

SOCIAL INTEGRATION AND MENTAL HEALTH IN THREE
NORTHERN MANITOBA COMMUNITIES

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by
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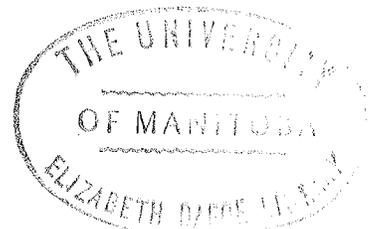


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CHAPTER I

INTRODUCTION AND TOWN DESCRIPTIONS

INTRODUCTION

This research project, which focuses on Social Integration and Mental Health, was carried out while the authors were students in the Master of Social Work program at the University of Manitoba School of Social Work. The project was stimulated by the opportunity to participate in a faculty-sponsored research project, focusing on three Northern Manitoba single-industry communities--The Pas, Flin Flon, and Thompson. The overall project was funded by the Centre for Settlement Studies at the University of Manitoba, and by the Department of National Health and Welfare. From the data collected in the three communities, three studies have been prepared, of which this study is one. The other two studies are:

1. Professor J.C. Ryant--A test of the hypotheses that membership and participation in voluntary associations is associated with, (a) a sense of political efficacy, (b) positive adjustment to life in the community, and (c) a commitment to work for community betterment.

2. Miss J. Rosettis--Certain demographic data, including age, sex, religion, ethnicity, education, occupation, income, geographic mobility, length of time in the community, and marital status, were used in a profile, analyzing four social participation types, (active and non-active

members, non-members involved only in neighbouring relationships, and those who are socially isolated). This was used to, (a) identify those factors which were predictive of each social participation category, and (b) provide a test of the pervasiveness of secondary organizations in Northern single-enterprise communities.

Another stimulus for the project was the interest of social work in the relationship between social integration and mental health. It is of concern to social workers generally that the individuals, groups, and communities with which they work attain both a high level of social integration and a high level of mental health. It is the purpose of this project, therefore, to determine to what extent the association of these two variables holds true in northern communities.

The three research assistants actually lived in their respective communities of study for the period of June, July, and August, of 1970. The purpose of doing so was to gather descriptive material, by means of participant observation, about the communities. It was hoped that this data would provide a background for the analysis of data which was gathered during August by means of a survey.

Before providing a description of the three communities which were studied, the authors wish to acknowledge and express appreciation to everyone who offered their assistance towards the implementation of this research project. Particularly, the authors wish to mention the valuable assistance of the project director, Professor J.C. Ryant, Professor L. Spearman, and Miss J. Rosettis, the research assistant in Thompson. We also wish to thank the many people in the three communities who contributed their time to the project.

TOWN DESCRIPTIONS

THE PAS

Location and Accessibility

The Pas, approximately 450 road miles northwest of Winnipeg, is known as Manitoba's 'Gateway to the North.' Established in 1911, the town is a distribution centre for more northerly areas, and is a supply depot for the multi-million dollar Nelson River Development. It is a subdivisional point for the Canadian National Railway linking western Canada with the Port of Churchill, and it is located on Provincial Trunk Highway Number 10, the only direct road route presently available to points farther north. It has frequent transportation services by bus, truck, and air.

Economy

Until 1968, the largest employers in The Pas were the CNR, The Pas Lumber Mill (closed in 1958), and various bureaus of the Federal and Provincial Governments. In 1968, Churchill Forest Industries (CFI), was included in the list, and is now the employer of a large proportion of the wider community. It is a hundred-million dollar forest industry complex (saw-mill, pulp-mill, etc.), that eventually will employ up to 2,000 people. In retail trade, there are as yet no large chain stores or shopping centres located in The Pas, other than one small Solo Store and an Eaton's Store. While CFI now employs the largest number of people, the CNR employs approximately 500 men, and the various Government departments employ approximately 300 people. The development of the town's economy

has been greatly stimulated by the establishment of CFI, and the impact has had sudden and far-reaching effects. There has been a tremendous boost to the construction industry and housing development. For example, the Indian Reserve across the river from The Pas has developed a large trailer court in the town to supply additional housing units.

Population

Including the small communities and farming areas surrounding the town, The Pas has a white population of approximately 6,000. If the Indian-Metis communities, located on the town periphery, are included, the population rises to 8,000. There are approximately 1,000 people of Indian ancestry living in The Pas itself. The majority white group is of Anglo-Saxon origin, with the Ukrainian and French-Canadians comprising significant, but smaller, population groups. Recently, in connection with the CFI, there has been an influx of French-Canadian, Finnish, Italian, and South American people. The 1961 Census showed the ethnic breakdown to be: British Isles, 44.1 percent; French, 18.9 percent; Ukrainian, 10.0 percent; Scandinavian, 7.1 percent; and Other, 20.4 percent. The balances have changed in the past few years, but we cannot, in the absence of more recent Census data, establish an exact statistical breakdown.

Municipal Administration

The Town Council, which includes six councillors and the Mayor, brings mixed reactions from the people of The Pas. The researcher found that both positive and negative opinions were expressed by members of the community. The Council was involved in several issues during 1970, which

brought about these mixed responses. Examples of these issues are the Indian Reserve Trailer Court, a meat-packing plant which was built in a residential area, and difficulties on Edwards Avenue.

Voluntary Associations

Not counting purely informal groups, The Pas has approximately one hundred organized voluntary organizations, including ten churches. Recreational groups comprise the largest proportion of the total number of groups, church groups are second, and fraternal groups are third.

Major Issues

During the period of study, there were three community issues around which there were a considerable amount of organizational activity and involvement. One was the Trappers' Festival, an annual event which takes place in February. It is a three-day event, which is billed as the 'Mardi Gras of the North.' Due to a lack of interest in this event by the organizations in 1970, it was threatened with closure. However, the sponsoring organizations rallied and the decision was made to continue the event in 1971.

A second community interest was a proposed swimming pool that was to be built inside the town's Collegiate. Most of the recreational, service, and fraternal organizations pledged money towards this project, and there were a wide variety of group activities conducted to raise money.

During the summer of 1970, there was a widespread concern about loiterers, drunks, and delinquents who congregated on one of the town's main streets, Edwards Avenue. Three public meetings were held, which

involved the Indian-Metis Friendship Centre, the Indian Band Council, the three Metis communities surrounding The Pas, and prominent members of the white community.

The issues that have been mentioned seem to indicate that organized community life was occupied with attempting to ameliorate community and social integration, and to prevent their breakdown.

The Indian Reserve

The Indian Reserve, which is located across the river from the town of The Pas, has risen in importance relative to the town of The Pas. The Reserve owns several parcels of 'good' land surrounding the town, which are necessary to the town's economic and housing expansion. The Indian Band Council has developed a Trailer Court in the town to help accommodate the new population and alleviate a severe housing shortage. As well, the town is negotiating with the Band Council to develop a light industrial park.

The Indian Band, until recent years, has felt alienated from the town. The townspeople have apparently tolerated, but not attempted to alleviate, this sense of alienation. Now, the Band Council, with its resources of land and gravel deposits, has begun to deal with and challenge the Town Council on various issues. The Band has become strengthened as well in its leadership, and in its ability to engage in 'political influence.' As a result, the townspeople, and particularly the town leaders, have begun to recognize the importance of the Band. This has brought about a large measure of respect.

Professional Employees

There are a large number of professional employees in The Pas, including teachers, doctors, lawyers, social workers, managerial personnel, etc. Along with the businessmen, they wield a great deal of influence in the community through legitimate political associations, as well as through other types of voluntary associations. Until recently, the professionals have been fairly transient, not staying in the community for very long. There are indications that this is beginning to change. For example, there was a very high turnover among the teachers a few years ago, whereas now the turnover in this profession in The Pas is very low.

Leisure and Recreational Activities

There are many formal and informal voluntary associations. The town has recently established a curling and skating rink complex, and has appointed a Recreation Commission and employed a Recreation Director. In addition, there are four beverage rooms in the community, which are usually full of patrons every evening. Bingo is operated seven evenings a week, year-round, with organizations and churches alternating sponsorship. Also, many people engage in hunting, fishing, and swimming.

FLIN FLON

Location and Accessibility

Flin Flon is located on the northern end of Provincial Trunk Highway Number 10, about 548 road miles northwest of Winnipeg, and about 95 miles northwest of The Pas. There is an all-weather paved road that connects Flin Flon to the United States, and the recently completed

Hanson Lake Road connects Flin Flon to Prince Albert. As with The Pas, there is bus, truck, rail, and air service daily to Winnipeg.

Flin Flon is set on rock outcrops and is split roughly in half, in terms of area, by Ross Lake. The major commercial area is located immediately adjacent to company property, and consists of one main street of business premises and a small area of light industry on the north of First Avenue, at the end of Main Street. There is no shopping complex in town.

Housing accommodation is largely single-family dwellings both in the downtown area and in the outer residential area. Beyond these, there are a few multiple-family dwellings along one street (Green), and a very few interspersed in the rest of the downtown area. There are no modern apartment buildings. The largest single-family residential area lies across Ross Lake from the downtown area to the northeast in a valley descending from the downtown area.

Creighton, Saskatchewan, is a smaller community adjacent to the town, just over the provincial border.

Economy

The economy of the town is based almost entirely on the operations of the Hudson Bay Mining and Smelting Company, Limited (HBM&S), which mines and smelts large quantities of copper and zinc, and smaller quantities of gold, silver, selenium, and cadmium. It is the third largest producer of zinc in Canada, and has a total employment of approximately 2,700, including 700 at Snow Lake and Creighton, Saskatchewan. The second largest

employer is the Flin Flon General Hospital, with approximately 180 employees. This exhibits the primary role which the company has in the economy of the town. However, the many surrounding lakes and availability of hunting and fishing, combined with the paved road connecting the town with southern Manitoba and the United States, has produced a growing tourist trade. Futhermore, Flin Flon acts as a centre for service to the surrounding area, including Creighton, Saskatchewan.

Secondary industry (that is, other than services), is of little importance to the town's economy, owing to the fact of the town's remote location from markets and lack of raw materials other than metals.

Population

The present population is over 10,000, with another 1,700 in the adjoining community of Creighton, Saskatchewan. The average age of the working population is over forty, and many of the workers are now retired or close to retiring. There are also a number of transients, and sons of miners, working for HBM&S. The town has a distinct history, a strong sense of community, and impresses the observer as being "folksy."

As indicated above, the economy of the town is almost completely dependent upon the company. Since the company is not expanding, the town population has not expanded. In fact, since 1951, there has been a decrease in the population, partly related to transfer of employees to outlying mining operations. Concomitant with economic dependence has been the development of a social or community dependence on the company. The company has traditionally taken a role which involves it very much in the social and recreational life of the town. It has, for instance, provided

and maintained a well-equipped beach area which is within walking distance from the town, and has been involved (with either financing or provision of equipment), in numerous community projects, such as the community centre, curling rinks, covered hockey arena, summer camps, etc.

The resulting paternalistic-dependency relationship is well illustrated by such facilities and activities, and the significance of this relationship, even today, is brought into sharp focus when one sees potential community-inspired projects being dropped if the company (almost always the first source for seeking support), decides that such a project meets no valid need. A further illustration of this relationship is the reluctance of business people in the central area to redevelop or renew the area; reluctant because the company projects the life of the mine for only twelve more years. It is suggested by many of the townspeople that this projection also prohibits any large-scale housing developments which require long-term mortgaging and financing, and that, therefore, more than reluctance is involved.

While this dependency relationship continues to be strong, it seems to have been somewhat mitigated by the more formal stance which the Steelworkers Union has been taking with the company. The new union is said to be more business-like than the old, and refuses to accept the "paternalism" of the company in negotiations in lieu of contractual benefits.

The ethnic divisions (again from the 1961 Census), are as follows: British Isles, 51.9 percent; French, 7.0 percent; German, 6.5 percent; Ukrainian, 10.0 percent; Scandinavian, 9.6 percent; and Other, 15.0 percent.

Municipal Administration

Flin Flon is administered within the Municipal Act of Manitoba. Local government consists of a Mayor and six councillors, with a full-time Secretary-Treasurer responsible for day-to-day affairs.

There is a tripartite agreement between the town, the company, and the Provincial Government, which sets down a formula whereby is determined a grant in lieu of taxes from the company to the town. The agreement is regarded by many townspeople to be inequitable, and more advantageous for the company than for the town.¹

An elected Board of Trustees is responsible for administration of the schools which are funded with town-collected taxes.

Voluntary Associations

Flin Flon has approximately 150 voluntary associations, many of which are recreational. There are fourteen churches. The service clubs are quite involved with the maintenance of the community in terms of physical facilities and public services. Fraternal lodges appear to be suffering a sense of weakening, as their traditional activities are supplanted by government services. The cultural organizations are few in number.

Major Issues

The issues that involved a significant number of organizations during the period of study concerned day-to-day activities, not conflict or crisis situations. The most vocal groups were the Chamber of Commerce and the Labour Council.

The issue which was of concern to the greatest number of people, and hence a frequent topic of comment, was the short period for which the ore reserves were predicted by the company. This issue is related to concerns about the housing shortages, and the Main Street redevelopment, as no investment or commitments in these directions were being made, due to the short projection period made by the company. As alluded to earlier, the projection is too short to attract investment of outside mortgage funds.

Pollution was another quite widespread issue. The pollutants resulting from HBM&S production evoked comment from at least three local organizations.²

The activity that involves almost every organization in Flin Flon is the Trout Festival, an annual three to four day event.

There are also projects such as hospital expansion, which involve organizations in various ways (eg., furnishing rooms or purchasing special equipment).

In summary, Flin Flon seems to have a viable social and community life that is being subtly threatened by the future depletion or loss of the community's economic base.

THOMPSON

Location and Accessibility

Thompson is a twelve year old community located about 800 road miles north of Winnipeg. A gravelled highway (Number 391), provides road access to the rest of the Province, and a 112 mile connecting road now

under construction between Grand Rapids and Ponton will provide another route south. Rail service is supplied five times a week, while bus, truck, and air services are on a daily basis.

The townsite of approximately 3,000 acres is relatively flat, with a general slope toward the Burntwood River; the International Nickel Company (Inco) is located approximately two miles from the town complex. The town itself can be divided into eight major subdivisions; the Deerwood, Juniper, and Nickel divisions are the oldest areas, and are the most centrally located. Westwood, Riverside, Centennial, and Princeton subdivisions are relatively new (especially the latter two), and are noticeably superior in design and construction to the older areas. The trailer court is at the edge of the townsite, and has not been developed as an amenable or pleasant living area.

These subdivisions are respectively centred around three major shopping centres. The largest is the Plaza Shopping Centre, located in the downtown area. It is a fully enclosed mall, containing thirty business enterprises, including the Hudson's Bay Store. Fifteen businesses are in the Westdale Shopping Centre, while eight occupy the Southwood Shopping Centre. Construction has almost been completed on a five million dollar shopping centre and business complex, which will include a major department store (Woolworth's), allied shops, two theatres, and a fifty-room hotel. At present, Thompson has three hotels; the Thompson Inn, the Burntwood Hotel, and the Mystery Lake Motor Hotel.

There are over 3,000 housing units in Thompson, made up of a large number of single family units and apartments. The trailer court contains

about 300 separate residences. The number of duplex units has grown over the past few years, and the new concept of 'town houses' is becoming quite popular. The town has northern Manitoba's first and only high-rise apartment building. In addition, there are apartment-style residences for single men, with total accommodation for 1,000 persons.

Thompson has a general hospital with a capacity of seventy-five beds. There are four elementary schools and a large modern high school which is adjacent to the community's recreational complex.

The model community. On December 3, 1956, an agreement was signed between the International Nickel Company of Canada and the province of Manitoba. With this agreement, the Thompson project began with the initial goal that it was to be a model community and a positive example of northern living conditions. There were to be no temporary structures or poorly constructed shacks built. Emphasis was to be placed on efficient administration, high building and service standards, and the provision of all the amenities of a well-established community. There was to be no giving in to the pressures created by a rapidly growing mining community.

The agreement provided for:

1. The establishment of the Local Government District of Mystery Lake,

2. The 3,000 acre townsite, with a plan for the development of the townsite to be in accordance with the Town Planning Act (the plan to be for a town of 8,000 people, with possible expansion to 12,000),

3. All lands within the townsite with the exception of the hospital site to be transferred by the company to the Local Government District of Mystery Lake,

4. The company to provide roads, sidewalks, schools, school sites, sewer and water mains, treatment plants, pumping stations as necessary, a private hospital, electric power distribution, and street lighting,

5. A resident administrator to be appointed by the province, who would administer the town services, land use, building construction, and be eligible for appointment as official trustee of the School District.

This agreement was to establish from the beginning that the community was not to be a company town.

Under the direction of the Provincial Planning Service, and in co-operation with Underwood, McLellan Associates of Saskatoon, by December of 1957 a preliminary draft idea for the planned townsite was developed. It met with approval by both the Government and Inco, and the town agreement was begun to be put into effect.

Economy

The economy and existence of the town is wholly dependent on the operation of the International Nickel Company of Canada. This multi-million dollar development, started in 1958-59, accounts for a large percentage of Manitoba's total mineral (metal) production. A major expansion program is now well under way, and is expected to more than double production. Ore resources appear to be unlimited. Next to Inco, which employs approximately 3,000 people, the largest town employers are the School District

of Mystery Lake, which employs 175 people; the Town of Thompson, which employs 88 people; the Thompson General Hospital, which employs 100 people; and Manitoba Hydro, which employs 61 people. Construction work has also employed large numbers of men.

Thompson's business community is relatively small in proportion to the rest of the community, and consists largely of low-scale enterprises. (Eg., restaurants, recreation outlets, clothing stores.) Employment in this area is thus limited, and this significantly raises the proportion of unemployed females.

Thompson's location also lends itself to the possibility of tourist development as another revenue source.

Population

The population of Thompson is approximately 20,000 (as of 1970), with projected increases to 25,000 by 1971 and 35,000 by 1975. The population is young; there are many young single males, but there is also a significant proportion of young families.

The transiency rate in Thompson is extremely high, especially among the young single males, and, to a lesser extent, among families. Thompson is apparently too young a community for many people to have developed strong locality ties. Comparatively few people in relation to the total population consider Thompson to be their "home" although this trend has been gradually changing over the years.

Single females and older men and women are under-represented in the town population, and the former situation is a source of strain for the young transient workers.

Although the company's avowed policy (with respect to development of the town), is non-paternalistic, the population tends to see Inco as a dependable source of financial contributions and other resource materials necessary for town projects.

The town has numerous cliques (i.e., interest or social groups that do not cross lines), and a seemingly equal number of isolates.

The ethnic group proportions in 1961 were: British Isles, 33.1 percent; Indian and Eskimo, 32.8 percent; French, 9.0 percent; Ukrainian, 5.8 percent; Scandinavian, 5.3 percent; and Other, 14.0 percent. Groups that have recently emerged in greater proportion are the Germans, Greeks, and Portuguese.

Municipal Administration

In 1966, legislation was introduced to establish an elected town council for Thompson, and this council took over government of the town on January 1, 1967. At this time, the government administrator (also a company employee), was appointed town manager and served as a member of the council. The present mayor was the first mayor to be elected who was not an Inco employee; he is also the only council member who is not an Inco employee. Opinion differences on certain issues often seem to dichotomize the council into one of two factions--either the town manager versus the council members and the mayor, or the mayor versus the council members and the town manager.

Voluntary Associations

Approximately ninety organizations were identified, recreational groups being among the most popular types. Service organizations (both male and female), are very evident and are involved in attempts to create more community services and facilities. The union seems to be one of the least active of the major organizations, while the Chamber of Commerce is a fairly vocal representative of the business community.

Major Issues

There are numerous potent issues in Thompson that are both precipitated and held in check by the company policy of promoting Thompson as a "model community." The cautious planning and the rigorous standards set out for the town development have curbed laissez-faire enterprise, but may also have contributed to serious housing shortages, as well as high prices for consumer goods and services. Although these issues are of constant topical concern, demand for housing and commodities has been increasing more rapidly than has supply. With the image of being a model community, it also appears to be difficult for the company to risk adverse publicity by admitting that Thompson is not a haven for single young men. The female shortage and the lack of a variety of recreational facilities are problems that affect the young single male more than any other population group. Nor is there any negative publicity concerning the situation of the Indian-Metis population in Thompson, who seemingly have a significantly lower income and occupation level than the majority of the population. This ethnic group does not mix with the rest of the population; most Indian-Metis live in a well-defined section of the trailer court, and can

be noticed to congregate only at the Thompson Inn. The Indian-Metis situation, however, is not generally considered to be an issue by most of the people in Thompson.

In accordance with company policy, the issues in Thompson that included the greatest organizational participation and involvement centred around the theme of community solidarity and community development.

Under the first theme fell the Nickel Days and YWCA projects. Nickel Days is the annual exhibition, and it depends on the community organizations for the initiation and support of numerous activities, including a parade. The YWCA project was not just a drive for public funds for the construction of a building, it was also a drive for expressed support of, and commitment to, the need for a YWCA in Thompson. Thus, the instigators of the project approached voluntary organizations for both financial support and public promotion of the project.

Most of the activities of the organizations in Thompson related to the developing needs of a new community. The expansion of recreational facilities was a common area of concern for all the athletic clubs. Parks development was a project for many of the service organizations, and building projects were the prime interest of almost all of the organizations.

A significant conflict issue that arose during the latter part of the summer was the apparent shortage of hospital facilities. Organizational involvement was encouraged by the Public Action Committee, and this involvement was given an opportunity for expression through organizational representation at a public meeting, as well as through the election of an investigating body from those who attended.

In Thompson, therefore, the organizations had the overwhelming task of helping to meet the needs of a booming community, and these frantic ad hoc attempts often excluded or ignored the need to create a sense of community as a parallel process. On the other hand, there were, as mentioned, some specific attempts and projects committed to strengthening community solidarity.

FOOTNOTES

1. Reid, Crowther, and Partners, Ltd., Town of Flin Flon Urban Renewal Study, 1967.
2. During the period of the study, the company responded by announcing a pollution-abatement policy.

CHAPTER II

THEORETICAL BACKGROUND

The purpose of this chapter is to set forth the considerations which are background to the study. In particular, three sets of theoretical considerations will be outlined: Mass Society theory, Psychological theories, and Social Psychiatric theory. In order to focus the discussion, a brief statement concerning the two variables, 'Social Integration' and 'Mental Health,' will be made.

It is hypothesized that a high level of social integration is associated with a high level of mental health. Social integration refers here to the interweaving of individuals into the fabric of the community. Social participation is one means by which people attain social integration. The socially integrated individual, as contrasted with the social isolate, is described as one who has relationships, which are significant to him, with many different levels and segments of the community. The significance of these relationships will, of course, vary. Thus, one might be integrated by means of interaction with family and kin, neighbours, friends, voluntary associations, etc., singly or in combination.

Associated with the level of social integration is an individual's level of mental health. This concept is extremely difficult to define in any single, all-inclusive statement. Generally, mental health refers to

the fulfillment of basic human needs, which an individual requires in order to function adequately. These basic human needs are biological, psychological, and social. There appear to be many criteria for describing the level of mental health, such as: attitude toward self, growth, development and self-actualization, autonomy, perception of self-integration and self-mastery.

There are at least three sets of theoretical ideas which discuss the importance of the social integration of the individual and their significance for the mental health of an individual.

Mass Society Theory

Mass society theorists such as Kornhauser (1959), Selznick (1963), and Wirth (1939), place emphasis on the secondary associations in industrial society for the integration of individuals into its social fabric, and the association of this integration with the physical and mental health of the individual. In some societies, the predominant medium of integration is the network of family and kin. However, in modern industrial societies, the structure of social relations has changed as a result of such factors as greater population density, geographic mobility through economic necessity, and attendant separation from family and kinship ties, etc. Characteristics of this change are the heterogeneity of inhabitants in a community, the partial breakdown of the structure based predominantly on family and kinship ties, and community institutions catering to 'mass,' rather than to individual requirements (Wirth, 1939). According to mass society theorists, when secondary associations are weak, 'mass' man is alienated and basically non-participative; he does not accept responsibility

for a value system, the need to belong is unfulfilled, and participation, where it does occur, is segmental (Selznick, 1963). Secondary associations are thought to be important to prevent the development of a large undifferentiated mass, because they serve as intermediaries between the governing cultural elites and the populace, and because they provide the populace with the opportunity for the development of a sense of belongingness, political efficacy, and the positive benefits of social interaction.

Where the strain toward 'massing' exists, it is postulated that there is a convergence of the breakdown of those moral norms that limit desire and aspiration, with dysfunction and malintegration in molar social systems. Such a state has been termed "anomie" (Merton, 1967, pp. 131-60; Durkheim, 1951, pp. 241-76). When stated in terms of mental health as the fulfillment of basic needs, the concept of anomie is conceptualized as the breakdown of the individual's attachment to society and the lack of identification on the part of the primary ego of the individual with the 'self' that includes others (Srole, 1956).

Social Psychiatric Theory

A second set of theoretical considerations is found in the field of Social Psychiatry, in such studies as Leighton, et al., (1946, 1959, 1960), Srole (1956), and Srole et al., (1962), and Langner and Michael, (1963).

Two central propositions of Leighton's frame of reference are: first, a given personality exists more or less continuously throughout life in the act of striving; and second, interference with that act of striving has consequences which in turn often lead to psychiatric disorder,

(1960, p. 401). Through this act of striving, the individual attempts to become linked to the community, through such means as the family and kinship networks, voluntary associations, friends, church, etc. Leighton utilizes the concept of integration with both the individual personality and the community. He discusses the personality as the self-integrating unit, and he discusses the community as another level of integration similar to the personality. He describes the community as a quasi-organism. Disintegration may occur within a community where, once the pattern for a quasi-organism has been established, disruptions occur which send the community or group in a downward spiral of maladaptation (1959, p. 440).

Leighton postulates that social disintegration leads to psychiatric disorder in any given community. An individual is always striving toward culturally sanctioned goals which are facilitated by high community integration. Therefore, where there is high social participation, psychiatric disorders are less prevalent (1959). He presents a continuum, (1960, p. 394), at one end of which is the 'Model' which represents an ideal community in which the requisites of cohesive functioning are present and operating perfectly. At the opposite end of the continuum is the 'Collection,' in which all the requisites of cohesive functioning are absent, resulting in a lack of or breakdown in interactional systems, the effect being 'anomie' and 'anomia,' (1960, p. 420). The 'Model' is based on the functional prerequisites of society (Parsons, 1959, pp. 26-36). These include: adequate subsistence, and protection against the physical environment, communication facilities, adequate knowledge of methods for coping with situations that arise, provision for recruitment of new members and enculturating them throughout life, provision for control of deviance and mechanisms for motivation of conformity.

Srole (1956, 1962), utilizes the concept of anomia to describe the breakdown of interrelationships in a community. He writes:

Causal interpersonal relationships of the metropolis carry not merely the neutral or cold aspect of indifference; to the normally sensitive individual, they are frequently tinged with bruising harshness. Spreading by disaffection into more intimate kinds of relationships, this quality can produce a partial breakdown in the person-to-person private lines of communication. Such a social process can turn out to be psychologically impoverishing, pushing the individual toward a state that the present writer has elsewhere identified as 'anomia.' (1962, p. 119.)

Psychological stress is associated with both social integration and mental health in that a person's level of mental health is ultimately related to his ability to resist mental illness under stresses which tend to precipitate such an illness (Clausen, 1956; Langner, 1963). Leighton (1946), postulates that when people experience such stresses as isolation, enforced idleness, rejection, and the capricious and unpredictable behaviour of those in authority, these stresses can result in non-co-operation, withdrawal, aggressiveness or disturbed emotions, and a strain toward psychiatric disorder, or psychiatric impairment (Langner, 1963), or, again, anomia and social dysfunction. The degree of involvement and the sense of belongingness to society and the degree to which a person's sentiments or values and beliefs assist him in coping with stress, eventually lead him to develop or avoid psychiatric disorder, impairment, anomia, and dysfunction.

Developmental and Ego Psychological Theories

Theorists in developmental psychology (Erickson, 1963), and ego psychology (Hartmann, 1965), state that an individual requires satisfying social relationships. Maslow (1968), has postulated a hierarchy of

needs which require fulfillment for an adequately functioning individual. These are: physiological needs such as food and shelter, safety needs such as freedom from fear or deprivation, social needs such as social interaction and belongingness, ego needs such as the need for reputation, self-respect and self-esteem, and self-actualization needs such as the realization of individual potential and personal fulfillment. These areas of need are interrelated and interdependent. As an individual moves through the life-cycle, and as his fundamental needs are met, his aspirations rise and broaden. New needs are identified and the cycle continues until people reach their fullest aspirations.

Jahoda (1958), in her synthesis of criteria for mental health, discussed independence as one such criterion. Independence is defined as the ability to maintain one's psychic equilibrium in the face of adversity and with little outside support. This might account for certain individuals appearing to be isolated in a community and yet maintaining a high level of mental health. These individuals, while not being dependent on other persons or groups for their mental health, nevertheless require interdependence with others in the community for the fulfillment of their basic, particularly social, life needs.

PROBLEM IDENTIFICATION AND PROBLEM FORMULATION

The communities in northern Manitoba are undergoing a rapid social and economic change. This has been brought about in part by the infusion of public and private monies to develop the natural resources, the subsequent new wealth of these communities, a large influx of new people seeking to become a part of the labour force, and the establishment of new businesses

and industries which are ancillary to the large mining, smelting, and lumber industries.

Along with this rapid economic and social change, there are characteristics which tend to place psychological stress on individuals who are both long-time residents and newcomers to these northern communities. These include:

1. The newcomer is faced with the problem of becoming integrated into a new community, in forming friendships and in finding social outlets. He will have difficulty in locating housing, particularly if he has a family.

The long-time resident finds that the normative growth and life of his community is disrupted by both the industrial development and the influx of new people.

The newcomer to a new community is faced with the difficulty of relating to a developing community. In Leighton's terms, the new community is a 'Collection' striving to become the 'Model.' In terms of mass society theory, the population, loosely integrated, and initially without a network of secondary associations, has the potential for 'massing.'

2. A second characteristic presenting stress is the separation of individuals from their family of origin. Individuals must develop relationships with work groups, neighbours, and new friends, in order to maintain or achieve any sense of well being or belongingness (Selznick, 1963; Kornhauser, 1965; Srole, 1956).

3. A third characteristic of these communities is the limited economic infra-structure, and consequently, the relatively low socio-economic status of the labour force. The proportion of blue-collar workers is much higher than the proportion of white-collar workers, and with small populations, the entire community has a blue-collar character.

Blue-collar workers, and particularly the family men among them, tend to migrate to new communities in the expectation that the higher rate of pay will allow them to get ahead financially. However, the high costs of housing, food, and transportation offset the advantages of high pay. This tends to place stress on such individuals and families.

Other studies have indicated that the lower socio-economic status population tend to have a lower rate of participation in secondary associations which affects the extent of integration into the new community of residence. (This aspect is being examined separately, in another part of the total project.)

Both of these factors are associated with the fact that lower socio-economic status populations tend to have a higher incidence of mental illness (Hollingshead and Redlich, 1958; Langner, 1963, pp. 152-53), and a greater sense of separation from the elite of the community (Selznick, 1963; Leighton, 1960).

4. The rate of transiency is another characteristic in the frontier single-enterprise community. This affects the integration and cohesiveness of the community, since individuals who cannot find employment or who do not develop ties to the community tend to leave. The

professional people in a northern community similarly tend to be transient, thus adding to a sense of impermanence within the community, particularly for the original or long-time residents.

5. Yet another characteristic of northern one-industry communities is the dependence of the population on what often appears to be the sometimes capricious and unpredictable behaviour of the one industry upon which the community depends (Leighton, 1960, 1946). For example, massive lay-offs, the shutting down of the industry, and strikes place both potential and actual stress on the individual.

For the reasons enumerated above, mass society theorists indicate that in such a setting as northern one-industry communities, the conditions for 'massing' exist. However, the social integration of both long-time residents and newcomers to the community can be facilitated by family and kinship ties, interaction with neighbours and friends, and participation in secondary associations. One of the advantages of having these ties to the community is that one is thereby provided with others who can be turned to in time of need. They can also help the resident achieve a sense of belonging to the community. Social psychiatry goes further by stating that the extent to which individuals are integrated into the community is associated with the mental health of individuals and thus, the socially integrated tend to have higher levels of mental health.

At the other end of the social integration continuum is the social isolate who does not have significant ties within the community. While Maslow would support the idea that it is possible for someone to be socially isolated and yet maintain a high level of mental health, this is an

exception, and it would appear that most individuals are unable to do so.

With these theoretical considerations as a background, it is hypothesized in this study that, in northern one-industry communities, a high level of social integration is associated with a high level of mental health. Empirically stated, it is hypothesized that membership and participation in family and kinship networks, neighbouring, and voluntary associations is associated with a high level of measured mental health.

CHAPTER III
RESEARCH DESIGN

INTRODUCTION

The purpose of this chapter is to present first, the theoretical and operational definitions of social integration and mental health; second, to present a description of the type of data which was collected; and finally, to present the methodology utilized in the data collection.

DEFINITION OF THE VARIABLES

Theoretical Definitions

Mental health. There is no single, adequate definition of mental health as is borne out by Jahoda's survey of current mental health concepts (1958), and which is supported by Clausen (1956), and Scott (1968). Consequently, for the purpose of this study, it is not possible to develop an all-inclusive definition of the concept. However, it is possible to discuss components of the concept which are directly related to the testing of the hypothesis in northern one-industry communities.

Every individual requires the fulfillment of basic human needs in order to function adequately. These basic needs include biological needs such as food, shelter, and adequate health care; psychological needs such as parental guidance, a sense of identity, self-mastery, etc.; and social

needs such as meaningful interaction with other persons, and acceptance by others. In the absence of the fulfillment of these basic needs, an individual may be impaired in his functioning. The absence of one or more of these basic needs presents stress with which the individual must cope. If he is unable to do so, it may result in unhappiness, misperception of reality such that it may require counselling or psychiatric care, etc. All of this is included in the concept of mental health.

Social integration. Social integration refers to the interweaving of individuals into the fabric of the community, as indicated by Srole (1966), and Leighton (1946, 1959, 1960). The socially integrated person is one who has links of significance to him in many different levels and segments of the community.

Operational Definitions

Mental health. For the purpose of the 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 presence or absence of symptoms which are psychophysiological, and feelings of withdrawal and depression. The presence or absence of these symptoms reveals the individual's adaptation to stress and his sense of integration both psychologically and with his environment.

The Langner twenty-two item scale (1962) provides indicators which are a rough indication of where people lie on a continuum of impairment in life functioning due to very common types of psychiatric symptoms (for a list of these items, see Appendix I). These questions are a global

judgment of the impairment of each respondent. The instrument taps twenty-two symptoms, primarily psychophysiological, but also dealing with the feelings of depression and withdrawal. It was validated in the Midtown Manhattan study (Srole, et al., 1962, 1963). The items were selected on the basis of discrimination between known ill and well groups, and on their correlation with a psychiatric judgment of impairment based on a case summary of which they were part. They are drawn principally from the Minnesota Multiphasic Personality Inventory (MMPI), and the Neurophasic Personality Inventory (NPI). The items all discriminated between the ill and well groups at 0.01 confidence level or better. The scale was also used in a Montreal study, "Social and Mental Health Survey Report" (1966).

The Srole Anomia Scale was also used in the study, to test another dimension of mental health. The scale refers to the eunomia-anomia continuum representing the individual's generalized pervasive sense of self-to-others belongingness at one extreme, compared with self-to-others distance and self-to-others alienation at the other end of the continuum. The scale includes four elements:

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 fickle and unpredictable.
3. The individual's view, beyond abdication of future life goals, that he and people like him are retrogressing from goals already reached.

4. The deflation or loss of internalized social norms and values, reflected in extreme form by meaninglessness of life.

While measuring a respondent's sense of attachment to his community, the scale was utilized as a check on the Langner twenty-two item scale.¹

Social integration. For the purpose of the study, social integration refers to an individual's membership and participation in family and kinship networks, voluntary associations, and interaction with neighbours, friends, and work-mates. The absence of these factors reveals those who are socially isolated.

Several questions were included in the structured questionnaire. Respondents were asked about contact with neighbours, friends, and work-mates. Questions were also included which indicated contacts with family and kin, both within and outside the community. With regard to membership and participation in voluntary associations, Chapin's Social Participation Scale was used (Miller, 1970, pp. 289-93). This scale measures the degree of a person's participation in voluntary associations of all kinds, professional, civic, and social.²

TYPE OF DATA

With regard to mental health, non-standardized interviews were conducted with a cross-section of each community, focussing particularly on those involved in voluntary associations. These data reflected the quality of life within each community in a general way. Respondents were

asked to respond to their sense of attachment to the community, the problems they saw in the community, their perception of how people dealt with both personal and social problems, and the particular stresses they themselves experienced while living in a northern community.

A second set of data on mental health was gathered through a standardized questionnaire, which included the Langner twenty-two item scale, and the Srole anomia scale. As previously noted, these questions were designed to reflect respondents' degree of impairment-unimpairment in life functioning and their sense of eunomia-anomia.

With regard to social integration, non-standardized interviews were designed to reflect the individuals' degree and extent of integration, their feelings about the community, and the means by which they sought to become integrated, i.e., through family, friends, voluntary associations, etc. The interviews also reflected the sense of isolation which people felt from the community and from other individuals.

Data on social integration was also sought in the standardized questionnaire, which reflected a sense of positive adjustment to the community, the extent and type of membership and participation in voluntary associations, the interaction with family, neighbours, and friends who live outside the community.

A third set of data was gathered which reflected demographic variables, such as education, sex, occupation, and socio-economic status. This was also gathered through the structured questionnaire.

DATA COLLECTION METHODS

The northern Manitoba communities selected for this study were The Pas, Flin Flon, and Thompson. Field work was conducted by three researchers (one in each community), from June 1 to August 31, of 1970. Included in the original design of the study were three separate, but related, problem areas, all of which were examined in each community. The following description will deal exclusively with the mental health section of the study.

Non-standardized interviews and participant observation proceeded from June 1 to August 7 of 1970. During the last three weeks of August, 1970, the standardized questionnaires were administered by the researchers in each of the communities.

Qualitative Data

In order to orientate the researchers to field research methods, a four week training session was conducted before the actual data collection began. Training included exercises and study in participant observation and non-scheduled interviewing.

During the field period, a total of 220 interviews were held with individuals who were members of voluntary associations, and 48 meetings, functions, or programs of organizations were attended by the researchers. Interviews and observations attempted to include material on all variables defined in the total study design. The ongoing review of previous interviews by the particular researchers provided a check on the degree of balance obtained in the coverage of all the variables. Detailed notes of all interviews and observations were taken and dictated onto tapes as soon as possible after each session.

Questionnaire Construction

The questions relating to this study included numbers 1, 2, 10, 13 to 26, 31, 32, 37, 38, 60, 70 to 79, and 95 to 102 (see Appendix I).

The demographic data such as age, sex, marital status, etc., were of a simple and direct inquiry-response nature. Nationality was determined by what appeared to be (from the available facts), the most predominant groups in the communities studied. Inquiries on attained educational levels grouped individuals into high school, commercial, technical and university training, as well as indicating the number of years of training and the certificates or degrees earned by each individual. Occupational categories were replicated from the 1961 Dominion Bureau of Statistics Survey, with the exception of housewives, who were included as a separate category (see Appendix II-A). A detailed description of occupation was obtained in order to code by use of Blishen's revised 1961 socio-economic status scale.

The independent variables of organizational membership and activity necessitated the use of both an extensity and intensity measure. Therefore, Chapin's Social Participation Scale (1952 edition), was used (see Appendix II-B). The greater the respondent's level of participation, the higher was the score on the scale. The number of organizations belonged to was also determined, and was included in the extensity measure. The one exception made to Chapin's procedure was that it was not administered to both husband and wife, but only to the particular respondent. An organization was considered to be a voluntary organization if it was so defined by the respondent. The type of organization was classified according to Warren's scheme (see Appendix II-C). In determining the extent of neighbouring, friendship, and kinship relations, it was decided that both the number and frequency of contacts were important.

Sampling Procedures

The desirable sample size for each community was assessed to be 160, and sample populations were selected on that basis. Differences in each communities' physical patterning and the unequal accessibility to community data necessitated modifications to sampling procedures for each community. However, a constant method of call-backs was used for each community; if the address was a vacant lot, if no one was home after two calls, or if there was a refusal, the house on the right was chosen. If for the same reasons an interview could not be obtained from the alternate selection, the house to the left was then approached.

The Pas. A map of the town could not be obtained that detailed the lot numbers or house addresses. Therefore, it was decided to utilize the voting list which divided the town into two subdivisions. The Valleyview Trailer Court was not included in the voting list but was included in the sampling frame, because it contained a significant proportion of the population. The population distributions within each of these subdivisions were: 58 percent in Subdivision 1; 36 percent in Subdivision 2, and 6 percent in the Trailer Court. Subdivision 1 was a very widespread area with many vacant lots and a large number of new apartment blocks, duplexes, and houses not recorded on the voting list. Using proportionate sampling, every ninth household was selected in this area, yielding a sample of 92. Subdivision 2 was the older section of the community and was smaller in area with predominantly single dwellings and only two apartment blocks. Every sixth household was sampled to give a sample size of 58. In the trailer court, every eleventh trailer was chosen and a sample of 10 resulted from this procedure.

Flin Flon. A map showing all the property lots in Flin Flon was obtained. These lots were counted and divided by the chosen sample size in order to arrive at the sampling proportion. Every ninety-fourth address was then chosen by following a pencilled line through all the lots on the map. As there were numerous vacant lots in the resulting sample, the outlined procedure was repeated and thirty more addresses were selected. Time limitations made it impossible to complete all thirty of the additional sample, therefore these addresses were shuffled and selected in random order as required. Since residents on company property and in the trailer

court weren't on the map, four addresses were randomly chosen from company property and the trailer court in the same proportion as the sample size was to the total population.

Thompson. Both a mailing list and a map of the Thompson townsite were obtained. The mailing list included addresses for all designated lots; however, the apartment blocks represented numerous dwelling units, and therefore could not be considered as single addresses. All of the apartment complexes were separately considered and the number of dwelling units (single in each complex), was determined. After this procedure, the number of individual dwelling units (single residences, apartment units, and trailers), were added together and then divided by the derived sample size of 160. Every 102nd household was then chosen. Approximately 75 percent of the townsite area was either moderately or heavily populated. (That is, there were frequently two or more families per single residence dwelling.) Although it was impossible to predetermine how many families lived in the same household, a more equitable representation was hopefully obtained by using the following procedure. In the more densely populated areas (that were designated on the town map), the sample selection alternated between a main floor unit and a basement suite. If there was no second family in a sample household, the family present was chosen.

Questionnaire Administration

In view of the three week time period, it was decided to restrict the sample to married, or previously married, adults, with or without children. One adult per household was chosen, the selection alternating between a male and a female. A pre-test was conducted in mid-July, and

revisions were made before the actual administration in August. The final questionnaire took approximately forty minutes to administer, and was conducted on a face-to-face basis in a standardized interview. Answer cards with pre-coded responses were used when the question was very personal (as in the income questions), and when the same responses were used for a number of questions (as in the scaled neighbouring and kinship responses).

The number of questionnaires completed in each community was:

1. The Pas-----117
 2. Flin Flon---151
 3. Thompson----160
- TOTAL-----428

Sampling statistics for each town were:

Town	Total contacts made	Number refusals and number unable to be interviewed	Refusal rate
The Pas	205	59	34.74 %
Flin Flon	574	44	13.03 %
Thompson	376	36	10.46 %
TOTAL	1155	139	

"Unable to be interviewed" means that the individual did not speak English, was single, had just moved to the community, or was too ill.

The Pas had a rather high refusal rate, due to the following reasons:

1. The Pas had had at least five surveys in the past year, one of which sampled the entire town.
2. During the summer there were two magazine and book salesman blitzes, as well as two religious evangelists making door to door approaches to each household.
3. The local newspaper reported negative attitudes towards researchers in The Pas.

Door to door salesmen were also present in Flin Flon and Thompson, but a lack of bad publicity concerning the researcher in Flin Flon and a degree of positive publicity concerning the researcher in Thompson lowered the refusal rate in these communities. Also, Flin Flon and Thompson were not as heavily researched as was the Pas immediately prior to the present undertaking.

Quantitative Data Techniques

A number of different statistics were used to test the hypothesis of a relationship between indicators of the dependent (mental health), and independent (social integration), variables. The statistics used include Pearson's correlation coefficients, and for nominal data, the Chi-square test. In addition, a "student's t" test was used to compare the means on mental health indicators of samples classified on social integration using more than one social integration indicator.

Chi-square tests were also used to determine the existence or non-existence of a relationship between certain demographic variables and indicators of transiency.

Finally, "student's t" tests were used to compare means on selected indicators of all variables between towns.

Other Data Collected

Other types of data included official membership lists, directories, organizational literature, newspaper clippings, and reports of organizational meetings in reference to content, procedures, and interaction of members. As previously mentioned, maps, mailing lists, and voting lists were used for sampling procedures.

Limitations of the Study

The categorical definitions of the type of occupation and the type of organization sometimes posed problems for classifying the given responses, even though the outlined categories were quite comprehensive. Sometimes a response would either not readily fit into any category, or else it would fall into several. Coding checks minimized these subjective judgment errors to some extent.

Limited sample size was frequently a limitation. In the questions with numerous categorical breakdowns (e.g., occupation), there were often too few responses in some categories to establish a predictable trend. The use of different procedures in building a sampling frame for each of the three towns, and the fact that the samples drawn were not completely random indicate that some biasing errors are likely to have occurred.

The constant errors that occur in the mechanical process of scoring and coding, and computer analysis errors which could be present were minimized to the greatest possible extent by double-checking. Random errors that occur as a result of the same measurement being used on different people, in different situations, and at different times, could obviously have occurred in a study of this size.

The major limitation of the analysis is that, due to a lack of time, there was not a thorough analysis of all of the data collected. More statistical tests should have been used, more variables included, and more control variables set, to make the findings more complete.

However, on the whole, the structure of the design was quite rigorous, and the results should reflect a substantial degree of accuracy, reliability, and validity.

FOOTNOTES

1. The scale's validity, within the Srole study, was:
Relationship with Anomia;
 1. Authoritarianism $r = 0.47$.
 2. Attitudes towards minorities $r = 0.43$.
 3. Socio-economic status $r = 0.30$.
2. Its validity is:
 1. With Chapin's social status scale scores $r = 0.62$ to 0.66 .
 2. With income class $r = 0.52$.
 3. With occupational groups $r = 0.63$.
 4. With years of formal education $r = 0.54$.
 5. Between husband and wife $r = 0.76$.

This has been used in several studies, among them:

1. Chapin, F.S., "The Effects of Slum Clearance on Family and Community Relationships in Minneapolis in 1935-36," American Journal of Sociology, 43: 744-63, March, 1938.
2. Nelson, Joel I., "Participation and Integration: The Case of the Small Businessman," American Sociological Review, 33: 427-38, June, 1968.

CHAPTER IV

ANALYSIS AND INTERPRETATION OF RESULTS

As indicated in previous chapters, the substance of this study is addressed to the question: "Is social integration associated with positive mental health?" We are, on the whole, interested only in the existence or non-existence of an association between the indicators we have used for the dependent variable (positive mental health), and the indicators we have used for the independent variable (social integration). However, in the discussion, we will also be directing attention to the nature of an association, if one exists.

The reader might refer to Appendix I, and see that we have included many questions in the questionnaire in an attempt to record data relevant to a number of different modes of social contact. The major part of the analysis which follows is a presentation of data on the individual indicators which seem most reasonable to be reflective of social integration. At the end of the chapter, data will be examined in which a classification of the level of social integration is made on the basis of more than one indicator. Finally, data will be presented relevant to the question of extensiveness versus intensity of social integration.

In preliminary analysis, the authors examined the relationship between the dependent variable and, (1) a number of demographic variables, and (2) a number of indicators of transiency. Further, the authors examined

the relationship between the three towns on selected indicators of mental health, transiency, demographic characteristics, and social integration.

These tests showed that four demographic variables were significantly associated with one or both of the indicators of mental health; these were: (1) sex, (2) education, (3) family income, and (4) socio-economic status. Furthermore, mental health scores on both indicators were not significantly different on between-town tests. Finally, the between-town tests showed no difference in the distribution of socio-economic status and respondent education, but did show a significant difference in the distribution of sex and family income.

In view of the above, the authors were interested in testing the hypothesis for specific sub-groups of the total sample in order to examine the degree to which an association for sub-samples was consistent or inconsistent with the findings for the total sample. Accordingly, controls were maintained in two ways. First, tests for the hypothesis were done on the total sample and on the town samples with no controls of demographic variables. Second, tests were done on the total sample but with three variables simultaneously controlled--sex, education, and socio-economic status.

A comment about validity of statistics is in order. All of the data collected relevant to the dependent and independent variables is at least ordinal, which implies that only order statistics can be validly applied. However, the authors have used some parametric statistics. In doing so, we are aware of the possibility of overstating an insignificant finding. We are thus making the choice in favour of finding support for

the hypothesis when it is false (Type II error), over against the error of not finding support for the hypothesis when it is true (Type I error). We have used two such statistics--Pearson's r and "student's t." The authors want to underline a cautionary note in the interpretation of the results based on these statistics.

Social Integration via Family

In the analysis that follows, we will be looking at data relating two indicators of social integration to two indicators of mental health.

Table I shows the percentage of people within a given score range on the Langner scale who visit out-of-town relatives more than once a year. Thus, subtracting the figure shown from 100 percent gives the percentage of persons within each Langner score range who visit relatives once per year or less. The data is shown for the total sample and for the three towns making up the total sample.

TABLE I

Percentage of Respondents Within Each Mental Health Level
Who Visit Relatives More Often Than Once per Year

		Mental health via Langner Score ¹		
		Low	Medium	High
Flin Flon	N = 151	64	72	75
Thompson	N = 160	80	65	54
The Pas	N = 117	57	85	69
TOTAL	N = 428	67	73	66

Note: Chi-square tests were not significant

There is a linear trend association between high mental health and high visiting frequency in the town of Flin Flon. The direction of the trend is the same in The Pas, although it is non-linear (and this is true of the total sample), while the direction in Thompson is a reverse of the other two. Therefore, it appears that in two of the three towns, as well as in the total sample, there is a mild association between high visiting frequency and positive mental health.

The interesting reverse trend for Thompson might logically be a result of the real difference between it and the other two towns. Thompson is only twelve years old, has grown explosively in this period, has a high transiency rate, and has a young population. The field worker was impressed by the number of single young people and young couples who seemed to be unattached to the community. On the other hand, Flin Flon and The Pas are each considerably older, and have many more long-term residents. Furthermore, they have been reasonably gradual in growth. These statements are particularly true for Flin Flon, which can emphatically be said to have a strong sense of community. Finally, Thompson is the most northern and isolated of the three communities (see Chapter I for descriptions of the towns, and see Appendix III for a brief analysis of descriptive interview data on social integration). It might be that an intervening condition, characteristic of Thompson but not of the other two towns, is responsible for linking psychophysiological symptoms to visiting frequency.

The Srole scale (anomie), yields approximately the same associations with less strength and no negative trend for Thompson, as is seen in Table I-a.

TABLE I-a

Percentage of Respondents Within Each Mental Health Level
Who Visit Relatives More Often Than Once per Year

		Mental health via Srole Score ²		
		Low	Medium	High
Flin Flon	N = 151	67	78	76
Thompson	N = 160	57	56	62
The Pas	N = 117	69	76	63
TOTAL	N = 428	64	69	68

Note: Chi-squares not significant

The latter might suggest that while there might be a group of Thompsonites for whom 'getting out of town to visit relatives' is associated with stress symptoms, that same group is not anomic. Perhaps they have at least a feeling of being connected, even if many of the connecting links are not physically proximate.

In summary, Tables I and I-a suggest a weak association between high frequency of visiting relatives and positive mental health, with the exceptions as explained above.

Table II shows the same type of data (percentages as calculated above), relating the same indicators, but with sex and socio-economic status controlled.

TABLE II

Percentage of Respondents Within Each Mental Health Level
Who Visit Relatives More Often Than Once per Year

Sex	S.E.S. ⁴	N	Mental health by Langner Score ³	
			Low	High
Males	High	60	12	19
	Medium	57	27	48
	Low	58	33	27
Females	High	77	17	20
	Medium	71	26	40
	Low	55	38	35

Note: Chi-squares not significant

There is an association between visiting and positive mental health for both sexes in both medium and high SES groups. The association is strongest within medium SES regardless of sex. However, within the low SES groups (both sexes), high visiting frequency is weakly associated with poor mental health. Therefore, as in Table I, we have mild support for an association between high frequency of visiting relatives and positive mental health, but in addition, we have evidence that the existence of this association depends upon the socio-economic status of the respondent.

What we might be seeing here is that social contact is not the most important need for the low SES respondent. His life style may have

deprivation associated with it for which social contact might not be an adequate substitute.

Table III is the same as Table II, but shows data for the Srole anomie measure.

TABLE III

Percentage Within High-Low Mental Health Level Who Visit Relatives More Than Once per Month

Sex	S.E.S.	N	Mental health ⁵ by Srole Scale	
			Low	High
Males	High	60	12	20
	Medium	57	39	52
	Low	58	22	36
Females	High	77	22	18
	Medium	71	24	47
	Low	55	43	15

Note: Chi-squares not significant

For males, there is an association at all SES levels between high frequency of visiting and positive mental health (low anomie). The association for medium and high SES males is, recalling Table II, the same as the association with the Langner score. That is, for these two groups, contact with relatives is related to positive mental health, as measured by both symptomatology and anomie. However, for the low SES males, contact

with relatives is associated with positive mental health when measured by symptoms. It might be suggested that while contact with relatives can reduce one's sense of alienation or anomie, it cannot alleviate symptoms which might be associated with the stress of a low SES life style.

Further, in Table III, there is a very weak association between poor mental health (high anomie), and contacts with relatives, for low SES females. This same association is much stronger for low SES males, and in this case is opposite in direction to that of this relation for females. That is, for low SES males, contact is associated with mental health positively on one measure (anomie), and negatively on the other (symptoms), whereas for females it is associated negatively in both. Feelings of anomie appear to be a greater problem for low SES females than males. This is reasonable in terms of the opportunity for at least a baseline of social contact provided within a work role. More male than female respondents would have this opportunity. Furthermore, low SES females without work are among the least valued groups in our society.

The medium SES females show a strong and positive association in agreement with that shown for the Langner score.

The second indicator to be examined is the number of extended family living with the respondent. The hypothesis is that positive mental health will be associated with resident extended family. Resident extended family were seen to be a reasonable avenue for mutual support between family members. Of course, it might be that they represent a drain on nuclear family resources--both emotional and economic--but nevertheless, their presence in the home provides opportunities for social-emotional contact.

Table IV shows the data on these variables. Only the total sample is shown, as the incidence of resident extended family was too low to provide meaningful results within towns.

There is a weak association between resident extended family and low mental health on both measures. This contradicts the hypothesis. We suspect that the economic demand of extended family might be introducing a stress factor, and we are unable to control for economic resources, owing to the limited numbers involved.

TABLE IV

Percentage of Respondents Within Mental Health Measure Classes Having One or More Resident Extended Family for the Total Sample N = 428

		Mental health level		
		Low	Medium	High
Mental health by:	Langner score	15	10	10
	Srole score	13	8	9

Note: Chi-squares not significant

However, as previously indicated, the hypothesis could only be expected to hold if resident extended family were in fact able to contribute emotional support which was unmitigated by the demands of economic or other dependence. Thus, further investigation of this relationship might call for a large sample to which a number of controls could be applied; economic resources, age of extended members, etc.

In summary, we have the following associations between high frequency of visiting relatives and positive mental health as indicated by low-symptom scores:

1. A positive and linear relation in Flin Flon,
2. A positive and non-linear relation in The Pas,
3. A negative and linear relation in Thompson,
4. A positive relation for medium and high SES groups (male or female),
5. A negative relation for low SES groups (male or female).

We also have the following associations between high frequency of visiting relatives and positive mental health, as indicated by low anomie (high Srole scores):

1. Positive for males at all SES levels,
2. Positive for females in medium SES groups,
3. Negative and strong for females in the low SES group,
4. Negative and weak for females in the high SES group.

An association between resident extended family and low mental health, as indicated by both measures of symptomatology and anomie, is also present.

In general terms, we have the following observations from the data relating mental health measure to social integration via the family:

1. Weak, but reasonably consistent support for a general association between high contact with relatives and positive mental health.

2. Evidence to suggest that conditions specific to a town or community might interact in some complex way and intervene between those variables being examined.

3. Evidence that specific indicators might be positively related to mental health for one SES group, and negatively for another. That is, the association is dependent upon the specific SES group and the specific indicators.

4. Evidence to suggest that a particular type of contact might be associated with one dimension of mental health and not another.

5. A weak association between resident extended family and low scores on mental health measure with the suspicion that economic or other stress factors are involved.

Social Integration via Close Friends

In the following analysis, we will again be looking at the data relating two indicators of social integration, via close friends, to the two measures of mental health.

Table V shows the data from each town and for the total sample relating frequency of contact with close friends and mental health as measured by the Langner score. The data is presented in a manner consistent with that of the previous tables.

There is an association between high visiting frequency and low mental health in Flin Flon and The Pas. The relation is reversed in Thompson, where high visiting frequency is associated (in non-linear fashion),

with positive mental health. The overall effect results in no association for the total sample. Again, we see that the existence of an association depends upon the milieu.

TABLE V

Percentage of Respondents Within Each Mental Health Level
Who Visit Close Friends More Often Than Once per Month

		Mental health by Langner Score		
		Low	Medium	High
Flin Flon	N = 151	64	50	49
Thompson	N = 160	67	85	73
The Pas	N = 117	71	62	56
TOTAL	N = 428	67	67	63

Note: Chi-squares not significant

As suggested in the previous section, there are some real differences in life style and sense of community between Flin Flon and The Pas on one hand, and Thompson on the other. The two former towns are characterized by a more personable atmosphere, whereas Thompson has a much greater urban aura. This was made pointedly clear by a young professional respondent in Flin Flon, who said:

. . .we weren't here a few days and people were competing to get us into their clubs and groups. . .strangers that we didn't even know were inviting us over for a cocktail party. . .and for the first little while we weren't used to this, but soon we found that this was an accepted thing in the town.

(see Appendix III, p. 112.)

On the other hand, a respondent in Thompson, upon reflection, said:

You used to know everyone you met on the street. Now you don't. The town is much bigger and spread out. . . There weren't any mailboxes anymore where people had to come down to get their mail and this used to be a time when you could see everyone you knew. Also, there was only one shopping centre, and now there are three.

(see Appendix III, p. 113.)

It seems reasonable that the opportunity for casual, impromptu social intercourse is greater in Flin Flon and The Pas than it is in Thompson. It might be that the respondents who 'reach out' for considerably more social contact than is provided in the usual course of the day, in the two former towns, are doing so because of personal distress which shows up on a symptomatology measure. In short, extreme contact might be associated with the presence of symptoms. On the other hand, in Thompson, where there is much less informal, unstructured social contact, 'reaching out' for contact with friends would not be expected to reflect unusual personal need, but rather, a need for a modicum of social contact.

Table VI shows the same social integration indicator versus mental health as measured by the anomie scale:

TABLE VI

Percentage of Respondents Within Each Mental Health Level
Who Visit Close Friends More Than Once per Month

		Mental health by Srole Score		
		Low	Medium	High
Flin Flon	N = 151	51	55	67
Thompson	N = 160	72	77	74
The Pas	N = 117	67	63	49
TOTAL	N = 428	63	66	64

Note: Chi-squares not significant

There is a linear association between positive mental health and high contact in Flin Flon, a trend in the same direction in Thompson, although it is very weak and non-linear, and a reverse linear trend in The Pas in which positive mental health is associated with low contact with friends. Overall, there is weak support for the general hypothesis relating positive mental health to high social integration.

An interesting observation is made in comparing Table V with Table VI. In Flin FLon, high contact is related to high symptomatology and low anomie. It seems reasonable that regardless of suffering from symptoms (which might be a reflection of personal distress), contact with friends even beyond a modicum or intermediate amount will tend to prevent feelings of anomie. Again, this illustrated a difference between the dimensions of mental health being tapped by the two measures.

Even more interesting is the same comparison for The Pas. In this case, high contact with friends is associated with both high symptomatology and high anomie. This might be explained by a significant conflict in the community during the period of study. During this time, Churchill Forest Industries (CFI), was the subject of much controversy with respect to government funding. Rumours about misuse of funds abounded. The future of CFI led to feelings of uncertainty in the town. The field worker said that there was considerable suspiciousness between groups and individuals in the town. It might be that during a period of general uncertainty and suspicion in a community, many social contacts are characterized by these same qualities, in which case contact with friends would not be expected to inhibit feelings of anomie. Indeed, social contact characterized by uncertainty and suspicion might even elaborate anomic feelings.

Finally, the data for Thompson in both Tables V and VI suggest that the relationship between contact and mental health is not linear. It may be that there is an optimum contact level above and below which contact is associated with low mental health. Our data seems repeatedly to be indicating this kind of association.

Table VII presents the data relating contact with friends and mental health (via Langner Score), with sex and SES controlled.

TABLE VII

Percentage of Respondents Within Each Mental Health Level
Who Visit Close Friends More Often Than Once per Month

Sex	S.E.S.	N	Mental health by Langner Score	
			Low	High
Males	High	60	50	60
	Medium	57	82	63
	Low	58	89	65
Females	High	77	58	65
	Medium	71	68	71
	Low	55	57	56

Note: Chi-squares not significant

There is an association between contact with close friends and positive mental health for both male and female high SES groups, and weakly so for medium SES females. This is mild support for the hypothesis. There is no association for low SES females, and a reverse association-- that is, high contact associated with low mental health--for males in the medium and low SES levels.

The different findings between males and females might possibly be explained in terms of the social contact inherent in the work role, together with the possibility that excessive social contact is associated with low mental health. That is, it might be that respondents (male or female), who seek extremely frequent social contact do so because of inordinate or insatiable needs. They might be unusually anxious people who are unable to 'be alone' for any length of time. If something of this nature is true, what we might be seeing is that male respondents who have high contact with friends (in addition to social contact on the job), are seeking and receiving excessive contact, but it may not be meeting their needs or reducing their symptoms. It is a different story for females. They less frequently have the contact provided in a job. They are more likely to be housebound. Female respondents with high contact are less likely to be reflecting an excessive need and more likely to be satisfying a moderate need which does not get satisfaction during the normal course of a day at home.

The differences between the three SES levels for males can perhaps be explained in similar terms. Low status occupations are known to involve a greater social-emotional component than high status occupations

which are much more task-oriented (Dubin, 1958). For the low status male, who receives social-emotional contact on the job, high contact with friends more often means extreme contact, which might be a reflection of inordinate needs which are detectable with a symptom measure. For high status males, who receive less social-emotional contact on the job, high contact is less likely to be reflecting a desire to satisfy excessive unmet needs, and more likely to be reflecting satisfaction of moderate needs.

Table VIII shows the data relating the reported number of close friends in town to mental health as measured by the Langner Scale.

TABLE VIII

Percentage of Respondents Within Each Mental Health Level
Who Report Having More Than Three Close Friends in Town

		Mental health by Langner Scale		
		Low	Medium	High
Flin Flon	N = 151	82	61	80
Thompson	N = 160	40	70	72
The Pas	N = 117	57	69	72
TOTAL	N = 428	57	67	75

Note: Chi-squares not significant

There is a reasonably strong association between having many friends and positive mental health (low symptoms), in Thompson, The Pas, and the total sample. This association holds for Flin Flon also, but in addition, Flin Flon respondents exhibit a non-linear relation. That is,

in Flin Flon, high number of friends is associated strongly with both high and low mental health. Therefore, we have fairly strong support for the association between high number of friends and the extremes of the mental health continuum.

Table IX is the same as Table VIII, but shows the data relating to the Srole measure of mental health:

TABLE IX

Percentage of Respondents Within Each Mental Health Level
Who Report Having More Than Three Close Friends in Town

		Mental health by Srole Score		
		Low	Medium	High
Flin Flon	N = 151	76	84	73
Thompson	N = 160	67	69	70
The Pas	N = 117	64	74	73
TOTAL	N = 428	69	76	72

Note: Chi-squares not significant

The associations found in Table VIII hold to a greater or lesser degree for Table IX, with one notable exception. The association in Flin Flon relating mental health (via anomie), is in direct opposition to the association found relating symptomatology. That is, in Flin Flon, high and low symptomatology is associated with high reported number of friends, but medium anomie is associated with the same reported number of friends.

This is a very difficult finding to interpret. All that the authors can say is that something in the nature of the Flin Flon respondents, when combined with the friendship dimension, is sharply demarcating

the two dimensions of mental health being tapped.

In summary, we have the following associations between high frequency of visiting close friends and positive mental health, as indicated by low symptom scores:

1. Negative in Flin Flon,
2. Positive and non-linear in Thompson,
3. Negative and linear in The Pas,
4. Positive for both male and female high SES levels and weakly so for medium SES females,
5. Negative for medium and low SES females,
6. No relation for low SES females.

There is an association, as well, for high frequency of visiting close friends and positive mental health as indicated by low anomie:

1. Positive and linear in Flin Flon,
2. Positive and non-linear in Thompson,
3. Negative and linear in The Pas.

The association between high reported number of close friends in town and positive mental health as indicated by low symptom scores is as follows:

1. Positive and linear in Thompson and the Pas,
2. Neither positive or negative, but non-linear with those reporting many friends falling at the two extremes of the mental health indicator in Flin Flon.

Between high reported number of close friends in town and positive mental health as indicated by low anomie, the associations are:

1. Positive and linear in The Pas,
2. Weakly positive in Thompson,
3. Neither positive or negative with those reporting many friends falling in mid-range on mental health for Flin Flon,
4. Positive for all sub-groups of SES and sex (data not shown in text).

In general, we have the following observations from the data relating positive mental health and social integration via friendships:

1. No substantial evidence to support a general association between contact with friends and positive mental health. An association and its direction varies in relation to (1) the particular community, (2) SES level, (3) sex, and (4) the dimension of mental health tapped.
2. Fairly strong evidence to support an association between reported number of friends in town and mental health. However, the nature of the association is unclear. It may be curvilinear. In this case, many reported friends is associated with extremes of mental health on a symptomatology measure, and with groupings on the mid-range on the anomie measure.
3. Evidence to suggest that a particular indicator may be tapping different degrees of involvement, depending upon the community, sex, and the SES level.

Social Integration via Organizations

In the analysis that follows, we will be looking at two dimensions of participation in organizations in relationship to the two measures of mental health. The two dimensions of participation are extensity (simply the number of different organizations in which the respondent has membership), and intensity (Chapin's Social Participation Score).⁶

The first method of analysis is a comparison of means, using the "student's t" test, of scores on the mental health measures for two groups; those respondents who are in no organizations, and those who are in one or more.

Table X shows the means, standard deviations, and standard errors of these two groups on the Langner measure.

TABLE X

Comparison of the Means on the Langner Measure of Mental Health Between Those Respondents Who Do, As Opposed to Those Who Do Not, Have Membership in an Organization

	Mental health by Langner Score			
	Mean	S.D.	S.E.	N
No organizations	4.063	3.426	0.324	112
One or more organizations	3.222	2.702	0.152	316

Note: $t = 2.630$, significant at 1 percent

The above gives strong and significant support for an association between membership in organizations and positive mental health (few

symptoms). This association is supported by the same test on the anomie measure, and it, too, is significant at better than the 1 percent level.

TABLE XI

Comparison of the Means on the Srole (Anomie) Measure of Mental Health Between Those Respondents Who Have Membership in One or More Organizations, Versus Those Who Do Not

	Mental health by Srole Score			
	Mean	S.D.	S.E.	N
No organizations	13.571	2.470	0.233	112
One or more organizations	14.361	2.267	0.128	316

Note: $t = 3.092$, significant at 1 percent

Table XII is a table of Spearman rank order correlation coefficients relating the number of organization memberships to the scores on each of the mental health measures within towns, and for the total sample.

TABLE XII

Spearman's Rho Relating Number of Organization Memberships to Measures of Mental Health

		Mental health measure	
		Langner ⁷	Srole
Flin Flon	N = 151	0.158*	0.176*
Thompson	N = 160	0.192*	0.234**
The Pas	N = 117	0.181	0.234*
TOTAL	N = 428	0.148**	0.215**

Note: * = significant at 5 percent level
 ** = significant at 1 percent level

There is very strong and persistent support for an association between number of memberships in organizations and positive mental health by both measures of symptoms and anomie.

Similar data relating the Social Participation Score to both measures of mental health support the foregoing with the same consistency and high significance levels.

TABLE XIII

Spearman's Rho Relating Social Participation Scores
to Measures of Mental Health

		Mental health measure	
		Langner	Srole
Flin Flon	N = 151	0.121**	0.176*
Thompson	N = 160	0.201	0.243**
The Pas	N = 117	0.068	0.252**
TOTAL	N = 428	0.136**	0.228**

Note: * = significant at 5 percent level
** = significant at 1 percent level

When controls for sex and SES are applied, an interesting finding turns up in the relationship between the Social Participation Score and mental health as measured by symptomatology. With one exception, the data is consistent, though not at significant levels, with the data for the towns and total sample as discussed above. The exception occurs with high SES males. In this case, there is a positive correlation between the SP Score and mental health by anomie, but a negative one between the SP Score and mental health by symptoms.

TABLE XIV

Spearman's Rho Relating Social Participation Scores
to Measures of Mental Health

Sex	S.E.S.	N	Mental health measure	
			Langner	Srole
Males	High	60	-0.151	0.154
	Medium	57	0.040	0.103
	Low	58	0.051	0.023
Females	High	77	0.154	0.229*
	Medium	71	0.189	0.132
	Low	55	0.232	0.189

Note: * = significant at 5 percent level

The SP Score can be seen as a measure of the degree to which a respondent invests himself and takes responsibility in the organization of which he is a member. High SES males are likely to have quite demanding occupations which require that they assume considerable responsibility and which make them subject to stress, which could be detected by symptom measure. What we might be seeing is that those respondents who cope with stressful, demanding occupations are often elected to responsible positions in organizations. Or, it might be that the additional organizational responsibility assumed by high SES males results in stress. It might simply be a case of responsible people over-extending themselves.

In summary, we have the following findings:

1. Support, at a significant level, that respondents who are in at least one organization exhibit more positive mental health (as measured by both symptomatology and anomie), than those who belong to no organizations. The same relationship can be expressed as those who are at more positive levels of mental health belonging to one or more organizations.
2. Strong, consistent, and statistically significant support for an association between number of memberships in organizations, and positive mental health, via both measures.
3. Strong, and statistically significant support, for an association between intensity of involvement in organizations (as indicated by the SP Score), and mental health, via both measures--with one exception; for high SES males, intensity is inversely related to mental health via the symptom measure (although positively related for the anomie measure, which is consistent with the other findings in this section).

Social Integration via Four Indicators of Contact

In the analysis that follows, we will be looking at the data relating positive mental health to three categories of social integration, which are created on the basis of four indicators. The indicators are frequency of visiting with, (1) neighbours, (2) people met through work, (3) close friends, and (4) relatives. The three levels of social integration represent respondent responses as follows:

1. High.- There were, (a) no 'never' responses to any of the above four indicators, and (b) 'once per week or more' on at least two of the indicators.

2. Medium. There were, (a) no 'never' responses, and (b) zero or one response of 'once per week or more.'

3. Low. There were, (a) at least one 'never' response, and (b) zero or one response of 'once per week or more.'

Table XV shows the data for comparing the means on mental health measure (symptoms), for the above three levels of social contact.

TABLE XV

Comparison of the Means on the Langner Measure
of Mental Health for Three Levels of
Social Integration via Contact

Social integration	Mental health via Langner Score			
	Mean	S.D.	S.E.	N
High	3.448	2.718	0.291	87
Medium	3.248	2.888	0.187	238
Low	4.078	3.320	0.378	77

Note: None of the comparisons between pairs are statistically significant

While none of the comparisons are significant, there is additional evidence that the extremes of social integration are associated with lower mental health. There seems to be a weak association between low

social contact and low mental health (many symptoms), and between medium social contact and positive mental health (few symptoms), with high social contact occupying an intermediate position between the two in terms of mental health.

Table XVI illustrates the same type of data for the Srole (anomie) measure of mental health:

TABLE XVI
Comparison of the Means on the Srole (Anomie)
Measure of Mental Health for Three Levels
of Social Integration via Contact

Social integration	Mental health via Srole Score ⁸			
	Mean	S.D.	S.E.	N
High	14.414	1.950	0.209	87
Medium	14.164	2.455	0.159	238
Low	13.753	2.576	0.294	77

Note: None of the comparisons between means are significant

There is a weak linear association between social integration via contact and mental health via anomie measure.

In summary, we have weak support for a linear association between social integration and positive mental health (via low anomie), and additional evidence for a non-linear association between social integration and positive mental health (via symptoms), in which low mental health is associated with the extremes of social integration.

The Intensity-Extensiveness Dimensions of Social Integration

In the brief analysis which follows, we will be exploring the relationship between intensity and extensiveness of social integration. The relevant indicators are the number of organization memberships (measure of extensiveness of integration), and the social participation (S.P.), score (measure of intensity).

Table XVII shows Pearson's correlation between the S.P. score and both measures of mental health (the coefficients for the Langner score have been multiplied by minus 1, so that a positive coefficient means that positive mental health is related to a high S.P. score directly), with the number of organizations held constant.

TABLE XVII

Pearson's r for Social Participation Score
Versus Mental Health Score, With
Number of Organizations Constant

Number of organizations	N	Mental health by	
		Langner	Srole
1	114	0.114	0.038
2	86	0.106	0.070
3	52	-0.023	-0.184
4	41	-0.237	-0.034

Note: No significant coefficients

The data suggest that when extensiveness is low (one or two organizations), intensity of involvement in organizations is directly associated

with positive mental health, but as extensiveness increases (through three and four organizations), this association decreases and becomes inverse, so that at high extensiveness levels, increasing intensity is associated with decreasing mental health.

It appears, therefore, that there might be an optimum balance between extensiveness and intensity of involvement in organizations, beyond which there are adverse consequences for mental health.

FOOTNOTES

1. A high score on the Langner scale is indicative of low mental health. The cut-off points for this table are: low, 7 or more; medium, 4 to 6, and high, 0 to 3. The same applies for subsequent tables using Langner with three levels.
2. Cut-off points are: low, 5 to 12; medium, 13 or 14; high, 15 to 19. These apply to subsequent tables using Srole with three levels.
3. Cut-off points are: low, 4 or more; high, 0 to 3. These apply to subsequent tables using Langner with two levels.
4. Socio-economic status represents a combination of education and the Blishen score as follows: low, no high school and below 39.99 on Blishen; medium, one or more years of high school and below 39.99 on Blishen; high, one or more years of high school and above 39.99 on Blishen.
5. Cut-off points are: low, 5 to 13; high, 14 to 19. These apply to subsequent tables using Srole with two levels.
6. The two dimensions are, of course, correlated, since as the number of organizations increases, so does the Social Participation Score. However, the correlation is far from perfect, as for a constant number of organizations, the Social Participation Score can vary. For example, if the respondent is in one organization, his S.P. score can be anything between 1 and 15.
7. Actual correlations were negative, but the signs have been dropped so that the positive correlation is relating high involvement to high mental health (low Langner score).
8. High score means high mental health (low anomie).

CHAPTER V

CONCLUSIONS AND IMPLICATIONS OF THE STUDY

The purpose of this study was to test the hypothesis that social integration is associated with mental health. Social integration was defined in general terms as the interweaving of an individual into the fabric of the community. Operationally, it was felt that socially integrated individuals would have interactions of varying significance with diverse segments of the population and through different modes--family, friends, work, and organizations.

Mental health was considered to be a multi-dimensional concept, involving the degree to which one is satisfying physiological, psychological, and social needs. It was realized that a rather detailed psychiatric and psychological assessment would be necessary in order to determine an individual's relative mental health state in a way which might approximate the totality of the concept. Such assessments were beyond the practical scope of this study. Operationally, we adopted two measures of mental health; one, a psycho-physiological symptom scale, the other a measure of feelings of belongingness, connectedness, or optimism.

The observations were stated in both specific and general terms in the previous chapter, and thus need not be repeated here.

The most basic conclusion which can be drawn from the data is that this study has found only weak evidence in support of the hypothesis. However, the evidence is mixed, and in the case of organizations as a mode of integration, there is substantial support for the hypothesis.

The contradictory nature of the data really raises the question: "What do the indicators of social integration mean?" For the most part, and for other than the Social Participation Scores, the indicators are indicators of social contact. It seems, from the data, that contact in and of itself might have very different meaning to individual respondents, and may not necessarily imply that social integration contact could be meaningful and satisfying, or it could be meaningless, superficial, and unsatisfying--perhaps even depreciative. It is now thought that a major defect of this research is the lack of a measure of the relative meaning of contact for the individual. Future studies in the area of social integration should take this into account. This problem is well illustrated with reference to questionnaire numbers 72 and 74 (see Appendix I), in which the authors defined a 'close friend' in a fairly stringent way, attempting to get at meaningfulness of connect. Notwithstanding this, 12 percent of the respondents in the total sample reported five or more 'close friends' within two blocks, and an astounding 43 percent reported having nine or more in town. There were responses in the dozens, and even one response of 200. Clearly, the intent of the question was not realized.

The above discussion brings us to what is perhaps the most important finding in the study. There is consistent evidence throughout that where we find poor mental health, it is at the extremes of social contact.

However, it is now suggested that care must be taken to distinguish between social contact and social integration; the latter implies meaningful contact. We suggest that low social contact is associated with poor mental health, because basic social needs have no avenue for expression--meaningful or otherwise; that high social contact is associated with low mental health, because the contact may be superficial and lack meaning; and that the best approximation to social integration is the moderate level of contact, because it provides the individual with the greatest opportunity for a variety of interpersonal experiences at different levels of meaning and satisfaction. This hypothesis, of course, cannot be tested until such time as adequate measures are developed which can tap the meaning that contacts have for the respondent.

The extensiveness-intensity analysis in the previous chapter lends some minimal support to the above suggestion. The Social Participation Score is more properly a crude measure of the investment a respondent is making in organizations than it is a measure of meaning. To the extent that investment of this nature can imply a meaningful return, the measure moves close to what is needed. In any event, it is the closest approximation we have in this study, and the results suggest that there is an optimum balance between extensiveness of participation, as indicated by the number of organizations in which the respondent has membership, and intensity of participation, as indicated by the Social Participation Score.

In a different vein, there is considerable evidence to suggest that characteristics peculiar to a particular community somehow affect the relationship between social contact and mental health. The authors

would have been at a loss to interpret these differences had they not the advantage of descriptive material, and had there not been one member of the research team living in each of the communities. Both the qualitative data (Chapter I and Appendix III), and the quantitative data of the previous chapter indicate real differences between the towns in the life style, sense of community, social groupings, etc. What part these differences play in the mental health of the individual members of the community is, however, difficult to say, particularly as there were no significant differences in measures of mental health between the towns. It might be that conditions peculiar to a town will affect an association between social contact and mental health within one group (SES, sex, etc.), one way, and within another group in another way. Thus, we might expect that the apparent lack of informal means of social contact in Thompson would affect low socio-economic respondents differently than high socio-economic status respondents because there are more other avenues of social contact open to the latter. We have not examined this question, because it is not within the scope or possibility of this study. However, the data we have examined for specific groups of the total sample lend some credence to such a suggestion, inasmuch as there is considerable evidence to suggest that a particular association will hold for one group and not another.

In summary, the authors feel that this study has shown minimal evidence for an association between positive mental health and social integration. The association appears to be non-linear, but this may

reflect the inability of the indicators to properly represent meaningful social contact. Furthermore, the association seems to be subject to a number of other variables; some related to the respondents (SES, sex, education), and others related to the community.

APPENDIX I

QUESTIONNAIRE

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. 2½ years = 3 years, 5½ 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

17. 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 _____
18. What is the last grade of school which you completed?
- 1 2 3 4 5 6 7 8 9 10 11 12
19. If you have had any education or formal training after high school, specify which _____
20. No. of years
- 1 2 3 4 5 or more
21. Degrees or certificates earned? _____
- _____
22. (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
23. If your (husband) (wife) has had any education or formal training after high school, specify which _____
24. No. of years
- 1 2 3 4 5 or more
25. Degrees or certificates earned? _____
- _____
- (Ask 26-30 about self. Ask questions 32-37 about spouse)
26. 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. \$6000-7499
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 30)

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

60. 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)
abc	1.					
abc	2.					
abc	3.					
abc	4.					
abc	5.					
abc	6.					
abc	7.					
abc	8.					
abc	9.					
abc	10.					
Totals:						

61. (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?

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

1. yes

2. no

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

1. yes*

2. no

*64. If yes, which organizations (name specifically)?

65. 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.

65. 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

77. How often do you get together socially with any of your close friends?
1 2 3 4 5 6 7
78. 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
79. 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
80. Real friends are hard to find in this community.
1 2 3 4 5
81. A lot of people here think that they are too good for you.
1 2 3 4 5
82. People here work together to get things done for the community.
1 2 3 4 5
83. Most of our church people forget the meaning of the word "brotherhood" when they get out of church.
1 2 3 4 5

84. I feel very much that I belong here.
1 2 3 4 5
85. You must spend lots of money to be accepted here.
1 2 3 4 5
86. I try to mind my own business.
1 2 3 4 5
87. People here are generally critical of others.
1 2 3 4 5
88. You are out of luck here if you happen to be of the wrong nationality.
1 2 3 4 5
89. I would rather live in another area of this community.
1 2 3 4 5
90. I would prefer to live in another community.
1 2 3 4 5
91. I feel that my neighbours and I have much in common.
1 2 3 4 5
92. I feel that this community does not have many interesting things to do.
1 2 3 4 5
93. I often feel bored, having nothing to do and nothing I especially want to do.
1 2 3 4 5
94. Life in this community is often very lonely for me.
1 2 3 4 5

HOW PEOPLE FEEL

95. 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

96. 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.

97. 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 II

- A. Government of Canada. Dominion Bureau of Statistics. 1961 Survey. Ottawa: The Queen's Printer, 1961.

The occupational categories used in this survey were: (1) Managerial, (2) Professional and technical, (3) Clerical, (4) Sales, (5) Service and recreation, (6) Transportation and communication, (7) Farmers and farm workers, (8) Loggers and related workers, (9) Fishermen, trappers, and hunters, (10) Miners, quarrymen, and related workers, (11) Craftsmen, production process, and related workers, (12) Labourers n.e.s., and (13) Unemployed.

- B. Chapin's Social Participation Scale, 1952 edition.

This Guttman-type scale was used to measure the intensity of participation by adding the weighted scores given to various types of organizational activity. The scores were weighted as follows: Member, (1); Attendance, (2); Financial contributions, (3); Member of committees, (4); and Offices held, (5).

- C. Organizational classifications taken from R.L. Warren, The Community in America. (Chicago: Rand, McNally and Company, 1963), pp. 188-89.

(1) Economic groups, (2) Government groups, (3) Planning groups, (4) Housing groups, (5) Education groups, (6) Fraternal groups, (7) Recreation groups, (8) Religious groups, (9) Cultural groups, (10) Welfare groups, (11) Groups for children and youth, (12) Health groups, (13) Intergroup-relations groups, and (14) Community organization groups.

- D. Coding changes in the questionnaires were as follows:

1. Question 3. Category 4, "never married" was excluded from the coding scheme, as these individuals were excluded from the sample.

2. Question 13. The following categories were added: (7) 21-30; (8) 31-40; (9) 40 +.

3. Questions 19, 20, 23, and 24. These questions were combined into the following codes:

1. Number of years of commercial training.
2. Number of years of professional and technical training.
3. Number of years of university training.

4. Questions 21 and 25. The types of degrees or certificates included were:

- | | | |
|-----------------------------|-----|------------------------------|
| 1. Commercial certificate | | 1. University diploma |
| 2. Technical certificate | AND | 2. Bachelor's degree |
| 3. Professional certificate | | 3. Master's or second degree |
| | | 4. Doctorate degree |

5. Questions 26 and 32. The coding procedure followed the Dominion Bureau of Statistics classification scheme (see Appendix II-A).

6. Questions 30 and 36. These questions were not coded, but were used as aids in classifying occupation.

7. Blishen's percentile categories were used:

- | | |
|----------------|----------------|
| 1. 70 + | 4. 40.00-49.99 |
| 2. 60.00-69.99 | 5. 30.00-39.99 |
| 3. 50.00-59.99 | 6. Below 30.00 |

These categories go from high to low SES.

8. Question 60. Chapin's Social Participation Scale was used (see Appendix II-B).

9. Organizations were coded according to Warren's model (see Appendix II-C).

APPENDIX III
A PRELIMINARY ANALYSIS OF INTERVIEW MATERIAL
ON SOCIAL INTEGRATION THEMES

The sub-themes of social integration are grouped under three predominant headings:

1. Involvement in the community,
2. Group life in the community,
3. Newly formed and issue focused groups.

The analysis will summarize sub-themes under these headings with supporting quotations. The three communities will be considered together, and differences between communities, arising from the interview data, will be recorded with supporting quotations.

Involvement in the Community

The interview data reveals statements regarding the involvement and non-involvement of individuals and groups of people in the life of the community of residence. The modes of involvement included membership and participation in voluntary associations and community events, and interaction with family, friends, members of ethnic or racial groups, and work groups.

Involvement or participation in community life is a primary indicator of social integration, which we define as meaning the interweaving of individuals into the fabric of the community. For whatever reason an

individual does participate, such participation may tend to enhance his positive adjustment to the community, his commitment to community betterment, and his sense of political efficacy. It may also assist him to remain in the community for a significant length of time, since his participation provides him with a sense of identity with the community, or group within the community, in which he participates. However, there may be aspects of the community life which mitigate against his participation, such as rejection of him by the community, a lack of groups in which he can find meaningful participation, or the realization that he will not be living in the community for any great length of time.

The following is a summary of sub-themes reflecting the sense of involvement in the community by those interviewed.

Why people get involved in the community. One set of statements reflected why people get involved in the community. There are a number of reasons why individuals become involved in the life of a community. One main reason is the separation from family of origin; another is to attempt to influence decisions which are made about the community; and yet another is to develop social relationships. Reasons were given by respondents, such as: the enjoyment of being with people, to get together with others, to be involved in the community, to keep up to date with what is going on, wanting to be active, the distance from other groups and families, groups remind people of their original home, people make one feel wanted, etc.

A typical statement was:

She believes that the curling (club) contributes to the personal satisfaction of people, and also, as in her case, people join to meet other people with the same interests.

Two types of statements were made in Thompson which were not made in the interview data from The Pas or Flin Flon. These statements gave the reason for involvement as "to keep from cracking up," and, "the distance from other communities and family."

Why people do not get involved. A second set of statements revealed why people don't get involved. There are a number of reasons why people don't become involved in the life of a community. In some cases, there are no voluntary associations which cater to a person's particular needs; or there is a sense that he can do nothing to influence the decisions made about the community; or the groups in a community are 'closed.' Reasons were given in all three communities, such as: people, especially women, are too involved in their own families to participate in voluntary associations; the Indian and Metis population are reluctant to participate in voluntary associations and mix with non-Indians, because they feel out of place; people won't be residing long enough in a community and thus don't feel the necessity to become involved.

A typical statement was made here by a branch manager of an international company:

I feel no particular commitment to the town and have not become involved in voluntary associations partly because I am out of town on business so much and partly because I know I will not be living here very long.

In Flin Flon and Thompson, shift work was described as a reason for non-involvement, "He feels the problem with (lack of participation in) the organization is the shifts the men work." Regarding shift work and families:

Shift work is hard on them. Some families are very active and this tends to pull them apart during the week. I think it is the outdoor activities that help keep families together.

The newcomers to Thompson, who are immigrants, were described as having particular difficulty in getting involved (there is, to a lesser extent, interview data to support this in The Pas and Flin Flon):

It is very difficult for some of them to be active. For example, the Portuguese and Italian women are not allowed to be involved. We found this in the International Fair. The women would not or could not participate. . . they donated very heavily to the fair. Now, on the other hand, the German women really get involved and really participate. . . the biggest barrier of course, is the language problem, and this is especially common among the women.

Also, in Thompson, a sense of isolation was seen to be a reason for non-involvement. A church worker said:

I think people feel sorry for themselves and just don't want to bother with others. But there is a certain isolation of the mind up here.

In Thompson and Flin Flon, reasons were given for lack of participation in union activities:

They come up here to make money and to hell with everything else. . . Perhaps the cost of living is so much that this is. . . why they are just out to make money. The community is young. . . Wives complain if the men are out too much.

How people get involved in the community. A third set of statements indicated how people get involved in the community. In the absence of family of origin, voluntary associations provide the main means for an individual's social integration. Thus, there are a variety of groups, which are both formal and informal, in which the individual can participate. In all three communities, voluntary associations were the main medium of involvement, among the respondents. Recreational voluntary associations were the groups that were most likely joined, both by the long-time residents and the newcomers:

I consider the town to be very friendly. . .
you have to make an effort to make friends and I started
with the curling association and became involved in that.

Others became involved through work-mates and friends. A young professional stated:

Most of my friends were teachers and it seemed natural because the other young people in town seemed to be mostly transient and single and the other people in town were older with families.

The same respondent also stated:

We weren't here a few days and people were competing to get us into their clubs and groups until the time when we could get into our own groups. . . strangers that we didn't even know were inviting us over for a cocktail party or something, and for the first little while we weren't used to this, but soon we found that this was an accepted thing in the town.

Yet others said that they had difficulty breaking into the community:

I found it very hard to break into the town and so did my wife, but we found a great many activities for our children.

In Thompson, there was a feeling among the original settlers that it was more difficult to get to meet and to get to know people now, due to the increase in population, etc.:

Before, most of the people had been transferred from Sudbury or other surrounding areas and most of them worked for Inco. We all had no ties with our families or friends and were all very far away. So we got to know one another faster and better. You used to know everyone you met on the street. Now you don't. The town is much bigger and spread out. I think a big change occurred when the Post Office came. There weren't any mailboxes anymore where people had to come down to get their mail and this used to be a time when you could see everyone you knew. Also, there was only one shopping centre and now there are three.

Flin Flon was described as having numerous informal groups such as bridge clubs and birthday clubs through which people became involved.

Who does not get involved. In all three communities there were segments of the population who were described as not becoming involved in voluntary associations and some who remained completely isolated. In any community, there are segments of the population who do not become involved in voluntary associations or even in interaction with friends and neighbours. Traditionally, the lowest SES groups do not participate in voluntary associations; also, some ethnic groups stay within ethnic organizations for their mutual support. In northern communities, there are a large number of transients, who do not become involved. There is some disagreement in the literature on the latter point and there is some evidence that some of the transient population are used to living for relatively short periods of time in communities, and do not seek to become attached. Others do become involved in community voluntary associations in order to develop some ties with the community.

The following is an example of the first orientation:

I would describe it (the church) as not being very active. I think it has a lot to do with age level. There are a lot of young people and they have a transient frame of mind. They don't want to become deeply involved. . . the people don't stay here because they feel hemmed in. There is just no where people can go.

The Indian population was described as not getting involved in the community:

The Indians are reluctant to respond and are a little reluctant to become involved. When the issues are directly related to them, they tend to become interested and active, but as soon as something has been done, they drop out again.

In Thompson, many of the European immigrants are described as not becoming involved (see Appendix III, p. 111). In Flin Flon, the older Ukrainians are described as participating in the union, but not in other organizations. In The Pas, the older Ukrainians are described as not getting involved in the community whereas the French are described as being assimilated:

Maybe 20 percent of the population would be French. You don't hear or see too much of them except in connection with the church, because they are Roman Catholic. . . they are pretty well assimilated into the industry in the town. . . they don't seem to be as segregated as the Ukrainian population, and are well interspersed in the community, with their common meeting ground being the church.

Group Life in the Communities

The interview data also revealed information regarding the voluntary associations in the three communities.

There are differing types of group life in different communities. In some communities, the voluntary associations are involved in 'community building' and in others they are in a period of transition from 'group maintenance' to 'community betterment' largely due to an influx of new members.

In some cases there are external factors which govern the quality of group life, such as the age of the population and the control which the main industry of a community exerts on the groups.

Level of activity or inactivity. One set of responses indicated the level of activity or inactivity of individuals and groups in the communities. In some communities, particularly smaller ones, there are a number of individuals who are 'multiple group members.' They generally tend to be the business and professional group who are in higher income categories. As well, there is a small core of people who are non-active members of groups, and a third segment of the people who do not participate at all. All of these factors have an effect on the level of activity of community groups. A typical statement regarding the proportion of individuals who actively participate in voluntary associations was:

I notice here that people work all the time. They don't have time for sports. It is the same nucleus that is running things everywhere. I would say that we would be very fortunate if there were one quarter of (the town's) population participating in the sports that are available to them.

The large unions were described as having low participation of members. One union official stated that hardly any of the members are active (a union with 3,700 members had only 53 out of 102 steward positions filled).

Another union official stated, "Only 15 percent of the union voted in the most recent election, which works out to about 175."

Regarding the activity level of voluntary associations, some were described as being active while others were described as inactive:

The (club) tends to be a younger, more active group than the (club). The (club) is coming along really well. We have some new blood as a result of people being transferred in. . . other than that there were the older settled businessmen.

Regarding the same club in another community, the following statement was made:

I think the (club) was more active in its earlier days than it is today. I have been here for six years and it is harder to get good leadership in organizations than it was before.

The churches, with a few exceptions, were described as having low participation and low activity levels. A church worker in Flin Flon said:

Comparing Thompson with Flin Flon, Thompson is a much younger group and I notice a considerable difference in the liveliness of the congregation, the degree to which they will try new things, and the degree of involvement between the congregation and the town and other groups.

Co-operation among groups. Another aspect of group life in a community is the intergroup co-operation. Co-operation indicates the degree to which groups tolerate, compete with, or are engaged in rancorous conflict with, each other. When groups co-operate with each other, usually it is for the community betterment or for community-wide social events.

Each of the communities has an annual event in which all voluntary associations are invited to participate. The Pas has the Trappers' Festival, Flin Flon has the Trout Festival, and Thompson has Nickel Days: "The different organizations don't get together on projects too much, but we do on Nickel Days."

The voluntary associations also plan their events in co-operation with other groups: "If you want to have a cabaret, you can, and they have one, one week ahead, so they can get in on it."

There is also co-operation in community projects, such as the swimming pool in The Pas and the YWCA building in Thompson.

In Flin Flon, there was some concern regarding the motivation for sponsoring the Trout Festival:

The Trout Festival needs new blood. . . I think the Festival is too commercialized. . . it used to be for local people with a canoe race and local competition. Now the focus is on fish fries and dances, etc.

Conflict between and within groups. A third set of responses reflected the rancorous and non-rancorous conflict between and within groups. Groups can be engaged in conflict with one another. Sometimes it is in the form of competition, but in some cases, it can have a malevolent or rancorous character to it. Respondents, particularly in The Pas, referred to non-rancorous conflict between and within groups: "There seems to be quite a number of them (voluntary associations), and I don't wonder that sometimes they seem quite opposed." In The Pas, there was reference to some conflict between women's groups:

Our group does work well together. However, we have some conflict with other womens' groups. An example is what project each should handle at the Trappers' Festival.

In each community there was reference to conflict between older and younger members of groups:

I am having some misgivings about the (club) because I am younger and the younger men in the group are more concerned to reach out into the community.

In The Pas, there was reference to conflict in Ukrainian groups, which was lessening:

I believe the Ukrainian Centennial Committee had a very positive influence and it helped heal a rift between Orthodox and Catholic.

One respondent in Flin Flon expressed his non-participation in a group in such a way that it may reflect conflicting attitudes in groups between company personnel and businessmen in the community:

I am also in the (club) but I am not very active, because I feel some animosity from other members in the group. Some of the other members tend to think of the bigger stores as moving in on the little ones, a kind of big versus little conflict. Therefore, I don't participate very much.

Recruitment. Another indicator of the quality of group life in a community is their recruitment of new members. In some cases, there is difficulty in recruiting new members, such as in an older settled community. Some groups, such as the fraternal groups, are 'closed' and new members must meet fairly rigorous criteria in order to become a member.

Respondents in all three communities stated that while, generally, there was not as much participation in voluntary associations as they would like, there was adequate response to invitations for new members to maintain the larger voluntary activities (see Appendix III, pp. 115-16).

In Thompson and The Pas, there was good response to recruitment for service clubs, but there was some difficulty in Flin Flon:

There was a great turnover of members in the (club) because the professionals come and go. . . it is a young club and there are a great many doctors because of the membership paid. We are not supposed to have that many, but the club had gone down in time considerably and we had to put a membership drive on, accepting almost everyone. The turnover in the (female companion group) is also very great.

Closed-open groups. Certain groups, particularly the fraternal groups, in the three communities were 'closed' in terms of recruitment of new members and the reporting of their activities to the community.

They are solid, established, and own property. We really don't know what they do. The (club), I don't think anybody knows what they do.

In every community, there were groups which were considered to be cliques: "There tended to be a lot of cliques, for example, the teachers."

In Flin Flon, there were considered to be a number of 'closed' segments of the population:

1. Company Row. "On company row, people stay on their own, but many. . . are outgoing and mix with people outside company row."
2. The Ukrainians. "The Ukrainians stay to themselves somewhat. They tend to be a very closed group."
3. Occupational groups. "The company higher-ups formed a group, professional and business formed a group, labour formed a group, with perhaps a split between the steel workers and the trades."

4. Alcoholics Anonymous: "They said that the AA group was very cliquy, that they socialized a lot within themselves, and that they were a more religious group."

Ethnic and racial groups. The Indian and Metis organizations in the three communities have assisted in the integration of the Indian into the community:

You will find that most of the Indian and Metis here have a lot of trouble. The majority are just irresponsible. But our Indian-Metis Federation is growing and getting stronger.

In The Pas, the Ukrainian church groups are striving to maintain the Ukrainian culture:

The group is too small to do anything by itself in order to preserve the Ukrainian culture, and thus they have focused on the Centennial celebration effort with the Ukrainian Greek Catholic Church.

Turnover in groups. The turnover in groups is also an indicator of the quality of group life in a community. In a highly transient community, there will consequently be a high turnover rate in some groups. Some groups, particularly recreation groups, are used by newcomers in order to meet and make friends, and then provide a stepping-stone into other community groups.

Most groups, particularly in Thompson and The Pas, are experiencing a high turnover rate:

The membership has changed considerably in the past year. Some new members have come in. They haven't been increasing in members due to people moving.

Newly Formed and Issue Focused Groups

Some groups in a community arise around an issue. They are usually short-term and an element of political influence is involved. The members of these groups tend to be homogeneous in terms of SES. They are usually involved in community betterment, and go out of existence when they have either reached or failed their objective.

The Pas and Thompson have had several newly formed and issue focused groups. These groups usually sought the support of other individuals, voluntary associations, and government:

There has been one (Welfare Rights) group. It is a Metis housing group. This is triggered by the people themselves. I don't know who started it. It may well have been the Community Development Officer who is now our M.L.A. The unfortunate thing is that the group who triggered the move got the houses and now it is up to the rest of them to do their own triggering.

.....

The group (Tenants' Group) began at the end of 1969 and was approximately forty persons in the beginning. The issue at stake was low cost housing for the community. Shortly after they began their meetings and they presented their brief, one of the group. . . was told to leave the house she was renting, within six weeks. The group tried to resolve the matter and help was solicited through the Ministerial Association. The initial group was all tenants, welfare recipients, and were mostly of Indian descent. The group which formed after Mrs. (tenant) was evicted was smaller and both Indian and White.

.....

The citizens' group started in the spring of 1970 . . . A number of citizens living on the road adjacent to the lake felt that the lake should be filled in partially and restored, with water in it, in order to provide a beauty spot. . . they circulated a petition. . . appeared before the Wildlife Association. . . and made contact with the Lands Branch of the Provincial Government.

.....

I realized how much parents didn't know about what was going on at the school and I also got complaints about the school from the parents. Finally I got fed up and decided that it was about time some sort of association was started. Seven hundred letters were sent out and we got 125 back. These letters indicated that these parents would attend the meetings (67 attended). Parents just aren't interested in what their kids are doing. . . and it is one of the main problems in Thompson.

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