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Hairdressers As Caregivers. I. A Descriptive Profile of Interpersonal Help-Giving Involvements

Emory L. Cowen,[1] **Ellis L. Gesten, Mary Boike, Pennie Norton, and Alice B. Wilson**
University of Rochester

Michael A. DeStefano
University of North Carolina

The interpersonal help-giving behaviors of 90 hairdressers were explored in depth in an interview study. On the average, hairdressers saw 55 customers a week, and talked 25 minutes with each. About one-third of the talking time concerned clients' moderate to serious personal problems – particularly problems with children, physical health, marriage, depression, and anxiety. Hairdressers reported that offering sympathy and support, being lighthearted, just listening, and presenting alternatives were among their most frequent response strategies. Although they often enjoyed fielding clients' personal problems, at times they felt perplexed by them. Hairdressers perceived listening to customers' interpersonal problems to be an important part of their everyday function and expressed a need for professional inputs in that domain.

What are the ways, *de jure* and *de facto,* in which people seek help for personal and emotional problems? Although such problems are, in principle, handled by mental health professionals, troubled people locate many other outlets. Clergymen, pediatricians, teachers, welfare and enforcement agents – not to mention informal agents such as bartenders, barbers, beauticians, and cab drivers – may be called on to engage psychological problems because: (a) their jobs bring them into intimate contact with interpersonally distressed people; (b) they are present when troubles peak; (c) their services may not cost anything; or (d) the troubled person may know and trust them because of prior contacts.

[1] All correspondence should be sent to Emory L. Cowen, Department of Psychology, University of Rochester, Rochester, New York 14627.

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Clinically and anecdotally, such contacts are known to be extensive and important; yet we know remarkably little about how they work.

Gurin, Veroff, and Feld's (1960) report *Americans View Their Mental Health,* part of the original Joint Commission survey (1961), came as a major shock to the mental health professions. Among those who sought help for emotional problems, 42% were found to go to clergymen and another 29% to physicians. Only 18% of the sample took their problems to society's designated mental health professionals. Those findings were eye-opening in two major respects: (a) they documented the wide discrepancy between principle and practice in personal problem-resolution; (b) they identified some of the many non-mental health groups who must engage personal problems each day. Although several later, similar surveys (e.g., Roberts, Price, Gold, & Shiner, 1966; Ryan, 1969) did not precisely duplicate Gurin et al.'s findings, they confirmed the general fact that people other than mental health professionals field most problems of human interpersonal distress (Gottlieb, 1976).

Collectively, the preceding findings spotlighted an important reality: knowing, trusting, and having access to a prospective helper are more important to many people than the helper's specific training or job "label" in making decisions about where to take one's personal troubles. Moreover, spiritual, health, and legal problems, to cite several examples, tend not to be encapsulated; instead, they often directly involve, or bridge readily over to personal ones. Accordingly, primary caregivers in *other* fields are seen by many as mental health caregivers as well. Indeed, in communities that lack formal mental health services, such a perception may be a necessity (Spielberger, 1967).

Consultation, an approach in which mental health professionals share their knowledge and expertise with caregivers (Caplan, 1970; Mannino, McLennan, & Shore, 1975) grew in the light of the above reality. One of its key goals was to expand, significantly, the reach of effective services. Initially, however, consultation was targeted to visible, accessible, and "accepted" professional groups such as clergymen, pediatricians, nurses, and educators, known to be involved in people's emotional upsets. Yet more and more we have come to realize that other groups, e.g., natural support systems and informal caregivers, historically removed from the formal mental health field, often play decisive, frontline roles in alleviating people's distress.

Recently, interest in the help-giving potential of support systems has risen sharply (Caplan & Killilea, 1976; Collins & Pancoast, 1976; Gershon & Biller, 1977; Gottlieb, 1976). Silverman's (1969; 1976) widow-to-widow program illustrates how a support system can be harnessed for constructive helping purposes. Bloom (1977) identified the need for similar support programs for victims of marital disruption. Todd (Note 1) examined the helping potential of a network of support systems on the college campus, and Gottlieb (Note 2) described a research program to chart the nature and potential of the community support systems used by welfare mothers. Those developments are

significant in that they both: (a) respect natural lines that people follow in coping with personal problems, and (b) go an important step beyond consultation's first thrust by emphasizing neglected, but nervertheless influential, sources of personal help.

A second type of informal help-giving also deserves mention. More than a decade ago, several authors (Caplan, 1964/1974a; Cowen, 1967; Duhl, 1963; Kelly, 1964) observed that troubled people, seeking to reduce personal tension, take their problems to anyone in their psychological life space who will listen sympathetically. All social networks and communities harbor such individuals. They are neither selected by mental health professionals, nor do they have mental health training. Yet through some combination of their own understanding and compassion and/or the jobs they hold, they field human distress regularly and thus exercise an important influence on people's well being. Caplan (1974b) calls them informal caregivers. Kelly (1964) calls them urban agents, both recognizing their vital mental health roles, and suggesting, as did Collins (1973), that in some quarters of urban society they are the *only* ones available to help interpersonally distressed people. Illustrating that point, recent data summarized by Collins and Pancoast (1976) suggest that, among low-income groups, very few people, i.e., less than 15%, contrasted to 70% of the middle-class sample studies by Gurin et al. (1960), take their personal problems to clergymen or physicians. For the poor, "natural neighbors," i.e., indigenous facilitators who occupy key roles in informal neighborhood helping networks, and gatekeepers are used far more often as helping sources for personal difficulties.

Every so often a newspaper or magazine account calls our attention to the intriguing caregiving activities of a particular hairdresser, cab driver, or bartender. We tend to react to those accounts with passing low-level recognition or, perhaps, mild amusement. Lacking almost completely, however, are relatively serious, role analyses of what the informal caregivers do (e.g., Bissonette, 1977) and research studies designed to clarify this significant source of help giving. For whatever reason, bartenders' involvements in people's troubles have piqued the curiosity of several groups. Dumont (1967; 1968), who spent considerable time observing and listening in a skid row bar, concluded that for some homeless men such settings perform a life-sustaining function. He proposed that bars be viewed as part of a network of health agencies: "Health professionals who feel a responsiblity to deal with the well-being of all people, should not pass up the opportunity to use taverns as outposts" (1968, p. 95).

Verdone's (Note 3) Project Outreach is a rare example of a study designed to identify aspects of the help-giving role of informal caregivers. Bartenders were recruited and trained as referral agents for patrons who needed mental health services. The project's active phases were preceded by a survey interview, with many bartenders, to learn more about the kinds of contacts they had with distressed customers. About 80% of those interviewed reported feeling some

responsibility to patrons with personal problems; 58% were able to describe personal efforts (e.g., phoning friends) they had made to help disturbed patrons.

This brief review suggests that the work of informal, natural caregivers is among the most seriously overlooked areas of potential knowledge, and practical use, for mental health. Asymmetrically, 95% or more of our current knowledge about the workings and effectiveness of human help-giving process may be based on a special sampling of less than 5% of all interpersonal help-giving interactions (i.e., socially recognized and sanctioned interactions in which the help-agent is a formally trained, credentialed, mental health professional).

Distressed people will take their troubles to anyone who will listen: a family member, friend, neighbor, formal or informal caregiver. At the same time, certain groups are systematically susceptible to such appeals. Hairdressers are one such group. Women's contacts with hairdressers tend both to be regular and to involve sizable conversational time units. Understandably, if a woman sees her hairdresser as competent, trustworthy, and likable, she may be willing to discuss personal matters with him or her.

The main purpose of this study is to examine hairdressers' help-giving behaviors, systematically. How much time do they spend fielding interpersonal problems? What kinds of problems? How do they handle them? And how do they feel about that role? The process of answering such questions for hairdressers may provide a useful paradigm that can be extended to other informal helper groups. Beyond the study's short-term, fact-finding goal lies a longer term objective of creating training and service models that respect the realities of how people in modern society actually deal with their personal problems. Such a development would address a challenge sounded more than a decade ago by Caplan (1964/1974a): "How can we make contact with (informal caregivers) and how can we educate them so that they give wise counsel to those in crises who seek them out?" (p. 211).

METHOD

The Interview

All data for the study came from a structured research interview that evolved from the field-piloting of several earlier formats. The final interview included some 30 questions, many with subparts, designed to obtain information about hairdressers':

1. Backgrounds, employment histories, and work patterns.
2. Customers, and the frequency and nature of their contacts with them.
3. Verbal interactions with clients, particularly time spent dealing with their personal problems.

4. Reports of the nature and frequency of personal problems raised by clients.
5. Response strategies for dealing with clients' personal problems.
6. Feelings about being called on to engage personal problems, and satisfaction with that role.
7. Perceived need for help in dealing with clients' personal problems and interest in a mental health consultation program.

Although each of nine people, including PhD-level staff, graduate students, and research technicians did one or more interviews, the bulk (75%) were done by two graduate students and one research technician. To homogenize the interview format and sequence, an interviewer's guide was prepared to cover topics such as scheduling procedures, the interview's purposes and general set, and structuring.

The guide also included specific phrasings and suggestions for introducing key topics and/or questions. Illustratively, the interview's most crucial item, after background information about hairdressers and their clientele had been obtained, was to establish how much time hairdressers spent talking to clients about their personal problems. The guide emphasized the critical distrinction between "casually talking about personal matters, including mild problems, as part of making normal conversation" vs. "people who are moderately to seriously upset about such a problem and are bringing them to the operator either to unburden, or to seek help and advice." Interviewers were instructed to take the time and care needed to insure that hairdressers grasped that key distinction. More than that, interviewees' understandings of the distinction were closely monitored during the pilot period, until we were confident that it was, indeed, clearly grasped. Only after that happened could respondents assign their client talking-time among the categories: (a) personal matters not discussed, (b) personal matters discussed but not primarily in a problem context, and (c) moderate to serious problems brought up either to unburden or seek advice. Similarly, the guide included a layman's definition of mental health consultation, which the interviewer explained to each hairdresser before raising questions about the latter's interest in participating in such a program.

Several main interview topics called for ratings (using either rating scales or single/double checks) of a series of items dealing with use of various response strategies and different ways of feeling when clients brought up personal problems. In all such cases hairdressers were given a printed list both of the items to be rated and the rating metric to be used to ensure that they understood the task clearly.

Interview length varied depending both on the hairdresser's loquaciousness and the circumstances (e.g., crowded vs. an empty shop). The range was from 1/2–2 hours, with an average of 1 hour. When the formal interview ended, all subjects were asked to provide information about jobs they had held before

becoming a hairdresser. Each also self-rated his/her effectiveness in dealing with clients' personal problems, on a 5-point scale (very effective = 5, very ineffective = 1).

Following the interview, the interviewer provided four additional ratings, on 5-point scales: (a) how easy or difficult it was to talk with the hairdresser; (b) an estimate of the adequacy of the hairdresser's personal adjustment; (c) an estimate of the hairdresser's effectiveness as an interpersonal helper, and (d) an estimate of how the hairdresser had rated his/her own effectiveness.

Procedures and Subjects

An initial pool of 150 potential interviewees was randomly selected from a listing of more than 500 beauty shops in the Yellow Pages of the Rochester, N.Y. telephone directory. Interviewers were assigned small groups of prospective interviewees from the master list and contacted them by phone to explain the purpose of the study briefly, and to invite their participation. If the hairdresser agreed, an appointment was scheduled at the shop and at his/her convenience. If an interview could not, for whatever reason, be arranged, the interviewer proceeded to the next alphabetical listing and followed the same procedure.

The overall accept rate was 53%. Callers recorded the reason for nonacceptance of the interview in each case in which it could *not* be arranged: 39% of the noncompletions were due entirely to structural factors, e.g., "shop out of business," "phone disconnected," "no answer after five or six contacts," shop owner either "on vacation" or "does not work in shop"; 22% of the refusals were from people who expressed interest in the project but said that they were too busy to participate, e.g., "I'd love to, but I work 64 hours a week" or "This is only a part-time shop and I need every spare moment I have." The remaining 39% of the noninterviews were people who responded in an actively negative way said they were uninterested, or refused to give a reason at all. The latter ("genuine refuser") group comprised about 23% of the total sample of hairdressers contacted.

The final sample of 90 hairdressers included 37 males and 53 females; 66 were shopowners and 24 were employees. Subjects came from 76 beauty shops; two interviewees were seen in eight of the shops, and three were seen in each of three shops. Such "doubling-up" came about either because: (a) the original interviewee specifically suggested that a second person in his/her shop be interviewed or (b) a second hairdresser requested directly that s/he be included.

The interview group averaged: 38 years of age, 15 years of experience as hairdressers, 7 1/2 years of consecutive employment in the present shop, and 42 hours/week of work in that shop. Suburban and urban (including inner city) shops were included in the sample. The overall sample thus consisted of people who had worked stably, as full-time hairdressers, for fairly long time periods.

RESULTS

Clientele and Nature of Contacts

Clientele seen covered a wide age range: roughly 60% fell between ages 30–60. Well over half were described as middle class, an additional 25% as upper class, and only 6% reported to be from the low-income group. More than 80% of the customers were "steadies" (i.e., seen once a month or more) and more than 95% were female. On the average, hairdressers saw 55 customers/week. They spent anywhere from less than 10 minutes to 2+ hours per client, per appointment, averaging 46 minuts. Specific one-to-one *talking* time with clients varied similarly, with an average of 25 minutes per contact.

Personal Problems

For the group as a whole, the average percent times reported for the categories: (a) no problems, (b) personal matters, but not really problems, and (c) moderate to serious problems were: 28%, 39%, and 33%, respectively. Moderate to serious personal problems most often came from steady customers between ages 30–60. More than half the moderate to serious problems that came up were raised over multiple appointments.

Problems Raised

Hairdressers rated each of a list of 12 client problem areas on 5-point frequency of occurrence scales (1 = very infrequently or never, 5 = very frequently or always). Means in rank-order for those ratings are summarized in Table I. High frequency areas included problems with: children, physical health,

Table I. Mean Frequencies of Client Problems Raised with Hairdressers (n = 90)

Client problem	Mean frequency	σ
Problems with children	3.78	0.93
Physical health	3.67	1.17
Marital problems	3.53	1.15
Depression	3.34	1.17
Anxieties	3.31	1.09
Jobs	3.17	1.26
Financial problems	3.09	1.28
Emotional health	2.81	1.19
Sex	2.52	1.33
Drugs	1.77	1.00
Alcohol	1.59	0.83
Others	1.34	0.99

marriage, depression, and anxiety. Alcohol, sex, and drug problems came up relatively less often.

Fifty hairdressers reported having had one or more calls for help outside business hours and/or visits to their homes about clients' personal problems, and 79 reported having received letters about such problems. Eighty-one of the 90 hairdressers identified one or more specific, serious, or perplexing incidents (defined personally) growing out of a customer's emotional upset.

Hairdresser Response Strategies

Hairdressers, again using 5-point scales, rated the frequency of use of a series of response strategies to deal with clients' personal problems. The strategies, their mean frequency, in rank-order are listed in Table II. Hairdressers most often offered support and sympathy, tried to be lighthearted, and just listened.

Feelings About Dealing with Customer Problems

Two interview items inquired about hairdressers' reactions to customer problems. The first asked about haridressers' reactions when clients raised moderate to serious personal problems: 47 respondents said they enjoyed, and 6 disliked, when such problems came up; the remaining 37 subjects were neutral.

A second, more detailed probe listed feeling reactions that someone *might* have when another person brought up personal problems. Hairdressers were asked to rate on a 3-point scale how well each reaction described *their*

Table II. Mean Frequency of Hairdresser Response Strategies to Client-Raised Problems

Strategy	Mean frequency	σ
Offer support and sympathy	3.98	1.06
Try to be lighthearted	3.90	1.08
Just listen	3.73	1.18
Present alternatives	3.34	1.30
Explain to client to count her blessings	3.28	1.32
Share personal experiences that relate to client problems	3.17	1.29
Try not to get involved	3.13	1.41
Give advice	2.97	1.34
Ask questions and draw person out	2.72	1.41
Try to get her to talk with someone else	2.62	1.35
Try to change topic	2.59	1.23
Other	1.20	0.84

Table III. Mean Strengths of Hairdresser Reactions to Client-Raised Problems

Feeling	Mean strength	σ
Gratified	2.51	0.67
Sympathetic	2.44	0.56
Encouraging	2.36	0.69
Supportive	2.29	0.62
Puzzled	1.63	0.59
Helpless	1.49	0.66
Uncomfortable	1.47	0.62
Bored	1.44	0.64
Trapped	1.31	0.61
Depressed	1.31	0.55
Angry	1.13	0.37
Other	1.07	0.33

feelings when clients raised personal problems: not at all, fairly well, or very well. Table III lists the 11 reactions, their means in rank-order. Feeling gratified, sympathetic, encouraging, and supportive were the strongest reactions, followed by several less positive ones such as feeling puzzled and helpless.

Felt Need for Help

All respondents rated how important they thought it was for hairdressers to have mental health consultation available to them. A 5-point scale was used (very important = 5, very unimportant = 1). Of 89 hairdressers, 60 responded with moderately (n = 20) or very (n = 40) important, and 22 responded with moderately (n = 11) or very (n = 11) unimportant. The mean group rating on the item was 3.71.

Two hypothetical, cost-free consultation formats were "marked-up": (a) twice a month, 1 1/2-hour evening sessions over a 3-month period, and (b) two, 2-hour sessions, 2 weeks apart. Hairdressers expressed interest in participating in each format, using 4-point scales (very interested = 4, not at all interested = 1). Sixty-five expressed either moderate (n = 23) or strong (n = 43) interest in the 3-month option; responses for the two-session format were similar though slightly less enthusiastic.

Operators and Interviewers Postinterview Report Data

Other Jobs. Most subjects had worked almost exclusively as hairdressers. Indeed the 90 interviewees reported having had a total of only 50 other prior jobs (.55 per person). They listed a total of 84 other jobs they would like to have, were they not hairdressers. All past and possible future jobs listed were

classified as relating or not relating to interpersonal helping roles. Two of the 50 past jobs and 28 of the 84 possible future jobs were closely related to interpersonal helping activities ($\chi^2 = 15.53, df = 1, p < .001$).

Self-Effectiveness Ratings. The mean self-effectiveness ratings of hairdressers was 4.01 corresponding to moderately effective.

Interviewer Judgments. Interviewers rated 83 of the 90 hairdressers either as very ($n = 43$) or fairly ($n = 40$) easy to talk with. Their mean rating of 4.36 on that item fell between those two points. Interviewers' mean estimated rating of the adjustment level of the hairdressers (4.40) fell between "no" and "only minor" personal problems evident. Interviewer estimates of the hairdressers' effectiveness as helping persons averaged 3.57, halfway between moderately effective and neither effective nor ineffective – a bit lower than hairdressers' self-estimates of effectiveness. The correlation between the internal and external effectiveness judgements was .32 ($p < .01$).

DISCUSSION

Clientele and Personal Problems Raised

Although the interview sample varied in age, experience, and types of clientele served, it was an experienced, stable group (15 years as hairdressers and 7 1/2 years in their current positions). The sample also had several key biases. For one thing, nearly 75% were shopowners, due largely to the fact that the latter were the listed persons in the phone directory and, also, key persons in obtaining permission to participate. Thus, the sample was overbiased to shopowners and (with that) to people who had worked as hairdressers in a single setting for long time periods. Another bias comes from the fact that only 53% of those initially identified were ultimately interviewed. Although a number of noninterviewees were lost on structural grounds (out of business, unable to establish contact), the fact remains that 15-25% of those who were contacted *declined* to participate. Otherwise put, the final sample was slanted toward hairdressers with interest and involvements, for whatever reasons, in interpersonal help-giving. That bias, as noted at several points below, may have colored several of the study's substantive findings.

On the average, interviewees worked 42 hours and saw 55 customers. One-to-one talking with customers occupied more than half of their worktime. Such a group clearly has unique opportunities to hear about people's personal problems. That those are more than just theoretical opportunities is confirmed by the study's single most striking finding: the report by hairdressers that they spent about one-third of their time talking with clients about moderate to serious personal problems. One might question that frequency on several counts: (a) It may be somewhat overestimated due to the possible pro-

mental health bias of the present sample. (b) Even though hairdressers understood the distinction between casual vs. moderate to serious problems, they may have had less stringent criteria for the latter than mental health professionals – a factor that could result in overestimation of problem seriousness. That issue might be clarified by a study, based either on *in vivo* observation or video taped vignettes, comparing the seriousness of the attributions that mental health professionals and hairdressers (or other natural helper groups) ascribe to various personal/emotional problems.

Although individual hairdressers varied in the amount of time they spent dealing with clients' personal problems, how they handled them, and how they felt about doing so, the fact remains that such problems are a major part of normal discourse between customers and them. Moreover, customer problems often transcended the single appointment and cropped up in after-hours phone calls and/or visits to the hairdresser's home.

Hairdressers also varied in how clearly they recognized client helpseeking behavior and in the importance they attached to it. One hairdresser put the matter bluntly. She noted that her competitor down the street, who she considered to be a superb cosmetologist technically, was on the verge of going out of business. "He can't listen to people," she said. "Me, I'm a B– hairdresser, but business is booming because I can hear, and help, people." A Black inner-city hairdresser in a one-chair beauty parlor, set up appointments for clients, explicitly, to allow them to talk about personal problems. She did that because she knew that adequate, interpersonal helping facilities for the inner-city poor were lacking. She saw herself as an informal "natural neighbor" as Collins and Pancoast (1976) use the term and was so perceived in her community. Indeed, shortly after the interview, a local newspaper did a feature story identifying her unique role as a neighborhood helper.

Problem Content and Hairdresser Response Strategies

Clients bring many and diverse personal problems to hairdressers. Problems with children, health, marriage, and feelings of depression and anxiety all came up frequently. More than half were carried across multiple appointments – some over long time-periods. There are, then, important similarities in the content (and continuity) of personal problems brought to hairdressers and those brought to society's formally designated mental health caregivers. Indeed, the intimacy of some hairdresser–client interactions brings to mind the old commercial: "Only X and her hairdresser know for sure."

Hairdressers reflected their individual experiences and personal styles in the varied strategies they used to deal with clients' personal problems. Offering support and sympathy, trying to be lighthearted, just listening, presenting alternatives, and trying to induce clients to count their blessings were high base-rate techniques. A cautionary note is again indicated. To the extent that the

sample is overrepresented by hairdressers sympathetic to interpersonal help-giving, the handling techniques reported may be biased toward encouraging/supportive responses. A more representative hairdresser sample might have produced higher proportions of negative responses or ones that turned personal problems off.

Just *talking* about the intervention strategies of laypersons is enough to raise red flags for some mental health professionals, who see intervention as their private turf, i.e., *the* area in which they, and they alone, have: (a) special knowledge and expertise, and (b) the right to judge the correctness of the other people's words and deeds, as interventionists. Such professionals have strong views about the merits and appropriateness of interpersonal helping strategies used by laypersons – an important consideration in thinking about how best to apply information obtained through surveys such as this one. Some, for example, would argue that there's too much interpersonal "meddling" going on already and that it should be stamped out. Others, however, recognizing such involvements as part of an immutable reality – one that, indeed, meets an important help-giving need in society – favor a "join 'em – not fight 'em" stance toward informal helpers.

Joining them, however, is a projective notion. For some it means giving the "heathens" truth and technology. Others are less chauvinistic. Thus, Sarason (1971) inveighs against "professional preciousness," i.e., the view that mental health professionals are the only ones who can help others with personal problems. More pointedly, several authors (Gottlieb, 1974; Rappaport, 1977) express serious doubts that mental health consultation is a unilateral good. Both entertain the possibility that (well-intended) consultation – particularly with natural caregivers – can do more harm than good by rigidly imposing so-called mental health "facts" where they don't fit or by ignoring hard come-by, if nontextual, street-corner wisdom.

The present data provide a reasonably clear picture of how hairdressers respond to clients' personal problems. And, although rules of practice from mental health texts and lore can be applied to evaluate the "theoretical" soundness of those responses, an important link is missing. We do not know how effective given hairdressers' strategies are with given clients, under given circumstances. Until such data are available (and it is important that they should be) mental health professionals are well advised to approach caregiver training with humility, openness, and a willingness to learn as well as to teach. Where the existing knowledge-base is firm, it can be applied; where it is not, we can ill afford to preach.

Reactions to Personal Problems and Perceived Needs for Help

Although most hairdressers enjoyed dealing with clients' personal problems, some found it distasteful or anxiety-producing. The main reactions that

client problems elicited were positive (e.g., feeling gratified by the person's trust). That finding may reflect both the self-selecting (positive) bias of the final sample and the inclination of some hairdressers to respond to the item in a somewhat socially desirable way. A tactical alternative for future studies to consider, even though it would be delicate in practice to bring off, would be a direct observational study that would permit external judgments to be made of hairdressers' actual handling responses and affective reactions to client-raised personal problems.

On the other hand, responses to specific interview items and experiences spontaneously cited made it clear that many hairdressers felt "over their heads" with some problems. A case in point is the example of a customer who, in a frankly psychotic episode, suddenly undressed herself in the beauty parlor in front of a full house of spectators. Hairdressers' perceived need for help in this sphere was reflected concretely in their positive responses to a possible mental health consultation program. One behavioral step beyond that, when such a program was later proposed, the acceptance rate was favorable (Weisenfeld & Weis, 1980).

Hairdresser and Interviewer Ratings

Interviewers found it easy to talk with hairdressers. As with any other large sample, hairdressers varied in patience, ego involvement, and responsiveness during the interview. Only one interview item (thought initially to be totally innocuous) created problems: "How many hours do you work in an average week?" That question convinced some that the study was *really* being done for the Internal Revenue Service. In several cases, some complex explaining and reassuring was needed before the interview could proceed on an even keel.

Such unexpected landmines notwithstanding, hairdressers were for the most part quite able – indeed, anxious – to engage the topics raised. Most saw the interview content as relevant to an important aspect of their everyday jobs. Some had obviously done much prior thinking in several of the principal interview areas. One hairdresser, for example, believed that accurate inferences about a woman's emotional state could be made from the condition of her hair. Though he offered no dandruff counts, oil-density, or sheen measures – no "objective" data whatsoever – he was sufficiently convinced of the relationship based on many years of "clinical experience," to interact accordingly with his customers.

Several items indicated that the hairdressers, as a group, believed they were doing at least a moderately effective job helping clients with their problems. By and large, the interviewers agreed. The modest correlation between interviewers' and hairdressers' judgments of the latter's effectiveness as helpers, however, does not speak to actual effectiveness. More likely it reflects verbal, stylistic, and relational factors that may, or may not, predict effectiveness. One final observation: stereotypes to the contrary notwithstanding, interviewers judged the hair-

dressers to be personally rather well adjusted. Horrified reactions by interviewers about the prospect of a given hairdresser "messing around" with people's heavy personal problems were few and far between. The latter findings may also be somewhat colored by the select quality of the sample.

OVERVIEW AND FUTURE DIRECTIONS

Hairdressers are, without, question, frequently and seriously cast in the role of interpersonal helpers. They recognize and accept that fact and deal with it as best they can. The personal problems they hear about are nearly as diverse as those handled by mental health professionals. Although they have developed ways to deal with those problems, they must still face situations that strain their knowledge, ability, and comfort.

All of the preceding is reality. We know much less about how effective hairdressers, or other informal caregiver groups, are in dealing with people's personal problems, the qualities that bespeak effectiveness, and what, if anything, mental health professionals can do to strengthen that role. Hairdressers well exemplify, but scarcely exhaust, the informal caregiver category. Similar information should be obtained for structurally comparable groups such as bartenders, cab drivers, and barbers. Each of the latter interacts with upset people in ecological surrounds with special defining characteristics and demand qualities. It is important to establish how those surrounds relate to kinds of problems that come up and how they are handled.

Marker characteristics that often define the beauty parlor surround, include: (a) long-standing, trusting relationship between client and hairdresser; (b) the fact that the two see each other regularly in lengthy contacts, and (c) conversation between them is the main mode of interaction. Although appeals for personal help to bartenders may be equally significant, they are more likely to occur around (because of) crises and to be "fueled" by reduced inhibitory controls. Similarly, the special liberties and constraints of a "stranger-in-the-night" context may shape the kinds of problems that cab drivers hear about. Until we know much more about the different interpersonal problems that come up, and handlings that occur, in those varied situations, the mental health fields will be at a distinct disadvantage in planning how best to support informal caregiving processes.

Several key realities need, once again, to be underscored: (a) Personal problems are of prime everyday concern to most people, who strive, one way or another, to resolve them. (b) In so doing, they seek accessible, parsimonious, well-understood, and trusted help sources that are minimally costly or stigmatizing. Often, family, friends, neighbors, support networks, and/or informal caregivers better meet those requirements than do members of the formal mental health

system. (c) Hence, only a small fraction of people's personal problems – those that are more serious, and difficult to handle – ever get to the formal system.

Practically, the key challenge – an enormously complex one – is to determine exactly how people *do* engage their personal problems. The present study provides only one small building block in that direction, and suggests that there is much more to be learned. Which people, which emotional problems, what sources and types of help, and what kinds of outcomes: those are the issues that define the main parameters of our current information lag.

However difficult it may be to gather such information, rational future planning in mental health requires that it be done. Exact knowledge of *de facto* help-giving mechanisms is an essential precondition for upgrading society's total help-giving effort. The precise forms that such upgrading might take cannot yet be divined. One possible change, however, is a reallocation of professional time away from direct, after-the-fact, restorative services toward roles that strengthen the frontline contributions of natural support systems and informal caregivers. Beyond the reality that such a reorientation would address, it could also lead to a geometric expansion of effective help-giving in ways that might cut down the flow of later, serious problems – precisely those that professionals, with at best limited success, have always been asked to engage.

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