The *Clinical Sociology Review*, an annual publication of the Clinical Sociology Association, seeks articles, reports and essays which emphasize sociological practice. This volume is distributed without charge to all 1981 members of the Clinical Sociology Association.

The Association, established in 1978, is an international organization of sociologists and other social scientists interested in applying sociological knowledge for positive social change. CSA members include practitioners, instructors, researchers and students.

**Inquiries.** Non-members may purchase copies at the following rates: individuals ($6.50 prepaid) and institutions ($10.50 prepaid.) Checks should be made payable to the Clinical Sociology Association and sent to the CSA Secretary-Treasurer: John Glass, 4242 Wilkinson Avenue, Studio City, CA 91604.

All communication regarding the Clinical Sociology Association should be addressed to the Executive Officer: Jonathan Freedman, Department of Education and Training, Hutchings Psychiatric Center, Box 27, University Station, Syracuse, NY 13210.

**Manuscripts.** Information about manuscript submission may be obtained from the Editor: Janet Mancini Billson, Department of Sociology, Rhode Island College, Providence, Rhode Island 02908.

**Acknowledgments**

The cover of the *Clinical Sociology Review* is the work of Lynette Anderson, a recent graduate of the Colorado Institute of Art, and winner of the 1981 CSA Design Award. The Clinical Sociology Association wishes to thank Ms. Anderson, the Institute and Professor Dean Erickson for their assistance.

This volume of the *Review* has been made possible in large part through the generosity of Professor Lawrence LaFave (1929-1979) and his estate. LaFave was a professor of social psychology at the University of Windsor before his untimely death at the age of 49. While LaFave would have classified himself as a basic researcher, he often argued in his papers and lectures for a clinical sociology with a focus on social realities in addition to personality dynamics. This first volume of the *Review* addresses the range of interests that intrigued LaFave.

The Association also gratefully acknowledges the assistance of Lenoir Community College and the college President, Dr. Jesse L. McDaniel, in the production of the *Clinical Sociology Review.*
Contents

EDITORS' NOTES 1

SYMPOSIUM 3
Clinical Sociology: Origins and Development
John Glass and Jan Fritz 3
Clinical Sociology
Louis Wirth 7
Clinical Sociology: Its Nature and Function
H. Warren Dunham 23
Clinical Sociology: What It Is and What It Isn't
Jonathan Freedman 34

ARTICLES 50
The Method of Social Analysis in Social Change and Social Research
Elliott Jaques
Clinical Sociology on the One-to-One Level:
A Social Behavioral Approach to Counseling
Roger Straus 59
Bureaucide: A Method for Organizational Disassembly
Harvey Greisman 75
Clinical Sociology in the Service of Social Change:
The Experience of Developing Worker Management
C. George Benello 93
Organizational Authority and Professional Responsibility in Clinical Sociology
Mike Martin 115

TEACHING NOTES 123
Scores: Unconventional Happenings for Teaching Sociology
Brian Sherman
Overcoming Passivity in the Classroom
Thomas Rice 130

BOOK REVIEWS CONTENTS 137
EDITORS’ NOTES

The Clinical Sociology Association will publish one issue of the *Clinical Sociology Review* each year. In this way we intend to bring the newest contributions in the field as well as the classics to a wide audience of practitioners, policymakers, teachers and students.

The articles and reviews included in this issue show something of the richness and diversity of the field. The material is in four sections:

**Symposium.** The symposium on the origins and development of the field of clinical sociology includes Louis Wirth's classic 1931 article (reprinted from *The American Journal of Sociology*) and articles by Warren Dunham (1972) and Jonathan Freedman (1980). Introductory remarks by John Glass and Jan Fritz put the three articles in perspective.

**Articles.** The five articles in this section are about counseling, consulting, organizations and/or ethics. Elliott Jaques has been engaged in consultancy research for over 30 years; he writes here about the relationship between theory and practice. Roger Straus discusses his social behavioral approach to counseling, Harvey Greisman outlines a method for reducing a bureaucratic structure and C. George Benello writes about his experiences developing democratically organized self-managed businesses. Mike Martin, a philosopher, discusses whether clinical sociologists are justified in accepting an employer’s goals and guidelines in proceeding with their work.

**Teaching Notes.** This section contains two brief pieces - by Brian Sherman and Thomas Rice - describing how the passivity of the classroom may be challenged by using “scores” or having the students formulate core questions.

**Book Reviews.** This section contains reviews by Art Shostak, Alfred McClung Lee, John Glass and Suzanne Powers. The topics covered: work, Detroit, bureaucracy and coping styles.

Even with the diversity in this issue, some areas of clinical interest are not represented — e.g., international policy development and community organizing. Articles on the additional areas will appear in future issues of the *Clinical Sociology Review.*

Jan Fritz
William Maesen
Patricia See
SYMPOSIUM

Clinical Sociology: Origins and Development

John Glass and Jan Fritz

Articles about clinical sociology - including its definition, scope, and relation to sociology and other fields - have appeared with regularity during the last three years (e.g., *The American Behavioral Scientist* issue on clinical sociology edited by Straus, 1979; Schwartz, 1979; Franklin, 1979; *The Journal of Applied Behavioral Science* issue with an article on clinical sociology by Glassner, 1981, and responded to by Glass and Fritz, 1981, and others). A few articles have discussed the development of the field (Lee, 1979; Franklin, 1979) but the detailed history has yet to be written. The three papers presented here — by Louis Wirth, Warren Dunham and Jonathan Freedman — along with this introduction, contribute to our understanding of that history.

In 1931, Louis Wirth, one of the most prominent sociologists of his time, published his article on clinical sociology in the *American Journal of Sociology*, the most prestigious sociological journal of the day. His article, as timely today as when it was written 50 years ago, provides a rationale for clinical practice that recognizes the value of theory and the opportunity to combine theory and practice for the benefit of both.

Wirth's paper makes a strong case for the significant role that sociologists can and did play in the study, diagnosis and treatment of personality disorders because of their expertise about the varying effects of socio-cultural influences on behavior. He provides ample justification for staffing every hospital, medical center and mental health clinic with clinical sociologists.

Wirth saw the roles of researcher and practitioner as equally valid and envisioned that both practitioner and scientist would benefit from the emergence of clinical sociology.
Wirth’s article was first brought to our attention by Warren Dunham in his presentation at the 1972 American Sociological Association meeting. Dunham said he wanted “to carve out a new field of clinical sociology” in part by discussing the “historical antecedents, that is examples of research that have had a direct contribution” to the field.

Dunham sees clinical sociology “as a tool for analysis of both personality and society” but says its “central use . . . is . . . the study of the problem personality.” Like Wirth, Dunham sees a role for clinical sociologists working alongside psychiatrists and psychologists to determine which therapies are best.

Dunham thinks the research techniques of the field are interview, life history and observation - techniques that were downgraded as survey researchers and quantitative analysts became dominant.

John Glass obtained a copy of Dunham’s paper at the 1972 American Sociological Association meeting. Glass had been working as a clinical sociologist for some time and had discussed the need for a clinical sociology in his 1971 article in The Journal of Humanistic Psychology and his 1972 book Humanistic Society. The Dunham paper reinforced Glass’s interest in the development of the field.

At the 1976 American Sociological Association meeting, Glass held a roundtable discussion entitled “Clinical Sociology: A New Profession?” Jonathan Freedman attended that roundtable and subsequently co-authored the first textbook on clinical sociology (Glassner and Freedman, 1979).

Freedman presented the paper included in this section at the 1980 meeting of the Society for the Study of Social Problems. He assumes, as do the co-founders of the three year-old Clinical Sociology Association, that sociologists work on both the micro and macro levels. We would go beyond Freedman’s description, of macro, however, to include work not at only the local level but the national and international ones as well.

Freedman discusses some issues scarcely touched on by Wirth and Dunham but of concern to contemporary clinical sociologists. He writes about the qualities of a competent clinical sociologist and the realities of practice by sociologists in light of licensing laws and other considerations regarding private practice.

The issue of licensing primarily arises for those in mental health work. Clinical sociologists in this area may find that current laws restrict their practice. As a gerontologist who has written us puts it:
For the past fifteen years I have been doing research, teaching, and practice in gerontology. I am continuously frustrated by the fact that I cannot legally use my training and experience to do numerous kinds of counseling or therapy despite the fact that I am acknowledged as an "authority" on family relations of older people, personal adjustment to aging, retirement and numerous other issues. The irony is most obvious when I serve as consultant to the many who have the "appropriate" degree but no academic research or clinical experience in aging.

As clinical sociology emerges both as an interest group and as an organization of practitioners, there are areas of disagreement and controversy. Freedman's article deals with two of these: the issue of certification and the definition of the field. The leadership of the Clinical Sociology Association wants the field to embody any change effort that employs a sociological perspective and doesn't want to see the field become narrowly identified with health care.

It is ironic to note that while there has been increasing recognition among psychologists and other helping professions as to the need to look at problems of individuals in terms of their social systems, sociologists have steadfastly maintained that their role is to engage in a scientific activity for its own sake and leave the intervention and implementation for change to others. Nelson Foote (1974: 125-34) deploring this states:

The best management consultants and best organizational theorists ought really to be indistinguishable. Yet at present it is as if they inhabit two different worlds, or at least speak two different languages. And organization theory is only one example of the present gulf.

Much is to be done if indeed clinical sociology is to develop in a direction that will benefit sociology as a discipline and society as a whole. A body of knowledge - emphasizing theory and research specially relevant to the application of sociological knowledge - needs to be identified and developed. We also need to define problem areas where sociological skills and knowledge can be utilized, develop graduate and post-graduate training programs and job opportunities for well-trained sociological clinicians. With this will come the redefining of sociology to include recognition and acceptance of an interventionist role and a revitalization of the whole field.
The three articles considered here, along with the appearance of this first issue of the *Clinical Sociology Review*, are major steps in that direction. As the first and second Presidents of the Clinical Sociology Association and as two of the co-founders of the organization, we are delighted to see the interest and attention that clinical sociology has generated. We look forward to the growth of this most exciting and challenging movement.

**NOTES**

I. John Glass, the first President of the Clinical Sociology Association, has a private practice in Studio City, California. Jan Fritz, the current President of the Clinical Sociology Association, teaches at Georgetown University.

**REFERENCES**

Foote, Nelson
1974 Putting sociologists to work. The American Sociologist. 9 (August):125-134.

Franklin, Billy J.

Glass, John
1971 The humanistic challenge to sociology. The Journal of Humanistic Psychology. 11 (Fall):170-183.

Glass, John and Jan Fritz

Glassner, Barry

Glassner, Barry and Jonathan Freedman

Lee, Alfred McClung

Schwartz, Charlotte Green

Straus, Roger (Ed.)
1979 Issue devoted to clinical sociology. American Behavioral Scientist. 22 (March/April).
Clinical Sociology

Louis Wirth
University of Chicago

SOCIOLOGY AND CLINICAL PROCEDURE

The recent development of child guidance clinics and behavior research centers presents students of human nature and social relations with new opportunities and new problems. The history of science seems to demonstrate that whenever a body of theoretical knowledge becomes oriented and useful with reference to a concrete human problem a period of rapid development ensues. The evidence for such an accelerated development in the sciences that focus their attention on problems of personality is not wanting. This is particularly true of sociology, as is indicated by the growth of the literature and the research activities dealing with problems of personality and behavior, and by the increasing participation of sociologists in the work of child guidance clinics. So pronounced has this interest on the part of sociologists become that it may not be an exaggeration of the facts to speak of the genesis of a new division of sociology in the form of clinical sociology.

The notion of a “clinic” is derived from the Greek “reclining” and has come in medicine to be applied to bedside treatment. To some the term “clinical” may appear to be synonymous with “abnormal,” since the need for treatment, in the older conception of medicine, seems to imply the existence of a disease or a pathology. Modern clinical medicine, however, seems to be characterized chiefly by the “case method” of study of the individual, rather than by its emphasis of the pathological. In the same sense clinical sociology is not necessarily—and in many respects not at all—synonymous with social

Reprinted from The American Journal of Sociology (1931, Volume 37:49-66) by permission of the University of Chicago Press.
pathology. It is, rather, a convenient label for those insights, methods of approach, and techniques which the science of sociology can contribute to the understanding and treatment of persons whose behavior or personality problems bring them under the care of clinics for study and treatment.

An analysis of clinical procedure indicates that it has three main characteristics:

1. The attention of the investigator is focused on a "case," i.e., on a person presenting concrete problems.
2. It is a co-operative enterprise and enlists the aid of a number of specialists.
3. Whatever may be the theoretical interests of the participants, clinical procedure has an immediate, therapeutic aim, and includes, therefore, not merely a study of the "case," but the formulation of a program of adjustment or treatment.

Until relatively recently, the sociologists have been so content with armchair speculation that they scarcely sought the opportunity nor felt the need for the fruitful first-hand contact with the human beings concerning whom they formulated their theories. It is therefore not surprising that those following a well-established tradition of scientific method which usually styles itself pure science should regard the occupation with cases on the part of the sociologist as distinctly unorthodox if not unscientific. On the other hand, there have always been a certain number of sociologists whose interests were so immediately practical that they identified sociology with social work. While clinics are, from the point of view of the community at least, primarily expected to produce practical results, the more successful and reputable ones have seen the necessity of combining the theoretical with the practical interests. The procedure that has developed seems generally to conform to the following type: (a) the case comes to the clinic with a statement of the problems presented as seen by the referring agency or person; (b) which is followed by the collection of data by the various investigators of the clinic; (c) there follows discussion among the specialists for the purpose of arriving at the facts; (d) which are then analyzed with a view of agreeing on a diagnosis; (e) to be followed by the formulation of a program of treatment; (f) whereupon attempts are made to carry out the program; (g) accompanied by periodic re-examinations and evaluations of the program adopted, and the diagnosis upon which it was based; (h) with the further effort of arriving at valid generalizations of principles and an improvement of techniques. Whether the theoretical scientific interest is actually in the mind of the various specialists that make up the clinic staff is not as important as the fact that out of the materials accumulated by these organizations may come facts of the greatest significance for the sciences that deal with human behavior.
To those who as a result of their academic traditions are somewhat shy about concerning themselves with practical problems, and who are inclined to stop short in their investigation at a point when it is likely to lead to practical consequences, it may be necessary to point out that sociology, like any other science, gains rather than loses by contact with real human problems. But this is not equivalent to saying that sociology is identical with social work, any more than physics is identical with engineering or physiology with medicine. All sciences are essentially theoretical, but they need not for that reason be divorced from problems of everyday life. On the contrary, the social sciences have no better way of testing their hypotheses and establishing their theories than by the patient accumulation and assimilation of the cases that actual human experience offers. If observing and working under something resembling laboratory conditions is a prerequisite of a science, as some seem to think, it may be remarked that a clinic comes as close to affording the setting for carefully controlled observation as the sociologist is likely to find. The interconnection between theory and practice has been stated by Cooley in terms that are worth quoting:

The method of social improvement is likely to remain experimental, but sociology is one of the means by which the experimentation becomes more intelligent.

By observation and thought we work out generalizations which help us to understand where we are and what is going on. These are "principles of sociology." They are similar in nature to principles of economics, and aid our social insight just as these aid our insight into business or finance. They supply no ready-made solutions but give illumination and perspective. A good sociologist might have poor judgment in philanthropy or social legislation, just as a good political economist might have poor judgment in investing his money. Yet, other things being equal, the mind trained in the theory of its subject will surpass in practical wisdom one that is not.

At bottom any science is simply a more penetrating perception of facts, gained largely by selecting those that are more universal and devoting intensive study to them—as biologists are now studying the great fact of hereditary transmission. Insofar as we know these more general facts we are the better prepared to work understandably in the actual complexities of life. Our study should enable us to discern underneath the apparent confusion of things the working of enduring principles of human nature and social process, simplifying the movement for us by revealing its
main currents, something as a general can follow the course of a battle better by the aid of a map upon which the chief operations are indicated and the distracting details left out. This will not assure our control of life, but should enable us to devise measures having a good chance of success. And insofar as they fail we should be in a position to see what is wrong and do better next time.

I think, then, that the supreme aim of social science is to perceive the drama of life more adequately than can be done by ordinary observation. If it be objected that this is the task of an artist—a Shakespeare, a Goethe, or a Balzac—rather than of a scientist, I may answer that an undertaking so vast requires the cooperation of various sorts of synthetic minds: artists, scientists, philosophers, and men of action. Or I may say that the constructive part of science is, in truth, a form of art.1

CLINICAL SOCIOLOGY AND SOCIAL PSYCHIATRY

As is usual in the development of new community activities, the technicians who are on the ground floor at the time of organization tend to assume the control and formulate the policies of the enterprise. In the case of child guidance clinics this has been both desirable and regrettable. It was fortunate that the physicians who were called to the direction of these clinics were for the most part specialists in mental disease, i.e., psychiatrists, but it was unfortunate that their training and experience in behavior and personality problems was relatively meager when compared with their training in medicine. It was fortunate that the direction of the child guidance clinics was from the beginning entrusted to scientifically trained men, but it was quite unfortunate that the psychiatrists who directed the clinics felt that with the inclusion of psychologists and social workers they had adequately taken account of the non-medical aspects of clinical work. The inclusion of social workers and psychologists in the staffs of the clinics seems to have been due to the close dependence of the clinics upon social agencies and the popularity of psychometric tests at the time of the organization of the earlier clinics, respectively.

The form of organization, which these clinics have taken, generally provides for a number of specialists:
Such a clinic requires psychiatrists, physicians who deal with physical disease, psychologists, social workers, and a clerical staff. The director of such a clinic is a physician with special training in psychiatry, particularly that phase which deals with childhood problems. The psychiatrist is a physician trained in nervous and mental diseases, who views the problems presented from the standpoint of physical health. The psychologist, who is trained in determining mental abilities and disabilities, views them from the standpoint of the individual’s abilities and disabilities and educational requirements. The social worker, who is trained in the application of social methods of investigation and treatment, considers them from the standpoint of the social factors involved.

While one clinic differs from another in some respects, the general plan of organization conforms to this set-up. Where there is the problem of management there must, of course, be some authority, and where there are clients who come with their problems to an impersonal agency there must be some centralization of responsibility in a person who is professionally competent to assume it. The psychiatrist or the physician is the logical person, at least at the present stage of development, to be the director of such a clinic, although local circumstances and variations in set-up may, at times, justify a different practice. But there is no good reason for speaking of such a clinic as a “psychiatric clinic,” for, if it is a clinic at all, it is a cooperative enterprise in which all the specialists concerned pool their knowledge, their insight, and techniques.

Most of the existing clinics have proceeded on the assumption that the psychiatrist, besides making and interpreting his own findings, also exercises the function of interpreting the findings of the psychologist and the social worker. But it cannot always be assumed that by virtue of his training and experience the psychiatrist is in a position to do full justice to these tasks. It is difficult to see why it should be tacitly assumed, as is so often done, that physicians have more psychological knowledge and sociological knowledge than psychologists and sociologists have medical knowledge. There is no reason for supposing that the one is less technical than the other and that the one can be acquired with less training than the other. If a psychiatrist happens to show a penetrating understanding of a critical family situation, or if he happens to be able to isolate the factors that lie back of the break-down of community control in a given case, it is no more due to his training as a psychiatrist than if a sociologist happened to be correct in his guess that the behavior of a child was in part due to a fractured skull or to hyperthyroidism. In both instances we have nothing more than the opinions of laymen. Unless the psychiatrist, besides his training in medicine, neurology, and psychiatry—which, it seems is
enough to keep one man occupied for a good share of his lifetime—can also equip himself as a specialist in psychology and sociology, there is no reason to expect from him more than a layman's judgment in these fields.

It is not strange to find that most child guidance clinics have not thought of including a sociologist in their staff, when one considers that until recently there were only a few professional sociologists who interested themselves in the concrete and very practical problems of human behavior presented by child guidance clinics. Meanwhile the social workers have become not merely the interpreters of the social sciences but have also translated the theoretical knowledge of these sciences into practical working techniques. Partly as a result of this they have become the backbone of the clinic staffs. It is largely through the influence of the social worker that the social factors in behavior problems have been called to the attention of the psychiatrist. The social workers in many instances have assimilated the psychiatric viewpoint, with the apparent result that a new type of psychiatry seems to be emerging, distinguished from the older by its emphasis on the situational factors in personality development and behavior problems. In one modern child guidance clinic the interest in physical treatment has been almost completely displaced by "social-psychiatric" treatment. The director of this clinic says:

In general, treatment proceeds (as is common in child guidance clinics) through the joint efforts of psychiatrist and social worker and frequently the psychologist. The Institute does practically nothing in the way of physical treatment, referring cases needing such to the family physician (or family specialist) or to the clinics to which the patients would ordinarily go. So far as the major efforts are concerned, the most important phases of the treatment are contributed by the psychiatric social worker in her attempt to remodel attitudes in the home, the school and elsewhere, and by the psychiatrist in his work with the individual patient, or, in many instances, with parents, where the psycho-therapeutic problem is at a level beyond that to which the social worker is prepared to go. There is here the application of psychiatric principles and techniques to the influencing of the social situation; and the shifting of various elements in the social setting to influence the psychiatric situation.

This emphasis on social-psychiatric treatment is the keynote of practically all mental hygiene effort at the present time. Its evolution has brought such work to the point where diagnosis for diagnosis' sake is not regarded as particularly valuable. Instead, diagnostic formulation of all the issues in the situation is regarded
as of value only as a means for the development of the treatment process. To the social worker, teacher, or parent the application of a diagnostic label to a child who is in difficulty may have some value, but increasingly these groups are demanding more than labels. What is wanted is some understanding of the situation (including all the individuals important in it) and how it evolved, in terms of what may be done about it. This emphasis on treatment or, as it is commonly called, adjustment, in schools, social agencies, and the community at large, has necessarily led to a reformulation of diagnostic concepts. In practice, this has meant the interpretation and formulation of all the elements of the entire situation, instead of the application of a single diagnostic formula. Some of the leading psychiatrists of the country, notably Adolf Meyer, have long insisted that this is the necessary thing in psychiatric work namely to see all the elements in the total picture which the patient shows, and particularly those upon which a reintegration of personality or social relationships may be built. This evolution in psychiatric practice accordingly is not so novel as it might seem: instead it is a logical development in the application of psychiatry to the problems of behavior and personality.4

That the discovery of social relations on the part of psychiatrists should have been so long delayed is not surprising in view of the academic and clinical training which medical men have been accustomed to receive. The opinion has sometimes been expressed by social workers that, after collecting the social histories on patients that are to be examined by psychiatrists, they often received nothing more from the psychiatrists in return than excerpts from their own social histories to which the psychiatrist added a diagnostic label, which, except in cases of institutionalization, was of little practical value in treatment. While this is undoubtedly an exaggeration, it is a point which demands consideration. It appears that the division of labor between psychiatrist and social worker has been based upon a traditional and authoritative arrangement rather than upon actual differences in technique, although there can be no question about the fundamentally different backgrounds in the training for the two professions. It is difficult, for instance, for social workers who have an acquaintance with sociology and social psychology to understand why the treatment of the patient has to be administered by the psychiatrist while the treatment of the members of the patient’s family and the members of his social groups can safely be intrusted to the social worker. The question which they sometimes raised was: Why is the process of changing the patient’s attitude psychiatric treatment or “psychotherapy,” while changing the attitude of the patient’s wife or mother is social treatment? The fact that psychotherapy is generally carried on behind the closed doors of the psychiatrist’s office and is
scarcely ever described in objective terms may account for the confused opinions about it and the skepticism with which it has been received in some quarters. In substituting the medical for the moral point of view in matters of human behavior psychotherapy undoubtedly constitutes a great advance upon previous approaches, but it is regrettable that one can find no clear description of this approach in the literature. In most of the textbooks on psychiatry one searches in vain for as objective and concrete a description of the psychiatrist’s technique as the psychoanalysts have given of their method of procedure. Until this technique is more than the secret of the individual practitioner it is hazardous to attempt to pass any scientific judgment upon it.

THE CULTURAL APPROACH

A number of clinics have developed in various parts of the United States in which, in addition to the usual psychiatrists, psychologists, and social workers, the staff includes sociologists as well. Some of these clinics in order to differentiate themselves from the so-called psychiatric clinics have labeled themselves “sociological clinics.” But just as the psychiatrists are retreating from the extreme and unwarranted claims of some of the members of their profession, so the sociologists will probably give up the anachronism of a sociological clinic, for the very nature of a science renders it incapable of solving any problem by itself. While one may legitimately speak of the psychiatric approach or the sociological approach to behavior problems it is impossible to conceive of either a psychiatrist or sociologist constituting a clinic by himself. The factual and practical knowledge that the representatives of the various scientific disciplines may have to contribute toward the understanding and treatment of a given problem or case is much less clearly differentiated one from the other than the theoretical dividing lines between the respective sciences and techniques seem to indicate. In actual practice the function played by each depends perhaps more upon the personal knowledge and background of the scientist and technician than upon the theoretical claims of the science he represents. This does not obviate the necessity, however, of formulating, as clearly as it can be done, the distinctive points of view and techniques of each.

An attempt to state the sociological approach to those behavior problems that are generally dealt with by child guidance clinics has recently been made by Thomas$^5$ on the basis of what is taking place in practice rather than what is desirable in theory and defensible as a program. It is difficult to gather from this statement the precise characteristics which differentiate the sociological
from other approaches to personality and behavior problems. The emphasis upon "conditioning" in the formulation of the sociological approach, as represented by Thomas, would be regarded by many as distinctive of the physiological and the psychological point of view. In fact, the sociologist and social psychologist would be inclined to be critical of the notion of conditioning as it has been taken over by the psychologists from experiments on animal behavior to the realm of human conduct on the ground that physical stimulations must always be seen in the light of the meaning which they have for a particular person, and are significant for the explanation of conduct only when seen in terms of the interpretation which the individual puts upon them. Similarly, the claim that the "total situation approach" is distinctly a contribution of the sociologists would be difficult to defend in view of the fact that the social psychiatrists from Adolf Meyer and William Healy to the most recent representatives of this point of view have been emphasizing the need of viewing the child from the standpoint of the total situation. Whether these men have profited from the sociological literature in arriving at this point of view is not a matter of importance unless one is interested in merely establishing priority of claims between the various sciences. Perhaps the greatest contribution of the sociologists thus far has been the attempt to correct the shortcomings and especially the particularistic fallacies of those who have traditionally been concerned with these problems.

The positive contributions of the sociologist, the results of which in practical terms have thus far been only partially realized, seem to consist in what may broadly be characterized as the cultural approach to behavior problems. If the sociological approach has any significance then the notion that behavior, whatever else it may be from other points of view, is a cultural product, is a crucial starting-point. The sociological approach to behavior rests upon the recognition that a person is an individual with status, and that personality is "the sum and organization of those traits which determine the role of the individual in the group." It is not merely a verbal difference but a fundamental question of orientation, as Burgess has shown, whether the child is studied as an individual or whether he is studied as a person. The cultural approach to personality does not rule out as insignificant the biological, the psychological, and the psychiatric approach, but illuminates phases of behavior which can not be adequately understood in terms of the latter. Furthermore, if the behavior of the child is seen as a constellation of a number of roles, each oriented with reference to a social group in which he has a place, his organic and psychological traits are thereby not excluded as unimportant, but become capable of interpretation with reference to their social significance. For example, a boy, whose parents have had the bad judgment to name him Percival or Oswald, may, in a given cultural milieu of his associates, be suffering from as significant a stigma as if he had one leg or a harelip. It is not
desirable that the sociologist should displace the physician, the psychiatrist, the psychologist, or the social worker, but he should bring to them the insights which his approach furnishes not merely in order to modify their viewpoint but to understand the child's behavior more completely as a social phenomenon.

A fact that is often overlooked is that the behavior problems of children are problems only because the child lives in a family, goes to a school, or is a member of a community which regards this behavior as a problem. His behavior is recognized as a problem only because it takes place in a culture which has given to the action of the individuals the imprint of its definitions of conduct. Being lazy is not a great problem in a child if that child is a member of a family that expects no work of it; being "finicky" about food is seldom a problem in children that come from families in which food is scarce. Even stealing is not a problem in a child that lives in a family of thieves, although the community may regard it as such. One might even go so far as to say, as practical experience seems to demonstrate, that being unintelligent is not an irreparable disaster in a child that is born into a family of wealth. Behavior problems turn out to be those forms of conduct which the person himself or others with whom he comes in contact regard as problems.9 There are, of course, many parents and psychiatrists who recognize this fact, but there are many more who do not. Similarly, there are still some who speak of reality as if it were a definite something that is the same for all classes and places, and who, therefore, fail to realize that a person is not necessarily pathological because his attitudes toward others and his conceptions of reality differ materially from those of others. In such instances the sociologist is in a position to point out that a child's world is real if he can get the people who are significant in his life to accept it as real.

The sociologist, insofar as he has a point of view and method of approach to problems of personality and behavior, proceeds on the hypothesis that human beings everywhere live in social groups and that the conduct of the individuals, however it may differ from others, is always expressive of the culture of the group. But a child, for instance, in our type of civilization is seldom just a member of one group, except during the earliest period of life, but of many intersecting and conflicting groups and may at times show behavior traits which are at variance with the standards of the group of which we are accustomed to regard him as a member. These differences in group standards may be gross or they may be very subtle. A child's loyalty to the dictates of his gang may account for his disobedience of the rules of family life. Or the subtle influences of the personality of a teacher may change the honesty curve of children passing from one school room to another.10 Even the "intelligence" of children as measured by tests may change as the child is trans-
ferred from one foster home to another. What is sometimes regarded as the one element in the life of the individual capable of exact and objective description, namely, the so-called environment, can be shown to be different for every person, so that different children living in the same family do not have the "same environment." A recent study of the Molokan colony in Los Angeles, a sectarian Russian immigrant group, offers a striking demonstration of the value of the cultural approach to delinquency. There were age groups in this community in which the delinquency rate was almost negligible and others in which it was astoundingly high. The data of the psychologist, the psychiatrist, and the social worker apparently did not furnish any plausible explanations for the delinquent careers that occurred in the group and failed to reveal any significant differences between the delinquents and non-delinquents. But when the cultural history of the community was analyzed the explanation became apparent. These and similar insights are indicative of the significance of the sociological approach to behavior problems.

However firmly convinced the sociologist may be that he has a contribution of value to make to clinical procedure, it is often difficult to convince others, especially orthodox psychiatrists, that this is so. That the sociologist has, perhaps, an understanding about the family, boys' gangs, community life, social institutions, and other phases of group life, is quite generally admitted. What some psychiatrists are not so ready to grant is that the sociologist may have a contribution to make to the study of personality and individual behavior problems which is not already represented by other members of the clinic staff.

For example, in the organization of a child guidance clinic, recently, the psychiatrist representing a foundation interested in the project insisted that if a sociologist were included in the staff his function would have to be restricted to the "investigation of the social groups of the patient," while the social worker investigated the "environment." That such a restriction, which prevents the social worker and sociologist from having contact with the patient, if literally followed, would prevent effective work in the clinic is quite obvious. At least, insofar as the social worker is concerned, the established practice in clinics is to the contrary.

The question has been raised, what additional material the psychiatrist would gather; outside data bearing on the physical, the neurological, and the emotional conflict aspects of the patient, if he did not have the social worker's social history before him. The experiment now being tried in one clinic in New York City of not giving the psychiatrist any social history when he examines the patient will be worth watching for its outcome. It is, of course, necessary in any clinic to conserve the energy, the patience, and the good will of the patient
by preventing unnecessary duplication of questioning, but there is no good reason for assuming that sociologists and social workers will be less successful as interviewers than are psychiatrists, or that the findings of the sociologists and social workers will be less valuable and substantial. If the sociologist is to work successfully in a clinic it is essential that he have access to the patient as freely as everyone else concerned with the problem, for to investigate groups in the abstract without contact with the persons that compose them is not likely to be very useful in clinical procedure.

THE SCOPE OF CLINICAL SOCIOLOGY

The scope of the sociologists' activities remains to be more precisely defined as their experiences in these clinics accumulate. While it is not practicable to set down a priori the functions that the sociologist is to serve, at least three avenues of possible usefulness in a child guidance clinic suggest themselves:

1. He might devote himself exclusively to research. The materials which these clinics usually collect offer opportunity for this.

2. He might act as consultant to the other members of the staff and might be of use in training social workers and psychiatrists in those phases of their work of which the sociologist has special knowledge. This might serve to introduce the cultural approach to behavior problems to other specialists.

3. He might directly participate in the study of cases and in their treatment. This would involve interviewing and other contact with patients, study of their social world, the collection and analysis of life-histories, contacts with the community, the school and social agencies, participation in staff conferences and the participation in programs of adjustment. Out of the experiences with sociologists in such co-operative work will undoubtedly grow a division of labor between the members of the clinic staff through which duplication of effort will be reduced to a minimum. In the existing clinics in which sociologists participate all three varieties of functions are represented. In some clinics the sociologists, in addition, serve as directors, which, however, does not materially affect their technical function.

The question might be raised whether the sociologist has anything to contribute to clinical work which is not already adequately supplied by the social worker whose training, it may be supposed, is at least partly sociological. The answer will, of course, depend upon the resourcefulness, the imagination, the insight, the interests, and the specific training of the social workers and the
sociologists in question. The cultural approach, represented by the sociologist, has thus far not been in evidence, except incidentally and fragmentarily, in clinics in which sociologists have not taken part. The heavy burdens and the wide range of activities of the social workers at present make it difficult to devote the necessary attention to the specialized and technical phases of personality and behavior problems which the sociologist is in a position to deal with. In addition to his present training and training in psychiatry the social worker in a child guidance clinic needs to be trained in clinical sociology. Nothing indicates more clearly that the sociological approach has been largely neglected by psychiatrists and psychiatric social workers in the past than the outlines for history-taking that are still in use in most clinics.¹⁴ These outlines are oriented largely with reference to the psychiatric and psychological factors and the physical resources for the treatment of the patient. In most of them, for instance, there is a great deal of attention paid to biological inheritance, and almost none to family traditions; much to the physical surroundings, and little to the social world; a great deal to the delinquencies and failures to adjust to school, to the home, to companions, and occupation, and relatively little to the interplay of attitudes between the child and those with whom he comes in contact and the cultural conflicts under which he labors. The habits of the child are generally recorded minutely, but the group customs of which they generally are a reflection and the milieu out of which they grow are often ignored. Objective descriptions of the fears, grudges, loyalties, aversions, and attachments are recorded as are the persons and objects toward which they are directed, while the private and personal meanings which they have for the child are often overlooked. If the sociologist can obtain some insight into the motives and attitudes of the child, his intimacy and distance to others, the personal meanings of the factors in the situation in which he finds himself, and if he can more fully understand the behavior of the child in terms of the culture of the groups of which he is a member, he is dealing with elements which, although they are not physical, are nevertheless real and significant. If, in addition, the technique of community analysis, in which the sociologists have made a distinct contribution, can be extended to similar analyses of family and group life, their services will be indispensable.¹⁵

The sociological approach to behavior problems will remain mainly theoretical and academic unless it also evidences an interest in controlling and reconstructing the behavior of the child. It is of more than theoretical significance, consequently, what we conceive the nature of personality to be. Our conception must not merely conform to the facts, but in order to be fruitful clinically it must also furnish clues for treatment. The possibility of the sociological technique, which is in the course of development through the practice of the increasing number of clinical sociologists, can here be only tentatively outlined.
“What distinguishes the action of men from animals may best be expressed in the word ‘conduct.’” According to Park, conduct is self-conscious and personal, it is conventional behavior and consists of action that is oriented with reference to a goal which is not immediately present. This accounts for the fact that we usually confine our moral and legal judgments to the conduct of human beings. It is this element which raises the actions of human beings to the level where they are regarded as “behavior problems.” The life-history document, especially the autobiography, acquires for this reason a special significance, not only in the understanding of the conduct of the individual, but also in the control of this conduct and the reconstruction of his personality. The telling of his life story or the writing of his autobiography on the part of the delinquent may be one of the most effective devices in a therapeutic program.

One of the major therapeutic tasks in which the sociologist is likely to have a primary interest is the modification and manipulation of the child’s social world. If changes in behavior can be brought about by making changes in the school, home, and community life, as is amply demonstrated by experience, then here is a phase of therapy to which the sociologist may properly devote himself. William I. Thomas, some years ago, suggested the possibility of “beneficent framing” as a method of social therapy. By this he meant the deliberate manipulation of the child’s social world in order to make it more responsive to his wishes. The substitution of socially approved for socially disapproved values as satisfaction for the wishes of the individual opens a field of broad possibility to the sociologist in which the social worker is equipped to co-operate effectually. This “beneficent framing” involves frequently the modification of the attitudes and the behavior of members of the child’s social world. From the standpoint of the child two major therapeutic techniques present themselves, viz., the modification of the child’s attitudes toward his social world and the significant people in it, and the modification of his conception of himself. That these techniques are all fundamentally interrelated needs no argument. In the actual working out of such programs the sociologist will, no doubt, have much to learn from the social workers, who have been gaining practical experience in these matters for many years, without, however, being fully aware of all that the sociological approach to behavior problems implies.

The function of the sociologist in child guidance clinics is not to displace the psychiatrist, the psychologist, and the social worker but to enrich the resources of these clinics through the introduction of a point of view and a method which have hitherto been largely neglected. One danger of the rapid development of the field of clinical sociology seems to be that the claims which the sociologist makes for himself are apt to be exaggerated and he is likely to begin to look upon himself as a member of a cult. For this reason it is
necessary to insist that the sociologist had better be rather modest in his claims
and bear in mind that by himself alone he is incapable of dealing with clinical
problems effectually. It is also necessary for the sociologist always to
safeguard himself against the possible charge of quackery by taking the fullest
account of the medical and psychological factors in the child's behavior and
not to undertake the treatment of behavior problems without fully assuring
himself that the medical and psychological factors are passed upon by
specialists in these fields. The problem of greatest significance at present seems
to be to keep the clinics from becoming the battleground of various groups of
specialists each with a vested interest, and to keep the point of view and
method of procedure flexible and experimental rather than caked with ritual
and dogma. In this way we shall be promoting not merely our own science but
shall aid in the building up of communities of scholars each of whom is con-
scious of his own limitations and his dependence upon others for the solution
of a common problem.

NOTES

   New York: National Committee for Mental Hygiene, p. 4, 1924.
3. The organization of the "Committee on Relations with the Social Sciences" by the American
   Psychiatric Association, and the emphasis on the social factors in the programs of the
   American Orthopsychiatric Association are indicative of this change (see Program of Seventh
4. Lawson, G. Lowrey, Director, Institute for Child Guidance, New York, Report for the Year
5. William I. Thomas and Dorothy Thomas, The Child in America (New York: 1929), chaps. xii
   and xiii.
6. "The person is an individual who has status. We come into the world as individuals. We ac-
   quire status, and become persons. Status means position in society. The individual inevitably
   has some status in every social group of which he is a member. In a given group the status of
every member is determined by his relation to every other member of that group. Every
smaller group, likewise, has a status in some larger group of which it is a part and this is deter-
mined by its relation to all the other members of the larger group. The individual's self con-
sciousness — his conception of his role in society, his 'self,' in short — while not identical with
his personality is an essential element in it. The individual's conception of himself, however, is
based on his status in the social group or groups of which he is a member. The individual
whose conception of himself does not conform to his status is an isolated individual. The com-
pletely isolated individual, whose conception of himself is in no sense an adequate reflection
of his status, is probably insane. It follows from what is said that an individual may have many
'selves' according to the group to which he belongs and the extent to which each of these
groups is isolated from the others. It is true, also, that the individual is influenced in differing
degrees and in a specific manner, by the different types of groups of which he is a member.
This indicates the manner in which the personality of the individual may be studied sociologically" (Robert E. Park and Ernest W. Burgess, *Introduction to the Science of Sociology*, p. 55).

7. Ibid, p. 70.


9. For differences in evaluation of behavior problems by teachers and mental hygienists see E.K. Wickman, *Children's Behavior and Teachers' Attitudes* (New York, 1928), p. 188.


17. See Clifford R. Shaw, *The Jack-Roller*, Chicago, 1930. This technique is in many respects similar to that used by the psychoanalysts, but is in striking contrast to "moralizing."
Clinical Sociology: Its Nature and Function

H. Warren Dunham
Department of Psychiatry and Behavioral Science,
State University of New York at Stony Brook

My central purpose in this paper is to develop in a specific, formal sense what I consider to be the nature and function of a clinical sociology. To realize this purpose, it will be necessary to describe in a definitive fashion what clinical sociology is, what its history is, what its need is, what its contrasts are with other types of sociological analysis, what its criteria are and what its potential uses are.

Like a character in one of Moliere's plays who belatedly discovers that he has been speaking prose all of his life, sociologists may discover, after reading this account, that they have been using clinical sociology, if not all their lives, at least often, in their research endeavors. Clinical sociological analysis attempts to probe historical, ecological, interpersonal and cultural elements that have formed the person's social experience and to analyze his/her interpretation of these elements as they become incorporated into his psychic content. Thus, my intention here is to bring to a level of conscious awareness the nature and utility of clinical sociology in the twin tasks of personality and societal diagnosis.

With this new awareness of the value of clinical sociology, sociologists will be able to enlarge their perspective concerning the scope of the sociological enterprise. It should also help to place sociology on an equal footing with the other clinical sciences for analyzing deviant behavior where the contribution of sociological factors alongside of genetic, physiological and psychological factors will be more clearly recognized and understood. Let us turn now to a more specific examination of what can be regarded as the nature of clinical sociology.

Nature of Clinical Sociology. Clinical sociology consists basically of the analysis of one human personality as a social unit with respect to the ingression
into the psychic of various types of social experiences that emerge from the person's involvement with ecological structure, historical events, interpersonal relations and cultural patterns. A social unit as used here, is always a personality which in its organization can be regarded as analogous to a miniscule social system. The central concern, however, is always to obtain an explanation of the influence of these variables in accounting for the self image, role style, behavior pattern and psychic orientation of a person who is part of a larger social system. In a most fundamental sense clinical sociology is a method for assessing the impact of the social process on human experience, and, in turn, of human experience upon the social process.

In considering the nature of clinical sociology it would be a misconception to rely entirely on a medical analogy. In other words, because clinical medicine consists of the observation and examination of the person, it does not follow that clinical sociology studies an entire society. Nor does it follow that the employment of clinical sociology implies that society should be considered as "sick". Rather, clinical sociology consists of the observation, examination and analysis of an individual social unit, the personality. Thus, the central objective is to arrive at a judgment, supported by evidence, concerning the nature and influence of the environmental factors—physical, social and cultural—that contribute to an explanation of the organization and behavior of the personality under examination.

**Historical Antecedents of Clinical Sociology.** The intellectual climate of the twenties and thirties was most conducive to the development of a clinical sociology, but the business-economic climate was not. Lasswell (1930) had completed his classic work, *Psychopathology and Politics*, in which he attempted to establish a relationship between the political role of persons in various radical groups and their psycho-dynamic development. The Child Guidance Clinics (Stevenson, 1934) had been inaugurated in 1924 by the Commonwealth Fund with high hopes that early treatment might just possibly reduce adult maladjustments. The First and Second Colloquia on Personality (American Psychiatric Association, 1928) had been held which brought together leading figures in the social sciences and psychiatry. At the second colloquium it was Professor Lasswell who suggested the possibility of a new field of training and study, which would have for its central concern the development of valid knowledge relating to the human personality.

With these events as background, Wirth's (1931) article on clinical sociology almost could be regarded as a natural development. His article was published over four decades ago, and there have been few takers for the position that he took at the time. In this article Wirth viewed the establishment of the new child guidance clinics as an opportunity for the development of a
clinical sociology. Wirth emphasized that sociologists, whose expertise consisted of the cultural approach with its grasp of the function of social status and roles in conduct, had a significant part to play in the study, diagnosis and treatment of the individual case. He argued forcefully that the sociologist should take his/her place beside the psychiatrist and psychologist in these clinics. Wirth viewed the task of clinical sociology primarily as focusing on the individual case by utilizing a cultural approach.

However, in the decade prior to Wirth’s article, Thomas and Znaniecki (1918-20) developed the “Life History” method which Thomas regarded as the most perfect “type of sociological material.” While some of his students and others utilized the life history method in their sociological analyses, the swing toward quantitative analysis of social data with the advent of the depression pushed the life history document, as a sociological research tool, into the background. Dollard (1935), however, thought so highly of this method that he attempted to develop a series of criteria for its use with the intent of giving it greater validity as a research tool.

In a limited sense, the introduction of the life history document as a sociological research tool might be regarded as the initial beginning of clinical sociology. This was so because the probing of the experience of the person both with respect to remote and recent happenings revealed his/her developing attitudes with respect to these events and the manner in which they produced the self and the person’s image of it. Dollard (1935) in his first criterion, “the person must be considered as a specimen in a cultural series,” pointed to the sociological assumption essential for maximizing the utility of the life history. Further, the method contributes to an enrichment of the sociological imagination by revealing the closeness with which history and culture are tied to the development of personality.

The scattered contacts between sociologists and psychiatrists in this period after World War I, the imagination shown by sociologists in the development and use of life history documents, and the gradual impact of psychoanalysis on both psychiatry and social science did produce one attempt to compare the clinical efforts of a psychiatrist with those of a sociologist. Lowell Selling, a psychiatrist, and Walter Reckless, a sociologist, collaborated on a plan (1937) that would require each to conduct an interview with the same person and then make a comparative analysis of their respective contents. The person selected, with the help of a social agency, was a 30 year old black woman trying to make an adjustment after quitting prostitution. Both psychiatrist and sociologist knew nothing about the person except name and race. Both summarized and condensed the original interview data secured. On comparison of the two interviews, it was apparent that the sociologist obtained
a life history which stressed the situations the woman had experienced and her attitudes towards the situations in which she was enmeshed. The psychiatrist appeared to emphasize a personality trait inventory and to be interested in her experiences only to the extent that they affected her mental status. The sociologist seemed to reveal the objective personality, the one other people would recognize, while the psychiatrist seemed to be reaching for a subjective personality, the one tied to deep seated feelings, fantasies, worries and the like. This experiment was significant, however, because it caught the spirit of these two disciplines at that time — a spirit that was broken with the advent of World War II.

In a most basic sense, clinical sociology has its roots in the interview technique which permits a meaningful analysis of the structure and function of a society, shows its institutional interrelationships and points to the factors that account for the speed and direction of its changes. It is in the interview process — where the public and private experiences of the person are being revealed — that history and biography meet. As I have indicated above, clinical sociology focuses on a single personality. But at the same time, it can be regarded as a form of sociological analysis which abstracts and conceptualizes experiences from several personalities in a given culture toward the end of contributing to the central sociological task — new knowledge as to how human societies emerge, develop, change and decline.

**Need for a Clinical Sociology.** The mounting social pressure for the utilization of sociological knowledge points to the necessity for the development of the field of clinical sociology in order to demonstrate the role of social-cultural factors in accounting for certain types of behavior that are not acceptable to a given cultural system. With such development, sociology would have a valuable tool for pointing more specifically to the manner in which social-cultural factors influence, modify, shape, arrest and change personality organization and behavior. Thus, clinical sociology becomes an essential tool for comprehending the central processes involved in a given social system.

The need for a clinical sociology is most apparent when viewed against the efforts of a clinical psychology or a clinical psychiatry. Both of these latter disciplines begin their examinations, either for research or therapeutic purposes, with the human personality. Investigators in these disciplines aim at gathering enough significant facts about the person in order to fit these facts to some existing theory which hopefully will suggest an explanation for the person's physical condition, psychological abnormality or behavioral deviation.

In a similar fashion, there is a need for a clinical sociology whose chief function would be to discover those social factors that are crucial for explain-
ing the infinite varieties of deviant human behavior. In a final analysis, a mature clinical sociology would supplement the tasks of both clinical psychology and clinical psychiatry with respect to contributing to a more valid and complete explanation of human behavior.

**Contrasted with Other Types of Sociological Analyses.** Large segments of sociological research attempt a delineation and depiction of a total institution, society or culture. It does this by focusing attention on large structures and processes that will help to explain the intricate varieties of social organization and their impact on groups and persons. For example, a sociologist concerned with studying social change through revolution is led to the observation and examination of such social elements as the following: the organization and potential power of competing ideological groups, the rise in expectations of minority groups, the alignment of the intellectuals with the competing forces, institutional orientation with respect to change and the like. The examination of such data would enable an investigator to develop generalizations showing whether or not a country is ripe for revolution and showing the pattern of steps essential for revolutionary activity to take place.

In a similar fashion, if the problem is to determine the various cultural forms and their interrelationships which serve to coerce or restrain behavior, one would not only observe behavior of the various age and sex groups, but would talk to people to discover why people in that group act as they do. The result of such an investigation would emerge as a descriptive account of prescribed patterns of behavior and would say nothing about how culture affects human experience or how human experience affects cultural forms.

The development of quantitative techniques has been still another device which avoids any close-up examination of the tie between human experience and the social process. The development of indexes, percentages, rates, correlations and statistical models not only freezes the social process at some point in time, but also presents an atomistic view of social reality - whether a society, community or a social group. Quantitative analysis in sociology continually must be translated into an interpretation of society.

Perhaps the first task in arriving at a clinical sociology is to sort out its similarities and differences when contrasted with the clinical procedure as used in medicine. Here, the clinical procedure assumes that there is a state of health and a state of sickness and that when the latter is recognized by the person, he/she goes to a physician who makes certain observations and performs certain tests which, when correlated conceptually in relation to existing knowledge, are intended to reveal some cause for the underlying pathology. The physician attempts this conceptualization in order to arrive at some judg-
ment as to the source of the illness and for which he/she will prescribe some type of therapy to arrest the pathology.

On the basis of this account one difference should be immediately apparent. Clinical sociology, unlike clinical medicine, is not exclusively concerned with the abnormal or pathological. This, of course, is not to deny what Wirth saw clearly, that clinical sociology has a basic contribution to make to the study of the problem case. Clinical sociology is resorted to in order to determine and estimate the impact of the form and content of cultural patterns and unique personal experiences upon the psyche of the person and how these in turn account for certain personality traits and various behavior habits and styles.

Thus, for example, Donovan's studies of such occupational types as the waitress (1920), the saleslady (1929), and the school teacher (1938) provide examples of the use of clinical sociology in research. These studies are clinical in the sense that Donovan relies on relating intimate accounts of personal experiences with the expectations of culture and institutional structures. It is the culture and institutional structures that form the societal matrix for the daily round of life for persons in diverse statuses. By this means Donovan makes the behavior and personality of persons filling these occupations understandable to others.

This brief statement of Donovan's work should not be regarded as the only example of clinical sociology. In fact, our field is full of disparate pieces of research that might be regarded as contributing to the development of a clinical sociology. Anderson's (1923) study of the hobo, Shaw's (1930, 1931) studies of the careers of juvenile delinquents, Whyte's (1948) study of street corner men and Davis' and Dollard's (1940) study of Negro adolescents in the deep South, Dai's (1939) study of the patient as a person, Dunham's (1944, 1959) studies of the social personalities of schizophrenics, and Klapp's (1962) study of social types all can, from one perspective or another, be regarded as contributing to the development of a clinical sociology. In fact, as these studies suggest, the sociologist in his/her various case analyses has been able to demonstrate the manner in which occupational type, social type and personality type are interrelated. (See, for example, Burgess (1923), Thomas (1928), Strong (1943), Goffman (1956, 1961).)

However, for the sake of clarity, careful distinctions should be made among these three types. The personality structure can be viewed on several levels, but the level that claims the attention of the sociologist is that organization which emerges and is identified by others in a social context. The personality structure is basic, of course, to all social and occupational types and
comprises several levels. The level of sociological concern encompasses a pattern of the interrelationship of psychogenic traits, acquired traits and social attitudes that in their integration or lack of integration, influence and shape the roles played by the subject, and as a consequence, the expectations and reactions of others to the subject.

By contrast, the social type is completely a cultural product. It emerges along various institutional and peer group axes, and is an acquired attribution formed by the actions and attitudes of others toward the subject. These actions are eventually conceptualized by the others in some type of label. The occupational type is a clear variation of the social type. The occupational type can be regarded as an integrated constellation of attitudes and behavior patterns that centers around and gains its significance from a specific occupation, be it in the manual, white collar, or professional category. While the personality type is basic to the two other types, all three can be regarded both as products and initiators of the social process. However, while all can be viewed as social products, only a select number will be regarded as initiators of social processes. The clarification of the nature of these types can be comprehended through a clinical sociological analysis.

Criteria for a Clinical Sociology. I am clarifying the form and content of social factors as they are incorporated into the neurological structure to emerge as either normal or abnormal behavior in diverse cultural settings. The following criteria have been developed in order to point to the value of clinical sociology as a tool for analysis of both personality and society and to distinguish it from other types of clinical examination:

1. Its entry into the personality is through direct and/or indirect contact with the person.
2. Its focus is on the historical events, interpersonal relations and cultural patterns into which the person has been born and thus becomes involved.
3. Its data consist in the recording of conceptualizations, interpersonal relations and cultural patterns.
4. Its methods are the interview, the life history and direct observation. It utilizes not a stylized questionnaire but a series of open-ended, original guiding questions that are designed for an analytic conceptualization of the person under examination.
5. Its analytic procedure consists in probing for those private and public experiences of a person that have served to organize or disorganize the personality and to those responses and actions that have produced some changes in his/her society.
6. Its summation consists in isolating those experiences from the historical process, interpersonal relations and cultural patterns which
explain the attitudinal orientation and the overt behavior of the person under examination.

**Uses of Clinical Sociology.** If clinical sociology can prove its value with respect to societal and personality analysis, its many uses will become apparent. Perhaps, its more appropriate use will be found within the system where the knowledge about the interrelationship of social factors and human experience serves to create a firmer foundation for the integration of rehabilitative, corrective and/or therapeutic devices for changing human behavior in socially approved directions. In these efforts, such knowledge should also be of value in the formation of public policy with respect to these devices.

It should be clear that in clinical sociology, the sociologist has a tool not only for portraying the manner in which social elements make their ingression into the personality and emerge as behavior regarded as a problem by society, but also for studying the social structure and culture of a given society, as it is mirrored in the experience of the person. Seen in this light, the approach of clinical sociology is valuable for contributing a knowledge of the social factors that explain the problem behavior of a person, but also is of value when no problem behavior is present, but knowledge is desired about the nature of the society in which the person is embedded.

Clinical sociology has another very important use as a tool for examining the impact of a given personality upon the social order. Cultural matrices not only mold and shape people, but people mold and shape cultural matrices. True, some personalities will be more effective in shaping cultural matrices than others, and by far the greater number of people in any society will be largely "creatures" of culture according to Linton's (1936) classification of cultural types. But for those who will be "creators" of culture, clinical sociology should prove a valuable tool for conceptualizing this impact of the persons upon his/her culture by laying bare the conditions that make such an impact possible.

However, the central use of clinical sociology is, of course, the study of the problem personality. Clinical sociology has the task of determining the extent to which the cultural setting interwoven with human experience is related to role confusion, role strain, role marginality, status inconsistency, group conflict, subcultural involvement, inadequate socialization and atypical self-conceptions. The extent to which one or more of these social elements are present and can be related to current attitudes and behavior provides the knowledge for explaining the problem personality. Such findings, when verified, would then be suggestive of the type of social therapy needed to
reduce, modify or control the problem behavior. Thus, the clinical sociologist working with the clinical psychiatrist and psychologist would help to determine if the suggested therapy should be physical, psychological, social or some combination of them.

The question can be raised as to how the task of the clinical sociologist would differ in practice from the work of the social worker, the vocational counselor or the rehabilitation therapist. The differences, it seems to me, are immediately apparent. In these fields the persons are trained in techniques, available alternatives and the different types of available community resources. Their central task is to manipulate the person into a situation to which he/she has a more favorable and socially acceptable response. The person in these fields may receive in his/her training a varied assortment of psychological, sociological and educational courses without ever acquiring a basic body of knowledge about the birth, organization and development of the human personality. It is this latter material that constitutes the education and training of the clinical sociologist. Fundamentally, the work of the clinical sociologist rests on that body of empirical knowledge that is concerned with the socialization process - the process by which a new-born child is made into an acceptable functioning member of society, thereby achieving selfhood and a personality organization.

Clinical sociology would share with all other types of sociological analysis the promise that the cumulative character of social knowledge would provide the foundation for bringing about that change in society that would produce a more perfect balance between the needs of man and these essential requirements for making an organized society possible. Thus a clinical sociology starts out as a micro-sociology, but ends up by making a contribution to a macro-sociology.

**Summary and Implication.** In this paper I have attempted to carve out a new field of clinical sociology indicating its relevance not only in accounting for the maladjustments of personality, but also for providing insights into the society and culture in which the personality is enmeshed. I also have tried to show that clinical sociology is rich in historical antecedents and have demonstrated how a clinical sociology differs from, but at the same time supports, other types of sociological analyses. The criteria for delineating clinical sociology have been described. Finally, its uses have been indicated along with appropriate therapies which would be indicated when it can be shown that certain social conditions account for the problem behavior of a personality. Thus, in the final analysis, clinical sociology contributes knowledge not only useful in changing, reshaping and reeducating the human personality, but also in forming and shaping those social policies necessary for dealing with problem personalities in any society.
NOTES

1. This paper is an edited version of the one presented at the annual meeting of the American Sociological Association, New Orleans, Louisiana, August 30, 1972.

REFERENCES

American Psychiatric Association.
1928 1st and 2nd Colloquium on Personality Investigation. 2nd ed. 1929, 1930.
Anderson, N.
Burgess, E.W.
1923 The study of the delinquent as a person. American Journal of Sociology. 28 (May): 657-80.
Dai, B.
Davis, Alison and John Dollard
Dollard, John
1937 Caste and Class in a Southern Town. New Haven: Yale University Press.
Donovan, Frances
1938 The School Marm. New York: Frederick A. Stokes.
Dunham, H. Warren
1944 The social personality of the catatonic schizophrenic. American Journal of Sociology. 49 (May): 508-518.
Goffman, Erving
Klapp, Orin
Lasswell, Harold D.
Linton, Ralph
Selling, Lowell S. and Walter C. Reckless
Shaw, Clifford

Stevenson, George S.

Stonequist, E.

Strong, Samuel

Thomas, W.I.

Thomas, W.I. and Florian Znaniecki

Wirth, Louis

Whyte, William F.
Clinical Sociology: What It Is and What It Isn’t — A Perspective

Jonathan A. Freedman
Director of Education and Training, Hutchings Psychiatric Center

At this time, anyone in the country can claim to be a clinical sociologist without any challenge to that designation. Persons who already have chosen this title practice as one-to-one, group, family and addictions therapists, marriage counselors, hypnotists, teachers, gerontologists, sociometricians, organizational and community consultants. What currently distinguishes this wide-ranging collectivity is that most have a doctorate or a master’s degree in sociology and many have left full-time academic work. Many have only recently become aware of the others.

Because of this range of practice, it is necessary to explore what clinical sociology is and what it isn’t. Any attempt at definition is a thankless task because no definition currently can exclude anyone from choosing this designation. Yet at this time, attempts at clarification are important because clinical sociology is emerging as a response to both employment and ideological conditions within the discipline of sociology.

Clinical sociology has existed as a concept for at least fifty years. Bands of applied sociologists have existed outside of academic settings for even longer. It is unclear whether this upsurge of interest is transitory, another fad to be added to the long list of short-lived sociological trends or is what we are witnessing and taking part in a major development which has altered and will continue to alter the practice of sociology for decades to come. Following W.I. Thomas’ dictum that what people perceive to be real is real in its intent, it is clear that some persons believe that clinical sociology is an idea whose time has come. There is the Clinical Sociology Association, a recently announced clinical sociology journal, articles and issues of other journals (i.e., Rhoades, 1979; Straus, 1979a, b, and c; Powers, 1979), an introductory textbook (Glassner and Freedman, 1979), an unknown number of people who are involved in the practice of what they have defined as clinical sociology, several budding graduate programs and several persons who have written to me on
stationery identifying themselves as clinical sociologists (and I have responded on similar stationery).

However, this development has created some anger and confusion within sociology. Applied sociology has not been viewed as prestigious within sociology and those with prestige, senior faculty at graduate departments, frequently have difficulty in understanding the issues that could lead to further legitimation of the clinical role of sociologists. Some persons in academic settings have difficulty associating with the Clinical Sociology Association whose leadership and much of whose membership do not have academic prestige. Yet academic job opportunities in sociology for the next decade are scarce and clinical sociology might be a way to create new and useful careers for sociologists thus maintaining academic enrollments.

Those actively involved in clinical sociology have a great deal of difficulty defining what clinical sociology is and what it is not and what constitutes clinical practice. This lack of clarity is probably deleterious to the growth and development of the field. On the other hand, given the range of therapeutic approaches available, is a definition of clinical sociological therapy useful in a world where almost anything goes, both in licensed professions and among practitioners working in unregulated areas? I believe strongly that now is the time to work on definitions because clarification is critical to the future dimensions of a field that offers considerable promise not only to persons trained in sociology looking for new vistas, but also, and more importantly, to clients. These clients may be group members, groups, organizations or communities who wish the benefit of the significant and distinct expertise that can be generated by contact with persons who can communicate the sociological perspective as it relates to their current problems.

I have been able to locate nine definitional statements about clinical sociology in the literature. There is considerable similarity among these definitions, but not every definer is dealing with the same issues. If presented in a certain order, the statements create a generalized view of clinical sociology.

Clinical sociology is the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community (Glassner and Freedman, 1979:5) . . . An analysis of clinical procedure indicates that it has three main characteristics: 1. the attention of the investigator is focused on a “case”, i.e., on a person presenting concrete problems; 2. it is a co-operative enterprise and enlists the aid of a number of specialists; 3. whatever may be the theoretical interests of the participants, clinical procedure has an immediate
therapeutic aim and includes, therefore, not merely a study of the "case", but the formulation of a program of adjustment or treatment (Wirth, 1931: 50) . . . Clinical sociology is the kind of applied sociology or sociological practice which involves intimate, sharply realistic investigations linked with efforts to diagnose problems and to suggest strategies for coping with these problems (Lee, 1979: 489) . . . Clinical sociology brings a sociological perspective to intervention and action for change. The clinical sociologist is essentially a change agent rather than a researcher or evaluator. Clients may be individuals, groups or organizations. The clinical task may involve, for example, a redefinition of the self, role, or situation. Clinical sociology uses a variety of techniques or methods for facilitating change. The field's value orientation is humanistic, holistic, and multidisciplinary (Glass, 1979: 513-4) . . . Clinical sociologists are change agents who use a sociological perspective as the basis for intervention. Many sociologists who teach are "clinicians" in that they try to foster changes in students' attitudes and/or behavior as a result of classroom experiences. (Fritz, 1979; 577) . . . Rather than adjust people to the "realities" of the "way things are" or "the system," we are committed to helping people cope with their sociocultural and historical situations and institutions and situations in the direction of self-determinism, human value and human dignity (Straus, 1972a: 480) . . . The sociologist, insofar as he has a point of view and method of approach to problems of personality and behavior, proceeds on the hypothesis that human beings everywhere live in social groups and that the conduct of the individuals, however it may differ from others, is always expressive of the culture of the groups (Wirth, 1931: 60) . . . The clinical sociologist, however, makes his own independent diagnosis of the client's problems. He assumes that the problems as formulated by the client may often have a defensive significance and may obscure, rather than reveal, the client's tensions (Gouldner, 1965). . . The sociological approach requires the marital and family therapist to understand the conditions, values and relationships which characterize the real world of the society of the American Dream and which affect marital and family interaction. Conditions associated with American society include unemployment and job insecurity. Associated values include extreme individualism, success, racism and sexism; and associated relationships include aggressive competition and exploitation (Hurwitz, 1979: 557).
What themes emerge from this conglomeration? Clinical sociology is:
1. practice oriented
2. focuses on case studies
3. works with individuals, groups, organizations, and communities
4. diagnostic
5. change-oriented
6. humanistic
7. tries to comprehend the societal factors which restrict the individual from being effective
8. can move beyond the client's formulation of the problem to consider other factors that affect functioning, especially broad social trends
9. uses insights derived from immersion in the critical sociological tradition; uses sociological imagination
10. leads to behavior change and growth
11. tends to have a liberal/cynical or radical ideological cast.

Given what is known about working with people, their groups, organizations and communities, is such an approach valid? The answer is clearly yes. Is it the best possible approach? This is highly debatable. Is it an approach that is uniquely sociological? No!

One can also examine what clinical sociology is not. It is not:

1. academic
2. intrapsychic
3. biochemical
4. value-free
5. accepting of the ideological basis of the client's reality
6. culture-free
7. conservative
8. relying on a single ritualistic set of techniques to discover the key factors important in comprehending the situation under study.

The sociological tradition and a good sociological imagination can partially equip some sociologists to work as clinical sociologists. In the textbook, Clinical Sociology, Barry Glassner and I (1979) present a version of the necessary knowledge base for a clinical sociologist. This includes theoretical grounding in historical, systems, dramaturgical, conflict, and interactional approaches with the ability to develop alternative theoretical perspectives or integrate theoretical approaches; methodological grounding in the basic skills of
looking, listening, questioning, reporting and critical thinking, and how these skills are used as methods in participant observation, survey research, interviewing, and documentary analysis; substantive comprehension of ethnicity, stratification, aging, family and sex roles, social change and everyday metaphysics.

It is likely that most sociologists will be exposed to many of these subjects as part of their graduate education. In order to do clinical work such knowledge must become the basis of practice. One needs skills as the basis of competence with appropriate attitudes which place the knowledge and skills into an effective and appropriate action context. In most graduate sociological education, skills are taught, but these tend to be the academic skills of research. Such skills can prove helpful in clinical work, but they are not central.

Therefore, it is likely that persons who view themselves as clinical sociologists will have developed the skills that are the basis of their practice mostly outside of their formal sociological training. Because of the wide variety of clinical practice, the skills developed will vary in terms of the focus of the practice. Straus's distinction of micro and macro sociological foci is useful to determine focus. Our textbook delineated several techniques as a basis for sociological practice: catalyzing self-help groups, sociodrama and sociometry, organizational work, simulations, community work, asking embarrassing sociological questions.

For microsociologists whose practice resembles psychotherapy, the necessary skills include: accurate empathy, non-possessive warmth, and genuineness as Truax and Carkhuff (1967) outline these essentials. I would term these presentation of self skills. In addition, interpersonal communication skills are necessary. Gerald Goodman (1979) formulates these as questioning, advisement, silence, reflection, interpretation and self disclosure. Then there are intervention skills, described by Gottman and Leiblum (1974) as: deciding whom to see; finding out how the decision was made to come for treatment; administering a problem assessment; negotiating a therapeutic contract; setting objectives of initial change efforts; engineering these efforts; handling resistance; making treatment modifications; monitoring change; assessing impact and planning transfer of training, termination and follow-up; and finally, especially if the setting is a private practice, business administration skills.

For those involved in macroclinical sociology as a worker with organizations or communities, there still need to be presentation-of-self skills, communication skills and intervention skills, but they take somewhat different forms depending on the work situation. The scale is different--the skills have a
different nomenclature although the goal is still planned change but for greater numbers of people.

Just as microclinical sociology interventions can be viewed as for the empowerment of the client, so can macroclinical sociological intervention. For example, contrast Glidewell’s (1976: 227-42) paradigm for induced social change with a psychotherapeutic change strategy. Its cycle consists of shared knowledge for ongoing activity leading to increased productivity and enhanced prospects leading to increased exports and imports to create new linkages, thereby bringing about an influx of strange ideas and practices leading to tension, confusion and disconfirmation that brings about either tension reduction through retreat to old forms or tension management to incorporate or pursue change. Or contrast the AVICTORY acronym of Davis (1978: 648-58) that raises key considerations for the development of any new program with psychotherapeutic intervention assessment:

A. Do we have the ABILITIES --- the resources and capabilities?
V. Does the new program match the VALUES --- the style and philosophy of our own institution?
I. What and where is the INFORMATION we need to consider before implementing the new program?
C. What CIRCUMSTANCES must we consider --- the environment in which our agency exists?
T. How's the TIMING? Is now the right time to do it?
O. Is there an OBLIGATION to change? Why change at all?
R. What RESISTANCES might we encounter?
Y. What YIELDS can we expect from the change?

It has been my experience that effective work requires both micro and macro clinical sociological skills. When working with individuals you have to keep the broader issues of the society in focus; when working on broader issues of social change you have to keep in mind the effect on the individual. The approach of the College for Human Services in New York City (College for Human Services, 1976) successfully combines micro and macro empowerment. The eight modes of service provision which they teach link the micro with the macro. These are: assume responsibility for life-long learning; develop professional relationships with citizens and co-workers; work with others in groups; function as a teacher; function as a counselor; function as a supervisor; act as a change agent.

Each of these modes is examined in connection with five dimensions of effective service: the purpose of the service, the underlying values, the relationship between the self and others, the relationship to systems, and the skills
needed to deliver the mode. Students learn to perform constructive actions that empower citizens within each of the modes. (See Grant and Riesman, 1978: 135-76.)

However, the sociological knowledge base, combined with a chosen set of skills, is not sufficient to assure highly qualified clinical sociologists. Competence in a field moves beyond one's education, experience and technical skills to the quality of superior practice. The answer to the question, "What are the qualities of an especially competent clinical sociologist?" is quite different from the answer to the question, "What knowledge and skills does a clinical sociologist have?" The competence issue is quite important as psychologist Paul Pottinger (1979: 7) notes:

What is meant when it is said that a practitioner is competent? This seemingly innocuous question has wide ramifications and implications with regard to teaching, credentialing, regulation (e.g., licensing), and setting standards of program approval, third party payments, etc. Currently, we have a plethora of criteria and standards for education and for the regulation of workers that is based on political and economic incentives for defining what constitutes competence (and how it is taught and assessed).

No one profession or discipline has a monopoly of competent practitioners. No one training approach creates greater competence. Work of McBer and Company (Boyatzis and Burruss, 1977) has demonstrated that it is an attitudinal set that apparently distinguishes superior alcoholism counselors in the Navy from the average. The superior counselors had a much better success rate than the average ones. These attitudes clustered as follows:

One cluster appeared to describe a positive regard for people and a belief that a client can change and can be the director of (i.e., responsible for) that change . . .

The second cluster appeared to describe a desire for personal and professional growth, reflected in a counselor's willingness to seek help for himself and in a knowledge of his limitations . . .

The third cluster appeared to describe ego strength or ego maturity . . .

The fourth cluster appeared to describe the ability to think in terms of causal relationships, which enables a counselor to "see" patterns in a patient's behavior . . .
The fifth cluster appeared to describe the genuineness of a counselor, the ability to be congruent and consistent and to “be” in the present . . .

The sixth cluster appeared to describe a counselor’s ability to empathize with the client (i.e., a counselor’s verbal and nonverbal sensitivity) . . .

The seventh cluster appeared to describe a counselor’s ability to use various resources to help a patient.

These competencies certainly are not limited to a specific discipline or a single approach to training or service delivery. They are shared by competent practitioners from many professions in a multi-disciplinary world of practice — a world from which sociology largely has been excluded, for as Louis Wirth (1931:52) correctly pointed out, “. . . the technicians who are on the ground floor at the time of organization tend to assume the control and formulate the policies of the enterprise.” This is clearly the situation in psychotherapy, but not yet the situation in organizational and community consultation.

The big four of psychotherapy are medicine (psychiatry), psychology, social work, and marriage and family counseling. We must examine the nature of the control they exert through policies that exist because this is the world with which the microclinical sociologist has to co-exist and be part of.

Each of these professional ideologies promulgates the position that there is a highly specific body of knowledge, skills and professional attitudes distinct and unique to that profession and only available to those deemed acceptable for membership and thereby allowed to be licensed or certified, use the professional trademark, and to earn a living using the specific professional appellation. Stronger (and frequently male dominated) professions enforce an apparent monopoly on professional service and with the power of the state behind them, punish those who dare to practice without a license. Such ideology separates the world of professional service into distinct pieces of the pie and minimizes the knowledge, skills, and attitudes shared in common among the psychotherapeutic professions.

The actual situation appears quite different. The public, the media, friends, family, and each of us daily practice psychotherapeutic professions without certification and even sometimes get paid for our efforts. We make medical decisions in choosing what we eat, drink, and what pills we take. We make psychological decisions when we try to motivate others, choose educational programs and examine perceptions. We make social work decisions, by referring persons for information and services.
Yet when such help-seeking breaks down or doesn’t work we turn to others who we believe have been trained to deliver competent service and who work in professional arenas filled with strangers supported by actors in supporting roles. Frequently, because of inadequacies in their training, their professional ideology, their recognition that as a member of a professional club they can make considerable money without keeping up with their field, and because by seeking such help we put ourselves into the position of an inferior, many of these contacts are unpleasant and useless. At other times, we swear by the professionals we choose and do not swear at them.

When one examines the professional world even more closely, one discovers that instead of clearly defined, distinctly separate modalities, knowledge, attitudes and skills generally are shared across professional lines with each profession having a small distinct core unique to it. You would never know this from listening to most professional spokespersons, or by reading licensure laws.

One must contrast the multidisciplinary nature of psychotherapy with the professional attempts to limit its practice. One writer (Raimy, 1950) has stated that psychotherapy is “an undefined technique applied to unspecified problems with unpredictable results. For this technique rigorous training is required.” A more professional, accepted definition is that of Jerome Frank (1973: 2-3):

We shall consider as psychotherapy only those types of influence characterized by:
1. a trained, socially sanctioned healer, whose healing powers are accepted by the sufferer and by his social group or an important segment of it;
2. a sufferer who seeks relief from the healer;
3. a circumscribed, more or less structured series of contacts between the healer and the sufferer, through which the healer, often with the aid of a group, tries to produce certain changes in the sufferer’s emotional state, attitudes, and behavior. All concerned believe these changes will help him. Although physical and chemical adjuncts may be used, the healing influence is primarily exercised by words, acts, and rituals in which sufferer, healer, and - if there is one - group, participate jointly.
Note carefully that the process as described has no professional limitation upon it. However, the big four of psychotherapy each has tried not only to limit persons from using protected titles or descriptions of services, but also the practice of the skills associated with the title defined as primarily unique to that profession. For example, the American Psychological Association's model code for legislation (American Psychologist, 1979: 7) includes:

A person represents himself to be a psychologist when he holds himself out to the public by any title or description of services incorporating the words "psychology," "psychological," "psychologist," and/or offers to render or renders services as defined below to individuals, groups, organizations, or the public for a fee, monetary or otherwise.

The practice of psychology within the meaning of this act is defined as rendering to individuals, groups, organizations, or the public any psychological service involving the application of principles, methods, and procedures of understanding, predicting, and influencing behavior, such as the principles pertaining to learning, perception, motivation, thinking, emotions, and interpersonal relationships; the methods and procedures of interviewing, counseling, and psychotherapy; of constructing, administering, and interpreting tests of mental abilities, aptitudes, interests, attitudes, personality characteristics, emotion and motivation; and of assessing public opinion.

The application of said principles and methods includes, but is not restricted to: diagnosis, prevention, and amelioration of adjustment problems and emotional and mental disorders of individuals and groups; hypnosis; education and vocational counseling; personnel selection and management; the evaluation and planning for effective work and learning situations; advertising and market research; and the resolution of interpersonal and social conflicts.

Psychotherapy within the meaning of this act means the use of learning, conditioning methods, and emotional reactions, in a professional relationship.

In the actual legislation of some states certain professionals, including sociologists on a few occasions, are exempted from the law. Social work practice is defined in their model code (National Association of Social Workers, 1973) as:
The disciplined application of social work values, principles, and methods in a variety of ways includes but is not restricted to the following: (1) counseling and the use of applied psychotherapy with individuals, families, and groups and other measures to help people modify behavior or personal and family adjustment, (2) providing general assistance, information, and referral services and other supportive services, (3) explaining and interpreting the psychosocial aspects of a situation to individuals, families, or groups, (4) helping organizations and communities analyze social problems and human needs and provide human services, (5) helping organizations and communities organize for general neighborhood improvement or community development, (6) improving social conditions through the application of social planning and social policy formulations, (7) meeting basic human needs, (8) assisting in problem-solving activities, (9) resolving or managing conflict and/or (10) bringing about changes in the system.

The social work legislative code defines psychotherapy as follows:

“Psychotherapy” is the use of psychosocial and social methods within a professional relationship to assist a person or persons to achieve a better psychosocial adaptation; to acquire greater human realization of psychosocial potential and adaptation; to modify internal and external conditions that affect individuals, families, groups, or communities with respect to their behavior, emotions, and thinking and their intrapersonal and interpersonal processes. Forms of psychotherapy include but are not restricted to individual psychotherapy, conjoint marital therapy, family therapy, and group psychotherapy.

Marriage and family counselors define their service thus:

“Marriage and family counseling” means the rendering of counseling services or therapy to individuals, either singly or in groups, for the purpose of resolving emotional conflicts within marriage and family relationships, modifying behavior, altering old attitudes, and establishing new patterns in the area of marriage and family life including premarital counseling and post-divorce counseling.3
These definitions overlap and certainly restrict the practice of others who have been trained to work in these areas, including some sociologists. This defining of professional turf (by professional associations linked politically to licensure and third party payments manifestly to protect the public against dangerous uncertified practitioners) has made it difficult for those non-approved to practice. Some of the conclusions made by Daniel Hogan (1979: 344, 350) in his monumental work, *The Regulation of Psychotherapists*, are useful in this regard:

Empirical evidence indicates that those in the helping professions bring about similar results no matter what techniques are used, no matter what the purposes of their methods are, and irrespective of type of academic training. These facts suggest that past distinctions between therapy and other practices, such as encounter groups, may not have heuristic value. They also suggest that psychotherapy does not yet lend itself to easy or precise definition. Unfortunately, difficulties in operationalizing a definition of therapy have not kept proponents of rigid regulations from enacting licensing laws with broad definitions of practice encompassing activities previously thought of as being therapeutic.

The fundamental conclusion suggested by the preceding findings is that traditional modes of professional regulation have not done a particularly good job of protecting the public. Licensing boards, the courts, and professional associations are not likely to provide the forum in which effective regulation will take place, at least as traditionally conceived. The difficulties in adequately defining the nature of limits of psychotherapy, the lack of standards and criteria for determining what practices are harmful, and the lack of valid and reliable methods of selection exacerbate all the problems associated with traditional forms of professional regulation. If the public is not protected --- and there is little doubt that it should be --- and if regulation is not to have serious negative side effects, then the development of an alternative model and the improvement of existing methods are necessary.

It is a bitter paradox that the skills necessary to be exemplary as a practitioner, the nature of psychotherapeutic practice, the potentially rich contributions that those with sociological training can make in helping clients are being limited by the powerful ideologies of professional associations which control important aspects of practice.
Yet sociology, even as a latecomer, is not excluded from the world of psychotherapeutic practice. One must be quite specific on the exclusion. Anyone can practice clinical sociology privately or publicly providing one does not describe oneself or perhaps one's work in terms that are protected. However in most settings, one would not be viewed with the same legitimacy as members of those other professions, one can not get third party payments and this usually means that one cannot charge the same hourly rate. However, if you are an exemplary psychotherapist, you will make it as a clinical sociologist.

In reviewing what has been presented up to now, it is clear that one can easily get caught in just examining the relationship of clinical sociology to the contemporary worlds of professional practice. Such an examination is necessary if clinical sociology is to develop. Clinical sociology could belong as an appropriate modality in the worlds of practice as there is a rich sociological knowledge base, methods of practice that can be derived from this base, and the potential for highly competent practitioners. On the other hand, there are a few clinical techniques that are only available to clinical sociologists. Many clinical sociological activists are placing their attention just on the right to be professionally recognized and to make a good living.

If this is the only outcome of the professional energy of clinical sociologists, then an important opportunity will have been lost. While the multidisciplinary worlds in which clinical sociologists are striving for legitimacy can claim many successes, there are still groups, group members, organizations, communities, and societies who have received ineffectual services through existing strategies of practice. Clinical sociologists now have the opportunity to move beyond contemporary strategies of change agentry to confront anew the society of the eighties and its resonances for those who could be helped by an emerging clinical discipline not fettered by a practice ideology rooted in the past. Such a confrontation has to be part of clinical sociologists' dialogue if it is to be more than just one of many indistinguishable shepherds to the large flock of those in need.

A new confrontation could begin with a critical examination of the contemporary world of multidisciplinary practice. Current multidisciplinary practice works for those who are motivated to change and who have access to economic opportunities. Contemporary practice tends to be much less successful for persons, organizations, and communities that are poor or impoverished, apathetic, chronically impaired, or stigmatized. Furthermore, current multidisciplinary practice usually intervenes at either the micro or macro level while multiple level interventions would be, frequently, more successful. A clinical sociologist is more likely to think in ways that relate the in-
individual to the roles undertaken in groups, organizations and communities. Thinking through interventions based on such relationships suggest some new forms for practice.

Sociologists tend to have early knowledge of emerging social problems. Can clinical sociologists develop specific intervention strategies that relate to problems which are emerging, aiding in empowering those who are potential victims of these problems?

Some analysts of contemporary society have noted the breakdown of the socializing functions of many social institutions. Could clinical sociologists aid in the development of new approaches to socialization? Can clinical sociological efforts involve planned change leading to a new social order?

Organizational development in management settings has begun to comprehend that the worker who as a member of a team has been given decision-making options in production and quality control frequently is a more productive worker. Could clinical sociologists play significant roles in humanizing the workplace and improving the quality of work life? There are fascinating roles for clinical sociologists in the workplace involving management, unions, and workers; this is an area where no profession has a monopoly.

Throughout the human services, at this time, there is a great paucity of innovative ideas. Could clinical sociologists provide a new spark?

Through critical examination of any problem area of the society, a clinical sociologist can discover situations in which the application of a variety of critically applied practices which attempt sociological diagnosis and treatment of groups and group members in the community can lead to exciting approaches to practice --- practice that no other profession is attempting.

This strategy can be entitled "if you can't join them as an equal, beat them" --- beat them by being smarter, by being more innovative, by entering difficult situations in which the establishment fears to tread, by attempting new solutions and delivering what you attempt. Historically, this has been a successful approach for new arrivals on the block. It is my belief that it will work again. This opportunity is what excites me about the potential of clinical sociology and I hope it excites you too.
NOTES

2. Also, Glassner's (1981) article and the critical comments which follow it.
3. All the model licensing legislation and state-by-state rundown of actual legislation are summarized by Hogan (1979).

REFERENCES

American Psychologist
1967 22/12.
Boyatzis, Richard E. and James A. Burruss

College for Human Services

Davis, Howard R.

Frank, Jerome

Fritz, Jan

Glass, John

Glassner, Barry

Glassner, Barry and J.A. Freedman

Glidewell, John C.

Goodman, Gerald
1979 Manual for SASHA Tapes. Los Angeles: UCLA.

Gottman, John W. and S.R. Leiblum

Gouldner, Alvin

Grant, Gerald and David Riesman

Hogan, Daniel
Hurwitz, Nathan  
Lee, A.M.  
National Association of Social Workers  
Nichols, William C.  
Pottinger, Paul S.  
Powers, Suzanne  
1979  Clinical sociological treatment of a chronic slasher. Case Analysis. 1/3 (Fall).
Raimy, Victor C. (ed.)  
Rhoades, Lawrence J.  
1979  Manpower problems and prospects for sociological practice. Sociological Practice. 3/1 (Spring.)
Straus, Roger A.  
1979a  American Behavioral Scientist. Editor, issue on Clinical Sociology. 2/4  
1979b  Clinical sociology: An idea whose time has come . . . again. Sociological Practice. 3/1 (Spring.)  
1979c  Doing clinical sociology in behavioral counseling. Case Analysis. 1/3 (Fall).
Truax, Charles B. and Robert R. Carkhuff.  
Wirth, Louis  
The Method of Social Analysis in Social Change and Social Research

Elliott Jaques
Brunel University

There is a widespread tendency to classify clinical, practical, social change studies as applied and therefore atheoretical work, in contrast to “research” which is meant to develop and test concepts, hypotheses, and theories. I believe that this view is incorrect. The significance of the development of a clinical sociology will lie, as does all clinical research, in its conjoined contribution to theory and practice - to theory developed in practice and toughened by use, and to practice informed by theory. In this article I propose to describe one experience in clinical sociology which may demonstrate this interaction.

SOCIAL-ANALYTIC METHOD

The Brunel Institute of Organisation and Social Studies (BI OSS) is devoted to what is termed consultancy research - what is now called clinical sociology in the USA. One of the methods of consultancy research used in the Institute is that of social-analysis. It is my own experience with this particular method over the past 30 years which I propose to discuss.

I first described the method in 1965 (Jacques, 1965) and it has been elaborated by colleagues and by myself in a series of publications (Rowbottom, 1977; Evans, 1979; and Jaques, 1976 and 1978). It is a particular and specific method of working with members of social institutions to help them to
change social structure or modes of functioning, or both, the procedure con-
stituting at the same time one fundamental method of social research. It is an
adaptation of work started at the Tavistock Institute of Human Relations in
1947, but with the emphasis upon group dynamics and group therapy removed.

The main features of the method are as follows:

(a) the social analyst acts on invitation only, either from the individual
members of the institution or from representatives on their behalf;
(b) the analyst works only with those who ask to see him/her, and on
problems which they raise rather than on research problems in
which he/she might be interested;
(c) all the discussions are confidential, the social analyst reporting only
material which has been worked through with individuals and then
cleared by them for use in a wider context;
(d) the social analyst does not make recommendations: he/she attempts
to help in the resolution of social problems by assisting those with
whom he/she works, to analyse the nature of their difficulties and to
develop the concepts and formulations necessary for the emergence
of new types of institutions and procedures (some examples will
follow);
(e) as the analyses develop, cleared material is consolidated into in-
creasingly general reports for submission to wider groups in the in-
stitution, or, where appropriate, to representatives of all those par-
ticipating, so that they may decide upon courses of action and
changes to alleviate the problems experienced;
(f) when such decisions are implemented, their effects can be followed
through in further discussions, and gradually by this process of
analysis, decision, implementation, testing, and re-analysis, those
concerned can effect changes for themselves.

It will be noted that in this process of social-analysis the analyst remains
in an independent role, does not offer recommendations, but rather helps the
clients to understand their own situation more clearly by helping them to
analyse it, to conceptualise and formulate it, and to formulate their own
changes. It is in these respects - independence, analysis, conceptualisation, ex-
plication, and open-endedness - that the method has borrowed from psycho-
analysis.
SOME SOCIAL ANALYTIC PROJECTS

The social-analytic procedure per se was fully established by 1952. Since that time a number of colleagues and I have been involved in a small number of intensive and long-term projects. Here are some major examples:

*The Glacier Project:* The initial project, until my retirement this year, ran continuously for 32 years. The Glacier Metal Company employs 5,000 people in medium engineering. My contract was with their Works Council which is representative of all employees at all levels. Invitations included attendance at the Chief Executive Officers' (CEOs) meetings for 30 years (under 5 different CEOs), at Board Meetings for 15 years, and intermittently at Joint Shop Stewards' Committee Meetings and other related meetings. A wide range of projects on specific problems included: methods of payment; managerial organisation; individual performance appraisal, assessment of level of capability, progression, and promotion procedures; employee participation; pricing; staff and specialist organisation; functions of the Board. A company-wide reorganisation was carried through between 1956 and 1960. Numerous smaller-scale reorganisations have occurred. This work was first reported in *The Changing Culture of a Factory*, (Jaques, 1952), and in a series of publications since then.

*The Church of England:* The Church of England introduced a new form of organisation in 1970, in which a new grouping of parishes called a Deanery was introduced, along with Synodical Government involving participation of representatives of the laity in Church policy at all levels - Deanery, Diocese, and National. Difficulties with this development led to the invitation in 1974 to establish a small Unit (myself and one colleague) to work in one Diocese, and in one Deanery with 17 Parishes within that Diocese. Continuing projects have included: organisational relationships between Bishop, Dean and Parish Priests, as well as Bishop's staff, Archdeacons, and Diocesan administration; the nature of episcopacy; the organisation of team ministry and group ministry; the views of parishioners and the role of lay representatives; the structure of various levels of modern urban and suburban community in relation to various levels of Church organisation.

Other projects have been concerned with: the National Health Service; a reorganisation in a national Government Department; long-term work with Local Government social service departments and the organisation of social work; a range of interconnected projects on the nature of level of individual capability and levels of abstraction, and their patterns of development; newly
developing projects in policy-making and implementation in a Local Government Department, industrial relations in a large isolated mining corporation, and a set of pilot studies for the US Army Research Institute.

THE NATIONAL HEALTH SERVICE (NHS) PROJECT

It may be useful to illustrate the process of social-analysis in a slightly more detailed way. The National Health Service (NHS) project may be used for this purpose. The NHS employs 910,000 people, is the largest social institution in Britain, and probably the most complex one. The complexity will be familiar to those who work with health service and hospital organisations; it derives from the interplay between the medical profession, some forty or so other professions and semi-professions including nurses, therapists and technicians, and administration, finance, "hotel" services, and building maintenance.

Further complexity is added by the fact that the NHS is the responsibility of the Secretary of State for Health in the national government, assisted by a large civil service department, the Department of Health (DHSS), concerned with national policies, standards, and financial provision.

The project began in 1966 with an invitation from the DHSS to the author to establish a Unit to be concerned with health service organisation and administration. A small Unit of three full-time members was established for a pilot project of three years, under the social-analytic conditions described above. The Unit's services were to be available on invitation from any members of the NHS. The purpose of the pilot project was to discover what types of invitation might be received to work on what types of problem, and whether any useful work could be done. In particular, would it be possible to generalise the findings from small-scale, local analytical studies to application throughout this very large service?

A Steering Committee (which now comprises five civil servants from the DHSS and five members from the NHS) was established. This Committee was to consider priorities in the Unit's work, to receive the cleared results of local project work, and to work with the Unit in generalising the results of such work and in finding ways of applying those results, as appropriate, in other areas of the NHS.
The Unit was heavily involved from the beginning in requests for collaboration. Its contract has been extended continuously, and it now consists of the equivalent of five full-time members whose contract runs currently to 1983. Invitations have been received to work on such problems as:

(a) the role of doctors in hospitals and in general practice, the meaning of clinical freedom, and the organisation of their participation in District health service policies;
(b) the nature of the authority relationships between doctors, on the one hand, and nurses, therapists, and laboratory and other technical services, on the other;
(c) the organisation of nursing services, including the problems of assessing capability of individuals, performance appraisal, recruitment, education, and career progression;
(d) the organisation of therapy services such as physiotherapy, occupational therapy, clinical psychology and psychotherapy;
(e) the organisation of laboratory services such as pathology laboratories;
(f) the role and relationships of administrators with all other services;
(g) budgeting and financial control for doctors;
(h) the nature of professions and of professional independence;
(i) the role, authority, and mode of operation of various Boards and Committees, such as Regional and District Health Authorities, and of Regional and District teams of officers and doctors acting on behalf of those authorities.

Work on these and other problems proceeds by invitation in the first place from small groups of NHS members; for example, an invitation from a few doctors and the nurses with whom they work; the members of a physiotherapy department, or a pathology department, in a hospital; the members of a District Co-ordinative Team (comprising a consultant representative, a general practitioner representative, an administrator, a finance officer and a medical administrative officer); or from the members of a small child guidance clinic.

Take, for example, a request to analyse the organisation of physiotherapy services in a hospital, involving a consultant cardiologist, two orthopedic surgeons, a consultant in rehabilitation, a superintendent physiotherapist and five physiotherapist staff. First a general discussion is held with the whole group on the nature of the problem: such issues being raised as who determines the service priorities of the therapists? What is the authority relationship between the consultant in rehabilitation (the nominal 'head' of the therapy
department) and the superintendent physiotherapist? Since all the therapists are professionals, can the relationship between the superintendent therapist and the other therapists be a managerial one?

Following the general discussion, individual interviews are held with each member. Because these interviews are confidential, the individuals have the opportunity to consider their own private views on the issues raised or on any other issues, without committing themselves to the others. As they think through the problems, the social analyst seeks to help to formulate these views in conceptual form, to elaborate new concepts where existing ones do not fit, to expose inconsistencies or contradictions in thought. From this process of discussion, the necessary concepts are put together to help tease out systematically the nature of the problems raised, and to formulate alternative possible models of organisation and working relationships to deal with the problem.

Cleared material from these interviews is then assembled in a report back to the total group, which contains an analysis of the problem as seen from the various points of view, and a pulling together of the alternative possible solutions which have emerged with an analysis of the possible consequences of each solution.

This process may be repeated, until, if successful, the group is able to decide upon and agree to a particular course of action. They may themselves be able to agree about certain changes; or if there are larger professional or organisational issues at stake, they may have to make recommendations to higher authorities - in which case the discussions may continue at a higher level.

Eventually, the cleared results will be reported to the Steering Committee, who will decide whether the project work has wider implications and whether there ought to be wider implementation. This process of communication and generalisation is supported by the presentation of results to small national conferences organised by the Unit for members of the particular professions, at which the formulations can be subjected to wider critical scrutiny, testing, and modification.

Through this process of extension of work from local projects involving wider circles of people, the Unit has found itself working with representative members of whole hospitals, of large nursing departments, and of extensive networks of technical and other departments.

A significant opportunity for the application of results of the Unit's work
occurred between 1971 and 1974, when a total reorganisation of the NHS was undertaken by the Government. The Unit staff was invited to collaborate with the national groups established to plan and to formulate the reorganisation, the Unit's role being to contribute analyses, concepts and conceptual models appropriate to the various areas of the NHS under consideration. The reorganisation was implemented in 1974, and the Unit has had the opportunity to follow through the consequences of this massive change, in its continuing field work.

**TYPES OF FINDINGS**

Apart from the deep access to field situations and the practical implications of organisational change, what are the more general theoretical consequences and contributions of this kind of work? A wide variety of new findings and new concepts has emerged from the field work and analyses. The following list is meant to be illustrative and not comprehensive:

(a) voluntary and non-voluntary associations have been defined and distinguished from the bureaucratic hierarchies which they employ to get work done;
(b) the properties of manager-subordinate relationships and of a wide range of laterally-organised support roles have been worked out and defined;
(c) level of work (or responsibility) in employment roles at all levels from shop floor to corporate CEO, can be objectively measured directly in terms of the longest tasks or projects which the role occupant is expected to carry out (I have called this measure the time-span of discretion.);
(d) maximum time-span of discretion in any employment role correlates around 0.90 with the occupant's judgment as to what would constitute fair pay for the work, regardless of type or level of work, or of actual pay, or of any other factors;
(e) there is an underlying structure of work levels in bureaucratic hierarchies, with boundaries at 3 months, 1 year, 2 years, 5 years, 10 years, and 20 years, which has been found to apply in all types of enterprise - industrial, governmental, and public and social service - in over 20 different countries;
(f) levels of capability in individuals would appear to be measurable in terms of the longest time-spans with which they can cope (I have called this the time-frame of the individual.);
(g) the regular discontinuities in bureaucratic levels would appear to
correspond to discontinuities in populations in level of capability as measured in time-frame;

(h) a number of characteristics of professional roles and of the organisation of professional groups have been defined;

(i) a systematic hierarchy of levels of community has been discovered, with specifiable maximum population boundaries, with common characteristics at each level with respect to such factors as health and social service provision, type of school, level of church institution, political institutions.

THEORETICAL DEVELOPMENTS

Out of these findings a number of theoretical developments have been achieved or are currently in train; for example:

(a) a switch from the uni-modal normal distribution to multi-modality and multi-attribute theory as the foundation of psychological and social theory, and an accompanying theory of levels of abstraction in logic, in mental capability, and in social systems (Jaques et al., 1978);

(b) a new theory of income distribution and labour economics based on equity rather than upon supply and demand (Jaques, 1976, and Krimpas, 1975);

(c) a general theory of the structure and functioning of bureaucratic institutions (Jaques, 1976);

(d) a contribution to the development of objective equal-ratio-scale measurement in the social sciences, and to measurement theory itself in the demonstration that such scaling is possible with respect to social phenomena;

(e) developments in the formulation of the structure and functioning in non-bureaucratic organisations such as doctors in health services, clergy (ecclesia), University academic staff (collegia), and other types of voluntary and professional organisations;

(f) a general theory of the nature of time and of its fundamental significance for social theory and constructs (in the same sense that spatial ideas are fundamental in the natural sciences).

I can, of course, only touch upon these theoretical points. But they may at least give some indication of the interplay between theory and practice in social-analysis. Every single theoretical development has been associated with problems encountered in the field. In turn, the use of existing social theory,
and the development of new concepts and theory, have been absolutely essential for soundly-based and effective analytical work.

NOTES

1. Elliott Jaques is Professor of Sociology and Director, Institute of Organisation and Social Studies, Brunel University, England.
2. This paper was presented at the 1980 annual meeting of the Clinical Sociology Association.

REFERENCES

Brown, Wilfred

Evans, John

Jaques, Elliot

Jaques, E., R.O. Gibson, and D.J. Issac

Krimpas, G.E.

Richardson, Roy

Rowbottom, Ralph

Rowbottom, R., J. Balle, S. Cang, M. Dixon, E. Jaques, T. Packwood & H. Tolliday

Social Services Organisation Research Unit, Brunel University
Clinical Sociology on the One-to-One Level: A Social Behavioral Approach to Counseling

Roger A. Straus
Director, Center for Clinical Sociology

Clinical sociology involves interventions for change at any or all levels of social organization, based upon and/or guided by sociological principles and perspectives (Straus, 1979a,b). Although sociologists are typically envisioned as working with groups, organizations, communities and other large social units, sociological social psychologists have, for some fifty years, demonstrated an interest in working with individuals and their intimate groups (Wirth, 1931).

In this paper, I examine the social behavioral approach to individual counseling which has evolved from my experience as a private practitioner working with problems of conduct, substance abuse, sexuality, interpersonal relationships, job and life stress, and the enhancement of personal performance generally. Discussion centers around this context of training subjects to use their own self-interactions strategically in order to overcome blockages and positively to maximize performance. Generically, however, I show how sociological social psychology can be translated into clinical practice, and the strategies of intervention appropriate to a social behavioral approach.

PRINCIPLES OF THE APPROACH

"Social behavioral" is, of course, drawn from the usage of G.H. Mead (1934), the pragmatist philosopher who founded what has become known as symbolic interactionism or the "Chicago School" of sociological social
psychology. I must caution the reader that translation of any intellectual perspective into clinical practice necessitates a degree of eclecticism. What follows, therefore, will not only draw upon Mead and his followers, but the fullest range of contemporary theory, practice and research on the part of social and behavioral scientists.

Three principles are central to this approach. First is that of *contextualism* (Sarbin, 1977), a philosophy of science quite unlike the mechanistic logic underlying conventional social and behavioral thinking. A contextualist focuses upon situations and performances within those situations, not upon "causes" or hidden determinants of behavior. The individual is seen to exist in a dialectical relationship with his/her social and material environment. Not only our conduct but our very sense of being a certain "self" is seen to reflect or internalize the social arrangements, culture, knowledge and economy of our human context. This view is often called the "social construction of reality" (Berger and Luckmann, 1967).

The second principle is *activism* (Lofland, 1976). The human is viewed as a creative, self-reflexive and relatively autonomous subject who does things, who *acts* more than passively responds to drives, forces or pressures as depicted, for example, by psychological behaviorism (Skinner, 1953).

While for many sociologists such as Goffman (1959) or Douglas (1976) this principle leads to a highly sceptical view of humans and their relationships, the clinician almost invariably couples his/her science with humanism. Our clients are seen as already doing the best they can to meet their conditions of existence and as trying to create a relatively stable, meaningful and satisfying life for themselves and those with whom they are closely bonded. The clinical task is not to diagnose and treat a patient's case but to assess a client's situation and then help that subject define and resolve blockages in his/her construction of action (Straus, 1977).

There is a very important practical aspect to this analysis: whatever we find people doing on a "things as normal" basis must make some manner of sense to them or they would be doing something else that does make sense. More than abstract, logical "sense", conduct displays some kind of practical, functional payoff. Even "crazy" people are not stupid; it is only that what they are doing or how they are doing it makes little or no sense from our perspective.

The inherent contradiction between the first two principles was long ago addressed by W.I. Thomas, who sought to resolve this problem by introducing the third principle, *definition of the situation* (1931). This holds that it is not
the actual situation which determines people's response but what they believe to be the actual case, how they interpret their situation.

Not, however, a private matter, definition of the situation represents the individual's interpretation of his/her situation based on the definitions of the situation which have been presented to him/her in interaction with others. Lying at the interface between organism and social context, we might consider the definition of the situation a form of dialectical synthesis between the streams of action occurring within the individual and within that individual's interpersonal environment.

The linkage between these two realms is heterointeraction, the process of verbal and nonverbal exchanges between two or more human individuals. Heterointeraction and social stratification are perhaps the basic subjects of the sociological discipline; however, sociologists have tended to focus almost entirely upon the flow of influence from members of the socially organized environment to the individual social actor.

It is not entirely appropriate to consider the social construction of reality (a person's total set of definitions or schemata for understanding self, world and others) a one-way flow. Sapir (1949) makes this point very clearly, as does common sense.

Interactionism depicts the process by which the individual selects and constructs his/her own acts as a quasi-verbal self-interaction in which the subject makes indications to his/her self (Blumer, 1969). The significance of "thinking" has largely been neglected by sociologists. However, recent psychological studies have stressed the practical significance of self-interaction as a sort of counterpoise to heterointeractive determinism.

There is clearly more to self-interaction than just this quasi-verbal thinking process, however. As an increasing body of psychological findings suggests, humans interact with themselves on a more holistic basis than that.

Most important for our discussion here is the process of imagining, which Sarbin and Coe (1972) describe as muted, attenuated role-playing developmentally parallel to the child's internalization of language acts as "thinking." In constructing and acting-out entire scenarios on a hypothetical, "as if" basis, the person represents to him or herself all the qualities of an actual experience, not just intellectual abstractions. These include the subject's sensual apprehension of the object or scene being imagined, and also the person's affective, emotional, organismic and other nonrational responses. Thus the imagination represents the most complete definition of the situation available to the subject.
I have come to use the generic term *mindwork* to describe the class of counseling and performance-enhancing situations in which the subject employs strategies of thinking and imagining as the primary means to accomplish his or her goals. Such strategies inherently involve a social or at least a social-psychological component and are, therefore, within the potential methodological domain of the clinical sociologist.

There is increasing consensus, for example, that hypnotism is not simply the “trance state of hypersuggestibility” it has long been considered. Rather, hypnotic responses such as hallucination or “involuntary” physical and psychosomatic behaviors are produced by the *subject’s own acts* of thinking and imagining along with “suggestions,” definitions of the situation communicated by the hypnotist in the special social situation of the hypnosis session. The key to these responses is not being entranced, it turns out, but cooperating in that situation and enacting the social role of a “hypnotized subject” (Sarbin and Coe, 1972; Sarbin, 1977; Barber, 1979a).

Barber and other cognitive-behaviorists have suggested, as well, that we actively maintain our meanings and other realities within the 24-hour-a-day stream of background thinking. Not only do we build up our conduct by talking to ourselves, but through our self-interactions — characterized by Barber as “self-talk, and the associated feelings and images” (1979b: 111)—we also maintain the definitions of the situation upon which that conduct is organized.

**SOCIAL BEHAVIORAL INTERVENTIONS**

I employ intensive heterointeraction to guide the subject’s reconstruction of realities within that stream of consciousness, and also to teach the client strategies for both managing these realities and more effectively dealing with the social and material worlds. This approach is common to practically all social behavioral and cognitive-behavioral interventions, although it is clearest in those employing hypnosis, imagery, biofeedback and other forms of mindwork. Even where the client seeks help in dealing with relationships or social circumstances, we generally begin with his/her own self-interactions as the first step toward resolving the objective situation.

Interventions following such principles may be direct or indirect. I have employed at least four direct strategies. One is simply providing the client with information and know-how. Another is to employ some form of mindwork to
reconstruct meanings the subject holds for objects or situations. Thirdly, reality reconstruction may be directed toward the more abstract level of the relationships and roles a client sees between his/her self and components of the situation. Fourth (Powers, 1979), I would help the client sort out his/her stated and unstated preferences or untangle contradictory definitions of the situation.

In addition to, or instead of the above, the sociologist might employ indirect strategies directed at the client's context more than his/her "content." I believe that Thomas' "beneficent reframing" approach (Wirth, 1931) was of this type. Other examples include networking, strengthening family or other primary relationships (Coombs, 1980), and training the client in practical means for dealing with problematic situations, objects and others.

In each case, the counselor is more clearly doing applied dramaturgy than conventional therapy. Such counseling roles are more creative, active and sometimes directive than most psychological counseling. At the same time, they represent direct extensions of the traditional educational and research roles of the sociologist: the social behaviorist helps clients learn how they can do something about their situations, how they can more effectively change, choose or control their own acts and other performances in life.

The connection to "academic" sociologist becomes even clearer when we look at the pattern of the social behavioral process. It follows the typical pattern of "naturalistic" field research (Lofland, 1976). One first gathers information from which is generalized an explanatory model describing the client's situation in operational terms. However, the clinician does not stop with generating substantive theory but then proceeds to the actual intervention in which that model is used to organize appropriate actions to resolve that case. In other words, we create an hypothesis about the case and then translate it into clinical action.

Situationally, social behavioral work is no different from other counseling. One requires some kind of intake set-up in which a prospective client is screened, a contract agreed upon between client and provider (often in the form of an explicit "behavioral contract" of the sort now in general use), and the roles and rules of the counseling relationship established. Then sessions will be provided during which the counseling interventions will take place.

Unlike some counselors, however, sociologists like myself are committed to the principle of minimal intervention. We minimize the extent and duration of interventions, the degree to which the counselor takes or maintains an authoritarian role and, most particularly, the changes we demand our clients
make in their lifestyles, relationships or conduct. It is the client's right to determine what is acceptable, appropriate or desirable in terms of his/her own living. It is the counselor's task to help that person get on with the business of living in his/her own preferred style and manner.

Therefore, it is crucial that we not addict clients to our helping but rather get them over the need for help. In order to avoid problems of transference, mystification or exploitation of power disparities between client and sociologist (see Beilin, 1979), we direct counseling toward training clients in self-management and we train them in strategic practices which they can employ on their own to maintain case gain on the longest term (see Straus, 1977, 1979c).

Whether we organize the counseling, as I did, by offering the client a no cost consultation interview for purposes of intake and then provide a series of individual or group sessions, or establish some alternative program structure, our task falls into two parts. The first is that of assessment and the second that of implementation.

THE ASSESSMENT PHASE

Typically, assessment begins with the client intake process but, for more complex cases, may continue over several further sessions. This phase consists of gathering information through sociological field methods—primarily "intensive" interviewing (Lofland, 1976)—and then generalizing an explanatory model for the case. However, rather than preparing a written research report, the clinician summarizes and explains his/her findings to the client.

This is done in the manner of an instrumental hypothesis (Hurvitz, 1970). That is, the explanatory model is so organized as to describe the client's situation in a manner that defines and facilitates the possibility of change. "There is something wrong with your brain chemistry" is not of this form, while "You seem to be over-reacting to your boss' behavior" would be, since it establishes the possibility of changing one's reactions.

The assessment phase ends when the explanatory model is presented to the client and the client agrees that it fits his or her case. Often it is necessary to negotiate a mutually acceptable definition of the situation with the client, modifying one's original model.
Normally, the explanatory model is presented in logically backward fashion. Illustrating this point, I will describe the typical presentation for clients who want to stop overeating, as seen in my own private practice.

First, one's overall conclusions are stated in such a way as to begin the process of reframing the situation for the client. I would tell clients that they were not crazy, that there was nothing wrong with them. We would have to work together to change how they think about food and eating and to teach them some better ways of handling stress and coping with temptations.

Our clients know that there is something very seriously wrong with them. This belief is part of their problem. Some adopt pathological metaphors but most Americans stigmatize themselves in moral terms such as “I lack willpower.” This explanatory scheme reflects the Puritan idolization of “self control” and resisting fleshly temptations, now institutionalized in middle-class culture.

In presenting the assessment we initiate clients' redefinition of their situations on a variety of levels, of which this self-stigmatization and the often associated sense of total frustration and inability to change are an integral part. At the same time, we are educating people to apply a relativistic social perspective to themselves.

Therefore, it is often appropriate to discuss baseline data. For example, about one-third of the U.S. population is considered overweight. In such a situation it makes no sense (as the client quickly agrees in most cases) to account for each overeater's problem in terms of something peculiarly wrong with that person. We must look at common, underlying factors.

Third, then, we might discuss socialization. While we must consider gender, subculture, age cohort and social location, we are especially interested in common themes for common problems. Childhood learning is often of this sort: American children learn to reward themselves and make themselves feel better by “having a treat.” Of course, since “this” is what we now implicitly believe makes us feel better, whatever “this” happens to be, it tends to work for us: it is a matter of our definition of the situation.2

Fourth, it is useful to discuss lifestyle factors. In contradiction to “wholistic health” pundits, one's lifestyle is not primarily a matter of free choice but, rather, a consequence of social group, status, occupation, subculture and other social arrangements (Weber, 1946). Our American lifestyles are less chosen than thrust upon us. Our circumstances are stressful, marked by unceasing rapid change in everything from consumer products to relation-
ships, unprecedented role strains, an onrushing stream of often conflicting demands, pressures, threats and information.

Additionally, two background aspects of lifestyle are particularly important to the overeating case. First, as with so many human groups, rituals of social eating are deeply embedded in our culture and are almost mandatory in finding a mate, keeping a job or just "having fun." Second "having something to eat" is probably the only sensual gratification considered wholesome and acceptable for any member of society at any time by almost all subcultures.

At this point it is useful to bring up the concept of stress, in both its colloquial and technical usages. In threatening and conflictual situations, we tend to both feel subjectively "up tight" and also to exhibit a psycho-physiological "generalized stress response" with its various insidious consequences (Selye, 1974).

Fifth, we might discuss situational factors specifically affecting the particular case. These might involve his or her job, family relationships, physical handicap or illness, social class, age or any other "social feature" described by Glassner and Freedman (1979). Very common among older overeaters, for example, is the situation of being stuck at home all day with one's spouse at work and one's children grown up and gone.

Sixth, we would describe macrosocial factors. These include the social arrangements of our society and, very often, its economic structure. There is, for example, a multi-billion dollar food processing and marketing industry that depends upon ever-increasing consumption by the American public. High-calorie, processed foods are constantly thrust at us with exhortations to eat them, given easy availability and "pushed" with every stratagem of persuasion known. Their consumption is socialized behavior — compliance, not deviance.

After going over such factors, we can present an explanatory hypothesis. I have found it expedient to organize the model in terms of how the problem works and how it ties in with what the client is presently doing or not doing.

A very typical analysis for weight loss and many other problems would be as follows, although it is presented to the client in simpler, substantive terms. The subject comes to define it as "only natural" to indulge in some conduct which has or seems to have a direct payoff, typically sensual gratification coupled with relief from stress or discomfort. She/he also defines most positively the things and actions associated with that conduct. The latent consequence of this routine, however, build up until they are no longer perceived as tolerable. Therefore, the subject now defines what I should do as not doing
or "resisting the temptation" to engage in that instrumental conduct. The more people strive to enact this new definition of the situation, the worse becomes their cognitive and psychosomatic stress because they are simultaneously maintaining for themselves, and therefore continuously having to block or deny, the original definitions of the situation. Eventually, they resolve this double bind by "compulsively" giving in and doing it anyway (see Haley, 1958).

Thus, overeaters find that the harder they try to diet the worse the temptations become; eventually they find themselves giving in and "compulsively" stuffing themselves. Many describe their situation in terms of "being programmed that way."

RESOLUTION OF THE CASE: IMPLEMENTATION

While the conclusions section of the research report is rarely treated as critically important, the clinician is not interested in suggestions for future research. Rather, from the explanatory model she/he draws a plan of action to resolve the case.

Most interventions will be done in the course of a series of counseling sessions. For example, resolution of typical overeaters' problems will involve the following: a) helping them redefine the meanings held for themselves regarding food and eating; b) training them in new strategies for doing something about stress that do not require eating or suffering; c) training them in new tactics for coping with food and problems generally; d) facilitating their redefinition of themselves with regard to enhancing self-esteem and their sense of self-determinism; e) providing some counseling with regard to nutrition, behavior modification "homework" and necessary social skills; f) if possible inviting their significant others (at least a spouse if such exists) to attend a session during which the client's program of counseling will be explained, the others instructed in how to help facilitate progress and, if necessary, some light "family counseling" provided.

Usually, it is feasible to work with individual clients on a private or group basis; sometimes we need to work jointly with their family or other intimate groups. In some cases this is only appropriate, as in marital counseling and some sexuality counseling (see, for a social behavioral approach to family therapy, Hurvitz, 1979). For other cases such direct interventions are not ap-
propriate. Except for the sociologist licensed and trained to do so or working in a multidisciplinary unit (e.g., Powers, 1979a, b), it is usually necessary to refer medical or psychopathological cases to an appropriate professional.

A more clearly social strategy is called for in yet other cases. Often the client's problem would best be resolved by helping him/her get involved in a peer support or peer counseling group. An older housewife whose kids have grown up and whose husband is seeing younger women might best be served by referral to a women's center, or possibly her minister or rabbi. In many cases the client can be linked up with a self-help group, community agency or other network that can supply social support.

Implementing the plan of action follows the principle that the way to be changed is to act changed. However, clients need some help or they would have changed on their own. We can provide them with knowledge of their alternatives, with tactics and strategies for getting what they want or need, and with help in reconstructing their self-limiting realities so that they can let themselves change, succeed and enjoy their lives. The precise techniques used are of little importance so long as they do not harm or degrade clients and do facilitate achievement of their goals.

Clinical sociologists have reported using a variety of techniques drawn from other practices or developed by themselves. These include subject-centered hypnotherapy (Straus, 1979c), interactionist family therapy (Hurvitz, 1979), guided conversation (Powers, 1979a, b), sociodrama and simulations (Glassner and Freedman, 1979), psychomotor therapy (Howe, 1977), etc.

It is more constructive to consider the generic tasks and strategies of social behavioral counseling, which can be treated as a three-step process. In the first, the sociologist takes control over the case in order to initiate the process of reality reconstruction. Intensive heterointeraction is employed at this stage, based on the principle that such intense exchanges can so involve the subjects that they can forget about "how they really are" and other definitions of the situation, accept new definitions and identifications and insert them into their flow of self-interactive "talking to themselves" (Straus, 1978).

It is always necessary to begin with what the client can actually do about the situation. However impossible their objective difficulties, they can always change how they think, feel and imagine about their selves and their situation. Thus, in this initial phase of intervention, we work to help the client reconstruct ideas, attitudes, and other definitions of the situation and to let go of those definitions by which they have been blocking themselves. For example, we help the overeater redefine candy as something sweet that one can take
or leave as one chooses; the idea is that “I don’t have to crave and eat it, it’s just something there, like a napkin or a still life.”

We then shift into a second phase of teaching control. We shift our focus in the counseling exchange to suggesting tactics which people can use for or by themselves to break out of self-limiting patterns of response, reaction or conduct and deal with situations and others, their private experiences included, so as to not let such things negatively affect them. Always our underlying goal is to show the person how to avoid taking the role of “victim,” of a passive object of the action who cannot help but behave in the same old way.

Rather than directing clients to think about action or how they are feeling or what it all means, we show them how to do something about what is problematic for them. Ultimately, our goal is to teach them how to exploit their own self-interactions so as to function as more creative actors in the play of life.

On the short term, we show them alternatives (or help them identify their own alternatives) to what they are already doing, whether they have been aware of the fact or not, which ultimately serves to frustrate them. Focus is always on action and teaching the client how to do things or what to do in problem situations — even if these tactics will only work because the client believes they will. Functionally, this provision of new strategies for effective, self-directed action is the most important element of our approach.

In the assessment, for example, eating was identified as an oral strategy for managing stress. Using food, alcohol, tobacco, drugs or even behaviors such as nail biting for this purpose led to undesirable latent consequences. For such cases, counseling sessions are practically concerned with providing alternate strategies for living and coping that will not evoke a chronic, psychosomatic “fight or flight” reaction.

This aspect of intervention has two phases. The first is re-education intended to correct American socialization wherein we learn that the “right way” to cope with situations is to strain and push, making rather than allowing things to happen. I would teach such clients instead to act when action is appropriate and efficacious and then to let go of the situation and return to a normal, calm state of arousal until the next moment when they can effectively act.

The second phase is to teach the client something to do about his/her stress. Various relaxation strategies are available (e.g., White and Fadiman, 1976) although it has been my preference to train the client in a form of “self-hypnosis” for this purpose.
In this second stage of intervention, other practical tactics are taught as the case warrants. Weight cases are counseled in cooking and making food choices, handling temptations and employing behavioral tactics for managing food intake. Those with study problems are taught study techniques, etc.

In organizing such interventions we should keep in mind, first of all, that the test of our counseling will be in the client's subsequent actions in everyday life, not in how she/he feels about things during or just after the session. Furthermore, our goal is always to help this client adjust to undesired realities, private, material or social, rather than to adjust the client to the way things happen to be.

The final phase of intervention involves progressively *turning over control* to the client. This is essential since our aim is to interfere as little as possible in the client's lifestyle and living, to select the least disruptive, least coercive and least extensive interventions necessary to get the particular situation resolved. Therefore, we must get ourselves out of the case as soon and as completely as possible.

These goals are facilitated by extending the training in self-management strategies to providing partly-ritual and partly-instrumental *practices* by which clients can take over the active management of their own cases, periodically reinforce their sense of self-control, remind themselves of their new definitions of the situation (and/or create further definitions as they feel appropriate), and otherwise maintain the benefits received from our counseling. Such practices may be either private or social (Straus, 1977).

Social strategies may involve attending periodic group meetings, getting together with others who have similarly solved their problems on a less formal basis, or even joining a community or commune — although this last strategy is rarely employed by secular counselors. Social forms will generally be in addition to private maintenance practices.

As mentioned earlier, in my own practice I generally rely on "self-hypnosis" for this purpose — in conjunction, of course, with following an acceptable eating regimen for weight control cases. Such cases would be asked to "give themselves a session" lasting from a few minutes to a half hour as they desired at least once or twice daily. The technique was designed to both relax the clients and to get them to explicitly remind themselves that "I can be relaxed and I can be strong; I can refuse to overeat and make myself fat."

The principle behind this particular tactic has been called the "law of concentrated attention" (Kroger, 1977: 48). At first we must think about and
deliberately follow new ideas for thinking and acting. However, if we repeat or re-enact them frequently enough over long enough a time, they become so familiar to us as to seem natural, unremarkable, "what we do.” Thus, by this constant reiteration in their self-hypnosis practice (usually coupled with the in a multidisciplinary unit (e.g., Powers, 1979a,b), it is usually necessary to refer medical or psychopathological cases to an appropriate professional. client's visualizing him/herself acting in such a way), these new realities become a matter of habit, to be enacted routinely, without necessity of thinking about it, in the course of everyday life.

In concluding discussion of social behavioral interventions, it is exceedingly important to again stress that the critical phase of any counseling action occurs in people's subsequent conduct in their everyday life, in their self-interactions, exchanges with others and management of material and social situations or events. This is the hard part of any counseling endeavor.

While clients are provided training in practices for self-management, there is also a very significant social component to maintenance. They are committed to changing their act and strive to do so in their everyday world. This, however, may threaten the definitions of reality held by others who share that world, who may then act to neutralize this threat to their collective reality. Typically, the dieter's friends and family will remark, "What's wrong with you? You're not acting like yourself."

To forestall this sabotage, it is desirable to recruit significant others as helpers and facilitators of the client's progress. This is why I would advise bringing family and/or close friends in for a session, as mentioned earlier.

However, if clients will persist in enacting their new roles, these others will in time come to interpret that new conduct as literally defining “how they really are.” If the subject persists long enough, the significant others will conspire with him/her to maintain the new joint realities.

Until then, two additional ploys may be useful. The client can be given some guidance in making new friends who only know him/her as she/he is trying to be. Alternatively, the counselor may invite ex-clients to participate, as a social practice, in periodic group meetings or social functions for mutual enjoyment and support. Any such networking tactic will be helpful. However, if clients fail to establish supportive relationships of this sort, they will probably fail in their maintenance of the new reality and will require more counseling, give up or find another source of help.
CONCLUSIONS

Unless we recognize the social bases of clients' troubles and the social contingencies surrounding their eventual resolution, we are unlikely to be effective in helping them. This point is already being made for us by other professionals who argue that a sociological perspective can be crucial in organizing the counseling or therapy intervention (e.g., Polak, 1971).

Clinical sociologists claim something beyond this; we claim the right to intervene. In these pages I have sought to demonstrate how interactionist social psychology can be translated into social behavioral counseling strategies. Our tradition provides a unique and consistent rationale for mindwork and many other forms of counseling. We have, therefore, valid grounds for our claim to the legitimacy of clinical sociological practice — as opposed to a questionable situation of presumably untrained social scientists intruding upon the special domain of psychiatry, psychology and other existing counseling professions.

This is not to say that sociologists could and would not benefit from rigorous, multidisciplinary clinical training; the fact is, however, that such has not readily been available to those who have pioneered in this field. All efforts should be made to establish systematic training opportunities for clinical sociologists.

Nor are we in competition with other professionals and seeking to overthrow them. We claim only a unique area of specialized knowledge and competence, and that our professional background can be readily applied to the practical resolution of a wide range of human problems. It remains our task to develop more formally the potentials of this field, systematize practice, and demonstrate empirically that the clinical sociologist has in fact, as well as theory, something of great value to contribute to the counseling sector.

NOTES

1. Earlier versions of this paper were presented at the 1979 and 1980 annual meetings of the Pacific and North Central Sociological Associations.
2. This approach implies a radical reconceptualization of subconscious, psychosomatic and behavioral processes based on pragmatist/symbolic interactionist thinking; experience is mediated by meanings (definitions of the situation) so that it is not the event or object but how
we interpret that object which evokes feelings, reactions, etc. This view implies that definitions of the situation may occur at any level of logical typing (Bateson, 1979) and may, therefore, lie outside normal consciousness. They may, indeed, be timeless and unconscious but, being definitions of the situation, they are at the same time socialized and acculturated. The social dialectic permeates even this level of human functioning.

REFERENCES

Barber, T.X.

Bateson, G.

Beilin, R.

Berger, P. and T. Luckmann

Blumer, H.

Coombs, R.H.

Douglas, J.

Glassner, B. and J. Freedman.

Goffman, E.

Howe, L.P.

Hurvitz, N.

Kroger, W.

Lofland, J.
Mead, G.H.

Polak, P.

Powers, S.

Sapir, E.

Sarbin, T.R.

Sarbin, T.R. and W.C. Coe

Selye, H.

Skinner, B.F.

Straus, R.

Thomas, W.I.

Weber, M.

White, J. and J. Fadiman (eds.)

Wirth, L.
Bureaucide: A Method for Organizational Disassembly

Harvey C. Greisman
West Chester State College

Efforts to hold down spending plainly have high priority in government now. One area often singled out for reductions is the “bureaucracy.” This word, which has developed such negative connotations over the years, has recently been invested with the character of an anti-Christ.

It was in the political hyperbole of the 1980 Presidential campaign that the picture of the grossly inefficient, byzantine agglomeration of self-perpetuating absurdities was painted in all the lurid colors of partisan politics. Former President Carter had begun a concerted, if ill-starred, attempt to “clean up” the bureaucratic apparatus that he blamed for so much suffering and bad policy throughout the country. This rhetoric proved attractive, and much-heralded programs to “trim the fat” from bloated bureaucratic organizations were begun with a will. Few social scientists were surprised when most of these cost-cutting streamlining programs were brought to a screeching halt many miles short of their objectives. In some respects, Ronald Reagan’s own program to correct these problems has run into similar obstacles. When attempts to bring down costs succeed, they generally do so at the expense of lower-level staff, or at the expense of the poor or marginally poor citizen who could least afford them (Bould and Valdivieso, 1974).

Why have most efforts to reduce the bureaucracy failed so abjectly? Is there a way to make judicious cuts in bureaucratic organizations that will be valid and long-lasting? It is the intent of my paper to suggest that such a way exists, and that this goal may be accomplished within a small time frame and with minimal expense. The method proposed here makes use of several of the major insights about bureaucracy that social scientists have accumulated since the days of Max Weber. Perhaps because no adequate theory has been developed to make sense from all the facts that have been gathered, there has been a reluctance to apply existing knowledge in a problem-solving context.
This project is a departure from that stance in that the method involved addresses the practical exigencies of reducing the size and cost of bureaucracies.

Since Max Weber initiated the sociological study of the bureaucratic phenomenon there have been thousands of books and articles written on the subject. Some have been openly partisan: They declaim the inhumanity of bureaucratic organizations in moralistic chants and responses. Others have taken a more "objective" stance and relied on description and the accumulation of data with practically no analysis or conclusions whatever. Still others have designed programs for the "humanization" of bureaucratic organizations in which the strategies of the human potential movement are brought to bear on tiresome situations. In the more popular realm, yet another approach provides the individual with "survival manuals" with which to navigate the labyrinth of bureaucratic procedures. But the literature on methods for the actual dismantling of wasteful, cumbersome, and unpleasant bureaucracies is scanty, indeed.

Despite the lack of research in the area of cutting down on bureaucracy, it is rather widely agreed that bureaucracy, at least in the government realm, has in fact grown to a point so far from optimum size that radical surgery is required. The precise nature of the subject's anatomical malfunctions must be ascertained before the "operation" can commence. In this case, the surgery will be aided by the basic structure of the organization itself, which here refers to the rules which come to characterize bureaucratic procedure. It is precisely this feature of bureaucracy which makes it so susceptible to inefficiency, waste, and irrelevance. The bureaucracy, and the bureaucrat, are guided in their day-to-day operations by rules. But the social world is full of surprises, and inevitably the rules have to be revised or, more frequently, added to. A morass of frequently meaningless rules emerges, and renders any given operation impotent. The problem has varying degrees of severity: the Armed Forces, the Post Office, the Immigration "service," the Veteran's Administration, and the various state and local welfare departments are the more notorious among the offenders. Yet the disorder is endemic to most bureaucratic organizations.

Lately it has been the fashion to lampoon bureaucracies. Senator Proxmire has handed out his "Golden Fleece" award to many an embarrassed recipient. The Washington Monthly publishes its Memo of the Month book in which the most absurd, arcane, and redundant communiques between government functionaries are reprinted in all their comic-opera detail. But this nervous laughter about the petty foibles of bureaucracy masks the enormously threatening spectre that looms on the horizon: an administered world which has become so top-heavy and so wasteful that it stifles every positive and creative initiative in a quagmire of counter-productive controls and rules. Robert Merton (1968) summarizes the bureaucratic dilemma thus:
1. Bureaucracy demands the same response to situations and strict devotion to the rules.
2. Bureaucracy leads to an absolute devotion to the rules, thus losing track of the purpose of the rules.
3. Situations arise which are not covered by the rules.
4. The very elements which make for efficiency and rationality in some situations may produce just the opposite results under different conditions.

Merton's stress on the rule-making and rule-following aspects of bureaucracy will act as the starting point of the method proposed here. "Bureaucide: A Method for Organizational Disassembly" approaches the problem of an overgrown bureaucracy from the standpoint of reducing its size by "over-enforcing" its rules until the weight of procedural impediments forces a structural breakdown and effects an actual "disassembly" of the unit through the avenue of its own nonfunctional rules. A chief executive taking this tack may well have met with greater success than Mr. Carter, whose attempts to reduce bureaucratic waste required the setting up of yet another office to superintend the overall cost-cutting. As one might predict, very little was accomplished, save the creation of an extra addition to the Washington family of government offices.

Before the method can begin to be applied, several problems must be resolved. Among these are: How does one identify bureaucracies which require disassembly? How can one select for enforcement the rules which will net the greatest result? How can the method be applied with surgical precision to avoid harming valuable personnel and viable institutions? These and other questions must be thoroughly addressed so as to ensure maximum effectiveness in the disassembly process, while guarding against a "meat axe" approach which can only do harm in the long run. This paper will present the core elements of this ongoing project.

**BETWEEN TERRORISM AND TOKENISM**

The past gives certain concrete lessons about attempts to limit the size and growth of bureaucratic organizations. Today bureaucracy is frequently conceptualized as "lifeless," "faceless," "impersonal," and "neutered" (Crozier, 1964). Its mindlessness and lack of direction are, at least in the eye of the beholder and outsider, relatively new perceptions. Bureaucracy in its modern
form was created in the mid-eighteenth century as the servant of the state and modeled on the army. This was a time of "enlightened despots" like Frederick of Prussia and Joseph of Austria who used the state bureaucracy as a weapon against competing interests in their respective countries (Jacoby, 1976: 28-35). In this era the bureaucracy was "mindless" only insofar as it was founded and organized on Teutonic military principles. For the Beamte to question the order that crossed his desk was no less detestable than the second Lieutenant's refusal to charge headlong into the enemy (Presthus, 1962: 49). It was cowardice under fire in both cases. Hence, the state bureaucracies were perceived with accuracy as extensions of royal power and it was on these premises that they were attacked.

At the one extreme of attempts to disassemble bureaucracies is terroristic and revolutionary violence. It was popular well into the twentieth century, especially under the auspices of anarchist inspiration from the pens of Bakunin, Proudhon, and Kropotkin. In these rudimentary and primitive attempts at bureaucide, horrific and often murderous violence was employed to bring down the apparatus of the state. Apart from a bloodthirsty system of ethics, it also proved to be a failure in practical terms. This frightfully amateurish and morally culpable approach to disassembling bureaucracies was born under the dark star of utopian longings. It was a wholly romantic assertion of will, and totally unsuited to the complex and demanding job it undertook.

A more familiar, slightly more sophisticated, and similarly ineffective approach to the problem can be found in the various reform attempts that issue from within the bureaucracies themselves. This is not to say that a given department, office, or division itself organizes and administers a paring down of its own operation. This may happen, but it is rather unusual. More often a watchdog agency or outside consulting outfit is called in to perform the surgery. The techniques of most of these operations are familiar to the casual reader of the Wall Street Journal. The contractor is most often a local "human relations" think tank with a skeleton core staff and scores of occasional part-timers who are swiftly recruited for the job and just as swiftly let go. The specific techniques designed to "enrich jobs," to promote happiness and lessen on-the-job frictions are well-known and differ only in detail from one another. They are in effect softcore extensions of Taylorism, smoothed out and dressed up with pseudo-science jargon by corporate mind technicians like Robert Ford of A T & T and Scott Myers of Texas Instruments. What they have in common above all is the attempt to increase productivity from employees whose dependency and incompetence are considered a priori (Perrow, 1972: 98-143).

Along a similar line operates the cluster of techniques generally called
Management by Objective, pioneered by Peter Drucker in the 1950s. Here the goal is not so much job enrichment as it is to effect cooperation from two fundamentally antagonistic camps, labor and management, with attendant loss of identity in the all-powerful organization (Perrow, 1972: 61-95). To this could be added Sensitivity Training, Transactional Analysis, Behavior Modification, and a dozen other approaches which are designed to smooth out the wrinkles of personality, status, and economic conflict in the workplace. Whether or not any of these techniques actually deliver what they promise is a moot point, especially since the consultants who normally undertake this kind of work build the need for "follow-ups" into their programs, thus assuring continued patronage from the afflicted bureaucracy. So while the malady may be said to lessen in intensity, the best the patient can hope for is to go into remission (Thompson, 1975: 31). Cures, even if available, would force the clinicians to close up shop.

The results of these treatments in the private sector bureaucracies are hard enough to determine, but not impossible since the growth or shrinkage of profit margins can act as a rough indicator (Reif and Luthans, 1972: 30-37). In government, however, it is virtually impossible to assess the impact of such programs. This is because the various Federal, State, and local bureaucracies neither "produce" tangible goods, nor do they measure their success or failure in terms of "profit" or "loss." In fact, the criteria for success or failure issue either from the office itself, or from another office within the same overall agency or department. The standards of "production," "efficiency," and "goal attainment" are subject neither to the marketplace nor to other real-world forces. The bureaucracy is its own reason for existence, and it fine tunes its performance to conform to internal criteria.

This constellation of attempts to limit, improve, and streamline bureaucracy has a sideshow aspect. It is tokenism in its most manipulative and most benign guise. Its rank manipulation of people and situations is recognized as such by almost everyone involved. There may even be some limited entertainment value present. Also within the classification of tokenism is budgetary cost-cutting. Here the accountants take over, and blue pencil everything that is "frivolous" and "non-essential;" at least that is how it works out in theory. In June of 1980 the results of three years of then-President Carter's hard-nosed cost-cutting of the Federal bureaucracy were announced. Only a half dozen offices were actually excised from the roster of government agencies, and these dealt with the purest bureau trivia imaginable: The people who administer a miniscule office on the aesthetics of the American flag had their appropriations slashed to the very bone, as did an obscure bureau that was still working out Spanish land grant claims in California.
Now there is more bureaucracy because of all the GS-14s that were hired in the past few years. It was their job to administer the cuts, and their own hirings were “hidden” from public scrutiny by making their appointments “temporary” and “provisional” at the outset, although most are by now full-time employees of the government. It would be wrong to blame these employees for wanting a decent job, a secure position, and a reasonable income. In a real sense they are just as victimized by the system as the harried civil servants they were hired to eliminate.

The cleverness of bureaucracies in increasing employee numbers, budgets, and power in general is amply illustrated by the imaginative strategies used in short-circuiting plans to cut back on personnel (Altheide and Johnson, 1980: 77-80). Some examples of this include the practice of hiring two part-timers to replace one full-time position, hiring people to work for 39 hours per week, thus maintaining the “part time” status, misclassifying employees as “temporary,” and dropping employees from the payroll records at times when the auditors make checks. It has been estimated that about 165,000 people are employed through one or more of these gambits. The Census Bureau, the Social Security Administration, the Forest Service, HUD, and the Bureau of Indian Affairs seem to be the worst offenders. The resounding success of this mammoth subterfuge was borne out when President Reagan, shortly after his election, announced a hiring freeze on government jobs. An embarrassed chief executive was chagrined to learn that just such a freeze had been in effect for years.

It is fairly safe to assume that the Presidential attempts to trim down the size of bureaucracy have long ago come to be regarded as mere campaign rhetoric by the majority of people. Although this highly advertised assault on bureaucracy can be discounted as tokenism, the various tax cutting initiatives that began with California’s Proposition 13 in July, 1978, cannot. As of this writing, the so-called “taxpayers’ revolt” has lost some of its initial momentum, but the use of this drastic method is, in all probability, not to be discounted. Now it is allied with the proposed Constitutional Amendment to balance the budget, and enjoys tremendous support from corporate interests. And with good reason: The property tax relief was a windfall for the largest property owners. For every dollar saved by the over-taxed elderly couple trying to hold onto their home, several millions were realized by utilities, manufacturers, and agricultural interests.

This attempt to cut bureaucracy results in eliminating services to people who can least afford to lose them. The jobs that are cut will typically affect not bureaucrats holding sinecures, but janitors, clerk-typists, and maintenance people. This approach was echoed by President Carter’s attempts to lower
social security payments to people who could supposedly afford to do without them. In 1978 this was translated into an attempt to eliminate such payments to widows with children in college. Although the measure was withdrawn under heavy fire, it illustrates the cruelty that can issue from politically opportunistic and insensitive approaches to bureaucide. This, too, is tokenism in that nothing really changes in the bureaucracy, but it is tokenism in a most malignant form insofar as it victimizes the perennial “innocent bystander” while purposely missing the real target.

What I have discussed here are admittedly the extremes: There are indeed other approaches which fall in between them, such as Alvin Toffler’s prediction, made ten years ago, that we are witnessing “the breakdown of bureaucracy.” Toffler believed that in the new “ad-hocracy” people would escape from “being trapped in some unchanging, personality-smashing niche.” The human being would instead find itself “liberated, a stranger in a now free-form world of kinetic landscapes.” He saw a return to free-wheeling entrepreneurship, nineteenth-century style, as the new adhocracy assembled an exciting, venturesome, liberated world (Toffler, 1971: 125-126, 148). The patent silliness of this confused prognosis is certainly not the worst of its genre, but a more thorough examination of its competitors is not possible here.

THE SEARCH FOR A METHOD

Although famous for his development of the F scale, Theodor Adorno is better known in Europe as an originator and exponent of the theory of an “administered world.” In this framework, which really has more of the qualities of a vision than a formal theory, a nightmare of bureaucratic controls is assembled by the sinister forces of a managed society. Adorno simply carried Max Weber’s predictions about the rationalized, bureaucratized, “disenchanted” world a few steps further toward its firmly pessimistic conclusion: i.e., all forms of social life were to be frozen in the deadly embrace of bureaucratic accountability. There was no villain in this scenario, because this is just the way things turned after the events of a thousand years ago set an inexorable process in motion. And there is no escape from the administered world since even the modes of escape are themselves developed and distributed by bureaucratic machinery. What results is a sociology of despair, and all attempts at halting or turning back the growth of bureaucratic control are dismissed as doomed from the outset (Greisman and Ritzer, 1981). This view, which is enjoying increasing acceptance in some circles, overlooks the potential weaknesses in-
herent in the bureaucratic phenomenon, and it is upon these weaknesses that a bureaucicide method can be based.

The fundamental weakness of bureaucracy resides in one of its essential properties -- rules -- an enormous codex of faithfully recorded, selectively enforced, frequently ignored rules which constitute the legal system of every petty bureaucratic fiefdom that the administered world has spawned (Crozier, 1964). As part of the legitimating function, that is, in order to make executive caprice or the desire of powerful interests more acceptable to employees and the general public, bureaucracies develop impressive reserves of supposedly inviolate rules (Weber, 1947). The superabundance of rules is dictated largely by the belief, which seems to be endemic to bureaucracies, that each and every possible situation can be handled by a given rule. It is just a question of framing enough rules to cover all these contingencies. Hence, the National Labor Relations Board in Washington distributed an administrative bulletin which set down the rules and procedures to be followed by employees should the nation’s capital be the target of a nuclear attack. With deadpan earnestness the memo laid out all the proper steps to be followed so that work could go on despite the inconvenience of an atomic holocaust (Peters and O’Neil, 1973: 33). For every rule that is made to cover extraordinary situations, dozens are typically promulgated to cover day-to-day commonsense circumstances. Many of these rules exist because of an initiative tied to personal ambition. Bureaucrats who want to advance in an organization will try to win points by starting projects, initiating “improvements,” or tracking down deviants. These attempts are frequently translated into policy, and eventually become rules. Long after the given bureaucrat has been promoted and retired, the brainchild remains on the books, and assumes a fossilized and thoroughly nonfunctional character.

The idea of following the rules to the very letter as a way of making a statement or winning an advantage from a given organization has been implemented in the past, although the goals of such actions have little to do with the bureaucicide here proposed. Perhaps the best-known instance of this rigid adherence to all rules as a weapon is the so-called “rule book slowdown” which was until recently the tactic favored by air traffic controllers (Weinstein, 1979: 95-7). Every so often a dispute over wages and benefits came up between the controllers in the tower and the airlines. If negotiations stalled, the controllers staged a rule book slowdown instead of striking. By reporting to work and doing just what the rule book called for and nothing else, the controllers were able to bring air traffic to a virtual standstill, while continuing to receive their paychecks. (These tactics contrast sharply with the disastrous confrontation methods employed during 1981.)
Some bureaucracies are extraordinarily old, permeated by nepotism and antiquated redundancies, and hopelessly inefficient. Yet within these same criteria, some are worth saving. The old Post Office Department was one such organization. Reorganized as a "public corporation" and renamed the U.S. Postal Service, it has been greatly modernized since its inception in 1969. Thousands of cost-ineffective rural post offices have been eliminated, modern machinery has replaced outdated sorting and cancelling methods, and new personnel policies have streamlined the ponderous hiring, promotion, and incentive programs of the old Post Office Department. The result of all this tampering has been much worse service at much greater expense. The idea of centralizing postal districts has not worked, the new machinery, specially ordered at great expense, eats packages and letters with gusto; millions of postal patrons miss the convenience of their local post office; employees, dissatisfied with management gimmicks, have struck on several occasions, operating costs have skyrocketed, the prospect of curtailed deliveries is in the offing, and the very thought of a nine-digit zip code has businessmen worried over the next disaster to befall their mailings. Before the business-school surgeons operated, the old Post Office Department was a model of quaintly absurd nineteenth century procedures which for some reason, still secret, managed to serve two hundred million people with lackluster predictability. Its replacement sought to impose space age technology on a service conceived by antediluvian minds. The results are plain to those who receive a piece of chewed up mail inside a brown envelope which is stamped "damaged mail," just so there is no doubt about the actual condition of one's correspondence.

Just because a bureaucracy is antiquated and outdated does not necessarily mean it should be eliminated or even tampered with. By the same token, brand-new bureaucracies can be worse than their century-old counterparts. A prime example of this is the National Railroad Passenger Corporation, another "public corporation" put together by the Nixon Administration. Its mission was to restore some semblance of life to the moribund remnants of the passenger train network which once functioned with efficiency under private ownership. Although it was created only in 1971, Amtrak has become a model for what not to do in countless ways. Many people on its governing board know absolutely nothing about railroads; its procurement methods are devastatingly slow and prone to massive errors; it is the focus of a half-dozen probes on corruption charges, and despite massive federal subsidies, has failed to restore U.S. passenger service to what it was in the 1940s. As relatively new as it is, Amtrak and its sister bureaucracy, the Northeast Corridor Improvement Program, walk away with awards for waste and red tape (Greisman, 1980).

Within the criteria of size and efficiency, one also must consider
organizations that are pitifully understaffed and manage to provide essential services. Naturally, these would hardly qualify for bureaucide, but may merit attention as exact opposites of waste and inefficiency. Hence, the selection of the organization must proceed with care and caution. Only with surgical precision can advocates of bureaucide move to dismantle targeted bureaucracies. Anything less than exquisite care in this area can result in enormous hardships for both employees and those whom the bureaucracy ostensibly services.

**Step Two: Compiling Rules.** Bureaucracies by definition place a premium on codified rules and procedures. Reliance on written rules has effectively insulated bureaucracies from substantive change for many years, and the frustrating response to an innovative suggestion, "we've never done this before," aptly illustrates the historic resistance of bureaucracies to change. Much of this resistance issues from the private interests and desires of the bureaucrats in managerial positions, but the concrete manifestation of these interests shows itself in rules and their selective enforcement. The relevance of all this to bureaucide is that a reasonable amount of organizational disassembly can be hoped for by the thorough enforcement of certain of these rules which may be either long forgotten, or honored more in the breech than the observance.

It was noted earlier how "work-to-the-rule" actions by unions had achieved limited gains without resorting to strikes. The labor interests were concerned with the continuing function of the organization, since it was to the organization that they owed their livelihood. Predictably, few if any departments or businesses have been actually destroyed by such actions. Bureaucide picks up where these approaches leave off; it pushes the point so far that some kind of massive breakdown occurs. The goal, it should be recalled, is not the interim chaos that results, but the long-term rebuilding on a smaller scale and along more rational and humanized lines.

For those familiar with the extraordinary resiliency of bureaucracies in general, this proposal may seen too utopian. But bureaucracy's resiliency is matched by its overall structural rigidity, especially when means against it are employed from within. To picture such a situation one can draw on the registration procedures common to most colleges and universities in America. Those faculty who are not obliged to donate their time and energy to these twice-yearly exercises are dimly aware from personal memory and from student grumblings that registration is a nerve-wracking process of considerable complexity and overlong duration. Most people who have gone through it scarcely believe that it is really finished once it ends. It is the academic bureaucracy swaggering about in all its obscene plumage. Now it only remains to consider what an Achilles heel this process is. Anyone wishing to effect
drastic reforms in this process need only consult its rules. One set of rules governing this process concerns prerequisites. Most college courses above the introductory level require one or more of them, but it is only a tiny minority of faculty (the number is smallest at the largest schools with the biggest classes) who take the time to enforce these. If these prerequisite rules were to be followed to the letter in a large state university of 20-30,000 students, registration would go on for weeks, as students, faculty and administration wore out frazzled nerves in an attempt to get classes started amidst the thundering bureaucratic fiasco.

The example of a university registration is used only to make the effect of rule enforcement graphic. The unpleasantness of these procedures is merely annoying and is hardly to be considered harmful. Nonetheless, this example demonstrates what can be done on the governmental level as well. To take another hypothetical case, consider the frequently ignored rules regarding the allocation of square footage, desks, phones, and other office furniture to government functionaries on the basis of rank. Nothing could be more evocative of the Prussianized origins of modern bureaucracy, and the overall and forceful enforcement of these regulations would surely result in administrative havoc as frantic bureaucrats scrambled to move people around in a desperate attempt to bring everything into compliance with the rules.

The success or failure of this rule-enforcing technique depends in large degree on the willingness of the supervisory authority (president, governor, mayor) to permit an outside group of consultants free reign for a limited time. These specially trained people would be the real practitioners of bureaucide. Recruited from the private sector, they would have no connection with the bureaucracy, and their mandate must be total in its ability to strictly and thoroughly enforce the rules of the bureaucracy itself. This is akin to the granting of special powers for a brief period of time. Only under these circumstances can the method proposed here succeed; the attempt to enforce rules from outside fails, and essays in reform from within are likewise doomed. It is only the special status of the consultant as “outsiders with inside power” which grants bureaucide a chance for success.

**Step Three:** Supervising Organizational Collapse. What happens to a hidebound, ossified bureaucracy which for decades has been virtually immune to change and innovation? What effect will bureaucide have upon the middle-management people who have hitherto ruled their fiefdoms with the smug arrogance of feudal princes? What will be the response of the dozens of marginal and lower-level bureaucrats whose ambitions and designs have for years been frustrated by the powers-that-were? It should be openly admitted that the effect of bureaucide could be unsettling for many people. The mildly “burotic”
personality could become "bureaupathic" in a trice (Thompson, 1975: 170-177). The dammed-up frustrations and anxieties of the past could burst through the weakened barriers and engulf the target organization in a deluge of collective hysteria. The psychic effects to be produced should not be underestimated, since when the cherished rituals and structures of a given world collapse, the mental structures which drew sustenance from them likewise topple in a staccato burst of spasmodic seizures.

A critical ingredient is the provision of a guarantee at the very outset of the collapse stage, that no one's job will be lost and no one's salary will be cut. It should be recalled that the aim of bureaucide is to create more effective and responsive organizations, not to axe the jobs of people who are marginally useless and create thereby human misery at the savings of a few paltry GS-13 salaries to the public coffers. To do otherwise would amount to "blaming the victim." Alfred McClung Lee has pointed out that the private sector has been unable to provide any reasonable level of job security for its employees, so people's survival instincts have sent them scurrying to the bureaucratized pigeon holes of civil service. The "flight" from the private sector is intensified as jobs are lost to foreign competition and by technological advances which make skills redundant. In this kind of economic climate, the victims try to "hide" in the bureaucracy where luck, connections, or just a "low profile" might land them a sinecure that is immune to the fluctuations of the marketplace (Lee, 1966: 230-244).

Written assurance of job security should short circuit the collective nervous breakdown which can predictably accompany or sabotage any really effective bureaucide operation. Also, a staff of clinical sociologists should be placed on hand to deal with any unpleasant symptoms that might come up as a response to all the stress. This need can be inferred from the increasing amount of suicides and outwardly directed violence that has accompanied recent attempts to "reform" the Federal bureaucracy. The vicious beating given the young woman sent to streamline the Equal Employment Opportunity Commission, and the six-story plunge of a downgraded GS-12 from the Agriculture Department serve as reminders of the sensitivity of bureaucrats to any change in their routine. They are more psychologically vulnerable than their counterparts in the corporate bureaucracy, where job security is typically traded-off for higher salaries, and the edging out of faithful long-time employees by young go-getters is an established practice.

**Step Four:** Operation Retrieval. The anarchist wishes to destroy all government organizations once and for all. The labor organizer seeks to push organizations to the brink of inconvenience to elicit limited gains. Bureaucide aims at the discrete dismantling of specific organizations so that they can be
reconstituted on different premises, or eliminated altogether if the situation warrants. In no case will an employee be fired, edged out, downgraded, or otherwise harmed in terms of making a living and having secure expectations for the future. Despite these assurances, people are bound to be unhappy. But there will be those who welcome, for whatever reasons, the bureaucide procedure, and it is arguable that some of these people can assist in reassembling the organization under a new mandate. The talents of these people should be utilized, as should the contributions of the people whom the bureaucracy is supposed to serve but seldom serves very well.

The fact that most bureaucracies have lost touch with their actual task vis-à-vis the taxpayer is now a truism. Not long ago, at a luncheon with two government attorneys at the much-maligned Department of Energy, this was made rather clear to me. Both men agreed that DOE would continue to rubber-stamp the demands of the oil companies and translate them into public policy. This was “inevitable” since the executive branch had become convinced that it was far easier to control several hundred million private citizens than a dozen enormously powerful corporations. But DOE was hardly ruthless, and performed a very vital function: It provided support for its employees and their families. This appears cynical only to the outsider; for the bureaucrat such sentiments constitute the logic of survival. Hummel (1977: 3) conceptualized these as the public misunderstandings of the bureaucrat, and the private misunderstandings of the bureaucracy itself. For example:

<table>
<thead>
<tr>
<th>Public Perception</th>
<th>Bureaucratic Reality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Socially — Bureaucrats deal with people.</td>
<td>Bureaucrats deal with cases.</td>
</tr>
<tr>
<td>Linguistically — Bureaucrats find it in their interest to define how and when communication will take place; they create their own secret languages.</td>
<td></td>
</tr>
<tr>
<td>Politically — Public bureaucracies are service institutions.</td>
<td>Public bureaucracies are control institutions.</td>
</tr>
</tbody>
</table>

Bureaucide hopes to achieve the modest gains of making the bureaucracy
somewhat more responsive to its constituency, as well as making it more efficient and cost-effective overall. Within these general goals there will be a thousand detailed goals for each and every bureaucracy that is targeted for bureaucide, and the specific outlines of the method under discussion here. Step Four is the most challenging and the most promising stage of this method. If bureaucide works, and there is no way of determining that now, then a genuine opportunity for substantial positive change will be presented.

SUMMARY

Among the more traditional opponents of the state are those associating themselves with some variety of Marxian outlook. Central to many of these positions has been the idea of the “withering away of the state.” As desirable as such a happening might be, there is precious little evidence to indicate that anything of the kind will happen in the foreseeable future, unless of course, “withering” is taken in a more literal context and we picture the grotesque spectacle of hollow skeletons slumped over their office desks after a neutron bomb assault. Ruling out this horrific possibility, a trend which indicates just the opposite of any withering away seems to be occurring: The bureaucracy is growing and proliferating on every level. Washington, D.C., the epicenter of this growth, was within recent memory a dull and dowdy city, described sarcastically by the Kennedys as embodying “northern charm and southern efficiency.” Washington is now a city of expensive restaurants, flashy discos, exclusive neighborhoods, and scarce housing second only to that of southern California in price.

Government expansion has created some of this, but it is not the clerk-typist who dines at Rive Gauche, nor is it the GS-12 at the Commerce Department who buys a home in Kenwood. Rather, it is corporations, foreign business interests, pressure groups, and just “special interests” in general that have been drawn to Washington because of the growing power of the bureaucracy. They want to have their voices heard, and they come to the city with the specific intention of spending large amounts of money in strategic places. The much-discussed division between the public and private sectors is becoming academic as the lines between corporate interests and public policy blur. The bureaucracy is growing, and just how fast this is happening is difficult to determine, since literally thousands of employees’ names are intentionally and systematically hidden from public record through the byzantine accounting procedures of the bureaucracy itself (Washington Post, August 16,
1979: 1). Washington is a boom town, and no one seems worried about the bubble bursting; if there is a severe depression, the government will just hire more people, and for the astute investor, things will just get better and better.

Conservatives attempt to defeat this bureaucratic growth with tax-cutting schemes like Proposition 13 and the amendment to balance the budget. As already noted, tactics like these usually penalize the victim, and as for a balanced budget, massive tax increases can accomplish this rather swiftly. The radical solution, barring a revolution, is to sabotage the bureaucracy from outside. This underestimates the organization's resiliency, and fails. As for the more orthodox Marxist idea of the state withering away after (or before) a takeover by the proletariat, such utopian longings appear pathetic beside the more stoic observations of Max Weber, T.W. Adorno, and Henry Jacoby. We are approaching the day of the totally managed society, the administered world so chillingly depicted by novelists like George Orwell and Aldous Huxley thirty years ago, and which is now coming to fruition in the Soviet Union. When L'Enfant laid out the plans for the new capital of the United States during the Eighteenth Century, he included provision for a port, since in those days a city wholly dependent on government for its existence was unthinkable. Now the bureaucracy sustains itself without any industry whatsoever, and it would appear as though bureaucratic growth and inefficiency are limited only by global resources.

The thesis underlying the bureaucide method is that the bureaucracy will be the very last thing to wither away, and that the way to make it more responsive to human needs is to disassemble it, using its own backlog of rules as a tool. This method can be criticized on the grounds that its departs from due process in its endowing outsiders with inside power. It can be viewed as naively utopian or as a mere cover for anarchist sympathies. Notwithstanding these objections, the author offers it as a "modest proposal" which, while it may not be able to do away with all of the wicked aspects of bureaucracy, may in fact net some provocative results.

REFERENCES

Altheide, David and John M. Johnson

Bennis, Warren

Blau, Peter
Bould, Sally and Rafael Valdivieso

Cloward, Richard and Frances Fox Piven

Crozier, Michael

Faller, Rudolf

Finsterbusch, Kurt and Charles Wolf (eds.)

Greisman, Harvey C.

Greisman, Harvey C. and George Ritzer

Hall, Richard

Hummel, Ralph

Jacoby, Henry

Lee, Alfred McClung

Merton, Robert K.

Peters, J. and T. O'Neill

Perrow, Charles

Presthus, Robert

Reif, William E. and Frederick Luthans

Thompson, Victor

Toffler, Alvin

Weber, Max

Weinstein, Deena
Clinical Sociology in the Service of Social Change: The Experience of Developing Worker Management

C. George Benello
Hampshire College

In this article I will discuss my experiences over the last six years in working to develop democratically organized, self-managed businesses, and describe what I learned in the process. Self-management refers to an organizational system in which working members both own and control their own business, using a democratic method involving one worker-one vote. My experiences span two organizations, the first a national organization which I shall call the National Self-Management Organization (NSMO), the second a regional organization which I shall call the Regional Self-Management Organization (RSMO).

At various times in my life, in addition to being a teacher of sociology, I have worked in adult education, community organizing and community development, business, research, and as an administrator-organizer in the peace movement. But I have never worked in an area where the need to embody theoretical understandings in organizational practice was so pronounced.

The two organizations, NSMO and RSMO, were both set up to provide technical assistance to workers wishing to develop self-managed businesses. Those of us involved in these organizations learned about self-management both by trying to help workers develop it and by attempting to apply it within our own organizations. Most of us came from professional, and particularly academic, backgrounds. As professionals, we had been for the most part trained to work alone, not in close conjunction with others or in teams. We all espoused the ideal of economic democracy and were eager to implement it, but often our personal styles became a major impediment. We learned that if we were to work effectively with others, we had to learn to become an effective working group. Out of this came our collective recognition of the intimate link between theory and practice.
In this paper I will describe the theoretical considerations which led me to choose this area as well as some of the things I learned and some of the things the organizations I worked with learned. Most of our work together was uncharted territory; we needed to develop an adequate model of what we sought to achieve, and also learn how to realize that model in practice. We felt it essential that whatever we developed be capable of serving as a model of the scale and technology which characterizes mainstream business practice in this country. Our goals were bold but they were dictated by the desire to be relevant. In my previous work in social change organizations I had learned two things: that the initial vision of goals was all-important; if they were defined too narrowly, it was difficult later to try to broaden them. Secondly, I had learned that it took little if any greater effort to organize a large organization than a small one; the same elements were needed in both cases, and the larger scale often attracted capable people who would not be drawn to a more modest effort.

Accordingly, my first objective was to organize a national organization which could create a self-managed sector in the American economy, capable of demonstrating the viability of democratic organization in industry -- the area where the performance demands placed on organizations are probably greater than any other. Initially the vehicle for this effort, the NSMO, was to be a chapter-based organization with a central staff. Ultimately, we hoped, chapters would develop their own staff. As we shall see, the initial efforts were a failure; the national organization set up to develop worker management ceased to exist without ever having experienced success. But the experience and the skills learned did not disappear; nor did the commitment to continue. Out of the initial failure came at least three organizations which are continuing the work with at least partial success, and in a couple of instances, more. A critical divide has been crossed; where in the beginning we had little sense of the strategies, techniques and skills needed to accomplish our purposes, we have in at least one of the offshoots of the NSMO collected a team with the financial, legal, organizational and educational skills needed to successfully develop worker-managed companies.

ORGANIZATIONAL BEGINNINGS: THEORY AND STRATEGY

My interest in worker-management dated from my affiliation with an institute in Montreal where I was first a Fellow, then a Board Member and finally President. One project was to set up a worker-managed factory for about
fifty workers in the community surrounding the institute. The experiment failed, partly because of French-English tensions and partly because the low skill level of the workers made it difficult to find contracts. But it taught me something about worker motivation and especially about how hard it was to give workers a sense of ownership and involvement in a project which had been organized for them by others and then handed over. Motivation, I came to see, was critical.

In due time I moved to Ithaca and came to know Jaroslav Vanek, an economist who is one of the major theorists of worker management in this country. He had ideas about why the traditional cooperatives had failed and some solutions. He believed that to implement worker management within the essentially alien environment of the corporate system it was necessary to have a “supporting corporation” capable of giving educational, financial and technical support to worker-managed companies. A supporting corporation could provide capital on a loan basis without the strings that equity investment entailed. It could help develop a network of worker-managed companies to offer reinforcement and mutual support to each other. It could provide continuing assistance and advice. I began to see how some of the traditional problems which had plagued cooperatives -- their isolation and their need to be self-financing, with consequent distortions in their system of control -- could be avoided.

On a more theoretical level, I had believed for some time that, given the nature of American culture and society, the development of significant organizational alternatives could be a force for change. In part this belief is derived from an interpretation of the sociology of knowledge, derived from Berger and Luckman (1967) and Boulding (1956), which recognizes that the arbitrary character of social institutions is concealed from view because their origins in acts of social construction is lost. The systemic character of social reality, involving the reinforcement of social character and social institutions (Allport, 1961; Fromm and Maccoby, 1970) determines and limits the perception of alternative possibilities, and gives a spurious sense of necessity to the existing institutional system. But I also believed that while this holds true for contemporary industrial society, it is not universally true. A society in which the intercourse between subjectivity -- human desires -- and objectivity -- their institutionalization -- was continuous and interactive would give people the experience that social institutions are relative human constructs and can be changed.

A society such as ours is characterized by an extensive technological-industrial apparatus, unintelligible to most, and embodying an enormous commitment of human and material resources. With little shared knowledge
and control, this creates a sense of powerlessness and inevitability. An equally extensive propaganda apparatus defines progress as technological advance, and sees this as both cumulative and inevitable. While the immediate goal of the propaganda apparatus is the selling of the standard consumer package which defines the American Way, it also devotes a good part of its energy to selling the system as a whole (Etzioni, 1972). In it, the organizational and technological means and the objective -- the material benefits of the American Way -- are seen as systemically interlinked. However, the apparent seamlessness of the system has been unravelling; an increasing effort is needed to sell not simply the products, but the system itself (Etzioni, 1972).

The American system impacts on its members on two levels. The official definitions stress democracy and participation in the political sphere, while relegating the economy to the "private" sector, which is supposedly ruled by the invisible hand of the market. As Habermas (1975) points out, to the extent the invisible hand is failing to work, requiring intervention on the part of the government, the economic system has become politicized. The assumption of automatic adjustment is now dying and in its place we have Naderism and loss of faith in the structural foundations of the system. At a deeper and more problematic level, the competitiveness and individualism which have characterized the system are now being questioned (Lodge, 1975), resulting in a withdrawal into privatism and a rejection of the dominant institutional forms in favor of craftsmanship, small collectives and cooperatives and other variants of New Age culture (Case and Taylor, 1979). Although the mainstream has become disaffected, as yet there is only the beginning of an alternative vision. The New Age culture is too exotic to permit widespread acceptance as a viable alternative. But a movement for economic democracy can appeal to the majority, since it appeals to the populist distrust of Big Business and Big Government which is now stronger than it ever has been.

The strategy of developing a self-managed sector would speak both to material needs and to the desire for self-determination and restoration of control to the local level. It would create jobs that were secure from the dangers of runaway plants and the whims of conglomerate management. It would guarantee to communities that their efforts to start such businesses and to accommodate them would be repaid by a steady flow of income. Self-management represents a new form of legitimation more in consonance with the strivings for participation and equality which characterized the sixties (Benello, 1975). On the one hand, people remain hopeless in the face of the vastness and power of the corporate system, and the extent to which government and administrative bureaucracies affect every aspect of life. On the other hand, the frictional costs and inefficiencies of the system are increasingly apparent. This creates the opportunity for alternatives so long as these alter-
natives can prove their viability in terms of capacity to meet productive demands and utilize the existing technology.

A further characteristic of such alternatives is that they be on a scale capable of challenging mainstream organizations. Also, although the nature and uses of existing technology are being questioned, the idea of a high technology is broadly accepted; organizational alternatives must demonstrate their ability to employ a complex production system and a high technology. Such alternatives must be humanized and democratic in structure but not utopian in the sense of demanding heroic measures of their members, such as rejection of private property, total equalization of income or a zero-profit orientation. Although these latter features characterize some of the work collectives of the counterculture, they would not appeal to the majority of workers. The latter would, however, welcome the opportunity to own their own jobs and would quickly come to recognize the benefits and security that come from a democratic form of governance.

TACTICAL QUESTIONS, ORGANIZATION ISSUES

By the time I reached Ithaca, I had become convinced that both the negative conditions of delegitimation and the positive heritage of the sixties had created a condition where it would be possible to engage seriously in the effort to build worker self-management. Because the major thrust of the American system is to create increases in productivity and profits through technological advance, I believed that the industrial system was the place to start, even though its work force was shrinking in relation to the service and public sectors. The contradiction between the monotonous and highly repressive conditions of factory work and the official mythology of democratic governance make the production system the weak link in terms of legitimation. Contemporary efforts to legitimate the system are couched in terms of the need for managerial expertise, but an accumulating body of evidence shows that efficiency of control, rather than of production, is the real goal and that such control can actually reduce production efficiency (Braverman, 1975; Gorz, 1976). Michael Maccoby has estimated that up to 40 percent of managerial overhead is often superfluous.2

Traditionally, efforts to create social change are aimed at organizing the poor or other dissident groups, or at organizing for protest. Our efforts were different. The small group of us who got together in Ithaca wanted to develop
successful operating examples of economic democracy. In practice we did not want to be an advocacy group as one, the Association for Self-Management, existed already. We felt that only successful operating models could dispel the myths and mystification that had become so closely associated with the technology of production. Also, success in creating enterprises of significant size could have an important impact on communities, especially if they could be major employers in the communities.

Because of time considerations and because of our lack of experience in enterprise development, we decided to concentrate on plant shut-downs and runaway plants -- situations where a viable business had existed but had been closed down for reasons extrinsic to its basic potential. Plant shut-downs occur irregularly and are dispersed. We therefore needed an organization which was itself dispersed, with chapters located preferably in industrial areas. The plan was to develop an organization with chapters that would eventually cover major centers along the East Coast, and with a governing board made up of delegates from each chapter as well as from public figures committed to self-management. The first step was to develop an initial board of Ithaca-based members.

As the staff person for the organization, my first job was to put together the board and, with the help of the other two founding members, obtain tax exemption and then raise funds. Although I had worked for tax exempt organizations, I had never gone through the application process. This became my first step in developing a series of needed skills which I did not initially possess. The board consisted mostly of academics and I was the only person who had fundraising and organizing experience. As a result, there quickly developed differences in perception as to what was needed for the organization. Some could see no need for national figures which I felt were essential to obtain grants for an organization in as new a field as this. We needed credibility. Also, as academics (and I include myself here) we all suffered from a lack of acquaintance with process skills. In our haste to begin working we did not take the time to work out differences which were later to polarize the organization. In addition, because of a failure to clarify organizational goals, several of the initial Ithaca members saw the organization as Ithaca-based and oriented toward assisting small, zero-profit type cooperatives of the sort that had begun to develop locally.

Later, as more chapters developed and sent delegates to the board, the thrust toward the development of larger enterprises won out, but the opposition between many of the original Ithaca members and the new majority continued and remained a source of friction. The Ithaca members were suspicious of foundation fundraising, in part because I was both the fundraiser and a ma-
JOR proponent of working outside of Ithaca to develop larger enterprises. They advocated an organizational approach based on voluntarism and unpaid staff, which fitted in with the idea of developing small cooperatives but contradicted the goal of developing a professional staff capable of putting together larger projects. As a partisan in these issues, it is difficult to claim objectivity; both approaches were viable, but they had different goals.

Plant shut-downs require immediate initiatives if they are to be salvaged before the work force goes elsewhere and the sales deteriorate. Due to the need to make rapid decisions, a Steering Committee was set up in Washington to evaluate and approve projects, and to decide whether to commit staff resources. The Ithaca members, however, wished to retain control over these decisions; they insisted on maintaining monthly board meetings and required that all board members be polled before a project was officially begun. As more chapters were formed, they developed their own agendas and made their own demands on central staff resources. Conflicts thus developed over who should enjoy the scarce resources of staff time and the allocation of any extra funds after staff and overhead expenses were paid. These conflicts were not resolved at the board level and as other conflicts accumulated, they eventually overwhelmed the organization. Thus we found ourselves in the paradoxical situation of working in an organization dedicated to implementing self-management which seemed, in the end, unable to manage itself.

A CASE STUDY: ONE THAT GOT AWAY

The following example illustrates both the objective problems we had to try to deal with as well as some of our own organizational problems. This particular effort ended in failure. Today, given the greater expertise, greater access to resources and funding which we now possess, the story would probably have been different. But it was a noble try. The case involves a bakery in Boston which was shut down in part because of the opposition of one woman. She lived across the street from the bakery and devoted most of her time to litigation in order to force the bakery to control its pollution which involved flour dust, noise, and exhaust from its many trucks. She prevented the bakery from installing flour storage bins and, as far as we could tell, was a major factor in the owner's decision to close down. Equally important factors involved the existence of three competing unions in the bakery, dubious management, and an absentee owner who seemed interested only in the bottom line.
The unions were initially suspicious of our suggestion that the workers buy the bakery. Workers were willing, but one business agent in particular, seeing his job — bargaining with management — threatened, was outspokenly opposed. By then we had on our staff an economist who had been the chief economist for a large conglomerate. He did a quick feasibility study, mostly by talking to the workers and putting together figures given him by the manager, who wished to stay on. With the help of a Boston-based organization also interested in worker management, we contacted the city government, local banks, and a local community development corporation in an effort to put together a funding package which included a significant amount pledged by the workers. The owner, probably skeptical of our capacity to come up with the money, pressed for a commitment and then demanded that we put up $25,000, non-refundable, for an option. We stalled and tried to firm up commitments from the potential funders. In the meantime, some of the company's key staff left for other jobs, while buyers began to turn to other sources of supply.

When the Boston chapter of the NSMO heard about the bakery shutdown, they investigated. From initial investigation and talks, to feasibility study, to calling a meeting of the workers, the process seemed continuous and rapid. The national staff economist lived in Boston and it was natural to call on him. But when the Washington-based Steering Committee heard of his involvement, it seemed to them like simply one more example of the refusal of both staff and chapters to abide by guidelines laid down by the board. By then a climate of distrust had developed which added to the desire of chapters to be independent of board constraints and which I, as executive staff person, was unable to counter. A considerable degree of solidarity had developed within the Boston chapter and this was furthered by the experience of working together intensively on the bakery project. I was caught in the middle of a crossfire, unable to persuade the Boston group to subject themselves to the demands of the Steering Committee, but also deemed partially responsible by the Steering Committee because of my feeling that the project was a major opportunity for us to transform an organization which employed over 200 workers.

As it turned out, we were unable to convince a city government, which dragged its feet, to put up the loan guarantees needed to obtain the necessary bank loans. By then the workers had opened an escrow account and we were all committed to the idea of a buy out. Distrust on the owner's part was increased by a secret attempt on the manager's part to make an independent offer. Although the proceeds from liquidation were only a fraction of what could have been obtained from selling the bakery, the owner decided after a couple of months to proceed with the liquidation, selling the name to a com-
pany in Connecticut. This company then proceeded to manufacture bread under the original name, although it had no other connection with the bakery in Boston. We learned from this experience that without the support of rapidly obtainable external funding we could not expect to raise the several million that would be required for buying out any plant of significant size. But we also learned how to formulate a plan for union involvement in a worker-managed system and learned that with a business plan and credentials that looked professional, we were at least seriously listened to by banks and the city government. We had strong support in the city government, but also, unfortunately, opposition. There was also opposition within our own organization, however, and it was this that prevented us from working to develop the sort of external support that was needed.

THE PROBLEMS OF WORKING ON THE INTERFACE

Working in social change organizations often means learning to make two presentations of self — one to the change organization members and another to those outside. In the NSMO, these problems were compounded. Although there was not the pressure to adopt the radical uniform and style that exists in some movement circles, there was certainly the need to look and talk "straight" when approaching foundations, and even more so for banks and city governments. To achieve credibility we had to look businesslike and know the vocabulary of business. I was fortunate in having had both business and fund raising experience; my problem was to convince some of the more stylistic radicals in the NSMO that I was not really a banker in disguise. In the case of the staff economist, a refugee from the world of multinationals, the distrust bred by his essentially middle-class lifestyle — a suburban home, two cars, and the highest income in the organization — never was dissolved. Despite his commitment to self-management, his energy and his needed skills, a number of members never accepted him.

There were many difficulties in working in what can be characterized as an interface position, facing on the one hand an envisioned future of organizations with different values and a different structure, and on the other organizations centrally located in the mainstream. There was always the question of how much to say. In the application for tax exemption written with the occasional help of a local lawyer, I said far too much. I later learned that the IRS would have been much happier with a minimal pro forma application since everything I said raised a dozen questions in its turn. The application was buck-
ed from the regional office to Washington, and only got accepted after a number of visits and lengthy emendations. I learned to gauge how much to say with potential donors, and to use a carefully edited language. With most, it was wiser to speak of job creation benefits, of employee ownership and of self-help programs instead of worker management.

Negotiating with "straight" institutions such as banks, small business investment corporations and the local branches of government agencies, generated tensions some of us had difficulty dealing with. When a bank turned down our application for a loan, it was easy to interpret this as ideological opposition when often it was simply fiscal conservatism. There was indeed an ingrained distrust of cooperatives as a viable business form on the part of the Small Business Administration (SBA) and other agencies. In one case this was dealt with by taking a trip to Washington to speak with one of the state's Senators, who then put pressure on the SBA. This sort of work had none of the appeal of mass mobilization and revolutionary rhetoric. It was slow, often unsuccessful, and involved dealing with a series of bureaucracies which did not understand what we were trying to do and could not be told.

Working on the interface was often lonely. One had to abandon the sense of shared community that is available either on a college campus or in an out-and-out radical collective which has little need to deal with the "straight" world. Our own organization, fraught with conflicts as it was, was often of little support. But we gained allies, especially among the workers, after they had gotten over their initial suspicions. Gaining the confidence of the workers in the companies with which we worked was critical to our efforts and here our success gave us heart. Often, we were surprised at how much the workers seemed to know about their business and at the accuracy of their criticism of management practices.

Working in an area that was unfamiliar to most of us, we developed skills for which we had no background. A professor of philosophy became an expert in poultry processing and its markets; a mathematical economist became adept at doing projections and writing business plans; our staff economist turned out to be adept at communicating our ideas to workers, despite his background in top management. We found that we could deal effectively with banks, with local governments and with funding agencies. As we developed the needed expertise we grew more confident that, despite our failures, the right situation would sooner or later come along and we would experience success.

In terms of background, many of us were academics, although our staff included another person and myself with organizing experience. Three of our
board members came from governmental and foundation backgrounds: we had a preponderance of economists. Intellectually, we were a disparate group — a few anarchists, a couple who might be classified as liberals moving left, a couple of Marxists, a couple of strong anti-Marxists and at least a couple who evaded classification.

We were fortunate in having members who, whatever their background, had the capacity to work equally well with bankers, workers and government bureaucrats. This required a pragmatic orientation as well as the practical skills that many of us developed. Our organization for the most part did not attract ideologues, who preferred to watch skeptically from the sidelines. To activists, however, it offered a whole new arena for action, and a number of original board members have all but moved out of academia to work semi-permanently on developing worker management. Part of the attraction lies in the promise of creating long lasting institutions rather than temporary organizations. A number found, as I did, that the challenge of developing new skills and the opportunity to make a difference in people's lives, by creating jobs which had greater dignity and freedom, was worth considering as a career.

**THE DEMISE OF THE NMSO AND THE RISE OF THE RMSO**

It was largely this commitment to long-term work that impelled many of us to continue despite the demise of our original organization, the NMSO. Aside from the centripetal force within the organization which made the idea of a federation with a central staff unworkable, there were cogent, objective reasons for decentralizing. The experience of working with a number of projects made it clear that extensive staff time was needed for each project. Local technical assistance was the only answer because it was impossible to expect staff who lived elsewhere to spend weeks and even months away from home. Hence, the Steering Committee decided it would be better to disband the central office and allow those staff who so desired to continue working with specific chapters. Two chapters proceeded to incorporate as independent tax exempt organizations; the original Ithaca group continued to assist the Ithaca cooperatives. I joined forces with what had formerly been the Boston chapter. I had worked closely with its members and identified with their approach of developing sufficient expertise to work effectively with projects of a significant size.
In Boston we formed a board and, working with another member, I applied once again for tax exemption. This time, benefiting from the lessons I had learned before, the application was routine. We told the IRS examiner what sections of the Code were relevant since it turned out that we knew more about the case than he did. This time we started with a cohesive board composed mainly of members who had worked together on other projects. Remembering the problems of our parent organization, the NSMO, we added to the board slowly, bringing in potential new members on a probationary basis so that only after considerable acquaintance were they invited or not invited to become board members. As a result, a cohesiveness was maintained which facilitated difficult organizational decisions regarding allocation of staff and resources. It also meant that in several cases it was possible to quietly drop board members who did not work well with the group or who did not manifest the expected commitment. Thus came about the RMSO, a regional organization which mainly restricted the scope of its activities to within driving distance of Boston.

In doing this, we were following the organizational principles which we had learned were necessary for worker cooperatives as well. Unlike consumer cooperatives which maintain the principle of open membership, we had learned that worker cooperatives involve a far closer and more intensive form of association. Working members must fit in, and while membership is in principle open to all comers, those who apply must prove their capacity to work effectively with their cohorts, and also to take their share of responsibility for participating in the control of the organization. The kinds of decisions that our own board had to make were by no means pro forma ones; they involved analyses and decisions regarding financial and organizational viability, jobs, and whether to develop and support funding proposals that often were in the hundreds of thousands, and occasionally in the millions, of dollars. We needed people with judgment and business experience who had a strong commitment to what we were doing. We also needed people with whom we felt personally comfortable. Our work was pragmatic as well as based on theory. We needed to be flexible, to be able to learn from our mistakes — which we certainly made — and to learn from each other. Ideologues and a priorists could easily have destroyed the effectiveness of our board as a working group. Fortunately, we only attracted a few of these and when we did, they found their views were not shared and so they left.

In the RMSO our problems were mainly external to the organization. We were freed from the internal conflicts that had characterized the NSMO but this meant that we had to develop a coherent approach to implementing self-management which involved not simply working with projects, but also creating a climate within city and state government, within relevant federal
agencies, within local unions and within foundations that would be favorable to our work. We had inherited two projects from the NSMO — a poultry processing cooperative that was in the process of formation in Connecticut and a typesetting and bindery cooperative in Massachusetts. In the beginning we had no paid staff but had two full-time volunteers — one worked with the poultry cooperative and the other with the typesetting cooperative. A person whose background included extensive experience in both organizing and professional fundraising indicated interest in joining the staff. We engaged him and as he successfully raised funds, we were able to hire additional staff — a business analyst, a co-coordinator responsible for education and administration, an economist who had gained business and organizing experience with the NSMO and an administrator who also had business experience.

In the RSMO we were able to implement a far more collective form of action than had been possible in the NSMO, with its far-flung chapters. Although we became involved in one project in North Carolina, a cut-and-sew factory that had come out of the civil rights movement, all of our other projects were within easy reach and board members as well as staff were involved in one or another of these projects. Our board meetings consisted of experience and information sharing and of tactical discussions of next steps. The need for formal decisions was relatively rare. We were involved in several projects which used all our resources, both board and staff, and formal decisions were limited to the selection of new board members and the hiring of new staff. Our basic strategy was unchanged from the days of the NSMO: we worked primarily with plants that had been shut down because of mismanagement and in one case bankruptcy, although we also helped a couple of small new cooperatives start from scratch. Our major concern was to develop an effective track record which could assure us further funding. We realized that we were involved in a long-term project and that it might be a decade or more before our work bore real fruit. In order to supplement our foundation funding, we developed a system of charging the worker cooperatives with which we worked, the payment determined by profitability of the enterprise and capacity to pay.

THE DANGERS OF GROWTH

As the RSMO grew it became more professionalized. From a voluntaristic organization with no staff and a working board, it became an organization with a growing staff and less board involvement in project work.
Board meetings became information sessions where the staff described their activities to the board and occasionally asked for help or counsel. Board meetings were changed from biweekly to monthly, then from monthly to quarterly. We were undergoing a process of informal differentiation which could lead, as Holleb and Abrams (1975) have shown, from what they call consensual anarchy to bureaucracy. The notion here is that organizations, as they develop, encounter certain critical choice-points. If they simply allow the forces of growth and differentiation to have full play, they can easily end up with bureaucracy and top-down control. Countering these forces requires a democratic restructuring to take account of increasing differentiation while at the same time maintaining control by the members as a whole rather than allowing the newly developed administrative apparatus to take over.

We faced this issue, but only after we had moved toward a situation where the board had become an appendage of the staff with little more than pro forma exercise of power. Dissatisfied with the extent to which we had become similar in structure to conventional voluntary organizations, we instigated a structure of two committees which split the decision-making functions of the organization. The Outreach Committee took care of external relations, publicity, attracting new board members, and had a personnel committee to evaluate new staff applications. The Projects Committee was responsible for all project evaluations and decisions. A final issue was to decide who set the agenda for the board meetings; this too was resolved as a committee function. Board members were expected to serve on one or the other of the two committees and, in addition to this, to make some significant contribution to the organization either by working with staff on projects or by developing the organization in other ways. Although there was still a division between the extent and nature of staff and board members' involvement, the growing split was contained and rendered manageable. Board members were once again involved in the ongoing work of the organization, while staff members sat on the board.

One may say that the dangers encountered by the RSMO, as a result of growth and differentiation, were not the conventional dangers of organizational growth wherein a group of managers become differentiated from the larger group of workers. In this case it was the staff who had become the managers while the board became an inactive appendage. However, this form of regression is characteristic of voluntary organizations which seek to maintain democratic participation. As Holleb and Abrams (1975) point out, the lack of an appropriate organizational structure and external pressures are factors tending to precipitate regression. In our case, our original structure was informal, pragmatic and without differentiation between staff and board since initially there was no paid staff and later only one person. As the staff grew in
size they assumed control, partly as a result of the passivity of the non-staff board members (I count myself among this group) and partly because it was easier to make decisions among those who worked together on a day-to-day basis than to make the greater effort of involving the other board members. However, this tendency was reversed and board members are once more involved in the full decision-making process.

COUNTER-INSTITUTION BUILDING AS A PROFESSION

It has been only recently that I have given any thought to the nature of the work I have been doing with regard to skills, training and attitude requirements. In part I have been motivated to do so by the recognition of a need for many more people with similar skills. And in part my interest began when I realized that a watershed had been reached. Within the last year the RSMO has become, in a critical sense, professionally competent. After about three years of working, we have finally come to identify the skills needed to achieve successful implementation of worker management and have developed some successful worker-managed companies. Just as important, we have developed a successful organization which has passed through a stage of organizational development and crisis. We are now recognized as one of the leading, if not the leading, organization in the field of technical assistance to worker management, as witnessed by a commitment on the part of the National Consumer Cooperative Bank to major funding support.

Most of our work is done in teams of two or more and involves continuing assessments of many aspects of a constantly changing situation. Here we have learned the wisdom of having several points of view and the value of having inputs from members with specific training in business, organizational development and organizing. In our own organization, and in the organizations we work with, we have learned the importance of “double loop learning” (Argyris and Schon, 1974), where not only methods but objectives are modified and re-evaluated in the light of ongoing experience. Often the situations we work with are fluid and can change rapidly, in part because of the marginality of the projects we are forced to deal with. Initial plans must sometimes be totally recast and our own decisions must often be made in consultation with the workers we are trying to help.

It is difficult to describe with any clarity the kind of training needed to function successfully in the roles described above. Perhaps the least definable
skill is that of the organizer. There are schools for organizers such as Alinsky's Industrial Areas Institute or the training program run by ACORN, but in all of the cases of which I am aware, candidates are chosen on the basis of aptitude. Personality plays an important role here and there seems to be considerable agreement that there are certain personality and character requirements for the successful organizer. This seems equally true for the entrepreneur, and a technical assistance organization that I know, which is involved in minority economic development, focuses mainly on locating the type of people capable of being entrepreneurs. Although the idea seems to conflict with the ideal of democratic group development of an enterprise, in our work we have learned that in the initial stages it is important to have a central figure with the necessary skills and leadership ability who is capable of getting a new project off the ground. In part this is undoubtedly a product of the split within the corporate system between workers and managers; workers are socialized into attitudes of subordination while managers are accustomed to taking leadership.

Related to organizing skills are organizational development and process skills — although some organizers are notably lacking in these areas. The ability to teach these skills to the members of worker-managed companies is also needed. An organizer must not only organize but must teach others how to organize, how to run meetings and how to achieve consensus. In the RSMO there is still something of a division between those who have business skills and those who have process skills. This division is replicated in at least two other technical assistance organizations which work with cooperatives. It seems to mirror a cultural division between the world of business, with its primary interest in "hard" skills, and the world of service and alternative organizations where "soft" skills prevail and there is often a lack of business skills. Some liberal-minded businesses are now trying to bridge this dichotomy and there is a growing awareness among alternative organizations of the need for effective business practice.

The role of management in self-managed systems is a difficult one. Much more is demanded of a manager in a self-managed enterprise than in a conventional one. On the one hand, his/her authority is limited by the fact that final authority rests with the members as a whole. On the other hand, she/he must implement policy decisions in the most effective way possible, but do so in a consultative fashion which takes account of his/her own subordinate position. Managers must thus be process-oriented as well as business and goal-oriented. They must be sensitive to the feelings and needs of other members but also responsive to the performance demands placed on the organization by external constraints. On occasion staff from the RSMO have stepped in as temporary managers. The skills required are much the same and the same tensions between goals and process must be confronted within the RSMO since the ad-
ministrative staff holds the same position in relation to the board as management holds to its members in a self-managed enterprise.

Development toward successful democratic management involves the type of "double loop learning" mentioned earlier because, initially, the enterprise is usually highly dependent on the management since the members have not yet acquired the knowledge nor learned the process and organizational skills needed to exercise collective authority. As they acquire these skills, the internal structure of the enterprise is modified as a working board develops and as members participate more in workplace decisions. Considerable trust is required for this process to develop. In one worker cooperative that we helped develop, the manager raised the issue with us of whether he should tell workers where some new orders were coming from. They were not firm yet and he was afraid that if he imparted this information, which by right he knew he should, some new workers with relatives in a competing company might tell them and the orders might be lost. In the worker-managed factory in Quebec which I helped develop, the workers so greatly lacked a sense of ownership that they would steal the factory's tools. In one sense the problem was precisely that it was we, not the workers, who had organized the factory; the initial work was ours, and the workers never came to feel that the organization truly belonged to them.

As our work with the RSMO proceeded, we were able to codify some of our experience. We now know the appropriate legal structure for an enterprise of a given size, whether in a given case it is better to incorporate under cooperative or corporate law and how to develop an internal structure which successfully deals with entry and exit problems, allows for capital accumulation and makes for a sense of individual member commitment. The resolution of these issues has involved the application of some rather general theory to a growing body of practice — our own but also that of successful worker-managed systems in other countries. We know how to find a place for a union in a worker-managed system and we know the stages of development the system is likely to go through on the way to realization of full member participation. This knowledge has vastly simplified the task of our field workers and we no longer need to rely so frequently on ad hoc solutions.

Since we now have a complete team to call on — with specialists in business, organizing, structural issues, and education — we are no longer quite the generalists we were in the beginning. But evaluations of performance and of next steps are almost always group evaluations, many of them involving either a committee of the board or the board as a whole. In this we function much like the cooperatives which we work to develop. We are involved collectively in policy decisions, and to make them, we seek a synoptic view of our
projects that is comparable to that taken by the board of directors and top staff of a conventional corporation. Much of the challenge and excitement of our work derives from this. We are very much aware that we are a frontier organization doing pioneer work. At present we are engaged in long-range strategy discussions about extending the network of contacts that can bring us information about plant closings and solidifying our contacts with government agencies, especially the National Consumer Cooperative Bank. We are considering whether to concentrate more intensively on one area so as to be able to develop a locally intensive system of self-managed enterprises which can be self-reinforcing, engaging in internal trade relations so as to develop towards a mini-economy.

We are still involved, however, in many of the dilemmas of marginality. Although an increasing percentage of our funding comes from consulting fees and government sources, we are still dependent on relatively short-term foundation funding and, consequently, we need to demonstrate successes. On the one hand, we cannot afford the relatively long time it takes to develop a new enterprise from scratch. On the other hand, we cannot afford to reopen enterprises and then see them fail. A disproportionate amount of resources has been spent to prop-up enterprises which we helped develop when we lacked the skills we now have. These enterprises have remained marginal, surviving only with the help of continuing injections of further funding and technical assistance. We are more selective now about whom we choose to work with since it is of no service to the workers to burden them with a cooperative that cannot succeed.

CONCLUSIONS: THE ROLE OF SOCIAL SCIENCE

It is too early to make any definitive evaluation of an experiment that has lasted for only six years. Economic democracy and worker management are now becoming more acceptable. The events at Youngstown, Ohio, where a coalition of workers and the community attempted to buy out a large steel company which was shutting down, the acceptance of Douglas Frazer, the President of the United Auto Workers, as a Chrysler Corporation Board member and the publicity given to plant closings all over the country have all made worker ownership and worker management more acceptable. A book has appeared, co-authored by a board member of the National Consumer Cooperative Bank, outlining a political strategy for the eighties and beyond that focusing on the achievement of economic democracy (Carnoy and
Shearer, 1980). But none of this has made the task of developing worker-managed enterprises any easier. The strategy which we adopted six years ago and have adhered to since has been only marginally successful. We have developed three cooperatives which by industrial standards are tiny — the largest has eighty workers. We have given technical assistance to a number of even smaller enterprises and to a worker/community-owned supermarket. One of our first cooperatives has gone bankrupt — a victim of market takeover by large corporations.

Our strategy of giving technical assistance to worker takeovers has placed us at one remove from the actual responsibility of operating these companies. We have come to realize that there is a lack of people with the qualifications to organize worker-managed companies and that if such people were around, our own work would become much easier. As a response to this, two board members of the RMSO and one former board member of the NMSO have set up separate training programs in worker management. (I am the coordinator of one such program, the only one on the undergraduate level.) All three programs are multi-disciplinary, with a strong practical component of field work. We hope that from these programs will come the future advocates and practitioners of worker management. However, probably only a minority of these graduates will have the motivation, skills and character type that will make them the entrepreneurs and organizers of future worker-managed enterprises. Only a minority will be motivated to bridge the cultural gap between “hard” skills and “soft” skills so as to combine both in their work.

There seem to be promising alternative strategies to the one on which we have relied. During the six years we have been operating, a number of companies in growth industries have developed from one-person basement operations into multi-million dollar enterprises employing hundreds and selling nationally. We are now beginning to think about planned start-ups where the industry, product and market are all selected according to both social and economic criteria. We are concerned that isolated enterprises existing within a culture based on fundamentally different organizational and axiological assumptions are susceptible to degeneration to the standard form. This holds true either under conditions of marginality and failure or of significant success, and there are examples of this sort of degeneration resulting from both conditions. In the case of failure, worker-managed firms have doubted their own structure and managerial capacity and have called in outside management. In the case of success, the lure of large profits has caused some of the West Coast plywood cooperatives to sell out to conglomerates (Bernstein, 1974).

There is the example in Northern Spain, in the Basque region, of a large system of worker cooperatives, combined with agricultural, fishery, housing
and consumer cooperatives, which directly employs about 30,000 people and which continues to grow and flourish (Campbell, et al., 1977). Through a division of the Caja Lavoral, its cooperative bank, it develops, by plan, four new cooperatives a year, employing around 400 working members. Through a social security cooperative it provides 100 percent disability, health care and retirement benefits for all its members. Through its technical college it trains several thousand workers in technical skills and the principles of worker management. In its twenty-year history, it has never had a failure -- a tribute to the system's careful planning and thorough research by the Caja Lavoral in the selection of management, products and markets. This serves as a model of what can be done and how to do it. Vanek (1977) and others (e.g., Ellerman, 1979), before they knew about this system, had arrived at a theoretical critique of the shortcomings of traditional cooperative structure which led in the same direction as the structure developed by the Mondragon system in Northern Spain.

The intellectual nexus of the theory of worker management lies on the interface between the individual and the formal organization and thus, between psychology and organization theory (Benello, 1980). Legal theory, especially property theory (Ellerman, 1978), economic theory (Ward, 1958; Vanek, 1971), and political theory (Burns, Karlsson, & Rus, 1979) as well as administration theory (Dunn, 1976; Garson, 1975) are also involved. On the more practical side, business, finance and management disciplines are required. The normative considerations which lead to the idea of freedom and self-determination in work derive from ethics, politics and the psychology of development (Benello, 1978). From the perspective of counter-institution building, the accepted divisions within social science have little meaning as a spectrum of specific skills, theory and knowledge in a variety of fields are involved. The detachment of the scientific observer is necessary in evaluating both specific outcomes and broad strategy; commitment of a normative ideal is necessary in order to effect change. The lesson is the need for holism in approaching social science.

NOTES

1. George Benello is an Adjunct Professor of Sociology at Hampshire College and Coordinator of the Project on Work and Democracy, a five college consortium project.
2. This was mentioned in a seminar given at Hampshire College, Winter of 1979-80.
3. I owe some references (to Argyris and Schon and to Holleb and Abrams) to conversations with Grant Ingle. His Ph.D. thesis, "Keeping Alternative Institutions Alternative" (unpublished) is the best analysis I have seen of the dangers encountered by alternative democratic institutions and how to deal with them.
4. Dunn (1976) argues that the greatest opening toward democratization lies in public administration organizations, not private sector organizations. But little or no publicity has accompanied these developments and while they may be more open to such developments, they make little impact on the public at large.

REFERENCES

Allport, F.H.

Argyris, Chris and David A. Schon

Benello, C. George
1980 Toward a grounded theory of humanist organization. Humanity and Society. IV/2.

Bernstein, Paul

Berger, Peter and Thomas Luckman

Boulding, Kenneth

Braverman, Harry

Burns, T., E. Karlsson, and V. Rus (eds.)

Campbell, Alistair, et al.

Carnoy, Martin and Derek Shearer

Case, John and Rosemary C.R. Taylor

Dunn, W.N.

Ellerman, David

Etzioni, Amitai

Fromm, Erich and Michael Maccoby
Garson, G. David

Gorz, Andre (ed.)

Habermas, Jürgen

Holleb, G.F. and W.N. Abrams

Lodge, George

Vanek, Jaroslav

Ward, Benjamin
Organizational Authority and Professional Responsibility in Clinical Sociology

Mike W. Martin
Department of Philosophy, Chapman College

When, if ever, are clinical sociologists justified in accepting the directives of employers and management sponsors as setting the parameters within which they proceed with their work? In particular, is it ever permissible for clinical sociologists to accept an employer’s or a manager-sponsor’s definition of a problem to be studied, even though they may not view it as the more fundamental problem needing study in the situation? These questions are important for understanding the professional role and moral responsibilities of practitioners in the still-coalescing profession of clinical sociology. They also have increasing practical importance at a time when job opportunities for sociologists are shifting from academia to industry and government—both within organizations as employees and as external organizational consultants.

My aim is not to attempt a direct response to the questions in the form of providing a set of simple guidelines. Instead, it is the more modest one of arguing against two influential answers to them. Several prominent writers have held that to the extent sociologists study what employers or manager-sponsors tell them to study, they are either (1) not doing clinical sociology at all, or (2) abdicating a large share of their professional responsibilities. I want to challenge these views in, respectively, Part I and II of this essay, and in doing so comment on the legitimate interplay between the organizational authority of management and the professional responsibility of clinical sociologists.

I.

In his insightful and influential essay, “Explorations in Applied Science,” Alvin Gouldner (1965) tacitly held that to the degree sociologists follow a client’s definition of a problem to be studied, they are not doing clinical
sociology. Gouldner formulated two models for applied sociology: the clinical and the engineering. He cites as an approximate illustration of the clinical type a study at Hacienda Vicos, an Indian community in Peru. The social scientists discovered that much of the strife among various groups of the Indians was due to fights over the ownership of cattle. They suggested a simple program of branding. This idea was immediately verbally agreed to, but it was implemented only after the scientists provided branding irons and initiated further discussions with leaders of the groups. The branding system successfully ended the disputes over the ownership of cattle.

Gouldner's example of the contrasting engineering approach is the familiar case of an industrial firm which hires a consulting social scientist to assess employees' satisfaction with their work. The scientist conducts a survey of employee attitudes and conveys statistical information in a report to the management of the industrial firm. The report usually includes "some recommendations for changes in the company's labor relations policies" (p.11). At management's discretion, the sociologist may discuss the report with management before it "may be quietly interred in that graveyard of creativity, the filling room" (p.11). The attitude survey usually throws little light on any underlying problems which probably were vaguely sensed by management and had led them to request the survey in the first place—problems such as weakened informal communication channels between management and workers. Moreover, the report may be used by management during union negotiations in a way that heightens labor-management tensions.

On the basis of these two examples, Gouldner itemizes a number of differences between the clinical and engineering approaches within sociology and other applied social sciences.

1. The "consulting 'engineer' has conceived and completed his assignment largely in terms formulated by his client" (p.11), and hence merely studied what he was told to study (p.13). Clinicians, by contrast, study the problem that they identify by their independent judgment. And they attempt to arrange the "relationship with a client so as to secure the latter's consent to examine (i.e., diagnose and treat) the underlying problems" of the group (p.19).

2. Engineers present their results and proposed solutions to just their client-sponsor, typically management. Clinicians present their results to all groups involved in the study (p.14).

3. Engineers view themselves as mere bearers of facts and figures, which are generally best conveyed in writing (pp. 17-18). Clinicians emphasize the personal interactions necessary for helping the client to genuinely "learn something" (p.20).
4. Engineers presuppose their client's values as given and settled, and affirm a strictly value-neutral approach. Clinicians establish a relationship where the client's values "may legitimately come up for re-examination in the light of their connection with the client's problems" (p. 14).

5. Engineers naively assume that their clients will accept as true whatever is discovered through proper scientific investigation. Clinicians expect resistance from the clients and come prepared to deal with it (p. 19).

My interest here is with (1), which is logically distinct from the other features. It sets up the valuable guideline that sociologists seek to obtain client consent to get at the fundamental problems. But it also goes beyond this in implying that to the extent sociologists work on problems as identified and assigned by their management-client or employer they are not doing clinical sociology. This seems to me an inadequate way of conceptualizing what constitutes clinical work in organizational development.

To begin with, Gouldner's descriptions of the examples involve both under-description and slanting in ways that are relevant to the issue at hand. Missing from the industrial consulting case is a specification of the recommendations made by the consultant concerning ways to improve the company's labor relations policies. Suppose that the recommendations were based upon or embodied insights that the consultant had gained while conducting the study and while exercising a significant degree of helpful diagnosis of the workers' attitudes. Suppose further that if the recommendations were acted upon by management they would lead to marked improvement in the job satisfaction of the employees, greater openness and trust among employees, lessened anxiety, or healthier attitudes. In that case I would see no reason for refusing to view the sociologist's work as "clinical" in nature.

The description of the consultant case is slanted because of the virtual assumption of an absence of genuine good will in the management. Management is portrayed as likely not to act on the (unspecified) recommendations, to use them primarily in power struggles with unions, or to use the survey to maintain a status quo in strained relations among employees and management. By contrast, in the Peruvian Indian case the clients happen to be responsive to the sociologists' suggestions. Surely, by chance, the opposite could have occurred, or both cases could have involved therapeutic successes. This would make it much less natural to refuse to call the consultant's efforts clinical.

I personally have no hesitation in viewing consultants as doing clinical sociology where they seek to aid managers whom they perceive as having the good will to improve the working environment of the organization. The
sociologists may, of course, do such clinical work stupidly, badly, or merely in a limited way, depending in part on the presence of various other features mentioned in 2-5 above. Gouldner assumed, no doubt justifiably, that the sociologist's approach in the Peruvian Indian case is more likely to have positive results than those of the consultant. But it is misleading and question-begging to pack an assumption about the relative likelihood of success into the portrayal of the approaches. And it seems inappropriate to make the criterion for whether sociologists have engaged in clinical work the managements' use or misuse of the sociologists' results.

The criticisms raised so far are based upon the central meaning of the word "clinical," which extends to efforts to improve health and well-being that may go beyond acting always on one's independent diagnosis of a problem. The point of the criticisms was to show that Gouldner's distinction between the two approaches does not turn on health-centered vs. non-health centered sociology. Both types of sociologists may well be dedicated to improving healthy group relationships, and have some success therein. Their main differences reside elsewhere, in the degree of autonomy and scope of independent activities of the two.

We would perhaps have a better image of Gouldner's distinction if he had allowed some of both types of sociology to be called clinical where the focus is on therapy (in some general sense), and instead labeled the two types of sociologists "physicians" vs. "nurses." For his real interest, as is made explicit in the final sentence of his essay, is in the type of clinical sociology "which can aid in mending the rift between the policy maker and the social scientist" (p.21). The clinician he heralds must have the degree of authority and independence of the physician, not the nurse. Yet the complexity of possible interplays between the responsibilities of organizational administrators and the therapeutic interventions of sociologists would seem to welcome a greater variety of roles for clinical sociologists.

My view, then, is that accepting a sponsor's definition of a problem to be studied and working within general directions for goals of a study do not by themselves make applied sociology non-clinical. For there may still be room left for valuable diagnosis and recommendations by a sociologist seeking to make genuinely therapeutic improvements. Such restrictions do, of course, place limitations on the degree of autonomous work of the sociologist. But limited therapy, to continue with the medical language, is therapy nevertheless. In any case, consulting work will virtually always involve some degree of accepting the client-sponsor's view of the problem to be studied since it is the sponsor who initiates and sustains the services of the consultant toward an end the sponsor views as valuable to the organization. Perhaps for this reason
at least one writer has recently made the extreme recommendation to carry Gouldner's insistence on wide autonomy to its logical conclusion by distinguishing clinical sociology from all consulting and bureaucratic roles (Straus, 1979: 22-4).

In their textbook, *Clinical Sociology*, Glassner and Freedman cite with approval Gouldner's account of the consultant and use his 'engineering' model as a major contrast with the clinical approach. They suggest that "from a clinical viewpoint, the engineering procedure . . . is analogous to a physician limiting his or her treatment of a broken limb to writing a prescription for pain killers" (Glassner, 1979: 13). This, however, is a misleading analogy. The reality of the situation is generally not that sociologists absurdly refrain at whim from applying the full range of their skills. They are often, especially in doing organizational development, given guidelines by their sponsors.

A more relevant analogy is with the patient who places restrictions on the physician and nurse. Thus, after weighing the side-effects of various optional therapies, a cancer patient might refuse to allow an M.D. to attempt to remove the cancer--the underlying problem--and instead request treatment for pain during the terminal stage of the illness. When a Jehovah Witness refuses treatment by blood-transfusions, and hence refuses to see the basic problem as the need for a blood transfusion, doctors' options are restricted. But the limited care they provide instead still qualifies as reasonable medical work.

To be sure, even these analogies are limited. Sociologists deal with groups, not just individual patients. Moreover, in organizational consulting they are confronted with both a client who sponsors the work and another client who is the target directly influenced by the work. A slightly closer, though still misleading, analogy would be with an M.D. treating a child or adult in the custody of parent or guardian who contacts the doctor. The guardian stands in a position of authority, akin to that of the employer or manager. In these cases that authority is subject to abuse and has limits, both moral and legal. But within bounds it is permissible for an M.D. or sociologist to accept guidelines of the parent or manager.

II.

The discussion thus far has focused on two emphases in delineating the role of clinic sociologists: (a) according to the degree of independence the applied sociologists have in identifying the problems they will study; and (b) according to the sorts of therapeutic aims and approaches used and attempted.
The current emphasis in the literature seems to be upon (a). I have favored the wider definition obtained by emphasizing (b). It is time to turn to the significant issue of whether applied sociologists are acting irresponsibly when the degree of their autonomy fits Gouldner's engineering model.

Neither Gouldner nor Glassner and Freedman explicitly say that 'engineering' sociologists are acting irresponsibly. But others have suggested this. Donald Warwick (1978: 149), one of the most insightful contemporary writers in the ethics of social science, held that when organizational development practitioners simply go along with management's definition of a problem they are acting irresponsibly in reducing themselves to the status of technicians. Warwick makes this charge in response to a case of organizational development described by Beckhard (1969: 45-6) which bears retelling.

Due to increased competition and costs, an outmoded marketing strategy and a somewhat rigid management style, a large food and catering company had over several years lost its leadership in the market. One of the managers diagnosed the problem as calling for a change away from the current family-management of the company to a professional management which would introduce innovative marketing strategies as well as new organization and promotion patterns for employees. After convincing other members of the management to adopt this major change, he contracted social scientists as consultants to help with implementing the change. The consultants, after examining the situation, basically accepted and worked within the aims set by management. They did so even though they soon learned that most employees were largely satisfied with the current family-managed arrangement and would find the change threatening and even traumatic. The complex and extensive role of the consultant centered on fostering the attitudinal and emotional adjustments among employees necessary for effecting the change with the least harm to individuals. Detailed plans were formulated, surveys conducted, and numerous and varied meetings held with individuals and groups over several months. These included team-development meetings, confrontations groups, off-site conferences, and individual counseling.

Warwick (1978: 149) raises two ethical objections to the role of the consultants in this case. First, he emphasizes that the ability to define the problem to be studied carries with it a large power advantage, and he hints that it may be unfair for management to have this increase in the power they already marshal. Second, he asserts that when consultants, as in this case, simply go along with the definition of the problem specified by the sponsor they have irresponsibly reduced themselves to the status of "a technician applying the tools of social science to ends specified by others." Such a role definition "implies significant abdication of professional responsibility."
Missing in these charges is a sympathetic account of the legitimate areas of responsibility of management. Managers have the authority and power they do because of their charge to responsibly insure the effective functioning of the organization they serve, an organization directed toward goals selected in large measure by owners and stockholders. Moreover, surely in some areas managers possess not only the authority but the special expertise for directing the organization. Management had every right to decide to shift the organization in the direction they did. I personally cannot fault the consultants for accepting that decision in the case at hand and seeking to engage in clinical work within the general limits set by it.

Warwick’s discussion is focused on external consultants, yet his remarks are phrased generally so as to apply to all organizational development practitioners. Now, the internal practitioners of clinical sociology—ones who are employees within organizations—would be in a hopeless position if they were viewed as irresponsible for going along with management’s directions. They have special responsibilities for serving the organization, within moral limits, as directed by management. And at least in many cases those moral limits do not prohibit going along with management’s definition of the problem to be studied.

At this point I wish to add several caveats to what I have said, while expressing my large areas of agreement with Warwick. First, I have urged that clinical sociologists are not automatically acting irresponsibly when they go along with management’s definition of a problem and do not pursue the problem they have independently diagnosed. This, of course, does not mean they are always responsible when they do so. If management’s decisions are unethical or violate the sociologists’ personal standards of minimal decency the sociologist has a compelling reason for refusing to participate.

Second, the proper exercise of conscience in this area presupposes that sociologists always exercise independent judgment in the sense of making an assessment of the management’s decisions and, where appropriate, expressing their viewpoints. Here I wholly concur with Gouldner, Glassner and Freedman, and Warwick’s sharp objection to blind, thoughtless, and unquestioning obedience. All I have argued against above is the idea that they must always work primarily on the basis of that independent assessment. The objection to blind obedience holds for sociologists working within corporate settings where they may have relatively the same degree of control over the corporate goals as do most engineers. For engineers, in spite of Gouldner’s slightly negative use of the word, have similar responsibilities to form and express their views, or so I have argued elsewhere (Martin, 1980).
Third, clinical sociologists must make every effort to define their specific role with respect to each concrete situation of organizational development or social intervention and make that definition clear to all involved. I have suggested that they are not automatically irresponsible when they accept management's definition of a problem to guide their work. They would, however, be irresponsible if they simultaneously encouraged or even allowed their client-targets to perceive them as doing something else--e.g., as acting on their own independent assessment of the situation with an attempt to give all groups a fair and equal hearing alongside that of management as to which problem to pursue.

Fourth, there is a continuum of possible degrees of autonomy of sociological work within organizations. At some point, where there is a virtually complete loss of freedom to diagnose problems and make recommendations, clinical work will become impossible. It is the responsibility of sociologists to seek to secure for their work the necessary degree of autonomy to make a genuine contribution, without always insisting on the full degree of autonomy urged by the writers I have discussed.

REFERENCES

TEACHING NOTES

Brief articles on teaching interventions are found in this section. Here clinical sociologists who teach - in classrooms, field offices and/or training workshops - discuss their techniques. The two pieces included in this issue are by Brian Sherman of Oglethorpe University in Atlanta and Thomas Rice from Denison University.

Brian Sherman came to Oglethorpe five years ago from Richmond College, which was part of the City University of New York. His interests are culture, networks, social change, art and community. He is a percussionist in a jazz band and also an active member of the Voting Rights Act Study Group of the Southern Regional Council. As a member of the Study Group, he has been collecting information indicating that Blacks are discriminated against at every level of the political process in Georgia. He recently presented this information to a U.S. House Judiciary subcommittee.

Thomas Rice has been at Denison since 1973 except for the year he spent at the University of Ireland doing research on returning Irish immigration. He is interested in economic democracy, the process of stratification and third world relations. Recently he has been writing about what he considers to be British atrocities in Northern Ireland. As part of the ASA Teaching Resources group, Rice has been a consultant to sociology departments on matters of curriculum and faculty development.

Sherman and Rice challenge passivity in the college classroom in different ways. Sherman describes his use of "scores" or "happenings" and Rice outlines his guidelines for students who have been asked to formulate "core questions." Both authors are interested in hearing your reactions to their pieces and would like to hear from those who have used these techniques - or some variation - in their own teaching.

SCORES: UNCONVENTIONAL HAPPENINGS FOR TEACHING SOCIOLOGY

Brian Sherman
Oglethorpe University

I have tried a number of different unconventional methods of teaching sociological analysis to undergraduates. One involves creating a series of events which are outside the realm of what students generally anticipate will
take place in a classroom. My students have come to call these events “happenings.” In this paper I will describe “scores,” one of the types of happenings I have used in my classes. A score may be defined as a set of instructions for carrying out activities. Each carrying out of a score is called a “realization” of the score.

To illustrate scoring, I will describe in detail a typical score I present on the first day of class. I tell the class that we will begin the course by doing a score. I hand out a set of instructions such as the following:

**At three different times during the score, read aloud the same paragraph from a place or position in the room in which you usually do not find yourself. Direct your reading to another point in the room at least some distance away from you. The paragraph may be selected from a book or paper you have with you, or from any other source.**

**Take a bottle or a jar and go to a water source. Fill the bottle less than half way with liquid. Upon returning, pour the water as carefully as possible into another jar or bottle.**

**Select a quiet percussive sound. At two different points during the score, make your sound eleven times.**

**Write one word on the front blackboard. You may write any word of your choice.**

**Go some place in the room or in the nearby vicinity and measure a geographical dimension with some unit of your body other than the length of your foot. Make a record of your measurement and write it on the rear blackboard.**

**Listen quietly with your eyes closed for one minute while standing someplace in the room.**

**Locomote backwards very slowly some time during the score.**

**Go off the classroom floor. Continue until you come to an appropriate place. Stop. Make some sort of gesture to indicate “This is the appropriate place.” Return to the classroom.**

I ask the students to carry out each instruction to the letter. I ask them to be serious in their demeanor and to realize each instruction in a task-like fashion without adding any drama, characterization, embellishment, interpretation, or distancing reaction such as giggling. I tell them there are to be no sights, sounds, or movements except those which are necessary for the realization of the score. I explain that they can do the instructions in any sequence. I ask them to indicate by a certain sign such as “attach something, pink, yellow, or white to your person” when they have finished and to remain at rest in their seats until everyone has completed the score.

I do not explain the purpose of the score. I do say that I hope it will be an esthetically rewarding experience for them, and if not, at least pleasant and/or
interesting, and that we will discuss it afterwards. I assure them that the instructions contain only tasks which anyone can carry out and that no judgment will be rendered on any individual.

Some are puzzled about why they are being asked to do this on the first day of class. Others indicate in one way or another that I am violating the norms of classroom behavior by asking them to do more than sit and take notes or participate in discussions. Others, because they have heard about me or because they like any exception to routine classroom activity, look forward to carrying out the score. I usually rely on creating enough feelings of trust and community among ourselves in order to get 100% participation. There is also the implicit authority in my role of teacher.

Before we begin, I ask the students to take a few seconds to experiment with their sounds. I have each one present his/her sound so that I can ascertain that it is in fact percussive. This serves as an ice-breaking opportunity for students to be active in the classroom.

The first score usually takes about 20 or 25 minutes. There is a gradual decrease in the quantity of activity towards the end as one student and then another completes the score. The students are usually very good about carrying out the instructions in a sequence of their choice. What results during the realization is that at any given moment there is a different set of simultaneous activities occurring. At one moment for example the room might be relatively quiet so that the sound of pouring water is prominent. A few moments later two or three students may be in the midst of declaiming their paragraphs while someone else is making percussive sounds and someone else's backwards locomotion has produced some unanticipated noise. During the course of the happening the diminutions and swellings of activity, sights, and sounds become episodic and take on a regularity that seems patterned.

One of my original motivations for doing these kinds of classroom happenings was that I wanted some examples of social behavior to analyze which I knew everyone in the class had experienced. I learned early during my first semester as a teacher that there was no set of concrete social experiences in the world beyond the classroom that all the students shared. I wanted the examples to have some of the complexity of the real social world in which one's own personal experience is an insufficient sampling of the whole. This is one of the reasons I have a task in the first score which requires each student to leave the room and miss some of the activity while at the same time performing some action which only he or she and perhaps one or two others is aware of.

After the score, we take a few minutes to verbalize feelings about the score and to collect any observations that students may have made. Next we attempt a systematic description of what happened during the score. This is particularly challenging to the students because scores follow neither the conventional logic of reason with means and ends, nor dramatic logic with beginnings, sequencings and endings. I ask the students to describe what they did,
saw, and heard without reference to the rules which initially set up the score. For example, they are asked not to say they saw someone locomoting backwards, but to describe the movement they saw and when they saw it, and to limit their description to their observations. They are also asked to note in their description actions which deviated from or were unanticipated by the original instructions of the score. Sometimes the best students try to arrive at a complete historical reconstruction of the events of the score. I have to tell them that this is not the task of sociological analysis. Rather I lead them into describing the score in terms of analytical parameters. These include categories of behavior, frequencies of behavior, and the environmental context of time and space. The categories of behavior are not simply one each for each of the instructions in the score, but include a number of different types of behavior not necessarily mentioned in the instructions. I try to make these parameters as concrete as possible.

We complete the description by summarizing the realization in terms of a few of its basic characteristics. Then I ask each student to consider it as a single esthetic event and to devise a name for it. Names are dropped into a hat. One student draws a name at random and that becomes the name of the score. After we have described the score, we start to analyze it. We begin the analysis using the students' language and concepts. These include cause and effect, purpose, judgmental terms such as good, bad, beautiful, and boring, and choosing most and least favorite instructions.

I then suggest that we use some of the terms more common to analytic sociology such as norms, authority, community, task, instrumental, role, socialization, etc. As we do this, the students' perception of the score changes. At first they see it as a unique and extraordinary type of social experience. After analyzing it sociologically they become aware of its similarity to any other types of more routine social experiences such as meetings, travelling, and work. They no longer focus only on the seemingly unacademic actions themselves but rather on the sociological contexts of those actions. Of course one of the advantages of using happenings is that the intensity of students' reactions to the incongruity of the unacademic actions in the academic situation makes it easier for them (and myself too) to remain cognizant of the analysis they provoke.

Scores such as this one are good for discussions of the pervasiveness of norms. Norms involving eye-contact, staring, queueing, and attention are among those evoked as illustrations. Also involved are norms of violation (of the instructions) and norms of reactions to violators. The flaccidity of physical action which results from the task-like nature of the activities provokes a discussion of the imperfect congruence of role and person. The playful and/or childish associations of some of the activities such as water-pouring and locomoting backward raise issues of socialization and the learning of appropriate behavior. The demands I make for full participation evoke ques-
tions of the nature and purpose of my authority and of authority in general. Full participation and the resultant collective feeling of having done it together are useful for launching discussions of community and of group. The tendencies to compliment others on how they carried out certain instructions and to deprecate one's own actions are related to issues of making status distinctions according to ability and to the pervasiveness of the quantification of prestige in our thoughts. The notion that the whole event was different, strange, or deviant, and that some or all of it was patently silly brings in discussions of how interpretations of specific situations relate to fundamental underlying values. Regularities in carrying out instructions which are not specified suggest emergent norms and the difference between intention and function.

Once general analytic points are made, I take the experience and place it in the context of relevant traditions. I like students to know that the terms of sociological analysis are an outgrowth of ongoing sociological traditions with their rich histories, that scores in particular and happenings in general have roots in specific artistic traditions, and that all these traditions have interplayed with aspects of the social structures and cultures in which they developed.

After application of the general mode and sources of sociological analysis, we aggregate the specific insights of the particular score. These might be about the imperfect relationship of rules and the actions which result from them, the accidental nature in which some specific social interactions arise along with the statistical likelihood that some actions of that type would occur, that human action is not always as purposive and rational as we might think, and that esthetic and other positive experiences result from the parameters of rule-governed situations.

After realizing the first score, the students are usually eager for more. I give them a few more scores similar to the first, except that I add instructions requiring intentional interaction among students. For example, I might include an instruction which says “a) Think of something you like. Go to some other participant in the score and tell that person ‘I like ________________.’
b) When someone tells you ‘I like ________________.’ reply to that person in a loud matter-of-fact tone of voice ‘Gee, I’m glad you told me that.’”

After a couple of realizations, students have sufficient familiarity with scores to make up their own instructions. By the third score, I start including instructions which say “A) Make up an instruction which is in the spirit of this score. Put it in the instruction pile. It should be an instruction that anyone in the class can carry out. B) Take an instruction from the instruction pile, and realize it.” Later, we create whole scores composed of their instructions.

After the first few weeks of the semester, the class is familiar with the concept and uses of scoring, and most of the students usually look forward to additional scores. Scoring then becomes a technique which we use for a number of different purposes. In some classes I ask students to create their own scores
in order to explore various aspects of social behavior or test some sociological propositions.

Scoring becomes so familiar to the class that we are able to create scores at any given moment to alter particular situations. For example, one day a student named Fred felt depressed and expressed a need for more attention. The class then created a "Score for Giving Fred Attention in Order to Make Him Feel Better." We set up a framework for a score, and wrote various instructions. These included:

**Give Fred two pats on the back, one handshake, and tell him that you like him.**
**Give three cheers for Fred.**
**Have one person sing and dance a song about Fred.**
**Clean his glasses for him.**

After the realization was over Fred said he felt much better. I asked him to elaborate upon his feelings and to describe why he thought they came about. I was able to lead the discussion into an analysis of the abstract topic "the individual and the group." I used the score to demonstrate that individuals' mental states can be a function of their integration into groups.

Scores can also be used as rituals to celebrate and affirm the class members as a communality. I often use a "Farewell Score" to do this on the last day of class. The instructions ask each person to rise, one at a time, and make a final verbal presentation to the group. Upon finishing s/he leaves the room, and the next person rises and follows suit. This continues until everyone in the class including myself has made a presentation. The last person, having been the only one who has heard all the presentations, now speaks to an empty room. As each person leaves the course is over for her/him. Unlike the other scores, this one is not followed by a professionally inspired analysis. Rather, it is hoped, and this is borne out by reports from individual students whom I have had in subsequent courses, that the students are sufficiently familiar with scores, so that the lessons of the "Farewell Score" are apparent without me or someone else having to spell them out.

**CONCLUSION**

Using scoring and other kinds of seemingly nonacademic events effects a permanent change in the social structure of the classroom for that particular course. Scores have some of the properties of experimental theater, of
children's play, of multi-media events, of religious rituals and of birthday parties. The feeling for these kinds of events carry over into the more conventional periods of the class. Students know there is always the possibility that on any given day and at any time, we may decide to create a score, fill an elevator full of balloons, or chant a line of Durkheim as a mantra. They know that they might have to get up out of their seats, make noises, and perform nonutilitarian tasks, and that their instructor will be alongside them doing the same. I observe that this increases their commitment to the course. They find that there is the Gemeinschaft of unusual shared experience on a regular basis. The course develops its own subculture and their inquiry into the justifications for my procedures develop into both their collective theory and collective myth about the course and my role in it. I remain an authority figure, and use my authority to encourage the students to immerse themselves in the curriculum of the course.

I have used scores and other happenings in such diverse courses as Sociological Analysis, Community, Small Groups, Methods, History of Sociological Thought, etc. I have no multiple regression analysis to prove it, but I believe my use of scores has helped to make me a better sociology teacher. It has certainly helped me and my students to derive pleasure from our situations together, and I think this is worthwhile in itself.

NOTES

1. Presented at the annual convention of the Mid-South Sociological Association on November 2, 1978. The author thanks Vaughn Grisham, Robert Young and Vaneeta D'Andrea for their suggestions and encouragement.


3. I learned "scoring" from Marilyn Wood. I was a member of her dance company, The Celebrations Group, in 1972. She was influenced by Ann Halprin. Some of Halprin’s ideas are included in Lawrence Halprin’s The RSVP Cycles: Creative Processes in the Human Environment (New York: Braziller, 1969).

4. This particular score, with some modifications, was first realized on February 27, 1974.
OVERCOMING PASSIVITY IN THE CLASSROOM:
AN INTERVENTION

Thomas J. Rice
Denison University

One of the major problems confronted by those of us who teach is student passivity. There is little need to document the shortcomings of the lecture as a pedagogical strategy and yet as we "traverse the halls of academe" on any given day, it is clear that the lecture has remained impervious to all the critiques and demands for innovation. Recognizing that this teaching mode will probably prevail for some time to come, what interventions can we offer that are flexible enough to be integrated into the traditional format, yet effective in reducing the strong tendency toward boredom that results from passive classrooms?

There is a vast literature to support the proposition that it would be a major error to explain any given dynamic by limiting ourselves to variations in faculty or student attributes (Boocock, 1972; Jackson, 1968; Waller, 1932; Holt, 1972; Schmuck, 1977; Karp and Yoels, 1976; Rice, Jacobs and Karp, 1979). To recognize the complexity of a situation is not, however, to be overwhelmed by it; I am inclined to follow the advice of Whitehead to "seek complexity and order it" (Geertz, quoted in Spain, 1975:21). It is with this dictum in mind that I offer the following intervention.1

THE RATIONALE

Central to this strategy is the proposition that critical thinking is best stimulated by adopting a questioning, integrative and synthesizing attitude toward the subject matter. A second proposition guiding the work draws on the concept of transformation. This refers to the act of rewording, reworking or otherwise innovating on an author's work such that it becomes a personalized production; a product of self. To the extent that a student is challenged to formulate a core question related to diverse facts, concepts, or paradigms, the opportunities for passivity are reduced. Since this transformation is by definition a creative act, it should be inherently rewarding and stimulating; hence a potentially powerful teaching/learning intervention.
THE MODEL

This model is outlined in seven parts for clarity and ease of application. Individual instructors may feel the need to alter or eliminate some of the steps; I am reporting here what has worked best in my classes. The steps are presented to the student as follows:

I. OBJECTIVE

Participation is a strong emphasis of this course and I accept the responsibility for providing ample opportunity for students to contribute. To the extent that your ideas and questions are central, the course will be a collective rather than a singular effect. The purpose then of this project is to provide an opportunity for maximum student input to the shape of the course.

II. PROBLEM

This involves a weekly contribution of at least two questions which you have generated from your readings on the topic. The questions should not be simply factual (e.g., what is the population of India?) or ones with obvious answers. They should: (1) be relatively comprehensive; (2) provide the basis for group discussion; (3) be open to a variety of interpretations; (4) be answerable within the framework of social science; (5) be central to the shared reading material. Other criteria may emerge during the semester, but these should serve as guidelines for now.

III. TYPE

This is basically a project in “critical analysis”. By raising questions you are well on the way to answering them and we will learn how to write questions which provide a useful structure for responding. For example, when we read about the origins of our species, the following question would meet our criteria: Why is it
that *homo sapiens* developed a large brain and upright posture and other *hominoids* did not? This question is good because: (a) it raises the question: why?, (b) we have evidence that the situation exists, and (c) it is comparative in form: e.g., Why this, not that?; why here, not there?; why now, not then?

Other examples: Why is it that some cities have high rates of prostitution and others do not? Why is it that some societies have high rates of suicides, others not?

Again, the question “why” is raised. The statement is documented and it is comparative in form.

IV. SOURCES OF QUESTIONS

As you study for the designated topic, orient yourself with a questioning (why?) attitude. Each time something does not make sense, make a note of it. Many of these will clear up as you go through the reading. However, some will only become more complex. After you finish your reading, consider your list of questions and select the two you see as the most important to you and the most useful to your learning.

V. PROCEDURE

After you have selected your two questions, ask yourself: do they meet the criteria set forth in Part II, *The Problem*? If so, then shape the question into the format I’ve outlined in Section III. Why is it that x, not y?; why did it happen in x, not in y?; why was it happening then, not now?

VI. FORMAT FOR PRESENTATION

Your questions should follow the following format when you turn them in each Monday. Use a 3 x 5 notecard and give the following information on one side of the card: full name, date, course number and section number. On the other side of the card list the topic (e.g., socialization and enculturation) and your two questions (e.g., (1) Why is it that females have a higher rate of
mental illness than men?, (2) Why is it that some societies have high rates of warfare, others not?). This card should be either typed or printed in dark ink.

VII. ANALYSIS/ANSWERS

You will be responsible for answering your own questions in the (e.g., Wednesday and Thursday) sessions following (e.g., Monday's) entries. Since it is reasonable to wonder about the kinds of answers you might tender, the following guidelines should help.

A. What sociocultural theory might help to answer your question? What factors (variables) might be operating that are clearly sociocultural in nature? How might such factors relate to each other? For example, if you find that some societies are warlike and others peaceful, does it have anything to do with the availability of food or other scarce resources? The MAIN point here is that we want an EXPLANATION, and some are better than others. How do we know?

B. We seek EVIDENCE which has been gathered using a scientific attitude. Draw on as much evidence as possible from your readings. DOCUMENT anything you expect us to accept as evidence (e.g., Who did the study? When?, etc.)

C. Draw CONCLUSIONS from your studies. Can you make a sound generalization from your analysis — one that will hold in other places at other times? For example, if you find that American teenagers tend to "fall in love" about once a month, does this hold for Eskimo teenagers or among the Trobriand Islanders? Why or why not? This raises the question of the conditions under which people are likely to experience "falling in love."

D. APPLY your knowledge such that it has practical value in the social world. For example, if we find that young American males destroy property in environments that are sexually segregated and relatively anonymous, the solution to the problem is obvious. Likewise, if we find that passive students (i.e., sitting in classrooms without any interaction) learn very little and get bored, the obvious application is to... create active classrooms.
In summary, any answer that offers a theoretical explanation, supports it with empirical evidence, draws conclusions, ventures a few generalizations and seeks to apply the knowledge to real-life situations will be seen as first-rate. Anything less than this will be seen as less so and rewarded accordingly.

This may sound complicated now — and it is, as is anything intellectually worthwhile — but it will be much clearer after you've had some practice. We're here to educate and learn, so don't be deterred by the challenge. Just don't underestimate it!

APPLICATION PROCEDURE

Several methods may be employed — alone or in combination — in the processing of the analysis/answers to the questions. Since time does not usually permit a discussion of each question in the larger forums, three procedures seem to offer the most promise, depending on individual preference or situation.

1. The instructor analyzes the question cards before preparing the lecture. From this analysis a dialogue may be structured based on a shared hypothesis or concern, with the participants being selected to provoke the greatest controversy. Others are invited into the discussion after the main contributors have had their inputs.

2. A second approach is to analyze the cards and group them according to questions of common foci. Set up discussion or “buzz groups” with one question posed as central. The student who raised the question can be designated as the discussion leader. After discussion, group reports could be solicited in a “plenary” session.

3. A third approach is to assign the analysis as a written preparation to be used as the basis of a discussion.

VARIATIONS

This model should be employed creatively rather than as a received and finished tool to be applied in the same way to all teaching situations. Several
variations are possible; in fact the number is limited only by the instructor's imagination. For example, some instructors may wish to shift the emphasis from the explanatory to the descriptive mode if the latter is of greater concern. Other modes (e.g., application of concepts, humanistic implications) may be substituted, depending on the subject matter or sophistication of the students.

Another variation is to have the students generate one question and answer it according to this model; the second question would be generated with the instructor accepting the challenge of being on the "firing line" once a week without prior notice of the content. This has the effect of reducing the authoritarianism of the one-way demand; it is also an excellent opportunity to role-model the excitement of intellectual work since few students have had first-hand experience with fresh, on-the-spot analysis in response to their questions.

CONDITIONS AND LIMITATIONS

Keeping in mind that no intervention is going to work equally well in all situations, it may be useful to report my own experiences with the conditions under which this model has been successful. It has worked well in:

(1) Relatively large introductory classes where the students do not intend to major in the discipline and hence may have limited interest in the course.
(2) Classes where a large amount of information from divergent sources is being read and there is no ready mechanism to get feedback on student interests and concerns.
(3) Intermediate level courses which register non-majors who would not have former training in the perspective of the discipline.

CONCLUSION

The intervention outlined here is flexible enough to be used across a wide range of teaching/learning situations. If it is applied creatively and tailored to the situational needs of the instructor, there is good reason to consider its adoption.
NOTES

1. I am indebted to Professor Michael Weinstein for the inspiration of this idea during a private conversation.

REFERENCES

Boocock, S.S.

Geertz, C.

Holt, J.

Jackson, P.

Karp, D.A. and W.C. Yoels
1976 The college classroom: Some observations in the meaning of student participation.

Rice, T.J., R.H. Jacobs & D.A. Karp

Schmuck, R.

Waller, W.
BOOK REVIEWS


Reviewer: ART SHOSTAK, Drexel University

Clinical sociologists may find a considerable amount of consulting work in the 1980's helping major American firms accommodate "future shock." Few areas of national life are as turbulent today as the corporate world, what with automation, cybernetics, global ownership, mergers, productivity campaigns, and quality work circles all combining at present to shake established ways and require a new social order.

Exceedingly helpful in mapping the terrain is a 20-essay anthology based on a 350-person symposium held in 1979. Contributors like Issac Asimov, A.H. Raskin, Louis Harris, Stewart Brand and others bring decades of experience and a personal vision to the task. Their many anecdotes and use of the first-person voice are a refreshing change from the more standard fare.

Of particular interest to certain clinical sociologists will be several essays that attempt to help corporate types better understand "The Age of Me" — and its "broad-gauge decline in worker satisfaction, emerging demands for more control over one’s hours of work and leisure, the decline of tolerance for authoritarian bosses, the unwillingness to defer gratification, and a clutch of other issues . . . ." Plainly, any and every business firm that comes to believe these cultural changes at play in its system may be open to the potential of clinical sociology to make a desirable difference.

The one sociologist represented among the varied contributors, Suzanne Keller, sought to shed fresh light on "Shifting Values: New Choices and Old Dilemmas." Her forecasts include the vexing likelihood of a sharp new division in the world of work — "a super-trained, well-paid, relatively contented class of technicians, service workers, and professionals, and an underclass of unemployed and perhaps unemployables." Keller speculates that some help might follow from the reviving of "two tendencies constrained during the era of unbridled consumerism: (1) the quest for personal fulfillment — as in various forms of self-renewal; and (2) service to others — the old, the poor, the ill, the lonely." Clinical sociologists, of course, could contribute much to the relief of two-class rivalry and tension, even as we also aid the reviving momentum.
Thanks to essays from Machinist Union president William W. Winpisinger, futurist Theodore J. Gordon, and TV commentator James C. Lehrer, the anthology has vitality, reach, and considerable down-to-earth reasoning. Few clinical sociologists will leave it without enough fresh ideas and new clues to corporate need to think their reading time anything but well-employed.


Reviewer: ALFRED McCLUNG LEE, Visiting Scholar at Drew University; Professor Emeritus at The City University of New York

Ewen started out to write "a 'power structure' analysis" of Detroit, what she now calls "a somewhat sterile exercise in demonstrating 'what is.'" Her experiences in gathering data as a participant observer led her from mere description to diagnosis, and from diagnosis to an analysis of alternative prescriptions for change. She says that it was especially "the political motion of the working class in Detroit that transformed this book." With them, she came "to understand the heat, filth, and danger of the presses and the forges. . . real hunger and the despair of violence against neighbor and violence against oneself."

The result is an outstanding example of clinical macrosociology — "lessons about the capacity of human beings and the necessity of certain alternatives that I would have never grasped in the isolation of academia."

Ewen's concern is for the working class. At the outset, therefore, she attacks "those 'realists' who argue that the benevolence or malevolence of the ruling class is not at issue, for, since the ruling class has the power and, they argue, since there will always be a ruling class, one must act realistically and accommodate oneself to the realities of life," a rather typical liberal position among social scientists. As she adds, "The resulting cynicism. . . legitimates the freedom of expression and pluralism of the social institutions." On the contrary, "the working class cynic," as she sees such a person, "when given a viable alternative, may actively move to challenge existing power and to struggle for a social redefinition because it is in his class interest to do so."
The diagnostic descriptions that Ewen gives of Detroit as a city and of its ruling class, working class, minorities, ownership and control patterns and families, and working class organizations typify or at least suggest the patterns of struggle going forward throughout this country. Her chapters on social control and planning and on political alternatives are especially insightful.

The chapters on the ruling class portray the striking persistence of some families in dominating positions from the eighteenth century French settlement until the present. As she puts it, "Thus, although the history of Detroit is written as the exploits of individual persons, taming the wilderness and making great fortunes, the actual history is the history of families." She even provides genealogical charts to indicate interrelationships. Her social-historical approach to the current situation is quite enlightening.

The chapters on the working class and on minorities recount their deprivations, exploitation, and bloody struggles and also their accomplishments in organization and in politicizing themselves. She shows the manners in which working class organizations, including the unions, have been co-opted by the ruling class, but she is not pessimistic about the future. She believes that the threat of authoritarian or fascist tendencies "can bring diverse progressive forces together . . . committed to the struggle to protect the rights of working people. As she says in her concluding chapter, "It is not a question of whether social planning can 'save' Detroit. The question is — save Detroit for whom?"

As Ewen concludes:

The resolution to the urban crisis in Detroit is not a resolution that will be prescribed by neutral social scientists . . . . The objective forces of history are not blind forces — they are objective phenomena that can be analyzed and understood. And the working class can use that knowledge to protect its class interests, prevent the brutalization of its finest leadership, reverse the growing trend to fascism, and prepare the road to socialism.

This work is an important contribution to clinical macrosociology. Ewen writes quite clearly even though her book deals with a tremendously complex situation. One does not have to agree with her analyses and conclusions to gain a great deal from reading the book.

Reviewer: JOHN GLASS, Private Practice, Studio City, California

Elliott Jaques, Professor of Sociology and Director of the Brunel University Institute of Organizational and Social Studies in Britain, is both a qualified psychoanalyst and a social therapist. He is best known for his work over a period of 30 years with the Glacier Metal Company while he was associated with the Tavistock Institute of Human Relations. His pioneering work in action research with organizations was reported in *The Changing Culture of the Factory* (Tavistock, 1951), *The Measurement of Responsibility* (Tavistock, 1956), *Equitable Payment* (Heinemann, 1961) and subsequent works.

One of the most important findings to come out of the Glacier research was that individuals in organizations need to have their role and status clearly defined in ways acceptable to themselves and their colleagues. This book builds on his previous work and in it, Jaques develops a general theoretical construction of how social institutions and human nature affect each other with special reference to bureaucracy.

Jaques argues that bureaucracies, which he defines as hierarchically stratified managerial employment systems where people work for a wage or salary, are neither inherently humanizing or dehumanizing; rather, problems arise when role boundaries and authority patterns are not properly arranged.

The major contribution by Jaques, which underlies much of his theory of bureaucracy, is the concept of "time span of discretion." This is a scheme for evaluating jobs by the length of time before decisions made by an individual are reviewed and evaluated by his or her superior. The lowest level jobs have a short time span; work is frequently checked, while at the highest levels it may be several years before the effectiveness of a decision shows up.

The work capacity of individuals, the time span of positions occupied, and wage and salary earned are independent variables which can be in or out of balance and can be arranged so as to maximize individual and organizational functioning. When there is a lack of congruence between a person's capacity, the level of work (time span), and level of payment, stress and conflict occur between the individual and society and within the individual.

The utility of this analysis is evident, for example, for women who seek to remove inequities of pay for positions such as administrative assistant which often have time spans equivalent to those of management positions commanding far higher salaries.
What is so unique about Jaques’ work is that he takes both individual differences and social structure into account in this major advancement of bureaucratic theory. Jaques provides a blueprint, based on solid research and practice, for the organization and control of bureaucracy compatible with the needs of an open and democratic society. He is squarely in favor of small scale, step-by-step, deliberate design of social institutions as being crucial for a good society. Bureaucracy is inevitable, and the attainment of humanitarian bureaucratic systems is essential for human progress in industrial societies.

Jaques’ book is invaluable for student, theorist, and practitioner alike, not only as a significant advance in organizational theory, but as an exemplary instance of theory growing out of practice - an example of clinical sociology at its very best.


Reviewer: SUZANNE POWERS, Cleveland Clinic Foundation

Janet Mancini has written a stimulating clinical analysis that is likely to become a landmark book in clinical sociology. Holding constant the variables of socioeconomic status, age, race and geographical location, the author studies the evolving identities of five young men. All five are black and live in poverty. The book addresses the basic issue of how five distinctly different personalities and coping styles can emerge with so many constants.

Taking the symbolic interactionist perspective, Mancini develops a typology of “strategic styles” — ways of interacting which are predictable and identifiable. Each of the five young men has his own strategic style: the cool guy, the conformist, the tough guy, the actor, the retreater. The cool guy is characterized by moving toward others, the conformist moves with others, the tough guy moves against others, the actor moves over and the retreater moves away. Mancini states, “The styles are tools with which the individual shapes and structures interaction with others in terms of controlling them (or allowing them to control him) and satisfying his needs for affection, approval, intimacy, status, and so forth. . . The strategic styles are the products of two variables — activity/passivity on the one hand, and friendliness/hostility on the other.”
Mancini selected five seventh grade boys ages 12-14. Transcripts were available for the entire set of boy's significant others who were interviewed at three different times: the late 60's, early 70's and near-to-mid 70's. The perceptions of each boy as well as each boy's significant others could then be integrated.

Each of the strategic styles was identified as having two sub-types. The five young men selected for this study were found to have the two extremes that occurred within each main category. The cool guy was seen to be both "the together guy" and "the super cool cat." The conformist was seen to be "the alright guy" and "the too-good guy." The tough guy was perceived as "the real tough guy" as well as "the troublemaker." The actor was seen as "the put-on" and "the con-artist." The retreater was perceived as "the withdrawn kid" and "the loner."

The interview of each child is very detailed. Questions are asked about the family at present, future family, peer group, school, work-related issues, self concept, race, neighborhood, house and travel. Intensive interviews with family and peer groups deal with the same areas.

I think Mancini's work will be a valuable sourcebook in sociological theory, social psychology, personality and social structure, and minority groups and race relations.