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*Welfare
Dependency*

"How Large is the Welfare Class?" by Martin Rein and Lee Rainwater, in *Challenge* (Sept.-Oct. 1977), 901 North Broadway, White Plains, N.Y. 10603.

Many Americans believe that welfare has become a way of life for many of its recipients. But M.I.T. urbanologist Rein and Harvard sociologist Rainwater contend that the "welfare class" is, in fact, rather small.

Using data from the University of Michigan's Survey Research Center, the authors followed the welfare history of women aged 18 to 54 (taken from a sample of 10,000 adults) for six years. They then made a 10-year projection (1968-77) of that history. Applying their findings to the 50 million American women in the relevant age range, they conclude that in any given year only about 1.5 percent, or 750,000, will become welfare recipients; over a decade, about 14 percent, or 7 million, will have had some welfare income.

Of these women, only 600,000 meet the authors' criteria for chronic "welfare class" membership: on the dole for 9 out of the 10 years and dependent on welfare payments for at least 50 percent of their income during the period. However, while this welfare class constitutes less than a tenth of all women who go on welfare in any single year, its members consume up to 60 percent of all welfare dollars.

More common than chronic cases, the authors find, are transient welfare recipients—those in the midst of marital breakups or other family traumas, those in financial crises because of recurring unemployment, and those on welfare en route to other programs, such as workmen's compensation. All in all, they conclude, the notion that welfare programs contain built-in "disincentives" to work and thereby encourage the rise of a welfare-dependent class has been "considerably exaggerated."

*The Case For
Black Colleges*

"The Black College: An Endangered Foundation" by Arnold Lockett and Edward Simpkins, in *Phi Delta Kappan* (Oct. 1977), 8th and Union, Bloomington, Ind. 47401.

For more than a century after the founding of Pennsylvania's Lincoln University in 1854, black colleges and universities were the only avenue to higher education for most American blacks. Since the civil-rights legislation of the 1960s, however, blacks have gained increased access to predominantly white colleges (60 percent of all black college students are now enrolled in such institutions). Some observers argue that black colleges are now, at best, an anachronism; at worst, a segregationist dual system of education that should not be eligible for federal funds.

Lockett and Simpkins, officials at Lincoln University and Wayne State University, respectively, disagree. Black institutions, they contend, were and are "primary facilitators of integration." Their chief

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function is to prepare blacks for assimilation into the mainstream of American economic life. The nation's 118 financially weak black colleges and universities, most of them private, still educate 40 percent of all black college students; between 1965 and 1975, they granted fully half (200,000) of all diplomas awarded to blacks.

Graduates of black institutions, the authors note, are more likely to pursue advanced degrees and professional training than are their counterparts at white institutions. Moreover, while white institutions are accepting more blacks, they have been unable to retain and graduate them; only 40 percent of the blacks enrolled with whites as freshmen in 1971 were enrolled as seniors in 1974.

Black and white institutions can coexist in a society that respects diversity. More to the point, Lockett and Simpkins believe that if black Americans are ever to achieve parity with whites in their professional careers, what is needed is not the dismantling of black colleges but expansion of both black and white institutions.

Patient Rights and Electrotherapy

"ECT and Ethical Psychiatry" by Carl Salzman, M.D., in *American Journal of Psychiatry* (Sept. 1977), 1700 18th St., N.W., Washington, D.C. 20009.

Electro-convulsive therapy (ECT), for 40 years an accepted treatment for such disorders as severe depression, suicidal tendencies, and acute insomnia, has sparked a growing ethical debate.

"Though it is neither a panacea nor a sadistic intrusion," writes Harvard psychiatrist Salzman, the nature of ECT (passing an electric current through the patient's brain) and its early history of abuse have given it an unsavory popular reputation. But the central ethical questions, he argues, concern a patient's right to receive ECT, to refuse it, and to understand it before he decides.

Citing case studies, Salzman finds ECT a safe and effective treatment. Patients have a right to receive it, he contends, particularly if they have responded well in the past or when medical, financial, or personal circumstances rule out other forms of treatment. Conversely, patients should be able to refuse treatment if they are capable of making an informed judgment. The protection of civil rights must override psychiatry's traditional "paternalism."

Complicated problems arise in defining "informed consent." Full knowledge of harmful side effects (possible memory loss and, rarely, death) could deter many patients from seeking a generally beneficial therapy. These dangers must also be weighed against the possible effects of withholding ECT, such as attempted suicide or medication in possibly toxic doses. Moreover, many mental patients are not capable of understanding the pertinent information.

Whenever possible, Salzman concludes, a patient should himself decide the nature of his treatment. Failing that, a court-appointed guardian, not a psychiatrist, should decide.