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THE SEARCH FOR SPACE: A CASE STUDY OF INSTITUTIONALIZED RACISM AND THE COLONIZED MENTALITY

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AND THE COLONIZED MENTALITY

by

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Abstract

THE SEARCH FOR SPACE: A CASE STUDY OF INSTITUTIONALIZED RACISM AND THE COLONIZED MENTALITY

by

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Space and its allocation are key aspects of an organization's total environmental ecology and has been clearly shown to be inextricably linked with the existing dominance order, reinforcing as well as reflecting existing status hierarchies. This paper examines the relationship between race, class and spatial allotment in a mental health center system in which the center's "Black unit" had been experiencing overcrowding for approximately eight years. The research analyzes the factors contributing to high density, attempts to gain an understanding of the factors which contributed to the unit's lack of success in finding adequate space and examines the system's coping strategies. Recommendations aimed at alleviating this type of organizational dysfunction are presented.

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This work is dedicated to the memory of Frantz Fanon and his emulators of the "sixties" who struggled, were imprisoned and died to improve the lives of the "wretched of the earth."

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CHAPTER I

INTRODUCTION AND STATEMENT OF THE PROBLEM

The allocation of space within communities and organizations both reflects and reinforces existing status hierarchies (e.g., Sommer, 1969). Lack of space and deficiencies in the physical plant are strikingly apparent when we examine the organizations which are located in Black poor and working class communities. Housing, a longstanding concern for Black low income individuals and families, is a pressing concern for Black human service organizations as well, which often in spite of their affiliations with large, resource-rich organizations, seem unable to escape from the slum conditions of the ghetto. Since Blacks are a low status-group in America, it seems relevant to begin to look closely at the interface of ethnicity and spatial allotment in community organizations. Though some mention has been made in the literature of the inadequate human service facilities in the Black community (Braxton, 1976), specific documentation of the inadequacies, the contributing factors and the possible strategies for amelioration have been lacking.

It has been postulated that within a racist society, all individuals and groups are infected with racism. The term "institutionalized racism" was coined by Carmichael and Hamilton (1967) to describe the racism which is embedded in the structures and cultures of institutions in racist societies. As Fanon predicted, racism has not remained a

static entity but has merely changed its form and has evolved more and more subtle forms of exploitation. In America today, for example, the most bitter and lethal forms of racism are often the institutionalized forms of racism rather than the personal forms of racism commonly known as prejudice.

The "colonized mentality" (Fannon, 1967; Memmi, 1965) and "internalized oppression" (Lipsky, 1978) are terms used to describe a phenomenon in which oppressed people collude in their oppression by means of a number of defensive strategies. The formulations and discussions of the colonized mentality have dealt with individual experiences, describing its components and defensive attributes in terms of the individual mind. But what of Third World organizations and institutions? If the individuals in these systems are victims of the colonized mentality, would it not follow that the institutions, as a whole, might be carriers of a collective colonized mentality? What would this look like in practice? The question as to whether, or perhaps how, the colonized mentality is institutionalized and how its defensive properties are manifested is still an unexplored one.

In the psychosocial literature much has been written about organizational structures as defenses against anxiety (Jacques, 1955; Menzies, 1960). What particular anxieties, if any, would Black and other Third World organizations feel inclined to defend against? Braxton (1976) answers the question by describing some Black institutions as defenses against unjust social systems and has begun to elucidate some of this

phenomenon in his work, but much remains to be done.

As a young child, I became aware of the differences in physical facilities based apparently on differences in the race and/or culture of the users. My dentist maintained two offices. One suite of offices was in an upper-middle class Jewish community in the Bronx and was luxurious as was the surrounding environment. The offices were fully carpeted with a television and plenty of reading material in the waiting room, much of it specifically selected for children. The atmosphere, aside from being very plush, was also warm and inviting. The second office, on one of Harlem's busiest thoroughfares, was in a building owned by my dentist's brother. It was a tenement: dirty, decaying, cold and uninviting. The equipment was not as up-to-date. And yet the dentist was the same. How could this be understood? The two differentiating variables seemed to be the ethnicity and economic status of the patients served at each location.

Another marker experience occurred when I gave birth to my first child. At that time being on medical assistance made me eligible for what was candidly called the "welfare ward." The hospital and the predominantly Third World community which surrounded it were declining. But even within a declining environment, this particular floor stood out as even more impoverished. The floor had no private or semi-private rooms; everyone was on wards which consisted of five or six women. The rooms, in contradiction to the concept of a sterile hospital environment, had roaches. Again, the apparent differentiating variables were the ethnicity and class of patients.

My second child's health clinic was in similar circumstances. The clinic, located in El Barrio of New York City, was extremely overcrowded. Women, with babies undressed after having been weighed and having their temperatures checked, often had nowhere to lay their infants. The baby tables were insufficient in number, evidently because there was no space for more in the room. This clinic had a new building which it was waiting to move into. Five years later, the move had not taken place. It seemed that everywhere I saw poor Blacks and other Third World folk, I saw inferior, overcrowded structures--the hospitals, the schools, the anti-poverty agencies and so on.

These experiences reached a peak for me when I had a placement at one of the nation's most prestigious and "resource-rich" universities. When I arrived to tour the placement facilities, I found the same discrepancies in terms of treatment facilities. Although all units were part of one institution, the predominantly Black treatment unit was the only unit located in clearly overcrowded and deteriorating facilities.

In this unit, overcrowding and the lack of adequate space had been a problem for approximately ten years. The unit, located in one of the urban ghettoes of a small east coast city, was one of two community field stations attached to a parent community health center. The other field station was located in a nearby white working-class community. The two units together formed a division within the parent mental health center structure, which was located in a large medical school hospital complex.

Three sites comprised the facilities of the field station in the Black community. The first site, in which the clinical treatment component was located, was housed in a community health center which itself was currently suffering from lack of space. The second component, the consultation and education component, was housed in a doctors' office building nine blocks away from the clinical component. The third site to be added to the unit was a trailer located on the sidewalk in front of the health center in which the unit's director was housed. No other unit in the mental health center existed under such conditions, and I felt pressed to come to some understanding of the phenomenon.

As a citizen, I am concerned about the physical decay of our cities and the mirroring of this decay in the agencies which are purportedly designed to better the lives of the city's inhabitants. Many of these agencies are blatantly impotent--for as their physical structures serve to demonstrate, they are often unable to even better their own conditions.

As both a student of personality and organizational life and an activist committed to ameliorating the condition of Third World and poor folk in America, I am interested in the experiences of predominantly Third World and poor organizations. I am also interested in how the larger social system impacts on these agencies and their clients and how these agencies operate as extensions of their superstructures and as servants of the people.

In light of this, I propose to examine the case of the mental health field station described above--specifically, the inability to acquire space for an over-crowded and physically divided unit. The two perspectives from which I will analyze the problem will be the open system theory of the Tavistock school and Frantz Fanon's view of racism and the colonized mentality; these will illuminate the relationship between crowding and race in a particular institution. I will be using these theories to apply to a specific case both to elucidate the theories and to apply them to the solution of practical organizational difficulties.

In this study, I will not be concerned with formal hypotheses, but will examine how variables such as race, economic status, crowding and space allocation impact on one another as well as on a major organizational task--acquiring adequate space. I will focus on the following questions: What are the dynamic relationships internal to the unit and between the unit and the larger organization? What is the relationship between the facility's physical structure and the ethnicity of its staff? Why has the present space problem persisted for so long? What defensive strategies does the unit engage in, in dealing with the problem?

In addition to answering these questions, the goal of this research is in part to examine change strategies. While insight or knowledge concerning the nature of a problem does not in and of itself create change, it is a valuable precondition for changes of an enduring nature.

In order to pursue the questions raised above, I will review literature in the following areas: 1) open-system theory, particularly that of the Tavistock school, 2) crowding and space allocation and 3) institutional racism and the colonized mentality.

CHAPTER II

REVIEW OF THE LITERATURE

The Tavistock Model

Modern organizational theorists have increasingly applied open system theory in their analyses of general and specific organizational phenomena (Baker, 1973). Open system theory conceptualizes organizations as dynamic organisms which exchange materials (products, services, etc.) with their environments (Baker, 1973; Miller and Rice, 1967; Wells, 1979). In the process of this exchange, the environment shapes the organization and is influenced and shaped by it as well. One such approach evolved out of the work at the Tavistock Centre for Human Relations in London and is a tradition founded on the work of Miller and Rice (1949; 1965; 1967), Melanie Klein (1952; 1950), Wilfred Bion (1961) and others (e.g. Menzies, 1960; Jacques, 1955). Tavistock theory offers a psychosocial approach to the study of groups and organizations which attempts to explicate the linkages between individual and group psychological processes and the sociological processes within groups and social systems. Within this framework, psychosocial processes are studied in a holistic rather than a reductionistic fashion. The concern is with social system and social structure; a system is seen as having an existence of its own, above and beyond the individual personalities of the members. The individual is not ignored, however, as the role which he or she plays in and for the

group is an object of study.

The group-as-a-whole, the roles which individuals occupy in their group or organization, and the meaning of these roles in the life of the group are important elements of study in the Tavistock tradition. In examining the collective or the group-as-a-whole, particular attitudes and behavior and the stances that individuals adopt are not analyzed in terms of the person's particular history and psyche but rather in the framework of the meaning for the group and of the social systemic context in which it arises. The Tavistock tradition emphasizes the understanding and explication of covert, unconscious processes which affect task completion. This is a shift in the level of analysis typical of the psychoanalytic perspective in which Tavistock theory is to a large extent rooted. A shift, that is, from the individual to the group level, including in addition an examination of how sub-systems of a social system interact with the whole. This shift has a progressive quality (in the developmental and political sense) in the sense that it illustrates a belief in the importance of collective life, i.e. individuals are seen as finding fulfillment through their participation in the group life.

Accordingly, the state of each unit of a social system is viewed as at least partially dependent on the state of other units in the organization (Miller and Rice, 1967; Braxton, 1976). Organizational differences and incompatabilities in culture (collective attitudes, norms, and values) between units of the same organization often constrain the process of task completion and the quality of group life within

organizations.

In order to understand the functioning of a living system, we conceptualize the system as having a kind of invisible boundary surrounding it and being at the interface of it and the environment. This particular interface is designated the external boundary while the invisible boundaries around sub-systems of the organization, or the group to be studied are the internal boundaries. Since activities (inputs and outputs) take place at the boundaries, they are envisioned as regions rather than uni-dimensional lines. Open system theory examines transactions across the internal and external boundaries, that is, between the sub-systems of an organization and between an organization and its environment which conists in part, of other organizations with which it interacts.

This kind of transactional open systems theory is based on a Hegelian (dialectical) process view of history in which society is seen as creating its villains and heroes by placing them in roles which are representative of societies' often unconscious needs. This theory is in direct contrast to Carlyle's great man view of history, the theory which informs capitalism, in which history is seen as being determined by the heroes or villains at the top.

Open systems theory, as it has been developed in the Tavistock model, is an integrated theory with three main elements. The first element is the function of the task definition and the evaluation of task performance and completion. The task(s) of the organization is seen as the end toward which work is aimed and through which the

enterprise as a whole is related to its environment (Miller and Rice, 1967; Snow and Newton, 1976).

Tasks are classified in three ways: operating tasks, maintenance tasks and regulatory tasks. Operating tasks consist of those activities which define the nature of the organization and directly contribute to the import, conversion and export processes. Maintenance tasks have to do with the supply and resupplying of resources so that operating tasks can occur. Regulatory tasks relate operating tasks to maintenance tasks and connect both of these to external environmental activity.

Miller and Rice (1967) conceived of multiple task organizations as having a primary task which is defined as the task that the enterprise must perform in order to survive and which determines the predominant import, conversion and export process and the allocation of resources. In fact, one way of determining the primary task is through an examination of how resources are distributed in the system. Though the primary task may shift over time, these theorists held that any particular point in time one task must be primary.

The primary task can also be conceived of differently by different groups in the organization. Management may see the primary task as the operation of a profitable operation while workers may define the primary task as the provision of employment. Large, complex organizations also may hold varying opinions about the primary task with a particular sub-system defining its task differently from another sub-system or from the superstructure.

As previously stated, primary tasks shift over time. For example, at a given point in time maintenance tasks or regulatory tasks may supersede operating functions as primary. Miller and Rice describe a factory whose primary task is the conversion of raw materials into finished products. When the machines break down, the primary tasks shifts from producing goods to repairing machines. As Bexton (1975) notes the survival of the institution, an often unstated goal of an organization, can also become the primary task of the organization to the detriment of the stated objectives of the enterprise. Structures can even evolve to insure survival and thus minimize the anxiety which might otherwise be present.

Milgram (1970) described the concept of system overload when examining the work of multiple-task organizations. This overload occurs when a system is unable to process the inputs of the environment. If the imputs are excessive, the processing of one input may be neglected when another input is presented. When overload occurs, organizational life is impaired and the system must develop adaptive responses to deal with this stress by making choices and establishing priorities. Using the concepts of primary task and task overload assists us in the examination of an organization's effectiveness. Is the primary task completed or is another substituted in its place? How effective is task completion? Is there a task overload?

The second element in the Tavistock model is a theory of structure which includes an analysis of the setting and the division of labor and authority within the organization. The examination of social structure

adds a concrete material base to the Tavistock perspective. The structure is the framework which provides the setting and often the impetus for particular anxieties, defenses, cultural adaptations and norms. It allows an understanding of the context in which behavior emerges, so that we do not become solely rooted in psychological processes at either an individual or collective level, but rather can add a perspective reflective of the concrete and complex environmental forces which impinge on a group's work and on the group's sense of itself and its competence.

The third prong in the analysis is the organization's social process. Social process is the sum total of the organization's psychosocial attitudes and behaviors including its authority relations, leadership, covert processes surrounding task performance, the process by which decisions are made about the allocation of resources, such as manpower, expertise and space and the anxieties and concomitant defensive strategies that arise and form a partial basis for the evolution of group culture and sentient ties. The examination of these often covert processes is valuable in that often the most survival threatening factors are the unseen ones.

A fourth unit of analysis in the Tavistock approach is that of the culture of the system and its component parts. Culture is defined, within this framework, as the embodiment of the values, ideology and norms of the group on the ideological level and as the sum total of the customs, practices and regulations and the material results of these aspects in the behavioral realm.

What has not been examined in depth is how ethnicity has impact on group culture and how the differing cultures of different sub-systems affect task completion, social structure and social process. In the main the Tavistock literature has looked at "every man" in the organization with little or no development of theory or practice around particular subgroupings. The works of Rice (1958) and Bayes and Newton (1977) are notable exceptions.

Tavistock theory has been greatly influenced by the work of Melanie Klein (1952; 1959). Klein is mainly concerned with anxiety and its vicissitudes in infancy. The neonate, as part of its normal development is postulated to experience first paranoid/schizoid and then depressive anxiety arising both from internal forces (the operation of the death instinct and external forces (threats of annihilation) which take the form of persecutory anxiety.

According to Kleinian theory, the neonate cannot perceive a difference between self and others--the whole world is "me". As the infant matures he becomes aware of his first significant other, his first object, Mother, who serves as a representative of the external world. When all the needs of the infant are being met, there is little anxiety. However, when, as is inevitable, the infant is frustrated, frightened, or insecure, due to hunger, dirty diapers, strange noises in the environment, colic and the like, the "badness" cannot be accepted as part of "me" and must thus be projected out into the other. But the mother is seen as the source of pleasure and fulfillment as well as discomfort and frustration. Since the infant, with its primitive cognitive and

affective apparatus cannot conceive of both "the bad" and "the good" existing in one object it tends to split and project the two, and this splitting, which is thought to be a primitive defense against the anxiety emanating from internal and external forces, leads the infant to dichotomize or split the mother, in the infant's fantasy life into good (gratifying) breast and bad (frustrating) breast and later into good mother and bad mother. This process leads to a severance of love and hate in the primitive mind which should develop a greater ability to synthesize as it matures.

The final result of the defense of splitting is a dispersal of the destructive impulses which are experienced as the source of danger. The idealization of the good breast is closely connected to splitting in as much as it serves as an antidote to the extreme fear of annihilation and serves to deny the threat. In the projection process, the good parts of the self can also be localized outside the self in the good breast and later in the mother or ego-ideal. When this occurs, it is possible for the ego to take a "less than" position in relation to the idealized object. In the extreme, this can be seen as resulting in later life as an overdependence on others.

The management of anxiety was also taken up by major Tavistock theorists (Bion, 1961; Menzies, 1960; Jacques, 1955; Bexton, 1975) and is an important element in the study of group life. Bion postulated two extreme fears experienced by members joining a group. One, that of being totally isolated or estranged from the group and unable to achieve membership and secondly, its polar opposite the fear of being totally

engulfed by the group. These fears are reminiscent of similar fears in the neonate and indeed arise in part from past experiences in groups (the primary, or first one being the family).

Bion described three basic assumptions operative at a group level and developed as a means of dealing with anxiety. The basic assumption group, in contrast to the work group, operates covertly and refers to the belief that the group functions in an "as if" mode. In the dependency basic assumption the group acts as if effective task accomplishment is totally dependent on the functioning of the leader who is seen as possessing all the knowledge, skill, expertise and power. In basic assumption fight/flight, the group acts "as if" they must fight or flee in order to survive. When the threat is believed to be external, the leader's function is to recognize the danger and lead the group to the appropriate response, i.e., fighting if victory is possible or probable or fleeing or retreating if victory seems unlikely. Often the group behaves as if the threat emanates from the leader himself and will attempt to overthrow him or flee from him if he is seen as overpowering. In basic assumption pairing, the group functions "as if" the task of the group is to perpetuate and reproduce itself so that two members of the group are believed to have the power, when putting their heads together, to produce something (an idea, a strategy, a Messiah) that will solve the group's dilemmas and perpetuate the group.

The basic assumptions emphasize the sentient needs present in groups and are reflective of the emotional level of investment which all members of a group possess to a greater or lesser extent. These

processes are not pathological, as such, but are deemed healthy or pathological to the extent to which they facilitate or impede effective task completion. Dependency on the group leader, for example, is needed to some extent to insure effective group functioning (Menninger, 1975). Often, however, the basic assumptions are, at an unconscious level, felt to insure the survival of the group while in reality they often function to just the opposite end. When operating pathologically, the basic assumptions tend to pull the group away from its work resulting in deskilling and incompetent behavior on the part of group members.

In any case, the defenses of an organization become socially structured and although they are attempts to deal with uncertainty, anxiety and doubt, they are never totally successful. In order to achieve its ends an organization must find a balance between the goals of the social defense system and the demands of reality in terms of the task which is to be performed. Often the social defense system can be utilized, if brought into awareness, to further the work of the group. It is in this sense that we speak of harnessing the basic assumptions in the service of the task.

The social structure, itself, impacts on and shapes basic assumptions of life in terms of influencing the adoption of a particular basic assumption modality (Bion, 1961; Rioch, 1975). Some organizations have a stronger propensity toward eliciting dependency. The church is an example of such an institution. The army elicits more fight/flight behavior, while in the family the basic assumption of pairing is often operative.

While Bion discussed basic assumption life with reference to one leader, it seems likely that in a complex system, these defenses can be operative at multiple levels across boundaries with leaders in the superstructure and a kind of splitting of leadership can occur along these dimensions with the group taking a fight/flight stance with one leader, a dependency stance with another or see a pair of leaders, perhaps, as offering the magical solution in their problems.

Anxiety in group life, developing around task completion, environmental stress or authority relations, can elicit the same primitive defense mechanisms of projection and splitting postulated by Klein. The group, in a primitive state of anxiety, becomes capable of splitting off the bad from the good and projecting the disowned parts into someone using them as repositories for unacceptable feelings and attitudes. Thus, we witness the well-known mechanism of scapegoating in which one person is seen carrying all the bad in the group. The concept of valency is, of course, important here in that individuals or groups must to some extent accept the projections. In other words, there must be a good fit. They must through their own behavior and attitudes express some of the presumably negative feelings or behavior; otherwise, the mechanism of projection and the concomitant scapegoating is rendered inoperative.

The defensive mechanism of scapegoating is rooted in the primitive notion that there must be a cause for everything; there must be someone who is responsible for an individual or a group's anxiety. As Wells (1979) states, "this begins the group's search and destroy mission".

The process of projection disallows other group members of "owning" their own feelings, attitudes, contradictions and ambivalences and leads to a rigid role differentiation which results in scapegoating. This tendency to scapegoat is one of the major impediments to effective task completion and to the scapegoated person's own personal health.

It will be noted that Bion's basic asscumptions to a great degree focus on behaviors manifested toward a person's authority. An analysis of authority relations has been a principal element of analysis in many Tavistock studies (Trist et al, 1963; Miller and Rice, 1967; Jacques, 1951) and has served as a perspective with which to illuminate further many of the interpersonal dynamics operant within the organization. Authority is defined as the right to work and to use certain resources and make certain decisions on behalf of others. Since those in authority are, by definition, boundary people, they are key figures in the organizational-environmental nexus. Authority is typically thought of as being delegated from the top and confirmed from the bottom.

Leadership is not necessarily synonomous with the person in the role of the "leader," although leadership is a formal task of the person in authority. Leadership is a function which is equivalent to the operation of the ego in the personality. It is an integrative, coordinative and regulatory function which operates to identify the groups and individuals. It is a boundary function distinguishing the inside from the outside and controlling the boundaries between groups, subsystems and superordinate system and between the system and the environment. This involves defining roles and functions, delegating authority

and making decisions in the absence of consensus. Another function is that of task definition and prioritization which involves keeping the group focused on the task.

The concept of leadership is closely linked to that of followership and cannot, therefore, be understood unless we examine the role of the latter. Followership must occur in any group activity, for if the group is to be successful as a whole, individuals must relinquish some of their personal autonomy and authority and delegate it to someone to speak on their behalf so that rather than having everyone go their own way, the group can speak as one voice. Healthy followership consists in allowing the leader to take direction in accomplishment of a task by confirming his authority and at the same time taking the responsibility for oneself, while inappropriate followership involves the giving over of our will to the leader and losing, thereby, the burden of responsibility. Faulty followership can also take the form of paranoia: the view that if something happens someone must have planned it, thereby negating the responsibility of the group as a whole (Rioch, 1975).

Physical Design and the Use of Space

While it is widely known and accepted that people and the social structures they evolve interact in profund ways, (Sommer, 1969; Hall, 1966), little systematic attention has been paid by organizational theorists to the obvious and powerful impact of the physical plant and its ecology on the life of an organization. Nor has much attention been paid to the effect of major differences in physical facilities which may

occur between units within an organizational structure. What seems to be implicit in the Tavistock perspective on organizational life (the work of Arthur Coleman (1975) standing out as a notable exception) is an assumption that the elements which distract from task completion are in the main psychological, emotional and nonrational. While external environmental realities such as the lack of adequate space and the physical distance between units and personnel are tangible and visible phenomena which would seem to necessitate a negative effect on people's abilities to work together and provide service to the maximum level of possible functioning, an exploration of this has been neglected.

Space and the allocation of space is a key aspect of an agency's total environmental ecology and therefore of organizational functioning as a whole. The phenomenon of density and the experience of crowding are central concerns in the study of human-environment systems (Proshansky, 1970; Stokols, 1976). How does space become allocated within institutions and environments? This process has many interesting and enlightening aspects, including issues of basic assumptions and covert politics (Bexton and Coleman, 1975).

Basic assumptions have been defined as those hidden motives and assumptions which are out of awareness and are composed of stereotypic cultural archetypes. Covert politics are those mechanisms which involve the power influences and social alliances present in the planners. The design process and the allocation of space can be fertile ground for the acting out of longstanding power struggles. Coleman goes so

far as to suggest that the "building itself may be the product of intra-organizational conflict." While basic assumptions operate unconsciously, covert politics may be in the consciousness of the planners but may remain unacknowledged and unexamined in the group because they serve the conscious self-interest of the group. They are irrational, then, in terms of their relationship to the task.

The seminal work on issues of personal space has been done by Hall (1966) and Sommer (1969). Hall's work introduces several concepts in his elaboration of personal space. In a view which is representative of a systems perspective, Hall has the clear awareness that man and his environment influence and mold one another. He sees, for example, the cities creating different types of people depending on the particular environmental conditions of its inhabitants. A suburban environment will create a different type of person than a slum. The individuals inhabiting both of these environments would differ from persons who had spent most of their years in a mental institution.

Sommer's work on personal space stresses that humans have a territorial instinct similar to that of other animals. This territorial instinct demands a certain amount of privacy in that people need to know where their space leaves off and the space of others begins. This need for privacy is not one which needs to eventuate in total and complete privacy, however. In discussing hospital rooms, for example, Sommers notes that single rooms have been found to be undesirable. Rather than total privacy which leads to isolation, Sommer senses that issues of control over space most likely have primacy.

Some amount of privacy prevents relationships from being permanently terminated and makes intense group affiliations bearable by allowing some ability to withdraw into one's own world which is at least to some extent inaccessible to others. The access to private space is closely linked, however, to class and status, as privacy has always been a luxury which "both reflects and helps to maintain" status divisions within groups (Schwartz, 1968). In the community mental health center described by the Gardeners (1971) it was apparent that status value was placed on having one's own place within the context of extreme spatial limitations, limited resources, equipment and the constant scrambling for offices and desks.

The above-mentioned theorists' work on personal space has its roots in the laboratory based research of comparative psychology (Calhoun, 1962), in which crowding was shown to produce stress and concomitant savage behavioral abnormalities. The work of Calhoun was a seminal force in studies of this kind. In his famous experiment with Norway rats, Calhoun discovered that when reared in overcrowded conditions (even when the food supply was sufficient) the rats developed very bizarre behavior patterns, becoming generally more aggressive and even cannablistic with abnormalities in sexual and mating behaviors as well. The work of researchers such as Loring (1964, 1967) and Griffit and Veitch (1971) gave support to conclusions drawn by Calhoun.

The research done by the comparative psychologists was followed by research into the experience of crowding and the use of personal

space among human subjects (e.g. Sherrod, 1974). Recently the findings of these researchers and the theories developed through their work have evolved into the new field of environmental psychology (Proshansky, et al., 1970; Stokols, 1976; Milgram, 1970). Environmental psychology employs an open-systems perspective and views systems as inclusive and interlocking. Their approach is phenomenological and elucidates the concept of total behavioral environment rather than conceiving of behavior in the simplistic notions of stimulus-response characteristic of the classical behavioral school. Within this framework, physical settings interact with their environment in a pattern of mutual and reciprocal influence. Physical settings are seen as evoking a whole complex of behavioral responses representative of the feelings, attitudes and values of their human inhabitants. Change in the behavior of any component of the system stimulates behavioral change in all other components.

Proshansky, et. al. (1970) suggests that in a particular physical setting, an enduring set of characteristic behavior patterns can be identified which will remain consistent over time and also suggests that changes in typical behavior patterns can be induced by changing the defining physical, social or administrative processes. The fact that inhabitants of a particular physical environment may be consciously unaware of the environment's effect on their behavior does not lessen the potency of the actual effects.

Many theorists in the area of environmental psychology have expressed an awareness that density does not in and of itself create the

experience of crowding. Hall (1966) noted that only in the most extreme cases was density alone sufficient to stimulate the experience. As noted earlier, Sommers (1969) sensed that issues of control over space have primacy. There are additional factors which tend to predispose groups to the debilitating impact of crowding. Lack of influence in the planning and design process is one such factor.

Ward (1975), Coleman (1975) and Bexton (1975) have emphasized the crucial importance of program planning on the design process and its ultimate product, the physical setting itself. It is in the initial phases of planning, when goals and policies are being studied and formulated, that thinking about design should occur so that a spatial environment can be designed which is supportive of the policies and goals of the agency. The facility should contribute to the inhabitants' sense of power, should support interpersonal interaction by providing space for it, and should support privacy needs by providing truly private spaces. Such spaces would eliminate or at least strongly mitigate against stressors, such as, invasions of privacy and the intrusion of unwanted smells, sounds and the like. Their work suggests that the need for privacy can concretely be provided by work stations where anyone seeking to avoid interruptions would be able to retreat. Effective design should also include flexibility in the physical facility so that individual idiosyncracies and the differing usages by different occupants can be allowed for.

In community mental health center facilities, similar needs are postulated (Cochran, 1978; Planning Programming and Design of the CMHC,

1966). Structures should be relevant to the needs of clients and staff. The site should be conveniently located, attractive enough to enhance the general function of the center and the morale of staff and clients, and adaptable to both the present and future needs of the users. For example, privacy and confidentiality, could be protected by dividing reception areas into smaller rooms. Dr. Carl Eisdorfer, at a Washington, D.C. meeting of the Psychiatric Institutes of America in February of 1978, stressed in addition the importance of making psychiatric structures a reflection of the culture of its users.

Institutional Racism

Institutional facilities for the treatment of Blacks and other Third World folk are inadequate (Carmichael and Hamilton, 1967; Grier and Cobbs, 1969; Braxton, 1976). Witnessing the phenomena evokes a remembrance of Fanon's (1963) graphic descriptions of the dichotomous organization of the colonial environment. The colonial world was a world split into two compartments--Europeans on one side, colonized on the other. Native quarters and European quarters. The quarters were not only separate, they were unequal. Not complementary in the service of a higher order but opposed in the service of "reciprocal exclusivity." While the European quarter was quiet, clean and luxurious, the colonized quarter was noisy, dirty and poverty-stricken--"a world with spaciousness where men live on top of one another."

In the views of both Fanon and Memmi, (1963; 1965) the idea of economic privilege was at the heart of the depressed conditions of the

colonized. From an implicit open systems perspective, the deprivation of the colonized is seen as integrally linked to the advantage of the colonizer. If, in other words, the standards of the colonizers are high, it is because those of the colonized are low. "The more freely he breathes, the more the colonized are choked" (Memmi, 1965).

Race was the prime determinant of one's position in the colonial world. This is a prime example of racism, a doctrine which holds that inherent differences among the various human races determines cultural or individual achievement, and usually involves the idea that one's own race is superior and is expressed in a hatred or intolerance of another race or races.

Fanon (1967) admonishes the reader that "the habit of considering racism as a mental quirk, as a psychological flaw must be abandoned." Grier and Cobbs (1969) bolster this view by stating that all types of people are racist and that this trait is not the monopoly of one particular personality structure. Racism as defined by Charmichael and Hamilton (1967), operates at both overt and covert levels and takes two closely related forms: individual racism and institutional racism. Individual racism is the embodiment of individual acts of aggression by individual whites against individual Blacks. Institutional racism is less overt and therefore less readily distinguishable, and consists of acts by the total white community against the Black community and originates in the activities of established and respected forces in society.

Institutions are defined by Kardiner (1939) as "any fixed mode

of thought or behavior held by a group of individuals (i.e., a society) which can be communicated, which enjoys a common acceptance, and the infringement or deviation from which creates some disturbance in the individual or group." Institutionalized behavior can be observed when there exists any conformity of behavior in a particular group. Institutions also have products, which are those material fixtures such as tools and buildings which are designated the material culture of institutions. A closely related view is expressed by Gardener and Gardener (1971) in their description of institutionalism in a community mental health center which emerges when "institutions remain self-protective, inflexible and largely committed to upholding their own authority and sanctity."

Racism then, fits the definition of an institution in society. It is expressed in the form of attitudes and behaviors, of contempt and fear for the oppressed group and its real or imaginary traits. Racism thus exists as a fixed mode of thought and behavior receiving common acceptance from the racists' group. The conduct of the colonizing or oppressing group thus comes to be a social institution.

A necessary prerequisite for the existence of institutionalized racism is the racism inherent in the collective unconscious of colonial societies which is the atmosphere out of which individual racism is born. The existence of a collective unconscious was first postulated by Jung (1959) and particularized in racist societes by Fanon (1967). In Jung's view, society was characterized as having a collective unconscious, consisting of primitive archetypes and myths. Jung found a

material base for the collective unconscious in inherited cerebal matter; the myths and archetypes of a people were then seen as permanent engrams of the race.

Fanon, while differing with Jung's view that the collective unconscious is rooted in the cerebal structure, posited that the collective unconscious was not innate, but acquired and consisted simply of the sum total of prejudices, myths and collective attitudes of a given group. The Black in the collective unconscious of racist societies is seen as the carrier of negative projections of whites as a group. As an archetype, the Negro, Fanon (1967) postulated, was the expression of the "bad instincts, of the darkness inherent in every ego, of the Negro who slumbers in every white man." He is bad, an animal, mean, ugly,shiftless and lazy. "Sin is Negro as virtue is white." Fanon felt that the Negro was phobogenic for the white population. In other words, he was a stimulus to anxiety, stimulating fear, revulsion and the guilt resulting from these reactions. The response, then, was to attempt to render the Black invisible, and nonexistent. This white phobia Fanon believed, existed at an instinctual, biological level and was expressed in terms of the fear of the Negro's so-called sexual potency and super-aggressive qualities. In psychoanalytic terminology, Fanon saw the Negro as the personification of the collective id of white society--the embodiment of all sexual and aggressive elements which in puritannical societies were seen as negative and even sinful. In his research into stereotypes which Europeans held about Blacks, Fanon found that the word Negro elicited these images: penis, strong, athlete,

boxer, animal, sin. The Negro was "the incarnation of genital potencies beyond all moralities and prohibitions." (In passing, I would like to make note of the phallic nature of these images--suggesting that Black women were "invisible" in the minds of the subjects).

These racist attitudes, at individual and collective levels, evolve into social institutions and structures which rest on the pervasive culture of anti-Black attitudes and practices. Racism, therefore, brings into bold relief the complicated and important mosaic of power relations in racist societies. Its result is the maintenance of certain "inferior" races in powerless and dependent positions. The awareness of this process and practice often exists at unconscious levels and is defensive in that it assists whites in denying the unbeatable social, psychological and economic advantages which whites have. When there is a conscious awareness of the process, the reality of its impact results in an attempt to avoid guilt which is manifested by a refusal to examine the process, explore it and categorize it so that it can be overcome.

In the minds of Grier and Cobbs (1969), institutional racism is synonomous with colonialism. Although the analogy is not seen as perfect, in that land and the source of cheap raw material is missing, it finds its base in the political, economic and social sphere of American society. An essential feature of colonialism, which is manifest in American society, is economic depression in terms of unemployment, underemployment and wage and status differentials. It is because of this colony-like status and the benefits accruing from it that white

society refuses to do anything significant about institutional racism. The economic depression of the Black community results directly from the special interests and privileges of the white community. It is perpetuated by the powers that be "through indifference, inertia and lack of courage on the part of the white masses as well as petty officals" (Carmichael and Hamilton, 1967). Indirect rule, an essential component of colonialism, exists in the United States as well, where the white power structure governs Black communities through local Blacks who are often more responsive to the white administrators and leaders than to their own communities.

It is the thinking of Grier and Cobbs (1969), that

> When. . .black babies die. . .because of the lack of proper food, shelter and medical facilities and thousands more are destroyed and maimed physically, emotionally, and intellectually because of the conditions of poverty and discrimination in the Black community, that is a function of institutional racism. It is institutional racism that keeps black people locked in dilapidated and slum tenements, subject to the daily prey of exploitative slumlords, merchants, loan sharks and discriminatory real estate agents while the society either pretends it does not know of this latter situation or is in fact incapable of doing anything meaningful about it.

It is, then, this pretence of ignorance or powerlessness on the part of the power structure and white society at large which creates and maintains racism at the institutional level and creates a response in its victims which has been termed the colonized mentality.

Internalized Oppression and the Colonized Mentality

The principle exponents of the theory of the colonized mentality are Frantz Fanon (1967), Albert Memmi (1965) and Grier and Cobbs (1969). In the works of Fanon and Memmi, the concept is explicated in terms of its existence in the colonies of the Third World. It is seen as a mental pathology which arises directly out of the experience of being colonized. We find our justification for the use of this construct in the American situation based on the thinking that Blacks and other Third World people in the United States represent a colonized group. I.F. Stone illustrates this point of view clearly when he says, ". . . It may be fruitful to regard the problem of the American Negro as a unique case of colonialism, an instance of internal imperialism, and underdeveloped people in our midst." For the purposes of this thesis we will accept this view and that of Grier and Cobbs (1969) and through the case material will, I believe, be able to substantiate the applicability of the construct to the American environment.

Grier and Cobbs (1969) define the colonized mentality as a neurosis common to colonized people which is manifested through the defense mechanisms of repression, denial, projection, turning against the self and restriction of the ego. It is termed a collective neurosis and is seen as a consequence of the oppressive and repressive nature of colonialism itself. That is, within a social system in which all people were regarded and treated as equals with the right to develop and flourish, the colonized mentality would not exist. It is seen as a direct

response to a brutal and dehumanizing social system and illustrative of a neurotic condition in that it is characterized by an incomplete insight into the nature of the problem and by conflicts, anxiety reactions and some level of impairment of the personality (Chaplin, 1968).

For Fanon, the colonized mentality is rooted in the colonial world as well. He is adamant in his view that the colonized mentality emerges in the colonial situation and does not emanate from some kind of faulty ego development in childhood, as is typical of the problem of neurosis in the psychoanalytic formulations. "A normal Negro child, having grown up within a normal family will become abnormal on the slightest contact with the white world" (Fanon, 1967). Central to Fanon's view was the assumption that the colonized as a member of the same society as the colonizer participated in the same collective unconscious and therefore held the same beliefs about himself as white society held about him. "It is normal for the Antillean to be anti-Negro. Through the collective unconscious the Antillean has taken over all the archetypes belonging to the European" (1967).

According to Memmi (1965), the existence of the colonized mentality is predicated on colonialism, as well, which is a situation which carves a sharp division, in a Manichean fashion, of the colonial world. In his role in his society, the colonized is viewed as lazy, evil, theivish, backward, and impulsive. All of his qualities are negative. Even positive qualities such as hospitality, are seen as emanating from faults and characterological deficiencies, such as poor financial management and the inability to delay gratification. What essentially

characterizes the colonized mentality, in his view, is that the colonized accepts and internalizes the negative traits ascribed to him by the colonizer. "Is he not right? Aren't we all guity of that? Lazy, with so many idlers" (1965).

The reevaluation counseling literature has described a similar phenomenon which is called internalized oppression and is seen to be the result of internalized racism and is the means by which Black and other minorities in the United States agree to and perpetuate their own oppression. It is defined as a chronic "distress pattern" which results from the continuing assaults of a racist society (Lipsky, 1978).

Reevaluation counseling recognizes the survival value of the distress pattern but sees the multiple responses of this pattern as responses which have become rigidified and remain imbedded in the culture of Third World peoples even when they are no longer adaptive.

Since the concepts of internalized oppression and the colonized mentality are so similar as to be almost synonomous, we will use both terms interchangeably. It should be made clear that the colonized mentality and internalized oppression have adaptive value and even at times survival value, as do all neuroses. In the context of this paper it is not our desire to focus on the neurosis, per se. For whether we classify it as a neurosis, or a distress pattern, what is important is whether it works in the interest of people and their long-term survival. Since it is important to recognize that a particular defensive strategy may be effective at one time and place and ineffective at others, our emphasis will be on the effectiveness or lack of

effectiveness of the defenses in the particular case illustrated in this paper.

Using the concepts propounded by the theorists we have discussed, internalized oppression can be viewed as comprising the following elements:

1) Identification with the aggressor:

The mechanism of identification was first described by Sigmund Freud (1964). The aspects of his definition which are relevant to our examination are 1) a wish to take another's place, 2) a wish to assimilate the object by ingestion and thus also to reanimate the object and 3) to achieve a substitute for that same object as a love object. So the person in whom the defense of identification is operative desires to be or have what the object is seen as being or having. This desire comes to partial fruition as the person attempts to take on certain characteristics of the object (values, attitudes, behavior) and in some senses become the object itself.

Anna Freud (1937) was the first to use the term identification with the aggressor. In her work, A. Freud conceived of the ego as at times identifying with the aggressor, per se, and at other times identifying with his aggression. Identification with the aggressor can be seen in terms of identifying with the person or in the coveting of his material accoutrements which are symbolic of his strength and power and helps the person within whom the defense is operative, to defend against feelings of powerlessness, rage and envy. In Freud's formulation, both defenses are to be considered part of normal process

when used in conflicts with authority figures and pathological when emerging in the love-life.

Fanon captures the essence of this defensive position in the colonial context when he states, "The native is an oppressed person whose permanent dream is to become the persecutor" (1963). Fanon depicted identification with the aggressor in the colonized which were imitative of the Europeans and in the self-hatred of the colonized and his hatred of his fellow native. This pattern is described in the current colonial situation in Zimbabwe by a New York Times article (3/31/76): ". . .on a recent drive hundreds of miles through the country into town and tribal areas, not one person could be seen wearing native dress. Instead, even in the dustiest backwater, men were most commonly seen walking or bicycling in tie and jacket. The women wore Western-style skirts and blouses or dresses."

So the colonized man attempts to mindlessly mimic the dress of the colonizer (western dress), his language (Standard English) and is envious of his possessions. This envy, as we know, involves not only a coveting of the colonizer's possessions, but also a desire to impair his enjoyment of the coveted object. In the colonized man, the underlying wish is the wish to be white.

In the United States, one often hears Blacks talking of "our ancestors, the pilgrims" or speaking of a desire to have lived in the 18th century so that one might have dressed in colonial garb, forgetting that in that era, one would have been a slave. During the Vietnamese war, Blacks were sometimes heard expressing a wish to fight in

Vietnam and thereby "save the free world," thus reflecting an identification with the aggressor through the adoption of his ideology.

Identification with the aggressor can be seen in the above-cited example as well as in the aggressive posture assumed towards whites in general and towards other Blacks. The high level of crime in the Black community, the so-called "Black on Black crime" and in particular Black on Black murder is a manifestation or identification with the aggressor. Of the same character is the high amount of hostility and distrust often expressed in Black relationships. Blacks tend to criticize and invalidate each other and isolate themselves from others out of fear and shame. In a group and organizational context this expresses itself in the attacks by Blacks on Black leaders and in the lack of support for their work and their leadership (Lipsky, 1978).

2) The sense of powerlessness:

Numerous authors have cited this trait as characteristic of oppressed people, of Blacks and of inner-city residents in general (Thomas and Sillen, 1972; Ward, 1975; Allen, 1970; Clark, 1965, Lipsky, 1978). This sense of powerlessness has also been termed external locus of control which refers to the belief or actions and lack of action based on the belief that forces beyond the control of individuals are the main determinants of reinforcing events. People with external locus of control have been shown to believe that the environment is largely controlled by fate, powerful others and social constraints.

The work of Lefcourt and Ladwig (1965a), Rose (1956), Stewart (1965) and the Kerner Report (1968) all indicate that Blacks might be expected

to develop and external orientation since they have been denied positive reinforcements from white society. This external locus of control is manifested in a lessened likelihood of participation in change efforts, a less active role in attempts to control their environment or lessened effectiveness in changing the attitudes of others (Gore and Rotter, 1963; Strickland, 1965; James, Woodruff and Werner, 1965; Phares, 1965). This sense of powerlessness was seen by Fanon (1963) as non-adaptive in that it helped to lighten the task of the oppressor. In this stance the colonized accepted his role and tolerated his oppression, thereby colluding with his own oppression.

3) Dependency:

A close correlate to the sense of powerlessness is the so-called dependency complex of colonized peoples. Kardiner (1939) described dependency as a basic attitude necessary for survival which one adapts when feelings of helplessness limited resources in terms of ability or power result in anxiety. "In extreme instances, it is an actual wish that another take over all responsibility for the subject's welfare." In terms of colonized peoples we might restate this sentence as an acceptance of the fact that responsibility and power have to a great extent been taken over.

In Kardiner's view, dependency in the child is biologically determined while in the context of the colonized personality it has been posited by Fanon and Memmi that dependency is societally determined and is controlled in both explicit and implicit ways by cultural norms and expectations. In their view, we must link the dependency of the

colonized personality to the external intrusion and threats of a racist society as problem-sovling efforts have often been thwarted as well as access to the knowledge which would assist in the problem-sovling process. Both of these authors stress the importance of the recognition that dependency is a result of colonization not its cause. The problem occurs when the colonized person accepts his role, taking the view that that is the way things are and there is nothing to be done about it.

4) Low self-esteem:

Low self-esteem emanates directly from the colonial situation. While theorists believe that this threat to self-esteem is common and even ubiquitous among oppressed groups (Fanon, 1963; Memmi, 1965; Kardiner and Ovesey, 1962; Thomas and Sillen, 1972; Braxton, 1976), Thomas and Sillen issue a caveat that the threat to self-esteem does not have uniform consequences. Some succumb tc poor self-esteem and some develop an awareness of the process and dedicate themselves to the struggle against oppression. Others may vacillate between healty and unhealty responses which are manifested differently in different situations. This lowered self-esteem is often observed in a mistrust of ones own thinking (Lipsky, 1978).

Colonized people are called lazy and shiftless. This implies that the colonizer's privileged position is earned through industry and through the indolence of the colonized. The colonized personality, then, accepts the "shiftlessness" as characteristic of his personality and the personalities of other colonized people. "You just can't

depend on them" is a phrase commonly used about Blacks and often by Blacks themselves. Memmi notes that there is a failure "to wonder if their output is mediocre, whether malnutrition, low wages, a closed future, a ridiculous conception of a role in society does not make the colonized uninterested in his work."

At the organizational level, this defense manifests itself in the colonized's lack of belief in himself and his own institutions. "He often becomes ashamed of these institutions, as of a ridiculous and overaged monument (Memmi, 1965).

5) Denial:

Denial is the refusal to see or accept some aspect of reality, in order to prevent pain. When denial occurs, arising from the presence of what are experienced as external threats, the ego engages in fantasies where the real situation is reversed. This is described by Fanon (1963) when he stated, "There is no native who does not dream at least once a day of settling himself in the settler's place."

In this process the colonized man often denies the racism he sees or at least denies its concrete manifestations; when they do come into consciousness, the colonized person develops "cool patterns" of behavior which disguise his feelings, particularly feelings of tenderness, love and zest (Lipsky, 1978).

6) Ego Restriction:

These "cool patterns" can also be seen as a form of ego-restriction. When the threats to the ego are extreme, as in the colonial situation where the survival of the group is threatened, the ego attempts

to avoid the pain resulting from the threat by restricting normal impressions. Ego-restriction is a subsequent process to that of denial in which there is a flight from unpleasant external-impressions.

When confronted with inherent racism, the colonized stops behaving as an "actional man" and becomes passive. This is related to the defense of powerlessness in that the colonized forgets how to participate actively in the making of his own history. His memories of freedom are very remote and he perceives the costs of regaining it as too high. Since he has been kept away from power so long, he loses his interest and his control (Memmi, 1965). In this process, whole fields of interest are neglected and the energy is used in the pursuit of opposite and accessible objects. Memmi's image of this process is of a "corset imposed from without."

7) Overemphasis on intimacy:

An overemphasis on intimacy can also result from the colonial experience. In this mode the colonized as a group overemphasize sentient ties. The group is then esteemed mainly for its refuge value. There is a holding fast to the "national family" with a concomitant eschewal of everything that represents the colonizer. The colonized finds his "correct place always reserved in the soft warmth of clan reunions. . . His universe is that of the vanquished. But what other way out is there? . . .The individual is pulled back into a more restricted cell, which saves and smothers him" (Memmi, 1965).

Braxton (1976) has suggested that overemphasis on intimacy can weaken a system's ability to manage in crisis and that there should

always be a balance between the needs for intimacy and privacy. The intimacy posture is adaptive when it is in the service of the task of the group (an organization, a family, a people) and non-adaptive when it does not enhance or frustrate the group task.

8) Pursuit of immediate gratification:

Through the process of ego-restriction, the colonized person, unable to achieve in many competent or self-actualizing ways, seeks to feel good in the here and now. This can be achieved through drugs, other forms of addiction, partying and the like. Lipsky (1978) says it is as if the oppressed person was at some unconscious level saying to himself, "Since I do not know what to do. . .or knowing what to do, I am prevented from doing it by the racism around me and since any Black effort is doomed to failure in the long run (patterns of powerlessness and despair) I must settle for making myself feel good right now. At least I deserve that much."

9) The superiority complex:

According to the Adlerian school of thought, people defend against feelings of inferiority by adopting the opposite view. In other words, one overcompensates for his feelings of inadequacy by feeling superior. In the colonial context, the colonized seeks to protest against his sense of historical inferiority by reacting with a superiority complex--a defensive strategy which occurs on a group level as a phase parallel identification with the aggressor. The colonized in this mode glorifies all that is his, his native dress, his sense of family,

his native language and holds them to be better than those of the oppressor.

This was seen manifested in the late '60's and early '70's in the United States by the "Africanization" of Black Americans who began to dress in African garb, learn Swahili and become members of African religions. Today this is seen in an emphasis on the extended family network to which Blacks are seen as having a superior and unparalleled affinity.

Certainly the return to oneself and one's culture has adaptive and "healthy" aspects. We refer to it as a superiority complex if it also denies the strength of other national groups.

The defenses described above together illustrate the syndrome of internalized oppression and the colonized mentality. In order to diagnose the syndrome most, if not all, elements must be manifest in the life of an individual or organization. We will illustrate its existence in this case and its impact on the life and work of the organization in question.

CHAPTER III

METHODOLOGY

This chapter describes the data-gathering strategies and the analytic framework which were utilized in this research. The section is outlined as follows:

1. Personal Observations and Description of the Facility
2. The Division's Files
3. Description of Interviewees
4. Interview Procedure and Method

Personal Observations and Description of the Facilities

As part of the process of identifying my own motivation, needs and defenses, a discussion of my initial introduction to the unit, my experience as a member and my decision to engage in this research is merited. I first visited the mental health center in 1977, several months prior to my placement. When I visited to explore the placement opportunities, I first visited the parent mental health center. Although I was not interested in this placement, because of the predominant treatment modality (individual psychoanalytically-oriented psychotherapy), I was extremely impressed with the physical plant. It was a large five story structure with a very large, warmly carpeted and attractively decorated reception area and private offices for the interns and patients. Each office contained a desk and chair for the therapist

and two or more easy chairs for use during psychotherapy. My overall impression was of a very professional, yet attractive and inviting facility which was clearly facilitative of the therapy process.

While visiting this site, I began to inquire about the location of the "Black field station's" clinical component and main office which I was to visit next, only to find that no one I spoke to had ever visited the facility and further had only vague ideas as to its location. My psychological antenna went up--Was this Black unit an "invisible" unit?

I was finally able to get directions to the field station and upon approaching it by car found it indeed "invisible" even though I was directly in front of it. What I saw was a gas pump on the sidewalk backed up by a one story building which looked like a warehouse or garage. This, I was told, was the health center. When I entered the center, I found it still difficult to locate the field station itself. People seemed unclear about what unit I was looking for, first directing me to the center's own mental health unit and finally to the field station of the mental health center which was located all the way in the rear of the building right next to the back exit which was adjacent to the garbage dumpster in the parking lot of the health clinic.

Inside the field station's suite of offices, I found a thin, shabby looking reception area with six tiny offices. The walls were made of concrete and looked as if they had not been painted in years. The offices were tiny, overcrowded, and had very low ceilings. Images of basements and publicly financed housing projects rose in my mind.

Two or more people shared each office and although the staff was warm and friendly, I experienced the facility itself as extremely uninviting and even unpleasant. Here the clients would have to be seen in tiny, cramped offices with straight backed chairs pushed next to the desks. Certainly not what I considered optimum conditions for the high level of relaxation, intimacy and self-disclosure which I felt psychotherapy required. There was not one window in the entire suite of offices.

I wondered how one could conduct family therapy sessions, my primary training interest, in those cramped quarters. There seemed hardly enough room for clinician and one client, never mind a family of two, three or more members. And in fact, very little family therapy was done at the clinic, lack of space being one of the main impediments.

During my visit, I sat in on a staff meeting in which the primary item on the agenda was the space problem. The staff was discussing which strategies they could employ to pressure for more space. The feeling was that the talking phase needed to end and that some more "militant" action was needed to take place. Some talked of a work stoppage, but this idea was not well received. Many suggested publicizing their plight by calling in the local news media. Although no conclusions were reached, the latter strategy enjoyed a substantial amount of support. The space problem which was being discussed was blatantly apparent to me, as the meeting itself was being held in the L-shaped corridor of the facility, with the staff at one end of the L unable to see staff at the other end. I left the unit feeling quite

distressed.

The next stop in my itinerary included a tour of the sister field station in the neighboring town. This unit was located in a modern office building in the center of town. Like the parent mental health center, the facility was very professional looking, fully carpeted with very creatively and cozily decorated offices. There were comfortable chairs for therapy and large treatment rooms for family and network therapy sessions and a two-way mirror for observation and supervision of therapy. The site was large, bright, and well-ventilated.

This last visit ended my tour of the internship placement facilities and I returned home feeling bewildered and deeply insulted. I felt a strong assumption on everyone's part that I would or should choose a placement at the "ghetto unit," and although I had expressed an interest in working with minorities, I had also stressed my interest in training in family therapy. I was extremely conflicted myself, but was angered by the assumption that I would go to the Black unit. It was if everyone were saying, "You're Black, that is where you belong." In fact, all minority interns worked at the "ghetto field station." Further, I felt that the facility's decaying environment was a statement of my worth as a Black person--a sense that that was all I deserved.

I decided to reject this unit as a primary placement because I felt it would not provide me with the family therapy training I desired and also because I felt that there was covert segregation in the system which I was unwilling to collude with. I simply did not care to work

in such a separate and unequal facility which I experienced as inadequate, confining and psychologically oppressive. I did, however, accept a part-time placement on the unit so as to maintain contact with and gain experience from the Black community it served and the Black professionals and para-professionals who staffed it.

I worked on the unit from July 1, 1977 to June 30, 1978 and was in the role of trainee. Several months into the internship, due to circumstances which had nothing to do with the space problem, I chose to switch my primary placement to the Black unit. During my first few days on site, I experienced headaches due primarily to the cramped quarters and the lack of ventilation. When I mentioned my headaches to my colleagues I was told that they'd had the same experience at first, and "not to worry," I'd get used to it and the headaches would go away. They were right. After about ten days, the headaches disappeared, but the sense of feeling crowded and mildly claustrophobic never lifted.

I felt almost constantly angry about the environment that I felt forced to work in. I always experienced a resistance to entering the building and tried as much as possible not to go into the "dungeon," trying to work either at the Consultation and Education component, in the field or at home. But of course, some work, seeing clients, doing coverage, etc. had to be done on site.

The staff was still complaining about the space and searching for more adequate facilities. Clearly the distress I was experiencing was not unique to me. It was at this point that I decided to begin my

research. It was motivated by an interest in exposing and explicating the problem in order, hopefully, to assist in its resolution, and just as strongly by a need to defend against the stress that I personally experienced. I could not remain passive and accepting of the situation, I had to DO SOMETHING! And so this research was begun.

Files of the Division

The main data for this research consisted of the funding and growth grants for the division, the division's files containing memoranda regarding the space problem which covered the period from 1969 to 1979, as well as my informal observation and experience of the process during my year's placement on the unit, during which time I attended staff meetings and special meetings which were called to discuss the space problem.

Rather than seeing my role in the organization as a contaminating or complicating factor in the research, I view it as integral to the research method (cf. Sofer, 1961; Miller and Gwynne, 1972). In this method, I considered myself a research instrument and used my experience of the problem and the insights derived from it as additional data for the study. This fact, however, does necessitate a realization of the lack of total objectivity and detachment in this work and must be taken into account in the evaluation of the research.

I have attempted to minimize against excessive subjectivity by carrying on extensive dialogues with colleagues and mentors not directly involved on the unit or in the project itself. These discussions

have helped maintain in consciousness some of my biases, feelings and needs in relation to the unit and the reserach and I have attempted to identify these as clearly as possible in this work.

Description of Subject Population

Nineteen subjects, all staff at the field station, volunteered to be interviewed in connection with the project. The great majority of the staff on the unit, but not the entire population, which consisted of 25 members, was interviewed. That a few staff members were not interviewed was entirely circumstantial and not due to any particular assumptions or design strategy. In addition, several other key figures, who it was felt could add something either to the history or understanding of the problem were interviewed. These other subjects consisted of the director of the mental health center, the director of the sister field station, the director of the division of which the field stations were a part, a former assistant director of the division, and the director of the health center in which the unit's clinical component, and initally the entire unit, was housed.

Interview Procedure and Method

It was decided to complement the observational research with interviews in order to verify the staff's perception of a space problem on the unit (see appendix). Unit staff members were informed of the study at a staff meeting and were presented with a brief research proposal (see appendix). They were subsequently contacted individually in

person or by phone to ask if they would be willing to participate in an interview (see appendix for a copy of the interview). The interview questions were developed by means of observations and attempted to measure the extent to which staff saw a space problem. The interview focused on their perceptions of the unit's space problem. Other interviewees external to the unit were contacted by phone, told of the nature of the research, and asked if they would be willing to participate in the study.

Upon meeting with the subjects, they were presented with a consent form (see appendix) and asked if they were still willing to be interviewed. All of those approached agreed to be interviewed.

Interviewees were then asked if the interviews could be taped and were informed that if they were unwilling for taping to occur that note-taking would suffice. Twelve subjects were taped. Where taping occurred, the interviews were transcribed and then coded.

Interviews took place over a period ranging from May 1, 1978 to March 31, 1979. Interviews were generally conducted, where space allowed, in the interviewees' offices.

It is important to consider that since most of the interviewees were on the staff of the same unit, there was the potential for some sharing of information about the interview, but I have no sense that much of this occurred. It should be noted, however, that in the main the interviews took place during a period of high concern and activity surrounding the space problem itself and there was, therefore a great deal of staff sharing about the problem in general.

CHAPTER IV

RESULTS

History of the Field Station

The period of the sixties had been an interval of great growth and expansion, as is often attributed to war-time economies. In those liberal Democratic years, large amounts of money had been allocated to better the lives of underprivileged Americans in many sectors. In the field of mental health alone, the Community Mental Health Center's Act of 1963 had authorized an allocation of $150 million for the construction of community mental health centers. In 1965, $73.5 million additional dollars were allocated for the hiring of staff to work in the recently constructed facilities. The creation of the unit, which is the subject of investigation here, was part of this era though it was born too late to be a recipient of any construction monies.

In the late sixties, demands for civil rights, Black Power and a redistibution of the wealth and resources of this nation's economy became stronger, more militant and more frequent. In the small, east coast city where the mental health center was located, racial violence and tension were common. The city exploded with riots and civil disobedience in 1967, 1968, and 1969 and one of the country's leading Black militant, separatist organizations established an office there. The field station was a part of these "revolutionary" times as well.

As the director of the division of which the field station was a unit expressed it, "Things were really wild." For a while, the field services, as they were then called, occupied offices in the parent mental health center complex. Responding to the availability of community mental health funding, the division applied for a staffing grant to staff two field stations, one in an inner-city ghetto and another in a suburban town.

These two areas were chosen to house the two field stations for several reasons. First, both were communities which were underserved with respect to mental health services. The suburban town had no mental health professionals, and had only one pediatrician. The inner city community selected was the most organized ghetto community in the city, having already demanded additional services by marching on the mental health center and had been designated the most needy community in the inner city. Though it still had a white majority (mainly Italian and Irish), its minority population was growing rapidly. The Black population had grown from 12% in 1960 to 32% in 1968 and was expected to increase more rapidly in the future, as more and more whites moved to suburban communities like the one where the sister field station came to be located.

Poverty, unemployment and underemployment were high in this inner city community. It was estimated that 25% to 30% of the population in the area were living below the poverty level defined by the Federal Office of Economic Opportunity. The available community mental health center funding was designated particularly for communities such as these.

And it has been suggested by many people whom I interviewed that more than any altruistic motivations to serve the community, the availability of funding was the predominant impetus for writing the grant. Though it should be remembered that there were a number of professionals in the mental health center who had an interest in improving services to minority and other previously underserved populations, the division's director recalled that, "People were turned on by the fashionable ideology of the times, but later became turned off," so that very few people from that time remained on the division. It was her assessment that white professionals went to work there because it was "fashionable" and because they felt "guilty." Speaking personally, she said, "I wasn't in touch with racism, but was outraged by two classes of treatment." She described the work as a "turn on."

These two communities were also chosen because conveniently, the two neighborhoods were contiguous and their populations, taken together, slightly surpassed the 70,000 mark which was necessary for funding. In addition, many of the mental health center's faculty were interested in the research possibilities involved in providing services to two such diverse (in terms of ethnicity, housing, income level, age, family composition and educational levels) communities. The coming together of two such distinct communities was clearly a problem from the beginning. Thoughts of locating in one field station on the boundary of the two communities could not be implemented because it was felt that the two communities were too dissimilar to be served from one facility. Obviously the disparate cultures of the two communites and the people who

eventually came to serve them, rendered long term cooperative functioning difficult.

The plan to staff community field stations created great dissension in the parent mental health center. The predominantly psychoanalytic staff looked askance at community psychiatry and according to the division's current director, a former administrator in the division, "Everyone thought it was crazy to put a field station in . . . (the ghetto community selected)." No one expected the federal government to approve the grant, and when the division was funded for half a million dollars to staff the field stations, a split developed between the division, the mental health center and the department of psychiatry. The division became identified with "militant community groups and activist community work." The white establishment of the mental health center was fearful about entering the neighborhood where the field station was located and this fear was apparently reality based, as threats and attacks did occur when they entered the community. One faculty member, a famous researcher in the area of mental health and social class, was attacked by the field station's community advocate who travelled around accompanied by body guards.

The community leadership, at that time, was calling for indigenous personnel to work in the Hill. The mental health center was seen by the community as an "alien force" composed of white professionals who were not thought too highly of in that era of black nationalism. Staffing the field station was a formidable task. White professionals were reluctant to work there either because of fear of "aggressive" Blacks or

because of their lack of interest in and commitment to the Black and poor population. Perhaps too because of their real or imagined perceptions that workers at the field station would have lower status than workers at the parent mental health center or the university's psychiatry department. These difficulties were circumvented by transforming some of the professional lines into paraprofessional lines, so that rather than hire one psychiatrist, two or three psych-aides could be hired.

Space (760 square feet) to house field services in the community was rented from the local health center in the catchment area, since it was felt that this location would provide more comprehensive service and continuity of care for patients. Additionally, the health center could benefit from the resources of the mental health center and even more so from its ivy league university sponsor. Another factor in the decision was the community's resistance to the "white establishment" represented by the mental health center. Because of this it seemed useful to have a legitimate grass roots organization help sponsor and legitimize the field station as it began its work in the community. Those services which represented the suburban community remained in-house somewhat longer, but eventually located modern and rather plush offices in the center of the business section of the community. The offices offered convenient opportunities for expansion.

The inner-city field station was a small unit composed initially of six staff members, mostly Black. There were two components: clinical and community organizing (C.O.). The first director was a physician,

but as the times became more and more volatile, he left and was replaced by a Black director with no professional training. Most of the staff were paraprofessionals and very often were members of the community. Still it was difficult to involve the community. Mental health agencies were frowned upon due most probably to the stigma of mental illness and the resistance to the treatment modalities of what was termed the white middle-class establishment. The client census, however, was growing, largely composed of schizophrenic and other psychotic patients who became part of the revolving door produced by the great deinstitutionalization effort which developed soon after the field station opened its doors.

Outreach and community organization was a major task of those early days. The field station had an infamous reputation. Panther posters filled the walls, intimidating mental health center personnel. Some have suggested that workers often used their community organizing task as an excuse to cover their evasion of work. There were assertions, reportedly well-founded, that workers who signed out to the field were in actuality not working at all. Record-keeping was inadequate. Staff was often out ill, absenteeism and lateness were frequent and staff turnover was high. The field services, it was felt, were just not up to par. The field station was largely "ignored and left to rot," said a former assistant director of the division, and was given neither support nor direction. It was felt that the staff was unqualified but no one had the interest or the courage to do anything about it. It was a bother, a nuisance, a stimulus to fear and racism.

The staff actively colluded with the mental health center's neglect, refusing to be accountable to the white establishment. When a few years later, a Black female assistant director attempted to discharge incompetent staff, she was prevented from doing so by field station staff who saw her as an extension of the white superstructure. In one case, when she attempted to exercise her authority in this regard at a board meeting, the meeting was interrupted by six of the community's most militant members who surrounded the room threatening her and the division's white male director who was also present.

As soon as the growth (staffing) grant was funded, the staff of the division doubled and the field station quarters became quite cramped. The division's current director recalled that while writing the grant she was aware that the space would be inadequate if the division was funded. She commented in an interview, that it was "incredibly sloppy planning to apply for funding and not have a clue as to what would happen if the grant was approved."

Crowding and the Search for Space

The files of the division are replete with a seemingly infinite number of memoranda describing, documenting and recounting the problems inherent in the lack of space (see appendix). Memos were written by staff, by the director of the field station, the division's director, mental health administration and by community organizations. The problem was a nagging and seemingly interminable one for all involved. By 1972, the space originally allotted for six staff members was housing

16 full-time and 4 part-time staff. In a letter to the Commissioner of Mental Health, the mental health center's administrator described the facilities:

> Chief's Office: 2 desks and chairs and 1 bookcase - 8' x 13' (104 sq. ft.). Three staff members use this office for a total of 36 sq. ft. per person.
>
> Child Unit: 8' by 11 1/2' (92 sq. ft.), has 2 desks, 2 chairs. Three staff members use this, for a total of 31 sq. ft. per person.
>
> Adult Unit #1: 8 1/2'x 10' (84 sq. ft.), has 2 desks, 2 chairs, and 1 small file. Two people use this office for a total of 42 sq. ft. per person.
>
> Adult Unit #2: 8' x 10' (80 sq. ft.), has 3 desks, 3 chairs, Three persons use this office for a total of 23 sq. ft. per person.
>
> C.O. Unit: 9' x 10' (90 sq. ft.), has 3 desks, 3 chairs, and 1 small file. Three persons use this office for a total of 30 sq. ft. per person.
>
> Clerical Office: 9 1/2' x 10' (95 sq. ft.), has 1 desk, 1 chair and 1 large file cabinet. Two people use this office for a total of 47 sq. ft. per person. Clearly, a clinician cannot share this office because the secretary would be forced to leave her typewriter and files when the office was in clinical use. The Mental Health Service Assistant also uses it 1/2 time.

As the interview results showed, the space problem was largely defined (89.5%) as an issue of overcrowding. The state health code which required 75 square feet per person was ignored. The crowding effected all facets of field station functioning, personal functioning and comfort, task performance, staff morale, programs and clients. Staff stated in a memorandum that the space problem caused them severe inconvenience and embarassment. The files, mirroring the interview results, showed complaints of lack of privacy and confidentiality, constant

interruptions and the need to constantly "roam the health center to find space." There was difficulty in providing family therapy due to limited space and in addition, desired programs, such as a walk-in mental health service and an after-care group for community residents released from the state mental health facility were impossible to run. On-going programs were also effected as one memo related, "The space for teaching. . .our remedial reading program leaves much to be desired and often contributes to the restlessness of the children (related to the closed-in feeling which results from cramped quarters with no windows)."

The crowding problem also placed a limit on the number of trainees the unit could house. In a memo written by the division's director, it was stated that the unit desired, but had no room to accommodate, nine trainees including three psychiatric residents, two psychology graduates and advanced fellows, two divinity graduate students and two community mental health worker trainees. Clients were also affected as a 1972 memorandum from a staff member illustrated, ". . .groups are held in clients' homes on a rotating basis and this has already begun to create problems for the clients. . .The clients are certainly left to wonder why there is no private office in which to sit and discuss their problems. It is no wonder that they resist coming to the field station and would rather have us go on home visits which is more time consuming."

But the space problem was not just limited to crowding, per se. As the data shows, there were also major problems with the entire techno-physical environment. For example, there were disturbing sensory

factors, as a memo dated 5/23/72 stated, "Our only source of fresh air must come from the hallway, if the outside door is open. I must further note that we get inadequate heat during the winter and inadequate air-conditioning in the summer. It would not be too far wrong if I were to say the cycle is reversed."

The general maintenance of the offices was also another major problem which will be discussed further on. The loss of time, as a result of having to deal with the crowding, was another major issue. Time spent on work, as the interviews and observations showed, was lessened due to the constant interruptions and the need to move from one room to another, from desk to another and sometimes into the waiting area. Materials often got lost as a result of so much shuffling around.

As the consequences of the crowding became clear, or at least the stress which accompanied it, the unit began a search for space which lasted close to 10 years. The first and longest attempt to acquire space was through a collaborative effort with the health center where the field station was housed. The plan was to renovate the first floor of the adjacent building where the field station was housed for the use of the field station. The files contained a blueprint of the proposed first floor plan dated December, 1971. The first memo I encountered which mentioned this attempt was written in June of 1972, at which time the divisional director responded to a letter from the neighborhood project office which had written to express its concern about the field station's need for space. The director answered, "We share your concern and, as you know, have been attempting to negotiate with the. . .health center in order to obtain additional space for our oper-

ating program. Negotiations of this nature frequently take time and support of the kind which you have shown is extremely helpful."

Field station staff remembered this process well. One stated, ". . .that was the first time plans were drawn up. . .(the mental health center) got their part together, but. . .(the health center) didn't have theirs." Another recalled, "They thought we'd be in there. . . but it didn't work out. I think it was money and then the. . .health center rented it out to this motorcycle club. It was weird because . . .they had the plans made up. . .I think it was money plus politics. . .We always felt that we weren't there. . .All I know is that they just all of a sudden gave it to the motorcycle club. They rent it out to them and we thought we were going to get the space. . .We were pissed. . ."

The attempt to rent quarters in the adjacent building lasted for approximately 4 years. By 1975, the cost for the space had escalated to $60,000, three times its original cost. In December of 1975, the health center's director wrote, "Regretfully, I must officially inform you that we have not been able to secure the financial resources required to carry out the planned renovations in an area of the. . .facility for use by. . .(the field station). . .We will continue to work on getting the funds needed. . ."

This endeavor, which never came to fruition, caused great difficulty for interagency relations. The negative feelings, blaming and unclarity lasted until 1979 when the field station's director informed me in an interview, "Sometimes, I get angry because I know. . .(the

mental health center) is not honest about its original negotiations around space. . .I was led to believe. . .the health center was at fault. When I found that was not true, I was resentful." He added that the mental health center "played games around space. . .Set up a conflict situation between. . .(the health center) and the. . .(field station)." "And," he concluded, "All of this is what happens in a racist environment."

In addition to this protracted negotiation, many additional offices were considered both concomitantly and subsequently. It was the dream of the field station's director, who joined the staff in August of 1974, to locate in a house which he felt would provide a homey setting, both reflective of an indigenous to the community. Several houses were pursued. One located in 1977, was a private house which had been converted to a rooming house. It was, in most people's minds, ideal. There were 17 rooms off a long hallway, a design reminiscent of many psychotherapeutic clinics. Because of this layout, no major renovations were necessary. However, during the time in which the field station attempted to gather the finances and the approvals necessary from the highly complex bureaucracy, the realtor received a deposit from a prospective buyer. It was reported to the staff that the depositor could not be revealed, but it was rumored to be a city alderperson who needed a residence in the community in order to legitimize his political office. But the field station was never able to find out who that person was. The director stated that the space was "snatched" from the field station. The realtor would not accept the

field station's deposit in spite of the fact that the time in which the total money should have been gotten from the depositor had lapsed. Illegally, the space was held for the depositor. The director made some attempt to investigate, but stopped because it involved "fightin with city hall" and because he was having enough "trouble with the zoning laws."

Another house, a large three story structure, was too big. Though the field station could and surely would have expanded its programs and caseload to accommodate the increase in size, the rent on the structure was far beyond the available monies. In addition, with this site, as with many others, there were problems with fire codes and again limited funds prevented the rectification of the problem areas. Yet another house could not be obtained because of zoning problems.

The lack of resources, particularly financial ones, were an on-going, major disadvantage. Because of the conditions of the available, albeit limited, properties in the catchment area, major renovations were typically required to rehabilitate structures which were either inappropriate or in decay after many years of standing idle. The need to amortize, due both to insufficient funds for down payment and high renovations costs, was a powerful impediment. At one site, the cost of renovations raised the price from $3.50 per square foot to $6.50 per square foot. The director estimated that at one facility, the need to amortize would cost the field station an additional $4,000. High amortization costs also created the need for longer leases which were difficult to obtain but were needed to allow payments to be stretched out over a longer period of time.

Again, limited resources was the basic underlying impediment in most cases. Time and time again, the field station director addressing this issue in his memos, he wrote on one occasion, "It has become abundantly clear that our budget cannot handle everything we are asking for. . .We have been through this enough times for it to be glaringly obvious that we cannot come in under $25,000 and include everything. We're too old and experienced to continue to think so."

Lack of monetary support for the fied station was reflected in the fact that no one was willing or able to pay the up-front costs. As is typical of situations of poverty, the lack of money costs even more money. In one instance, the director saw in this need to amortize a realization that they were actually "throwing away $20,000 to $30,000.

The question of resources was viewed by the staff as essentially political in nature. One worker made this assessment, "Sometimes it was because of politics, sometimes because the state or the. . .university was not willing to give up any more money. For a while, it was because neither of the two wants to buy, at least for. . .(the field station). The politics of racism, as the interview data showed, was conceived of as an essential aspect of the problem. One subject put it this way, "To the extent that money had to do with power and keeping people down it has to do with racism."

The potential sources of financial support were the state and the university. The parent mental health center, you will recall, had been described as "resource-rich," yet for most of the period during which the search took place they were less than supportive. The bureaucracy

of the state was apparent when one looked at the length of time required to get anything moving and in terms of their glaring insensitivity to human needs. The deputy commissioner for treatment services in the state department of mental health, in a letter to the division's director stated that he was cognizant of the problem but explained that "constricted resources interfere with immediate solution." The matter would be passed on to another department--the Property Review Board of the Public Works Department for further consideration. "In the meantime," stated the assistant administrator, "you may have to tolerate the cozy arrangement now required by your limited space."

Two letters were written to the governor. The first, written in 1976, was addressed to the state's chief executive asking for help with the grievance that the state employees had filed concerning the lack of heat at the health station's offices. The second letter, from the director, written eleven months later, acknowledged that "nothing can be done to remedy the situation here and the space is inadequate for our needs" and sought the governor's help with the question of limited resources. "Space has been located," the memo said, "but we are informed by. . .(the parent mental health center) personnel that they would prefer not to spend the necessary amount. Perhaps some support from you might help persuade those with power to remedy this situation. While all this has been going on," the director continued, "our service to the community has expanded. The number of people we serve and the programs we now offer are testimony to the hard work of the staff. Yet we are hampered and burdened by the inadequacy of our location. We

request your assistance." Nothing much developed from this effort. As one staff member summed it up, "They might write you a letter and say it's a great idea but. . ."

The division's director assessed the work of the state by saying, "they blew all kinds of things." She saw the state as an incredible bureaucracy which she was virtually powerless to move.

The mental health center, directed as it was by a university faculty member, was viewed by staff as the clearest representative of the university. Yet the director never responded in a way which would reflect his apparent authority in either system. He generally placed both responsibility and authority higher up. It was really the system, like the state and the university and his hands were tied.

When interviewed in conjunction with this research, the director of the mental health center expressed a sense of impotence in dealing with the superstructure. He reported that at first he felt compelled to try to work within the state bureaucracy since the lease was a state lease. The university could have been used, but it was "more difficult and complicated." The division's director, echoing this sentiment, stated that they were certainly unsuccessful with the state and added that they could "hardly move" the university.

The mental health center director placed responsibility on himself for part of the lack of responsiveness of the center. In an interview, he validated staff feelings that he had been less than cooperative when he declared that, "Initially I refused to change the space so that for a number of years, we saw the future of the . . .(health center) as more

important than the. . .(field station). . .For three years we knew and didn't do anything about it." He also informed the interviewer that his stance had caused a battle between himself and some of the division's former leadership. He felt, he said that "the state was not part of the community and we therefore should back the health center." He stated that he wanted to "bolster them as they were very fragile." He noted also that a second major impediment was an "attempt to fuse the facilities." A former assistant director of the division who was present at this time stated that she saw his stance as "paternalistic" and felt that the mental health center director was simply trying to get rid of the field station.

The obstacles encountered were by and large assessed by the staff to be resultant from "less commitment on the part of the center as a whole."

In one instance, the field station attempted to increase the amount of money they had to bargain with by using an additional $500 from the money used to pay for the consultation and education offices but the department of psychiatry would not release the money for their use.

The following excerpts from several interviews are reflective of the field station's prevailing sentiment concerning lack of commitment: "It's just a game you play," said one staff member, "go out and find space, check it out. Nothing's happening. . ." Another person discussed her reaction to the director's stance, "Damn, all this time people thought you were backing us and you're telling us it's only recently that you've been taking it seriously." Another worker said, "We ran

the problem down to him. . .We talked about it. You know, we got his 'Okay, I'll see what I can do' answer. We all went over anyway and we talked. . .We didn't feel we were being slighted, and so on. And he said, 'Okay.' And we're still here."

Since the search had begun, staff had time and time again mobilized themselves for an all out attack on the problem. Work on the space problem occurred in waves. There were periods of high activity and then definite lulls which usually occurred after times of high activity and subsequent failure. In 1972, other community agencies were contacted, informed of the situation of which some were familiar, and asked to write letters, make phone calls and in general use whatever power and influence they had to exert pressure on the mental health center and its state and university co-sponsors. The following excerpt is typical of the mental health center's response to this mobilization, "I wish to thank you for the interest you have shown related to the question of the inadequacy of available space. . .Clearly, the nature of the program and the needs of the community could be better served if we were able to come to a speedy resolution. I thank you for your interest." (6/12/72)

In 1976, the entire field station staff met with the director of the mental health center in his office to discuss the issues. In 1977, a "Space Committee" composed largely of field station professionals, formed to assist the unit chief in his task of finding adequate space. One staff member described his experience of the search this way, "When I got here (1977) people talked about it somewhat, but it really

. . .But then again, I don't know maybe they did some things and they died down before I got here. I don't know. . .But I know at the time that I did get here, they weren't doing too much. They were talking about it and then as time went by the ball kept on rolling a little bit more. The space committee was formed. . ."

The reemergence of active efforts was often occasioned, in part, by the arrival of new workers or trainees. One interviewee said, "I'm tired because it's been too long and sometimes I'm not even sure if they're taking us seriously either. Because so many times, we talk about it and when the staff gets actively involved everything seems all right. But after a while the negotiation gets extended too long and people lose interest and it goes quiet again and what happens? Nobody talks about it and then one person comes, like usually the new people come and somebody raises the issue then everybody gets active again and they start to make an effort." Discussing the role of professional staff in the search, the same worker commented that professional staff would struggle around space for a while but that typically, since they had the degrees, they would leave and go to other positions, an opportunity which paraprofessionals did not have.

In spite of the fact that during the year in which the research took place there was high activity at administrative levels among new staff around finding space, the prevailing mood of the field station in terms of one worker of nine years, "I feel we had, with this last space, I felt we were really. . .This was going to be the place. Though you kind of. . .You don't want to be optimistic because you'll be dis-

appointed. . ." As effort after effort at finding a unified facility failed, the field station found it necessary to compromise its goal.

In March of 1975, when no more staff could be accommodated, some additional offices, were rented in an office building nine blocks away from the health center and were designated for the use of the consultation component. The new space was more modern, the offices carpeted. But it was more isolated from the community. In fact, it was located across the street from the parent mental health center. By November of 1977, the limits of the facilities again reached unmanageable proportions so a railroad-flat styled trailer on the sidewalk in front of the health center was rented and came to house the unit's director. The director had chosen to relinquish his office to a newly hired consultation and education specialist who he felt should be housed with the rest of the C & E component at the second site. He did this in spite of the fact that he had to give up having close access to a secretary and was then on a phone line different from the rest of the unit. The move also demonstrated to staff his spirit of sacrifice in accommodating to the space problem.

So after seven years of trying to acquire space, the unit came to be housed in three different facilities. There were, in 1979, 12 staff members in full-time staff and four part-time staff in the clinical component's six rooms, seven staff members in the C & E component's four rooms and one staff member in the trailer.

The Field Station's Relationship with the Health Center

The relationship between the original field station and the health center in which it was housed is a long, interesting and extraordinarily complex one. When the field station moved into its rented quarters in the health center early in 1969 there was the stated goal of "providing comprehensive health care to the community" because it was felt that "barriers between the agencies will result in poorer services to the consumer." The field station's 1968 staffing grant application stated, "The. . .Health Center is a newly opened affiliate which will serve the comprehensive health needs of the child population. . .It is a Children's Bureau funded project jointly administrated by the. . .Board of the Model Cities Neighborhood Corporation and . . .University. The site of the center will accommodate our. . .field station and there will be active collaboration in program development and implementation between their child psychiatry section and ours. . ."

Collaboration in the interest of the community, however, appears not to have been the sole interest as the following comment by the health center's director serves to indicate. "Folks at first felt that. . .Mental Health Center and the . . .Division were not community minded enough. But they decided to link the services and use the resources. The linkages and the model probably helped with additional fundings. . .." The mental health center's current director, when asked why the health center had been chosen as a site in which to locate the

field station spoke of thoughts of merger and added that in addition the rent was "incredibly cheap."

Though the grant application used the word "collaboration," over the course of many years, the terms "cooperation," and "integration" were often used interchangeably. In the memoranda and documents reviewed, a reference was made to documents written in 1969 in which the "principles of integration of the two agencies were stressed." In a memo dated February 18, 1969 it was stated that it is "impossible to outline the precise mechanics and fine details of the integration between the two agencies. . ." due to the fact that the division's grant application had not yet been approved.

In 1972, a formal committee was established to examine the "parameters of the relationship" between the two agencies. The parameters committee, composed of staff and administration of the two agencies, prepared a report in July of 1972 which examined the possibilities for the further development of "inter-agency engagement ranging from minimal to maximal or cooperative to integrated functions." At that time, the committee stated that total integration "does not seem feasible" because of the facts that each agency had its own administrative structure and was part of a larger system with shared but unique goals and because each agency had a difficult funding base and was constrained by this fact. The report stated further that "personnel practices are not entirely the same and the salary ranges are not always comparable. Field station staff are civil service or university employees. The stability of funding for the two programs differs as do requirements

related to payment for services."

The confusion in terminology and consequently interagency goals and interaction became clear when we examined a document written in June of 1972, one month prior to the Parameter's Committee Report, which stated, "as you know, the services which we offer have been integrated with those of the . . .Health Center for some years. . .". Another document dated July 14, 1972, again illustrated the confusion, "NIMH funding of the field station is to some extent dependent upon integrated services."

In 1973, one year later the relationship between the two agencies was still being examined. In a working draft, a team of personnel from the health center and the field station proposed two models for agency interaction. Despite the fact that one year earlier integration was not seen as feasible, in this report, two models for interaction were proposed: Model #2 calls for the complete integration of the . . .field station into the organizational team structure of the . . . Health Center." The draft further stated that the "field station would cease to exist as an identifiable entity except in the teasing out of the adult psychiatric statistical contacts for accountability reasons." Thus it is clear that a merger was still being considered.

Exactly when the idea of merging the two units came into being is unclear. In an interview with the mental health center's director, he stated that at the time the director of the health center's mental health department was recruited (September, 1972), "we thought about how to combine the units together." He further stated that it was his

feeling that desires to keep the units separate were in his mind "parochial and not necessarily in the interest of the community." The ideas of merger appeared earlier, according to the division's director who stated in an interview, as mentioned earlier, that at the time when the field station first acquired space in the health center there were "some thoughts of a merger."

Still, the ideas of cooperation, integration and merger were unclear in November of 1973, when the minutes of a field station-health center committee stated, "The discussion then moved on to the question as to whether amalgamating the Mental Health Department and the . . . field station programs were feasible." Suggestions were made for a "greater specification of function for each unit" and for the mental health center's "maintaining primary responsibility for adults and the . . .Health Center for youth and children." It was further stated that, "For administration and management purposes, representatives of these two service units would sit on both the Clinical Chief's Committee (of the parent mental health center) and the Departmental Chief's (health center) meeting. In this manner, the service units maintain a certain amount of functional autonomy. It is projected, however, that the model lends itself to total integration within a twelve month period."

Exactly when the ideas of merger were abandoned is not known. The fact that a grant written by the health center (with help from the division) for children's services was approved in 1972 lessened the interest in merger. In addition, the mental health center's director

stated that he personally changed his mind, "when it became clear that the two units wouldn't be able to be combined" and when he saw that the field station "had substantial leadership and program that merited survival." Thus it is evident that there was a point in time when the leadership and program of the field station were not believed to be adequate to merit survival.

The director's comment lends support to the view of a former assistant director of the division who stated that, "I felt the mental health center, at best, had an ambivalent commitment to the . . .field station, even in that liberal hayday." Her interpretation of the events was that the director "wanted to get rid of the . . .field station. He wanted to structurally attach them to the . . .Health Center and cut them off. . . The choice was made early not to put money into the . . .(field station) and to hope they could attach it to the . . . Health Center." The field station's director felt the same. He said that the mental health center administration didn't "want to be bothered" and simply "gave" them to the health center.

The two agencies, the field station and the health center, expressed concern about integration and merger throughout their period of cohabitation. We can recall the Parameter's Committee Report which stated that integration did not seem feasible. In addition in September of 1973, the minutes of the field station-health center task force stated that "Concern was expressed by all of the importance and need to maintain some degree of institutional identity. . .". Still the minutes concluded that, "As the afternoon passed, it became clear that the

various models offered by the participants had a good deal in common and that with some work it should be possible to find common ground."

A memo from the field station's director to the director of the health center raised other concerns, "The field station thinks that the . . .Health Center puts more emphasis towards professionals and tends to be professionally top-heavy and to emphasize degrees for positions which could be handled by community paraprofessionals. We have a continuing concern about the lack of mobility for our new professional staff. . .".

Ultimately neither integration nor merger took place. The fact that both the grants by the health center and the field station were approved also devastated plans for merger and built up the two agency's quest for their own survival, growth and expansion.

The question of collaboration was also an extremely difficult one. Though certain mechanisms for collaboration were established and operationalized (the joint team structure, some coordination of hours, access to records), it was still difficult for the two agencies to work together.

The sharing of information between the two mental health units was one area of difficulty, as the following excerpt from a memo of the field station's director to the health center director illustrated, "It has been brought to my attention that you have filled the Director of Mental Health vacancy. . .I have concern about why the . . .field station has not yet met this person." The lack of ongoing communication which this memo demonstrated is in direct contrast to the schema

for cooperative functioning outlined in the 1972 parameters report, where it was stated that continuous communication was a necessity for cooperative functioning.

Another element described as necessary for cooperation between the two agencies was the "planned utilization of common space and equipment, conference rooms, training rooms, lounges. . ." (Parameters Report, 1972). The problems with planned utilization of common space was most clearly seen in the difficulty that the field station had in using the conference room of the health center. As one subject commented, echoing the comments of many others, "You book. . . (the conference room) and you think you have it and the next thing you know they're calling you up and telling you, you can't have it, because they're having a meeting and their meeting is priority." Another said, "we are making frequent use of the conference room. . . and the lounge and classroom. . . Recently, we have had to move several meetings because of schedule conflicts. . . The director of the field station expressed his frustration this way, "If I want to hold meetings, I have to schedule a conference room. . . . You always feel like you're begging. You always stand the risk of being bumped. I always have to hold meetings on someone else's turf and I feel less than. . .".

The health center's own need for additional space undoubtedly placed a great strain on cooperative relations as well. A memo from one of the two staff members of the field station who temporarily inhabited space in the health center's mental health department,

illustrated this point, "This office in . . .health center is hardly a home we can call our own. The health center is in need of space itself. Two of their staff had to double up so that we could obtain our present additional office. They have reminded us of the space need. . .If the supplemental staffing grant for children's mental health services is funded in July, the health center office space needs will become extreme as well."

As this worker continued, "A number of ongoing programs in the Component are totally dependent upon space provided by the . . .Health Center." But the health center as it was foreseen became more and more cramped for space. The field station's workers were aware of this and were reminded often. One subject recalled that the field station's search for space arose, in part, because of the health center's need for space. "They needed the rooms for a laboratory." Another mentioned, "They want us out of their spot, because as you know, we're taking up some spots that they want to use. So I'm sure they figure the quicker they can get us out, the quicker they can get back in there." Yet another told me, "All I know is we're presently housed there and that I have heard, that they are not too crazy about us there."

There were other difficulties, as well, around the sharing of space. A memo written by the field station's director in May of 1972 advised, "In our work with delinquent youth there are frequent problems in having youngsters roam the . . .Health Center. There have occasionally been thefts from health center personnel. We hope our

youngsters are not involved. We would prefer, however, to have sufficient control over the doorways to our programs to remove these youth from suspicion of theft while coming to see us or leaving, or to confront them if they misuse our programs."

The maintenance of the field station's suite of offices was another ongoing problem in the ten years that the field station was housed within the health center. In particular, the painting of offices was a problem. Both the health center and the parent mental health center refused to paint, each claiming that the other was responsible for this function. As a result, many staff members, appalled by the dirty and run-down nature of the offices, painted their own spaces. This investigator was one example. In early 1979, I attempted to get my office repainted. Both agencies refused. So I painted the offices with my own hands, on a weekend, at my own expense. Even my attempt to get reimbursal through the field station's director was denied. My experience in this regard was a common, not a unique one --at least 50% of the clinical staff, mostly new workers, repainted their offices in the 1978-1979 year, at their own expense.

So we can see, that in spite of the altruistic aim of collaboration between the two agencies, the interaction was frought with difficulties at even the minimal level of cooperative functioning. Certainly the hope for merger did not take place. Netler did the mental health field station find a successful solution for the space problem within the health center-field station relationship.

Several comments might help to make explicit some of the views regarding their lack of success. One question raised by the director of the sister field station served to focus our inquiry. He asked, "How much went into the agreement (between the health center and the division) which complicated future needs? How much has the center been tied by this?" He suggested in reply that for a "long time change seemed to be located at the . . .Health Center. . ." Reinforcing this view is the divisional director's comment that "in the early days there was more commitment to . . .Health Center. We could have recognized that our priorities were skewed."

A worker with nine years tenure within the field station remembered hearing, "somewhere along the line, I don't know how true it is, that. . .Health Center had to stay alive whether we did or not. So if they moved we were to move with them. If they move without us, it was no guarantee we would still be around." Another reflected, "I guess. . .(the field station) has a token thing in the 60's to shut up. . . I know. . .(the mental health center) was not interested because that's been clearly stated by the director. This was stated to staff recently and when I attended leadership (meetings), the director of . . .(the division) stated that the . . .Health Center was first. . .".

Another area of difficulty was the board. The field station did not have its own citizens' advisory board, but used the health center's board. This arrangement never worked well for the field station. Other than reviewing and rubber-stamping of the field station's potential

staff members, the board had little involvement with the field station and appeared to have little concern for its functioning. They constantly tried to avoid and evade their responsibilities to the field station. For example, when I attempted to get board approval for this research project, the board's research committee decided it should make no decision--refusing either to approve or deny the research proposal, as they felt it was inappropriate for them to do so. When the field station desired to have the board act as receiver for $300 received for consultation services so they could make use of the money without having to pay overhead to the university, the board refused. As the 1979 site visit report stated, "The present Advisory Board. . . cannot effectively oversee the . . .(field station's) mental health services because it has a much larger mandate. . .".

The site visit report also took note of the conflict of interest that existed on the board, in that the director of the mental health center was a member of the board of director's of the health center.

According to the data, as I have demonstrated, people at all levels--workers, field station, divisional and mental health center administration--admit to an emphasis on the survival of the health center. This priority had long term negative effects on the field station particularly in the area of the acquisition of suitable space.

Relationship Between the Two Field Stations

In contrast tc the scores of memoranda in the division's files which related to the relationship between the field station and the

health center, I found not one page in the files which dealt with the relationship between the field station and its sister unit. This fact is a telling one--reflective of the fact that the relations between the two units were never close.

Both field stations had a great deal in common in that they were, at that time, the only field stations in the mental health center structure. Both had a community orientation which was in contrast to the psychoanalytic orientation of the mental health center. I spoke earlier of the resistance of many of the mental health center's professional staff to the establishment of the field stations which was expressed by their reservations about the worth of community psychiatry. Yet, the establishment of the field stations was productive for the center in that by vesting the two field stations with responsibility of working with the poor and working class communities which both field stations served, the mental health center's psychotherapies unit was able to maintain an image of itself as a white, middle-class institution serving a population which was suitable for their psychoanalytic orientation.

In spite of the commonalities, the relationship between the two field stations was not reflective of their shared community orientation. Many of the "ghetto" field station's staff had never seen the suburban field station. Those who had, expressed envy of their facilities and resentment of the other field station because of it. The leadership of the suburban field station, during the time in which I worked there, evidenced feelings of resentment toward the "ghetto" field station due

to their association with a unit which seemed to them inferior--particularly in the area of consultation and education.

The director of the suburban field station summed up the relationship between the two units, saying that the space problem "complicates the relationship between the two settings and the staff directors. . .Issues can be displaced onto the unit director where nothing can be done directly, complicates views of one another with one privileged and white and the other not being taken care of and minority." Speaking of how the space problem effected him, he said, "It makes it difficult to talk about our problems because they seem less, but they are real. A lot of it translates more to dynamics in ways that make it harder for staff to relate."

Culture of the Field Station

According to the interview data the staff described its own culture mainly along four dimensions: low morale, "family" spirit, oppressiveness and high irritability.

Let us examine the issue of low morale further. While only 10 people (52.6%) mentioned this as an aspect specifically in response to the question asking them to describe the culture of the unit, 100% of the interviewees expressed sentiments reflective of low morale at some point during the interviews. Time and time again, people talked about the experience of having mobilized to try to find space only to have nothing result from their efforts. Several staff stated directly that they did not believe the field station would ever find space.

Others made statements similar to two workers who said, "If we get it, we get it; if we don't, we don't." One staff mentioned that she felt the field station would never find space because it had been "set up to fail." In staff meetings where space was discussed, there was typically little or no enthusiasm or hope expressed by the staff. The tone of the meetings was generally one of "we've tried that before to no avail." When the space committee was formed in 1977 to assist the director in finding space, only five people out of a staff of 25 could be enjoined to join the group. Of these five, two people, including myself, dropped out because they felt their participation would place them in an awkward position.

The same trend existed in terms of the issue of the family nature of the field station. While only 26.3% (5) of the staff cited this as a part of the culture of the field station, 94.7% (18) of the staff responding to the question of intimacy stated that they felt the field station was an intimate environment.

Several staff members mentioned that they felt the atmosphere was too intimate. The high level of intimacy on the unit did have drawbacks in that workers who could not or would not fit in the "family," whether because of their race or because of their own disinterests, had a difficult time. Staff did many things together as a group outside of working hours and those who did not participate tended to be seen as "uppity" and negative attitudes often developed about them.

There were generally covert pressures to stick together on particular issues. In one instance Black staff members decided not to

attend a university-sponsored activity. Though there was no overtly formalized plan to boycott the activity, the one member who did attend was seen as siding with whites and rejecting his brothers and sisters.

In terms of culture being one of high irritability the findings were similar. The answers to the question of how the space problem effected the workers personally were reflective of states of high irritability. 26.3% (5) mentioned that they felt angry or frustrated, 10.5% (2) felt frustrated, 10.5% (2) uptight and 10.5% (2) felt displaced. My observation revealed that within each component, there was not enough private space to allow for cooling off time for persons involved in conflict over space or any other issue. So at times a kind of forced and unreal attitude of cooperation was in evidence.

The fact that the physicians had priority in terms of private space caused a lot of covert hostile feelings toward them in particular. The fact that they were both white heightened the negative reaction to their privilege. Their status in the system in many ways prevented or at least minimized the likelihood that the hostility would be directly expressed so the hostility was often displaced onto peers within the unit, and staff would act out toward one another when asked or forced to vacate their space for other's use. The same kind of effect was felt in the consultation component when a psychologist moved from the clinical offices to private space in the consultation component after the director of the unit moved to the trailer. The resentment which was felt was not expressed directly thereby increasing the tension and hostility in the rest of the field.

Since 73.7% (14) of those anwering the question about their view of the source of the problem by stating the root of the problem was either due to racism or second-class citizenship, it was clear that the group as a whole felt oppressed.

The culture was also characterized by a concern for the paraprofessional staff. The emphasis on and respect given to the paraprofessionals on the unit reflected the "underdogs" ongoing concern for the "underdogs" among them. The establishment and ready acceptance of the new professional's program; and other programs to upgrade paraprofessionals, the attempt to delegate responsibilities and tasks in terms of competence rather than degrees and the emphasis on upward mobility within the unit rather than hiring from outside, were all reflective of this aspect of Black family culture in the field station.

Intercomponent Relations

The consultation component was seen as the more privileged of the two components both in terms of its physical plant and in terms of the task it had to perform. The physical space though small, was lighter, had better ventilation, was cleaner, brighter, with fresher paint and carpeted floors. In contrast, the clinical offices were dirtier, with years-old paint, concrete walls, poorly constructed offices composed of cheaper materials, more dungeon-like, with poor ventilation. As one worker stated, "At. . .(the clinical offices) once you go in, you're there 'til it's lunch time. That's the way I used to feel when I was over there. . .Over here. . .we have programs going in and out. The

space over there is just depressing, it needs painting. . .They won't paint! There are no windows. It's cold. . ." A worker from the consultation component said the following about the clinical office, ". . .people seem to be very tense over there. And again, I think the pace is faster over there, because everything is more times. It tends to be a more client oriented facility over there. Everything is timed to the hour. So if 5 of 9 is coming and you know you got a client coming, you gotta jump up and run around or ask your office-mate can you use this, and if you don't have an office you got to run around and try to put something together. . .I think it's understandable that they get more uptight about the situation." One worker's statement is a beautiful summation of the feelings around the clinical offices, "I think the victim stuff hits them much harder and the way that I see that is that nobody's painted there hardly. Their offices are pretty dirty. It's like people aren't even taking power over their environment in any kind of way. Coffee doesn't get bought. . .You know, that's another way that people can take control over their environment in the work situation. I think that there's probably more demoralization there. They're much more crowded than us, they certainly need much more private space because they see a lot more clients and I think that that makes their work harder. I would suspect that it makes it less enjoyable for them to see clients. . ." Speaking of the consultaion space, a clinical worker commented, "Look, esthetically, . . .is much nicer. It has windows, it's much more open space. It's very small, however it's more appealing. There's more of a sense of people working together. They just painted it together. It's more

personalized than this kind of space. It also doesn't carry the same patient population."

In addition, the clinical offices, the original site of the entire unit was seen as the real field station, the main body, while the consultation and education offices were felt to be isolated, alienated and somewhat like an appendage to the main body. A worker in the consultation component described the clinical offices this way, ". . .we're always coming to them. They never come over here. . ." A clinical worker described the consultation component, "I am not very familiar with how they feel over there. Another problem is that they would like to be independent of us. There are certain things that make us look like we are two different agencies at the same time. At the root it's not so. At the root we are all the same. . .They want to appear as another agency. We have two different sites, we are not in daily contact. When one goes to the office there, one feels strange. They are surprised to see us. They greet us. . .It's like they're another agency. Their site is more modern."

It will be recalled that 63.2% of the sample stated that the separate facilities aroused competitive feelings in the staff which took the form of an intense sibling rivalry. One staff member expressed it this way, ". . .(the director's) pet is consultation and education and his pet people then become the C & E people. . .(the clinical component) is the poor child, that Daddy doesn't care as much about. And Daddy denies it. . .(C & E) is the good child, the nurtured child. Just look at the allotment of people and where they go. They move from here to

C & E."

Task Completion

In spite of the prolonged search for a suitable and unified facility, work at the field station was never interrupted, though there were sometimes surreptitious conversations about work stoppage. Often when this topic was broached, it was interrupted by concern about the patients, a largley schizophrenic and med-maintenance population, who it was felt would suffer sorely in the event of such an action.

It is evident, however, from the data that task performance was constrained by the space problem. As you will recall, 41% of those interviewed, discussed how the therapeutic task was interfered with and limited by the space problem. The following are examples of typical responses in this regard: "Oh yes. . .people complain. . .It happened right here on a patient and I think people talk in the hall and I mean the hall is so small and sometimes people be laughing and I mean I can't put my mind on the patient. They could be crying or very upset about something and there's people outside laughing, having a ball. It's terrible. Really. . .disrespectful to the patient I think. Sometimes people don't mean to be noisy. . .but the place is so small. . .you can't avoid it. Even like, by talking to somebody, having a conversation, if you talk a little louder, the patients are disturbed." One therapist felt that the space problem "tends to keep us working with individuals. There's no group space and groups would be more economical. . ." Another worker noted, "For treatment they

don't have enough room to see clients. They don't have enough space for clients to sit down while they're waiting. Everybody's playing musical chairs."

Paperwork was difficult to accomplish because of the noise level and the continual interruptions by therapists looking for a private space to see clients, which was always the first priority. One staff member mentioned that she was forced to stay after working hours to do her paperwork and also that she often had to take paper work home.

The tasks of consultation and education to the community were also hampered by lack of space. The C & E component chief expressed it this way, "We can't have anything here in our own setting for agency people. If we wanted to have an open house, this place isn't big enough. . .If we wanted to show the slide presentation here and invite other agencies to come here, we can't even do that. We have to go out there." The field station director also spoke of the inability to hold meetings in his office as it was too small. In addition he mentioned that not having a work table made paperwork very difficult.

Another of the field station's tasks was to provide training for staff and trainees housed there. This function was particularly difficult, as this memo from the mental health center's chief administrator indicated, "It is clear that presently the. . .field station is not in a position to house trainees or to run training seminars for the many groups of professionals and non-professionals requesting same. The responsibilities of the. . .mental health center as a training institution

for a wide range of mental health disciplines cannot be shared by the field station. Yet training opportunities in such an inner-city neighborhood are much in demand and would add significantly to the service of all mental health workers." (10/72)

In addition to the tasks which must be completed as part of the work, the staff at the field station had to involve themselves in other tasks as well. We have discussed the difficulties with maintenance of the facilities. None of the offices had adequate cleaning, so that individuals in both components had to add to their usual work, the task of cleaning. At the clinical and consultation offices staff took on the added task of painting their offices so as to improve the work environment for themselves and their clients.

In addition, due to the limited space, there was a shortage of trainees and other workers on the unit. There was simply no place to put them. Staff was thus over-employed in terms of clients they were required to see. To accommodate high numbers of clients, non-clinical staff in the consultation and education component volunteered to see two clients each and regular clinicians were forced to cut down the number of times weekly, that they saw clients already on the books so that they could carry more clients. In addition, clinicians were pressed to accept unlimited numbers of clients at points when the client census was very high. Also the fact of having two main facilities, necessitated staff being involved in twice as much office and telephone coverage.

Add to these tasks the ongoing task of discussing the space problem, writing memos, filing grievances, mobilizing support forming committees and actually looking for space and we can see that the staff was clearly functioning under a task overload. As the unit's director maintained in a staff meeting, "We are operating under extreme conditions and we all have to pitch in." This task overload undoubtedly limited the efficiency with which the unit's primary tasks could be completed and also placed great stress on the staff individually and as a whole.

Authority Relations

The director of the field station was a Black psychologist with democratic leadership style. Many, if not most, issues were openly discussed at staff meetings and often decisions were reached by the staff group as a whole. His style was easy-going, personal and intimate and he enjoyed good relationships with his staff.

He was a charasmatic leader who inspired self-esteem and commitment in his staff with statements like, "we're very committed to what we do. . .we have to be to do it under these conditions." When staff seemed to succomb to their feelings of hopelessness he would encourage: "We don't have any choice but to try."

His interest in staff extended beyond office hours. He could "hang" and often did, sponsoring parties and partying after hours with his staff. He was strong in the area of emotional maintenance and would come to the aid of staff in any crisis at any hour. He was a

carrier for the positive projections of the staff and unlike the situation of leaders, often described in the Tavistock literature, there was never a case of revolt against the leader by the staff as a whole.

He fulfilled most of his responsibilities, keeping the staff focused on their tasks, particularly that of finding space and establishing and maintaining the boundaries of the group. Consistent with groups definition of itself, he defined the group as Black. Although the staff included about three Hispanics and 3 whites, the field station was largely defined as a Black unit with occasional references to it as a minority or Third World group. Consistent with defining the boundaries of the group, he acted on the boundary in such a way as to encourage and increase the numbers of Blacks and Latinos on staff and to discourage and limit the entry of whites into the unit.

The boundaries for clients were much more permeable. When he first assumed directorship of the unit, the client census was very low, since concerns about the quality of care at the field station caused many clients to be slowly transferred from or not referred to the field station. In order to improve the functioning and reputation of the unit and to rebuild its resources, he took the position that he "would treat anyone who walked through the door."

Task prioritization was clear--to find adequate space was the first priority. This was beneficial but at times impaired his supervisory and regulatory functioning on the internal boundary. Supervisory sessions were often cancelled and his management of the boundaries between the two components which was made exceedingly difficult by

the division of the house. His style of leadership inspired healthy followership in his staff and he was able to secure identification with organizational goals and objectives.

The director of the division was also a charismatic leader. She was a fighter in the struggle for space and communicated her efforts and commitment to the staff in many ways. She personally walked the streets with the unit director looking for space and often visited the unit to hear of the staff's concerns around the space and to inform them of the lack of progress in the search for a new facility. She was the only person in the mental health center hierarchy who the staff felt was supportive of their quest.

The director of the mental health center and his administrator were seen as the "villains" of the space crisis. The director, in particular was characterized as "the Man" in all the negative senses of the word. He was seen as racist, deceitful and not committed to the search for space. Certainly there was some reality base to these attitudes, as illustrated by his admission of initially obstructing the space search. Although he stated that he did not, at first, work to locate space because he felt the unification between the field station and the mental health center would be in the best interest of the community, the staff interpreted his attitude as, at best paternalistic and at worst racist. He and the mental health center administrator were paired in the consciousness of the staff and were described as playing the "tough-smooth routine" in which the director was the "yes man" and the administrator was the "hatchet man."

While there is not enough information to assess the director's motivation in his early lack of commitment to space, it is clear that his lack of initial support and his subsequent limited support interfered with the survival and growth of his unit and staff at the field station.

CHAPTER V

DISCUSSION

This section will consist of an examination of how the field station and its space problems relates to the theoretical framework articulated earlier. As mentioned in the introduction, the aim of this examination is twofold: to elucidate the theories and to apply them to the understanding and amelioration of organizational dysfunctions in this organization, in particular, and in other minority organizations in general.

When I began this research my main hypothesis was that the space problem was a manifestation of institutional racism within the mental health center. While conducting the research, my hypotheses expanded to include a hypothesis that the staff as a whole was manifesting properties of the colonized mentality and that this colonized mentality in many ways contributed to the prolongation of the space problem. In this section, I will discuss both these constructs and examine how they functioned at the field station and the mental health center.

The Collective Unconscious and Social Structure

Groups and organizations, as a whole, construct intangible psychological structures representative of the collective belief systems, values, customs and norms of the individuals who comprise them. Since the collective unconscious is the sum total of the acquired myths, pre-

judices and collective attitudes of a group, it is an element of an organization's socio-psychological structure. In so much as the collective unconscious is shared by all the members of society, all persons and institutions within the society is evident. Therefore, the mental health center and the field station, as institutions within a racist environment must necessarily maintain many of these conceptions with regard to Black individuals and their institutions.

As this is the environment in which the field station came to exist and struggle for survival, it is through an examination of the above phenomena that we can understand the behavior of the field station and the mental health center along dimensions which I will now discuss. Though the constructs of institutional racism and the colonized mentality are intricately interrelated, in that it is the institution of racism which creates the response of the colonized mentality, for the purposes of clear explication and understanding of both phenomena in connection with this case, I will discuss them separately.

Institutional Racism

I have shown that within racist societies Blacks are seen as the incarnation of evil: aggressive, incompetent, of lower intelligence, lazy, unclean and in general--inferior. Institutional racism differs from individual prejudices in that it is a fixed mode of thought held by the total white community and operationalized in the institution's of racist societies in such a way that Blacks continue to find themselves collectively oppressed--economically, socially, and culturally.

Individual prejudice, in racist societies, must be seen however as resulting from the racist collective unconscious which Fanon described (1967). White society by the mechanisms of splitting and projection locates all the badness within Blacks who then stimulate a phobogenic response which is characterized by fear, guilt and anxiety. The defense against this anxiety is an attempt to render Blacks non-existent or at least invisible. Let us examine how this was actualized in the case of the field station.

The Defensive Structure

The field station, in its early history was indeed a repository for the negative projections of the predominantly white mental health center. In particular, the field station was the carrier for the aggressiveness of the system. The staff at the field station was said to be dangerous: threatening and attacking white faculty. They were seen as lazy: taking long lunch hours and making extended "home visits." Thus unconsciously the system could see itself as justified in attempting to cut them off, remove them from sight and leave them to their own devices. The existence of the structured collective unconscious, of course, predated the establishment of the field station. It provided, in part, the stimulus for the establishment of the field station which became the vehicle to keep Blacks out of the mental health center.

The fear of the mental health center in relation to Blacks was discussed by one staff member, "I mean the population is Black, Latino, and poor whites. I don't think that. . .mental health center wants to

have all that all day coming in and out of the center. I don't know if you're familiar with some of the assaults that they had down in the lounge. . .People getting mugged now and again. . .People at the top, they feel like that could be a problem that they have. Just a huge population of minorities coming in and out and they don't have security to stop any kind of crime that's committed. And so I think he (the mental health center director) counteracts that by not bringing in that many clients to the center. . .And by putting the agency two or three blocks over, so they don't have to deal with the situation."

The field station, then became the scapegoat of the system--a unit looked down on and cut off from the rest of the system. It was if the body wished to rid itself of a diseased part.

These defenses, by definition, operated at unconscious levels. The recognition of them, by the conscious mind of the collective would undoubtedly stimulate guilt and fear of retaliation. Through the defense of denial, the superstructure attempted to remain protective of itself by removing from consciousness the realization that the field station was the embodiment of racist projections. One way of attempting to do this was by referring to the field station not as a product of racism, but rather as a product of benign neglect, a term used frequently by whites in the system who I interviewed. This phrase, popularized by Daniel Moynihan, can be seen as an attempt to relieve white guilt by the assertion that there is no bad intent involved in their treatment of Blacks.

The term conjures up an image of child who causes the death of

a pet by forgetting to feed him. In the image, the pet dies as a result of neglect, but the child is not totally culpable because his youth limits full appreciation of the effects of such neglect. But in reality, we are not dealing with children, nor with pets. Though neglect can occur through carelessness or by intention, adults are responsible for neglect. As the prosecution of child neglect cases show, intent is not the central issue. Even carelessness can merit prosecution.

The term benign means favorable, beneficial or kindly. Neglect is never beneficial or kindly. So the two words would appear to be in contradiction with one another. One of the interviewees, a white professional made this contradiction apparent. Answering the interview question about the purported racism in the system, he said, "Oh, please, racism, racism. What's racism? . . .See it's much more subtle than racism. It's just benign neglect. Benign. But it's lethal to the people in the community. I see racism as an act of collusion against another human being. I see what goes on in the . . .mental health center community as just benign indifference."

When we examine his response, we can see several enlightening covert issues. First, it would appear that racism in the view of the respondent is not seen as a subtle phenomenon. Yet the literature defines institutional racism in just this way, as a phenomena that is unconspicuous and difficult to detect. It is a phenomenon which is not as overt as individual racism. It is exactly that attitude and the privileges resulting from it that expresses itself in terms of

indifference and inertia. The physician's statement that he saw racism as "an act of collusion against another human being" indicates that his view of racism is of an individual phenomenon rather than a systemic one. The denial that the issue at hand was in anyway racist, allowed the speaker to defend against the anxiety and guilt which a recognition of the racism inherent in the situation would stimulate. The anxiety and guilt could thus, remain closed off in the unconscious. Yet the conscious mind is still in conflict. The contradiction is manifested by the language of the speaker when in one breath he described the neglect as both benign and lethal.

The director of the division used a similar term, but placed the phenomenon within the framework of institutional racism, calling it "racism by neglect." Commenting on prevailing conceptions of racism, she observed, "Nice people aren't racist anymore, at some point it became not nice. So the process is a kind of underground process of neglect. The issue is one of omission and that is the subtlest and the most difficult to handle." She added that it was consistent with a "self-congratulatory white liberal posture" of "we're not racist anymore" which served to justify the omission. Still, the case of the field station as the ongoing depletion of resources demonstrated involved a little more than neglect.

The other typical response of whites was to admit the possibility that racism could have something to do with the condition of the field station but to evade the working through of this awareness by a refusal to examine how racism was operationalized at the field station thus

frustrating any chance of reversing the conditions. As the director of the mental health center said, "It's a convenient answer that means very little to me. . . It is so general a statement that it is both correct and meaningless."

Yet the attempt of the mental health center to scapegoat the unit and then attempt to disassociate itself from the "diseased" part was operationalized in many concrete ways.

The Concrete Manifestations

One of the essential elements of institutional racism is the underallocation of resources to oppressed groups. The element was evident in this particular case as I illustrate. Space, or an organization's physical plant is an important resource. The facilities of the field station were inferior to the other facilities in the division and in the mental health center. If we merely compare the amount of space allocated to the two sister field stations and the vast differences in rent between them, this is obvious.

Manpower is another element of an institution's resources. Staff deployment, both in terms of the number of staff deployed to different sectors and the credentials and expertise of the staff deployed, can tell us a great deal about an organization's priorities. In spite of the fact that the staffing grant provided funds for the staffing of two identical field stations, the field station in the inner city community throughout its history had fewer staff members than its sister unit. The field station had less professional staff as well.

Professional staff were always difficult to recruit to work in the field station and those who did go to work on the unit often left. Many staff members were removed from the field station in the early seventies and were arbitrarily reassigned or transferred to other units (see appendix). The staff lines that had been allocated to the field station went with them. That is, once a worker was transferred to another unit, the unit lost not only that person, but that position as well. The withdrawal of staff resources was apparently the result of the view that some people at the field station were not working, were not properly trained or were disruptive. In terms of the qualifications and expertise of field station staff, it is significant that the unit's second director was a person with no degree. Although he might have had the potential to be an effective leader, his limited credentials undermined his work in the physician-dominated organization. The selction of such a person to head the field station surely was indicative of limited authorization on the part of the administration of the mental health center. It was during this director's tenure that many resources were withdrawn from the field station, another sign of the deauthorization of the unit and its leadership.

Equipment was another under-allocated resource at the field station. Desks were broken, without file drawers and in general poor condition. There were some staff members who had no desks at all. The unit had no taping equipment of its own, either audio or vidio, nor any duplicating machines at any of the facilities.

Another difficulty for the unit was the fact that funds came from so many diverse sources and at times these sources were unknown. And in addition, the field station was totally dependent on the mental health center for its finances. When it became clear that the health center board would not act as a conduit for field station money, the director attempted to establish a separate fund to house money (small amounts earned from consultation and education programming) so that they would not have to pay the overhead costs which would be incurred if the university held the money for the unit. The administration refused to allow this fund to be established. In all fairness, it must be stated that other units were also halted from establishing such funds, but this decision was reached after other units had already had an opportunity to do so. One unit in particular had developed a foundation which still exists, to handle its funds.

In summation, the allocation of resources to the field station was significantly less than the allocation of resources to other parts of the mental health center. The glaring disparities between the physical facilities of the other mental health center unit's was a constant reminder of the inferior status and lack of regard for Blacks in the organization. The allocation of physical space seemed representative of an unconscious statement that "This is what we deserve and this is all you deserve." The inequitable allotment of space and other resources also reinforced the scapegoating and status concerns in that they served as a basis for the justification of the view that Blacks and their organizations were not as qualified or competent as their white

counterparts.

It is important to be aware that the depletion and underallocation of resources resulted in real benefit to other parts of the system. The money saved from rent and equipment freed up funds to be used in other parts of the organization and the staff depletion resulted in additional staffing of other units in the mental health center. It is in this sense that the oppression of the unit was predicated upon advantages incurred by other parts of the system.

Lack of concern for the appearance of the facility during the early days at the health center is reflective of a kind of paternalism on the part of persons in positions of authority. This paternalism reflected itself in the attitude that settings should mirror the surroundings of the users, so that agencies which served largely poor clientele should not attempt to make the facilities too professional looking as this might intimidate or raise anxiety in the clients who were not used to this kind of environment. As one physican put it, "When I worked in . . . , I worked in an ugly space and I rationalized that by saying these people come from poverty, if we had a very fancy place they would feel very out of place, very awkward. At that point, I changed my mind because I think that what these people really want is a pleasing space in which they feel they're really getting something." The kind of intellectualism or rationalizing expressed in the first part of the above statement serves to obscure the racism inherent in the lack of desire to commit the necessary resources to Black organizations such as the field station.

Covert Politics

At the field station, the problem of covert politics was another impediment to the procurement of adequate space. The awareness that space would be limited was present during the phase of grant writing. This is reflective of the lack of organized planning in terms of the future of the field station. The limited space available in the field station could not possibly be appropriate for the goals outlined in the grant application.

It is possible that this lack of planning for the field station was reflective of the covert plan to merge it with the health center. If the unit would no longer be part of the mental health center then there was no real need to do long term planning on its behalf.

The problem of corruption, another example of covert politics, was another longstanding theme at the field station. Both worker and administration made mention of it during the interview. The general issue relevant to this dissertation is the question of land ownership in inner-city, minority communities such as the one in which the field station was located. This study revealed a large number of unknowns in this area. In many if not most cases, landlords were unknown and realtors acted as mediators between the field station and landlords. This would not have been a major problem if it had occurred in one or two cases, but it was more the norm than the exception. The entire community was convassed time and time again without success. It is possible that at least several of these facilities were owned by the same

landlord. It would have been helpful if the field station and division could have directly negotiated with some of the landowners in the area. Since the propertyholders were unknown, the field station was rendered incapable of negotiating with the real powers in the community. Even the owner of the health care center was unknown. So that negotiations around the space in the health center's administration building were conducted through an agent. It is interesting that in 1978, a fire engine company rented out space in the health center's building while both the health center and the field station had been searching for space for many years.

There were assertions by people at all levels that the land was being bought up and held by shady investors who had plans to turn the neighborhood into a middle class community so that they would suggest extraordinary rental costs to minorities because they did not want to rent them but preferred to hold on to the spaces because they could make more money on them at some later date when property values rose. The examination of the question of corruption was certainly beyond the scope of this work, but the question as to why the facts of land and property ownership was being hidden and by whom is germane here. The politics of corruption in this case certainly left the field station in a powerless position which is typical of the politics of racism as well.

Sabotage of the Task, Time, Territory and Technology

The disruption of task completion, and the task overload in the

system has been discussed. The malfunctioning of these functions can be understood as an unconscious manifestation of the wish to impair the functioning of the facility thus to provide the justification for the underallocation of resources. The difficulties were fostered by the system and then used as an excuse to withhold and withdraw resources from the unit.

The space problem was more than just a problem of limited space. As I have demonstrated it effected almost every area of functioning at the field station. It led to task overload, reduced task efficiency, required staff to spend inordinate amounts of time in adapting to it and in trying to resolve it and limited the technology available to do the work. Organizational specialists, such as those in administration of the mental health, were certainly aware of the frequently lethal effects of the disruption of functioning in these four areas. Therefore it is significant and meaningful that this condition was allowed to exist for so long. Whether it was because the mental health center did not care, feigned ignorance or powerlessness is irrelevant --the effect on the functioning of the field station was still the same.

At the field station, task prioritization was also a serious problem. Aside from the clinical and consultation tasks of the unit, the field station's protracted search for space constituted another major organizational task which fell into the category of a maintenace task. As the data showed, the amount of time and energy spent on this task limited the time available for operating and regulatory tasks. For the staff of the field station, the search for space became the

primary task, although the limited amounts of money allotted for this purpose throughout much of the field station's history clearly reflected the fact that it was not seen by them as the unit's primary or even one of the primary tasks.

The Invisible Organization

In a classic, prize-winning novel, Ralph Ellison (1972) dynamically articulated the position of the Black man in America, dubbing him the invisible man. The term seems applicable to Black organizations as well. In the interview, 61.5% of the respondents to the question concerning how the space problem effected the community cited the organization's invisibility to the community which was seen as limiting their outreach work.

Recollecting the difficulty I had in finding the facility is illustrative of the same theme. Not only was the field station invisible to the larger community because of its location, but it was invisible to the mental health center as well. It functioned unconsciously as an outpost in the literal sense of the word: it had been "put out" so that the mental health center would not have to confront the Black community and the anxiety generated by it. In the field station, the inequities in treatment facilities and the disruption of functioning could go unseen. Though it is clear from an open systems perspective that the total community of the mental health center perpetuated and participated, by their inattention and inaction, to the oppressive situation at the field station and even benefitted from its limited resources as

we discussed previously, the invisibility of the unit permitted them to evade both their guilt and responsibility.

The Colonized Mentality

As stated earlier, the colonized mentality is a defensive strategy emanating from the institutionalized nature of racism. Given the manifestations of racism described, let us examine the defensive strategy of the field station.

Black staff at the field station did not resist the act of splitting them off from the mental health center, as historic victims of racism in this country they were no more eager to affiliate with whites than whites were to associate with them. The whites at the mental health center did not want to treat Blacks and neither were Black clients desirous of receiving their services. The community wanted their own facility where they could be treated by mental health staff of their own race who it was felt would be more sensitive to their needs. So the segregation of Blacks at the field station was desirable to both groups. Taken to its limit, the wish expressed itself in the field station's dream of a clinic which would be totally minority owned and operated. The nearness of whites stimulated a fear of genocide in Blacks, a term used often in the sixties as an expression of real and fantisized destruction. The recruitment of large numbers of Blacks to fight in the front lines of American wars, the pushing of killer drugs, such as heroin and methodone, in the Black community, the inferior education, housing and medical treatment available to Blacks were inter-

preted as manifestations of the unconscious, or perhaps conscious desire to kill off Blacks in American society. At the field station this fear was expressed by the often expressed sentiments that the mental health center wanted to "cut them off," and had set the "unit up to fail." The unit's anxiety was a most basic and fundamental one emanating from the perceived, and documented threats to the survival of the field station as a separate living organism and was an example of the non-fulfillment of the organization's most basic need, the need for existence and survival.

The collective attitude about whites on the part of the field station was expressed in the oft-cited maxim that "White folks will always be white." This phrase was meant to convey the belief that white people and the institutions which they erected would always be racist: that no matter how concerned and helpful they might appear to be when the bottom line was reached they would always place their own needs and concerns before those of Blacks. This attitude helped the staff to understand their treatment as the "stepchild" of the system.

This fear about the motivations of the mental health center expressed itself in the field station's early collusion in the isolation and neglect of the field station. The field station was only too happy to associate itself with the health center which was viewed by them as a minority organization which they could trust more than they could trust the white mental health center establishment. As had been demonstrated, this association with the health center was actually detrimental to the field station.

1. Identification with the Aggressor

This aspect of the colonized mentality did not appear to be in full-bloom at the field station during my placement there. Rather, there was more of an attempt to disassociate the unit from the mental health center. An example of this posture, however, can be seen in the level of aggression towards whites which had occurred at the field station in the early seventies. The threatening, attacking and general fight stance taken by the field station staff and their militant associates at that time is reminiscent of Anna Freud's description of identification with the aggressor's aggression. The attacks on whites were felt to be justified by the fact that whites had aggressed on Blacks throughout their history in this country. It was felt that whites deserved the same kind of treatment in return, thus white aggression was imitated to its fullest degree in the early stages of the field station's development.

2. Powerlessness and Hopelessness

The overwhelming sense of powerlessness to effect change at the field station was striking during the era in which the reserach was conducted. The fate of the field station was seen as largely residing in the powers at the mental health center, state and university level. As one person phrased it, "They are in the hierarchy (field station leadership) and if they don't pay attention to them, it's a waste of time for someone here to try to find space." Another said, "I don't

think it's something anyone on staff can do much about, even as a group. . ."

The hopelessness was also evident. At the time of the research it was almost impossible to mobilize the staff--only 3 people joined the Space Committee, for example. Comments illustrative of this hopelessness were, "Well, I wish you a lot of luck." Or, "You don't know how many attempts we've made and what do you get, you get the trailer." Another person commented, "It's like beating a dead horse. I just have little faith in it from past experience."

It was only after I became aware of the history of the attempts to find space that it became clear to me that this aspect of the colonized mentality did not merely exist as a result of the fact of Blackness and Black people's history in a racist environment. Rather, it emerged as a direct group defense against repeatedly frustrated attempts to solve the space problem. The efforts were never rewarded, i.e., space was never found. So that the lack of success over a nine year period created the spirit of powerlessness and hopelessness that I observed on the unit in the ninth year of the search.

3. Dependency

In the period when the field station first came into being, the staff did not feel dependent on the mental health center, although it is clear that they were. Whatever we may think of their activities (aggressing on whites, allying with the health center instead of the mental health center) in terms of their long-term utility, it is clear

that in that era the field station was feeling powerful not powerless.

During the field station's middle years, dependency was not a dominant theme as the high level of involvement and activity in the search for space illustrated. In later years, after the staff began to feel powerless and hopeless, the dependency theme could more clearly be seen.

The dependency evidenced at the field station is reminiscent of the overdependency described by Klein (1952, 1959) in her discussion of paranoid-schizoid and depressive anxiety. At the field station all responsibility for the crowding came to be experienced as external to the unit. Like the mother mental health center, leadership came to be seen as the source of fulfillment (new space) or frustration (continued crowding). Splitting occurred in two pairs: In the first pair, consisting of the mental health center director and the divisional director, the former was seen as bad and the latter as good. In the second pair: the mental health center director and his assistant, the director was seen as good and his assistant bad.

But again, this dependency followed the belief in the limitation of the power of staff to effect change. The dependency theme in relation to the mental health center was also mitigated by the staff's dependency on their director and their ability to invest whatever feelings of hope that were left in the directors of the field station and division.

4. Low Esteem

Low self-esteem was expressed in the organizational context by feelings of being "less than." Poor physical space, less degreed staff, treatment of a largely chronic schizophrenic population, limited training opportunities and unclear organizational affiliations all contributed to this sentiment. The need to always "beg" for the use of others' facilities also intensified this feeling. The early history of absenteeism, aggressiveness and general "acting out" behavior reinforced this impression.

To a great extent, these feelings were attenuated by certain reality factors such as, increased client census, growing programs, a qualified director, but the burden of the field station's infamous past was always present. There was the sense of needing to prove the worth of the field station in order to demonstrate that the unit had changed. One often heard remarks such as, "We're doing a lot better now." The sense one got was that the organization had improved but still was not a level where it could compare to other units in the system. This sentiment was captured by the director when he said in a staff meeting, "We're doing well but we don't feel like we're doing well."

The field station as the carrier for the negative projections of the mental health center also provided a positive valency for these attributions. The staff accepted the projections because as participants in the same collective unconscious, they had similar expectations of themselves as Blacks. Was it not true that Blacks were lazy, low-

functioning and lacking in work orientation and discipline?

5. Denial

The denial of the reality and the effects of the space problem and the division of the house was not manifested to any great degree at the field station in that these factors remained in consciousness most of the time. The inconvenience of having to vacate one's office in search for a place was also noticed as well. The defense did operate to a mild degree in terms of the dulling of awareness of minor dysfunctions. The broken telephone lights, the blown out light bulbs were often not noticed at all. The clinical facility had not been painted in years and only new staff took note of this fact and made efforts to remedy the condition. The deinal of the lesser effects of the crowding was functional in that the collective ego could probably not tolerate the awareness of so much stress. It was dysfunctional, however, in the sense that it fostered inattention to the increasingly declining physical environment.

6. Ego Restriction

"Cool patterns" were adopted by some in response to the difficulties inherent in the crowding and the division of the facility. Some examples of this posture were statements like, "I used to feel bad about the space problem and then. . .I just learned to roll with the punches" or "It doesn't bother me--It's good because it toughens you." This defense, for the most part though, was not characteristic of the group as

a whole. The staff to a large extent was able to express its anger and frustration over the space problem.

7. Overemphasis on Intimacy

The overemphasis on intimacy and sentient ties was another dominant theme at the field station. In fact, this appeared to be the major defense against the anxiety stirred up as the result of existing in a racist environment. The anxiety generated as a result of task overload, environmental stress and inadequate resources caused the group to "hold together" in order to collectively combat these forces. This holding together which can be seen as a collective paranoid-schizoid position, at times appeared to be the primary task of the unit. There was a sense that "the family" must be preserved at all costs. This position had the properties of a double-edged sword. In one sense it was productive in that the organization did act as a buffer between Blacks and the larger superstructure. Individuals at the field station could feel safe within the womb of the unit. Persons in other parts of the system who had difficulty or were unhappy with the system were often welcome to come and work at the field station. Thus a valuable buffer function was performed. On the other hand, this stance limited the possibilities for some of the staff in that what was conceived of as over-affiliation with whites in other parts of the system was not looked on kindly and individuals who were guilty of this were often scapegoated on the unit or found their access to, and affiliation with other parts of the system limited. My initial decision to do a

placement at the suburban field station, for example, was seen by some members of the field station staff as a "betrayal." It was as if my message was that they were "not good enough" for me. One person gave her interpretation of it as an "individualistic" decision not in the interest of the group. It is conceivable that my decision might have been more advantageous to Black people as a whole, in that I took a stand against the racism of the system. The decision, however, was viewed as an anti-field station posture. The sentiment seemed to be, "If you're not with us, (physically, in our site) then you're against us." It was as if the fact that the mental health center inhibited the physical growth and expansion of the unit engendered a defensive reaction in which the personal growth of the members of the unit was also inhibited by a desire to limit their involvement with the rest of the system.

The field station, as a unit, closely identified itself with Black people and the Black nation. The two appeared to be synonomous in the collective unconscious of the group, and in all probability in the unconscious of the white superstructure as well. This stance, however, served to blur issues of primary task, functionality and survival in that while helping to insure survival in the short-run, it often impeded work and learning, which in the long-run would be in the interest of Blacks. The attempt to limit the exchange between the field station and the rest of the system would certainly interfere with the reciprocity which would be helpful in solving the space problem in particular and intergroup relations in general.

8. Pursuit of Immediate Gratification

As described in the literature this defense did not seem manifest at the field station. The staff who remained on the unit had obviously endured long term non-satisfaction of the need for space. The pursuit of small items, like heaters, to lessen the stress might be seen as evidence of this defense but it seems more likely that the motive force was to call the mental health center's attention to the space problem. The acceptance of partial solutions, like the additional office space which might be thought in this category does not seem applicable in that it did not involve the process of ego-restriction nor the hopelessness inherent in classical descriptions of the phenomenon.

Several other collective behaviors, not usually described in the literature, seem to exemplify the colonized mentality as well.

9. Lowered Productivity

Blacks accept and introject the projections of white society about their laziness and non-productivity as a group. Acting out along this dimension is often rationalized by suggestions that one need not be responsible to "the man," because of his racism and innate destructive impulses towards Blacks. This is a strategy which appears to have been in use at the field station in its early stages of development.

This tactic is non-productive and collusive behavior when the clients of a system are also "victims" of the same oppressive social structure and the negligence of co-workers in confronting one another

on these behaviors is collusive as well.

10. The Bandaid Syndrome

Society's strategy of attempting to solve glaring social problems by applying bandaids to what are considered to be large and infectious wounds is a metaphor often used to describe the practice of applying partial and ineffective remedies to the solution of deep-seated social problems. This was exemplified at the field station when the response to the grievance about the lack of heat at the clinical component and the consultation component was to give each office several heaters.

The response to the need for space, in a similar way, was to continue to add on facilities instead of finding a unified space large enough for the entire staff. A number of staff, during the interview, mentioned that not accepting the additional space was something that the field station leadership could have done differently. One worker stated that this was the "biggest mistake made." The acceptance of the partial and incomplete resolution afforded by the additional facilities quieted the unit on a temporary basis, but also added to increased difficulties in intercomponent relations. Thus, the acceptance of this piece-meal resolution in the long run contributed to the unit's difficulties.

Basic Assumption Life

The dependency basic assumption was discussed earlier under the category of the colonized mentality.

The fight/flight posture was one of the characteristic basic assumptions employed by the field station staff. In the main it operated in a highly functional way for the staff in that the threat was externalized and projected into the leadership of the mental health center. This defense allowed the staff to invest its confidence and trust in the director of the unit who was an ideal fight/flight leader.

The pairing modality was another basic assumption, modality which operated in a productive fashion for the field station. In this modality the unit director and the divisional director were two persons in whom the staff placed their hope of solving the space problem. The pairing which enjoyed complete confirmation from the staff was satisfactory to both parties as well and eventually led to effective task completion as I will discuss in the epilogue.

The main question to be answered by this research is whether the system studied was indeed an example of institutional racism and the colonized mentality. The underallocation of resources, the indifference and inertia of the system in regard to the space problem support the view that racism in an institutionalized fashion was operant within the total system and found a focus for its energy in the "Black" field station.

The phenomenon was subtle, however, only to some of the whites in the system. To Blacks it was apparent, and moreover blatant. The negative projections were there, but lessening, perhaps because another "minority clinic" a largely Latino unit became available in the later years as a new repository for some of these projections.

The colonized mentality, created by the system, as a result of its intransigience was also in evidence. Particularly outstanding were the feelings of powerlessness and hopelessness which reached almost epidemic levels in the last years of the search for space. The sense of low self-esteem which was at a high-level in the field station's infancy was gradually replaced by its opposite--a superiority complex which was growing at the field station. It appeared defensive in nature largely because the attitude was more reminiscent of a type of reaction formation than a genuine belief in the competence of the staff and the effectiveness of their endeavors.

The identification with the aggressor was not in full-bloom. Even the dress codes, at the field station and the mental health center were different. Rather than a growing or even static identification with the aggressor there seemed almost to be a growing de-cathexis in relation to the powers in the mental health center. The emphasis on intimacy, the phenomenon of "holding together" was powerful on the unit and was the only phenomenon that seemed to be absolutely consistent over the ten year period. The only change seemed to be a redefinition of the boundaries of the group. In the early days the staff apparently saw themselves and the health center as one and the same and tried to pair in resistance to the mental health center and its involvement. As the dissimilar nature of the organizations' boundaries, tasks and authority relations became manifest the field station came to "hold together" unto itself, with an invariable amount of energy.

The postures of both the mental health center and the field

station can be described as both representing paranoid-schizoid positions. Both preferred to remain separate and distinct from one another to avoid the persecutory anxieties which emerged when the contact between the two groups became too intimate. This desire to remain separate and distinct was collusive in nature and can only be judged correct or incorrect, functional or non-functional in relation to one's philosophical and political stance. It is not the aim of this research to make a judgement in this regard, though assuredly it is a dilemma which must eventually be resolved in this particular system and the overall political system of the United States, as well.

RECOMMENDATIONS

1. Monitoring by the federal government of federal moneys designated for minority and poor organizations when a larger white system is the conduit for funds.

2. Establish a vehicle for minority organizations to circumvent the government bureaucracy in relation to the acquisition of adequate facilities. Establish special funds for the improvement of the physical plants of minority and community organizations.

3. Make construction moneys available to minority community mental health centers which were established after the 1963 Mental Health Center's Act.

4. As physical space and its maintenance are particularly important symbols regarding the perceived competence and worth of minority organizations close attention should be paid to these factors. Special efforts should be made to overcome organizational invisibility.

5. Complete and thorough investigation of corrupt real estate practices.

6. Further research of institutional racism with particular emphasis on the primary task of minority organizations.

7. Further research and development of the syndrome of the colonized mentality and internalized oppression and its applicability to the

life of current minority organizations.

EPILOGUE

On March 28, 1979, the field station moved to its new quarters within the catchment area. The new facilities brought the field station up to par with its sister field station in relation to the amount of square feet of the facility and the amount of money paid for rent (see appendix).

The new facility was the one alluded to in the last question of the interview when staff were asked to list the strengths and weaknesses of the proposed site. Three of the four major advantages discussed by the staff in connection with this site were still operative at the time of relocation. The staff had been successful in remaining in the catchment area thus accomplishing a major organizational goal. The site was indeed spacious and most of the offices were private ones thus eliminating a longstanding difficulty of the previous site. The unification of the staff, also a major goal was not realized however. Two weeks after the date for the move to the new facility was announced, the staff was informed of a major reorganization (see appendix): the establishment of a separate consultation and education component to be composed of the former consultation components of the two field stations.

Both field stations would remain but as solely clinical units. The restructure was mandated by a previously non-inforced public law which required "each federally-funded mental health center to have a (centerwide) consultation and education administrative unit" which

would be responsible for areawide needs assessment, priority setting and coordination of consultation and education services." The law also mandated a single citizens' advisory board for the centerwide program.

The reorganization was symbolically difficult for the field station. It was experienced as another intrusion into the "family" and aroused anxieties among the staff over questions of the most effective vehicle for service delivery to the community as it was felt by many that the new component, headed by the former director of the sister field station would not be responsive to the needs of the minority community. Conflicts over loyalty and self-interest in terms of task interest and skill also raised anxieties for staff members. The reorganization forced staff to choose the field station which symbolized the "family" and work in the new component. This difficult decision making process marred some of the enthusiasm regarding the move. Many expressed sentiments that they were being again "divided" and "disempowered." The intrusion on the family was also demonstrated by the increasing numbers of white staff who were hired to work in the formerly "Black" unit.

The staff's mood was elated after the move. As one worker expressed it, "It's a step-up." The new offices were completely and beautifully rennovated by a minority contractor, with carpeted floors, private offices for the majority of workers and windows in many of the rooms. In contrast to the typical status-determined assignment of offices, the mental health workers, paraprofessionals who had been on the unit longest and were felt to have suffered most in the old facility received

first choice of offices. Most of them chose the windowed offices which were on the periphery of the new facility. These offices were among the largest and most light-filled offices in the facility.

Clients also seemed very satisfied. The offices were adequately soundproofed so confidentiality was finally assured and the clients seemed to enjoy the new environment as many of them spent extra time at the facility before and after their sessions sitting and chatting with workers and other clients in the unit's now more than adequate reception area. Their children now had the benefit of children's furniture, toys and books in the waiting room to keep them entertained while waiting.

The unit's director pleased with the new facility and proud of the accomplishment scheduled several celebrations. He announced his departure from the unit, to take a position in the national mental health structure soon after.

The successful resolution of the space problem was the result of many factors:

1. The protracted efforts of the staff throughout the ten year period when space was sought,

2. The authorization and faith placed in the unit director by his staff. Although the staff, as a collective, had certainly succomb to feelings of despair in the year prior to the move, they had been able to project whatever feelings of confidence and hope they had left into the director.

3. The director, was an administrator who was acceptable on both the external and the internal boundary. He was qualified and competent professional which satisfied the mental health center and he was a charasmatic Black leader which pleased his staff. He remained on the unit for 5 years providing the continuity often lacking in Black inner-city organizations.

4. The familiarity of the division's director with the problem due to her long history in the division, her commitment to the field station and her competence in negotiating the system. She had made the acquisition of space a prerequisite to her acceptance of the directorship, had worked with the budget in such a way to come up with money where none seemed available and had been successful in securing negotation rights for the division in the search for space.

5. The successful pairing of these two directors which had withstood many attempts at splitting on the part of the mental health center in particular.

The success had limited dimensions, however. It is noteworthy that the new site had been considered several years earlier and had not been acceptable mainly because of its history as a factory and then a welfare office. For some there was a sense of resignation, in that, this facility was seen as the "last alternative" to moving out of the community. Several months after the unit occupied the new building, a leak

developed causing water damage to one of the offices on the periphery of the building. Ironically, the leak occured in the office of a staff member who had earned the privilege of this windowed office after 5 years of work at the unit's clinical facility. She was also the same worker who had complained for most of these 6 years about a leak in her office which kept the room constantly damp. Three weeks later the leak had spread to four other offices--all offices of staff who had been most deprived in the other facility.

In addition the director of the field station expressed these reservations about the new space: "We still have struggles with the temperature in the building and with the cleaning. We are caught between two systems (the mental center and the university landlord) that don't care. It's a constant reminder that you never get what you want and more importantly that it's in somebody else's control."

In spite of the a "step-up", staff according to its own assessment, were still in an "inferior" setting by comparison to the rest of the mental health center. The house had again been divided and the unit was still not in sufficient control of its own resources. Despite the improvement, which came after almost a decade of struggle, the relationship between the field station and the parent mental health center had remained essentially unchanged. The battle had been won--but not the war.

APPENDIX

"SPACE" INTERVIEW SCHEDULE

1. . . .Center staff talk of a "space problem." What is meant by that?

2. What do you know about the history of that problem?

   --agencies or units involved
   --figures (roles) involved
   --past possible sites
   --present difficulties
   --attempts at resolution

3. What do you know about the origin of the . . .Center?

   --initial conceptions
   --goals
   --population to serve
   --by who; for who; paid by whom

4. How does the space problem effect you personally? How does it effect your work? (Examine advantages as well as disadvantages).

   --is there ventilation?
   --is there enough light?
   --is work space big enough?
   --is work space clean?
   --is work space quiet enough?
   --do you feel crowded?
   --do you have enough space for personal belongings?
   --do you have a sense of privacy?
   --do you have a sense of intimacy?
   --travel time?

5. How does the "space problem" effect the . . .Center as a whole?

   --the culture of the organization
   --staff relationships
   --ability to perform the tasks (treatment, C&E).

6. How do you feel "space "problem" effects others? (advantages & disadvantages).

   --those in Trailer
   --those at "874"
   --those at "428"
   --. . .Leadership
   --other units in the Division
   --leadership of the Division and the mental health center
   --the community as a whole
   --the patients

7. How do you feel the impact of your space situation effects your relationships with staff members from other units and other facilities?

8. What have you done, if anything, to help to solve the problem?

9. How have you coped with the space problem?

10. What can/should Leadership do with the problem?

11. What could have been done different?

12. Have there been "space problems" in other units? How have they been handled?

13. Is there anything about the community in which the field station is located which has an impact on the "space problem"?

14. What is the main source of the problem? How is it that the center has remained in this difficulty for so long?

15. Some folks feel the root of the problem is racism. What do you think they mean by that? What is your opinion about that? If you think it exists where do you see it localized? State level? University? Administration?

16. At present it appears that the center has found space. What is your feeling about the resolution? What are the advantages and disadvantages of the proposed site?

IV. CONSENT FOR PARTICIPATION IN A RESEARCH PROJECT

Invitation to Participate and Description of Project:

We invite you to participate in this study which is being conducted to help identify and explicate the precipitants of the unit's "space problem" as well as to examine the effects of that problem on the staff and its work. All members of the staff and the unit leadership are being invited to participate. Key figures in the leadership of the larger social structure of the Mental Health Center will also be invited to participate.

Participation in this study involves being interviewed by the investigator for a period of approximately one hour. With your consent the interviews will be tape-recorded. If, for some reason, you prefer that the interview not be recorded, note-taking will suffice. The interview tapes, themselves, will be destroyed after the information has been coded. Identifying data will be filed separately and will be accessible only to the researcher.

It is doubtful that the research will result in any particular benefits to the staff of the unit being investigated. Neither are any risks anticipated as all possible measures will be taken to guard confidentiality

Before you sign this form, please ask any questions on any aspect of this study which is unclear to you. You may take as much time as necessary to think this over.

You are free to refuse to participate or to answer any particular questions you find irritating or embarassing. You are also free to withdraw at any time. Such refusal or withdrawal will not damage your relationship with or any relationship you might have with the Mental Health Center or Hospital.

Authorization: I have read the above and decide that.....
(name of subject)
will participate in the project described above. Its general purposes, the particulars of involvement and possible hazards and inconveniences have been explained to my satisfaction. My signature also indicates that I have received a copy of this consent form.

.....
Signature

.....
Relationship (self, parent, guardian, etc.)

.....
Date

.....
Signature of Principal investigator Telephone
or

.....
Signature of Person obtaining consent Telephone

APPENDIX

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M E M O June 2, 1972

TO:

FROM: , Director, Field Station

The problem of space is at this point very acute within the Hill Field Station. Some of the specifics are spelled out in the memos attached. We realize that work is being done and appreciate that, but there are several other issues that are contingent on space such as the following:

a,) Walk-in service

b.) Working with groups

c.) Confidentiality

To run a walk-in service we will have to pick up space to accomodate back-up doctors, trainees, etc. We cannot adequately work with large groups because of limited space, and often staff are hesitant to contact groups because of complications around holding large meetings.

Confidentiality has been very lacking in the past, but the staff are starting to be very sensitive to this. But just being sensitive is not enough, the fact that all doors within the Field Station have louvers and sound travels often causing staff to be reluctant to use their own offices.

The Field Station will be contacting you very soon to give a presentation around space.

Enclosures: (3)

June 12, 1972

I wish to thank you for the interest that you have shown related to the question of the adequacy of available space for the Field Station program.

We share your concern and, as you know, have been attempting to negotiate with the Health Center in order to obtain additional space for our operating program. Negotiations of this nature frequently take time and support of the kind which you have shown is extremely helpful.

Clearly, the nature of the program and the needs of the community could be better served if we were able to come to a speedy resolution. I thank you for your interest.

Sincerely,

M E M O

June 12, 1972

TO:

Administrator

FROM:

Clinical Specialist, Extramural Services

Although the situation in the Field Station concerning space has continued for some time, the hinderance which that situation has upon present and future plans for the program and client service needs to be made explicit.

In terms of confidentiality to clients which is of special need in the , such is almost impossible. The doors of the station do not fit well in the frames, the doors have openings in them which carry sound. The staff are so crowded that in order to make a confidential phone call, time is spent in searching for an empty and unused phone. Secretaries who naturally type such material sit in the area in which clients move and wait to be seen, which means that confidential material cannot be worked on in their presence.

In terms of space itself, there are <u>too</u> many staff in each office. According to my understanding of the rules of the Health Department, , there should be 75 square feet of space for each staff member, of which there are presently 15 full-time staff and 2 part-time. Staff members share phones, desks, and offices which is problematic in that it hinders work. The offices are so small that it is difficult to interview families, especially if large numbers in them; groups can never be held in the present space; and community meetings must always be held elsewhere.

In addition, the limited space creates problems in providing a waiting-sitting area for clients since there is not space for such. Staff have begun using a team-assessment meeting which means that the staff meet in the present waiting area, which is also occupied by the secretaries. Given the number of interruptions and activities which take place in this area, it is impossible to function well. I have often wondered about the fire hazards of a one-exit suite which at present has little, if any, fire equipment for safety of clients and staff.

Nothing has been mentioned of the morale of a staff which has to function in such limited surroundings and of the atmosphere created for therapeutic work of clients and staff. I personally have found it necessary to use the present space at the new Field Station which is certainly inconvenient to my work in the Field Station; however, there is no space for me to occupy there.

All of the above relate to the present service program of the Field Station, but there are detrimental effects upon the planned expansion of programs. As you well know changes in the present Outpatient Department necessitates expansion of programs, particularly as a Walk-in function, within the field station. It would be impossible to provide such service given the present space. Even though staff have worked hard to provide more service to families and groups as modalities of care, those too would be limited.

In terms of the administrative aspects of the present service, it seems that much staff time is spent in unnecessary logistical problems and negotiating which is poor usage of staff time and resource. It is my personal and my professional concern that the present space allowed for service and program function of the Field Station is a hinderance to the optimum client care which I should like to see offered by the staff of the Field Station. In accordance with that view I strongly urge that consideration for new facility space be planned and implemented immediately.

CC:

December 24, 1975

Regretfully, I must officially inform you that we have not been able to secure the financial resources required to carry out the planned renovations in an area of our facility for utilization by the Field Station). We both realize that this project is long overdue and I have been most frustrated in my efforts to move things along in this area. We agreed several months ago that we would set a deadline of November, hoping that this would be ample time to do the job. It just hasn't happened.

I am very much aware of the problems encountered by the staff as a result of the cramped quarters. However, please be reminded that we have done everything humanly possible to find a resolution to this problem.

We will continue to work on getting the funds needed to do the renovations. Hopefully, we will find help before you have made a commitment elsewhere.

Happy holidays.

Sincerely yours,

Executive Director

cc:

M E M O

To:

From:

Date: December 13, 1977

Re: Rental:

Well, here we go again, and for me it's got to be the last time. It has become abundantly clear that our budget cannot handle everything we are asking for, but more about that later.

This is clearly the best deal we have had to date, and frankly, we have no reasonable alternative. The latest estimate made by , on , exceed Al projections which exceed what we have available. The owner of the property, the first person who does not appear to be a rip-off artist, proposes the following for 5,000 square feet:

1.	2.90/square foot or	$14,480/year
2.	$45,000 for work and materials or	$ 9,000/year
3.	Interest at 11.5%[3] or and owner recapture fee at 3%[2]	$ 4,240/year
4.	Heating, airconditioning, electricity[1] at	$10,000/year
	Total	$37,720/year

1. I strongly suggest that we pay our own heating, airconditioning and electricity costs. As with other property, the owner tends to inflate these costs to protect himself against careless renters.

2. We can get him to eliminate the 3% recapture fee by accepting an exculpatory lease which would make us responsible for outstanding bank debts in the event of a premature break in the lease. (This reminds me of request, that we write a lease that is not contingent upon funding and binds us for the extent of the lease.) It seems perfectly reasonable to me that anyone would want to protect a major investment of this sort. It would have $1350/year.

3. 11.5% is high--too high. I am sure we can find a bank that will lend at %, if not %, assuming the owner's credit rating is OK. That would

save approximately $1125/year. This is the first person who is not trying to make a profit on amortization costs, so the lower we get, the interest figure, the better. The total savings with an exculpatory lease and lower interest rate would be approximately $2500/year. At 9% we would save another $500/year.

4. A 7 year lease would save about $1500/year; a ten-year lease would save abou $3700/year.

Bearing all of this in mind, assuming we pay for utility costs, we could rent for:

$37,720/year	
-10,000/year	- utilities
27,720/year	
- 2,500/year	- for lowered interest rate and no recapture fee
25,220/year	
- 1,500/year	- for 7-year lease
$23,720/year	

$23,720 is within the budget but does not include heat, light and air-conditioning costs. $23,720 is slightly high since I did not approximate in our favor. It is clear to me that our total budget should be $30,000 rather than $25,000. We have been through this enough times for it to be glaringly obvious that we cannot come in under $25,000 and include everything. We're all too old and experienced to continue to think so. A budget of $30,000 would do it. Utilities, based on estimate for and Street should run $5,000/year.

What is also outstanding is that we are especially hurt by not having the up-front money to pay for renovation. Amortization costs us several thousand per year -- in this case $4,000. It would be in our interest to avoid having to pay that, but it appears that no one is willing and/or able to pay the up-front cost, so essentially we are throwing away $20-30,000.

As a gesture of last resort and at great personal cost, I would be willing to trim the requirements by 500 square feet. I hate to do so because it will mean that I will have to justify having less than in terms of interviewing, conference and other space. Explaining the discrepancy will be mine to do alone, and no one in central Administration can nor should help. My staff will feel that we have waited longer to get less, a correct assessment. 500 square feet will save $2,000/year, bringing the annual cost down to less than $22,000 without utilities. I really do not want to do so and ask that it be avoided at all costs, but this is the closest we have been.

This is the least expensive basic rental fee we have been able to find. This is the least expensive renovation cost we have been able to find. The place comes with ample free parking. This is the first owner who will renovate, making no profit on renovations or the amortization.

Given that there is no ready-made office space in the , we must, therefore, renovate and pay the cost of amortizing--this is it. It's time to shit or get off the pot.

BACKGROUND REPORT

Desirability of New and Larger Quarters

The Field Station is the neighborhood-based satellite of the Division of the Mental Health Center. The Field Station has existed for over five years in six small offices, totaling 760 square feet, located off an "L"-shaped hallway in the building of the Health Center complex at In the section of . Heating problems have existed on and off during recent winters. Satisfactory resolution of the issue has never been reached, despite efforts on both sides.

At the time the space was rented, we had envisioned some half-dozen field workers operating out of the facility. However, additional funding in 1969 tripled the size of the staff. As of this date, there are 15 full time staff members based in the Field Station. Five others are there on a part time basis, ranging from 20%, to 50% time.

The Field Station has an ongoing caseload of 110-130 patients with several times that many clients who are the recipients of consultation and education services. The total number of kept appointments by recipients of direct and indirect services in the Field Station for Fiscal Year 1974-75 was 5,239.

Over the years we have been endeavoring to find new space within the Health Center complex and have had plans drawn up to provide for renovation of

adjacent Health Center space at . It had been the hope and expectation of both agencies that renovation costs would be met by the Health Center. Indeed, we are presently renting the 6-room suite on a month-to-month basis, the lease having expired. (Rent is 185.00 per month.) It now appears that the Health Center will not be able to expand or to fund any renovation. Because of its inability to do so, they have requested that we vacate the Field Station for their use.

A federal Staffing Grant of approximately $150,000.00 per year (which requires no State match or funding whatever) will run until July 1, 1980. This grant, which funds children's mental health services at the Health Center, passes through the Division and it is contingent upon the close coordination of services by the Division and the Health Center.

In seeking space, therefore, it is essential that we continue to be located in the neighborhood from which our clients are drawn and that we relocate within the immediate neighborhood of the Health Center.

We have informed officials of the Regional office of the National Institute of Mental Health of the necessity of our moving and they have indicated that the funding will not be jeopardized as long as we are able to continue our close ties to the Health Center for services, consultation and education to the community.

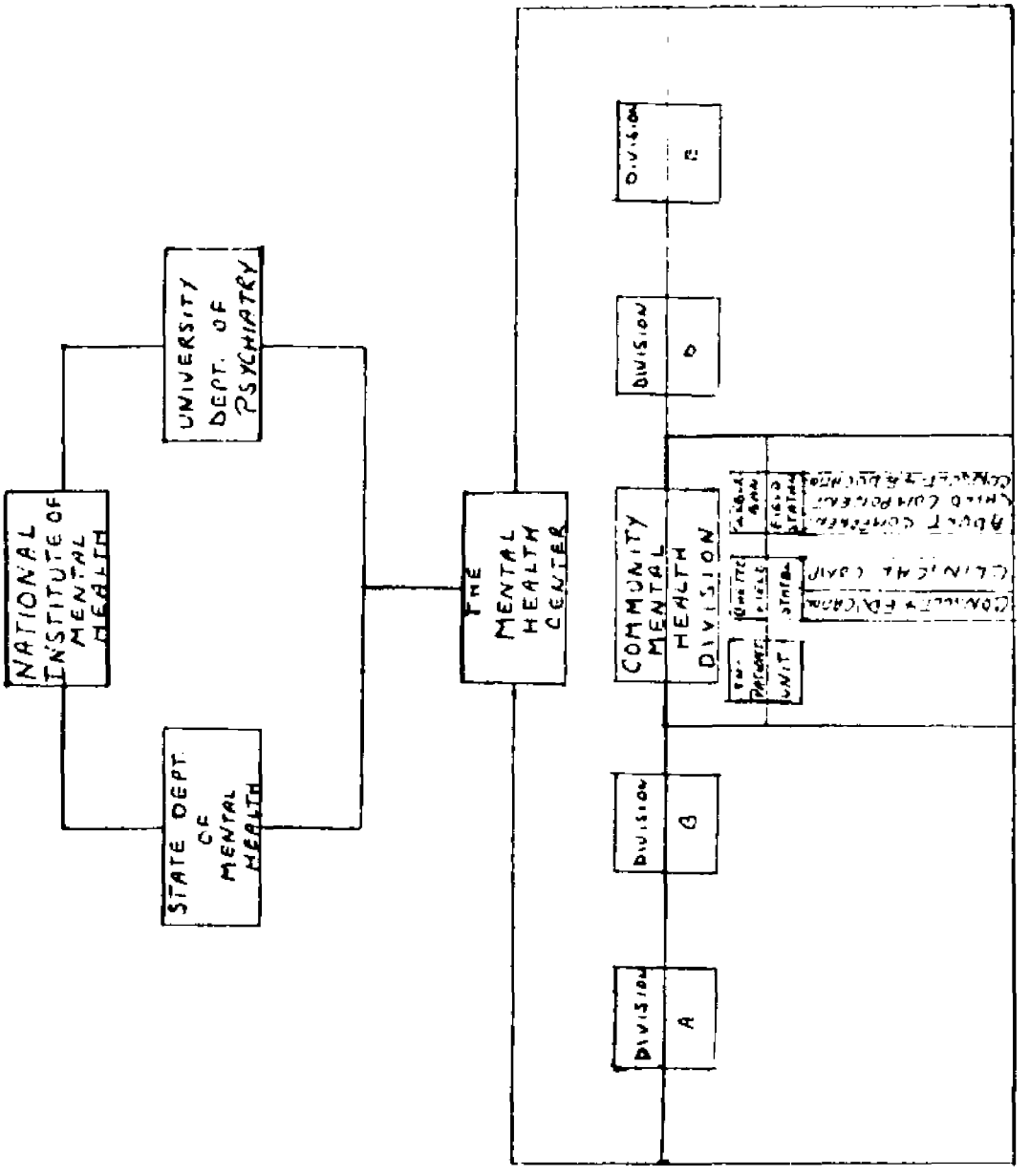
Suggested space requirements for the relocated Field Station are as follows:

12 - Interview Offices	(estimate 10 x 12 sq. ft.)	1440 Sq. Ft.
1 - Reception and Clerical Area	(estimate 20 x 20 sq. ft.)	400 Sq. Ft.
2 - Group Treatment Rooms	(estimate: 1 - 20 x 20 sq. ft.) (1 - 30 x 20 sq. ft.)	1000 Sq. Ft.

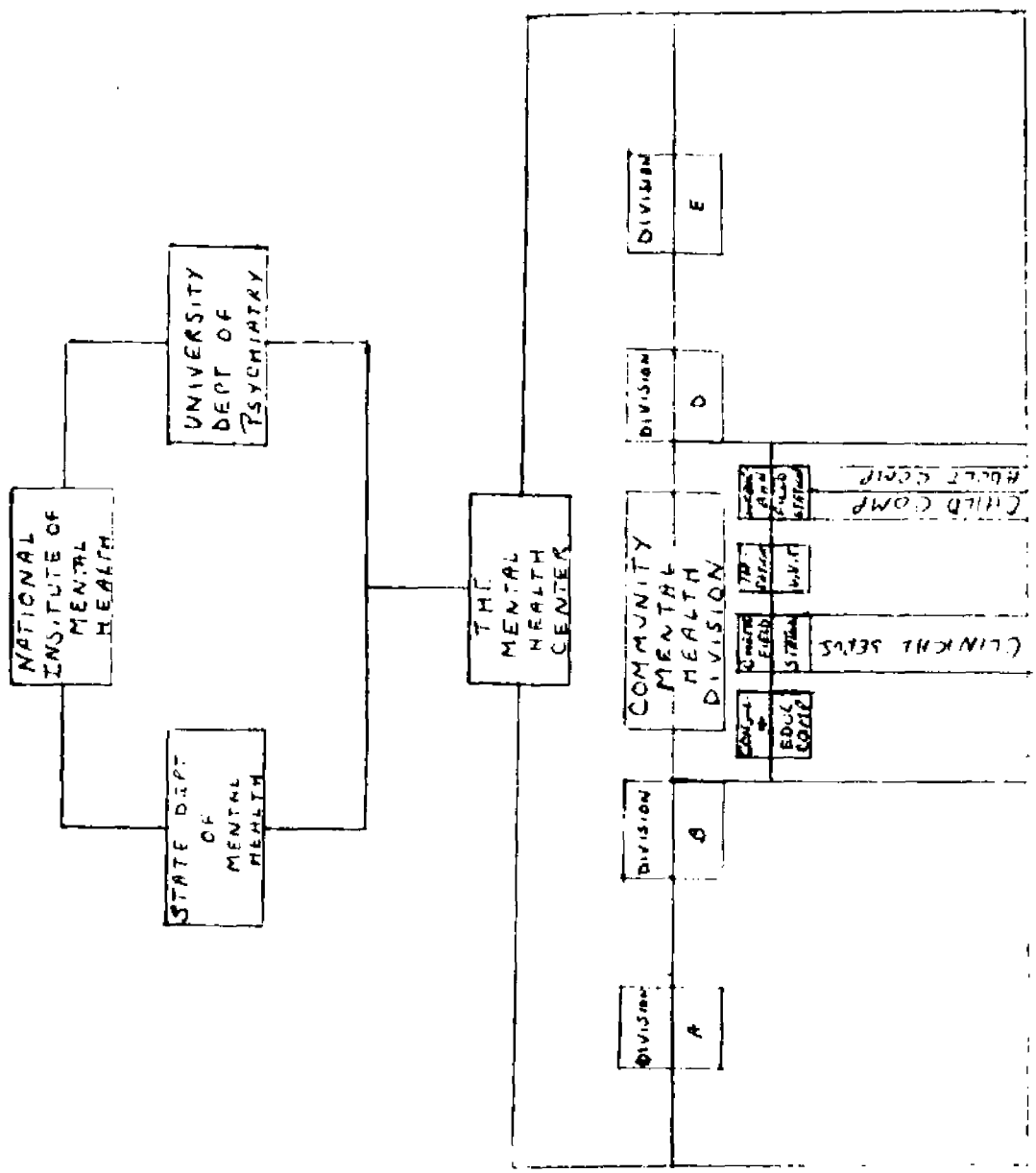
January 12, 1976

ORGANIZATIONAL CHARTS

ORGANIZATIONAL STRUCTURE PRIOR TO FEBRUARY 1979



ORGANIZATIONAL STRUCTURE AFTER FEBRUARY 1979



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