

THE UNIVERSITY OF MANITOBA

A STUDY OF THE ASSOCIATION
BETWEEN MENTAL HEALTH
AND SOCIAL INTEGRATION

BEING A THESIS SUBMITTED IN
PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF MASTER OF SOCIAL WORK

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A B S T R A C T

This study was conducted by a group of students in their masters' year at the University of Manitoba School of Social Work. It took place in Winnipeg, Manitoba, between September, 1970 and April, 1971.

The purpose of the study was to determine whether an association exists between mental health and social integration. A questionnaire was designed to measure specific dimensions of social integration and mental health. It was administered individually to a sample of 150 female respondents in a blue collar area of North Winnipeg.

The findings indicated that a relationship does exist between social integration and mental health on most dimensions of both the variables. However, certain limitations in our study lead us to be cautious in our conclusions.

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CHAPTER I

INTRODUCTION

This study is focused on an attempt to find out whether an association exists between social integration and mental health. It was carried out by a group of three students at the Manitoba School of Social Work as part of their requirements for completing an M.S.W. degree.

The study is part of a comparative test of the major hypothesis between southern urban and northern one industry settings. Our hypothesis can be stated as follows: High social integration is associated with high level of mental health.

I Problem Identification:

Studies such as those carried out in social psychiatry¹ have indicated the importance of social integration in the development and maintenance of mental health. Their research has shown that social integration into satisfying interpersonal networks has implications for the mental health of the individual. Mass society theorists² have indicated the importance of secondary associations in facilitating an individual's sense of belongingness and all the psychological concomitants of social interaction. Finally, theorists in ego and developmental

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1. Alexander H. Leighton, People of Cove and Woodlot: Communities from the Viewpoint of Social Psychiatry, Vol. II of the Stirling County Study of Psychiatric Disorder and Socio-Cultural Environment (New York: Basic Books, Inc., 1960), pg. 146.
 2. William Kornhauser, The Politics of Mass Society, (Glencoe, Illinois: The Free Press, 1959), pg. 108.

3,4 psychology point to the individual's need for satisfying social relationships in the development and preservation of mental health. Each individual strives toward a high level of mental health. In this act of striving, he must cope with stresses which arise from social, psychological and biological aspects of life, stresses such as geographic and/or social isolation, enforced idleness, the capricious and unpredictable behaviour of those in authority, and separation from families of origin. (We would suggest that the isolation and separation factors would be more prevalent in Northern communities).

In attempting to cope with stress, the individual may seek emotional support from his family, friends or neighbours, he may seek psychiatric treatment or counselling, he might seek to avoid stress altogether by leaving the community, or where his ties with the community are less stable and continuous, he may participate in voluntary organizations.

We contend that social integration plays a vital role in the development and preservation of mental health. Social integration can occur through a variety of ways - through contact with kin, friends, neighbours and through participation in voluntary associations.

Our hypothesis, empirically stated, is that the extent of contact with kin, friends, neighbours, and participation in voluntary associations is associated with a high measure of mental health. It is further hypothesized that, since the population of Northern communities tend to be transient, and separated from families of origin, participation in voluntary organizations will be a more important means

3. Henry W. Maier, Three Theories of Child Development (New York: Harper & Row, 1965), pg. 24.

4. Sydney L. Pressy and Raymond G. Kahlen, Psychological Development Through the Life Span, (New York: Harper & Bros., 1957), pg. 506.

of social integration in the North than in the South. It is the purpose of this study to determine to what extent the above hypothesis are true.

II Theoretical Background of the Problem:

This section will review the literature that offers support for our hypothesis, i.e. that degree of social integration is associated with level of mental health.

Theorists in developmental and ego psychology feel that the individual needs satisfying relationships for the development and preservation of mental health. Erikson's position⁵ is concisely stated by Henry Maier: "The nature of emotional content, or the quality of interpersonal relationships, determines the core of man's make-up." Pressy⁶ and Kuhlen⁷ state the following:

... There is little doubt that status and the degree of acceptance one has among peers play a fundamental role in the quality of a person's adjustment. Ability to get with people is a prime asset in job success and life effectiveness. In close, warm, secure relationships with other people, individuals and in groups, are to be found many of the most satisfying experiences of life and the major source of psychological security. Losses of such relationships and ties or rejection by others represent some of life's most disturbing and shattering episodes that people of any age encounter.

Jahoda,⁷ in her survey of current concepts of mental health, reduced the prevalent concepts to six criteria. Included within the criteria of "growth, development and self-actualization" were "investment of living, which involves concern with work, others, ideas, etc.,"

5. Henry W. Maier, Three Theories of Child Development, pg. 24.

6. Pressey, Psychological Development Through the Life Span, pg. 506.

7. Marie Jahoda, Current Concepts of Positive Mental Health, (New York: Basic Books, Inc., 1958) pg. 96.

and within the criteria of "environmental mastery" is "the ability to love, adequacy in love, work and play, adequacy in interpersonal relationships." Social interaction, and therefore some degree of social integration is clearly required if a state of mental health is to be attained.

The adequately functioning adult individual, then, will require not only one intense relationship in which basic sexual and emotional needs are fulfilled, but also other relationships of varying degrees of emotional intensity to supplement the one intense relationship and provide added stimulation in order to achieve a greater degree of self-actualization. Some measure of social integration is necessary for this purpose.

Social psychiatry also stresses the importance of social relationships for mental health. Leighton maintains that all human beings exist in a state striving, which plays a part in the maintenance of an essential psychical condition. Interference with this striving leads to the development of psychiatric symptoms. Among the objects one strives for, Leighton includes: sexual satisfaction; the expression and security of love; the securing of recognition; orientation in terms of one's place in society and the place of others; the securing and maintaining of membership in a definite human group. All of these require a measure of social integration.

Mass society theorists such as Kornhauser and Selznick suggest that secondary organizations are important to prevent the development

8. Leighton, People of Cove and Woodlot, pg. 146.

9. Ibid, pg. 148.

10. Kornhauser, The Politics of Mass Society, pg. 108-10.

11. Philip Selznick, "Institutional Vulnerability in Mass Society," in America as a Mass Society, ed by Philip Olson (New York: The Free Press, 1963), pg. 18.

of a large, undifferentiated mass, that they serve as intermediaries between the governing cultural and other elites and the populace, and would provide the populace with a sense of belonging and political efficacy.

Kornhauser relates participation in voluntary organization to the mental health of the individual in this way: "An individual who lacks opportunity for participation in society fails to receive support for a sense of his own worth and therefore finds it more difficult to sustain favourable attitudes toward himself."¹²

Some of the studies that support our hypothesis will follow.¹³

Bradburn et al report that there is a direct relationship between subjective happiness, which he equates with "a sense of well being", and social participation. A positive sense of well-being can be related to several components of mental health, such as a positive self-concept, adequacy in interpersonal relationships, ability to cope with the environmental, and can therefore be considered an indicator of mental health.

¹⁴ Langner, upon examining interpersonal affiliations in the Midtown Manhattan Study, found some evidence of a direct association between frequency of contact with neighbours and friends and participation in voluntary associations, and freedom from psychiatric symptoms.

12. Kornhauser, The Politics of Mass Society, pg. 108.

13. Norman Bradburn and David Caploridz, Reports on Happiness, (Chicago, Aldine Publishing Company, 1965), pg. 46.

14. Thomas S. Langner et. al., Life Stress and Mental Health, Vol. II of The Midtown Manhattan Study (New York: Free Press of Glencoe, 1963), pg. 299.

Insofar as freedom from psychiatric symptoms can be considered an indication of mental health, this association implies that social integration sustains mental health.

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Jaco's study on Social Stress and Mental Illness in the Community states that the inhabitants who have little social interaction are inclined to be downwardly mobile, economically unstable and characterized by disrupted family relationships, which combined, indicate malfunctioning.

III Theoretical Definitions of Terms:

a.) Definition of Mental Health

There is no single, adequate definition of mental health. This is born out by Jahoda's survey of mental health concepts and supported by Clausen and Scott. Since we cannot develop a comprehensive definition of mental health that is applicable to our study, we will limit our discussion to those components that are directly related to the testing of the hypothesis in our study.

Every individual requires the fulfillment of basic human needs in order to function adequately. These basic human needs include biological needs, such as food, clothing and shelter, sexual satisfaction, access to health care; psychological needs, such as a sense of identity, a positive self-concept, ability to cope with environmental stress; social needs such as satisfying and stimulating interpersonal relationships, recognition by others, and a sense of belonging or identification with a human group. Failure to meet these needs is likely to result in impaired life functioning.

15. Gartley Jaco, "Social Stress and Mental Illness," Community Structure and Analysis, ed. Marvin B. Sussman, (New York: Thomas Y. Crowell Co., 1959), pg. 408.

For the purpose of this study, high level of mental health refers to a high level of unimpairment in life functioning. When placed on a continuum, the other extreme would be impairment in life functioning. The indicators of "unimpairment" and "impairment" are the absence or presence of psychophysiological symptoms and feelings of depression and withdrawal.

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Appropriate scales (Langner's 22 item scale and Srole's Anomia scale) were used to measure these indicators of mental health.

It was felt that another dimension of mental health related to mastery (or transcendence) of the environment could be measured through the use of Srole's anomia scale. Anomie refers to "the individual's generalized, pervasive sense of 'self-to-others belongingness' at one extreme compared with 'self-to-others alienation' at the other pole of the continuum."¹⁷

Anomie also refers to a breakdown of the individual's¹⁸ sense of attachment (ie, alienation) to society, and a sense of meaninglessness and powerlessness in relation to society in general. The opposite end of the continuum would be a sense of control and direction over one's life, and a sense of belonging to the larger human group.

b.) Definition of Social Integration

Social integration refers to the inter-weaving of individuals into the fabric of the community. The socially integrated person is one

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16. Thomas S. Langner, "A Twenty-two Item Screening Score of Psychiatric Symptoms Indicating Impairment," The Journal of Health and Human Behaviour, 1962-63, pg. 269-76.
 17. Leo Srole, "Social Integration and Certain Corollaries," American Sociological Review, XXI (December 1956), pg. 711.
 18. Ibid, pg. 712.

who has various links of varying significance to him in many different levels and segments of the community. For the purpose of this study social integration refers to interaction with kin, friends, and neighbours, and membership and participation in voluntary associations.

IV Purpose, Scope and Method of Investigation:

The purpose of our study is to test our hypothesis, that high social integration is associated with high mental health. Although a causal relationship is implied, we are not testing the direction of the causality. It is probable that low social integration or isolation leads to poor mental health, and it is also probable that mental illness results in individuals so afflicted being less well socially integrated. Therefore, this study makes no attempt to determine the direction.

Since our's was a comparative study, we selected in our urban setting a blue collar population that would share some characteristics (type of occupation, education, income, outlook) with the populations of the one industry Northern communities. We limited our sample of 150 respondents to housewives and female heads of households, so that it would be large enough to draw valid conclusions.

Questionnaires were carefully constructed to measure demographic characteristics, the extent of social integration and the degree of mental health. These questionnaires were pre-tested and then administered individually to the 150 respondents.

V Nature of the Findings:

Our results indicate some degree of association between mental health and social integration on certain dimensions of both. Membership

and degree of participation in voluntary organizations seem to be highly correlated with both the Langner and Srole measures, as do the proportions of neighbours visited with. Other indicators of social integration seem to be correlated with one or other, but not both of the mental health scales. It seems that certain demographic characteristics have an influence on the relationship as well. This will be examined in detail in Chapters III and IV.

CHAPTER II

METHOD

I. Operational Definitions of the Variables:

Type of Data and Methodology

This chapter outlines the operational definition of the variables; the type of data which was collected and the method used to collect the data.

a.) Social Intergration (Operational Definition)

The extent of social integration was examined in terms of membership and participation in voluntary associations, and interaction in terms of kin, neighbours, and friends. Social integration was measured in terms of breadth and intensity of social integration. Indicators of the breadth of social integration are the number of kin, friends, and neighbours with whom a respondent is in contact, and the number of voluntary organizations to which he belongs. Indicators of the intensity of social integration are the frequency of contacts with kin, friends and neighbours, and degree of activity within voluntary associations, such as attending meetings, donating funds, or holding official positions.

Voluntary associations denote groups which are private as distinguished from public or government bodies. Membership is the choice of the individual as differentiated from involuntary associations such as family, ethnic background and religious affiliation, although voluntary association can occur within the latter. Voluntary associations are non-profit as opposed to those associations which are formed for making a profit. For example, voluntary associations include such groups as:

recreation and leisure time groups, civic and reform societies, unions,
service clubs, religious and neighbourhood groups.

Kin referred to persons related to the respondent but not living in the same residence as the respondent. Neighbours were defined as anyone living within approximately a two block radius of the respondent's home. A close friend was someone the respondent felt close to, could trust, or could depend on.

Through examining these dimensions of social interaction, the degree of social integration was measured.

b.) Mental Health (Operational Definition)

In operationalizing the mental health measures we were aware that the most effective measure of mental health would be diagnostic interviews but to do this was beyond the scope of our study. As an alternative, it was decided to use a scale that had been validated against diagnostic interviews. The Langner scale was selected for this purpose.

(1) Langner's 22 item scale (1962)

The Langner's 22 item scale provides indicators as to where people approximately lie on a continuum of unimpairment-impairment in life functioning due to very common types of psychiatric symptoms. (See Appendix A for such items). These symptom questions show the degree of impairment of each respondent. The screening scale consists primarily of measurements of psychophysiological state of being and also deals with feelings of depression and withdrawal. The scale was validated in the

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1. W. D. Rossides, Voluntary Participation in Canada, A Comparative Analysis, Department of Sociology, (York University, Toronto, April, 1966), pg. 21.
 2. Langner, "A 22-Item Screening Score of Psychiatric Symptoms Indicating Impairment," pg. 269.

Midtown Manhattan Study (1962-1963). They were selected on the basis of discrimination between known ill and well groups and on their correlation with a psychiatric judgment of impairment of a case summary of which they participated. The items were principally drawn from the Minnesota Multiphasic Personality Inventory (MMPI) and Neuropsychiatric Screening Adjunct (NSA). This 22-item scale was also used in a Montreal Study ("Social and Mental Health Survey Report", 1966).

It is realized that measurement of degree of impairment is not a fully adequate measure of mental health. That is, it does not measure positive mental health, but only the degree of mental ill health. However, it does indicate the degree of malfunctioning of respondents.

(2) Anomia Scale

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Srole's "anomia" scale was also used to test the respondents' mental health. It focuses on the individual's involvement in the community which is conceptualized as one basic need to fulfill satisfactory life functioning.

The Srole anomia scale measures the individual's feelings of powerlessness and alienation as opposed to sense of efficacy and belongingness and includes four elements, namely:

1. the individual's sense that community leaders are detached from and indifferent to his needs.
2. the individual's perception of the social order as unpredictable.
3. the individual's feelings and attitudes of future life goals in relation to the present, as a measure of hopefulness.

3. Ibid.

4. Srole, "Social Integration and Certain Corollaries", pg. 714.

4. the individual's loss of values and social norms expressed in extreme form of meaninglessness of life.

The questionnaire also includes questions regarding whether people discussed personal problems and with whom. The purpose of these questions is to find out how respondents handle stress - whether they seek professional counselling (e.g. medical, psychological, social work, religious) or turn to informal contacts (e.g. friends, kin, neighbours, etc.) within the preceeding six months. This served as a check list as to whether respondents talked about personal problems with professionals, friends and/or relatives to determine how they dealt with stresses in their personal and social life.

II Type of Data:

The type of data gathered was designed to reflect the relationship between mental health and social integration and the influence of demographic factors on the relationship between these variables.

In addition, demographic data was obtained which included age, marital status, educational attainment of respondent and spouse, religion and ethnic origin, geographic mobility, in terms of length of residence in Winnipeg and in present home. Information was obtained as to the composition of the household; number of children over and under 21, number of extended family members or other persons in the home, whether or not the spouse was living in the home.

III Methodology:

A standardized questionnaire was administered to 150 housewives and working women in a predominantly blue collar area of North Winnipeg. The rationale for choosing a blue collar area was to approximate as closely

as possible the socio-economic characteristics of the population in Northern communities where another group of students was conducting a similar study. The Metropolitan Corporation of Greater Winnipeg Planning Division's Area Transportation Study⁵ provided us with a map outlining the predominant occupational status of persons living in various areas of Metropolitan Winnipeg. From this map was chosen the area which was to be studied. The boundaries of the study area approximated the boundaries of the occupational status grouping of the Metro Study.

A random sample of households was selected from the Henderson Directory from the total population of approximately 2,000 households. Their names and addresses were drawn.

The questionnaire used was that designed by a group of students who were making an analogous study in Northern communities. Several sections of the questionnaire were deleted as they had relevance only to the Northern Study.

Prior to administering the test, experience with the questionnaire was obtained by administering it to friends and role playing among ourselves.

The findings of the study will be discussed in subsequent chapters.

5. Metropolitan Corporation of Greater Winnipeg Streets and Transit Division, Streets and Traffic Dept., Area Transport Study, Vol. I, 1966 (refer to appendix, Table I, for map).

CHAPTER III

ANALYSIS OF DATA 1

Chapters III and IV will be concerned with the presentation and analysis of data obtained through the administration of the questionnaire.

The data was analyzed in such a way as to determine whether a relationship exists between social integration and mental health. As well, the influence of demographic characteristics on social integration was measured.

This chapter will deal with methods of analysis, demographic characteristics of the population under study and the influence of demographic characteristics on social integration. Chapter IV will be devoted to a discussion of the relationship between social integration and mental health as indicated by the findings of this study.

1. Methods of Analysis:

The distribution and percentage of responses to each of the questions was found. This was useful in describing the population, as well as for the grouping of responses for the chi-square contingency table.

The chi-square test was used because this study attempts to predict that there is a relationship between MH and social integration, and the chi-square measures the probability that the observed distribution in a sample would be found in other samples drawn from the same population.¹

1. Goldstein, Harris K., Research Standards and Research Methods for Social Workers, The Hauser Press, New Orleans, 1963, pg. 279.

For the purposes of constructing the chi-square tables, the data was grouped to provide a fairly even distribution of responses in each group. Therefore, all the responses to each of the questions in the questionnaire were placed into two, or three groups (see appendix table).

After tabulating the distribution of responses to the questionnaire it was found that for some questions (like number of degrees earned by husband) almost all the respondents gave negative responses, so that for the purposes of analysis, it was relatively meaningless. Therefore, in the analysis, selected questions which did not appear to have relevance to the population interviewed, were deleted.

Chi-square tables were used as a means of predicting a relationship between two variables. Where the relationships were not statistically significant, tables were constructed showing the percent of responses falling into each cell, thereby revealing what tendencies, if any, existed in any particular direction.

Simple correlations were applied to the social integration variables and the mental health variables, to determine the strength of association between them.

2. The Demographic Characteristics of the Population:

In the following discussion, tables showing the population sample distribution for the demographic variables will be presented.

As indicated in Chapter II, the sample was drawn from a population that was considered to be primarily blue collar in type of occupation.

Of this population of 150 female respondents, 116 had husbands living with them. Seventy-three of the husbands were working at jobs classified as blue collar, and 23 at jobs classified as white collar. Twenty

were unemployed. Of the latter category, several were retired, some on Workman's Compensation, etc., while very few were between jobs. Most of those who were capable of holding jobs were employed.

Occupation, Employment and Income.

TABLE 1.

	OCCUPATION OF SPOUSE		
	Management	2	1.3
	Professional and technical	7	4.7
	Clerical	6	4.0
	Sales	8	5.3
	Service & Recreation	13	8.7
	Transportation & communication	11	7.3
	Farmer, Farm worker	1	0.7
	Craftsmen, Production Process & Related Jobs	42	28.0
	Labourers, NES	6	4.0
	Unemployed	20	13.3
	Not Answered	34	22.7

Of the respondents, over half (58%) were full time housewives, about a quarter (17%) worked full time, and 17% part-time. Among those who had personal incomes, 51 earned less than \$2500 per year, only 2 had incomes between 6,000 and 7,499. Most, therefore, worked at poorly paying jobs which did not require much training.

TABLE 2.

RESPONDENTS' OCCUPATION		
Professional & technical	1	0.7
Clerical	13	8.7
Sales	6	4.0
Service & Recreation	25	16.7
Craftsman & Production Process	18	12.0
Housewives, retired, etc.	87	58.0

Most of total family incomes ranged from below \$2,500 to \$10,000, with a concentration (80.9%) in the \$2,500 to \$7,500 bracket. The lower income categories included a number of elderly citizens who were on pensions and a few families receiving social assistance.

TABLE 3.

TOTAL FAMILY INCOME		
Amount	Number of Persons	%
below \$2,500	21	14.0
\$2,500 to 3,999	35	23.3
\$4,000 to 5,999	35	23.3
\$6,000 to 7,499	32	21.3
\$7,500 to 9,999	16	10.7
\$10,000 to 12,499	9	6.0
\$12,500 to 14,999	1	0.7
\$15,000 or over	0	0.0
don't know, can't say	1	0.7

As might be expected from the occupational picture, the respondents and their husbands are not a highly educated group. Of the respondents, about half (52%) completed less than Grade 9, and half (48%) completed Grade 10 or more. Of these, 31% had some commercial or technical training, 14% obtaining certificates and two respondents attended university but did not obtain degrees.

TABLE 4.

Respondents' Years of School		
	No.	%
0 - 9	78	52
10 - 13	72	48

TABLE 5.

RESPONDENTS' POST SECONDARY EDUCATION						
Type of Training	Years					
	0	1	2	3	4	5
Commercial	133	15	1	1	0	0
Technical	136	11	3	0	0	0
University	148	1	1	0	0	0

With regard to spouses, a similar pattern prevails, about half (51%) completing Grade 10 or less and half (49%) completing more than Grade 10. Of the latter, 40 had post-secondary education, mostly of a technical nature, and seven had some university education, four obtaining degrees.

TABLE 6.

Spouses' Years of School		
Grade	No.	%
0 - 8	35	29
9, 10	26	22
11, 12	58	49

TABLE 7.

SPOUSES' POST SECONDARY EDUCATION						
Training	Years					
	0	1	2	3	4	5
Commercial	126	3	2	0	1	3
Technical or Professional	111	9	3	7	3	2
University	128	1	0	2	1	3

AGE:

Less than a third of our sample was under 35; a much higher proportion of the sample were middle-aged or elderly, with 71% thirty-five or over, and 38% over 51. (This factor may have influenced the educational level, since many of our sample and their husbands grew up at a time when education was not readily available).

TABLE 8.

AGE	No.	Percent
under 35	43	29%
36 - 50	57	38%
over 51	50	33%

NATIONALITY:

The population that we studied has a strong Eastern European ethnic flavour. Many immigrants, especially from Russia and Poland settled in this part of the city. Although a number of these people moved to more prosperous regions as their situation has improved, many of the older people of Ukrainian and Polish descent have remained in the neighbourhood, despite its deterioration (particularly in those parts of it backed by downtown slum districts).

Of our sample, 34% were of Ukrainian origin, 18% of Polish origin, with only 29% British or French. The remainder were largely European origin, with no native people represented in our sample.

TABLE 9.

Nationality	Number	Percent
British Isles	24	16.0
Indian & Eskimo	0	0
Metis	0	0
French	13	8.7
Ukrainian	51	34.0
Polish	27	18.0
German	14	9.3
Scandinavian	1	0.7
Other	20	13.3

RELIGION:

It follows from the ethnic composition of our sample that most of our respondents were R.C. (30%), Greek Catholic (16%) or Greek Orthodox (10%). Only 34% were Protestants.

TABLE 10.

Religion	Number	Percent
Protestant	51	34
Roman Catholic	45	30
Greek Orthodox	15	10
Greek Catholic	24	16
Jewish	1	0.7
Other	13	8.7
Not Answered	1	0.7

MARITAL STATUS AND FAMILY COMPOSITION:

Our population sample was characterized by stable family relationships with 72% of our respondents living with their husbands. Only 11.4% were divorced or separated, while 13.3% were widowed and 3.3% never married.

TABLE 11.

Marital Status	Number	Percent
Married	108	72.0
Widowed	20	13.3
Divorced/Separated	17	11.4
Never married	5	3.3

Families tended to be small in size, with relatively few (about 15%) having four or more children living at home. A rather high proportion (36%) had extended family living with them.

TABLE 12.

Percentage of Families with Children or Extended Family in the Home or Children Living away from Home							
	NUMBER						
Family Members	0	1	2	3	4	5	6
No. of children under 21 yrs.	65	34	26	15	16	1	3
No. of children over 21 yrs.	115	20	9	5	1	0	0
No. of extended family members	96	11	42	0	1	0	0
NOT AT HOME							
No. of children living in community	97	29	15	4	2	1	2
No. of children living out of Wpg.	121	22	3	1	2	1	0

Our sample indicated a population with high residential stability. The tables are self-explanatory.

TABLE 13.

LENGTH OF RESIDENCE IN WINNIPEG

Years		
less than 10 yrs.	36	24.1
11 to 20 yrs.	37	24.7
21 to 30 yrs.	27	18.0
over 30 yrs.	50	33.3

TABLE 15.

NUMBER OF TOWNS AND CITIES
LIVED IN DURING PAST 10 YEARS

Number of Towns		
Only this one	107	71.3
Two	27	18.0
Three or more	16	10.7

TABLE 17.

OWNERSHIP OR RENTING OF
PRESENT LIVING ACCOMODATION

Own	93	62.0
Rent (house or suite)	46	32.0
Board, Room, other	9	6.0

TABLE 14.

LENGTH OF RESIDENCE IN HOME

Years		
less than 10 yrs.	85	56.7
more than 10 yrs.	65	43.3

TABLE 16.

FREQUENCY OF CHANGE OF
RESIDENCE WHILE IN CITY

Number of Moves		
Never	11	7.3
Once	32	21.3
Twice	41	27.3
Three times	36	24.0
Four or more	30	20.0

In conclusion, the historical and cultural aspects of this area should be noted, as they had a considerable bearing on the social integration of its inhabitants.

The area under study was settled largely by people of Eastern European background, immigration beginning in the 1920's. This community has deteriorated somewhat, as many of the homes, modest to begin with, have become rundown, and many of the original residents moved away as their circumstances improved. However, there remains a very substantial residue of older citizens of Ukrainian and Polish origin who have strong ties with the community. The predominance of these groups, particularly those of Ukrainian descent, is reflected in the large number of religious and cultural institutions which serve their social needs and give the community a distinct ethnic character. Among these are the Roman and Greek Catholic and Greek Orthodox churches, and Ukrainian and Polish social and charitable organizations.

Our population sample, then, tends to be weighted towards older long-term residents of Ukrainian or Polish racial origin and with Catholic or Greek Orthodox religious affiliations.

Some of the more general demographic characteristics are a relatively stable family life, modest educational achievement, predominantly blue collar employment and low to moderate income. The influence of the above on social integration will now be considered.

3. The Influence of Demographic Characteristics on Social Integration:

Prior to examining the influence of demographic characteristics on social integration, the distribution of respondents in each of the social integration indicators will be briefly examined (see Appendix F for complete

tables). Most people were not involved in voluntary organizations, 60% did not belong to any and 28% belonged to one organization. Only one person belonged to 4 organizations. Very few people were actively participating in voluntary organizations, 84% having total participation scores of less than 7. Our sample was more involved with neighbours, friends and relatives, with most knowing at least a few of their neighbours and many having a considerable amount of contact with them. A large percentage (42%) did not have any friends met through work, but many (32%) had 9 or more friends, with only a few (8) having no friends at all. Many had frequent contact with close friends and relatives, 64% seeing close friends and 58.7% seeing relatives at least once a month. Forty-nine percent visited with neighbours at least once a month. Most people had less frequent contact with people met through work and with friends and relatives not in the city. It appears then, that the most important sources of social integration are friends, relatives, and neighbours, with voluntary organizations and people met through work playing a less important role for this sample.

The relationship between demographic characteristics and the four dimensions of social integration measured in our study is shown in the table in Appendix D. Columns 1 and 2 indicate for each demographic characteristic (rows 1-9) the extent of membership and participation in voluntary organizations, columns 3, 4 and 5 the extent of social integration through contact with neighbours, column 6, 7, 8, 9, 10 and 12 the extent of social integration through contact with friends, and columns 11 and 12 the extent of social integration through contact with kin. The discussion is based on the figures in this table.

1. Occupation: It was found that respondents married to white collar workers definitely tend to be better integrated into the community on all dimensions of social integration than did respondents married to blue collar workers. This would suggest that occupational status has a bearing on social integration.

2. Family Income: Amount of income appears to have significance on all dimensions of social integration except contact with neighbours. This suggests that lack of income has restricting influences on social contacts, and that family income influences social integration.

3. Education: Years of school and vocational training completed by the respondents and years of school completed by their husbands appears to have an effect on social integration, in that range and intensity of social integration was greater for those with more education.

4. Age: The younger respondents (under 35) seemed to be much less well integrated on all dimensions of social integration, than respondents who were middle-aged (36-50) or older. The latter two groups were about equally integrated on most dimensions of social integration, the middle-aged meeting and seeing more friends through work, but the older respondents having more contact with relatives. Unfortunately, the aged, of whom there were quite a few in our sample, were not dealt with as a group in themselves but were included in the 51 and over-age group. Our figures probably do not give a realistic picture of the social integration of the aged (70 and over). However, age appears to have a significant influence on social integration.

5. Nationality: Respondents of Ukrainian national origin are by far the best integrated on almost all dimensions of social integration.

Those of Polish and other origin are slightly better integrated than those of British or French origin. This clearly reflects the dominance of those Ukrainian origin in the ethnic composition of the community in terms of their proximity to one another and their cultural institutions, which facilitate participation in voluntary organizations and provide informal meeting places.

6. Religion: Respondents who are Protestant are definitely the most poorly integrated group, while those who are Roman Catholic, Greek Catholic, Greek Orthodox or other are much better integrated, the Roman Catholic respondents being the best integrated of all.

Again, the dominance of certain ethnic groups and cultural institutions are reflected in the social integration trends. Those of Ukrainian and Polish origin who form the two largest ethnic groups in the community, also share religious affiliations, while groups of national origin and religious affiliations that are under-represented in the community tend to be more isolated.

7. Residential Stability: There is a marked tendency for those who have resided in Winnipeg longer than ten years, for those who have lived in their present home longer than ten years, and for those who own their homes to be much better socially integrated on almost all dimensions of social integration than residents with a less stable residence pattern. Residential stability, then, seems to have a highly significant influence on social integration.

8. Marital Status: This appears to have a significant influence on social integration in that those who were married tended to be better integrated in more dimensions than those who were single, widowed, separated or divorced.

9. Family Composition: About all that could be established with respect to this variable was that those respondents with no young children at home tended to be better socially integrated than those who may have had young families at home. (The categories used on our questionnaire did not give us a comprehensive picture of the composition of the respondent's families, and hence, were relatively meaningless). The presence of extended family in the home tended to have a positive, though not highly significant effect on the extent of social integration.

In conclusion, it is found that the historical and ethnic aspects of the community are clearly reflected in the social integration of the respondents in our sample. Those of Ukrainian origin, Catholic or Greek Orthodox religious affiliations, those who are older, who are long-term residents, own their own homes, tend to be the best integrated into the community. Conversely, those who are British or French, Protestant, who are relatively new to the community, and/or who rent their accommodations are the least well-integrated into the community. In addition, those who had more education, were white collar workers, and had higher incomes were better socially integrated than those who had less education, were blue collar workers and had lower incomes.

CHAPTER IV

ANALYSIS OF DATA II

In this chapter the findings that test the hypothesis of this research project will be analyzed and discussed. This project set out to prove that a relationship exists between mental health and social integration. As mentioned in previous chapters, no single criterion was established as being the major indicator of mental health. Therefore, two scales measuring different dimensions of mental health were chosen, these being the Langner 22-item scale of psycho-physiological symptoms (question 97 in questionnaire) and Srole's anomia scale (questions 98 to 102).

Langner stipulated that the cut-off points for low (meaning poor), medium and high (meaning positive) mental health were as follows:

high - 1 to 4 symptoms

medium - 5 to 7 symptoms

low - 8 or more symptoms

Only those responses indicating an extremely high frequency of a symptom were to be counted as a psychophysiological symptom. Therefore, only persons who were quite impaired had more than a few symptoms revealed on the Langner scale.

The distribution of scores on the Langner scale reveals that most of the respondents had relatively low scores; 58.6% had 4 or fewer symptoms and only 20% had 8 or more symptoms. The mean was 4.67 indicating that the population measured was quite mentally healthy in terms of psycho-physiological symptoms.

In purposes of obtaining a fairly even distribution on the chi-square contingency tables, the categories of high, medium and low mental health were rearranged as follows:

<u>Mental Health</u>	<u>Number of Symptoms</u>	<u>Number of Respondents</u>
High	1 to 3	65
Medium	4 to 6	52
Low	7 or more	33

Because most of the sample had relatively high mental health on the Langner scale, most of the tables comparing both good and poor social integration with mental health reveal that in most cases persons with both good and poor social integration had high mental health. Therefore, it was necessary to examine whether those who were more highly socially integrated were relatively more mentally healthy than those who were poorly socially integrated. The correlation coefficients, as well as the percentage tables provided indicators of this.

The Srole anomia scale measures a different dimension than Langner. The trends on the scores gives a different picture of the population. The possible range of responses was 5 to 20, depending on the degree of agreement with the 5 statements on the questionnaire. Those disagreeing most strongly with the statements were considered to be the most mentally healthy. Most of the scores were between 7 and 14, with only 38 having scores indicating high mental health (ie. low degree of anomia). Most of the sample, then, was in the high-middle range on the anomia scale (mean = 13.13).

The grouping for the chi-square contingency table was as follows:

<u>Mental Health (Srole)</u>	<u>Score</u>	<u>Number of Respondents</u>
High	15-20	57
Medium	13-14	55
Low	1-12	38

It was found that a high level of social integration does not always correspond with high mental health on the Srole scale, but that, of persons who are poorly socially integrated, a uniformly high proportion had low mental health on the Srole scale. This scale measures degree of disillusionment and alienation with life in general. It can be hypothesized that people who have little contact with others will have a greater tendency to have negative feelings about life than will those who have frequent contact with others. Some of the latter may be disillusioned, not because they are socially isolated, but because of their situation in life, or because they are more socially aware and feel somewhat pessimistic about the political and economic situation of the country.

Chi-square contingency tables and simple correlations were calculated to determine whether a relationship existed between any of the social integration variables and the mental health variables. Where correlations were not significant, tables showing the percentage of persons of high and low social integration in each of the mental health categories were calculated (see Appendix E).

The relationship of each of the mental health measures with each of the social integration variables will be discussed, and attempts will be made to determine the reason for certain trends and relationships and to determine whether or not they support the hypothesis. There will also be a discussion of what other factors may have influenced the relationship between mental health and social integration.

There was a high correlation between mental health and proportion of neighbours known by name, indicating that the higher the proportion of

neighbours known, the higher the mental health. The same trend is also indicated where a high number of neighbours visited with is related to mental health. It was found that persons who know most of their neighbours and visited with many of them were older, had lived in their homes for a long time, and were Ukrainian or Polish. Because they were established members of a dominant ethnic group in the neighbourhood and felt that they belonged, it can be hypothesized that they tend to be more mentally healthy than those knowing and visiting with relatively fewer of their neighbours.

It should be noted that the correlation on the Srole mental health scale is much stronger than on the Langner scale with regard to proportion of neighbours known by name and numbers visited with. It may be that, the presence of pathological symptoms (Langner) does not preclude a positive and optimistic attitude toward society and life in general. A positive attitude may be supported by integration into the community.

A trend that supported the hypothesis was found in relating number of friends in the neighbourhood to mental health, a higher proportion of persons with several friends in the neighbourhood had high mental health than those with only one or no friends. It was found that a high proportions of persons who have frequent social contact with neighbours, friends, and relatives had low mental health on the Langner scale of mental health, than those in the middle range of frequency of contact. It was also found that a high percentage of persons who stated they had a large number of close friends in the community had low mental health on the Langner scale, compared with those with several friends (4 to 8) of whom a high proportion had high mental health.

TABLE 18.

Percentage of Persons in Various Levels of Social Integration
in Relation to Mental Health on the SROLE and LANGNER Scales.

SOCIAL INTEGRATION	LANGNER				SROLE		
	Hi	Med.	Low		Hi	Med.	Low
<u>Number of Friends in Winnipeg:</u> a) 0-3	42	34	24		16	42	42
b) 4-8	47	34	19		23.5	39	37.5
c) 9 or more	39	35	26		35	30	35
<u>Frequency of contact with Neighbours:</u>							
a) twice a month or more	49	29	21		30	32	38
b) once a month or less	48	52	9		25	41	34
c) never	37	29	34		20	39	41
<u>Frequency of contact with Close Friends:</u>							
a) once a week or more	29	42	29		34	32	34
b) once or twice a month	49	34	17		26	37	37
c) a few times a year or less	47	31	22		20	39	41
<u>Frequency of contact with Relatives:</u>							
a) twice a month or more	37	36	27		39	29	32
b) less than once a month	49	33	18		14	43	43

The Srole measure of mental health supports his finding only with regard to frequency of contact with neighbours. Where a higher proportion of those in the middle range of frequency had high mental health; but a larger proportion of those with no contact have low mental health.

TABLE 19.

Correlation Coefficient Between
Mental Health and Social Integration

SOCIAL INTEGRATION VARIABLES	LANGNER		SROLE	
	Coefficient of Correlation	Level of Significance	Coefficient of Correlation	Level of Significance
Proportion of Neighbours Known by Name	0.184	0.05	0.296	0.01
Number of Neighbours Visited With	0.118	-	0.194	0.05
Number of Friends in Neighbourhood	0.101	-	0.143	Close to 0.05
Number of Friends Met Through Work	0.045	-	0.053	-
Number of Friends in Winnipeg	0.028	-	0.133	Close to 0.05
Frequency of Contact with Neighbours	0.103	-	0.092	-
Frequency of Contact with People not Through Work	0.072	-	0.126	-
Frequency of Contact with Close Friends	0.013	-	0.036	-
Frequency of Contact with Relatives	0.01	-	0.248	0.01
Frequency of Contact with Friends and Relatives not in the City	0.215	0.01	0.040	-
Number of Organizations Belonged To	0.149	Close to 0.05	0.221	0.01
Total Participation Score	0.125	Close to 0.05	0.220	0.01
Srole Mental Health Measure	0.204	0.01	-	-

Correlation of 0.158 significant at 0.05 level of error

" " 0.208 " " 0.01 " " "

On the other indicators of social integration (contact with friends and relatives and number of friends in the city) the tendency is for those in the high categories of social integration to have high mental health. (The correlation for frequency of contact with relatives is 0.249, significant at 0.01, and for number of friends in the city is 0.133, significant at close to 0.05).

These findings seem to indicate that the absence of pathological symptoms is not necessarily related to a high level of social integration, as measured by high frequency of contact with many people. A high level of mental health is related to periodic contact with relatives, neighbours and a few close friends. There may be an optimum level of social contact with significant others, where satisfying and stimulating relationships are associated with an absence of psychological impairment. There may be a point at which those who have very frequent contact with relatives, neighbours and/or many friends do not have satisfying, stimulating and, therefore meaningful relations with others. That is, these persons may not be highly socially integrated in the sense of having meaningful social relations with others, but may be like David Riesman's "other-directed man" who has an insatiable need for social approval, and is capable of a rapid, if superficial, intimacy and response to everyone.¹ This then, is associated with a low level of mental health, that is, the existence of pathological symptoms. It cannot be determined whether the existence of pathological symptoms results in this type of social behaviour, or whether the opposite causal relationship occurs. This is not within the scope of this study.

1. David Riesman, The Lonely Crowd, Garden City, New York: Doubleday Anchor Books, 1956, pg. 38-41.

The Srole measure of mental health, on the other hand, indicates that those with frequent social contacts tend to be more mentally healthy in terms of anomie than those with infrequent contacts. Those with frequent contacts are less likely to feel alienated and disillusioned with society. Many contacts with others in the community do provide meaningful and stimulating relationships which seem to be related to feelings of optimism and efficacy in society. If those with high frequency of contact are of the "other -directed" type, it could be said that they may have a superficially positive outlook on life as well.

In summary then, very frequent social contacts are not related to the absence of impairment in life functioning, but are related to feelings of optimism and control over one's life in general.

There is no significant association between mental health and number of friends met through respondent's or spouse's work. However, there is a correlation of close to 0.05% significance between the Srole Mental Health Scale and frequency of contact with people met through work. The more frequent the contact, the more mentally healthy is the respondent, according to the Srole scale. Again, it appears that absence of pathological symptoms is not associated with high level of social integration, although there is a tendency for those with more frequent contact with people met through work to have high mental health in terms of the Srole Anomia scale.

Those who have frequent contact with friends and relatives outside the city tend to be more mentally healthy than those with infrequent contact. There is a significant correlation of this variable with Langner's mental health scale: the more frequent the contact, the more mentally healthy is the respondent. Srole's anomia scale does not appear to be significant here. It could be said contact with relatives and friends outside the city

is a strong indicator of integration into one's family and friendship network.

There is a high correlation (significant at less than 0.01) between number of organizations belonged to and Srole's mental health scale. A less significant (close to 0.05) correlation exists between this variable and Langner's mental health scale. The same relationship exists for total participation score (which indicates amount of participation in voluntary organizations) and both mental health scales. They all indicate that the higher the number of organizations belonged to, and the greater the degree of participation in them, the more mentally healthy was the respondent. This could be accounted for in several ways; firstly, voluntary organizations would be a means for persons to have a meaningful role in society. Mass society theorists believe that membership and participation in secondary organizations provides an intermediary between the individual and the mass society, providing him with a sense of belonging and political efficacy. Also, membership and participation in voluntary associations provides a sense of identification with the human group, resulting in a sense of belonging.² Membership and participation, then, is associated with a high level of unimpairment in life functioning (Langner) and with feelings of optimum and efficacy (Srole), that is, high mental health.

Or, as was the observation of the researchers, those persons who appeared to be the most mentally healthy were also very highly socially integrated in every way, including membership and participation in voluntary associations.³ This seemed for some persons a way of 'self-actualizing'.

2. Kornhauser, William, The Politics of Mass Society, Glencoe, Illinois: The Free Press, 1959.

3. Ibid.

in terms of social integration. Membership and participation in voluntary associations seemed to be complementary to high social integration in other areas of functioning.

The last chapter discussed the influence of demographic factors on social integration. The purpose of this was to determine if there were any characteristics of the population studied that would affect the relationship between mental health and social integration. A brief examination will be made here of the influence of demographic characteristics on social integration, and on mental health, and the possible influences these could have had on the relationship between mental health and social integration.

It was found in the last chapter that high social integration is associated with age; that is, older people are more socially integrated than younger people. In examining the relationship between age and mental health, it was found that young people tend to be more mentally healthy. This would indicate that social integration affects the various age groups differently. To determine the association between mental health and social integration within the various age groups would necessitate controlling for age in testing for relationships. This was not done as it was beyond the scope of this study.

TABLE 20.

Percentage of Persons of Various Ages
Having High, Medium and Low Mental Health

AGE:	LANGNER			SROLE		
	High	Medium	Low	High	Medium	Low
under 35	51	35	14	42	23	35
36 to 50	40	34	26	23	35	42
over 51	40	36	24	30	34	36

Married people tended to be more socially integrated and more mentally healthy than divorced, widowed or single persons. Presence of children or other family members in the home, in the community or outside the community did not seem to affect mental health, although those without young children in the home were more socially integrated.

Roman Catholics tended to be more mentally healthy than other religious groups, and Ukrainians were more mentally healthy than other nationality groups. Persons with these characteristics were also more highly socially integrated than other groups.

Those who had lived in Winnipeg from 10 to 30 years were more mentally healthy than those who had lived there longer than 30 years or less than 10 years. Those who were most socially integrated had lived in the city the longest. In general, both high social integration and high mental health are associated with residential stability (ie. living in the same city, in the same home that one owns).

Although high education, white collar occupation of spouse, and high family income are associated with a high level of social integration, there is only a slight tendency for those with higher education to be more mentally healthy, and no real indications for the others that they are associated with mental health.

These findings seem to indicate firstly, that age may be an intervening variable between mental health and social integration. The other findings seem to indicate that the same characteristics are typical of social integration and mental health. Controlling the various demographic characteristics would indicate the degree to which they are significant in influencing the relationship of social integration to mental health.

The questions regarding whether respondents talked about problems and with whom, were not significantly related to mental health. It appears that alleviation of stress through talking to someone about problems is not associated with high mental health.

TABLE 21.

Percentage of Persons who Talked to Someone About Problems
Having High, Medium and Low Mental Health

ITEM	LANGNER			SROLE		
	High	Medium	Low	High	Medium	Low
Talked to someone: a) yes	33	38	29	26	34	40
about problems b) no	8	27	65	24	43	33
Talked to a doctor:						
a) yes	24	46	30	20	30	50
b) no	53	29	18	28	40	32
Talked to a close a) yes	36	39	25	36	34	30
friend: b) no	52	28	20	40	40	20
Talked to a rela- a) yes	33	43	24	35	40	25
tive: b) no	58	22	20	42	31	27

The hypothesis of this study was: high social integration is associated with a high level of mental health. The findings as presented in the preceeding pages indicate that a high level of mental health is related to high social integration with regard to neighbourhood activities (proportion of neighbours known by name, number of neighbours visited with, and number of friends in the neighbourhood) and with regard to frequency of contact with people met through work. High mental health is also associated with high membership and participation in voluntary organizations. In these areas, then, the hypothesis was proved to be correct.

High social integration, as measured by high frequency of contact with friends, relatives and neighbours and a high number of close friends, was not lineally associated with a high level of mental health as measured by the Langner scale. A high proportion of the most mentally healthy were in the middle range of social integration on these variables. This could indicate that a high level of social integration is not measured by high frequency of contact with many people. It could be associated with highly superficial associations which do not fulfill any basic needs for meaningful and satisfying social relationships, whereas a moderate amount of interaction with others, including a few close friends could indicate a higher level of social integration in terms of meaningful relationships.

The Srole mental health measure, however, indicated a positive association between high social integration and high mental health. Frequency of social contact with others is associated with a low level of anomie.

Although the Srole and Langner measures of mental health were highly correlated (significant at the 0.01 level), they did measure different dimensions of mental health, and it was possible for respondents to have poor mental health on one dimension and high mental health on the other, and to be highly socially integrated.

Other factors, such as age, may have negatively influenced the relationship between mental health and social integration but other demographic characteristics (marital status, geographic stability, religion, nationality) indicate that certain factors are related to high social integration and to high mental health. These factors may have some influence

on the relationship between mental health and social integration, but only further analysis could shed light on the degree of influence.

In conclusion, these findings indicate that mental health and social integration are associated, but the findings are not completely conclusive.

CHAPTER V

CONCLUSIONS

This chapter will include a brief summary of our study, an evaluation of methods and findings, and recommendations.

1. Summary:

On the basis of earlier studies that seemed to show a relationship between satisfying interpersonal relationships and participation in voluntary organizations with mental health, we formulated the following hypothesis: A high degree of social integration is associated with a high level of mental health. The purpose of this study was to test that hypothesis.

Social integration was defined as the intervening of an individual into the social fabric of the community. It was measured in terms of breadth and intensity of social interaction with reference to four dimensions of social integration - degree of involvement in voluntary organizations, and interaction with kin, friends and relatives.

Mental health was defined as the meeting of basic physical, psychological and social needs. Two dimensions of mental health, degree of unimpairment in life functioning (as apposed to impairment in life functioning) and degree of optimism and sense of belonging (as opposed to feelings of distrust and detachment) were measured. We recognized that these were not fully adequate measures of mental health as they measured only certain aspects of it.

The demographic characteristics of the population sample were described so that their influence on our findings might be taken into account.

A questionnaire was designed to collect data on the above factors, and was administered to 150 female respondents in a blue collar area of North Winnipeg.

Our findings as related to the hypothesis indicated that there was an association between high social integration and high mental health with regard to interaction with neighbours, membership and participation in voluntary organizations, frequency of contact with people met through work and frequency of contact with friends and relatives outside the city. Some indicators of social integration (namely, number of friends in Winnipeg, frequency of contact with friends, neighbours and relatives) revealed an association between moderate frequency of contact and high mental health on the Langner Scale, indicating that perhaps high social integration is not measured by high frequency of contact with many people. The results on the Srole scale with these social integration variables showed a positive association between high social integration and high mental health.

Certain demographic factors which influenced social integration were found to be characteristic of those having high mental health. Whether or not they influenced the relationship between mental health and social integration was not determined, but may have lent support to our hypothesis.

Although the trends were not strong in all cases, there was a definite tendency for our findings to support the hypothesis.

Our sub-hypothesis, that voluntary organizations would be a major means of social integration in the Northern more isolated communities, as opposed to greater reliance on friends, relatives and neighbours in a Southern urban setting was also born out by the results of the two studies (the Northern one and ours).

EVALUATION:

While this study has not been repeated it is felt that the method is, in general, reliable. The questionnaire sought objective data, and efforts were made to standardize the administration of the questionnaire. The analysis of the data would be repeatable, and thus could be verified by an independent source.

The validity of the study could be questioned in terms of the grouping of the responses to some questions for the purpose of having adequately sized distributions in each of the cells of the chi-square contingency tables. Because the sample was small, the distribution of responses was such that only a few responses indicated the extremes on mental health and social integration. These extremes were grouped with some of the indicators of moderate strength. Therefore, it was difficult to isolate the relationships between extremely poor social integration and extremely low mental health, and the relationship between the high extremes.

In the questionnaire, some of the questions gave unclear information for the purposes of this study. The questions regarding number of children at home, and away from home are separate, thereby not indicating total family size or composition, but piece-meal information as to how many children fitted into each category. As indicated before, the age categories ended at 51 years of age. The sample in this study was composed of many people who were over 51, ranging up to 91 years of age. The age differences could have a significant bearing on social integration and mental health.

A basic assumption in the measurement of social integration was that the intensity and quality of social interaction could be measured by frequency of contact, or number of friends and neighbours. Although it can

be said that satisfying and meaningful social interaction would be frequently pursued, it can also be said that some form of social interaction, such as frequent contact with relatives, can be quite stressful. The same can be said of frequent contact with 'close' friends, where the relationships may not be satisfying and meaningful, but only the fulfillment of social obligation. Furthermore, some highly frequent contact (with many people) may denote superficial relationships rather than true social integration; that is, meaningful and satisfying social relationships. The amount of satisfaction derived from high social integration was not measured, and could have been useful in relating social integration to mental health. Our study may not have measured what it set out to measure, that is, satisfying and meaningful social relationships through contacts with various segments of society.

While social integration was measured on several dimensions, a measure of total social integration was not obtained. That is, the sum total of all social interaction, which would have indicated to what extent each respondent was socially integrated on all dimensions. This would have provided a balanced picture, as many people were highly socially integrated on some dimensions, but less on others.

Since the questionnaire used was designed for northern, more isolated communities, it had a slightly different focus than would have been desirable for our study. Certain aspects of social integration relevant to our study were somewhat neglected. The main area was contact with relatives, which was assumed to be minimal in the Northern communities, but which was a vital part of the social life of many of our respondents. The importance of this contact was not reflected in the results of our study.

Of the four dimensions of social integration, it was sometimes difficult to distinguish which was most meaningful, as they tended to overlap. That is, they were not clearly differentiated. For instance, "number of friends in the neighbourhood" could be included in "number of friends in Winnipeg," thus making it difficult to determine through what dimension social integration was most significant.

As was pointed out in the first chapters of the study, there is no single, adequate measure of mental health. Therapeutic interviews would probably provide a more complete picture of an individuals' mental health, but this was beyond the scope of our study. Therefore, two sets of questions measuring two dimensions of mental health were chosen. The Langner 22-item screening scale measures degree of impairment in psychological functioning on the basis of psychophysiological symptoms. This scale measures only degree of impairment, the assumption being that lack of impairment denotes positive mental health. This scale also did not furnish a completely honest picture of respondents' degree of impairment, as many people understood the underlying purpose of the questions, and responded in a more positive manner than they appeared to feel. Although it was validated against therapeutic interviews, it is the opinion of the writers that it does not provide a completely accurate picture of the mental health - mental illness continuum.

From their observations during the administration of the questionnaire, the writers felt that the responses to the Srole anomie scale tended to reflect more honestly the feelings of the respondents, then the responses to the Langner scale, and hence, was a more reliable measure of mental health. The construction of the Srole scale allowed for measurement of a continuum from a high degree of anomie to a high degree of optimism and belongingness.

In spite of these limitations, it was felt that the purpose of the study was accomplished. That a relationship exists between mental health and social integration was established. Therefore, it is felt to be a valid study, and to have universal applicability and is not confined to the particular setting to which it was applied. The results should be similar if applied elsewhere.

RECOMMENDATIONS:

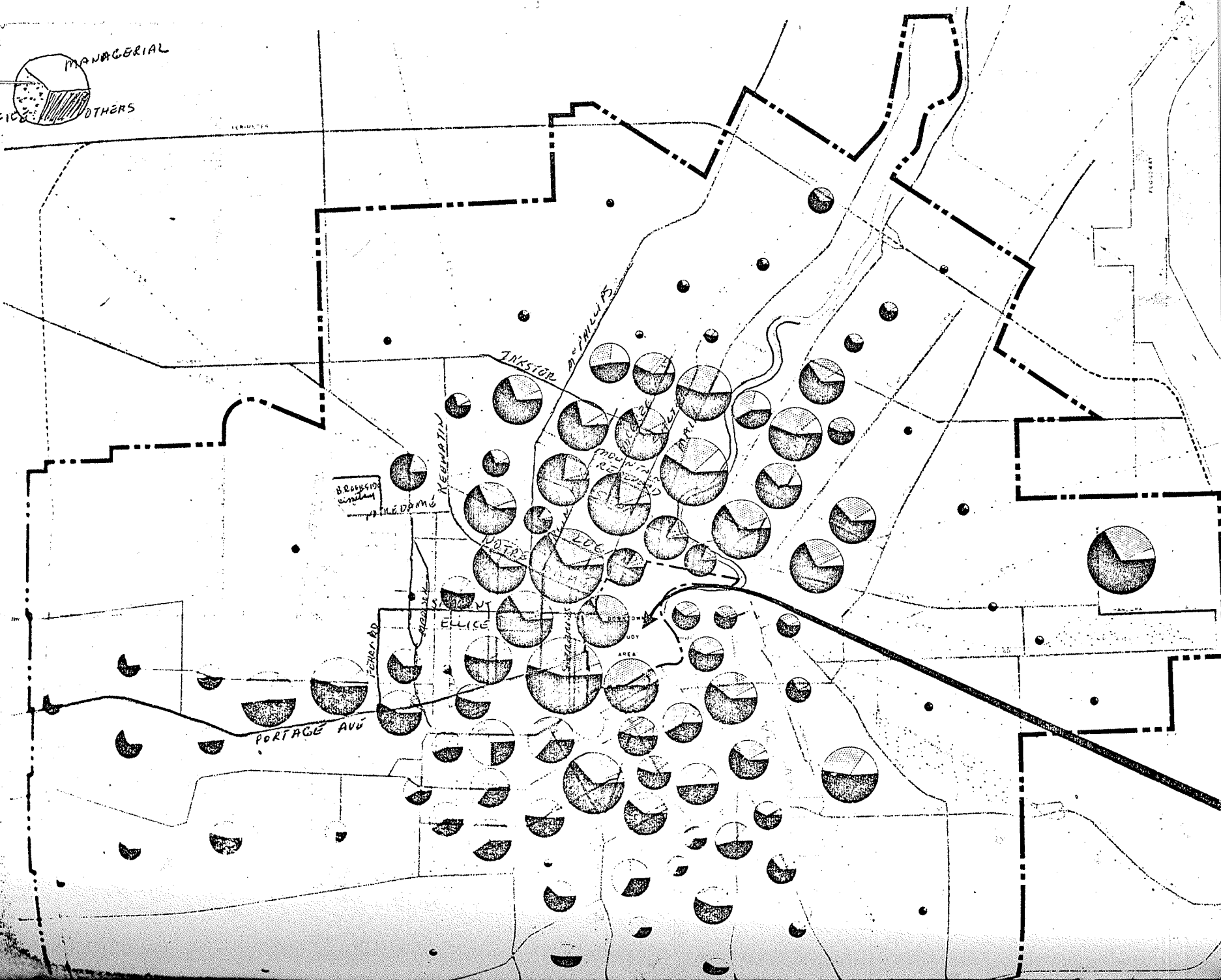
If further study is undertaken in this area, we would recommend that steps be taken to establish which dimensions of social integration would be the most important in influencing mental health. The validity of a study would be increased by measuring the quality of social interaction through a more precise measure than frequency of contact. Also, the exploration of a more adequate measure of mental health could be undertaken, as some authorities question the assumption that absence of psychophysiological symptoms denotes mental health.

OCCUPATION OF RESIDENTS

By combining information received from the employment questionnaires, the home interview survey, and certain publications of the Dominion Bureau of Statistics, it was possible to group the occupation of metropolitan area employees at their place of residence into three general occupational categories. The occupation of each employee was classified into two general groups, namely the managerial and office group or the unskilled and skilled labor and trade group. The combined managerial and office categories generally comprise what is often referred to as the "white collar" portion of the labor force. The unskilled and skilled labor and trade group category effectively represents the "blue collar" portion of the labor force. For simplicity this latter category is termed "other" in the illustration on the opposite page.

The compilation of these statistics revealed that for the study area as a whole, 9 percent of the "patterned" employees could be classified as managers, 31 percent as office workers and 60 percent as "other".

The distribution of these three groupings of employees throughout the metropolitan area by their traffic zone of residence is shown in plate number 11. A large proportion of the residents of the south-west, south, and south-east sections of Metropolitan Winnipeg are managers and office workers. The Downtown Study Area, the fringe areas west and north of the downtown area, and in particular the north Winnipeg area are primarily occupied by "other" or "blue collar" employees.



Winnipeg Area Transportation Study

Vol. One Base Conditions

Feb. 1966

Pub. The Metropolitan Corporation
of Greater Winnipeg
Streets and Transit Division
Streets and Traffic Department

THE CENTRE FOR SETTLEMENT STUDIES
AND
THE SCHOOL OF SOCIAL WORK

Name: _____ Code: _____
Address: _____ Code: _____
Date of interview: _____
Interviewer: _____

RECORD OF UNSUCCESSFUL CALLS

Date/Time	Reason	Next Step

We would like to begin with some questions about yourself and your family. These will enable us to get a better picture of the people we are talking to. All these questions will be used for statistical purposes only. There is no way that anyone can be personally identified.

1. Age of respondent

1. Under 21
2. 21-25
3. 26-30
4. 31-35
5. 36-40
6. 41-45
7. 46-50
8. 51 and over

2. Sex of respondent

1. male
2. female

3. Marital status of respondent

1. married and live with spouse
2. spouse deceased
3. divorced/separated
4. never married
5. other

4. Which family members are living here at home?

husband 1. yes 2. no

wife 1. yes 2. no

children under 21 0 1 2 3 4 5 6 or more

children over 21 0 1 2 3 4 5 6 or more

other 1. yes 2. no

if yes, specify _____

5. Are there others living here at home who are not members of the family?

1. yes

2. no

6. Do any of your children live in the community but not at home?

1. yes

2. no

7. If yes, how many?

1 2 3 4 5 6 or more

8. Do any of your children live outside _____ permanently?

1. yes

2. no

9. If yes, how many?

1 2 3 4 5 6 or more

10. Religious preference:

1. Protestant
2. Roman Catholic
3. ~~Greek~~ Orthodox
4. Greek Catholic
5. Jewish

6. Other, please specify _____

11. To what nationality group does your father or his father belong?

(List country of origin but if Canadian, establish whether English Canadian, French Canadian, Indian, Metis, or other)

12. If father is Indian:

1. Treaty
2. Non-treaty

13. How long have you lived here in _____?

1. less than 6 months
2. 6 months to 1 year
- *3. between 1 and 2 years
- *4. between 3 and 5 years
- *5. between 6 and 10 years
- *6. over 10 years - please specify how many _____

*code to the closest half year, i.e. $2\frac{1}{2}$ years = 3 years, $5\frac{1}{2}$ years = 6 years

14. How long have you lived in this residence?

1. less than 6 months
2. 6 months to 1 year
- *3. between 1 and 2 years
- *4. between 3 and 5 years
- *5. between 6 and 10 years
- *6. over 10 years

*Code to the closest $\frac{1}{2}$ year

15. In the past ten years, in how many different towns or cities have you lived?

1. only this one
2. two
3. three
4. four
5. five or more

16. While you have been living in _____, how often have you (and

Mr. or Mrs. _____) changed your residence?

1. never
2. once
3. twice
4. three times
5. four times
6. five or more times

7. Do you own or rent where you are now living?

1. owns

2. rents house or suite

3. rents -- room and board

4. other, explain _____

8. What is the last grade of school which you completed?

1 2 3 4 5 6 7 8 9 10 11 12

9. If you have had any education or formal training after high school,

specify which _____

10. No. of years

1 2 3 4 5 or more

11. Degrees or certificates earned? _____

12. (If married) What is the last grade of school which your (husband)

(wife) completed?

1 2 3 4 5 6 7 8 9 10 11 12

13. If your (husband) (wife) has had any education or formal training

after high school, specify which _____

14. No. of years

1 2 3 4 5 or more

15. Degrees or certificates earned? _____

(Ask 26-30 about self. Ask questions 32-37 about spouse)

16. What is your occupation (Get as complete a description as possible)?

27. If not employed, state which

1. unemployed but seeking work
2. unemployed but not seeking work
3. permanently retired
4. other

(Go to question 32)

28. If employed, is this occupation

1. full time OR
2. part time

29. Do you work for yourself or for someone else?

1. for self
2. for someone else
3. both

30. In what kind of business or enterprise are you working? (Grocery store, bank, mining company, etc.)

31. Could you place your yearly earnings (before taxes) in one of these categories?

1. below \$2500 (USE SCALE CARD)
2. \$2500-3999
3. \$4000-5999
4. \$600-7499
5. \$7500-9999
6. \$10,000-12,499
7. \$12,500-14,999
8. \$15,000 or more
9. don't know, can't say

32. What is your spouse's occupation (Get as complete a description as possible)

33. If not employed, state which:

1. unemployed but seeking work
2. unemployed but not seeking work
3. permanently retired
4. other

(Go to question 38)

34. If employed, is this occupation:

1. full time OR
2. part time

35. Does your spouse work for (himself) (herself) or for someone else?

1. for self
2. for someone else
3. both

36. In what kind of business or enterprise is your spouse working (grocery store, bank, office of manufacturing company, etc.)

37. Could you place your spouse's income last year in one of these categories?

1. below \$2500
2. \$2500-3999
3. \$4000-5999
4. \$6000-7499
5. \$7500-9999
6. 10,000-12,499
7. \$12,500-14,999
8. \$15,000 or over
9. don't know, can't say.

38. Now could you place your totle family income (before taxes) in one of these same categories? (ASK OF ALL)

1. (USE SCALE CARD)

2.

3.

4.

5.

6.

7.

8.

9.

Thank you for your cooperation so far. What we want to do now is to ask you a set of questions about what you do, how you think about certain things, and how you feel about certain issues.

For the following questions could you kindly choose your answer from one of the choices on this card:

1. strongly agree
2. agree
3. don't know
4. disagree
5. strongly disagree

39. a) If the town council was considering a law that I didn't like, I think I would be able to do something about it.
1 2 3 4 5
- b) If I did make an effort to change this law, I would likely succeed.
1 2 3 4 5
- c) If such a case arose, I would actually try to do something.
1 2 3 4 5
40. If the Manitoba government was considering a law that I didn't like, I think I would be able to do something about it?
1 2 3 4 5
- b) If I did make an effort to change this law, I would likely succeed.
1 2 3 4 5
- c) If such a case arose, I would actually try to do something.
1 2 3 4 5

41. a) If the Canadian Parliament was considering a law that I didn't like,
I think I would be able to do something about it.

1 2 3 4 5

- b) If I did make an effort to change this law, I would likely succeed.

1 2 3 4 5

- c) If such a case arose, I would actually try to do something.

1 2 3 4 5

42. Have you ever done anything or been part of any attempt to influence an
action of:

a) the town council 1. yes 2. no

b) the Manitoba Legislature 1. yes 2. no

c) the Canadian Parliament 1. yes 2. no

43. Suppose you were trying to influence a local decision, what is that you
think you might do? (Record free response and probe)

Many persons generally have different feelings about the relationship between the government and the people. We would like you to think about how this is for a person like yourself, and then to tell me from this card how you yourself feel about the following statements. (SHOW SCALE CARD)

1. strongly agree
2. agree
3. don't know
4. disagree
5. strongly disagree

44. People like me don't have any say in what the government does.

1 2 3 4 5

45. Voting is the only way that people like me can have any say about how the government runs things.

1 2 3 4 5

46. Sometimes politics and government seem so complicated that a person like me can't really understand what is going on.

1 2 3 4 5

47. I don't think public officials care much about what people like me think.

1 2 3 4 5

48. If you get enough people together on an issue, the government has to listen to you.

1 2 3 4 5

49. I am the sort of person who likes to get involved in committees or activities that will make the community a better place in which to live.

1 2 3 4 5

50. The individual ought to be active in decisions made about the community.

1 2 3 4 5

51. People should only bother themselves with community problems that affect them personally.

1 2 3 4 5

52. The main responsibility for keeping the community clean is up to the officials of the city.

1 2 3 4 5

53. Community improvements are fine if they don't increase taxes.

1 2 3 4 5

54. Government officials should get public opinion before acting on major municipal projects.

1 2 3 4 5

55. A good citizen should be willing to assume leadership in a community improvement organization.

1 2 3 4 5

56. Community improvement should be the concern of only a few leaders in the community.

1 2 3 4 5

57. A good citizen should sign petitions for community improvement if he agrees.

1 2 3 4 5

58. A good many local elections are not important enough to bother with.

1 2 3 4 5

59. The community would be better if more people would spend time on community improvement projects.

1 2 3 4 5

50. Now I want to know about organizations in which you were a member during the past year. By organizations, I mean trade unions or labour unions, business organizations, professional or farm organizations, cooperatives, fraternal or veterans groups, athletic clubs, political, charitable, or civic organizations, church organizations, or any other organization or group.

Were you a member of such an organization in the past year?

1. yes*

2. no

(*If yes, ask for information in following table:)

	Name of organization	Local or National Member	Attendance (yes or no)	Financial Contributions (yes or no)	Member of committees (yes or no)	Offices held (yes or no)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Totals:						

Refer back to table and code as follows:

for yes - circle a b or c

for no - do not circle a, b, or c

for don't know - place ? over a, b, or c

a) Does (Name specific organization or club) ever discuss public issues?

By public issues, we mean those issues that people generally would be concerned about, like a government action, a community problem, or anything that would concern a large group of people outside the organization.

b) Does (specific organization or club) ever take a stand on public issues?

c) Does (specific organization or club) ever try to influence government actions?

Are you as active in organizations in this community as you want to be?

1. yes

2. no

Are there organizations you would like to belong to that are not in this community?

1. yes*

2. no

If yes, which organizations (name specifically)?

In thinking back over your life, here in _____, are you now:

1. more active in community organizations than you have been in the past,

2. less active, OR

3. just about as active as you have ever been.

66. Do you consider yourself a supporter of a particular political party?

1. yes

2. no

67. Do you have a membership in a party?

1. yes

2. no

68. Have you ever been active in a political campaign?

1. yes

2. no

Now we would like to get a more precise summary of your activities here in

69. Financial Support

Did you, in the past year:

a) Contribute money to any local charities?

1. yes

0. no

b) Contribute money to a church?

1. yes

0. no

c) Contribute money for any other charitable purposes?

1. yes

0. no

General activity

Did you in the past year:

d) Serve on any voluntary boards or commissions responsible for community programs?

1. yes

0. no

e) Serve on any committee working to improve community life?

1. yes

0. no

f) Assume leadership of any community action program?

1. yes

0. no

Community Issues and Problems

Did you, in the past year:

g) Try to learn more about community issues and problems?

1. yes

0. no

h) Often discuss community problems with more than one person?

1. yes

0. no

i) Attempt to persuade others to take a particular position?

1. yes

0. no

j) Get advice from others on community issues and problems?

1. yes

0. no

k) Speak to key leaders about community problems?

1. yes

0. no

l) Visit community organizations or board meetings to inform yourself?

1. yes

0. no

m) Write letters, or circulate literature or hold home meetings?

1. yes

0. no

Group Action

Did you, in the past year:

n) Belong to one or more organizations that takes stands on community issues and problems?

1. yes

0. no

o) Belong to any organization that makes visits to or invites visits from community officials to your organization?

1. yes

0. no

(Interviewer: Tally up total score out of 15:_____)

Community Integration

We would now like to ask you some questions about you and your friends and neighbours. We would define a neighbour as anyone who lives within, let's say, two blocks of where you live.

70. What proportion of your neighbours do you know by name?

1. all

5. just one

(Scale Card)

2. most

6. none

3. some

4. a few

71. How many of your neighbours do you visit with?

1 2 3 4 5 or more, 0

72. For the purposes of our study, we define a close friend as "a person you can tell how you really feel, a person you can depend on, a person you feel close to." Altogether, about how many close friends do you have within this neighbourhood (say within two blocks)?

1 2 3 4 5 or more, 0

73. How many of the people that you consider to be close friends have you met through your (or your spouse's) work?

0 1 2 3 4 5 or more

74. Altogether, about how many people are there here in _____ whom you consider to be close friends (not counting relations)? (If necessary, say, "Just give a rough estimate)."

0 1 2 3 4 5 6 7 8 9 or more

Use the following scale card for questions 75-79

1. at least once a week

2. two or three times a month

3. about once a month

4. a few times a year

5. once a year

6. less often than once a year

7. never

75. About how often do you get together socially with any of your neighbours?

1 2 3 4 5 6 7

76. How often do you get together socially with people that you have met through your (or your spouse's) work?

1 2 3 4 5 6 7

17. How often do you get together socially with any of your close friends?
1 2 3 4 5 6 7
18. How often do you get together socially with any of your relatives other than those living here at home with you?
1 2 3 4 5 6 7
19. About how often do you get in touch (by phone or letter) with friends and relatives who do not live in this community?
1 2 3 4 5 6 7

FEELINGS ABOUT THIS COMMUNITY

In the questions that follow we would like to know what you yourself think about life here in _____. From this card, choose the answer that is closest to your own personal feelings about the statement.

1. very true
 2. true
 3. not decided
 4. untrue
 5. definitely untrue
20. Real friends are hard to find in this community.
1 2 3 4 5
21. A lot of people here think that they are too good for you.
1 2 3 4 5
22. People here work together to get things done for the community.
1 2 3 4 5
23. Most of our church people forget the meaning of the word "brotherhood" when they get out of church.
1 2 3 4 5

64. I feel very much that I belong here.
1 2 3 4 5
65. You must spend lots of money to be accepted here.
1 2 3 4 5
66. I try to mind my own business.
1 2 3 4 5
67. People here are generally critical of others.
1 2 3 4 5
68. You are out of luck here if you happen to be of the wrong nationality.
1 2 3 4 5
69. I would rather live in another area of this community.
1 2 3 4 5
70. I would prefer to live in another community.
1 2 3 4 5
71. I feel that my neighbours and I have much in common.
1 2 3 4 5
72. I feel that this community does not have many interesting things to do.
1 2 3 4 5
73. I often feel bored, having nothing to do and nothing I especially want to do.
1 2 3 4 5
74. Life in this community is often very lonely for me.
1 2 3 4 5

HOW PEOPLE FEEL

5. Some people, when they are bothered by things like to talk it over with other people such as friends, clergymen, doctor, or someone else. We would like to know if you talked with anyone about personal problems in the last three months.

1. yes

2. no

6. If you have talked with someone about your personal problems in the last three months, please indicate if you have talked with any of the following:

clergymen

1. yes

2. no

psychologist

1. yes

2. no

doctor

1. yes

2. no

court worker

1. yes

2. no

social worker

1. yes

2. no

close friend

1. yes

2. no

psychiatrist

1. yes

2. no

relative

1. yes

2. no

public health nurse

1. yes

2. no

anyone else

1. yes (specify) _____

2. no

Finally, our study has some general health questions. Quite often, people like to fill out this section by themselves. Read the question carefully, and simply put a circle around the number beside the answer, which is most correct for you. Please be sure to answer every question.

- a) I feel weak all over much of the time.
 1. yes
 2. no
- b) I have had periods of days, weeks, or months when I couldn't take care of things because "I couldn't get going".
 1. yes
 2. no
- c) In general, would you say that most of the time you are in high (very good) spirits, good spirits, or low spirits?
 1. high
 2. good
 3. low
 4. very low
 5. don't know
- d) Every so often I suddenly feel hot all over.
 1. yes
 2. no
 3. don't know
- e) Have you ever been bothered by your heart beating hard? Would you say:
 1. often
 2. sometimes
 3. never
 4. don't know

- f) Would you say your appetite is poor, fair good or too good?
1. poor
 2. fair
 3. good
 4. too good
 5. don't know
- g) I have periods of such great restlessness that I cannot sit long in a chair (cannot sit still very long).
1. yes
 2. no
- h) Are you the worrying type (a worrier)?
1. yes
 2. no
- i) Have you ever been bothered by shortness of breath when you were not exercising or working hard? Would you say:
1. often
 2. sometimes
 3. never
 4. don't know
- j) Are you ever bothered by nervousness (irritable, fidgety, tense)?
- Would you say:
1. often
 2. sometimes
 3. never
 4. don't know

k) Have you ever had any fainting spells? (lost consciousness)? Would you say:

1. never
2. a few times
3. more than a few times
4. don't know

l) Do you ever have any trouble in getting to sleep or staying asleep?

Would you say:

1. often
2. sometimes
3. never
4. don't know

m) I am bothered by acid (sour) stomach several times a week.

1. yes
2. no
3. don't know

n) My memory seems to be all right (good)

1. yes
2. no
3. don't know

o) Have you ever been bothered by "cold sweats"? Would you say:

1. often
2. never
3. sometimes
4. don't know

- p) Do your hands ever tremble enough to bother you? Would you say:
1. often
 2. sometimes
 3. never
 4. don't know
- q) There seems to be a fullness (clogging) in my head or nose much of the time.
1. yes
 2. no
 3. don't know
- r) I have personal worries that get me down physically (make me physically ill).
1. yes
 2. no
 3. don't know
- s) Do you feel somewhat apart even among friends (apart, isolated, alone)?
1. yes
 2. no
 3. don't know
- t) Nothing ever turns out for me the way I want it to (turns out, happens, comes about, eg. my wishes aren't fulfilled).
1. yes
 2. no
 3. don't know

u) Are you ever troubled with headaches or pains in the head? Would you say:

1. often
2. sometimes
3. never
4. don't know

v) You sometimes can't help wondering if anything is worthwhile anymore.

1. yes
2. no
3. don't know

98. In spite of what some people say, the lot of the average man is getting worse.

1. strongly agree
2. agree
3. disagree
4. strongly disagree

99. With the way things look for the future, it is hardly fair to bring children into the world.

1. strongly agree
2. agree
3. disagree
4. strongly disagree

100. Nowadays a person has to live pretty much for today and let tomorrow take care of itself.

1. strongly agree
2. agree
3. disagree
4. strongly disagree

101. These days a person doesn't really know what he can count on.

1. strongly agree
2. agree
3. disagree
4. strongly disagree

102. There is little use writing to public officials because often they aren't really interested in the problems of the average man.

1. strongly agree
2. agree
3. disagree
4. strongly disagree

APPENDIX C

Grouping of Responses To Questions from Questionnaire For Chi-square Contingency Tables

Questions	Group #	Answer #	Range of Answers	Distribution
1 - Age	1	1 - 4	under 35	43
	2	5 - 7	36 - 50	57
	3	8 - 9	over 51	50

3 - Marital	1	1	Married and lives with spouse	108
Status	2	2 - 6	spouse deceased divorced/separated never married other not answered	42

4 - Spouse	1	1	Spouse at home	112
	2	2	Spouse not at home	38

4 - # of children under 21	1	0	none	65
	2	1	one child	34
	3	2 - 7	2 - 7 and over	51

4 - # of children over 21	1	0	none	115
	2	1 - 6	one and over	35

4 - Extended Family	1	0	none	96
	2	1 - 5	one - over	54

6 - # of children in community	1	0	none	97
	2	1 - 7	one - over	53

Questions	Group #	Answer #	Range of Answers	Distributions
8 - # of children out of community	1	0	none	121
	2	1 - 7	one to 7 or more	29

10 - Religion	1	1 - 4	British Isles, Indian & Eskimos, Metis, French	37
	2	5	Ukrainian	51
	3	6 - 9	Polish, German, Scandinavian, and others	62

11 - Length of residence in Winnipeg	1	1 - 5	less than 6 mos., 6 mos. to 1 year, bet. 1 - 2 years, bet. 3 - 5 years, bet. 6 - 10 years	36
	2	6 - 7	10 - 30 years	64
	3	8 - 9	31 - above	50

12 - Length of residence in that home	1	1 - 5	less than 6 mos. - 10 years	85
	2	6	10 years and over	65

16 - Frequency of change of residence in Winnipeg	1	1 - 3	never - twice	84
	2	4 - 6	three times or more	66

17 - own or rent	1	1	owns	94
	2	2 - 5	renters of house, suite, trailer or boarder	56

18 - years of school	1	1 - 9	Grades 1 - 9	78
	2	10 - 13	Grade 10 and over	72

19 & 20 - years of Commercial	1	0	none	133
	2	1 - 3	one yr. - 3 yrs.	17

Questions	Group #	Answer #	Range of Answers	Distribution
19 & 20 - years of Technical Training	1	0	none	136
	2	1 - 3	1 - 3 years	14

19 & 20 - years of University Training	1	0	none	148
	2	1 - 4	1 year - 4 years	2

19 & 20 - certificates earned	1	1 - 3	commercial & technical profess.	22
	2	4	none	128

21 - degrees earned	1	1 - 4	university diploma, university Bachelors, university Masters, university Doctorate	1
	2	5	none	149

22 - Grade completed by Spouse	1	1 - 10	grade 1 - grade 10	61
	2	11 - 14 or 15	grade 11 - 15 (other provinces)	58

23 & 24 - years of Commercial training by Spouse	1	0	none	126
	2	1 - 5	one yr. - 5 years	9

23 & 24 - years of Technical - Professional training of Spouse	1	0	none	111
	2	1 - 5	one yr. - 5 years	24

23 & 24 - years of University training of Spouse	1	0	none	128
	2	1 - 5	one yr. - 5 years	7

25 - Degrees Gained by Spouse	1	1 - 4	one yr. - 5 yrs.	4
	2	5	none	123

Questions	Group #	Answer #	Range of Answers	Distribution
26 Occupation	1	1 - 12	managerial Prof. - technical clerical sales, service & recreation, transportation & communication, farmers and farm workers, loggers and related workers, trappers, fishermen, hunters, miners, quarrimen & related workers, craftsmen, production process and related workers, laborers, H.E.S.	63
	2	13 - 15	housewives part work, unemployed, no answer	88

27 Employment Status	1	1 - 2	full time part time	64
	2	3	unemployed a - permanently retired b - seeking work c - not seeking work	86

31 Earnings	1	0	unemployed	64
	2	1 - 5	Below \$2,500 to \$9,999	86

32 Spouse's Occupation	1	1 - 4	managerial, professional and technical, clerical sales	23
	2	5 - 12	service & recreation, transportation & communication, farmers & farm workers, loggers and related workers, fishermen, trappers, hunters, mines, quarrimen and related workers, craftsmen, production process and related, laborers, N.E.S.	73
	3	13 - 15	Housewives without work, unemployed, not answered	20

38 Total family Income	1	1 - 2	\$3,999 & below	56
	2	3	\$4,000 - 5,999	35
	3	4 - 9	\$6,000 & over	59

Questions	Group #	Answer #	Range of Answers	Distribution
60 - # of organizations belonged to	1	0	none	90
	2	1 - 6	one & over	60

60 - Total Red Score	1	0	none	87
	2	1 - 27	Fraternal, recre- ational, welfare, C.O., and other kinds of val. org.	63

62 Active as they want to be (in organizations)	1	1	yes	52
	2	2 - 3	no and not answered	98

65 Activity now compared to past	1	1 - 3	more active or same as before	87
	2	2 - 4	less active or not answered	62

70 - Proportion of neighbours known by name	1	1 - 3	all, most some	58
	2	4 - 6	a few, just one, none	92

71 - # of friends visited with	1	0	none	43
	2	1 - 3	one - three neighbours	57
	3	4+	four and over	60

72 - # of friends in neighborhood	1	0	none.	58
	2	1 - 2	a few	34
	3	3 - 6	three or more	58

73 - # of friends met through work	1	0	none	63
	2	1 - 5	one or more	87

74 - # of friends in Winnipeg	1	0 - 3	three and below	38
	2	4 - 8	four to eight friends	64
	3	9+	nine and over	

75 - Frequency of contact with neighbours	1	1 - 2	once a week to 3 times a month	57
		3 - 6	once a month to less than once a year	44
		7 - 8 7/9	never or not answered	49

Questions	Group #	Answer #	Range of Answers	Distribution
76 - Frequency of contact with people met through work	1	1 - 3	once a week to once a month	44
	2	4 - 6	few times a year to once a year	54
	3	7 and 8	less than once a year to never	51

77 - Frequency of contact with close friends	1	1	at least once a week	38
	2	2 - 3	2-3 times a month to once a month	59
	3	4 - 8	few times a year to never	53

78 - Frequency of contact with relatives	1	1 - 2	once a week to 2-3 times a month	69
	2	3 - 8	once a month to less	81

79 - Frequency of contact with friends and relatives not in city	1	1 - 3	once a week to once a month	78
	2	4 - 8	a few times a year or less	72

80 - Talked to someone about problems	1	1	yes	99
	2	2	no	51

96 - Talked to a doctor	1	1	yes	50
	2	2	no	100

96 - Talked to a close friend	1	1	yes	83
	2	2	no	67

96 - Talked to a relative	1	1	yes	83
	2	2	no	60

97 - Langner's Mental Health Score	1	1 - 4	yes - high score	88
	2	5 - 15	no - low score	66

98 - Srole's Anomie Scale	1	8 - 12	high	57
	2	13 - 14	moderate	55
	3	15 - 18	low	38

RELATION BETWEEN DEMOGRAPHIC CHARACTERISTICS

SOCIAL INTEGRATION VARIABLES

	No. of Organizations Belong to		Total Participation	
	None	1 +	0	1 +
<u>OCCUPATION OF SPOUSE:</u>				
a) White collar	51	49	43	57
b) Blue collar	53	47	52	48
c) Not employed	70	30	70	30
<u>FAMILY INCOME:</u>				
a) below 3,999	66	34	66	34
b) 4,000 - 5,999	63	37	63	37
c) 6,000 or more	53	47	47	53
<u>EDUCATION: (Respondent)</u>				
Yrs. School: a) 0 - 9	68	32	66	34
b) 10 - 12	44	56	40	60
Yrs. Com.: a) none	61	39	59	41
b) 1 - 5	59	41	53	47
(Spouse)				
Yrs. School: a) 0 - 9	63	37	57	43
b) 10 - 12	50	50	50	50
<u>AGE:</u>				
a) under 35	65	35	60	40
b) 36 - 50	58	42	56	44
c) 51 & over	58	42	58	42
<u>NATIONALITY:</u>				
a) Br. Fr.	71	29	70	30
b) Ukrainian	49	51	47	53
c) Other	63	37	60	40
<u>RELIGION:</u>				
a) Protestant	72	28	60	40
b) R.C.	57	63	53	47
c) Other	50	50	50	50

Proportion of Neighbours Known by Name		Number of Neighbours Visited With			Frequency of Contact with Neighbours		
All, Most, Some	A few, One, None	None	1 or 2	3 or more	Often	Seldom	Never
39	61	4	48	48	52	39	9
40	60	34	36	30	28	33	39
40	60	20	45	35	60	10	30
30	70	27	39	34	41	25	34
34	66	31	40	29	36	32	32
49	51	28	36	36	34	33	33
39	61	31	37	32	38	32	30
39	61	23	39	38	37	26	37
39	61	27	38	35	39	29	32
35	65	47	35	18	23	28	49
39	61	26	31	33	36	29	35
38	62	17	48	35	36	33	33
32	68	39	39	22	35	21	44
26	74	25	35	40	32	38	30
48	52	24	40	36	48	26	26
29	71	32	41	27	29	29	42
47	53	20	37	43	50	30	20
37	63	34	37	29	33	26	41
31	69	35	35	30	33	25	42
42	58	25	44	31	40	29	31
42	58	26	35	39	41	33	26

Friends in Neighbourhood			Friends Met Through Work		Frequency of Contact with People Met Through Work			Number of Friends in Winnipeg		
None	One	2 or more	None	1 +	Once a month or More		Never	0-3	4-8	9 or more
22	26	52	39	61	35	48	17	13	52	35
46	15	39	37	63	33	42	25	22	38	40
25	40	35	35	65	25	20	55	30	40	30
34	32	34	50	50	20	29	51	32	41	20
35	17	48	40	60	35	37	28	28	51	21
46	17	37	36	64	35	42	23	17	32	51
35	24	41	33	67	13	34	53	33	36	31
43	21	36	42	58	47	39	14	15	48	37
37	22	41	44	56	25	39	41	27	43	30
54	23	23	29	71	59	41	0	18	41	41
43	16	41	50	50	26	39	37	23	34	43
37	27	36	33	67	34	41	25	22	47	31
56	23	21	42	58	35	32	15	28	46	26
34	19	47	35	65	26	38	36	21	46	33
30	26	44	50	50	12	36	52	28	36	36
43	17	40	38	62	33	35	38	29	44	27
28	24	38	48	52	30	42	28	13	39	48
44	26	30	39	61	27	33	40	29	48	33
45	20	35	39	61	29	37	44	29	49	22
33	30	37	49	51	35	22	43	27	40	33
37	20	43	38	62	24	46	30	20	39	41

Frequency of Contact With Friends in Winnipeg			Frequency of Contact With Relatives in Winnipeg		Frequency of Contact with Friends and Relatives not in City	
Often		Never	2 or more a month	once a month or less	Often	Seldom
13	56	31	47	53	43	57
27	44	29	46	54	58	42
35	10	55	60	40	50	50
23	25	52	38	62	41	59
14	46	40	37	63	37	63
34	49	17	59	41	72	28
24	28	48	44	56	50	50
26	51	22	47	53	54	46
25	35	40	44	56	50	50
23	77	0	59	41	54	46
26	33	41	47	53	57	43
22	49	29	46	54	48	52
30	51	19	49	51	45	55
16	45	39	30	70	49	51
32	22	46	62	38	62	38
33	33	34	33	67	43	57
13	55	32	65	35	49	51
27	30	43	39	61	59	41
29	39	32	39	61	47	53
29	40	31	46	54	51	49
18	39	43	54	46	56	44

Number of Organizations Belong to		Red Sec
None	1 +	0

RESIDENTIAL STABILITY:

Length of Residence in Winnipeg:

a) less than 10 yrs.	64	36	61
b) 10 - 30 yrs.	55	45	53
c) over 30 yrs.	64	36	62

Length of Residence in home:

a) less than 10 yrs.	66	34	63
b) more than 10 yrs.	53	47	50

Own or rent home:

a) own	57	43	55
b) rent, board, other	65	35	63

MARITAL STATUS:

a) married	55	45	52
b) other	74	26	74

FAMILY COMPOSITION:

Number of Children under 21, living at home:

a) none	53	47	49
b) one	71	29	73
c) 2 or more	65	35	51

Number of Children over 21, living at home:

a) none	73	27	61
b) one or more	52	48	48

Number of Extended Family:

a) none	61	39	57
b) one or more	59	41	59

Number of Children in Winnipeg but not at home:

a) none	60	40	57
b) one or more	60	40	60

Number of Children living outside of Winnipeg:

a) none	62	38	60
b) one or more	49	51	48

Red Score		Proportion Neighbours Known by Name		Number Neighbours Visited With		
0	1 +	All, Most, Some	A few, one, None	None	1 or 2	3 or more
61	39	19	81	39	36	25
53	47	31	69	30	37	33
62	38	62	38	20	40	40
63	37	33	77	40	38	22
50	50	58	42	14	38	48
55	45	49	51	16	42	42
63	37	21	79	49	32	19
52	48	40	60	26	39	35
74	26	36	64	35	36	29
49	51	38	62	26	40	34
73	27	30	70	32	44	24
51	49	45	55	30	31	39
61	39	35	65	32	39	29
48	52	51	49	17	34	49
57	43	43	57	39	29	37
59	41	31	69	19	53	28
57	43	35	65	30	36	34
60	40	45	55	27	41	32
60	40	40	60	31	38	31
48	52	31	69	17	38	45

Frequency of Contact
with NeighboursNumber of Friends
in NeighbourhoodNumber of Friends
Met Through Work

Often	Seldom	Never	None	One	2 or more	None	1 +
28	34	38	50	31	19	33	67
37	27	36	42	17	41	43	57
46	30	24	26	24	50	48	52
28	29	43	54	21	25	34	66
51	30	19	20	25	55	52	48
46	32	22	31	22	47	45	55
23	25	52	54	23	23	38	62
38	31	31	39	21	40	40	60
35	27	38	28	29	33	48	52
38	24	38	35	25	40	38	62
32	26	42	44	27	29	47	53
43	25	32	39	16	45	43	57
40	38	22	44	22	34	46	54
36	31	31	23	23	54	32	68
39	23	38	46	14	40	45	55
35	41	24	26	37	37	37	63
39	29	32	42	20	38	38	62
39	28	33	32	29	39	49	51
34	30	36	43	22	35	43	57
52	27	21	24	21	55	38	62

Frequency of Contact with People Met Through Work			Number of Friends in Winnipeg			Frequency of Contact with Friends in Winnipeg		
Once/mo. or more	Less than once/mo.	Never	0-3	4-8	9 or more	Once/wk. or more	Once/mo. or more	Few times a yr. or less
47	36	17	22	58	20	20	47	33
29	41	30	28	38	34	25	50	25
16	31	53	24	38	38	30	20	50
40	38	22	27	49	29	22	43	35
16	33	51	23	34	43	29	34	37
23	35	42	27	35	38	26	35	39
39	37	24	23	55	22	23	46	31
31	39	30	22	37	41	26	42	32
24	29	47	34	57	9	26	31	43
23	36	41	28	44	28	32	32	26
50	26	24	32	44	24	26	42	32
23	43	33	18	39	43	15	47	38
31	33	36	25	42	33	25	41	34
23	46	31	26	46	28	26	34	40
29	34	37	26	29	45	31	41	28
29	41	30	25	68	7	15	37	38
39	41	20	22	45	33	21	47	32
13	27	60	32	38	30	34	25	41
32	35	33	27	41	32	23	42	35
17	41	42	17	48	35	34	27	39

Frequency of Contact With Relatives in Winnipeg		Frequency of Contact with Friends & Relatives not in Winnipeg	
2 or more a month	once a month or less	Often	Seldom
28	72	44	56
51	49	53	47
52	48	56	44
35	65	41	59
60	40	66	34
54	46	63	37
32	68	34	66
50	50	54	46
33	67	46	54
43	57	60	40
47	53	44	56
49	51	47	53
49	51	40	60
34	46	63	37
60	40	58	42
20	80	41	59
42	58	49	51
53	47	57	43
42	58	47	53
62	38	72	28

APPENDIX E

Percentage of Respondents in Various Social Integration Categories Having High, Medium and Low Mental Health

SOCIAL INTEGRATION	LANGNER			SROLE		
	High	Medium	Low	High	Medium	Low
Number of Organizations belonged to: a) none b) one or more	42	32	28	18	40	42
	45	38	17	36	32	32
Total Red Score a) one b) two or more	42	32	26	18	39	43
	45	39	16	35	33	32
Proportion of neighbours known by name: a) all, most, some b) a few, one, none	45	38	17	31	40	29
	43	32	25	22	35	43
Number of neighbours visited with: a) none b) one or two c) 3 or more	34	32	34	44	37	19
	44	42	14	37	42	21
	50	30	20	24	30	36
Number of friends in neighbourhood: a) none b) one c) two or more	40	36	24	30	31	39
	41	32	27	16	43	41
	48	34	18	30	36	34

SOCIAL INTEGRATION	LANGNER			SROLE		
	High	Medium	Low	High	Medium	Low
Number of friends met through work:						
a) none	48	25	27	27	32	41
b) one or more	40	40	18	24	40	36
Number of friends in Winnipeg:						
a) 0 to 3	42	34	24	16	42	42
b) 4 to 8	47	34	19	23.5	39	37.5
c) 9 or more	39	35	26	35	30	35
Frequency of contact with neighbours:						
a) twice a month or more	49	29	21	30	32	38
b) once a month or less	48	52	9	25	41	34
c) never	37	29	34	20	39	41
Frequency of contact with people met through work:						
a) once a month or more	48	27	25	39	34	27
b) a few times a year or less	43	46	11	24	37	39
c) never	40	29	31	13	40	47
Frequency of contact with close friends:						
a) once a week or more	29	42	29	34	32	34
b) once a month or twice a month	49	34	17	26	37	37
c) a few times a year or less	47	31	22	20	39	41

SOCIAL INTEGRATION		LANGNER				SROLE		
		High	Medium	Low		High	Medium	Low
Frequency of contact with relatives: a) twice a month or more b) less than once a month		37	36	27		39	29	32
		49	33	18		14	43	43
Frequency of contact with friends and relatives outside the city: a) once a month or more b) a few times a year or less		42	41	17		29	33	38
		44	28	28		23	37	40

APPENDIX F

Number of Organizations Belonged to by Sample

No. of Organizations	No. of Persons	
	No.	%
0	90	60.0
1	42	28.0
2	16	10.6
3	1	0.7
4	1	0.7
5	0	0.0
6	0	0.0
7	0	0.0

Proportion of Neighbours Known by Name

	No.	%
all	4	2.7
most	22	14.7
some	32	21.3
a few	60	40.0
just one	14	9.3
none	18	12.0
not answered	0	0.0

Number of Neighbours
Visited With

	No.	%
0	43	28.7
1	25	16.7
2	32	21.3
3	14	9.3
4	12	8.0
5	24	16.0

Number of Friends
Met through Work

	No.	%
0	63	42.0
1	22	14.7
2	24	16.0
3	13	8.7
4	5	3.3
5	23	15.3

Number of Friends
in Neighbourhood

No. of Friends in Neighbourhood	No. of Respondents
0	58 - 38.7
1	34 - 22.7
2	34 - 22.7
3	7 - 4.7
4	9 - 6.0
5 (or more)	8 - 5.3

Number of Friends
in Winnipeg

	No.	%
0	8	5.3
1	13	8.7
2	10	6.7
3	7	4.7
4	24	16.0
5	22	14.7
6	12	8.0
7	5	3.3
8	1	0.7
9	48	32.0

FREQUENCY OF SOCIAL CONTACT
Social activity

FREQUENCY OF SOCIAL CONTACT										
	Social activity with Neighbours		Social activity with people met through work		Social activity with close friends		Social activity with relatives		Contact with friends & relatives not in city	
FREQUENCY	No.	%	No.	%	No.	%	No.	%	No.	%
at least once a week	39	26.0	18	12.0	38	25.3	56	37.3	21	14.0
2-3 times a week	18	12.0	9	6.0	26	17.3	13	8.7	17	11.3
once a month	16	10.7	17	11.3	33	22.0	19	12.7	40	26.7
2-3 times a year	26	17.3	39	26.0	40	26.7	37	24.7	46	30.7
less than once a year	2	1.3	8	5.3	4	2.7	9	6.0	12	8.0
never	0	0.0	7	4.7	0	0.0	4	2.7	5	3.3
Total	49	32.7	51	34.0	9	6.0	12	8.0	9	6.0
Not answered	0		1	0.7	0	0.0	0		0	0.0

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