments in different parts of your body?

[1. YES] [5. NO]

H4 For the most part, do you feel healthy enough to carry out the things that you would like to do?

[1. YES] [5. NO]

H5 Have you ever felt that you were going to have a nervous breakdown?

1.YES ↓ 5. NO — GO TO H6

H5a Could you tell me about when you felt this way? What was it about? _____

_____

_____

_____

H5b What did you do about it? _____

_____

_____

H6 How often have you had the following?

H6a Do you ever have any trouble getting to sleep or staying asleep?

H6b Have you ever been bothered by nervousness, feeling fidgety and tense?

H6c Are you ever troubled by headaches or pains in the head?

H6d Do you have loss of appetite?

H6e How often are you bothered by having an upset stomach?

H6f Do you find it difficult to get up in the morning?

	ALMOST ALL THE TIME	FAIRLY OFTEN	NOT VERY MUCH	NEVER
H6a				
H6b				
H6c				
H6d				
H6e				
H6f				

H7 How often have you had the following?

	MANY TIMES	SOME-TIMES	HARDLY EVER	NEVER
H7a Has any ill health affected the amount of work you do?				
H7b Have you ever been bothered by shortness of breath when you were not exercising or working hard?				
H7c Have you ever been bothered by your heart beating hard?				
H7d Do you ever drink more than you should?				
H7e Have you ever had spells of dizziness?				
H7f Are you ever bothered by nightmares?				
H7g Do you tend to lose weight when you have something important bothering you?				
H7h Do your hands ever tremble enough to bother you?				
H7i Are you troubled by your hands sweating so that you feel damp and clammy?				
H7j Have there ever been times when you couldn't take care of things because you just couldn't get going?				
H7k When you feel worried, tense or nervous, do you ever drink alcoholic beverages to help you handle things?				
H7l Have there ever been problems between you and any-				

	MANY TIMES	SOME-TIMES	HARDLY EVER	NEVER
one in your family (spouse, parent, child, or other close relative) because you drank alcoholic beverages?				
H7m When you feel worried, tense or nervous, do you ever take medicines or drugs to help you handle things?				

H8 (CARD J) Now here is something different. I have some statements here that describe the way some people are and feel. I'll read them one at a time and you just tell me how true they are for you -- whether they're very true for you, pretty true, not very true, or not true at all.

	VERY TRUE (1)	PRETTY TRUE (2)	NOT VERY TRUE (3)	NOT TRUE AT ALL (4)
H8a I have always felt pretty sure my life would work out the way I wanted it to.				
H8b No one cares much what happens to me.				
H8c I often wish that people would listen to me more.				
H8d I often wish that people liked me more than they do.				
H8e These days I really don't know who I can count on for help.				

Section I: Formal Helpseeking

Problems often come up in life. Sometimes they are personal problems -- people are very unhappy, or nervous and irritable all the time. Sometimes they are problems in a marriage -- a husband and wife just can't get along with each other. Or, sometimes it's a personal problem with a child or a job. I'd like to ask you a few questions now about what you think a person might do to handle problems like this.

I1 For instance, let's suppose you had a lot of personal problems and you're very unhappy all the time. Let's suppose you've been that way for a long time, and it isn't getting any better. What do you think you'd do about it?

_____

_____

_____

(IF "OUTSIDE PROFESSIONAL SOURCE" MENTIONED)

I1a If this didn't work, is there anywhere else you would go to get help? (Where is that?)

_____

_____

_____

(IF NO "OUTSIDE PROFESSIONAL SOURCE" MENTIONED)

I1b Do you think you would go anywhere to get some help with these problems? (Where would you go?)

_____

_____

(IF OUTSIDE PROFESSIONAL SOURCE STILL NOT MENTIONED)

I1c Suppose these problems didn't get better no matter what you tried to do about them yourself, and you felt you had to have some outside help. Do you know of anyone or any place around here where you could go for help.

[5. YES] (ASK I1d-e) [1. NO] (ASK I1f)

(IF "YES" TO I1c) I1d Where would you go? _____

_____

I1e Suppose you didn't know of any places yourself. Do you know of anywhere you might go or anyone you might talk to, where you could find out where to go for help? Where is that? _____

_____

(IF "NO" TO I1c) I1f Do you know of anywhere you might go, or anyone you might talk to, where you could find out where to go for help. Where is that?

_____

Sometimes when people have problems like this, they go someplace for help. Sometimes they go to a doctor or a minister. Sometimes they go to a special place for handling personal problems -- like a psychiatrist or a marriage counselor, or social agency or clinic.

I2 How about you -- have you ever gone anywhere like that for advice and help with any personal problems?

[5. YES] [1. NO] ——— GO TO I3

I2a What was that about? _____

_____

_____

_____

I2b Where did you go for help? (PROBE FOR SPECIFIC NAMES OF SOCIAL AGENCIES.)

_____

_____

I2c How did you happen to go there? _____

_____

_____

_____

I2d What did they do -- how did they try to help you? _____

_____

_____

_____

I2e How did it turn out -- do you think it helped you in any way?

_____

GO TO I4

(IF "NO" TO I2)

I3 Can you think of anything that's happened to you, any problems you've had in the past, where going to someone like this might have helped you in any way?

5. YES

5. NO — GO TO I3e

I3a What do you have in mind -- what was it about? _____

I3b What did you do about it? _____

I3c Who do you think might have helped you with that? _____

I3d Why do you suppose that you didn't go for help? _____

GO TO I4

(IF "NO" TO I3.)

I3e Do you think you could ever have a personal problem that got so bad that you might want to go someplace for help -- or do you think you could always handle things like that yourself? _____

I4 Now suppose that you or someone you are close to had a problem with drugs or alcohol. What do you think you'd do about it?

_____

_____

I4a INTERVIEWER CHECK POINT: TO Q. I4 R MENTIONED:

1. OUTSIDE PERSON AND AGENCY -- GO TO J5

2. OUTSIDE PERSON BUT NO PLACE OR AGENCY -- GO TO J4b

3. NO OUTSIDE PERSON OR PLACE -- GO TO J4d

I4b Is this person connected with some place or agency?

[1. YES] [5. NO] — GO TO I5 [8. DON'T KNOW] — GO TO I5

I4c What is the name of the place or agency?

_____

_____

GO TO I5

(IF NO OUTSIDE PERSON MENTIONED IN J4)

I4d Do you know of anyone or anyplace around here where you could go for help?

[1. YES] [5. NO]

I4e Where would you go?

_____

_____

_____

I4f Do you know anyone or anyplace where you could find out where to go for help? (Who/ where is that?)

_____

_____

_____

(ASK EVERYONE)

There are a lot of other kinds of places that people go to with their problems. I'll read them off to you one at a time, and you tell me whether you've ever gone to a person or place like this with any personal problems.

I5 How about a lawyer, I mean for a personal problem, not a legal problem?

[5. YES] [1. NO] —— GO TO I6

I5a What was that about? _____

_____

I5b What did he do about it -- how did he try to help you?

_____

_____

I5c How did it work out -- did he help you in any way?

_____

_____

I6 How about a policeman, judge, or someone in the courts?

[5. YES] [1. NO] —— GO TO I7

I6a What was that about? _____

_____

I6b What did they do about it -- how did they try to help you?

_____

_____

I6c How did it work out -- did they help you in any way?

_____

_____

I7 How about an astrologer, fortune-teller, or paslmist?

[5. YES] [1. NO] —— GO TO I8

I7a What was that about? _____

_____

I7b What did they do about it -- how did they try to help you?

_____

_____

I7c How did it work out -- did they help you in any way?

_____

_____

(IF R HAS EVER HAD CHILDREN)

I8 Did you ever talk to a teacher or someone else at school about any problems your child was having?

[5. YES] [1. NO] ——GO TO I9

I8a What was that about? _____

_____

_____

I8b How did it turn out? _____

_____

_____

I9 Have you ever gotten any help from reading a book or a newspaper columnist who advises on personal problems?

[5. YES] [1. NO] ——GO TO I10

I9a What book or newspaper columnist was that? _____

_____

_____

_____

I9b How did they help you? _____

_____

_____

I10 Do you have a family doctor?

[5. YES] [1. NO]

I11 Do you know a clergyman (priest, minister, rabbi, ect.) with whom you would feel free to talk over a personal problem?

[5. YES] [1. NO]

I12 Over their lives most people have something bad happen to them, or to someone they love, like when someone important dies, leaves or disappoints you. Or something awful like getting sick, losing a job, not having enough money, or being in trouble with the police or at school. Or maybe just something important you wanted to happen didn't happen. Compared with most other people you know would you say that these sorts of things have happened to you more than to others, less than to others, or what?

[5. MORE THAN TO OTHERS] [3. JUST ABOUT THE SAME] [1. LESS THAN TO OTHERS]

[8. OTHER] (SPECIFY) _____

_____

I13 When things like these have happened to you, have there been times

when you found it very hard to handle? When you couldn't sleep, or stayed away from people, or even felt depressed or nervous and couldn't do much of anything?

[5. YES] [1. NO]

I13a Would you say you felt that way many times, or just once in a while?

[5. MANY TIMES] [1. JUST ONCE IN A WHILE]

I13b Now think about the last time you felt that way. What was it about?

_____

_____

_____

_____

I13c We are interested in how people handle these difficult events when they do occur. Think about the last time something really bad happened to you. What was it about?

_____

_____

_____

_____

I14 When things like that happen some people like to talk it over with other people. (HAND R CARD E). Did you talk to any of these people about that matter? For each person, choose the one description that fits them best. If more than one person you talked to fits the same description (like friend or relative), please tell me.

( ) CHECK HERE IF R SAYS "TALKED TO NO ONE" ON THE LIST. THEN GO TO D16	I14a (IF NOT CLEAR) Is that person male or female?	I14b (IF NOT CLEAR) Is he/she older than you are, younger, or about the same?	I14c Would he/she talk to you if he/she felt that way?
(A) Husband			YES NO
(B) Wife			YES NO
(C) Son			YES NO
(D) Daughter			YES NO
(E) Father			YES NO
(F) Mother			YES NO
(G) Brother		OLDER YOUNGER SAME	YES NO
(H) Sister		OLDER YOUNGER SAME	YES NO
( ) _____ (other G-H or	MALE FEMALE	OLDER YOUNGER SAME	YES NO
( ) _____ other relative)	MALE FEMALE	OLDER YOUNGER SAME	YES NO
(I) Friend	MALE FEMALE	OLDER YOUNGER SAME	YES NO
(J) Neighbor	MALE FEMALE	OLDER YOUNGER SAME	YES NO
( ) _____ other (I-J)	MALE FEMALE	OLDER YOUNGER SAME	YES NO

	I14d Which of the things on this card happened when you talked with him/her? You can choose more than one. a. just listened to me b. cheered or comforted me c. asked me questions d. told me who else to see e. showed me a new way to look at things f. gave me advice g. helped me take action	I14e How much did it help to talk? Would you say it: helped a lot? helped some? or was it not much help?
(A) Husband	a b c d e f g	A LOT SOME NOT MUCH
(B) Wife	a b c d e f g	A LOT SOME NOT MUCH
(C) Son	a b c d e f g	A LOT SOME NOT MUCH
(D) Daughter	a b c d e f g	A LOT SOME NOT MUCH
(E) Father	a b c d e f g	A LOT SOME NOT MUCH
(F) Mother	a b c d e f g	A LOT SOME NOT MUCH
(G) Brother	a b c d e f g	A LOT SOME NOT MUCH
(H) Sister	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other G-H or	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ other relative)	a b c d e f g	A LOT SOME NOT MUCH
(I) Friend	a b c d e f g	A LOT SOME NOT MUCH
(J) Neighbor	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ other (I-J)	a b c d e f g	A LOT SOME NOT MUCH

D16 Now, how about these people? (HAND R CARD F) Did you talk to any of these people about that matter? Again, for each person, choose the one description that fits them best. If more than one person you talked to fits the same description, please tell me.

( ) CHECK HERE IF R SAYS "TALKED TO NO ONE" ON THE LIST. THEN GO TO SECTION E	I15a Is that person connected with any place or agency?	I15b (IF YES TO D16a) Do you remember the name of the place or agency, or the kind of place it was?	I15c How did you know to go to that person?
(K) Psychiatrist	YES NO DK		
(L) Psychologist	YES NO DK		
(M) Social worker	YES NO DK		
(N) Counselor	YES NO DK		
(P) Nurse	YES NO DK		
( ) _____ (other K-P)	YES NO DK		
(R) Clergyman	YES NO DK		
(S) Teacher	YES NO DK		
(T) Police	YES NO DK		
(U) Lawyer	YES NO DK		
(V) Union steward	YES NO DK		
( ) _____ (other R-V)	YES NO DK		

	I15d Which of the things on this card happened when you talked with that person? You can choose more than one. a. just listened to me b. cheered or comforted me c. asked me questions d. told me who else to see e. showed me a new way to look at things f. gave me advice g. helped me take action	I15e How much did it help to talk? Would you say it: helped a lot? helped some? or was it not much help?
(K) Psychiatrist	a b c d e f g	A LOT SOME NOT MUCH
(L) Psychologist	a b c d e f g	A LOT SOME NOT MUCH
(M) Social worker	a b c d e f g	A LOT SOME NOT MUCH
(N) Counselor	a b c d e f g	A LOT SOME NOT MUCH
(P) Nurse	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other K-P)	a b c d e f g	A LOT SOME NOT MUCH
(R) Clergyman	a b c d e f g	A LOT SOME NOT MUCH
(S) Teacher	a b c d e f g	A LOT SOME NOT MUCH
(T) Police	a b c d e f g	A LOT SOME NOT MUCH
(U) Lawyer	a b c d e f g	A LOT SOME NOT MUCH
(V) Union steward	a b c d e f g	A LOT SOME NOT MUCH
( ) _____ (other R-V)	a b c d e f g	A LOT SOME NOT MUCH

I16 Suppose that someone you knew had some personal problems which they couldn't handle and asked your advice about a place to go for help -- a place that didn't cost more than they could afford. Where would you suggest that they go?

_____

_____

_____

_____

INTERVIEWER CHECK POINT:

1. R HAS MENTIONED AGENCY OR PLACE

2. R HAS NOT MENTIONED AGENCY OR PLACE

I16a How do you happen to know about that place?

_____

_____

_____

I16b Do you know of anywhere you might go or anyone you might talk to who might know about such a place? (Where is that?)

_____

_____

_____

Sometimes when people feel unable to handle the things that come up in their lives they use various kinds of medicines or drugs. Thinking back over the times when you have found your life somewhat difficult to handle, have you ever taken:

I17 Tranquilizer medicines or nerve pills?

5. YES 1. NO ——GO TO I18

I17a Have you taken them often, or only once in a while?

5. OFTEN 1. ONLY ONCE IN A WHILE

I17b Where did you get them? _____

_____

J18 How about sleeping pills?

5. YES 1. NO —— GO TO I19

I18a Have you taken them often, or only once in a while?

5. OFTEN 1. ONLY ONCE IN A WHILE

I18b Where did you get them? _____

_____

I19 Pain pills?

5. YES 1. NO ——— GO TO I20

I19a Have you taken them often, or only once in a while?

5. OFTEN 1. ONLY ONCE IN A WHILE

I19b Where did you get them? _____

_____

I20 What about alcoholic beverages?

5. YES 1. NO ——GO TO I21

I20a Have you used them often, or only once in a while?

5. OFTEN 1. ONLY ONCE IN A WHILE

I21 Pep pills?

[5. YES] [1. NO] —— GO TO I22

I21a Have you taken them often, or only once in a while?

[5. OFTEN] [1. ONLY ONCE IN A WHILE]

I21b Where did you get them? _____

_____

I22 How about diet pills?

[5. YES] [1. NO] —— GO TO I23

I22a Have you taken them often, or only once in a while?

[5. OFTEN] [1. ONLY ONCE IN A WHILE]

I22b Where did you get them? _____

_____

I23 Have you ever taken any other drugs or medicines?

[5. YES] [1. NO] —— GO TO I24

I23a What was that? _____

_____

I23b Have you taken them often, or only once in a while?

[5. OFTEN] [1. ONLY ONCE IN A WHILE]

I23c Where did you get them? _____

_____

I24 Now for one final question about getting help with personal problems. We have asked a lot of questions about how you have handled various problems or difficulties in your life and whether you've talked with family, friends, and people in different places or agencies. Just one final check. (HAND R CARD F) Aside from the people and places you have mentioned already, are there any <u>other</u> people on this list that you <u>ever</u> had an occasion to talk with about a personal problem or a difficulty you've had to face?

Person	I24a Is that person connected with any place or agency?	I24b (IF YES IN a) Do you remember the name of the place or agency or the kind of place it was?
(K) Psychiatrist	YES NO DK	_____
(L) Psychologist	YES NO DK	_____
(M) Social worker	YES NO DK	_____
(N) Counselor	YES NO DK	_____
(O) Doctor	YES NO DK	_____
(P) Nurse	YES NO DK	_____
(Q) _____ (Other K-P)	YES NO DK	_____

(R) Clergyman	(S) Teacher	(T) Police
(U) Lawyer	(V) Union steward	( ) _____ (Other R-V)

Section J: Personal Data

Now we have finished the regular part of the interview. We need a few facts about you, like age, education and so on, so that we can compare the ideas of men with those of women, older people with younger people, and one group with another.

J1 First, what is your date of birth? _____/_____/____
MONTH DAY YEAR

J2 Where were you born?

STATE (OR COUNTRY IF NOT U.S.A.) _____

J3 And where did you live mostly while you were growing up?

STATE (OR COUNTRY IF NOT U.S.A.) _____

J4 Were you brought up mostly in the country, in a town, in a small city, or in a large city?

1. COUNTRY	2. TOWN	3. SMALL CITY	4. LARGE CITY

J5 What was your religious background when you were growing up -- Protestant, Roman Catholic, Jewish, or something else?

PROTESTANT	200. ROMAN CATHOLIC	300. JEWISH	800. NONE, NO PREFERENCE

PROTESTANT → ▼

200. ROMAN CATHOLIC: _____ GO TO J6

300. JEWISH: GO TO J6

800. NONE, NO PREFERENCE: GO TO J6

OTHER: SPECIFY _____
GO TO J6

J5a What church or denomination was that?

_____

J6 What is the original nationality of your family on your father's side? (IF R SAYS, "AMERICAN," PROBE: What was it before coming

to the United States?)

_____ ORIGINAL NATIONALITY

J7 How many brothers and sisters did you have while you were growing up?

_____ NUMBER [00. NONE] — GO TO J8

J7a Were you the oldest, the youngest, or what?

[1. OLDEST] [5. YOUNGEST] [3. IN BETWEEN]

J8 Did you always live together with both of your <u>real</u> parents up to the time you were 16 years old?

[1. YES] GO TO J9

[5. NO] ↓

J8a What happened? _____

_____

_____

J8b How old were you when it happened? _____YEARS OLD

J8c Who was the head of your family or household most of the time while you were growing up?

[1. FATHER] [2. MOTHER] [OTHER MALE: _____ (SPECIFY)] [OTHER FEMALE: _____ (SPECIFY)]

J9 (ASK J9-J13 ABOUT FATHER OR OTHER HEAD MENTION IN J8c.) Now a few questions about your father (the person who was head of your family while you were growing up). First, what kind of work did (he/she) do for a living while you were growing up? (What was (his/her) main occupation?)

_____

J10 Can you tell me a little more about what (he/she) did on (his/her) job? _____

_____

J11 What kind of (business/industry) was that? _____

_____

J12 Did (he/she) work for (himself/herself), or for someone else?

1. SELF-EMPLOYED	2. SOMEONE ELSE

J13 What was the highest grade of school or year of college (he/she) completed?

GRADES OF SCHOOL	COLLEGE
00 01 02 03 04 05 06 07 08 09 10 11 12	13 14 15 16 17+

GO TO J14

DON'T KNOW

J13a Would you guess that (he/she) had <u>less than seven years</u> of school, <u>between seven and twelve years</u> of school, <u>finished high school</u>, or had <u>some schooling past high school</u>?

1. LESS THAN SEVEN YEARS	2. BETWEEN SEVEN AND TWELVE YEARS	3. FINISHED HIGH SCHOOL

4. SOME SCHOOLING PAST HIGH SCHOOL

J14 INTERVIEWER CHECKPOINT

J9-J13 WERE ASKED ABOUT:

( ) 1. R'S FATHER

( ) 2. OTHER MALE HEAD

( ) 3. OTHER FEMALE HEAD

( ) 4. R'S MOTHER ⟶ GO TO J17

J15 Other than being a housewife, did your mother have a job while you were growing up?

[1. YES] [5. NO]

J16 What was the highest grade of school or year of college <u>your mother</u> completed?

GRADES OF SCHOOL	COLLEGE
00 01 02 03 04 05 06 07 08 09 10 11 12	13 14 15 16 17+

GO TO J17

[DON'T KNOW]

J16a Would you guess that she had <u>less than seven years</u> of school, <u>between seven and twelve years of school</u>, <u>finished high school</u>, or had <u>some schooling past high school?</u>

[1. LESS THAN SEVEN YEARS] [2. BETWEEN SEVEN AND TWELVE YEARS] [3. FINISHED HIGH SCHOOL]

[4. SOME SCHOOLING PAST HIGH SCHOOL]

J17 What is the highest grade of school or year of college you have completed?

GRADES OF SCHOOL	COLLEGE
00 01 02 03 04 05 06 07 08 09 10 11 12	13 14 15 16 17+

J17a In what year did you complete this highest grade of school?

_____YEAR

J17b Did you get a high school graduation diploma or pass a high school equivalency test?

YES NO

J17c Have you had any other schooling?

YES NO

GO TO J18

J17d What other schooling have you had?

_____

_____

_____

J17e In what year did you complete that year of college?

_____YEAR

J17f Do you have a college degree?

YES NO

GO TO J18

J17g What degree is that?

_____

J18 INTERVIEWER CHECKPOINT

( ) 1. R HAS NEVER WORKED	GO TO J21
( ) 2. R HAS WORKED	

J19 Now, think back to your <u>first</u>, <u>regular</u> job, aside from military

service or any temporary jobs you may have had, like when you were going to school. What kind of work were you doing?

_____

_____

_____

J19a In what year did you begin that job? _____YEAR

J20 About how many hours did you work on that job in the average week?

_____ HOURS A WEEK

J21 INTERVIEWER CHECKPOINT

( ) 1. R IS MARRIED

( ) 2. R IS NOT CURRENTLY MARRIED GO TO J24

J22 And what is the highest grade of school or year of college your (husband/wife) has completed?

GRADES OF SCHOOL												
00	01	02	03	04	05	06	07	08	09	10	11	12

COLLEGE				
13	14	15	16	17+

J22a Did (he/she) get a high school graduation diploma or pass a high school equivalency test?

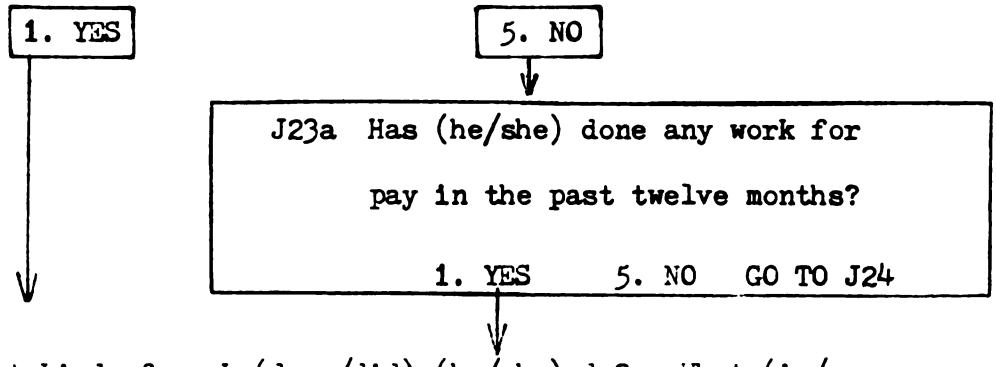
[YES] [NO]

J22b Does (he/she) have a college degree?

[YES] [NO]

GO TO J23

J23 Is your (husband/wife) doing any work for pay at the present time?



J23b What kind of work (does/did) (he/she) do? What (is/was (his/her) main occupation?

_____

J23c Please tell me a little more about what (he/she) (does/did) on (his/her) job.

_____

_____

J23d What kind of (business/industry) is that?

_____

J23e (Does/Did) (he/she) work for (himself/herself) or for someone else?

1. SELF-EMPLOYED 2. SOMEONE ELSE

(IF R IS MALE WITH CHILD(REN) UNDER 12 LIVING IN HOUSEHOLD)

J23f How (are the children/is the child) taken care of while your wife is at work?

_____

_____

J23g (IF R MENTIONS IN SCHOOL ONLY) What about the time (he/she isn't) (they aren't) in school?

_____

J24 (CARD J) In this survey of people all over the country, we are trying to get a clear picture of people's financial situations. Taking into consideration all sources of income, about what do you think your total income will be this year (1976) for yourself and your immediate family? Just give me the letter on the card.

01	A.	LESS THAN $1,000	10	J.	$9,000 - $9,999
02	B.	$1,000 - $1,999	11	K.	$10,000 - $10,999
03	C.	$2,000 - $2,999	12	L.	$11,000 - $12,499
04	D.	$3,000 - $3,999	13	M.	$12,500 - $14,999
05	E.	$4,000 - $4,999	14	N.	$15,000 - $17,999
06	F.	$5,000 - $5,999	15	O.	$17,500 - $19,999
07	G.	$6,000 - $6,999	16	P.	$20,000 - $24,999
08	H.	$7,000 - $7,999	17	Q.	$25,000 - $34,999
09	I.	$8,000 - $8,999	18	R.	$35,000 AND OVER

J25 (CARD J) How much of this total will you yourself earn this year? (Just give me the letter on the card.)

01	A	04	D	07	G	10	J	13	M	16	P
02	B	05	E	08	H	11	K	14	N	17	Q
03	C	06	F	09	I	12	L	15	O	18	R

J26 Is your current religious preference Protestant, Roman Catholic, Jewish or something else?

PROTESTANT ↓ GO TO J26a

200 ROMAN CATHOLIC

300 JEWISH

800 NONE, NO PREFERENCE

OTHER: SPECIFY _____

GO TO J27

J26a What church or denomination is that?

J27 About how often do you usually attend religious services?

1. MORE THAN ONCE A WEEK	2. ONCE A WEEK	3. TWO OR THREE TIMES A MONTH
4. ONCE A MONTH	5. A FEW TIMES A YEAR OR LESS	6. NEVER

J28 How long have you lived in (INSERT NAME OF PRESENT COMMUNITY OR OF TOWNSHIP IF RURAL) _____? (IF LESS THAN TWO YEARS, GET NUMBER OF MONTHS.)

_____YEARS _____MONTHS, OR SINCE____

J29 And finally, how many telephones, counting extensions, do you have in your (house/apartment)?

[0] [1] [2] [3] [4] [5]

MORE THAN 5, SPECIFY _____

TIME NOW _____

This completes the interview. Thank you very much for your help. When we have finished this survey we would like to send you some of our findings as a way of thanking you for your time. (HAND R A REPORT REQUEST CARD AND EXPLAIN ITS USE. BE SURE TO WRITE IN "MODERN LIVING" AS THE PROJECT.) We may also want to come back in a few months to talk with you or another member of your family to see if any of your opinions or your situation have changed.

SECTION K: INTERVIEWER OBSERVATION

K1 Respondent's sex is: [1. MALE] [2. FEMALE]

K2 Respondent's racial or ethnic group is:

[1. WHITE] [2. BLACK] [3. ORIENTAL] [4. CHICANO; PUERTO RICAN; MEXICAN OR SPANISH-AMERICAN]

[5. AMERICAN INDIAN] [OTHER (SPECIFY): _____]

K3 Other persons present at interview were (CHECK MORE THAN ONE BOX IF NECESSARY):

[NONE] GO TO K5 [CHILDREN UNDER 6] [OLDER CHILDREN] [SPOUSE] [OTHER RELATIVES] [OTHER ADULTS]

K4 How much do you feel the presence of other person(s) influenced the answers given by respondent?

[1. A GREAT DEAL] [2. SOME] [3. VERY LITTLE] [4. NONE]

K5 Overall, how great was R's interest in the interview?

[1. VERY HIGH] [2. ABOVE AVERAGE] [3. AVERAGE] [4. BELOW AVERAGE] [5. VERY LOW]

K6 Did the respondent seem to find the interview too long?

[1. YES] [5. NO]

K7 Type of structure in which family lives?

01. TRAILER

02. DETACHED SINGLE FAMILY HOUSE

03. 2-FAMILY HOUSE, 2 UNITS SIDE BY SIDE

04. 2-FAMILY HOUSE, 2 UNITS ONE ABOVE THE OTHER

05. DETACHED 3-4 FAMILY HOUSE

06. ROW HOUSE (3 OR MORE UNITS IN AN ATTACHED ROW)

07. APARTMENT HOUSE (5 OR MORE UNITS, 3 STORIES OR LESS)

08. APARTMENT HOUSE (5 OR MORE UNITS, 4 STORIES OR MORE)

09. APARTMENT IN A PARTLY COMMERCIAL STRUCTURE

10. OTHER:

_____
(SPECIFY)

K8 Number of stories is the structure, not counting basement:

[1] [2] [3]

MORE THAN 3: _____
(SPECIFY)

K9 COPY INFORMATION FROM COVER SHEET

	(a) Household member by relationship to Head	(b) Sex	(c) Age	(d) Enter "R" to Identify Respondent
PERSONS 21 YEARS OR OLDER				
PERSONS UNDER 21				

K10 THUMBNAIL SKETCH:

K11 Interviewers Comments:

APPENDIX B

TABLE B1. WELL-BEING

ITEMS	ALTERNATIVES
Satisfaction	
Taking things all together, how would you describe your marriage --would you say your marriage was very happy, a little happier than average, or not too happy?	Very happy, little happier than average, just about average, not too happy.
Overall, would you say that in your case, being a (father/mother) has nearly always been enjoyable, that it has usually been enjoyable, or that being a (father/mother) has hardly ever been enjoyable?	Nearly always, usually, sometimes, hardly ever.
Some things in our lives are very satisfying to one person, while another may not find them satisfying at all. (1) What about being married? How much satisfaction (have you gotten/would you get/did you get) from being married? (2) How much satisfaction (have you gotten/would you get/did you get) out of being a (father/mother)?	Great satisfaction, some satisfaction, little satisfaction, no satisfaction.
In general, could you tell me how satisfied you are with your friendships--with the amount of time you can spend with your friends, the things you do together, the number of friends you have, as well as the particular people who are your friends. If you are completely satisfied with your friendships, you would say "one". If you are neither completely satisfied nor completely dissatisfied, you would put yourself somewhere from two to six; for example, four means that you are neutral, just as satisfied as you are dissatisfied.	7 position Likert scale: 1 - Completely satisfied; 7 - Completely dissatisfied.

TABLE B1 continued

Which number comes closest to how satisfied or dissatisfied you feel?	
General Well-Being	
Taking all things together, how would you say things are these days --would you say you're very happy, pretty happy, or not too happy these days?	Very happy, pretty happy, not too happy.
In general, how satisfying do you find the way you're spending your life these days? Would you call it completely satisfying, pretty satisfying, or not very satisfying?	Completely satisfying, pretty satisfying, not very satisfying, don't know.
Worries	
Everybody has some things he/she worries about more or less. What kinds of things do you worry about most?	(open-ended question)
Self-Esteem Scale	
How often are these true for you:	(all items coded)
I feel that I am a person of worth, at least as much as others.	Often true, sometimes true, rarely true, never true.
I am able to do things as well as most other people.	
On the whole, I feel good about myself.	
Anomie Scale	
I have always felt pretty sure my life would work out the way I wanted it to.	(all items coded) Very true, pretty true, not very true, not true at all.
No one cares much what happens to me.	
I often wish that people would listen to me more.	
I often wish that people liked me more than they do.	
These days I really don' I can count on for help.	

TABLE B2. PSYCHOLOGICAL AND PHYSIOLOGICAL DISTRESS ITEMS

Symptom Checklist Items	Alternatives
Psychological Anxiety Scale	
How often have you had the following: (a) Do you ever have any trouble getting to sleep or staying asleep? (b) Have you ever been bothered by nervousness, feeling fidgety and tense? (c) Are you ever troubled by headaches or pains in the head? (d) Do you have loss of appetite? (e) How often are you bothered by having an upset stomach?	(all items coded) Nearly all the time, pretty often, not very much, never.
Immobilization	
Do you find it difficult to get up in the morning?	Nearly all the time, pretty often, not very much, never.
How often have you had the following: (a) Do you ever drink more than you should? (b) Are you troubled by your hands sweating so that you feel damp and clammy? (c) Have there ever been times when you couldn't take care of things because you just couldn't get going?	(all items coded) Many times, sometimes, hardly ever, never.
Ill Health Scale	
Has any ill health affected the amount of work you do? Have you ever been bothered by your heart beating hard? Have you ever been bothered by shortness of breath when you were not exercising or working hard?	(all items coded) Many times, sometimes, hardly ever, never.
Do you have any particular physical or health trouble?	yes/no
Do you feel you are bothered by all sorts of pains and ailments in different parts of your body?	yes/no

TABLE B2 continued

For the most part, do you feel healthy enough to carry out the things that you would like to do?	yes/no
Drinking Scale	
When you feel worried, tense or nervous, do you ever drink alcoholic beverages to help you handle things?	(all items coded) Many times, sometimes, hardly ever, never.
Have there ever been problems between you and anyone in your family (spouse, parent, child, or other close relative) because you drank alcoholic beverages?	
Drug-Taking Scale	
When you feel worried, tense or nervous, do you ever take medicines or drugs to help you handle things?	Many times, sometimes, hardly ever, never.
Past Distress	
Have you ever felt that you were going to have a nervous breakdown?	yes/no
Zest Scale	
My mind is as clear as it used to be.	(all items coded) A little or none of the time, some of the time, a good part of the time, all or most of the time.
I find it easy to do the things I used to.	
My life is interesting.	
I feel that I am useful and needed.	
My life is pretty full.	
I feel hopeful about the future.	

TABLE B3. DEMOGRAPHIC DATA ITEMS

Item	Alternative
Where were you born?	State (or Country if not U.S.A.)
Where did you live mostly while you were growing up?	State (or Country if not U.S.A.)
Were you brought up mostly in the country, in a town, in a small city, or in a large city?	Country, town, small city, large city.
How many brothers and sisters did you have while you were growing up?	
Did you always live together with both of your real parents up to the time you were 16 years old?	Yes. No. What happened? How old were you when it happened? Who was the head of your family or household most of the time while you were growing up?
What was the highest grade of school or year of college head of household completed?	0 - 17+ .
What was the highest grade of school or year of college your mother completed?	0 - 17+ .
What is the highest grade of school or year of college you have completed?	0 - 17+ .
What is the highest grade of school or year of college your husband/wife has completed?	0 - 17+ .
In this survey of people all over the country, we are trying to get a clear picture of people's financial situations. Taking into consideration all sources of income, about what do you think your total income will be this year for yourself and your immediate family?	18 income ranges. (See Instrument, Appendix A)
How long have you lived in the present community?	Years.

TABLE B4. HELP-SEEKING ITEMS

Item	Alternatives
Formal and Informal Help-Sources	
Over their lives most people have something bad happen to them, or to someone they love, like when someone important dies, leaves or disappoints you. Or something awful like getting sick, losing a job, not having enough money, being in trouble with the police or at school. Or maybe just something important you wanted to happen didn't happen. Compared with most other people you know, would you say that these sorts of things have happened to you more than to others, less than to others, or what?	More than to others, just about the same, less than to others.
When things like these have happened to you, have there been times when you found it very hard to handle? When you couldn't sleep, or stayed away from people, or even felt depressed or nervous and couldn't do much of anything?	Yes. No.
When things like that happen some people like to talk it over with other people. Did you talk to any of these people about that matter? For each person, choose the one description that fits them best. If more than one person you talked to fits the same description (like friend or relative), please tell me.	Informal Help-Sources: husband, wife, son, daughter, father, mother, brother, sister, other relative, neighbor, other. Formal Help-Sources: Psychiatrist, Psychologist, Social Worker, Counselor, Doctor, Nurse, Clergyman, Teacher, Police, Lawyer, Union Steward, other.
Reciprocation	
Would he/she talk to you if he/she felt that way?	Yes. No. (Answered for each informal source mentioned)
Outcome of Helping-Interaction	
How much did it help to talk? Would you say it:	Helped alot, helped some, or not much help. (Answered for each formal and informal help source mentioned)

TABLE B4 continued

Community and Social Support

Now a couple of questions about neighbors. About how many of your neighbors do you know well enough to visit or call on? Would you say you have many, several, a few, or none that you know well enough to visit or call on?	Many, several, a few, none.
About how often do you visit with any of your neighbors, either at their homes or at your own? Would you say more than once a week, a few times a month, or less than once a month?	More than once a week, once a week, a few times a month, once a month, less than once a month, never.
How often, if ever, have you talked with any neighbors about your problems when you were worried or asked them for advice or help? Would you say very often, often, sometimes, rarely, or never?	Very often, often, sometimes, rarely, never.
Would you ever feel free to talk with one of your neighbors about such things?	Yes. Depends. No.
Here are a few questions about your friends and relatives. First, about how often do you get together with friends or relatives--I mean things like going out together or visiting in each other's homes? Would you say more than once a week, once a week, a few times a month, or less than once a month?	More than once a week, once a week, a few times a month, once a month, less than once a month, never.
Now, think of the friends and relatives you feel free to talk with about your worries and problems or can count on for advice or help--would you say you have many, several, a few, or no such friends or relatives?	Many, several, a few, none.
How often, if ever, have you talked with friends or relatives about your problems when you were worried or asked them for advice or help--very often, often, sometimes, rarely, or never?	Very often, often, sometimes, rarely, never.
Do you feel you have as many friends as you want, or would you like to have more friends?	As many friends as wants. Would like more friends.

TABLE B4 continued

In general, how often do you talk over a big problem in your life with someone you trust? Would you say *often*, *sometimes*, *rarely* or *never*?	Often, sometimes, rarely, never.

APPENDIX C

TABLE C 1. LIST OF TWENTY SYMPTOM ITEMS

Items	Alternatives
1. Do you ever have any trouble getting to sleep or staying asleep?	Nearly all the time. Pretty often. Not very much. Never.
2. Have you ever been bothered by nervousness, feeling fidgety or tense?	Nearly all the time. Pretty often. Not very much. Never.
3. Are you ever troubled by headaches or pains in the head?	Nearly all the time. Pretty often. Not very much. Never.
4. Do you have loss of appetite?	Nearly all the time. Pretty often. Not very much. Never.
5. How often are you bothered by having an upset stomach?	Nearly all the time. Pretty often. Not very much. Never.
6. Do you find it difficult to get up in the morning?	Nearly all the time. Pretty often. Not very much. Never.
7. Has any ill health affected the amount of work you do?	Many times. Sometimes. Hardly ever. Never.
8. Have you ever been bothered by shortness of breath when you were not exercising or working hard?	Many times. Sometimes. Hardly ever. Never.
9. Have you ever been bothered by your heart beating hard?	Many times. Sometimes. Hardly ever. Never.
10. Do you ever drink more than you should?	Many times. Sometimes. Hardly ever. Never.
11. Have you ever had spells of dizziness?	Many times. Sometimes. Hardly ever. Never.
12. Are you ever bothered by nightmares?	Many times. Sometimes. Hardly ever. Never.
13. Do you tend to lose weight when you have something important bothering you?	Many times. Sometimes. Hardly ever. Never.
14. Do your hands ever tremble enough to bother you?	Many times. Sometimes. Hardly ever. Never.

Table C1 continued

15.	Are you troubled by your hands sweating so that you feel damp and clammy?	Many times. Sometimes. Hardly ever. Never.
16.	Have there ever been times when you couldn't take care of things because you just couldn't get going?	Many times. Sometimes. Hardly ever. Never.
17.	Do you feel you are bothered by all sorts of pains and ailments in different parts of your body?	Yes. No.
18.	For the most part, do you feel healthy enough to carry out the things you would like to do?	Yes. No.
19.	Have you ever felt that you were going to have a nervous breakdown?	Yes. No.
20.	Do you have any particular physical or health problem?	Yes. No.

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