CHAPTER TWO

Consideration of Some Effects of a Counseling Program*

THOSE WHO spend their lives providing psychological services generally do not have the opportunity to learn about the long-term effects of their efforts. The opportunity to study men who once were members of the Cambridge-Somerville Youth Study provides a rare exception.

The Cambridge-Somerville Youth Study was designed, during the years of the Great Depression, with the hope that it would help prevent delinquency. Its organizers solicited the names of young boys who lived in designated (generally deteriorated) areas of two communities in eastern Massachusetts. By intention, the program included "average" as well as "difficult" children. Between 1935 and 1939, a Selection Committee gathered information from elementary school teachers, the courts, physicians, and parents regarding the children whose names had been submitted. On the basis of this information, pairs of boys similar in age, family backgrounds, home environments, intelligence, and delinquency-prone histories were identified. The matching procedure justified a belief that both members of a pair reasonably could be expected to have similar life chances in the absence of intervention. A flip of a coin determined which member in each pair would receive treatment; the other member was placed into the control group.[1]

Retrospective comparisons indicated that the treatment and control groups were indeed similar. No reliable differences were discovered in comparisons of age, IQ, whether the boy had been referred to the Youth Study as "difficult" or "average," or the delinquency prediction scores assigned by the Selection Committee on the basis of the boys' histories and home environments. No reliable differences appeared in comparisons of ratings for the boys' physical health, mental health, social adjustment, acceptance of authority, or social aggressiveness. Nor were

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reliable differences found in ratings of delinquency in the home, adequacy of discipline, standard of living, status of the occupation of the father, "social status level" of the elementary school attended (as measured by sampled occupational levels of the parents), or neighborhoods as likely or unlikely to produce delinquency (see Powers and Witmer, 1951, Ch. 6).

By May 1939 each of the 325 boys in the treatment group had been assigned to a social worker who was expected to build close relations with the boy and be available to provide assistance to both the boy and his family. In addition to 10 social workers, the staff included a psychologist, tutors, a shop instructor, consulting psychiatrists, and medical doctors. Counselor turnover and the recognition that case loads were too heavy led to a decision to drop some of the boys from the program. When a boy was dropped from the treatment group, his "matched mate" was dropped from the control group. By 1942, 253 matched pairs of boys remained in the program. These 506 boys are the subjects in the present study.

When the program terminated in 1945, the 253 boys in the treatment group had been visited (on the average) twice a month for five and a half years. Over half had been tutored in academic subjects; over 100 received medical or psychiatric attention; almost half had been sent to summer camps; and most of the boys had participated in such activities as swimming, visits to local athletic competitions, and work in the project's woodshop. Boys in the treatment group were encouraged to join the YMCA or other community youth programs. Social workers from the Youth Study were specifically prohibited from working with boys in the control group.

The current follow-up study began in 1975. The names (and pseudonyms) of all 506 men were traced through records of the Massachusetts Board of Probation, the Department of Mental Health, the Division of Alcoholism, and the Department of Vital Statistics. Subsequently, over 100 alcoholism treatment centers in Massachusetts and the criminal justice services departments of other states have added information about the men. By January 1979, 98 percent of the men had been located. Almost four out of five were found in Massachusetts. The men were asked to respond to a questionnaire and, later, to consent to an interview. Data from these sources provide the bases for evaluating effects of the Youth Study.

Prior data analyses (McCord, 1978) had indicated that men from the treatment group differed subtly from men who had been in the control group. The differences suggested that treatment may have had damaging effects. The present study considers this possibility.

Each of the 506 men was classified as having or not having an "undesirable outcome." If and only if a man had been convicted for a crime indexed by the FBI, or had died prior to the age of 35, or had received medical diagnoses of alcoholism, schizophrenia, or manic-depressive was a man's outcome counted as undesirable. Using this criteria, 105 men from the treatment group (42%), as compared with 81 men from the control group (32%), had undesirable outcomes (z=2.28, p=0.0226).[2]

Although the overall impact of treatment appeared to have been damaging, it seemed reasonable to search for positive effects in variations of treatment. Beneficial effects might have resulted from starting treatment when the child was

particularly young, from providing frequent help, or from treatment being available over an especially long period of time. Or, alternatively, the program might have been successful in helping those with whom the counselor had developed close relationships; or, perhaps, in helping those assigned male (or female) counselors. Perhaps boys whose counselors had focused on a particular type of assistance had an advantage: counselor emphases had been classified as dealing with academics, health, group participation, personal problems, or family problems.

To assess the possibilities that subsets of the treatment group had been benefited, the outcome of each man from the treatment group was compared with the outcome of his match in the control group. A pair was placed into one of four categories: neither had an undesirable outcome; only the man from the control group had an undesirable outcome (i.e., the treatment group had a better outcome); only the man from the treatment group had an undesirable outcome (i.e., the control group had a better outcome); or both had undesirable outcomes. The sign test, two-tailed, was used to evaluate the reliability of obtained differences.

The comparisons did not support a view that early intervention was beneficial. Nor was there evidence that intense or close or long-term assistance was helpful. Furthermore, none of the types of assistance resulted in outcomes generally better for the treatment group than for the control group. On the contrary, more intense contact and longer exposure to the treatment were related to a particularly strong adverse impact. Table 2.1 shows how outcome was related to variations in treatment.

As shown in Table 2.1 none of the treatment variations revealed a subset of clients in which boys from the treatment group had outcomes better than would have been expected by chance. Rather, several of these subsets seemed to have been particularly harmed: those boys who were between the ages of 9 and 11 when first assigned a counselor (p=0.012); those who had been visited at least every other week for a minimum period of 6 months (p=0.008); those in the program for at least 6 years (p=0.001); and those whose counselors had focused on personal (p=0.003) or family problems (p=0.002).

Analyses of effects from treatment differences point to the conclusion that "more" was "worse." Several possible explanations are worth considering.

1. Counselors, with their middle-class values, may have imposed these values upon the boys; such imposition, it could be argued, might lead to trouble in a lower-class milieu.
2. Since counselors were available and eager to provide assistance, they may have increased or heightened dependency among members of the treatment group; with removal of support (due to termination of the program), it could be argued, these boys were less able than their matches to cope with their problems.
3. Although the Youth Study included "average" as well as "difficult" boys, the presence of counselors may have suggested that help was necessary: a "labeling effect," it could be argued, created the behaviors that would justify the help received.

TABLE 2.1 Desirable Outcomes: Treatment Versus Control (number of pairs in each category)

Treatment variables	Undesirable outcome (*T*=C)	Undesirable outcome only for control case	Undesirable outcome only for treatment case	Undesirable outcome for both (*T*=C)
Age at beginning of treatment				
Under 9	30	8	12	9
9 to under 11	40	16	35*	19
11 to 13	39	15	16	14
Frequency of counselor visits to subject				
Every other week	21	5	19**	14
Once a month	27	10	23*	18
Less often	61	24	21	10
Frequency of counselor visits to family				
Every other week	16	4	15*	9
Once a month	28	14	20	19
Less often	65	21	28	14
Quality of counselor/subject relationship				
Close	19	6	13	12
Friendly	57	19	27	19
Distant	33	14	23	11
Length of treatment				
Less than 4 years	43	13	15	9
4 to less than 6 years	26	16	14	9
At least 6 years	40	10	34***	24
Number of counselor(s)				
One	31	17	15	7
Two	44	12	21	13
Three of more	34	10	27**	22
Sex of counselor(s)				
Male	61	19	40**	29
Female	22	14	9	1
Both	26	6	14	12
Counselor focused on				
Academics	52	22	39*	26
Health	35	16	34*	16
Group participation	52	19	33	17
Personal problems	26	8	28**	15
Family problems	33	9	28**	17

*$p < 0.05$. **$p < 0.01$. ***$p < 0.001$.

4. The supportive attitudes of the counselors may have filtered reality for the boys, leading them to expect more from life than they could receive: disillusionment based on perceived deprivation, it could be argued, produced those symptoms that differentiated treatment and control groups.

These explanations were evaluated by comparing treatment and control groups for evidence of middle-class achievement values, evidence of dependency, evidence of a labeling effect, and evidence of disillusionment. Responses from 343 men, 178 from the treatment group and 165 from the control group, provided data for these analyses. In the treatment group, excluding men who had died prior to successful contact, 67 percent of those who had "undesirable outcomes" (as defined above) and 85 percent of those who did not have "undesirable outcomes" responded to the questionnaire or were interviewed. The corresponding figures for the control group were 61 percent and 77 percent.

One measure of achievement orientation is the amount of formal education received. During the interview, men were asked how far they had gone in school. Although the groups had been matched for IQ, and although almost equal proportions of interview respondents among the treatment and control groups (36% and 33%, respectively) had been considered dull, slow, or retarded prior to the beginning of the treatment program, men from the treatment group were less likely to have graduated from high school ($\chi^2(1)=4.91$, $p=0.027$).

Almost equal proportions of the high school graduates from the treatment and control groups (69% and 64%, respectively) attended college; among these, 15 percent of the treatment group and 30 percent of the control group graduated. Among respondents who had dropped out before graduating from high school, 18 percent in the treatment group and 20 percent in the control group eventually received high school degrees. Among high school graduates, 10 percent from the treatment group and 19 percent from the control group received a college degree.

Other measures of achievement orientation also showed no support for the hypothesis that counselor intervention produced difficulties through imposing middle-class values on the boys. During the interview, the men were read the following two stories:

> At the age of 32, Mr. X has been working on an assembly line for 10 years. A friend of his has told him about an opening in the front office which he thinks Mr. X can get. His salary would be about $10 a week less than the wages he is now making. Should Mr. X apply for the job?
>
> Mr. M is 22 and has two job offers. He can go to work in a factory where he is assured of steady pay and union benefits—but is not likely to rise. He can join a new company, where—if things work out well—he may become a foreman. Which job should Mr. M accept?

Responses to these stories did not differentiate between treatment and control group.

The men were asked to describe their children. Reasoning that people talk about what they consider to be important, the mention of a child's education (regardless of what was said) was considered to be a sign that achievement was relevant to the respondent. There were 120 men in the treatment group and 105 men in the control group who had at least one child over 18; 47 percent of the

former and 50 percent of the latter mentioned education in describing their children.

The men were asked to identify and describe people whom they admired. The treatment and control groups did not differ in proportions who mentioned success, hard work, achievement, or abilities as grounds for their admiration.

In short, none of the comparisons indicates that treatment had increased the achievement orientation attributed to holding middle-class values.

The second possible explanation suggested that treatment increased dependency. Three measures of dependency were gleaned from the interviews. Respondents were asked whether they generally asked others for an opinion when faced with a difficult decision. As compared with men from the control group, men from the treatment group were slightly less likely to respond affirmatively to this question. Men were asked whether they were active in any clubs; 62 percent of the men from the treatment group and 65 percent of those from the control group reported that they were or had been. Men were asked about the frequency of visits with their parents: 41 percent of the treatment group respondents and 45 percent of the control group respondents reported seeing their parents at least once a week.

The questionnaire provided one measure of dependency; it inquired about use of leisure time. Completed questionnaires were received from 125 men in the treatment group and 129 men in the control group: responses to the question on use of leisure time were classified as activities that are generally performed alone, activities in which interaction is peripheral, and activities in which interaction is essential. Almost half of each group (47% and 44% for treatment and control, respectively) reported that they spend at least part of their leisure time in activities in which interaction is central.

In sum, none of the measures of dependency indicates that the treatment program had encouraged dependency.

The third possible explanation suggested that treatment implied the need for help through a "labeling effect." Several measures were considered as indirect means for discovering a labeling effect. These involved measures of self-confidence, reports of psychosomatic illnesses, and the taking of medication.

Questionnaires included a measure of feelings of competence (Douvan and Walker, 1956). This measure asked the men to evaluate their satisfaction with life, their chances for leading the kind of life they would like to have, and whether they could plan ahead. Differences in responses were unrelated to having been in the treatment group.

A measure of self-confidence was included in the interview (modified from Rosenberg, 1965). Differences in self-confidence, too, were unrelated to having been in the treatment group.

During the interview, men were asked whether they get headaches; 66 percent of the treatment group respondents and 68 percent of the control group respondents reported that they did. Asked whether they take any medicines, 38 percent of the treatment group respondents and 34 percent of the control group respondents reported affirmatively. Both interviews and questionnaires provided information about psychosomatic diseases: arthritis, gout, emphysema, depression,

high blood pressure, asthma, ulcers, heart trouble, allergies. Among respondents from the treatment group, 43 percent reported one or more of the psychosomatic disorders; among respondents from the control group, 36 percent reported one or more of these disorders. If members of the treatment group had been affected by a labeling process, one would expect to find evidence that they viewed themselves as sick. None of the measures designed to detect a self-definition as "ill" support the hypothesis that such a perception had been a result of the treatment program.

The fourth explanation suggested that treatment encouraged unrealistic expectations. The hypothesis that treatment laid the seeds for disillusionment did receive support.

As compared with men from the control group, men from the treatment group had apparently been less satisfied with their first marriages. Although treatment and control group members had been almost the same ages when first married ($\bar{x}$=24.4 for each group), a higher proportion among the treatment group had been separated, divorced, or remarried ($\chi^2(1)=5.56$, $p=0.018$).

Current marriages, too, seemed less satisfying for men in the treatment group. Several questions in the interview provided information about a man's perception of his wife. Men were asked what sort of things they did with their wives and whether their wives knew most of their friends. Men were free to include their wives in responses to questions about what makes a good marriage, about what they generally do when stuck by a decision, about the sorts of things that annoy or anger them, about people they admire and people who have made a difference in the way their lives have turned out. After reading these responses, as well as notes about the interaction that had been recorded by the interviewer, coders indicated whether the respondent demonstrated warmth toward his (current) wife. Among the 126 men from the treatment group for whom a rating could be made, 47% were coded as demonstrating warmth; that proportion was reliably lower than the 65% of 104 men from the control group who demonstrated warmth toward their wives ($\chi^2(1)=7.94$, $p=0.005$).

As the interview drew to a close, the interviewer asked, "If we were to try to get in touch with you in 10 years or so, what would be a good way of reaching you?" Responses were coded to identify those that suggested permanence or continuity (e.g., "I'll probably still be here"; "My daughter keeps in touch"; "I'll still be working for…"). Responses from the control group were more likely to indicate belief in continuity (84%) than were responses from the treatment group (79%) ($\chi^2(1)=8.95$, $p=0.003$).

In the questionnaire, the men were asked whether they found their work satisfying. Responses were linked to ratings of occupational status (Hollingshead and Redlich, 1958) ($F(4,243)=3.02$. $p=0.019$). With occupational status controlled, those who had been in the treatment group were less likely to report being satisfied ($F(1,243)=4.32$. $p=0.039$).

The relative frequency of divorce and dissatisfaction among the treatment group is consistent with a view that treatment laid the groundwork for subsequent disillusionment. Alternatively, however, the greater frequency of reported dissatisfaction among men in the treatment group could be due to a reporting bias if men from the treatment group were merely more honest in reporting problems.

Responses to questions about problems that would not also represent disillusionment were used to check this latter possibility.

Almost equal proportions of the treatment and control groups (20% and 18%, respectively) reported having committed serious crimes during childhood. In describing their childhood years, 77 percent of the treatment group and 74 percent of the control group described financial and/or psychosocial problems; in recalling things that stand out in their lives, 35 percent of the treatment group and 40 percent of the control group mentioned problems. Forty-nine percent in the treatment group and 46 percent in the control group reported that their fathers, and 25 percent in each group reported that their mothers, had been harsh or very harsh as disciplinarians. Among the treatment group, 18 percent reported having been unemployed for a year or more, as did 16 percent of those in the control group.

Since members of the treatment group were *not* systematically reporting having more problems than were members of the control group, it seems reasonable to interpret reports of dissatisfaction with jobs, marriage, and life as representing real (as opposed to merely reported) differences.

To review: Inspection of objective evidence used to compare 253 men who had been assigned to a treatment program with 253 men who had been matched with them prior to treatment suggested that the treatment program may have been harmful. Consideration of variations in treatment provided between 1939 and 1945, as these variations were related to objective measures of outcome, gave additional support to that view: longer and more intense treatment appeared to have been particularly damaging. These results, initially detected 30 years after termination of the treatment program, lead to two methodological questions. Could the adverse impact of the program have been detected at an earlier date? Could it have been detected in the absence of a control group? Figure 2.1 provides a visual display of the relationship between age and adverse outcomes.[3]

The figure illustrates a relatively constant rate in the development of adverse impacts to the age of 35. Since the slope of the development of adverse outcomes for the treatment group is greater than the slope for the control group, the impact of treatment appears to have been one that affected internal phenomena (e.g., attitudes or beliefs). If the treatment had affected behaviors more directly, one would expect to find a difference in intercepts rather than in slopes.

Treatment seems to have affected expectations, which in turn affected probabilities for behaviors. Using the objective criteria, differences between treatment and control group became statistically reliable by the age of 35 (z=2.58, p=0.010).[4]

Had there been no control group, evaluation of the program might have led to radically different conclusions. Client evaluation seems to have been favorable. Completed questionnaires were received from 125 former members of the treatment group, yielding a 59 percent response rate from men who were still living and whose addresses were known. The questionnaire asked how, if at all, the Cambridge-Somerville Youth Study had been helpful. Two-thirds of the men responded that the program had been helpful. Most of these men amplified their responses by specifying ways in which their counselors or their experiences with

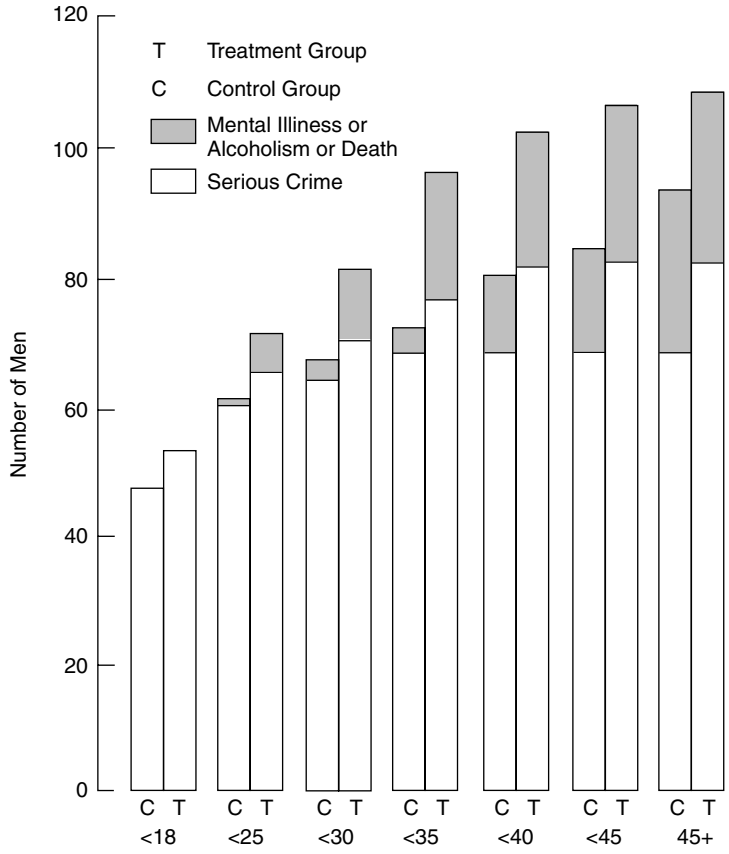

FIGURE 2.1 Age and undesirable outcomes.

the program had improved their lives. The men mentioned that the program had kept them off the streets, taught them to be more understanding, showed them that there were people around who cared; they wrote of the opportunity the program provided for learning, for having someone around who listened and understood, and for doing things that they might not otherwise have done.

The subjective reports served as testimonials for the project. They also provide evidence that such scars as were caused by the treatment program were not those of resentment. The clients' favorable judgments of the program are, however, consistent with a view that supportive attitudes of the counselors led the boys to expect more from life than they were likely to receive.

TO SUMMARIZE: As measured by objective criteria, men in the treatment group were more likely than men in the control group to have had undesirable outcomes. Since the differential between treatment and control groups was greatest among those subsets who had been given more treatment, the

relationship appears to be causal. Four "dynamic" interpretations were proposed. These postulated increases in different intervening variables were increase in achievement-oriented values, increase in dependency, increase in perceptions of the self as needing help, and increase in expectations for satisfactions. On the basis of evidence adduced from questionnaires and interviews, the first three interpretations were rejected; the fourth gained support. The Cambridge-Somerville Youth Study seems to have raised the expectations of its clients without also providing the means for increasing satisfactions. The resulting disillusionment seems to have contributed to the probability of having an undesirable outcome.

Notes

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1. Eight cases were matched after treatment began; the assignment to the treatment group for these eight was not random. All brothers were assigned to that group that was the assignment of the first brother matched.

2. In 39 pairs, only the man from the control group had an "undesirable outcome," whereas only the man from the treatment group had an "undesirable outcome" among 63 pairs. When serious criminality is defined by multiple criminal convictions (rather than a single conviction for an indexed crime), differences between the treatment and control groups are larger.

3. The graph includes death to the age of measurement (rather than prior to the age of 35) as an adverse outcome.

4. In 35 pairs, only the man from the control group had an "undesirable outcome," whereas only the man from the treatment group had an "undesirable outcome" among 59 pairs.

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