

# Families of adolescent clients and nonclients: their environments and help-seeking behaviors

Family demographic characteristics, family structure, family environment, and help-seeking variables were explored through interviews with two groups of Afro-American adolescents, including 52 clients and 52 nonclients. One parent of each adolescent was also interviewed. The ratio of single-parent families in the two groups differed significantly. Using one-way analysis of variance, significant differences were found between the means of the groups on five of the ten Family Environment Scale (FES) subscales. The family groups differed significantly on only one help-seeking variable, use of formal helpers. Adolescent client families reported using formal helpers more than did adolescent nonclient families ( $F = 2.69$ ;  $df$  102;  $p < 0.05$ ).

*Marguerite A. Dixon, RN, PhD*  
Assistant Professor  
Psychiatric-Mental Health Nursing  
College of Nursing  
University of Illinois  
Chicago, Illinois

OF ALL THE functions ascribed to the family unit, preparing family members for the larger society is among the most important.<sup>1-5</sup> Beyond this responsibility, the Afro-American, or black, family must prepare its members to live in a culture that is predominantly Anglo-American, a culture with beliefs and ideals that may be contradictory to that of the Afro-American.<sup>6,7</sup>

The relatively few studies of black families have focused on employment and unemployment levels, school attendance, female-headed families, and conditions of families living in urban ghettos.<sup>8-11</sup> Little has been written about these families' subjective perceptions of their lives. As one who shared the social and cultural identity of the participants, this investigator heeded

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the exhortation of several sociologists<sup>12-14</sup> to obtain subjective data on Afro-American lives, intrafamilial organization, and relationships as a prerequisite to describing and understanding the reality of being black in an American community.

There are periods in the social and biological development of individuals and families that can be especially stressful and troublesome. Health care professionals observe and report that adolescence is a notable crisis period for both adolescents and their families. Several processes occur during this period. Specific to the adolescent are dramatic physical changes associated with sexual maturation, as well as increased independence. At the same time, other family members may undergo psychosocial shifts that interact with changes in the adolescent. For example, the adolescent's parents may also undergo physical changes (such as those associated with menopause) or changes in life style or career. The family that presents itself through one or more of its members as experiencing emotional problems is a source for study. Data from self-reports of a number of similar families who are and are not experiencing discomfort or pain can be useful bases for appraising the strengths and weaknesses in families' environments and adaptive patterns. These data can be used both for planning direct services to families and for community-wide programs.

Subjective information about variables associated with family organization and relationships could be valuable data for health professionals trying to understand factors that may contribute to emotional symptoms and to identify factors that may

influence the treatment process. This exploratory, descriptive study was designed to encourage black families to identify and describe their own situations, their characteristic responses to internal stress, and factors influencing decisions to seek emotional support outside of the family unit and whom to go to for help.

### **PROBLEM, PURPOSES, AND POTENTIAL BENEFITS**

This study of families of adolescents who were clients and nonclients in the selected racially integrated, predominantly middle-class community was, in part, an outgrowth of the concern expressed to the investigator by planners and providers of mental health programs for adolescents and by officials in the regional office of the Illinois Department of Mental Health and Developmental Disabilities (DMHDD) that they were not reaching the numbers of black youths in this community who needed their programs and could benefit from them. The service providers' perception of underuse led to the decision to locate client and nonclient youths. Immediate access to black client families was through these community agencies. This strategy avoided missing some of the allegedly small number who were clients. Community public schools provided access to constituents of the larger, nonclient group.

The study was conducted to determine if there are differences in family social-structural variables, perceptions of environment, help seeking, and uses of mental health services between black families with adolescent members who were clients in

selected mental health services and those families whose adolescent members were not clients.

The potential benefits from this investigation include development of bases for determining association between family environment, mental health problems, and family strategies to obtain mental health services.

Another benefit is the identification of family characteristics likely to be associated with help seeking from informal and formal helpers. It could also provide data that might influence directions for present and projected mental health services for the black community on the basis of family environment and help-seeking characteristics.

## CONCEPTUAL FRAMEWORK

Family environment variables provided the framework for this study. Components of family environment<sup>15,16</sup> include the concepts of setting, organization, social environment, and interaction. The setting, or background, is the home base for the family. Organization refers to the structural arrangement of the family. The social environment and interactional components convey what the family is like, what roles are assumed and negotiated, and how each member meets family expectations and goals. Each family has a quality, an atmosphere, or climate that develops out of its organizational and interactional form, and it is possible to assess this social climate.<sup>15,17,18</sup>

Help-seeking behavior is influenced by environment and interpersonal relationships within the home.<sup>19</sup> How a family

responds and functions when a member exhibits troublesome behavior is indicative of that family's self-assessment and coping strategies. Generally regarded to be the primary socializing agent for its members, the family's environment, as well as the quality of interpersonal interactions, was expected to be associated with the help-seeking behavior of its members.

## HELP SEEKING: AN OVERVIEW

Help-seeking behavior occurs when any family member recognizes an existing health or mental health problem within the family; and the family, through one or more of its members, seeks advice or service from persons or organizations external to the household. Help-seeking behavior may be directed to *informal* helpers, such as extended family and friend networks, church, barber or beauty shops, or to *formal* helpers, such as private practitioners (eg, nurse clinicians, psychiatrists, psychologists, social workers), clinics, hospitals, and mental health centers.

In the literature, the terminologies "help seeking" and "care seeking" appear interchangeably to describe action taken by an individual, a family, or a group to obtain social, physical, or spiritual assistance. Help seeking is not limited to any one ethnic group or social level. Networking, described as one method used to gain access to assistance, involves developing an interconnected, purposeful system of individuals. The reported empirical studies on help seeking are sparse and inconclusive. Two studies suggest that an individual who has a strong informal network of relatives, friends, and neighbors either

delays seeking formal health<sup>20</sup> and mental health<sup>21</sup> services or tends to rely on informal helpers. There is evidence also that sociocultural variables, such as ethnicity, age, and educational level, may be related to use of health and mental health services.<sup>21-23</sup>

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times of economic, emotional, health, and spiritual distress. Gordon and Jones describe Afro-Americans as "attuned to social relationships";<sup>24(p187)</sup> social networking has been necessary for survival and for adaptation to societal pressures. The literature indicates that Afro-Americans tend to use formal helpers (eg, lawyers, nurses, physicians, social workers) less than do other ethnic groups and that they rely more consistently on informal helpers. The few reported empirical studies<sup>21,23,25,26</sup> support the observations of social scholars<sup>6,24,27</sup> regarding this significant pattern in the black community.

## METHODOLOGY

### Problem statement

Help-seeking behaviors and family environments of Afro-American families in an urban community were investigated using the following question: Are there differ-

ences between help-seeking behavior and utilization of mental health services of urban black families with adolescent members who are clients (AC) in selected mental health services and the behavior of families with adolescent members who are not clients (ANC)?

### Research questions

The research questions were:

1. Is there a difference in Afro-American AC and ANC families in the following selected social structural variables: family structure, parents' income level and level of education, and parents' ages?
2. Is there a difference in these families' perceptions of their environments as measured by the Moos Family Environment Scale (FES), form R?
3. Is there a difference in subjective reporting of help-seeking behavior, that is, use of formal and informal helpers?

### Sample

The study sample included 104 black adolescents, ages 13 through 18, who lived in a selected urban community, and one parent of each adolescent participant. Access to participants was gained through community-based facilities—four publicly funded mental health agencies providing adolescent and other services, and three public schools. There were no inpatient mental health services within the community.

The three major variables used for this study included family structure, family environment, and help-seeking behavior. Family structure included family structural

identity, marital status of parents, education of subjects (number of years or grade of school completed), age of subjects, occupation of father-husband or mother-wife, and family income.

The family environment subsumed the participants' subjective evaluation of family relationships (such as how family members in the household get along, closeness to one or more members, reported positive and negative aspects of the interactions), and family environment dimensions measured by the FES.<sup>15,16</sup> Major interest was in the association of demographic and family variables with client status.

Two forms, Real (R) and Ideal (I), of the FES were administered to the adolescent and adult participants. Form R measures people's perceptions of their family environments. Form I measures people's conceptions of ideal family environments. Only data obtained from form R are reported in this study. Parallel interview guides were also developed for adolescent and parent participants.

Both forms are 10-subscale, 90-item instruments for characterizing or classifying families. The items are forced choice and true-false. FES has three major divisions and related subscales: (1) relationship (cohesion, expressiveness, and conflict), (2) personal development (independence, achievement orientation, intellectual-cultural orientation, active recreational orientation, and moral-religious emphasis), and (3) system maintenance/change (organization and control). Each subscale has nine items. To illustrate, from form R, two items of the cohesion subscale are "Family members really help and support one another," and "We rarely volunteer when something has to be done at home." Two

items from the subscale achievement orientation are "Getting ahead in life is very important in our family," and "Family members are not very involved in recreational activities outside work or school." (The complete FES from which these items are taken is produced by Consulting Psychologists Press.)<sup>28</sup>

The interview guide was constructed to: elicit information that would augment the FES; obtain participants' identification of both family and personal situations and problems that lead to looking for help or advice from persons who are not members of the household; learn which family member makes the decision to get help from someone external to the household; identify the kind of helpers utilized; and obtain demographic data, such as family size and structure, parents' educational level and occupation, and family income. Prior to the actual study, both forms of the interview guide were pretested with families in the community. There was consistency and consensus in responses to impersonal social structural items, such as "How many family members live in this home?", "Who are the members of the family who live here?", "Does your family own this house (apartment), are you buying it, do you pay rent, or what?", "In what year was (adolescent) born?", and "What is your family income?" Consensus was not expected on items that involved personal views, such as recounting a time when there was trouble in the family, and answering questions such as "To whom (where) do you go when you have a personal problem?", "Which members of the family do you feel closest to?", "What do you like (dislike) about your family?", or "For what kinds of problems does your family go outside the

immediate family to get advice or help?" The items were straightforward and answers to the questions indicated face validity.

### Procedure

Approvals to conduct the survey were secured from officials of three schools and four mental health facilities in the community, and potential participant families were identified who were black and had (client or nonclient) adolescent members who met the criteria for participating in this study.

Once the eligible families were identified, the following steps were taken.

1. A letter was sent to all eligible families. A mailer insert, prestamped and preaddressed to the investigator, was enclosed. Respondents were asked to (1) indicate in the mailers their willingness or unwillingness to participate; (2) write in their names, addresses, and telephone numbers; (3) seal the mailer; and (4) mail it. Two school principals and one mental health administrator elected to send a cover letter with the investigator's letter.
2. Each participating family was contacted either by telephone or, when the family had no telephone, by a visit to the home to make an appointment. During this contact, the investigator briefly explained the study and the procedure that would occur in the home.
3. On the day of the appointment, the investigator called the family to confirm the appointment and to review for a second time the procedure.
4. At the beginning of the visit, the investigator again reviewed the procedure with the participants. The two forms, R and I, of the FES were administered according to the instructions in the FES booklet. When the parent and adolescent had completed both forms, the investigator interviewed each separately and privately and hand-recorded their responses.
5. Because only 37 of the 47 identified AC families responded to the first mailing, approximately ten weeks after the first letter was mailed, a follow-up letter was sent to each nonresponding AC family, and the investigator made a subsequent visit to each of these homes. Steps 3 and 4 were followed. All interviews except two were conducted in participants' homes.

### Ethical concerns

Access to potential participants and confidentiality were two obvious issues in planning and implementing this exploratory study. Public institutions, in this case the schools and mental health agencies, are accountable to their constituencies. Administrators are sensitive to their responsibility as gatekeepers, protecting the privacy of their clients, who are also the taxpayers who maintain them. The administrators and this investigator agreed that the target population (families with adolescent members) should have the freedom to decide whether to participate. Confidentiality was another concern. By mail and in person, the investigator assured eligible families that their identities would be protected.

For this purpose, a coding system was used on the FES answer sheets and on the interview protocols. The plan for this study was reviewed and approved by the investigator's Institutional Review Committee.

## RESULTS OF DATA ANALYSIS

The study findings are organized as follows: (1) demographic characteristics of the sample, (2) family structures, (3) family perceptions of their environments, and (4) families' help-seeking behavior, that is, their use of informal and formal helpers.

Analysis of variance (ANOVA), chi square tests, and *t* tests were used to determine differences between the groups on demographic, structural, environmental, and help-seeking variables. Eight variables were entered in a discriminant function analysis. The variables were: relationship (X1), personal growth (X2), and system maintenance/change (X3) dimensions of FES; the index values for help seeking through use of informal (X4) and formal (X5) helpers; family structure (dummy coded 0 and 1 for two- and one-parent families, respectively [X6]); mother's age (X7); and sex of adolescent respondents (dummy coded 0 and 1 for male and female [X8]). The FES personal growth dimension and help-seeking-through-use-of-formal-helpers variables were determined to be significant for discriminating between the groups with 77.5% accuracy.

### Demographic characteristics of the sample

The AC and ANC groups had similar results on demographic variables, includ-

ing age and sex of adolescent participants, education, and years of residence in the community (Table 1). The difference in mean ages of the two groups of mothers was significant ( $F = 5.39$ ;  $df$  1, 102,  $p < 0.05$ ).

### *Years of residence in the community*

Twenty-nine percent (15) of the adolescents in the AC group and 44% (23) in the ANC group had lived in the community all of their lives. Five AC and 4 ANC parents also reported having lived in the community all of their lives. There was no significant difference between groups ( $F = 0.75$ ;  $df$  1, 93,  $p > 0.05$ ).

### *Education*

Fathers had completed an average of 11.6 years of school (AC, 11.4; ANC, 11.8),

**Table 1.** Demographic data for client (AC) and nonclient (ANC) groups

Characteristic	AC N = 52 %	ANC N = 52 %
$\bar{x}$ , $\bar{m}$ Age		
Adolescents	15.8	15.6
Fathers	45.3	47.6
Mothers	41.0	44.9
Sex of adolescents		
Number of females	29	23
Number of males	23	29
$\bar{x}$ , $\bar{m}$ Educational level		
Adolescents	9.1	9.3
Fathers	11.4	11.8
Mothers	12.0	12.2
$\bar{x}$ , $\bar{m}$ Years of residence in community*		
Adolescents	8.5	7.2
Parents	11.2	12.5

\*Excludes those who lived in the community all their lives.

while mothers had completed an average of 12.1 years (AC, 12.0; ANC, 12.2). The adolescent participants had completed an average of 9.2 years of school (AC, 9.1; ANC, 9.3). Analysis of variance revealed no significant difference between groups on parents' education ( $p > .05$ ).

### *Employment and income*

Almost 80% (41) of parents in the AC group were reported to be employed in 23 general categories, of which 51.8% were white collar jobs. In the ANC group 88.5% (46) were employed in approximately 22 job classifications; 59.8% were white collar jobs. Chi square analysis revealed no significant difference between groups in income ( $\chi^2 = 3.74$ ,  $df\ 3$ ,  $p > .05$ ).

### *Dwellings and tenure*

Most AC (90.4% or 47) and ANC (88.5% or 46) families lived in single, detached

homes. Seventy-eight percent (41) of AC and almost 83% (43) of ANC families either owned or were buying their homes. An equal number (9) of AC and ANC families were renting. The average number of rooms in each home was six, with an average of five persons in each home.

In summary, the AC and ANC groups were similar in demographic variables, with the exception of marital status and mother's age.

### *Family structure*

The first of the three research questions was: Is there a difference in Afro-American AC and ANC families in selected social-structural variables? The family structures represented in the AC-ANC sample are presented in Table 2.

The proportion of single parents in the client group (approximately 60%) was significantly greater than that of the nonclient group (38.5%) ( $Z = 2.19$ ,  $p < 0.04$ ).<sup>32(p149-150)</sup>

Table 2. Family structures of client (AC) and nonclient (ANC) groups\*

Family structure	AC households N = 52		ANC households N = 52		Total	
	No.	%	No.	%	No.	%
Simple nuclear†	18	34.6	23	44.2	41	39.4
Attenuated nuclear‡	16	30.8	11	21.2	27	26.0
Incipient§ and simple extended	3	5.8	9	17.3	12	11.5
Attenuated extended¶	12	23.1	7	13.5	19	18.3
Other**	3	5.8	2	3.8	5	4.8
Totals	52	100.0	52	100.0	104	100.0

\*These classifications of family structures are from Billingsley.<sup>4(pp16-21)</sup>

\*\*A combination of attenuated extended and augmented marital couple or single parent, own or adopted children, and unrelated persons family structures.

†Marital pair and their own or adopted child(ren).

‡Single parent and own or adopted child(ren).

§Marital pair (no children of their own) and other relatives.

||Marital pair and own or adopted children and other relatives.

¶Single parent and own or adopted children and other relatives.



### Family perceptions of their environments

The second research question was: Is there a difference in Afro-American AC and ANC perceptions of their family environments as measured by the FES, form R? Using one-way analysis of variance, significant differences were found between the means of the two groups (parents and their adolescent children were paired in both groups) on five subscales. The ANC families scored higher than the AC group on cohesion ( $F = 6.19$ ;  $df$  1, 102,  $p < 0.05$ ), achievement orientation ( $F = 7.35$ ;  $df$  1, 102,  $p < 0.05$ ), intellectual-cultural orientation ( $F = 11.80$ ;  $df$  1, 102,  $p < 0.01$ ), and active recreational orientation ( $F = 5.10$ ;  $df$  1, 102,  $p < 0.05$ ). The ANC families scored *lower* than the AC group on conflict ( $F = 11.55$ ;  $df$  1, 102,  $p < 0.01$ ).

AC family members most often described their family relationships as average, with an almost equal number describing their relationships as below average. ANC family members most often described their family relationships as above average. The two groups differed significantly in their evaluations ( $\chi^2 = 13.6$ ,  $df$  2,  $p < 0.01$ ).

Adolescents in both groups most frequently reported feeling closer to their mother than to any other family member. Twenty-two (42%) AC subjects reported being closer to their mother, and 30 (57.6%) ANC subjects reported similar feelings.

When asked what they liked about their families, adolescents and parents in both groups most frequently said closeness or togetherness. Belongingness and the perception that their families were affectionate were the second most frequent responses. To the question "What do you

dislike about your family?" the most frequent response was, "There is nothing I dislike about my family," or similar statements. The next most frequent response in the AC group was "quarrelsomeness" or faulty communication. The ANC group mentioned quarrelsomeness.

### Family help-seeking behavior

The third question was: Is there a difference in subjective reporting of help-seeking behavior, that is, use of formal or informal helpers? Data on help-seeking behavior of AC and ANC families included (1) action taken to handle family and personal problems, (2) action taken when feeling good, (3) nature of problems for which help was sought, (4) usual type of helpers sought, (5) knowledge of mental health services in the community, (6) attitudes about using mental health services, and (7) identification of the family decision maker in the help-seeking process.

**Action taken to handle family and personal problems.** Respondents were asked to recount a time when there was a problem or trouble in the family and how they handled the situation. Nineteen (36.5%) adolescents in AC families reported going to informal helpers, such as members of the extended family, friends, or neighbors, but 14 (26.9%) reported that they also used formal helpers—persons who were professionally trained, such as physicians, psychiatrists, lawyers, or staff members of hospital clinics and mental health centers. The responses of AC parents indicated less consultation with informal than with formal helpers. ANC adolescents reported an equal frequency of using informal helpers or handling a problem without help from others. In the case of personal

problems, AC adolescents and parents conferred primarily with informal helpers or managed alone. ANC adolescents and parents reported a tendency to go to informal helpers.

**Action taken when feeling good.** To contrast the problematic approach, the question was asked, "To whom (or where) do you go when you feel good—when you feel like celebrating?" Across the groups, the most frequent response was friends and relatives.

**Nature of problems for which help was sought.** Medical problems, personal stress, legal problems, family crises, and problems perceived as impinging on the family from external sources (eg, environmental, social, economic, and financial) were identified by subjects as areas that would cause them to seek help outside the immediate family. Although both groups more frequently stated that their families would handle the problems that arose, the AC group reported seeking assistance when problems impinged on the family from outside sources (eg, school, work place, extended family). In contrast, ANC subjects identified medical problems more often than other problems for which they would go to an outside helper for advice or assistance.

**Usual types of helpers sought.** The research question addressed was: Is there a difference in the subjective reporting of help-seeking behavior, ie, use of formal (professional) and informal (nonprofessional) helpers, between Afro-American client and nonclient families in the community? A Chi square test was used to determine whether there was a difference in pooled resource frequencies. Comparison of the mean index for each group

yielded a significant difference ( $t = 4.47$ ,  $p < 0.001$ , two-tailed). AC families reported using formal helpers more than ANC families did.

**Knowledge of mental health services in the community.** Participants were shown a card that listed the mental health agencies in the community and were asked whether they were familiar with them. Of the client group—ie, clients of the listed facilities—21% (11) of the adolescents and 15% (8) of the parents reported no knowledge of the agencies. Of the ANC group, 36.5% (19) of the adolescents and 50% (26) of the parents reported no knowledge of the agencies.

**Identification of the family decision maker in the help-seeking process.** To the question: "Who in your immediate family makes (would make) the decision to go to someone outside of the immediate

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*To the question: "Who in your immediate family makes the decision to go to someone outside of the immediate family for advice or help with family problems?" 60% of adolescents and parents in both groups designated "mother."*

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family for advice or help with family problems?" 60% (31) of adolescents and parents in both groups designated "mother" as the person who would make this decision.

## DISCUSSION

Family environment variables, such as family homes, family organization or struc-

ture, intrafamily social climate, and interaction, provided the framework for the study on which this article is based. The relatively few existing studies of black families fail to address the subjective appraisals of the lives of these families.<sup>29-31</sup> This investigation was a step toward filling this gap.

Client and nonclient families were similar in demographic variables such as their housing, income ranges, parents' levels of education and employment, and adolescents' and parents' length of residence in the community. In general, these were working-class families with middle-class values demonstrated, in part, by the large percentages (AC 78.0%, ANC 82.7%) who either owned or were buying their homes. The average level of education for both parents for both groups was almost twelfth grade (overall mean: 11.84 years). Most were employed (AC 79.8%, ANC 88.5%). These families typified those described by Billingsley<sup>6,12</sup> and Hill<sup>27</sup> in that, in two-parent families, both parents tended to be employed and seemed oriented toward social advancement.

Although the two family groups were similar on the variables cited above they were statistically different on two variables: mother's age and family structure. The difference in mother's age, though statistically significant, was only four years (AC:  $X = 41.0$ , ANC:  $X = 44.8$ ). This difference cannot be accounted for with certainty. Perhaps it reflects a trend toward earlier recognition of mental health problems or an easing of stigma attached to needing mental health counseling. Subsequent research may be useful to identify whether, in this community, there is a correlation between mother's age and use of mental health services and how the age factor is

related to single- and two-parent family structures in the client group.

While data from this study do not allow the determination of cause, the significant difference between the client and nonclient families on the proportion of single-parent units raises several potential explanations. First, adolescents with one parent may experience more emotional difficulties than those with two parents. Second, the single parent may be more sensitive to problems or quicker to refer the adolescent for outside help. A third explanation is that outsiders may expect problems when the adolescent has a single parent and may refer that person for help more often than they would an adolescent in a two-parent home. Finally, the single parent may be overrepresented in the client group when compared with the nonclient group. Sixty-seven percent of adolescents with single parents identified as clients were included in the sample. Nine percent of the eligible nonclient adolescents with single parents were in the sample. Approximately 7% of the ANC group responded. Approximately 79% of the AC group responded. It is conceivable that two-parent units were overrepresented in the nonclient sample. This is supported by the fact that early respondents represented two-parent families. Additional investigation is needed to determine the meaning of this finding.

There was a significant difference between the two groups on six of the ten FES scores. Standard score differences were no more than 10 from the mean of 50. However, the standard scores of both groups were no lower than 40 or higher than 60. The mean scores for both groups clustered around the mean scores for Moos and Moos's<sup>16</sup> normative subsample

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for FES: both groups were within the normal response range (see Fig 1).

Analysis of help-seeking behavior included identifying the help seeker, circumstances that led to seeking help, and where help was sought. Help seeking was a consistent variable for the client group: at least one member of their family was receiving assistance in the mental health system. When this study began, nothing was known about the nonclient group on this variable. The two groups were significantly different on the use-of-formal-helpers variable. Client families showed a greater tendency to use formal helpers. The method

of sample selection may account for this difference, since the client group was selected from agencies providing formal help. However, questions on this topic were not limited to formal helpers in the area of mental health. Moreover, informal helpers were the primary choice of both groups. Nonclient families may have had a more supportive, more extensive, or more interactive family-friend network that worked to delay their use of, or prevent their need for, mental health services.

In any study, an investigator must gain access to the population to be studied. In this investigation, the researcher was of the

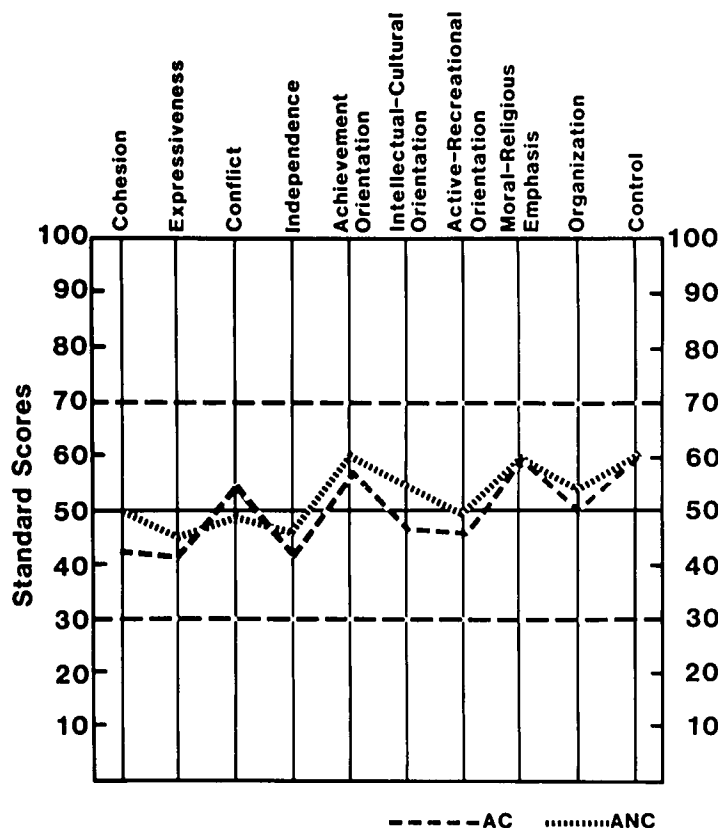


Fig 1. FES (R): standard score profiles of client (AC) and nonclient (ANC) families.

same ethnic and cultural background as the participants. Two arguments can be raised about this factor. One is that the researcher, because of shared cultural and ethnic experiences, can establish better rapport with subjects and therefore gain easier access to them and have greater understanding of their life styles than can an investigator of another cultural and ethnic background. An opposing argument is that the investigator may sacrifice objectivity and introduce biases in the research process. In either case, it is the investigator's responsibility to acknowledge the details of the process for others to evaluate. This investigator had no doubt that entry into the community and households was facilitated by her identity as a black woman and a nurse. In more than one home, teenagers and parents were obviously awaiting her arrival to talk about health and family concerns connected with being black. The subjects provided insight into their daily lives that would escape a person not having an interpersonal approach.

As a health care professional, a nurse has an advantage in establishing personal contact with people in their varied settings. This advantage can be useful for conducting research in settings and situations that may preclude other investigators. The community mental health nurse with ethnic affiliation has the opportunity and onus to contribute to knowledge that can positively affect the health care of that ethnic group.

Additional research is needed to explore the adequacy of the FES in capturing important concepts in the Afro-American family and to investigate characteristics of families whose adolescents demonstrate difficulties in ways that place them at risk to mental and social problems. Also replicating this study with a larger, randomly selected sample from diverse communities would facilitate an in-depth analysis of the differences in characteristics of families with one and two parents, as well as differences in conflict.

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The outcomes of this investigation of Afro-American client and nonclient families suggest (1) the FES was a useful adjunct and tool for describing differences and similarities in AC and ANC family environments, (2) families' structural types and circumstances have a decided influence on family help-seeking patterns, and (3) families try to manage their lives using a variety of resources and helpers, but tend to use informal more than formal helpers. In this study, AC families were the exception. Although they went to informal helpers, they tended to go to formal helpers to a greater extent than did ANC families. Study results also show information can be obtained about family structure, family problems, and family help-seeking patterns. The impact of commonality of the subjects' and researcher's racial and cultural background may be an important factor in the accuracy of information elicited.

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