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Teaching Notes discuss specific educational practices, while Practice Notes present demonstrations and discussions of practice issues. Book reviews cover current literature of interest to clinical sociologists. Manuscripts will be reviewed both for merit and for relevance to the special interests of the Review.

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CLINICAL SOCIOLOGY REVIEW
Volume 3, 1985

Contents

Editor’s Preface .................................................. 7
About the Authors .................................................. 9

SYMPOSIUM ON THE HISTORY OF CLINICAL SOCIOLOGY

Howerth, Small and Clinical Sociology .................................................. Jan M. Fritz 13
Present Condition of Sociology in the United States ................................ Ira W. Howerth 16
Scholarship and Social Agitation ................................................................. Albion W. Small 25

CURRENT CONTRIBUTIONS

Six Problem-Solving Contexts for Intervention Decision Making ...................... Ronald Lippitt 39
Clinical Sociology and the Acculturation Specialty ........................................ Fred Hoffman 50
Intergroup Relations in Applied Research: Respondent Participation as a Clinical Intervention .................................................. Thomas A. Leitko 59
Clinical and Research Interviewing in Sociology .......................................... Carol A. B. Warren 72
A Humanist’s Commentary on ‘‘Clinical and Research Interviewing in Sociology’’ ................................................................. Harry Cohen 85
In the Best Interests of the Child: Official Court Reports as an Artifact of Negotiated Reality in Children’s Assessment Centers ......................... Jerry Jacobs 88
Social Problem as Affliction and Social Problem as Hazard ......................... Berthold Brenner 109
Sociotherapy with Marital Couples: Incorporating Dramaturgical and Social Constructionist Elements of Marital Interaction ......................... Nathan Church 116
Societal Influences on Sexual Dysfunctions: The Clinical Sociologist as Sex Educator ................................................................. Abraham D. Lavender 129
TEACHING NOTES

Teaching Clinical Sociology: The Introductory Course
Edward W. Gondolf 143

Developing Organizational Consulting Skills in Clinical Sociology
Ray Kirshak 150

PRACTICE NOTE

Sociologists as Mediators: Clinical Sociology in Action  John S. Miller 158

BOOK REVIEWS

The Handbook of Organizational Design by P. C. Nystrum and W. H. Starbuck
Reviewed by David W. Britt 165

Parting: The Aftermath of Separation and Divorce by G. B. Spanier and L. Thompson
Recycling the Family: Remarriage After Divorce by F. F. Furstenberg, Jr. and G. B. Spanier
Reviewed by Charles Lee Cole 173

Changing the Subject by J. Henriques
Reviewed by Joan D. Atwood and William R. Atwood 176

Designing Interventions for the Helping Professions by Edwin J. Thomas
Reviewed by Tamara Ferguson 178

Offenders, Deviants, or Patients?: An Introduction to the Study of Socio-Forensic Problems by Herschel Prins
Reviewed by Katherine Williams 180
Editor's Preface

This issue of *Clinical Sociology Review* continues the traditions of the first two issues by including reprints of historical articles relevant to Clinical Sociology, contributed articles, teaching notes, practice notes, and book reviews.

**Symposium.** The symposium reprints two articles related to the history of clinical sociology. The first is a survey of professors of sociology conducted in 1894 by Howerth in which he reports the definitions of sociology given by instructors of sociology in the United States. The second reprint, an article by Small, illustrates concern for the practice of sociology by one of the founding fathers of American Sociology. The symposium was organized and is introduced by Fritz.

**Current Contributions.** The current contribution section contains a wide range of articles, moving from practice to theory, from the methods of clinical sociology to examples of the uses of those methods. First, Lippitt, one of the pioneers of the uses of sociological (and psychological) theory to bring about planned change, discusses six contexts of planned change. This combination of theory of change and practical advice to the change agent should prove useful to every clinical sociologist. Then, Hoffman provides an example of the work of the clinical sociologist as change agent. In his discussion of the role of the acculturation specialist, Hoffman raises crucial ethical issues about the role of the clinician working for an establishment when the vested interests of the establishment are not necessarily the same as the best interests of the client.

Leitko gives an example of a study in which open and honest involvement of an originally hostile community in a research study was beneficial to the community as well as to the study. This benefit was possible because of the willingness of the researchers to be responsive to the needs and requests of the community. Warren, on the other hand, focuses on the opposite problem: How do sociological researchers refrain from being clinical when they are involved in a continuing relationship with respondents who request help? In a brief commentary on Warren, Cohen suggests that all sociological teaching and research bring about change, whether or not that change is specifically intended by the sociologist. Jacobs shows that the sociological perspective provides an important understanding of the ways in which child care specialists in England can use their position of power and greater knowledge to orchestrate judicial decisions about the care of a child. Brenner indicates that whether a social problem is seen as rooted in personal situations or the collectivity determines the nature of the appropriate intervention.

Clinical sociology has long been concerned with helping individuals and families. Church shows how social constructionism and dramaturgy affect how
couples construct their world, and how these perspectives are useful in marriage therapy. Lavender shows how a knowledge of social structure and social norms affects conceptions of sexual function and dysfunction, and how these perspectives can be used by the sociologist as sex educator in both classroom settings and counseling sessions.

Teaching Notes. In the Teaching Notes section, Gondolf discusses the structure of an introductory course in clinical sociology, and Kirshak provides a graduate student's view of a seminar designed to teach techniques of organizational intervention.

Practice Note. In a Practice Note, Miller shows how clinical sociology can be used in a program of mediation which utilizes the skills and knowledge of liberal arts faculty in a public university.

Book Reviews. In a review essay, Britt discusses Volume 1 of The Handbook of Organizational Design and concludes that it is an important book for clinical sociologists. Cole finds two books on divorce and its aftermath, written by Spanier and Thompson, and by Furstenberg and Spanier, major contributions to the literature of marriage and divorce. Atwood and Atwood find a potentially important book, Changing the Subject, cumbersome and tedious. Ferguson reports that Thomas' book on designing interventions is useful but repetitious, while Williams finds Prins' introduction to socioforensic problems not very useful to readers in the United States.
About the Authors

Berthold Brenner, ""Social Problem as Affliction and Social Problem as Hazard,"" is Research Sociologist with the National Institute of Mental Health. His area of interest is conceptualization and study of well-being and such closely related concerns as adaptive functioning, mental health problems and social problems. He has published in Quarterly Journal of Studies on Alcohol, Behavioral Science, Journal of Community Psychology, Social Indicators Research and Psychological Medicine.

Nathan Church, "Sociotherapy with Marital Couples: Incorporating Dramaturgical and Social Constructionist Elements of Marital Interaction," is Assistant Professor of Sociology at North Texas State University where he teaches in the master's and doctoral programs in clinical sociology. Before going to North Texas State he was director of Counseling Services at Pepperdine University in Malibu, California. He is currently Editor of the Clinical Sociology Association Newsletter and is Executive Officer of the Clinical Sociology Association of Texas.

Harry Cohen, "A Humanist's Commentary on Clinical and Research Interviewing in Sociology," lived the first 23 years of his life in Brooklyn, New York. He is now a Sociologist at Iowa State University in Ames. He has developed clinically oriented courses in sociology of work and sociological theory. He is the author of Connections: Understanding Social Relationships published by the Iowa State University Press, which shows the clinical utility of the theoretical perspectives of sociology.

Jan M. Fritz, "Symposium on the History of Clinical Sociology: Howerth, Small and Sociological Practice," is a founder and past president of the Clinical Sociology Association. She teaches sociology at Georgetown University, Washington, DC, and is a mediator in the Small Claims Court of the Superior Court of the District of Columbia. She is the author of a number of articles on clinical sociology.

Edward W. Gondolf, "Teaching Clinical Sociology: The Introductory Course," teaches clinical sociology and community development in the clinical sociology program at Indiana University of Pennsylvania. He is director of the Domestic Violence Study Center at IUP and the author of Men Who Batter: An Integrated Approach to Stopping Wife Abuse (Learning Publications, 1985). He has conducted community research in a number of communities in Pennsylvania, Mass-
achussetts, Illinois, and Central America. Recent publications have appeared in *The Rural Sociologist, Victimology, Teaching Sociology, Social Casework* and others.

**Fred Hoffman**, "Clinical Sociology and the Acculturation Specialty," is an acculturation specialist with the Scientific Analysis Corporation, and with a resettlement program for mentally ill refugees in Los Angeles. He has been a culture broker for American Indians, undocumented immigrants and political refugees. He is now developing a research and treatment program for Hispanic alcoholics.

**Jerry Jacobs**, "In the Best Interests of the Child: Official Court Reports as an Artifact of Negotiated Reality in Children's Assessment Centers," is Professor of Sociology at Syracuse University, and is currently Visiting Professor in the Department of Sociology at the University of Hawaii at Manoa. He is the author of numerous books and articles on deviant behavior, retirement settings, qualitative sociology, mental retardation and suicide. In addition to Syracuse, he has been on the faculty of the University of California, Riverside, and the University of California Medical Center, San Francisco.

**Ray Kirshak**, "Developing Organizational Consulting Skills in Clinical Sociology," teaches sociology and is a doctoral candidate in the Department of Sociology at The American University in Washington, DC. He is president of the American University Chapter of Alpha Kappa Delta, and a participant in the NTL (National Training Laboratories) two-year professional development program. He has spent more than 10 years practicing sociology in business, government, and university settings. He was the first Employment Classification Officer for the Clinical Sociology Association, and currently is CSA's Training Coordinator.

**Abraham D. Lavender**, "Societal Influence on Sexual Dysfunctions: The Clinical Sociologist as Sex Educator," studied psychology at the University of South Carolina and sociology at the University of Maryland. He is the author of a book and over 25 articles, largely in the areas of ethnic relations and sexuality-sex roles. He has 12 years experience in teaching and has been honored as Outstanding Professor. His course on human sexuality includes an emphasis on societal influences on sexual function and dysfunction. He is currently involved in research, writing and consulting in the areas of sexuality-sex roles and ethnic relations.

**Thomas A. Leitko**, "Intergroup Relations in Applied Research: Respondent Participation as a Clinical Intervention," is Associate Professor of Sociology and Business Administration at Alfred University, Alfred, New York. His clinical
ABOUT THE AUTHORS

interests focus on intervention research and organization development, and he has published recent articles on these topics in Work and Occupations, Sociological Practice and The Journal of Applied Behavioral Science. He is also cofounder of Leitko/Peterson Research Associates, a private practice doing needs assessment, program evaluation, and program development work.

**Ronald Lippitt**, "Six Problem-Solving Contexts for Intervention Decision Making," is Professor Emeritus of Sociology and Psychology at the University of Michigan. He studied group work at Springfield College, and sociology and psychology with Kurt Lewin at the University of Iowa. His work with Lewin and R. White on experimental leadership in small groups is one of the classic studies in social psychology. After World War II he was one of the founders of the Research Center for Group Dynamics at the Massachusetts Institute of Technology, and started the t-group as part of the National Training Laboratories at Bethel. He moved with the R.C.G.D. to the University of Michigan, where he remained for 30 years as professor of sociology and psychology and program director in the Research Center for Group Dynamics. In 1960, he and Floyd Mann formed the Center for Research on the Utilization of Social Knowledge within the Institute for Social Research. For the past 10 years he has been involved in private practice.

**John S. Miller**, "Sociologists as Mediators: Clinical Sociology in Action," is Associate Dean of the College of Liberal Arts at the University of Arkansas in Little Rock. He is an Associate Professor of Sociology, Project Director of the Land Stewardship Project of Arkansas, and directs the college’s Mediation Project. His articles have appeared in journals such as The Journal of Environmental Systems, Free Inquiry in Creative Sociology, Issues in Higher Education, and the ASA Teaching Newsletter. Recently completed research has focused on the case method for teaching applied sociology and the applied side of the liberal arts. He is currently at work on several articles focusing on land ethics.

**Carol A. B. Warren**, "Clinical and Research Interviewing in Sociology," is Professor of Sociology in the Department of Sociology and Senior Research Associate in the Social Science Research Institute of the University of Southern California. Her most recent work is a historical study of women diagnosed as schizophrenic and institutionalized in a California state hospital during 1957–1961, and of their marital and family relationships. Her monograph, Madwives: Schizophrenic Women at Midcentury, will be published by the University of Chicago Press. Her other recent work is on various aspects of psychiatric social control, such as the commitment of adolescents to psychiatric hospitals, and the resurgence of electroconvulsive therapy. She is the author of The Court of Last Resort: Mental Illness and the Law (University of Chicago Press, 1982 and 1984), a study of involuntary civil commitment in California.
Symposium on the History of Clinical Sociology

Howerth, Small and Sociological Practice

Jan M. Fritz
Georgetown University

The history of clinical sociology in the United States is still being written. In the last few years several pieces have appeared, though, which help us to better understand the development of the field. Among these are the symposiums in the first two issues of the Clinical Sociology Review (Fritz, 1982; Billson, 1984) and pieces by Clark and Fritz (1984) and Lee (1984).

This symposium includes two articles by scholars from the University of Chicago. These pieces were published in the 1890s and set the stage for a discussion of our history. The first, by sociologist Ira Woods Howerth, appeared in the Annals of The American Academy of Political and Social Science. His 1894 piece was entitled the “Present Condition of Sociology in the United States.” (It appeared just ahead of one entitled “The Improvement of Country Roads in Massachusetts and New York.”)

Howerth (1860–1938) finished his work for a master’s degree and joined the faculty at the University of Chicago the year the article appeared. He had written all the teachers of sociology in the United States and asked their views about the discipline. We are interested in general in the kinds of remarks his questions elicited from his 40 respondents and particularly the responses to his last question about the “relative importance [of the] treatment of the dependent, defective and delinquent classes.”

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Although Howerth was to work as a practicing sociologist—rewriting laws and suggesting reforms—as Secretary of the Illinois Educational Commission (1908–1909), his article really does not deal with practice issues except for the small discussion of treatment and the comments on social problems.

Howerth noted that in the 1890s there was "a great deal of thinking about social problems." This picture is reinforced when one reviews the kinds of sociology courses offered—including pauperism, charity, unemployment, migratory labor, insanity and temperance—and when one reads other characterizations of early American sociology. Harry Barnes (1948:741), for instance, said that "probably the largest group of sociologists [were] what are usually called 'social economists' or 'practical sociologists,' namely, those chiefly interested in social work and amelioration."

Two years after Howerth's article appeared, Albion Small (1854–1926) published, "Scholarship and Social Agitation" in The American Journal of Sociology. Small, chair of the first graduate department of sociology, founding editor of The American Journal of Sociology, and one of the first presidents of the American Sociological Society, thought the main reason for the existence of sociology was its "practical application to the improvement of social life" (Timasheff and Theodorson, 1976:2).

One special paragraph in Small's 1896 article speaks directly to his interest in sociological practice:

I would have American scholars, especially in the social sciences, declare their independence of do-nothing traditions. I would have them repeal the law of custom which bars marriage of thought with action. I would have them become more profoundly and sympathetically scholarly by enriching the wisdom which comes from knowing with the larger wisdom which comes from doing.

There are three themes in the history of sociology in the United States—science, art/humanism, and practice. Over the years, the concern for each of these themes has differed and that concern may have affected the way in which we have written the general history of sociology. Scholars interested in the history of sociological practice in the United States would do well to begin by reading the writings and studying the actions of the early American sociologists.

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Present Condition of Sociology in the United States

*Ira W. Howerth*

In a discussion of the present condition of sociology in this country, we must not confound sociology with social problems. Social problems are questions growing out of abnormal social relations. Sociology is the science which proposes to investigate social relations. There is at present a great deal of thinking about social problems, much of which is entirely independent of a sociological science. Our purpose is to set forth the present condition of thought about sociology.

Even among those who have studied the science most, there are vague and conflicting notions about its method and what it proposes to do. Some hope to extract from metaphysics a "golden medical discovery" that will cure all social aches and pains, or at least a formula that will solve the most intricate social problem. Others, mistaking a means for an end, think that the sole business of sociology is to go nosing about in the slums to find out how the other half lives. Some persons condemn the science because of this latter conception. This is the idea and the feeling of a certain professor of English, who is reported to have said, "What is the use of sending out students of sociology to observe the conditions of life among the poor, when Dickens and Thackeray have done all that work much better than they can hope to do it?"

Several years ago Professor Sumner, of Yale College, defined sociology as "the science of life in society; it investigates the forces which come into action wherever human society exists. Its practical utility consists in deriving the rules of right social living from the facts and laws which prevail by nature in the constitution of society"; and Professor Giddings, of Columbia College, says that "general or philosophical sociology is a broad but penetrating and
thorough scientific study of society as a whole—a search for its causes, for the
laws of its structure and growth, and for a rational view of its purpose, function,
meaning or destiny.’’ We shall see that among sociologists there is a wide
difference of opinion in regard to the content of these definitions. If one expects
to find, in present sociological thought, a definite conception of the nature and
function of the science of sociology, or a clear body of thought concerning its
scope, its method and its object, he will be disappointed. It takes a science a
long time to free itself from charlatanry and metaphysics, and to formulate
precise definitions. This is the task which sociology is now trying to accomplish.
And while it is thus engaged it cannot make great headway in popular favor.

With this preliminary suggestion of what we shall find, let us now examine
the condition of thought among sociologists themselves. In order to determine
this condition, I recently wrote to all the teachers of sociology in the United
States, and to others known to be deeply interested in the subject and entitled
to express an opinion, and asked them to answer the following questions:

1. Which term do you prefer, Social Science or Sociology?
2. Do you think the study is entitled to be called a science?
3. In what department does it belong?
4. What is its relation to Political Economy, History, Political Science, Ethics?
5. How much of the subject, if any, should be taught in the high school?
6. In what year of the college course should the subject be introduced, and what
subjects do you regard as directly preparatory?
7. What is the nature of the course that should be offered to undergraduates?
8. Would you divide the subject into descriptive, statical and dynamic, and in
what sense do you use each of these terms?
9. What relative importance does the treatment of the dependent, defective and
delinquent classes hold?

Notwithstanding the disagreeable suggestion of an unauthorized examina-
tion which my letters must have raised, they received from most of my corre-
pondents immediate attention. About forty have replied. Of these, three pleaded
knowledge insufficient to entitle them to an opinion. All the others gave answers
to at least some of the questions. From the nature of the case, answers could not
be otherwise than brief. In this respect one reply is a model. One would scarcely
think that the fourth question, What is the relation of Sociology to Political
Economy, History, Political Science and Ethics, could be dealt with briefly. But
one writer disposes of it as follows: ‘‘The relation of Sociology to Political
Economy, History, etc., is close.’’ On the whole, however, the replies are far
more complete and more carefully written than I expected to receive. A brief
summary of the opinions expressed will illustrate the condition of thought about
sociology among those who ought to be informed. Do not anticipate from this
summary a clarification of sociological ideas, but look rather to see the confusion in which sociological thought is involved. We shall take up each question separately.

In answer to the first question, only six expressed themselves as preferring the term Social Science. Among the reasons offered for preferring this term are its breadth and the popular prejudice against an increase in the number of the "ologies." Three find a use for both terms, two using them interchangeably. Still another writes, "Personally I prefer neither, but should like to see the term Politics used in the broad Aristotelian sense, reserving the term, Political Science for the narrower region relating to governmental relations." The great majority, however, are in favor of using the name Sociology because, they say, it is one word, and has also its adjective, Sociological. While not assuming so much as "Social Science," it suggests more unity, and distinguishes itself from several social sciences. Moreover, it has been adopted by such men as Comte, Spencer, Ward, Giddings and others. No objection was offered on account of the etymology of the word. The name, then, that seems to have the field is Sociology.*

But is sociology a science? Fully three-fourths of the answers to this question are in the affirmative. Some say it is a "becoming science." Professor John Bascom, of Williams College, writes, "It is a question of degrees. It will do no harm to call it a science if we do not abate our effort to make it one." The definition of science upon which these answers seem to be based is a systematized body of knowledge, or as Professor John R. Commons, of Indiana University, puts it, "The study and classification of a body of facts, with a view to discovering co-existences and sequences." But there is another point of view from which the question may be regarded, namely, is there a special field for sociology? Does it justify itself by showing a qualitative differentiation from antecedent sciences? Those who recognize this point of view think that sociology either is, or is rapidly becoming, a science.

How then, we ask, shall this new science be classified? In what department

*While adopting this term, some complain of its misuse. Professor G W. Patrick, of the University of Iowa, writes, "The word Sociology has been much used in this country, unfortunately, I think, as synonymous with the science of Chanties and Corrections." And Professor William MacDonald, of Bowdoin College, says, "I prefer the term Sociology, understanding by that term the science of human society. The use of the term to denote systematic inquiry into the subjects of crime, pauperism and labor seems to me narrow, and likely to withdraw attention from more important and more fundamental inquiries." The word "Sociology," as first used by Comte in the "Cours de Philosophie positive," was a "name for that part of a positive or verifiable philosophy, which should attempt to explain the phenomena of human society. It was exactly equivalent to 'social physics,' for the task of Sociology was to discover the nature, the natural causes, and the natural laws of society, and to banish from history, politics, economics, etc., all appeals to the metaphysical and the supernatural, as they had been banished from astronomy and chemistry."—Professor Franklin H. Giddings.
does it belong? Most of the teachers of sociology think it ought to form a department by itself. Some would place it in the department of the social sciences, along with politics, economics, jurisprudence, etc. Others would change the order, making all the social sciences divisions of sociology. On the other hand, Professor Giddings says, "General sociology cannot be divided into special social sciences, such as economics, law, politics, etc., without losing its distinctive character. It should be looked upon as the foundation of groundwork of these sciences, rather than as their sum or as their collective name." Scattering replies place it under psychology, moral and political science, political economy and anthropology. One teacher thinks it belongs under the "humanities," while two say it has no natural boundaries, and is therefore not included in any one department. A general feeling in regard to the question is expressed, perhaps, by Professor John Dewey, of the University of Chicago, who says, "I don't feel at all sure. It would seem well to have it a separate branch, in order to make sure that it received proper attention, but I think its separation a great pity if it means isolation from any of the great subjects mentioned in question four; i.e., Political Economy, History, Political Science and Ethics." "Sociology," he continues, "should be a sort of meeting place for the organized cooperation of these subjects, it supplying the general theory and principles and progress, they filling in the media axiomata and the special facts."

These answers indicate the opinion in regard to the matter inquired about in the next question, namely, the relation of sociology to political economy, history, political science and ethics. Those who believe that all these branches are departments of sociology content themselves by merely saying so. Those who regard sociology as an independent science think its function is to coordinate the results of these special sciences, or that sociology studies the same phenomena from a different point of view; that is, sociology treats of the phenomena of economics, etc., that are due to the existence of society. For this study history furnishes material. It is the medium through which sociological phenomena must be observed.* "History," says one, "is its material, ethics its guide, political economy its interpreter, and a rational system of political science its proposed

*But history is dependent upon sociology for its topics and its valuation. "I would like to emphasize this thought," says Professor James R Weaver, of De Pauw University, "that history may be taught best through some such study as constitutional law, the theory of the state, international law, or sociology." To better indicate the points of view, I give a few answers to this fourth question in full. "I should adopt a classification like that of DeGreef. History is sociological evolution. I should say that ethics looked at, not from an historical and descriptive standpoint, but from that of improvement, is identical with Sociology. It is Sociology working toward the goal of human betterment."—Professor J. R. Commons, Indiana University.

"Political economy is not a department of social science, nor is political science. Both furnish materials to social science, but are to have their independence respected. This last is true of history as a fundamental discipline. Ethics is merely a related subject according to the Institutional Con-
end." Many express themselves as in doubt about the relation of ethics to sociology. Professor Anthony, of Bates College, says that "Sociology is Political Economy in practice, History in the making, Political Science as an art, and Ethics applied." And this view of ethics is held by Professor Peabody, of Harvard, who describes sociology as ethics applied to the economic situation.

Coming now to the opinions expressed in regard to the time when the study of sociology should be introduced into the schools, we find decidedly more agreement. Only six think any part of sociology should be taught in the high school, and three of these, owing to the absence of suitable textbooks,* think it is of doubtful utility. Professor Commons thinks the high school should teach "descriptive sociology, local, state and federal government, administration, labor, capital, pauperism, etc., the whole subject treated objectively, beginning with the best known facts in the locality and proceeding outward, one-half hour a day more or less during the entire high school course." "The teacher," he says, "could make it an exercise for the entire school, and by alternating the subjects, the teaching force would not have to be enlarged." Professor Charles R. Henderson, of the University of Chicago, would have a brief sketch course introduced very early.† This course should provide for systematic observation of familiar social facts. There is almost general agreement, however, that sociology proper is a branch that cannot be successfully taught outside of the college or university.

As to what year in the college course the study should be taken up, there

*Professor A. W Small and Mr. George E. Vincent, of the University of Chicago, have recently published an excellent textbook entitled, An Introduction to the Study of Society.

†Professor Henderson says: "Sociology should not be introduced as a formal and separate study before the second year of the college course, and then only in a general survey to precede special social studies. But from the time that children begin to study geography and history in the schools, a teacher acquainted with sociological methods can train pupils in the habit of observing, classifying, naming and reasoning upon the social phenomena."
is some uncertainty and much difference of opinion. Twenty-four answer the
question directly. Of these, four would have sociology taught in the Freshman
year, two in the Sophomore, five in the Junior, and thirteen in the Senior year.
Others were uncertain, or felt unprepared to answer. As a matter of fact, most
of the courses in sociology offered in the United States are graduate courses, or
Senior year electives. As preparatory studies, history takes the first rank, with
political economy second. Ethics, psychology and biology are also named by
many as desirable, biology, especially, for besides encouraging the scientific
habit of mind, it gives a definite and concrete conception of the theory of
development as worked out in that science, which is useful in the study of social
evolution. Logic, political science, civics and anthropology are each mentioned
once. Dr. A. W. Small would have descriptive sociology taught as a preparation
for all the special social sciences, and then, after a preparation has been gained
in biology, psychology, history, ethics, political science, and, if possible, an-
thropology, he would introduce the elements of statical and dynamic sociology.
Preparatory studies aside, the opinion seems to be all but general that every well-
regulated college and university should offer a course in sociology to its under-
graduates.

What should be the nature of that course? To this question I received few
definite replies. "General summary," "elementary and stimulating," "only
those topics which illustrate economics," and other like answers, are too vague
to be effectively summarized. The implied opinion seems to be expressed in the
reply of Professor C. H. Cooley, of Michigan University, which I quote: "In
my opinion, such a course should consist of two parts: first, a concrete survey
of historical forms of association from the primitive family—or horde—down
to the numerous and complex associations of the present day. This survey should
be something more than a condensation of the history of institutions. It should
be unified throughout by applying to all institutions certain fundamental questions
relating to their sociological character—such as how far they are free, how far
coercive, whether vague and indefinite or formal and binding; the physical
mechanism of their organization, as transportation and the facilities for the
production and preservation of material goods; the psychical mechanism—means
for the dissemination and preservation of thought, communication, law, custom,
morality and literature. These things have been much studied in themselves, but
little as factors of association.

"The second part of the course should attempt a searching and somewhat
detailed analysis—a Theory of Association. To show what I mean I would cite
the first two volumes of Schaffle's "Bau und Leben" as an attempt to work out
such a theory. To accomplish an analysis of association is the main end of the
study, but I believe that the concrete historical survey will be found indispensable
as an introduction. Let the student pass from historical facts and proximate
explanations to a more general and penetrating analysis."
We come now to the question whether, for purposes of study and investigation, sociology should be divided into descriptive, statical and dynamic. Out of twenty-three answers to this inquiry, nine are in favor of such a division, while fourteen are opposed. In the University of Chicago and in the Leland Stanford Jr. University this division is adopted. It will be interesting, therefore, to know in what sense the terms are used. Dr. Small defines the term "descriptive" as applied to sociology as the "correlation of historical and analytical facts about society as it has been and is"; "statical," as "the ideal society in equilibrium, essential social structure and needs being the criterion"; and "dynamic," as "the doctrine of the application of available social forces for approach to the ideal." Professor Ross defines the terms as follows: "Descriptive," a preliminary survey to provide actual data; 'statical,' seeks to distinguish social types, and the forms of institutions, in order to determine the laws of their co-existence and sequence; 'dynamic,' studies the forces underlying social phenomena and causing movement and change, in order to ascertain the laws of their action, and thereby the mode of controlling them for the furtherance of social progress."* The objections urged against this division are that the terms are too vague, not co-ordinate, and that description is not a division of science. Professor H. H. Powers of Smith College, writes: "Description is a necessary part of scientific work, but not a division of the science. The science is necessarily dynamic in its fuller treatment, in that it treats of forces in action, evolution in progress. To lose sight of this for a moment, to explain the family, the state, religion, etc., as accomplished or fully evolved facts is the greatest difficulty we have to meet. To overcome this vicious habit of assuming momentary aspects of social institutions as norms of judgment, we cannot too often or stoutly insist that the science is dynamic, and all its elementary substances plastic, nascent, and ever entering into new combinations. Static studies are not co-ordinate with, but subordinate to this fundamental conception. They are valuable as giving us temporary and local phases of combinations instantaneous photographs of a moving scene in successive moments. But it takes many such pictures to suggest the moving and changing fact. There is no approximation to equality between a static and a dynamic study."

This point of view is taken by several. A few propose other divisions, as for instance, historical, practical and theoretical; and again, historical, compar-

*Professor Dewey says. "I thus divide it. The term descriptive seems to me necessary at present, but I think ultimately all material now put under that head should find a place under statical and dynamic. It appears to me to be a separate head simply in so far as there is a mass of facts whose significance with reference to general principles is not, as yet, seen. Statical, I consider the principles of social organization as such; the structural relations, the morphology. Dynamic is the theory of social movement as such; the functioning of the organs so far as they involve modification of structure—the physiology."
ative, or descriptive, theoretical and applied. Professor Giddings adopts the following division: Ethnographic, demographic, and social pathology; Ethnographic, in the sense of the general sociology of those savage and barbarous peoples who are organized in herds, clans and tribes; Demographic, as the sociology of the great modern populations which are politically organized in national States; and Social Pathology, as the study of abnormal social phenomena. "Many sociologists," says Professor Giddings, "would maintain that a constructive general sociology can be built up only on the basis of researches in social pathology."

And this leads us to the last question, in regard to the importance of social pathology, or the treatment of the dependent, defective, and delinquent classes, as a branch of sociology. "The treatment of these classes," says Professor Chapin, of Beloit College, "holds a place somewhat analogous to that of pathology in medical studies." And this is the opinion of Professor Henderson,* Professor Peabody,† and many others. To quote again Professor Giddings: "Social pathology has for the sociologist the same importance that physical or mental abnormality or illness has for the physiologist or the psychologist. The abnormal reveals and defines the normal." On the other hand, there are those who deny to social pathology this important place. "The treatment of these classes," says Professor James W. Cain of St. Johns College, "would come more fittingly under political science, or better still, under practical politics. With the treatment of any class sociology can have nothing to do." To the same effect and more emphatically, Professor Powers writes: "Sociology is not social pathology. The tendency to confound the two is contrary to etymology and all scientific precedent and experience. We shall never understand the abnormal till we have understood the normal and determined the norm from which to measure the degree of departure. The study of dependents, etc., has failed both of scientific accuracy and profitable reforms on account of the variously vague notions regarding normal man and the consequent direction which reform should take. Those who begin with the study of the abnormal, usually assume, at least unconsciously, that the normal is largely present in society and is static. The abnormal needs, therefore, to be conformed to it. As a matter of fact, the normal does not exist except as an evolving fact, and the abnormal is an incident of it, a lateral moraine of the moving glacier of society. Only the glacier and the law

*Professor Henderson's view is stated as follows: "As there is normal anatomy physiology and hygiene of the sound and growing body, so there is a morbid anatomy physiology and therapeutics of the broken and diseased body. Study of the abnormal must be carried on in relation to the study of the natural life of society, and social pathology thus comes to be a special department under general sociology; statical, and dynamical."

†"'The treatment of charity," says Professor Peabody, "must be preliminary and subordinate to the larger question of those who can help themselves. It is the pathological side of the subject."
of its movement can explain the moraine. Social pathology is an exceedingly important science belonging to a secondary group—criminology, study of classes, etc."

This brief presentation of many conflicting opinions is far from satisfactory. But my task is not to clear up ideas about sociology, but to show the chaotic condition of sociological thought.

The inability of sociology to answer certain questions, scientific and pedagogic, only shows what every sociologist admits, that the science is in a more or less undefined and tentative position. It does not disprove the existence of the science. "Sociology exists," as Herbert Spencer wrote, "because there exists a social organism." It is still a very incomplete science. The same may be said of all the other concrete sciences. Sociology is far behind many of them, but they have all passed through their formative periods, and faced the objections of irrelevancy and futility. There was a time when physics and astronomy "belonged to the divine classes of phenomena in which human research was insane, fruitless and impious." But they have outlived these objections. And so also will sociology.
Scholarship and Social Agitation

Albion W. Small

The primary purpose of this paper is to challenge the claims of that type of scholarship which assumes superiority because it deals only with facts. The latest god in the world's pantheon is science. The only orthodox theophanies of this divinity have their eyes in the backs of their heads. The scholarship which has the forward look is tolerated with the stepmotherly reservation that "it may be useful in its way, but it is not science."

Very well; let us go about our business with the understanding that within the scope of scholarship there is first science, and second something better than science. That something better is first prevision by means of science, and second intelligent direction of endeavor to realize the vision.

I would have American scholars, especially in the social sciences, declare their independence of do-nothing traditions. I would have them repeal the law of custom which bars marriage of thought with action. I would have them become more profoundly and sympathetically scholarly by enriching the wisdom which comes from knowing with the larger wisdom which comes from doing. I would have them advance from knowledge of facts to knowledge of forces, and from knowledge of forces to control of forces in the interest of more complete social and personal life.

The scholars of this generation are so dazzled by the play of evolution that they cannot see its operation in their own environment. Many an evolutionist can trace the processes of progress in every moment of history except the present. It is neither consistent nor intelligent to act as though evolution terminates in us. The things of today are but crude products which yesterday began to shape, which a thousand tomorrows will mould toward perfection. A primary inference from the law of evolution as we now read it is the decree to every intelligent person: "Apply today's force to make tomorrow's fact!"

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Men's instincts accept more frankly than their intellects the provisional and mediate character of present institutions. In order to contend that improvement is the present and the future order of the day, it is necessary to presume that the things of the present are defective. This premise is virtually an impeachment of established order. It is a reflection on accepted institutions. Hence it is easy for conservatism to regard it as a letter of marque sanctioning piratical intentions on the ship of state. Although every advance of civilization in the past has been by virtue of the provisional character of institutions, which permitted a certain self-surrender of the old order and the installation of a substitute, conservatism is timid about becoming party to the continuation of this cosmic process. In preferring the ills he had to others that he knew not of, Hamlet was the eternal conservative.

Scholarship is likely to become retrospective, and so not conservative but obstructive, in proportion to its insistence that nothing belongs in its province except demonstrative evidence. The only things which to our minds are absolutely certain are accomplished facts. Scholarship which would guard against becoming speculation and adventure, dreads departure from this sure region of the has-been, for exploration of the somewhat conjectural realm of the more reasonable and possible and desirable which is to be. But the stage of human evolution upon which we have entered presents an order of facts which scholarship cannot much longer ignore. Man is beginning to discover himself, and this self-discovery by man incites to new world-discovery and world conquest.

Once only a human animal demanded of the world animal comforts. Now this animal is become a self-conscious center of myriad wants, expressed in an infinity of physical and psychical desires. Men are consequently attacking the resisting material and moral environment at more points than ever before. In this conflict mind wields the balance of power, and mind is swinging over into alliance with man. This make-weight mind once decreed man's temporal damnation, under the theory that this mortal life is for the subjugation and repression and crucifixion of man. Mind now begins to declare that this mortal life is man's opportunity to possess and expand and enjoy. The irrepressible wants of this newly self-asserting sovereign man make a new order of facts, which scholarship may not despise. Laws of moral motion begin to discover themselves in man's movements, as positively as the laws of physical motion in their sphere. Laws of moral affinity begin to suggest psychical uniformities as regular as the action of chemical affinity. The ultimate social fact—man—is a fact whose many phases and many potencies already enter with new powers into the social equation. Man always wanted life and liberty and happiness, but never did these wants mean so many things to any man as they do to some men today. Never did the mass of men bring within the sweep of their wants so large a fraction of that which complete man will demand and obtain.

The things which to our view make life and liberty and happiness are more and larger than to any previous men. Our bodies today are covetous of more and
more complex satisfactions than physical man ever claimed before. Men's minds once yearned for the one sedative of authority, they now thirst for the thousand stimulants of criticism. Men's social wants seemed, a century ago, to be potentially assured, with the conquest of political freedom. Social man today finds political freedom, without industrial security, a delusion, a fraud, and an insult.

The latest phase of man is thus a new order of fact. Scholarship cannot contemplate these facts without finding itself face to face with the tardily unsealed order of nature—"Be thou a forceful part of that continuous cosmic enterprise which forever unmakes the things of today to recreate them in the things of tomorrow!"

Man, tugging to master the contents of newly surcharged consciousness, is the supreme fact which today's scholarship encounters. We cannot deal with this fact without "forgetting the things that are behind and reaching forth unto the things that are before." Scholarship must either abandon claims to the function of leadership, and accept the purely clerical rôle of recording and classifying the facts of the past, or scholarship must accept the responsibility of prevision and prophecy and progress.

Political philosophers, from Plato to Montesquieu, treated problems of government most of the time as though there were no deeper questions involved than the efficiency of forms of administration. Social philosophers of certain schools today would have us believe that the consummation of social philosophy will be reached when we shall have formulated the physics of group reactions in past and present human associations. The majority of contemporary social "reformers" act as though society would at last have its foundations on the rock, if it would adopt this or that expedient—civil service reform; equalized taxation; the referendum; profit-sharing; government ownership; industrial arbitration. The paramount duty of social scholarship at this moment is to reckon with the epoch-making fact that today's men have gradually cut the moorings of ethical and social tradition after tradition, and that society is today adrift, without definite purpose to shape its course, and without a supreme conviction to give it motion.

Let us listen to the anarchistic indictment of society.*

Injustice is enthroned in the statutes of civilized nations; for example—in the laws relating to land tenure, to the money of commerce, to public franchises, to public and private corporations, to the collection of debts, to the enforcement of contracts. In consequence of this perversion of law, the privileged class is built up at the expense of the poor, the land of the United States has passed into the hands of the few, opportunity for self-employment is closed, wage slavery has been substituted, the condition of the poor is grow-

ing worse. It follows that a republic is as impotent as monarchy to do justice. Despotism belongs to the principle of government as such.

Let us hear from the other extreme. A Christian minister declares that professed disciples of Christ must revise their working creeds after the following fashion:

It is the object of this book to point out some of the changes in men's thinking which the present conditions of Christian society most clearly indicate. There must be clearer ideas of the fatherhood of God, and the brotherhood of man; there must be reconstruction of ideas concerning the independence of the individual as related to the solidarity of society; there must be revision of our ideas of the sacred and the secular; there must be reconstruction of our ideas of property; we must clarify our views of the relations of religion and politics; we need to reconsider the relation of individual to public opinion; we need to detect modern Pharisaism; we need to overcome irrational partisanship.

If our practical principles are assailable at all these points, Dr. Gladden is surely justified in his summary: "Needed social reconstruction depends upon a new conception of life and duty."

Let us consider the anarchistic and the Christian diagnoses together as signs of present psychic facts, and let us consider what they connote. These divergent estimates of society are themselves symptoms of the unique condition of the thinking parts of society. Men are more generally conscious than ever before of a discrepancy between the demands made upon life by the various principles of human desire, and the possible output of satisfaction from the operation of traditional social doctrines and institutions. All our kicking against the social pricks means that men are agreed that something is wrong, though they cannot agree what is wrong.

Scholars ought to be able to see that the fault lies deeper than the popular reformers suspect. All our contemporary discontent with social institutions and conditions runs back to the fact that the present generation is trying to make dead trunks of social ideas bear living fruit of social force. We are trying to feed the humanity of today from the desiccated stalks of yesterday's conceptions. All the familiar denunciations of social evils, and of the individuals or classes that are said to cause or aggravate them, point to the one radical fact which men have hardly begun to admit, viz., that the words around which our civilization has rallied no longer convey our ultimate ideas; or rather they stop short of

*Dr. Washington Gladden, *Ruling Ideas of the Present Age*
notions which we will accept as ultimate. They are irredeemable currency, and men are clamoring for liquidation. Thus we declaim of "liberty," but men are wondering whether we have begun to know wherein liberty consists. We have boasted of "rights," but the suspicion is rife that the majority of men have never understood a tithe of their rights, and that the rights which our institutions assure are possibly not more than a tithe of the goods upon which complete men will insist. We have appealed to "ethics," but at this late day there is no more open question than, What is ethical? We declare the sacredness of life, but men are asking, What is life? What does life presume? What does life involve? What should life contain? To whom does the prerogative of life belong?

These conditions are the setting of the urgent problems that confront today's men. Scholars are shirkers unless they grapple with these problems. It is for this that society supports us. We are presumed to be exponents of the higher excellencies of thought and action. We are expected to hold up ideals of the best, to guide the endeavors of the masses of men. It is squandering money to put more endowments into the keeping of educational institutions that are not devoting their energies in larger and larger proportion to search for solution of these moral problems, together with the solution of the physical problems, through both of which the larger welfare of men is to be secured.

Scholarship may get in its work in either or both of two ways: first, in clarifying fundamental or general conceptions; second, in perfecting and applying subordinate devices and plans. The second purpose of this paper is to indicate by an illustration the sort of share which scholarship ought to have in prosecuting the former of these methods. I turn, therefore, not to the most fundamental relation which needs exposition, but to discussion of the institution of property, with its incidents, inheritance and bequest. Certain agitators declare that the institution of property itself, and still more its satellites, inheritance and bequest, are inventions of criminal purpose to strengthen the strong and to weaken the weak. Human welfare of every sort is so generally dependent upon property relations that stable equilibrium in society can certainly not be expected so long as men entertain and act upon incompatible conceptions of property and its consequents. My argument is, then, that in this, as in every like case of impeachment of an existing institution, or in case of demand for trial of a new institution, it is the scholar's duty to hold his services at the disposal of his fellows, for the purpose of reaching permanent and convincing conclusions.

Let it be understood, then, that the position to be maintained in the discussion which follows is that there is ground-course work for scholars in strengthening the rational basis for settlement of disturbed or threatened social relations. For illustration, property relations are selected, not because the considerations to be dealt with are new to sociologists, nor because it is desirable to advertise individual opinions, but in order to make the point that, whether the assumptions behind this particular institution of property are tenable or untenable, there is
call for such review and restatement of the principles of property that we shall have common premises for theory and practice with reference to details and applications. The argument is that, as in the case of property, so in the case of other social institutions and relationships, referee work by scholars is in demand. The main contention throughout this paper is that when institutions hedged about by the sanctions and sanctity of tradition begin to provoke men's skepticism, it is the business of scholars to rise above the superstitions which forbid inquiry into the rightfulness of the traditional, and to represent the people in dispassionate examination of the things in question. Our relation to the people creates a demand upon us to do this work for the people, with as little reluctance or prejudice as though the things under examination were defective or untried mechanical inventions.

More than this, many men of all classes, business men and rich men, as well as theorists and poor men, are beginning to cherish an ambition to assist in so readjusting industrial relations that manhood may be held not less deserving of conservation than property. The only way to save that purpose from deserved ridicule is to discover flaws in the industrial premises which have logically led to despicable conclusions.

I cannot wonder that hard-headed men of affairs have nothing but contempt for those garrulous peddlers of reform programmes who can find no fallacies in the postulates upon which industrial and political administration is based, but declare implacable feud with the consequences of the postulates. Large and satisfying improvement of present social order must wait upon deepening and broadening of the foundations of order. Reforms cannot amount to much so long as they aim principally at details of the finished social edifice.

It is, accordingly, one of the present duties of scholarship to reconsider all that is assumed and involved in the existing institution of property. We must go back to the immemorial perception that human beings cannot live to the best advantage without mutuality. It is one of the conditions of large personal happiness that individuals shall be helped by their fellows to maintain personal claims to things and opportunities, against all encroachment. Conversely, the realization of this condition makes civilization first possible, then progressive. It may come about, however, that the establishment and maintenance of private, personal, possessive rights to things and opportunities, which were appropriate and socially useful in a less complex civilization, may become obstructive and reactionary in a more complex civilization. It is hardly to be doubted that we have reached such a stage in civilization, and that our conditions call for partial reconstruction of the philosophical basis on which the institutions of ownership and property are supposed to rest.

To recall another elementary principle—it is not denied by anybody, so far as I am aware, that ownership is a concession by organized society to persons within the society. Whatever be the principles of abstract right to which indi-
individuals may appeal, ownership, as an institution, is a gift of society to its individual members, i.e., ownership, whether absolute or limited, is possible only as men in masses agree to recognize and enforce ethical claims of single or associated individuals.

This agreement is entered into on the part of society not because multitudes of men think that single persons are more important, and deserve more consideration than the many, but because societies instinctively perceive that the interests of the many can be conserved only by safeguarding the interests of the units. The many combine to establish and maintain what are held to be the just claims of individual persons, because the good of the many is thereby assured. Thus it comes about that the thing which is supposed to belong by right to the individual is guaranteed to him in all civilized societies by the agreement of the whole community.

When, however, it becomes apparent that the enforcement of these claims to ownership is harmfully affecting the whole society, there sooner or later arises suspicion that somehow or other mistakes have been committed in men’s judgment as to what constitutes individual rights. Thus men have had ownership of certain allegiance and service on the part of others; they have had legal ownership of right to control the movements of others from place to place; of right to give or withhold consent to the marriage of certain parties; men have had ownership of right to exercise certain magistracies, to confer certain “livings,” to be exempt from certain pecuniary dues, etc. In the earlier history of these possessions the claims under them have been regarded as applications of the principle, to every man his own—suum cuique. It has dawned upon men later that these things were no man’s own, and, in the nature of the case, they cannot be, because they deprive other men of a part of their own. Hence there have been striking changes in conceptions of what may be owned, and of what constitutes just as contrasted with legal title to ownership. Back of each separate doctrine and policy with reference to ownership has been the vague tacit reservation that rights of exclusive ownership must be compatible with, and tributary to, the general good.

Now, without attempting to draw a final and specific line between things which may be owned and things which the common interest forbids men to hold, except upon certain enforceable terms of use and release, I argue that we have sufficient reason today for beginning to challenge the rationality of the prevailing extension of the concession of ownership.

Let us resort to the homely precept: “It is lawful for a man to do what he will with his own.” Let us assume that the proposition is valid, but it raises the preliminary question, “What is one’s own?” The answer to that question is not today as clear as it has seemed hitherto.

In the first place some men are surely forgetting that even in the fundamental law of civilized states there is no such idea as absolute ownership by individuals. In theory, approached in practice whenever necessity dictates, the state may
impoverish every individual of its membership, to defend national honor and national existence. Not goods alone are thus subject to social draft, but no citizen can call even his life his own when his nation demands his service. The idea of absolute ownership is therefore at best an accommodation.

But while states have grown so secure that the eminent domain and the final ownership of the nation does not ordinarily put onerous limitations upon individual ownership of wealth, personal relations within modern states have so changed that applications of the fiction of ownership have led to anomalous relations between individuals and classes. Men are not only working today with their shop and office mates in a real partnership, but we are working with thousands of thousands whom we have never seen; yes, with thousands of thousands who are no longer living. The legacies of past generations become part of the equipment of the living generation, and we cannot reasonably refuse to consider whether we have allowed certain classes of persons to appropriate more of the heritage of the past than they may justly claim. The equipment with which men work today can be divided into separate individual shares only at the cost of incalculable embarrassment to industry. Before the days of machinery, and aggregated capital, and the application of science to methods of production, no calamity less than war, famine or pestilence could produce equal industrial disturbance. Accordingly the reasons which have been held to make property so sacred are today less simple, their interpretation is less evident, and their relations are different from those which once obtained.

These changes call for revival and enforcement of a radical distinction between classes of claims upon opportunities and things. As was said above, absolute ownership is after all a legal fiction. Our lien upon things which we call our own has recognized limits even in law, and there are still further limits prescribed by justice to every man who has a conscience. But allowing for this accommodation of ideas, it is true that as between man and man there are two classes or degrees of just individual claim upon things and opportunities. I venture to apply to these respectively the terms ownership and proprietorship.* Probably there is little usage to support this antithetical use of the words, but for our present purpose I may use the term ownership for the claims that are practically absolute, and proprietorship for claims that have institutionalized limits.

My thesis at this point is that we have brought over, from other social conditions, concessions of rights to ownership which are anomalous and dan-

*The poverty of our vocabulary in this connection is doubtless an evidence of lack of precision in our thought. We have no nouns for the things held under the different tenures which I want this antithesis to represent. If the lawyers had not given the word personalty another meaning, I should try to use it for possessions to which right of ownership may be conceded, and the word property would then be left for the less absolute possessions, but even this usage would be arbitrary.
gerous in present conditions. Moreover, if we continue to concede to individuals ownership claims according to present legal rules, there is no escape from gradual retrogression into more abrupt caste separation than ever existed before. I urge, therefore, that the ethical and functional distinction (and I call it ethical because it is functional) between ownership and proprietorship must receive sharper definition, and must become more prominent and decisive. I do not profess ability to complete this definition, but I may offer certain suggestions about the principles by means of which the distinction may be drawn.

That must be recognized as one's own—necessary governmental deductions being eliminated for simplicity—which is one's just portion of the fruits of one's labor, whether independently or in combination with others. That must be recognized as property—for convenience left under the administration of the proprietor—which it is possible to utilize to the combined advantage of the worker and of society. This vague and involved statement corresponds with the involutions of reality. The fact is that the legal qualifications of absolute ownership are much less intimate than the automatic practical qualifications, whenever it is attempted to couple ownership with use and enjoyment. The kinds and quantities of goods and opportunities which any man can appropriate without admitting other men to some sort of partnership are limited indeed, and the point upon which I am insisting is that so soon as this partnership is entered into, whether for consumption or for production, absolute ownership ends, and a new relation with new ethical limitations begins, viz., the relation which I designate as proprietorship. I mean more specifically that natural resources, accumulated capital, perfected methods, processes, devices, no less than hygienic, chemical, medicinal discoveries, belong to man, not to men. The laws of nature make it impossible for individuals to own them. The extent to which the laws of the state shall become the accomplices of individuals, in turning proprietorship into monopoly, is a matter for social intelligence to determine.

To develop this suggestion somewhat more in detail, things which are a fair equivalent for the individual's labor, things which in their nature are useful only as consumed by individuals, may fairly be considered proper objects of absolute ownership in the sense already indicated. Thus, food, clothes, household utensils, books, pictures, means of recreation, money held as the equivalent of these, assuming of course that each is the rightful reward of the owner's service, are indisputably objects of ownership. On the other hand, there are goods and opportunities which cannot be exclusively owned without infringement of just claims which have accrued to others. Thus any of the natural or artificial agencies for controlling the universally necessary means of happiness, such as land in its widest economic sense, acquired science, inventions, accumulated knowledge, methods of organizing capital or labor, may have become available to men as the result of the labor of individuals. Society ought to be willing to err on the side of liberality in providing that such labor shall receive due reward. Our patent
and copyright laws are intended to carry out this policy. After the laborer has received his hire, however, the new power over nature which he has found out how to exert should become an addition to the endowment of the race. Again there are results of past and present labor and social combination in which the combined product is vastly greater than the arithmetical sum of the contributions of individuals, and in which the absolute share of individuals is undeterminable. These classes of goods and opportunities cannot be claimed by right as any man's own. They are correctly viewed only when they are regarded as equipments of civilization, which are not primarily for consumption but for production. They cannot be made the absolute possession of individuals without dispossessing other individuals whose ethical claim to some of this social heritage is equally clear. These latter classes of goods are reasonable objects of proprietorship, but not of ownership.

Shall we then conclude that the institution of private property should be abolished? No more than we are to conclude that private individuality should be suppressed. Proudhon taught a doctrine more to be dreaded by the weak and the poor than by the strong and the rich. Our conclusion is that we must keep on learning how to socialize both individuality and possessions. Nor does this conclusion involve toleration of the equally anarchistic assumption that present forms of the institution of property are too sacred to be reshaped. The question, "What may all of us profitably permit some of us to own?" is not closed, and it will not be so long as human activities continue to grow complex. From the point of view just defined, civilization is tending neither toward abolition of property nor toward deification of property, but toward discrimination and delimitation of degrees of property. Scholars ought to be most effective agents in promoting this gain. Proudhon was more picturesque than precise when he charged that "property is robbery." It is the scholar's duty to search out the fraction of truth in such wholesale error, to show that some property has been robbery, and to assist in refining principles by which we may guard against permitting any man to call his own what should be partly the franchise of others.

Without attempting to justify it by argument, I suggest one other point of departure for the boundary line between ownership and proprietorship, viz., ownership is possession unlimited by obligation. Proprietorship is possession under bonds for the use of the thing or opportunity possessed as a joint trust with and for others interested. I simply assert that the measure of irresponsibility permitted by our legal and moral codes to owners who should at most be proprietors, is an impeachment of our social intelligence.

The view thus defined is in equal contrast with plutocratic and with socialistic conceptions. The type "proprietor" here contemplated would be neither the plutocratic "owner" of our acquaintance, nor the expropriated ward of the state, into which the present owner is transformed in the socialistic vision. The "proprietor" here contemplated would be a new order of manager-magistrate.
He would be created not by state appointment but by industrial selection. He would serve because fit to serve. He would draw pay in accordance with his value to the business. He would have the same relation to the business, after the term of his usefulness had expired, that retired political magistrates now have to the government in a democratic state.

I have thus presented only the syllabus of an argument, none of which is new, but simply newly related. I do not presume that this brief will be conclusive. I hope that it will be of some effect in winning assent to the assertion that the postulates concerning property which society is accepting offer points for reconsideration.

To further emphasize this claim, the illustration may be extended to consideration of the probable effect upon certain corollaries of the current conceptions of property, in case anything like the principles of discrimination which I have proposed should be adopted. It would be interesting to trace the logical consequences of such discrimination as effecting the theoretical relations between stockholders and employees. As this subject could not be treated briefly, further illustrations will be confined to the institutions of inheritance and bequest.

Basing my position on the ethics of ownership and proprietorship just posited, I deny that there is any necessary reason for supposing that the privilege of bequest must forever be added to the emoluments of proprietorship. It will doubtless for a long time be expedient to continue the addition of that incident, but it is an addition and by no means an element inherent in proprietorship itself. In other words, nothing which is property merely is to be considered necessarily subject to the bequest of the proprietor, or, in the other case, no man has any natural right to inherit what was only the property of a relative.

This conclusion was contained by implication in the distinction above proposed between ownership and proprietorship. Proprietorship involves service. In one of its elements proprietorship is trusteeship. The legitimate social assumption behind maintenance of the privilege of bequest is that the service supposed to accompany proprietorship will be secured better under the sanctions of bequest, or of prescribed lines of inheritance, than by any available alternative. Thus it is supposed superior utility, not inherent sanctity, which supports these accidents of proprietorship. Bequest is not an essential incident of proprietorship, and Herbert Spencer’s attempt to make it such by calling it a “postponed gift” convinces only those who had made up their minds before; because the right of gift is not properly an incident of proprietorship either. Transfer of possessions from one person to another is socially justifiable only on the presumption that the service belonging with the proprietorship will be equally well performed after the transfer.

If a person appointed as guardian of a child or as receiver of a corporation should venture to delegate his office to another person incompetent to perform its duties, he would be held legally responsible for the mismanagement of his
representative. The law rightly makes such transfer of function either a crime or punishable neglect. Now that which is contrary to public policy between living men cannot by legal decree be made entirely satisfactory as the regular order between living persons and the shade of a dead man. If it is contrary to public policy for a father to have liberty while living to put an incompetent son in charge of a business which it is the father’s duty to manage, it is also and much more subversive of public interest to establish for that son an owner’s right in such management in case of the father’s death. The only ground upon which these propositions may be challenged is the presumption that a poor social device is the best possible device; but neither in mechanics nor in civics is limitation of possibility assumable until the limits of experiment have been reached.

In order to show, therefore, the invalidity of the presumptions by which the institutions of bequest and inheritance are buttressed, I call up the perception that ownership of the managerial functions which are essential to the administration of capitalistic enterprise is a concession by society, for which there is plain historical ground, but that ground is not sufficient to justify recognition of such ownership as a natural right. Claim to control of such a function, to the extent of liberty to confer it upon another at will, regardless of his fitness to discharge the function, is as baseless in ethics as the obsolete claim of political classes to the right of conferring political magistracies at will upon relatives and favorites.

The conventional doctrine in the premises would reply to these claims; “But the guardianship of minor children or the receivership of a corporation is a responsibility for other people’s interests. The law necessarily limits the agent’s liberty to delegate such responsibility. There is no proper parallel, however, between this relation and that of a great employer managing his own business. Consequently the analogy just alleged does not exist, and there is no such anomaly as that asserted in permitting gift bequest or inheritance of captaincies of industry, regardless of managerial fitness.”

My rejoinder is that this demurrer represents the very lack of intelligence that I am pointing out with reference to the social significance of business management. The organizer or manager of a capitalistic enterprise is as truly a trustee of the interests of others—viz., both stockholders and employés—as is the guardian of an orphan, or the receiver of an insolvent corporation, or the master of a passenger steamship on the Atlantic. The business is created by the union of many men; it is the combined action of many men; it operates for many men. In short it is of, for, and by not one, but many. The organizer contributes much brain power, and perchance much wealth power and brawn power, to the combination; but after all, these are only factors, not the whole of the combination. Over against all the ownership rights which do and should accrue to such manager, social responsibilities on the part of the management arise and develop with every stage in the progress of the business. These responsibilities are ob-
ligations to cooperators in the business, and to the society more remotely affected by the business. These obligations fix the ethical limits of ownership, and define the duties incumbent on proprietorship.

Conceding, then, every item of justly acquired ownership on the part of the manager, when we turn to the obligation side of the ledger page we discover that with this ownership there has accrued a burden of responsibility for administrative labor, and that many persons have a moral lien upon the discharge of that responsibility. No mere owner of a part of the business, not even the legal owner of the whole stock, can obtain such discharge from this responsibility that he is ethically justified in ignoring it, or in making the disposition of it a matter of his own arbitrary decision. The other parties interested have an immanent claim to assurance that, when the managerial function is transferred, it shall go to managerial ability, so that the material and intellectual and moral assets of the business may not be dissipated. In a word, the managerial element in capitalistic enterprise is in its very nature fiduciary, vicarious, responsible, i.e., proprietary at most.

In this prolonged illustration I have incidentally presented my own beliefs, but not because they are the chief concern in the argument. I cite them merely to illustrate what I mean when I claim that all scholarship within the field of the social sciences ought to be made to converge at last upon criticism of capital positions in our social order. I have no sympathy with nor confidence in any conception of sociology which is satisfied with abstractions, or which does not keep well in mind the relation of all research to the living interests of living men. Scholars, and especially sociological scholars, are either wrong or wronged when they are said to endorse and support the presumption that whatever is in society is right, or if not right at least unavoidable. I plead for that creditable and worthy agitation by scholars, which is not hysterical fuss and pother with symptoms and specifics, but rather calm and patient exploration of conditions and causes and principles.

Referring to the second class of opportunities inviting the sociological scholar, I content myself with saying that scholars might exalt both their scholarship and their citizenship by claiming an active share in the work of perfecting and applying plans and devices for social improvement and amelioration. It is not only betrayal of his social trust, it is surrender of the best elements of his professional opportunity, for the sociological scholar to withdraw from affairs, and attempt to grow wise by rearranging the contents of his personal consciousness. The most impressive lesson which I have learned in the vast sociological laboratory which the city of Chicago constitutes is that action, not speculation, is the supreme teacher. If men will be the most productive scholars in any department of the social sciences, let them gain time and material by cooperating in the social work of their community. I would have every sociological scholar share constantly in some concrete work of two specific kinds: first, work which
the thoughtful and careful prosecute for the benefit of the thoughtless and the careless; second, work which the enterprising and efficient organize for the better security of their own social interests. The line of argument with which I would justify this ideal may be inferred from reference to the career of a certain reputable society of which many teachers of the social sciences are members. The declared object of the association is commendable, viz., the improvement of city governments in the United States. The programme into which the society has gravitated is discussed rather than action. Its accomplishments up to date very naturally amount to ocular proof of the futility of talk. A scientific label for this respectable body would read: A National Association for the Propagation and Enjoyment of Melancholy over the Misdoings of Municipalities.

There is better work for scholars than criticism of men and measures from a distance. It is timely to proclaim a different ideal for American scholars from that which has dominated the learned world for the last fifty years. May American scholarship never so narrow itself to the interests of scholars that it shall forfeit its primacy among the interests of men!
Six Problem-Solving Contexts for Intervention Decision Making

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ABSTRACT

Six different organizational problem-confrontations present the Clinical Sociologist with a variety of intervention challenges. We identify these contexts as: Entropy Prevention, Creative Downsizing, Compliance with Regulations, Choosing Preferred Futures, Creating Conditions for Innovation, Facilitating Dissemination of Successful Practices. Several intervention strategies are presented, and some typical traps to avoid are identified. Some generic interventions that are needed in all six contexts are summarized.

Making appropriate, effective intervention decisions is one of the major professional challenges of every clinical sociologist. Good decisions are based on several acts of conceptual integration.

First, there is the challenge of multisystem thinking, i.e., to integrate data about the client at the level of individual, group, and organizational dynamics and interactions with the environment. Not all, but most, diagnostic analysis requires integrating data from these four levels of systems.

The second challenge of integration is to synthesize and utilize relevant interdisciplinary concepts. If the concepts of Freud, Lewin, Mead, and Parsons stay fragmented in our thinking, we can hardly make creative, diagnostic multisystem judgments.

The third challenge is to integrate our diagnostic thinking about “what’s going on” within our client system with planned change theory about readiness for and resistance to change, considering the frameworks of Lewin, Beckhard, Tannenbaum, Bennis, Shephard, Lippitt, Blake, Weisbord, and others.

Fourth comes the critical reflective action of scanning one’s own repertoire.
of competencies, and ethical norms, to select helping actions which not only meet the criteria of the three paragraphs above, but also meet the quality standards of personal skill and ethical norms. Quite frequently we feel clear on what to do, but do not have experience with the necessary how skills. This is the challenge for our professional development efforts.

There is a very important fifth ingredient in our intervention decision making. This is a consideration of what I call “the problem confrontation client context.” Sometimes I think of this aspect as a type of change challenge. I’ve identified these problem-solving contexts for the consultant as:

1. The challenge of “entropy prevention,” or maintaining and revitalizing a level of performance of the system.
2. The challenge of coping creatively with “downsizing” and simplification.
3. The challenge of helping the client comply effectively with regulations and mandates.
4. The challenge of imaging and implementing improvements in current operations.
5. The challenge of creating and maintaining the conditions for innovation and invention.
6. The challenge of designing and supporting the spread of significant innovations.

I’d like to summarize some observations and experiences as a consultant attempting to work on each of these challenges. I’ll identify the diagnostic context, then share some preferred intervention strategies and some traps I’ve discovered. I invite you to reflect on your experiences with each of these situations. If you’ll share your experiences with me, I’ll commit myself to write a follow-up summary and commentary on your experiences.

**CONTEXT 1: THE CHALLENGE OF ENTROPY PREVENTION**

The basic notion here is that many practices and procedures which are established tend to “run down,” to deteriorate by becoming habituated and depersonalized. This process of entropy or loss of energy and quality may result from complacency, or loss of meaning of the activity, or routinization of performance.

The challenge for the change-agent in such situations is to find ways of maintaining, or restoring, the quality of the procedure or performance. It is assumed that in most human service or production situations deterioration can be reversed (e.g., by confrontation, awareness, retraining, consultation, motivating, etc.), and that much can be done by monitoring, feedback, and performance review to prevent deterioration.
Some Intervention Strategies

I think the proactive posture, as a consultant, is to be actively involved in prevention of loss of momentum of innovation and loss of quality of practice. Here are some strategies I have found helpful:

1. Train internal personnel to be an active support system to motivate and maintain the patient care innovation in the hospital, the staff communication pattern about problem students in the school building, the task force procedure of solving production problems, etc.
2. Get acceptance of periodic review of procedures by a trusted outside team.
3. Get process feedback from clients (patients, consumers) legitimatized and utilized.
4. Get acceptance of a plan for internal rotation of personnel to prevent burnout or loss of interest.
5. Introduce a monitoring role.

But you may find that “things have gone downhill,” that momentum and commitment have been lost, that the “pioneers” of the practice have disappeared, the reasons for the practice have been forgotten. In these situations, some of the strategies I have found helpful are:

1. Reactivate the memory of why started, by whom, what payoffs. Find one of the “pioneers” as a resource person.
2. Provide retraining.
3. Activate a task force on “adaptations and improvements.”
4. Get oldtimers to teach newtimers, which activates the commitment and quality of performance of the oldtimer teachers.
5. Get input on the expectations and evaluations of the clients.

Traps and Comments

The biggest trap is for the support and energy of the consultant to become the major factor in the installation and maintenance of the new practice. This dependency ensures that when the consultation is terminated, the momentum will be lost.

Another trap is the lack of skill training so that there will be frustration and discouragement rather than the satisfaction and reinforcement of a sense of competence.

Many consultants find this concern with entropy, with “running down,” rather uninteresting as compared to getting new things started. This quality
assurance of maintenance, I believe, is one of the most important priorities of the effective consultant.

**CONTEXT 2: THE CHALLENGE OF CREATIVE DOWNSIZING**

Cutbacks in budget, personnel, or other resources are a frequent aspect of our current organizational life; or it may be the challenge of "doing more with the same." Many problems are activated by this situation—competitive rivalries, turf protecting, defensive withdrawal, constricted thinking and defensive problem solving.

The challenge for the change-agent is to stimulate proactive imaginative thinking about alternatives, collaboration in search for duplication of services, unused and misused resources, simplification of tasks and procedures, and search for new sources of resources.

From my efforts to diagnose these situations, I have found some basic differences between what we have called proactive and reactive ways of responding to the requirements of downsizing. These are shown in Table 1.

<table>
<thead>
<tr>
<th>Proactive Initiatives</th>
<th>Reactive Responses</th>
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<tbody>
<tr>
<td>Imaging potential positive results</td>
<td>Focusing on pain (problems)</td>
</tr>
<tr>
<td>Assuming alternatives can be found</td>
<td>Assuming &quot;beyond me,&quot; helplessness</td>
</tr>
<tr>
<td>Reprioritizing</td>
<td>Across the board &quot;nibble&quot; (e.g., 10% cut)</td>
</tr>
<tr>
<td>Involving everyone in ideas for saving</td>
<td>&quot;Closet decisions&quot; at the top</td>
</tr>
<tr>
<td>Exploring collaborative exchange and sharing of resources</td>
<td>Jealously guarding turfdom</td>
</tr>
<tr>
<td>Restructuring roles, with involvement, training</td>
<td>Assigning overloads</td>
</tr>
<tr>
<td>Exploring alternative sources of support</td>
<td>Blaming regular sources for problem</td>
</tr>
<tr>
<td>Preserving problem-solving resourcefulness in reducing personnel</td>
<td>Cutting the most vulnerable personnel (e.g., training personnel)</td>
</tr>
<tr>
<td>Exploring new markets</td>
<td>Cutting back on innovation resources</td>
</tr>
<tr>
<td>Utilizing, expanding volunteer and part-time resources</td>
<td>Cutting coordinator of volunteers and marginal part-timers, young, etc.</td>
</tr>
<tr>
<td>Scanning for innovative models that simplify and economize</td>
<td>Trying to skimp on our regular way of doing it</td>
</tr>
</tbody>
</table>
Some Intervention Strategies

In consultations and workshops with at least 30 systems (schools, agencies, companies, churches, cities) over the past five years, I have found these interventions among the most helpful:

1. Study the procedures used in the successful cutback experiences of other systems.
2. Brainstorm the potential positive outcomes of the cutback or simplification effort.
3. In teams of three, become consultants to cutback core interests.
4. Involve the vertical structure of workers in understanding the situation and brainstorming ways of cutting overhead, and finding new sources of income.
5. Form ad hoc task forces on specific cutback priorities and new sources of income possibilities.
6. Develop historical perspective on previous "downs."
7. Do consequence analysis of the results of the reactive strategies.
8. Develop training and exploration programs to help discover part-time work patterns and new career potentials.

This is a small sample of the strategies that emerge when a key vertical team of the system becomes proactive in their problem-solving efforts.

Some Traps and Observations

The biggest traps in my experience are to accept the reactive fatalistic position of the client, and to accept the assumption that only a few at the top should be involved in the cutback decisions without getting the involvement and input of those who will be most affected.

The most powerful tool for getting a turnaround in thinking is to introduce a futuring procedure that moves the client away from immersion in the narrow-horizon preoccupation with the pains of here-and-now.

CONTEXT 3: THE CHALLENGE OF COMPLYING WITH REGULATIONS

All systems must adapt to and respond to a variety of external impacts on thinking and practice. There are new laws, new regulations, new policies, mandated behaviors from above, and new technology to adjust to.

The challenge for the change-agent/consultant is to help the client system understand the rationale of the regulations and regulators, to help deal with resistance motivations, to help explore options and alternatives of compliance,
and to help explore feasible strategies of feedback. How to "influence upward" in constructive, effective ways is one of the most important skills of any subordinate system or subsystem in a complex structure of systems.

Some Intervention Strategies

I find it is important to differentiate between those regulatory inputs that come from outside the system, e.g., new laws and legal regulations, and the mandates flowing from new internal policies by Boards of Directors and the administrative power structure.

When responding to external regulations, some of the interventions I have found helpful are:

1. Collect enough data on who decided on the regulations, and why, so that one can set up a simulation situation with some of the clients briefed to take the regulation makers' roles for a role-played dialogue.
2. Have clients brainstorm all the positive and negative consequences of the regulations.
3. Have the client identify all the low and high quality ways of complying and explore the implications of these alternatives for the quality of their operation or service or productivity.
4. Help draft a memo to the regulators making suggestions about high and low quality compliance, and making recommendations for improvements that would ensure better, more acceptable responses by the compliers.

In working with compliance mandates generated within the system, my most successful interventions have been:

1. Brainstorm possible range of responses to the regulation. Explore ones that seem to meet needs of staff and of quality of service.
2. Invite in a top power figure as a consultant on questions and proposals of staff. I usually have a session with the top person on the traps of responding defensively, etc.
3. Form ad hoc task forces to come up with recommendations on "creative compliance" and on "alternative strategies for influencing upstairs." This can be a very responsible, nonadversarial process.

Some Traps and Observations

One of the most helpful interventions is to help the parties "get in each others' shoes" to understand both the rationale and the impact of the regulation. I find role-played dialogues and brainstorms are very productive. Acting as a third
party in providing some anticipatory rehearsal for both parties is of great value regarding internal system issues of coping vertically with new mandates.

**CONTEXT 4: THE CHALLENGE OF IMAGING AND IMPLEMENTING IMPROVEMENTS**

There typically seem to be two different incentives for us to make improvement efforts. One of these is the confrontation of some problem/pain, e.g., drop in profit, complaints from clients, low morale, drop in quality of product or service. The second push toward improvement is an "image of potential," of how things could be better, how they are better someplace else, that there are new practices and technologies that are better, that a competitor is doing better than we are.

The challenges for the change-agent are sometimes to stimulate images of potential where there is complacency. Or the job may be to convert a pain into concrete goals and motivations for improvement, and to reduce the depression and frustration that prevent improvement efforts.

In a field project, my graduate students got permission to observe and tape-record a variety of groups in the community which were beginning to plan, e.g., school board committees, agency staffs, city commissions, hospital task forces, etc. The students discovered several things of relevance to us. They discovered that most groups began by listing problems and issues that had to be dealt with. And as they did this, the voices of the participants became more depressed each 15 minute period. As problems were piled on problems, the weight of the list became more depressing. Secondly, there was an increase of words and phrases that expressed frustration and a sense of impotence. There was also an increase in the mobilization of defenses against responsibility for action, e.g., when one voice on the tape would mention a problem a second voice would attribute the cause of this problem to forces outside of their control. A fourth finding from analysis of the content of the goals that were set was that the goals tended to be very short-term "getting away from pain" rather than more long-term "going to someplace exciting."

**Some Intervention Strategies**

For these reasons my consulting on problem solving and planning focuses on developing "images of potentiality." My most successful interventions in this context of "work for improvement" are:

1. Group brainstorms of the "prouds" and "sorries" about current operations and work life, with a priority rating for the "proudest prouds" and "sorriest sorries."
2. A scanning of the literature for practices of others with ideas for improvements.
3. A trip into the future (1–5 years) to make concrete observations of things going on in the system that please them very much with the improvements since back then (1–5 years ago), with voting on the priority images.
4. The formation of temporary task forces to work on planning for action on the priority preferred images.

Traps and Comments

The greatest trap is to go along with the clients’ tendency to focus on problem/pain instead of stimulating work with positive images of potential. The problems will still come out, but they will be in the context of blocks to be coped with in working toward the positive images.

The other most frequent trap is to assume the clients have skills and successful experiences in this action planning process. They all need help in formulating concrete goals and doing stepwise planning, with plans for evaluating movement and celebrating progress.

CONTEXT 5: THE CHALLENGE OF CREATING CONDITIONS FOR INNOVATION

The futurists tell us that with each passing decade the problems to be solved are becoming more complex and require the collaboration of more different disciplines to create the needed solutions and new products. Another analysis shows that for each decade since 1900, more of the significant inventions have been the product of teams of many different heads. Unfortunately, most systems do not have procedures for identifying and putting the right different heads together, and do not appropriately identify, recognize, and reward innovative practices and products.

Some Intervention Strategies

Some of the most successful interventions I have discovered to innovativeness in a system are:

1. Developing a “who is good at what” bank on the computer or a card index or a wall chart. With this tool, it is possible to put the right heads together once the problem-solving task has been analyzed.
2. An exchange of successful practice procedures which helps participants identify what is a “social invention,” why they didn’t “tell each other,” and provides a procedure for identifying and documenting innovative practices.
3. A recognition procedure which acknowledges social inventions.
4. Sessions with managers to help them recognize and provide flexible time assignments for innovations development.

**Traps and Comments**

One of the traps is the attempt to get innovators to be willing and able to describe their own innovations. There is usually a low level of awareness about their innovations, a poor ability to describe the innovation, and many restraints against "blowing their own horn."

Another serious trap is the low priority given to putting time and energy into documentation of the innovation.

**CONTEXT 6: THE CHALLENGE OF FACILITATING DISSEMINATION OF INNOVATIONS**

New technologies and practices are being invented continuously—in research programs and in the experimentation of creative practitioners in other organizations. Dissemination of these discoveries is very slow.

The challenge for the change-agent is to help scan for the new products and practices, to help evaluate their potential payoff, and to help with the process of imparting and adopting the new resource, or, more frequently, to help adapt the new practice to the particular needs and capabilities of the local situation.

**Some Intervention Strategies**

Facilitating spread of a significant practice is one of the most neglected areas of intervention. The most significant development of this area of professional practice has been by the agricultural system with its network of county agents as the facilitators of the spread of innovations, e.g., a new seed, method of fertilizing or plowing or animal breeding. The following interventions have served me best in this important context for change:

1. Helping in the selection, training, and support of a documentation team which takes pride in the written, visual, and often audio record of the innovation so that presentations can be made to interested potential adopters. Good documentation and evaluation is one of the most important tools of dissemination.
2. One of the most important assumptions of change-agenting is "don't ever expect everyone to change at the same time." One of the most strategic "spread innovations" is initiating a pilot project in one part of the client system to test out and demonstrate the feasibility of a new practice. Most of
these pilot efforts do not serve as demonstrations because the pioneers reject spending time communicating to interested visitors. The consultant facilitators must utilize a variety of skills to help with successful linkage of a demonstration to potential adopters.

3. Another important intervention, in my experience, is what our Tavistock colleagues have called "the budding off process." In this model, the visiting teams from potential adopters spend a day at the demonstration site. The first part of the day each visitor spends with his counterpart, observing and probing. Then the visitors spend a period with the consultants exploring how the demonstration hosts had achieved the changes. Then the visitors spend time in their teams on the kind of adaptations needed and desirable to get the new practices to fit their situations. They end the day with consultant help in thinking about first steps of action and the involvement of others.

Traps and Comments

I think the biggest trap is to assume that by mandating participation it is possible to get everyone involved in a process of change at the same time.

Another trap is to allow the role of documentation to be a low priority unskilled role. Training, support, and recognition are crucial.

Still another trap is to assume that productive visitation to demonstrations can happen without careful preparation of both parties to have a successful interaction.

SEVERAL GENERIC INTERACTIONS NEEDED IN ALL CONTEXTS

In the summary comments above, I have focused on consultant interventions that seem appropriate for the particular client system context. I'd like to add to this inventory several interventions that I find myself using in all six contexts:

1. Entry Client Involvement. In almost all client situations, I find it important to design "what it would be like if I worked with you" situations which involve a sample of participative experiences.

2. Generating an Inside-Outside Team. Another effort in all situations is to discover one or two inside staff persons who are interested in teaming up, want to get the benefits of the professional development opportunity of learning from the outsiders, and can get sanction and support from their managers to spend part of their time as members of this project team.

3. Developing Ad Hoc Work Teams of two to eight to put energy and creativity into development priorities.
4. **Providing Training in Having Productive Meetings.** In every situation one of the great wastes is the tolerating of unproductive meetings. Brief training sessions on the designing and leading of effective meetings provides a quantum leap in the quality of work.

5. **Introducing Process Interventions Into Task Work.** I use a number of tools to help client groups look at "how well we are doing" and "how can we improve our ways of working with each other."

6. **Using Tryout and Rehearsal Techniques.** Many times a client team needs help in preparing for presentations of recommendations. The most helpful tool is a "reality practice" rehearsal with feedback and repractice. A repertoire of role-playing and simulation skills is an important part of the repertoire of every consultant.

**RESOURCES**

All the items below can be ordered through the *Multi Media Resources Catalogue* of Development Publications, 5605 Lamar Road, Bethesda, MD 20816. The catalogue is available free of charge.

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Schindler-Rainman, Eva, and Ronald Lippitt.
Clinical Sociology and the Acculturation Specialty

Fred Hoffman
Scientific Analysis Corporation

ABSTRACT

The sudden arrival of 125,000 Cuban refugees created the need for "acculturation specialists" who could ease the transition of these Hispanic refugees, many of whom suffered from mental disabilities or other stigmas. From the perspective of clinical sociology, acculturation should involve "empowerment". Culture brokers will encounter service dilemmas, factors which contravene the humanistic goal of empowerment of members of a psychiatric population. What course is proper when empowerment of a client might subvert program goals? Should concise information on the welfare system be provided to clients who might use it to abscond and establish another pattern of dependency? Should acculturation be directed toward the American mainstream culture, or toward the growing Hispanic culture? When placing a client in the community, should prospective sponsors be informed of every psychosocial problem a client has had, or kept in the dark? What is to be done with the man who has just committed assault and now seems truly sorry? When, if ever, should the collectivity be mobilized to repress undesired behavior?

The acculturation specialty has most of the qualities which distinguish clinical sociology. Emphasis on "empowerment" of clients structures the inevitable jurisdictional conflict with social workers in terms of philosophical opposition or revision of behavior modification.

Acculturation, the process of adapting to another culture, involves the mutual influence of different cultures in close contact. The acculturation specialist has the clinical role of mediating difficult intercultural transitions, helping to bridge the gap between two potentially incompatible culture patterns. The acculturation

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specialist is thus a culture broker (Weidman, 1975) who interacts with members of two societies which are differentiated by language, history and culture to conduct interventions at the contact point. Acculturation specialists may function as interpreters, teachers, therapists, guides, or in other roles. The activity is not new, but the development of the acculturation specialty in clinical sociology is a recent phenomenon linked to trends in immigration and political events.

The Refugee Experience

The sudden arrival of large numbers of refugees from Vietnam and Cuba created the need for new forms of human services and produced new roles, some of which could be filled by sociologists. The Vietnamese refugees of the 1970s were part of a national elite with the background and advantages of an elite. The 1980 Mariel boatlift brought Cuba’s mentally ill and prison population, the “dangerous class,” to the United States. The thousands of Cubans who wished to emigrate to the United States for political, economic or family reasons were increased by a nationwide sweep of deviants who were, in effect, deported from their own country. There had been no prior planning on the part of the host country for the sudden immigration of 125,000 foreigners and there certainly had been no preparations to receive an undetermined number of mentally ill and criminal refugees. The newly enacted Refugee Act of 1980, designed to handle problems identified during the Vietnamese refugee crisis, was abandoned. A new temporary status was created: “Cuban/Haitian Entrant (status pending)” (Kennedy, 1981).

Large numbers of these refugees were ill-prepared psychologically, educationally and vocationally for the new environment. Many suffered normal tribulations of the immigrant’s experience such as displacement, separation loss and culture shock. Those lacking relatives here or without skills or who suffered from mental illness, a criminal past or other stigmas were unlikely to find a sponsor or to be able to support themselves by legal means. The hospitable reception climate for the passengers of the “freedom flotilla” cooled quickly.

Thousands of unsponsored “Cuban Entrants (status pending)” remained in internment camps for more than a year, while others were held in mental hospitals or a federal prison even longer. There was a need for an appropriate set of institutions for releasing unsponsored refugees from the internment camps as well as nondangerous patients from the mental hospitals. Some of the mental patients appeared to be suffering from no more than depression consequent to migration. Although a few of those still in the internment camp may have had unacknowledged criminal pasts, many others had stigmas of skin color, speech impediments, major health or dental problems and other obstacles to interaction. Others were illiterate, suffered from developmental disabilities, or epilepsy, or schizophrenia, or manic disorders or displayed flamboyant gender disorientation.
They had done nothing to warrant extended imprisonment and this was a problem for the criminal justice system.

The federal agencies whose mission it is to control such problems had to devise ways to release refugees who have no sponsorship when said immigrants are behaviorally, emotionally, and developmentally disabled. What was needed was an alternative to retention in refugee reception centers, and a less restrictive setting than a mental hospital or a prison. New solutions had to be created in sections of the country which had not already received more Cuban refugees than the local economy could assimilate. Some apparently suitable refugees were selected and sent to psychiatric halfway houses in which Spanish-speaking residential treatment programs were hastily constructed. Few of the clients who were sent to these programs had saleable job skills above the level of busboy or janitor, and those with higher skills exhibited attitudinal problems and instability which could render long-term employment problematic. Many believed the United States government owed them a living while some had developed expertise in "learned helplessness," a technique they used to control helping persons.

**Cultural Brokerage**

Like all refugees, these Cubans needed the services of culture brokers who could assist them with the unfamiliar and sometimes unintelligible demands of American institutions. According to Weidman (1983), "cultural brokerage" is a concept which is applicable "whenever there is need to recognize the existence of separate cultural or subcultural systems and to acknowledge a particular person's role in establishing meaningful, strategic or significant links between them."

The goal of the acculturation specialist is to enhance the refugees' adaptive functioning in the new social environment. The work is practice-oriented, focusing on individual cases. It is diagnostic, change-oriented, humanistic, comprehending of the societal factors which reduce individuals' effectiveness, going beyond the client's formulation of the problem to consider other factors that affect conditioning, based on critical sociological insights and the sociological imagination and leading to behavior change and growth. Thus it involves nearly all the themes which characterize clinical sociology (Freedman, 1982).

Powerless people need to learn about the social institutions which control their environment in order to interact with them successfully. The goals of acculturation are to impart a realistic understanding of the client's position and possibilities in American society. Clinical sociological interventions are "aimed at empowering clients instead of simply adjusting them to the 'realities of life' . . . rather than serve the needs of the 'system,' we attempt to serve the needs of the human beings comprising the social unit or system in question"
(Straus, 1982; 1984:52). This may lead to conflicts with other professionals or other service dilemmas.

**Service Dilemmas**

Service dilemmas are countervailing factors which place limits on the possibilities of empowerment when providing acculturation to an institutionalized psychiatric population. The client’s powerlessness will normally involve lack of control over which modes of treatment will be provided and who will be paid to provide them. Acculturation may thus sometimes involve the “empowerment” of clients by providing them with information, skills or other resources which are useful for obtaining desired services without reference to, or even in opposition to, established service providers. It may also involve withholding information which may facilitate new forms of dependency or access to deviant careers.

What is the proper course when clients’ empowerment might undermine the general purpose of the program? For instance, should concise information on the local welfare system be provided to empower clients to abscond from the treatment setting and establish a new pattern of dependency? A related dilemma arose in Los Angeles around the question of whether clients should be shown skid row and the Union Rescue Mission where they could find food and perhaps shelter if they should run away from the residential treatment program. For a time the vehicle which was used to return clients from various outings was intentionally routed through the ugliest slum areas of the central city so the Cubans might compare their relative comfort in the program to the misery of skid row life. When several clients ran away to take up residence in these slums, the route through skid row was changed temporarily. Investigation revealed that most of the residents had learned the intended lesson. A few of those who went to live on skid row managed to thrive in what was for them a familiar setting. Others disappeared completely or were heard from later in Miami. The sociologist decided that knowledge of skid row facilities was not causing clients to run away and the route through skid row was restored.

Service dilemmas come in many varieties. Sometimes the solution is obvious. Should acculturation be directed toward entry into mainstream American culture, or should it be directed toward adaptive functioning in the Hispanic community? Obviously pluralism is the approach indicated, since those Cubans who have the ability to become independent will all be competing with other Hispanics in the job market. Mainstream American society has incorporated the Hispanic worker as a subordinate in the division of labor. Cuban refugees at least have the advantage of legal documentation which permits them to work in the United States.

When client empowerment seems likely to lead to conflict with directives
of the funding agency, services will be provided with care and discretion. Nevertheless, acculturation for empowerment may involve facilitating a client's unauthorized absence or helping a former client who absconded long ago and who has been discharged from the program.

Occasionally the solution of a dilemma may involve ethical problems. When placing refugees in the community, should prospective sponsors be informed of every psychosocial problem a client has had since arrival, or of only some problems, or kept completely in the dark? The issue of confidentiality becomes complex when asking people to accept a refugee into their homes. If past behavior problems are disclosed the client's ability to obtain sponsorship may be impaired, but the broader factor of responsibility to the community must be considered. Although the tendency of clinical sociologists is to be optimistic about their clients' chances of success, potential sponsors should be informed of possible problems.

Responsibility to the community and the client's right to confidentiality mandate reasonable limits, but unreasonable limitations may develop out of concern for program convenience, tinged perhaps with paranoia about community prejudices and norms which are poorly understood. Thus the question of whether gay refugees should be introduced to the Gay Community Services Center raised doubts which led to procrastination. By the time the acculturation specialist decided that it was in the gay clients' best interests to be shown the Service Center it had already become evident that they had long before established the contacts they wanted with the gay community. The issue was the sexual empowerment of homosexual clients and whether it was a good idea to open new outside contacts, even though the clients were very active sexually with other residents in the program. The Gay Community Services Center is in the midst of an area where there is a great deal of male prostitution. It was feared that the clients might become involved in male prostitution. Consultation with social work staff and others failed to resolve the issue. There were always other priorities which seemed more important until two of the clients in question began to exhibit psychiatric symptoms. The culture broker found that the clients knew a lot more about the institutions of the gay community than the broker did.

Upon occasion the culture broker may have to control a dangerous resident, interface with law enforcement or cause a client to be sent to a more restrictive environment. What is to be done with the refugee who has just committed assault and now seems truly sorry? Acculturation to the normative limits prevalent in the dominant culture requires that certain behaviors not be tolerated. Although decisions to close off a client's fate may be painful, decisions to open possibilities or keep them open can be dangerous.

Everyone who lives in the treatment setting may be stigmatized if a resident commits crimes in the community. Should clients be empowered or encouraged to assume responsibility and perhaps some modicum of control over their lives
by controlling a delinquent member? Although empowerment permits growth and behavior change, the culture broker who utilizes mental patients to control other mental patients is running dangerous risks. Using clients to enforce program rules places them in untenable roles and is confusing to all concerned. Coercive roles are particularly susceptible to abuses. The client who assumes a quasi-staff role will be loath to relinquish it and is likely to perform at unexpected and inappropriate moments. Mobilization of clients into coercive roles has nothing to do with their empowerment and undermines the ultimate goals of acculturation.

**Sociologists and Social Workers**

The tasks of the acculturation specialist parallel in many ways the tasks of the social worker in the residential setting, but there is a fundamental difference. The clinical sociologist whose specialty is acculturation will probably find that the principal therapeutic tool for growth and change is "empowerment," i.e., the provision of information which is useful to help reach the goals and objectives desired by clients. The social worker, on the other hand, is more likely to use behavior therapy and to rely heavily on behavior modification as the treatment indicated for an institutionalized population. Empowerment can be risky and even success usually produces organizational stresses when the client breaks out of dependency. Empowerment would seem to put the worker out of a job, whereas behavior therapy may perpetuate the need for professionals to be in control. Behavior modification may be less effective in preparing clients for independence, but the mistakes are less obvious and affect only clients. Aversive therapy may succeed with some mental patients, but not with most ex-offenders or others who have experienced withdrawal of privileges or punishments surpassing anything available to professionals who subscribe to an ethical code. Mature ex-offenders are sometimes more receptive to manipulation of opportunity structures than they are to withdrawal of money or cigarettes. Breaking up delinquent associations as they are forming and coopting some members with the hope of "a new start" while making examples of the incorrigibles can be more effective than aversive interactions mechanically applied. Behavior modification provides an automatic decision procedure for dealing with rule violators, but sociology yields insights on which to base useful revisions of the behavior modification technique.

The acculturation specialist who seeks to change institutionalized clients with a sociological perspective and a program of empowerment will have to establish cooperative relations with social workers in the setting. Jurisdictional disputes will inevitably arise and are likely to be based on disagreements over whether behavior modification or manipulation of opportunity structures is the most appropriate therapeutic technique in a given situation. Unless care is exercised, this service dilemma could be resolved by the power relations which
determine the outcomes of organizational conflicts, without regard for the client's best interests. Of the many service dilemmas, those touching on the self-interests of helping professionals are the most insidious. The culture broker needs to pay constant attention to the task of empowerment, conceived in the broadest possible terms.

Sociological imagination is rare among social workers. Although jurisdictional disputes usually arise out of practical disagreements over treatment methods, a jealous struggle for turf and control over clients may emerge from the structure of the situation. The culture broker may be confronted by rigid adherence to prescribed procedures based on appeal to the unique value of social work education. Instructing clients in how to gain autonomy may run counter to the professional plans and prejudices of social workers.

The culture broker may propose goals or procedures or facilities to clients only in terms of real possibilities and diagnosed social-psychological needs. Broader factors which may reduce individuals' effectiveness must be considered so the potential exists for positive collaboration between social workers and sociologists. Rivalry between the two professions should remain in the background. Social workers also seek to help their clients learn how they can do something to improve their situation, how they can more effectively change, choose or control their own actions and performances in life.

Acculturation in a halfway house for mentally ill refugees is a constant struggle against dependency. The clients' definition of their situation is a problem which cannot be overcome with social casework methods. Yet the culture broker will spend many hours in meetings with social workers, will be tempted to dress like them, to think like them, and will receive a paycheck from the same place on the same day they get their paychecks. Identification with fellow staff can be a trap for one who is trying to mediate between the two cultures.

Culture brokerage can look like merely "another kind of social work" for indeed many of the tasks involved in "empowerment" could also be performed by social workers. Thus social workers now accompany qualified clients to open bank accounts, a procedure the acculturation specialist initiated. On the other hand, training social workers to do clients' income tax or to teach clients to make out their own income tax for their refunds has been less successful. Only a few social workers have assumed this task. Cultural brokerage, it must be admitted, has also failed to empower any Cuban clients with the skills necessary for successful completion of their income tax forms.

The creation and organizing of an agricultural work furlough program for refugees from rural backgrounds met considerable opposition from social workers whose clients were candidates for work furloughs. This turf conflict was one of several problems which caused this project to abort in its second year. Current explorations of the therapeutic potential of Hispanic Alcoholics Anonymous and the uses of self-help groups for helping individuals break out of dependency is
less likely to encounter turf problems, for AA meetings usually take place in the evenings and most social workers go home at 5:00 p.m.

Guiding Principles

Acculturation involves redefinition of the client's identity from "refugee" to "immigrant" with consequent changes in definitions of the individual's situation, role and objectives. Understanding of the cultural meanings Americans attribute to their actions is an indispensable first step in a process which will only be completed when these refugees or their descendants begin to attribute such "American meanings" to their own behavior.

Every intervention must be evaluated for its potential impact on the client, the program and the community. Acculturation deals with the real world in which people rise and fall. Clinical sociology seeks the social factors which may empower a client to rise. The reality is that many more clients will fall than are able to rise. Overoptimism about the benefits of a program of intervention is a trap, as is overreaction when a client's opportunities have to be closed off. Every intervention will be shaped by the client's limitations. Reasonable care must be exercised so the culture broker does not become an enabler of alcoholism or other problem behavior.

Punishment of client failure is a trap to avoid. Aversive intervention may be used only in the awareness that punishment may reduce problem behavior, but it does not develop adaptive behavior. Furthermore, aversive behavior control may be reinforcing to the controller. It may provide a professionally sanctioned outlet for anger.

The acculturation specialist must collaborate with social workers and avoid conflicts over turf. The sociologist who performs in the role of the social worker will find social work tradecraft and tools very useful. Social workers also use "empowerment" as a therapeutic tool and the sociologist's manipulation of clients' opportunity structures may at times involve aversive consequences. So the differences are in the emphasis on empowerment and the relative deemphasis of aversive consequences. The acculturation specialist is likely to be more reluctant than social workers to empower new forms of dependency. As noted above, information and referral to other social agencies is not automatic. These established forms of intervention can be handled by others. The culture broker should be guided by the sociological imagination in creating new interventions, some of which may later become part of the job descriptions of social workers.

Needed Skills

The sociologist who would function in an acculturation setting must have the ability to communicate with clients and understand their concerns. Sociological
knowledge of ethnic minorities and communities, mental health and illness, labor markets, immigration, criminology and the criminal justice system are directly related to the problems that come up in refugee resettlement. After diagnosing the problems and prospects of the client, skill is needed in devising things clients can do to gain control over their own lives. Also useful is the ability to organize programs in which such power would pass to the client under supportive, controlled conditions. What is needed most is sociological imagination with which to devise social means whereby the clients can increase their power over their own lives.

What is involved is a human phenomenon which does not stand still. All human life is in flux so that an accurate representation of the acculturation specialty must come to grips with the unfolding nature of the reality. For the purpose of the work is changing people.

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Intergroup Relations in Applied Research: Respondent Participation as a Clinical Intervention

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ABSTRACT

Little attention has been paid to the clinical aspects of relationships between groups involved in applied research. This article reports on how naturally appearing community groups with a vested interest in the outcome of a research study were involved in the research, thus strengthening their own sense of involvement. At the same time, the willingness of the researchers to involve community groups in an open process strengthened the research.

Clinical sociology, by any other name, is an established concern of applied social research. Applied research is clinical to the extent that it deals with behavioral problems related to the collection of valid information and to the extent that it is part of a change-oriented process (Alderfer and Brown, 1975; Argyris, 1970; Leitko and Peterson, 1982).

The clinical focus within applied research has been mostly at the individual level. Concern has focused on psychological defenses to information giving (Argyris, 1970), cognitive abilities relevant to information recall (Webb et al., 1966), researcher-respondent relationships (Bailey, 1982:189-91), and the impact of research on respondents (Bonacich, 1970; Kelman, 1967).

Less attention has been paid to clinical aspects of group and intergroup relations within applied research settings. While the role of groups in information gathering and change processes has not been totally overlooked, only limited...
functions have been studied. In particular, the use of ‘‘contrived’’ groups to collect information (Argyris, 1970; Burke, 1982), to sensitize respondents to research problems, to overcome individual resistance to participation (Argyris, 1970), to feed back information, and to institute change based on research findings (Nadler, 1977) have been examined.

There is a lacuna, however, regarding the role of naturally existing groups in the research process. This is especially true for respondents, who, against sociological common sense, are likely to be viewed as a disconnected mass rather than as a constellation of networks. With few exceptions (Alderfer and Brown, 1975; Priester and Kent, 1984), the processes through which naturally existing groups influence information giving and change processes have not been explored. Neither has the effect of researcher-respondent relations, as intergroup relations, on respondent group norms and beliefs. These processes will be examined through case study materials in this paper.

Proximity Groups in Applied Research

In particular I will focus on the role of ‘‘proximity groups’’ in applied research. Proximity groups are social networks—neighborhoods, co-workers, classmates and so forth—whose relationships are defined at least partly by physical proximity.

Proximity groups mediate the relationships between individuals and large-scale institutions like corporations and governments. While they are mostly loosely connected to these institutions, they claim at least ‘‘limited liability’’ for individual behavior and often exert quite strong pressures for loyalty and conformity (Suttles, 1972). Moreover, they are quite often key to opinion formation and truth testing for information on issues (Katz, 1965).

Proximity groups are important to applied research in two ways. First, where research often requires cooperation from respondents, proximity groups exert normative pressures regarding cooperation with outsiders and the ‘‘release’’ of information considered important to the group (Alderfer and Brown, 1975; Leitko and Peterson, 1982). Second, proximity groups are important to the formation of consensus and action plans based on research findings. If findings, or programs based on findings, are to be locally used it is important that these grass roots elements find them credible (Chavis et al, 1983).

As important as proximity groups can be, they are likely to be bypassed by applied researchers. Most researchers are sponsored by or work out of large-scale institutions. Moreover, researchers tend to reproduce the same kind of bureaucratic relations with their research designs that characterize their own work environment (Argyris, 1970). Respondents are cast in narrowly defined roles, as cogs in the larger wheel of research, whose only function is to input infor-
mation. The broader attachments and informational and emotional needs of respondents are not relevant in this research context.

Added to this is the fact that proximity groups are not always "convened," or formally organized. They often convene only in response to outside threats, and then only periodically (Suttles, 1972). Because of this, they are easy to overlook. Where they are convened, they are frequently viewed by officials (within corporations, unions, governments, etc.) as irrational, unreasonable and unrepresentative challenges to institutional authority. Official pressures, then, are often toward excluding them from the research process.

The consequences of excluding proximity groups from research processes, however, can be marked. When there is a we-they relationship between researchers and respondents, respondent cooperation is likely to be low and the quality of information they provide is likely to be suspect. At the same time, respondents are unlikely to accept the findings as valid, and are more likely to challenge the legitimacy of decisions and programs based on the findings (Leitko and Peterson, 1982).

These processes are apparent in a number of cases of impact-assessment research done on landfills and toxic waste dumps in western New York that I have examined. To begin with, the effect of group norms on information giving in these situations is pronounced. Neighborhoods feel under siege by the toxic wastes, the stigma the dumps imprint on themselves and their property, the press, local politicians and researchers. Even if neighbors disagree about the nature of the threat, they are assigned a common fate by their proximity to the dump site. They often convene, then, as homeowner's associations, to define their interests and to attempt to resolve these problems. Frequently their interests are at odds with those of the government agencies, which are most often aimed at containing controversy to protect the image of the community, local business, local tax bases and local budgets. The resulting conflict creates considerable apprehension among neighborhood residents when dealing with government agencies and researchers sponsored by government agencies.

In somewhat less stressful circumstances, Vidich and Bensman (1958) noticed a clear pattern of information control in "Springdale," a pseudonym for a western New York village. Confronted by discrepancies between changing political and economic realities and their image of the community, residents developed norms prohibiting public discussion of revealing issues. They, in effect, used group pressures to deny changes affecting the community. Vidich and Bensman never really discuss how this affected their ability, as outsiders, to collect information, but it is apparent that their relationship with community members was not comfortable. The village residents did not accept the study's findings as a valid assessment of their situation, and, in fact, burned Vidich and Bensman in effigy in response to the book's publication.
My own observations in West Valley, New York, disclosed a similar pattern of information control. West Valley is the site of a nuclear fuels waste repository that has been the subject of local, state and national controversy for several years. West Valley residents seem to have adopted a pattern of problem "denial" similar to that found in Springdale. A survey of area residents, for example, found those living closest to the dump site to be the least likely to perceive it as a health hazard (Community Action, 1981). Village residents were unreceptive to questions from outsiders, and were especially hostile to newspaper and television reporters. There was little public discussion of the problem, and despite the fact that the issue had received statewide and national attention, it never became a local campaign issue and was never taken up as a concern by the town council.

Even so, there were signs in interviews we conducted that the dump site was a private worry among village residents. Respondents confessed concern about the negative effects of the repository on property values, community growth, health, mental health and agricultural activities.

The U.S. Department of Energy had conducted an environmental impact study to determine the possible local impact of the dump site (U.S. Department of Energy, 1981). An expensive and broad-scope study, it made little effort to involve community members in the research process. Also, the social impact section was confined to a few comments concerning the demographic and economic impacts of the repository. Perhaps because of this, it seemed to have little effect on the public or private understanding of the problem by village residents. Throughout our interviews, for example, no one cited the study as a source of reassurance or as evidence of danger. Whether or not the study was useful for decision making by federal and state agencies, it seemed to play little role in local consensus formation regarding the issue.

Love Canal provides us with another case of a toxic waste dump on which environmental impact research was performed. The environmental impact study was this time administered by the State, and was closed to grass roots involvement. It was so closed, in fact, that many of the study’s findings were not made available until after the issue had been decided. This closure was rational from the state’s point of view because the study was performed in the midst of political controversy and legal action. Researchers perhaps did not want to throw incomplete findings into this morass.

In response to official intransigence, Love Canal residents pieced together their own evidence of health effects of toxic waste leakage. Their research ranged from door-to-door informal surveys by Louis Gibbs (1982) to epidemiological studies done by "unofficial" experts mobilized to support the residents’ side (Gibbs, 1982; Levine, 1982).

For Love Canal residents, rather than collective denial of the problem, there was collective support for belief in the problem. Evidence collected by Love
Canal residents and their experts tended to confirm their fears and to discredit information to the contrary produced by official sources (Gibbs, 1982; Levine, 1982). As with West Valley, then, official findings, such as those produced by the environmental impact assessment, played little positive role in the formulation of public opinion.

Dealing with Respondents through Intergroup Relations

What is evident from this discussion is that intergroup relations are important to the formation of beliefs and norms within respondent groups. In the “typical” research project, sponsor and research groups work well enough together, primarily because sponsors have enough power to force their considerations into research decision making. Respondent groups, however, are frequently unorganized and unincluded. Researchers often believe that respondent involvement would spoil the findings and sponsors are reluctant to give that much voice to respondents, who usually occupy subordinate positions. Respondents may react, in turn, by forming norms restricting cooperation with the research and by establishing beliefs which are contradictory to the findings.

As an alternative, respondents may be brought into research decision making through a variety of direct involvement or representative techniques (Argyris, 1970; Leitko and Peterson, 1982). As “insiders,” respondent groups have the same opportunity as sponsors to frame the research problem and to become involved in the implementation of the research design. Evidence suggests that respondent participation functions to raise the status of the respondent group, to decrease their motivation to withhold “valid” information, and to increase the likelihood that they will support the findings (Leitko and Peterson, 1982).

I am currently involved in an environmental and social impact assessment study of a landfill in “Shamrock,” New York, in which such a “participatory” research model is being put to use. Shamrock is a fictitious name for a rural community at the edge of the Buffalo metropolitan area. The landfill in question is important to the region because it processes most of the waste from Erie County (which includes Buffalo), waste from part of western Pennsylvania, and most recently waste from Monroe County (which includes Rochester). The landfill owner feels that the landfill is safe and that, in fact, it is run as a model landfill. He wishes to keep the landfill operating, and there is a suggestion that he wishes to expand it.

Local residents, especially those owning homes abutting or near the landfill, oppose the landfill’s expansion, if not its existence. Although the landfill is not licensed to process toxic wastes, homeowners are concerned that toxics may have been placed there by a previous owner operating when regulations were not well enforced. Also, nontoxic dumps are still able to process substances that many consider to be toxic under current regulatory requirements.
health effects of toxic wastes, the homeowners are worried about noise pollution, aesthetics, land values and traffic safety. Their worry has been amplified by the nearby Love Canal episode, which sensitized homeowners to both the health effects of toxic landfills and to the possibility of effecting decisions regarding landfills through grass roots organization. There is strong identification of Shamrock homeowners with Love Canal homeowners, and even some competition. Shamrock homeowners claim that their “disaster” is really worse than Love Canal because leakage from the landfill could potentially affect the aquifer serving a large part of the region. In an attempt to contain the landfill, the Shamrock residents hired the lawyer who represented the Love Canal Homeowners Association to bring suit against the landfill owner.

In response to community concern and opposition, the landfill owner contracted with a group from the environmental studies program at Alfred University to perform an environmental and social impact assessment of the landfill. We entered a situation, then, in which conflict between a number of groups — homeowners, local officials, the landfill owner, county, and state officials — was cast. Two more limited studies, searching for and finding no leakage from the landfill, had already been completed by a state agency and the county health department. Although these studies were accepted by the state, county and local officials, neither had any credibility with the antilandfill constituency in the community. The antilandfill constituency did not trust the findings for a number of reasons: First, they believed that the government agencies were all in league to suppress negative evidence regarding the landfill so that the county would not have to pursue more expensive disposal strategies. This basic distrust was heightened because of a lack of responsiveness by the investigating agencies to requests for information from the homeowners.

In order to deal with this volatile situation, we decided that the first step in our impact assessment was to “open” our research to community participation. To exclude homeowners from involvement in the project would have been to meet the same fate as the state and county studies. We held a preliminary meeting with interested townspeople which was attended by approximately 30 residents. The purpose of the meeting was to “come clean” regarding our plans and to solicit information regarding the landfill and its impact. During the meeting we also set up a more permanent convening system for local community involvement by: (a) establishing a newsletter mailing list for distribution of information concerning the study; (b) inviting residents to set up a liaison group to attend planned meetings; and (c) inviting residents to present evidence of their own, have their wells tested, point out areas that needed looking into, and so forth.

The meeting began with a considerable amount of tension. Residents were concerned about the extent to which information from the landfill would be available to us, our own veracity (given that the project was funded by the landfill owner), and the procedures we would use. A town lawyer attended the
meeting and gave it an adversarial cast by focusing discussion on technical and legal questions. We fielded the questions, offered community involvement, and explained the exact methods that would be used to assess the various impacts. By the end of the meeting, most of the residents had turned from suspicious to cooperative and were volunteering their wells, wildlife records, and so forth for our examination. The meeting seemed to be a successful beginning, then, to turning group norms to our advantage for information gathering and for establishing the trust that would allow our findings to be deemed credible.

Moreover, the open meeting solved the problem of our dependence on the landfill owner for funding. We were concerned going into the project that, like the state and the county researchers, we would be seen by the residents as a "shill" for the landfill owner, who was providing the funding for the study. We had no intention of behaving in this manner, and set up the funding mechanism with the university so that the owner had no control over the expenditures once he had contributed the money. We were still subject to criticism, however, because the landfill owner was to contribute the money as it was needed, and if he were dissatisfied with the study, he could refuse any more payments.

The open meeting brought people from all different constituencies related to the issue. The town supervisor, who supported the landfill, ran the meeting. Also present were members of the antilandfill constituency, the lawyer, newspaper reporters, and interested but noncommitted local residents. As the meeting moved from formalities to substantive issues, the question about our objectivity and willingness to release negative findings surfaced. We responded that we would indeed release all of the findings, but that there was little we could do to continue the study if the funding were discontinued. At this point, homeowners suggested that the town support the study should the landfill owner discontinue funding. The town supervisor was put into a position of appearing to endorse the withholding of negative findings if he did not financially support the research. In order to prove that he was fair and not "owned" by the landfill, he made the commitment to come up with the money should our funding be cut off.

The point is that in the context of an open meeting, where all parties could air their grievances, the "independence" issue surfaced and an acceptable solution was negotiated. The homeowners were able to "import" their political power from the community context to give themselves voice in the research project. If the research project had been closed, the issue would have remained in the background and the residents would have had to use resistance and innuendo to protect their interests. Through the open meeting, we gained financial independence. More importantly, rather than the community being coopted by the project, the project was coopted by the community.

As a consequence of our exposure during the first meeting, we were invited to a separate meeting of the Shamrock Citizens Environmental Committee, the dominant antilandfill group in the area. About 12 people attended the meeting,
and a town council member in attendance estimated that this group represented
the position of approximately 40% of the town’s voters. Again, the meeting
started with expressions of doubt about our veracity given the ties to the landfill
owner. One member indicated that he was not going to cooperate with the study
for this expressed reason. The discussion turned to their beliefs about the harm-
fulness of the landfill and to their equally strong beliefs in the existence of a
cabal among officials (county politicians, local politicians, independent local
engineering firms, the landfill owners, the state agency) into which we were
being pulled.

After four hours of intense discussion, we apparently assured the committee
members that we were independent and that we were willing to take their concerns
into account. Indicative of this change were offers of cooperation from all mem-
bers present, offers to consult on technical aspects of local geology, hydrology,
well construction, and politics and expressions of confidence in our independ-
ence.

Implementing the Open Research Program

As one might guess, an open research project in a highly politicized situation
is likely to become politicized itself. This certainly happened to us. Including
respondents in the research meetings made us subject to pressures from other
groups with a stake in the project. This included town officials, officials from
a state agency, and the landfill owner, as well as respondents. But although the
political climate complicated the day-to-day administration of the project, it
improved the effectiveness of the project as a clinical intervention. Generally,
because other groups were cooperating, no single group could afford to withhold
its cooperation. At the same time, group pressures created checks and balances
on one another, allowing us to act independently.

The homeowners, for example, took us up on our invitation to attend
meetings of the research group and to receive the newsletter. With their partic-
ipation came some pressure to turn up negative findings. They gained confidence,
for example, when an analysis of runoff patterns from the landfill turned up
findings different from those reported by the owner, and we released these
findings to them and to the newspaper.

When the town supervisor found out that the homeowners were attending
our meetings, he too decided to attend. Although he did not pressure us "overtly"
in the meetings to any great extent, he did try to influence our opinions. After
the meetings were over and people were milling around the room, it was not
unusual for the supervisor to take one or another of the research staff aside and
try to point out quirks in the personalities or arguments of the homeowners.

Perhaps because the respondents were participating directly in the meetings,
the landfill owner did not directly participate and for the most part did not try
to influence the research proceedings. It was perhaps important for him to de monstrate his "distance" from the project. He did express his displeasure when the findings were released which showed his depiction of the runoff pattern to be incorrect. Shortly after the findings appeared in the local paper he regraded part of the property to alter the runoff pattern.

Perhaps the most difficult group to deal with was the state agency that had done the previous study. We had made repeated attempts to contact the agency regarding their study of the area and geological information relevant to our project. Despite frequent phone calls, the agency did not respond. Following our open meeting, a newspaper reporter attributed a reference to our study director in a story alleging that the agency was being uncooperative with the study. Although the allegation was generally true, the director had not given the quote. The clipping service for the agency in Albany, NY, picked up the story and the Albany office called the Buffalo office to find out why they were not cooperating. This must have irritated officials within the Buffalo office, because they then wrote a letter to the president of Alfred University asking him to control the statements we made to the press. At the same time (and we have no direct evidence that this was intentionally tied to the issue) the state agency reversed a decision that would have allowed the landfill to operate slightly at variance to prescriptions so that it could install the "flumes" we needed to collect drainage water for a "mass balance" study.

After a number of phone calls, explanations and counterexplanations, the agency finally assigned someone to work with us and provided the necessary information. The flumes were eventually allowed, although this part of the study was delayed considerably. Although the exact reasons for the agency's turnaround in cooperation are difficult to document, the publicity in the newspaper and the agency's fear of a negative public reaction seemed to play a primary role. Also, support from the town supervisor and the landfill owner for the study may have been important factors.

Opening the research to respondent representatives set off an intergroup chain reaction that resulted in both increased group cooperation and increased research autonomy. Because the homeowners participated, so did the town supervisor. Because the town supervisor and the landfill owner had a stake in the project, and because of the political sensitivity of the state agency, the state agency eventually cooperated. Because the proceedings were so public, the landfill owner, who was funding the study, distanced himself from the study.

**Outcomes**

At this point the research project has been going on for about one year. Approximately three quarters of the work is complete. Signs are that the landfill is "tight." There is no evidence that harmful chemicals are being released.
Wildlife around the landfill is healthy and abundant. The landfill seems to be well run and, in fact, to be advanced in landfill methods.

Although it is difficult to completely assess the outcomes of our open research method, signs are positive. First, all of the groups maintained involvement and support over the tenure of the project, and it is hoped that they will all accept the findings. This will be most difficult for the homeowners, who want negative findings they apparently are not going to get. There are some indications, however, that even they are beginning to resign themselves to the fact that the landfill does not leak. As the research has developed, they have shifted their attacks away from the leakage of toxic wastes to lower priority concerns, such as noise pollution and "gasses" escaping the landfill.

Perhaps more importantly, over the year in which we have conducted this project, relations between the homeowners and the landfill owner seem to have changed somewhat. When we began the research, the homeowners were seeking a "legal" solution to their grievances. More recently, the homeowners, as a collective, have discussed dropping their legal suit and their pursuing direct negotiations with the landfill owner toward a compromise solution. Even if this apparent turn from conflict to compromise is fragile, or is not directly attributable to our intervention, it shows that we at least did not further polarize the community or prevent change from happening. This is a claim that the previous impact assessments cannot make.

It might be suggested that we have simply worn the homeowners down, or coopted them by allowing them to participate in a process in which they had little or no influence. I believe that this is clearly not the case. To begin with, the homeowners did have influence. They had the political influence to force the town supervisor to financially back the project and they had the ability all through the project to withdraw their support and to refuse to let us collect samples on their property. More likely, because they did express their concerns and doubts, we were able to directly address and answer them. The uncertainties they had about our intentions and methods were closed off.

This is not to say that the homeowners are now in consensus with the landfill owner or the town and county officials regarding the landfill. They are not, and probably never will be. It is perhaps an error to think that clinical efforts like this can, or always should, produce a consensus among the groups involved. The situation remains political.

If this case can be generalized, open research is not going to depoliticize situations where interest groups have substantially different stakes and perspectives regarding an issue. It can, however, help relationships among groups to develop from conflict to bargaining processes. Where intergroup conflict is at hand, and information on the bargaining strength of each party is limited, groups are likely to raise their aspirations and initial offers in order to end up at an
eventually more favorable solution. Since both sides are likely to do this, they often end up at a bargaining stalemate (Bachrach and Lawler, 1981).

What open research can do is to more clearly and publicly define the bargaining positions of each group. Each group can know more definitely the facts of the situation, and know that the other group knows the same facts. With the strengths and weaknesses of each of their positions revealed, parties are more likely to set their bargaining aspirations at realistic levels and enter into more productive negotiations (Bachrach and Lawler, 1981).

For Shamrock, this means that our research findings have probably weakened the position of the homeowners by invalidating their claims about toxic waste leakage. On the negative side, they may have to accept a compromise solution which they feel is undesirable. On the positive side, the movement toward bargaining on the issue may allow its political resolution, and some closure to be obtained for all groups involved. This is obviously positive for the landfill owner, who wants to continue developing his business, and for rest of the region, which benefits from the landfill's operation. There are also plusses for the homeowners, however. They have been living with a high degree of anxiety over the safety of the landfill, which the findings should at least partly help to resolve. It is also ironic that their movement to close the landfill by labeling it dangerous may have stigmatized the community, hurting their own land values, and helping economically to trap them on their property. If the controversy about the landfill were to die down, there is a possibility that the stigma on their property could decrease also.

Conclusions

Group and intergroup processes play an important clinical role in applied research. In particular, the structure of relations among respondents, researchers, sponsors and other interested groups is likely to condition norms and beliefs within respondent groups. Most typically, respondent groups are excluded from information and influence regarding research decision making, and react by forming beliefs which challenge the credibility of the findings and norms which complicate the collection of valid information.

Open research is an alternative in which representatives of respondent groups are allowed to participate in research decision making. From our case, respondent participation worked well, providing the expected outcomes of respondent cooperation and belief in findings. Our open research design also produced unexpected positive outcomes by altering the nature of intergroup relations within the research project, and perhaps within the community. Respondent participation increased the pressure on other stakeholding groups to participate in order to protect their own interests. At the same time, the political atmosphere that this
created resulted in a set of checks and balances that decreased the ability of any one group to overly influence or to subvert the research project. Also, the open format allowed important questions to surface and to be negotiated in public rather than to be resolved in a more subterranean fashion. Finally, because the open research produced findings which were public and perceived as valid by all groups, it may have contributed to the development of a bargaining relationship between homeowners and the landfill owner by more clearly defining mutual bargaining positions.

I am not sure that in reading this case many will think that the “right side” has won, calling into question the ethics and appropriateness of open research as a clinical intervention. After all, city hall and a landfill owner are likely to win over a grass roots environmental movement. Our open research may have contributed to this.

I have tried to make clear, however, that a process other than “cooptation” is determining this outcome. Cooptation occurs when powerless people are brought into and made to feel part of a process over which they have no real control. This is not the case here. Politics is determining the outcome of this issue. The role of open research, as a clinical intervention, has been clearly and publicly to define the issue involved so that groups can make enlightened choices regarding their self-interest. Some groups may gain and others lose from this process. For the community, as a set of interdependent groups, however, there is a gain. The community gains because the “reasonableness” of the political decision is increased and because its ability to be self-governing is enhanced. I believe that this sort of reasoned self-regulation is, or should be, the goal of clinical sociology.

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Clinical and Research Interviewing in Sociology

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ABSTRACT

This paper explores the interpenetration of clinical and research interviewing processes in research interviews. The data are interviews with 17 women diagnosed as schizophrenic, and with their husbands, over the period 1957-1961. The interviews began with the first week of admission to Napa state hospital, and ended up to two years after discharge. The respondents were in a situation of medical uncertainty and marital disruption. They utilized both the form and the content of the research interviews in a therapeutic manner, seeking advice, opinions and information from the interviewers. The interviewers, as they had been trained to do, attempted to resist their respondents' demands, not always successfully.

With the entry of Clinical Sociology into Sociology's ever-widening range of subspecialities, the issue of the interpenetration of clinical and research interests in interviewing and field research has become increasingly salient. This paper is concerned with the clinical implications of research interviews, a theme which is represented only sparsely in the existing literature (e.g., Laslett and Rapoport, 1975; Rubin, 1976). With the development of internships in behavior-changing programs for clinical and other applied sociologists, the problem has also been analyzed "the other way around" as it were, with reference to the insertion of research agendas into clinical field placements (e.g., Vogler, 1982).

The data upon which this paper is based are 15,000 pages of interviews


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with 17 schizophrenic women and 16 of their husbands collected between 1957 and 1961. The mean number of interviews per respondent averaged 50, and took place at intervals ranging from weekly to bimonthly, beginning with the first week of mental hospitalization for schizophrenia at Napa State Hospital, and ending up to two years after discharge. The women were all white, between the ages of 26 and 40, and with at least one child. For all but two of the wives this was their first admission. This data set has become known as the "Bay Area" study (Sampson et al., 1964).

Because the Bay Area interviews were on the topic of mental illness and hospitalization, and were repeated over time, they are an ideal data set for the analysis of clinical processes in research interviewing. Two other interview studies which attend to this same issue also utilized repeated interviews, but were not focused on the topic of mental illness: Rubin's (1979) interviews with working class families, and Laslett and Rapoport's (1975) interviews with the families of British "school leavers."

**Clinical and Research Models**

Both clinical and research interviewing involve the elicitation of self-talk from a client or respondent by an interviewer, with the respondent's beliefs, feelings, ideas, or life-situation at issue rather than the interviewer's. Although the specific topics of clinical and research interviews may be similar, the responses they elicit are utilized for different purposes. While the talk elicited in the clinical interview is designed to help the client achieve some increase in life satisfaction, the talk elicited in the research interview is utilized in a manner unconnected with the respondent's feelings or goals.

Both clinical and research interviews are undertaken by persons trained in particular ways. Clinicians are trained to elicit information and provide help according to explicit models of appropriate therapeutic intervention, while researchers are more often exhorted to avoid very similar sorts of behavior. Clinicians in general see the task of therapeutic intervention as one which nonclinicians should refrain from, on the grounds that harms rather than benefits may flow from the untrained and the unlicensed. Research interviewers seem to concur. The Bay Area researchers were warned by their supervisors not to act as clinicians during interviews. In the initial negotiations, Napa psychiatrists expressed fears for their clients related to the overlap of the research and the clinical in the interview situation:

[Dr. H, a psychiatrist] listened quietly [to one of the researchers who was trying to convince him to grant interviews with patients] and then began to present hesitations. He was "certain" that there would be "significant dilution of the therapeutic relationship" [if the re-
searchers were allowed to interview the patient]. He "understood our point of view" but any sort of regular relationship was bound to be therapeutic (or antitherapeutic) notwithstanding our "intentions."

Ironically, about a month after he had granted the researchers access to patients, Dr. H attempted to utilize the research interviews to obtain data on one patient, Ann Rand, as part of his clinical case development. At this point the tables were turned, and the researcher became concerned that the interview material would interfere with Mrs. Rand's therapy:

I then asked to talk to Dr. H for a few minutes and he agreed, and we went off to his office. I said that I wanted to talk to him about the problem of my communicating my findings and data to him. I understood that he was planning to see Mrs. Rand on an outpatient basis, and . . . I wondered about the possible effect it might have on his own handling of the case. I said that I would rather postpone my presentation until he was completely through seeing Mrs. Rand. Then followed some brief discussion on our part about the problems I face in interviewing the patient and her husband, and of the uncertainties involved in not having any therapeutic relationship and trying to avoid one, and yet at the same time looking for information which could frequently come out only in a therapeutic kind of situation.

The researchers' fears of doing harm to their respondents surfaced from time to time during the interviews. One interviewer, for example, blamed himself for the respondent's failure to perform well at her discharge conference. His preconference interview, he believed, had helped to precipitate her readmission to the state hospital:

(Mrs. Sand 7.30.58) Gradually, as I probed into such areas as her relationship with her husband and plans for the future, she became more preoccupied, and somewhat depressed and withdrawn . . . I felt somewhat concerned about her, and also felt, realistically or not, that I was in part responsible for her being this way as a result of my questioning her in these troublesome areas . . . I had helped to break down her defenses against depressive feelings, which interfered with her ability to handle herself at [the discharge] conference.

At other times, talking with the interviewers functioned to relieve, rather than exacerbate, the respondents' negative emotions:
(Mrs. Baker 1.13.59) she greeted me [and] went on to say, "Ever since I exploded and talked to you it seems to have lifted a great big cloud off my mind."

The supervisors in the Laslett and Rapoport (1975) team study were concerned not so much with avoiding dangers related to the therapeutic or anti-therapeutic dimensions of research interviewing as with accounting for them as a dimension of method. The researchers note that what is different about their "collaborative" interviewing method is the emotional involvement of respondents in the research enterprise. They state that:

What is specific to this method is the amount of effort expended to make the interviewer aware of his or her own feelings in the interview situation and how these feelings affect the interview process. It is here that the psychodynamic aspect of the research technique is particularly evident, in its concern with processes of transference and countertransference as they affect the interview and analytic procedures. (Laslett and Rapoport, 1975:970)

De Santis (1980:93) also refers to the development of mutual transference "bonds" in her one-shot interviews with physicians:

The circumstances [of the interview] permitted us, two previously unacquainted individuals, to create a powerful bond which was forged in the process of sharing personal thoughts and opinions.

The Bay Area supervisors (two psychiatrists and a sociologist) and the eight interviewers (including the three supervisors) were similarly attentive to the methodological implications of the repeat-interview method (Sampson et al., 1964). They were also concerned with the opposite problem—that of ad hoc clinical interventions by research interviewers during the interview process. Although the Bay Area interviewers were to look for the "real meanings" of respondents' communications in both a psychological and a sociological sense (Sampson et al., 1964), they were not to offer these interpretations to the respondents. They were also to avoid giving advice and opinions on both clinical progress and marital relationships. Like both Rubin (1976) and Laslett and Rapoport's (1975) team, the Bay Area interviewers were additionally faced with special problems related to interviewing both the husband and the wife of a spousal dyad.

Despite these various prohibitions, however, the Bay Area interviewers were asked continually for advice, opinions, and information concerned with clinical, marital and more mundane everyday life problems. They were drawn
into dyadic conflict; they made verbalized interpretations of the "real meanings" of communications; and they tailored the frequency, length and other structural dimensions of the interview to the perceived "emotional needs" of the respondents. The interview transcripts also provide evidence of various transference and (less commonly) countertransference phenomena; if one wishes to translate from psychodynamic to social psychological terminology one might refer to attempts at identification with the researcher on the part of the respondent (very, very rarely the reverse.)

Information, Opinions, and Advice

Researchers, clinicians, respondents and clients have a variety of needs and aims in the interview situation. Clients in a therapeutic situation want to be heard with care and courtesy. Respondents in an interview situation must be willing to engage in structured interaction (DeSantis, 1980:79). In the research interview, in addition, the participants negotiate a "research bargain" by which each gets his or her needs attended to. While researchers generally seek access to truthful and valid data, respondents' desires are as diverse as their life situations (Douglas, 1976).

The Bay Area respondents were in a life situation of marital disruption and, in the case of the wives, of mental patienthood. They were given little if any information about diagnosis, prognosis, or treatment, and thus were in a state of considerable uncertainty. Not surprisingly, in these circumstances, the Bay Area respondents attempted to press the research interviewers into service as information-, opinion-, and advice-givers in both the marital and medical spheres. In addition, they asked the researchers for small personal services, such as the bringing of slippers from home to hospital; with these sorts of request the researchers generally complied.

The respondents saw the interviewers as mental health experts (which was true in six out of eight cases) and as connected with the state hospital (which was only somewhat true); therefore, they turned to them for clinical information not provided by the hospital staff. The interview transcripts demonstrate various points of negotiation or struggle between the interviewers and respondents over the provision of clinical information and medical or marital opinions and advice. The respondents did not understand, and often resented, the interviewers' evasions of their direct questions:

Eve Low asked the interviewer to give her advice about leaving her husband, which the interviewer refused to give. Eve complained that her [outpatient] psychologist would not give advice either, and "I don't want to do anything until I get some advice."
As Eve Low's experience indicates, both the clinical and the research models of interviewing discourage the provision of specific advice to respondents, and even opinion or information giving may be suspect. However, in the Bay Area interviews the interviewers were sometimes tempted or pressed into giving the respondents what they wanted:

(Mr. Sand 6.25.58) During this talk with him I was debating in my mind whether or not I should tell him that his wife was being discharged from the hospital that day. I figured that he would find out about it eventually and that if I didn’t tell him now this would aggravate [him]. However, in view of the fact that ... the news ... was likely to provoke a strong reaction, and lead to some possible action on his part, I refrained from doing so.

Interviewer: "Did you tell the ward nurse about your discharge plans [for his wife]?"
Mr. Quinn: "Yes, sure I did—I thought they would be very—well, in fact you told me to do that."

Seeking therapeutic opinions and information from the research interviewers was, as indicated, one by-product of the lack of information provided by the mental hospital. Respondents wanted the Bay Area interviewers to tell them what they themselves thought of the women’s mental status, and to pass on what the Napa psychiatrists thought. Again, the interviewers attempted to avoid giving therapeutic opinions or information, usually by claiming a lack of expertise or knowledge:

Mr. Quinn then proceeded to ask me what I thought about his wife’s condition, how long I thought she would be there, and what I think about the prognosis. I told him I can’t answer his questions because I just don’t know. He then said that I must have an opinion. I told him all I can say is that patients vary considerably, and I would have no way of predicting in his wife’s case. After a little more pressure from Mr. Quinn, I finally suggested to him that what he’s really concerned about is that whether she will get out of the hospital and give him trouble—that he’s afraid he may find himself in the same unpleasant situation. His response at first was to say that he hadn’t thought about it that way, and then after a pause said I was probably right.
Dyads and Triads

Special information-negotiation problems result from the separate interviewing of members of a dyad, as Mr. Quinn's comments indicate. Like marriage counselors, the Bay Area research interviewers were faced with the issue of being a third party to an ongoing, often problematic dyadic relationship. Unlike marriage counselors, the research interviewers' purposes were related not to conjoint therapeutic interventions in the dyad, but to separate data gathering with respect to it. As a consequence of this interview structure and/or of the respondents' life situation, individual spouses attempted to obtain both therapeutic and life-activity information about the other spouse from the research interviewers.

On those occasions when the Bay Area researchers did do joint interviews with the spouse they sometimes took on the functions of marital therapist:

(Joint interview, the Whites) I would like to note . . . that several times during the interview both patient and husband remarked to each other to the effect that they hadn't realized the other had held the view just expressed.

On this occasion, the interviewer adopted the relatively benign clinical role of the facilitator, neither giving opinions nor advice but allowing the spouses to communicate with one another. At other times, the researcher-respondent interactions took on some of the less benign qualities described by Simmel (1950) in his analysis of the conflict attendant upon the expansion of dyads into triads.

In interviewing husbands and wives separately, the Bay Area interviewer sometimes found him- or herself in the situation of the tertius gaudens (Simmel, 1950), a third party who—quite unclinicianlike—profits from, and thus foments conflict in the marital dyad. Despite the allure of digging data out of such conflicts, none of the Bay Area researchers seemed willingly to play the role of the tertius gaudens. However, some found themselves placed, generally despite their intentions, in such a role. In the following example, this occurred simply because of a refusal to pass on information:

Mr. Sand . . . told me that he didn't see any point going on [with the interviews] . . . He asked me if I had talked to his wife that day, and when I did not answer at once he repeated the question and I finally told him that I did . . . He told me that . . . I knew things about what was going on at the hospital with his wife, and I didn't tell him a thing about it. He brought this up a few times . . . saying that a person isn't much of a friend if he hides important things like this [his wife had been having an affair with a fellow-patient, which the interviewer did in fact know about] from someone.
At times, one spouse would attempt to ally him- or herself with the interviewer in a joint interview, again casting the interviewer into the tertius gaudens role:

The husband was in a way coaching his wife as to what to bring up for a discussion with me and as to what to say. He would frequently tell her, "Tell Dr. C about such and such," or "Didn't you want to say something about this?" or "There was a question you wanted to ask Dr. C." I would see some of the frustration that Mrs. White had in dealing with her husband . . . I also feel that part of Mrs. White's increasingly negative attitude toward psychiatry, and thus, I assume, me, at this time, was fostered by the fact that her husband tried to move in the direction of some sort of alliance with me. At least he seemed to try to protect me at times from her more negative comments about psychology.

Another type of dyadic coalition was that between the husband and his wife's psychiatrist. Mr. Vick, for example, behaved like a sort of clinical aide for the psychiatrist, collecting and interpreting material about his wife's family in order to "help" with what he called her "case." Since Mr. Vick also saw the Bay Area interviewer as a psychiatrist, he attempted to align with him in what Goffman (1961) calls an "alienative psychiatric coalition" against his wife. At one point he compared his own therapy with a social worker to the research interviews, and commented:

(Mr. Vick 2.4.58) "Oh, that . . . It's a different thing. With her we work on me, but with you we work on Rita [his wife]."

Interpretations and Interventions

As data analysts, the Bay Area research team was interested in making various psychodynamic as well as sociological generalizations (Sampson et al., 1964). However, they were instructed not to communicate the results of their interpretive work to the respondents. From the professional therapist's point of view (which the Bay Area team seemed to accept), such verbalized interpretations—while they are the very stuff of clinical interviewing—might be antitherapeutic and even harmful when done by research interviewers.

However, from time to time, the Bay Area interviewers performed this sort of emotional-interpretive function, in what was, from a purely clinical point of view, a somewhat ad hoc manner. In one of the interviews quoted above, for example, the interviewer ventured to suggest to Mr. Quinn the "real meaning" of his search for the researcher's opinion concerning his wife's prognosis. The interview continued in the same therapeutic vein:
There was another pause and then Mr. Quinn leaned forward intently and said something like, “I guess the fact is that I don’t want her to get better. That’s an awful way to feel, isn’t it?” I shrugged my shoulders and said something to the effect that well, we can’t always feel the way we would like to feel. He then said something like, “No, but that’s immoral, isn’t it?” I again shrugged my shoulders and said something intended to be neutral, but which was probably more permissive of his feeling than otherwise.

The Bay Area interviewers referred occasionally to intentional therapeutic interventions. These interventions were not related to communicative content in the way that advice, opinions, information-giving and interpretations are. Instead, they took the form of ad hoc modifications of the length, frequency or format of the interviews; modifications done not for data gathering but for clinical purposes.

(Joyce Noon 4.3.59) I had originally anticipated that I would stop the interview after about one tape, but since Joyce seemed to be getting some benefit from talking to me and expressing her feelings, I went on for another tape to give her further opportunity to do so.

From the Bay Area respondents’ point of view, the therapeutic function of the interviews themselves—their existence and timing, as over against their content—was dependent upon a number of factors related to the patient’s current life situation. Most of the women welcomed the activity of being interviewed while they were in the mental hospital, since it gave them the opportunity to have their communications taken seriously by someone. In the ex-patient phase, however, the interviewing process functioned, for some of the women and their husbands, as an unwanted reminder of the hospital episode:

June Mark again tells me that she cannot fully participate in the research simply because the research in itself signifies the stigma of deviance which she is struggling to avoid . . . “I don’t like being a guinea pig . . . you keep asking a lot of questions . . . things I want to forget about . . . It’s not normal, my talking to you . . . It’s just that I’m reminded I’m a patient. If you’re a patient, you’re always a patient.”

A number of ex-patients rejected outpatient therapy, even though it might be helpful to them, on the same grounds. By contrast, women who had significant emotional needs in the ex-patient phase of the moral career tended to welcome the research interview on therapeutic grounds:
I had the feeling that Irene James was desperately trying to gain some control over her feelings and thoughts by talking about them to me, but unfortunately I did not feel that she was very successful in the attempt. Irene says that when I arrive for the interview, that seems reassuring.

Transference and Identification

As Laslett and Rapoport (1975) note, their team research project was concerned with psychodynamic processes of transference and countertransference as aspects of method. They refer to transference as:

A somewhat neglected methodological concern. It refers to the way in which the respondents' feelings about the interviewer, derived from the former's past experience, irrespective of the latter's current behavior, may shape the answers that are provided . . . An even less recognized phenomenon in the standard interview situation is countertransference. Countertransference refers to the feeling and responses which the interviewer (or, in the therapeutic situation, the clinician) has in response to the interview situation. (Laslett and Rapoport, 1975:970)

The Bay Area interview transcripts provided evidence of both transference and countertransference processes between researchers and respondents. Transference phenomena symbolically linked the interviewer with the respondent's familial or psychiatric significant others:

Mr. White mentioned that his wife thought I was disappointed in her last week. This was perhaps, she thought, due to her not taking her medicine.

Mrs. Quinn also told me about a number of strange ideas that she had when she first went into the hospital, and she stated that I am the first person she has told this to. As one example she mentioned the fact that the first time I took her out on the grounds, she "associated me with" a psychiatrist she used to work with. She stated that I look something like him. Apparently she had the idea I was the same person.

In some sense, countertransference may be seen as the psychodynamic equivalent of the qualitative interviewer's verstehen method. But, as Laslett and Rapoport (1975) describe it, countertransference involves an empathy based on
the researcher's own life context rather than one based on the respondent's. Thus, one of the consequences of countertransference is that the researcher may inadvertently intervene in the respondent's life events:

Rita Vick asked me, with an anxious look, if they would come and get her (she has gone AWOL from Napa after a ten day home visit pass) if she didn't return. I replied that I didn't know, but I doubt it. My feeling at that time was that I was wanted to be of some help . . . since I empathized with her negative feelings about the hospital . . . I automatically reacted as though anything I said which would make it easier for her to stay out of the hospital would necessarily be helpful. That this was a mistake became clear very quickly as Mrs. Vick began to express her own strong feelings that she is still sick and ought to return.

In addition to psychodynamic transference and countertransference, the Bay Area interviews illustrated parallel social-psychological processes which is referred to elsewhere as identification and disidentification (Warren and Mauldin, 1980). While the transference phenomena involve emotions connected with significant others (often parents or spouses) identification mechanisms refer back to emotions related to the generalized other: what sort of person one has learned that one ought to be, or not to be like. Mental patients, as Goffman (1961) has shown, are in a special position with regard to the generalized other. While wishing to identify with a properly moral, in-control self, they have been publicly identified as mental patients, and thus as not morally appropriate at all. Thus, for mental patient or ex-patient respondents, the research interviewer tends to "stand for" the generalized other in the social process, just as the clinician "stands for" significant others in the psychoanalytic process.

The appeal of identification, then, is to the generalized other or social standards which are held in common and in equality with the interviewer. Since the Bay Area interviewers attempted to remain reasonably uninformative about their own private lives, their respondents' attempts at identification remained at the same superficial level encountered in brief visits to mental hospitals or courts. Comments directed at the interviewer's clothing, hairstyle or behavior in relation to the patient's own were the most common identification expressions:

En route to the receiving suite, I mentioned that I was late because I'd gotten myself locked out of my car. Eve Low said, "Oh my, that sounds like something I'd be likely to do."

Occasionally, biographic intimacy proceeded enough in the reverse direction for, say, female patients or ex-patients to make identifying comments about a female
researcher's pregnancy or childcare problems. Interestingly, although the Bay Area patients occasionally triggered countertransference, they did not promote identification on the part of the researchers. From the point of view of the generalized other, the researchers were in the normative and the patient respondents in the counternormative position. Although the respondents did not "rub the noses" of their respondents in this fact, so to speak, they also did not identify with them at the social-psychological level.

Conclusion

Analyzing the Bay Area interviews indicates that the clinical and research functions of interviewing tend to overlap, despite the interest of sociological researchers in avoiding clinical interpretations or interventions. These interviews also indicate that being therapeutic is often as much a matter of function as intention; as much an issue of being cast into a role as taking one on.

What is also clear is that the social context in which the interviewing takes place affects the relative balance of clinical and research processes. The topic of the interviewing—in this case mental illness and mental hospitalization—is undoubtedly quite salient to the issue, as Dr. H noted in the planning stages of the Bay Area research. The lack of clinical information, and during the hospital phase the lack of contact with one's spouse and family, are also relevant. Under circumstances of uncertainty, any and all apparent 'experts' or contacts are likely to be pressed into advisement service.

Finally, the meaning that the interviewing process has in the lives of respondents is interesting in general, and for its illumination of the clinical aspects of research interviewing. Both for the purposes of understanding the ways in which the method of data gathering influences the data, and for understanding the psychodynamic aspects of the interview process itself, an examination of the interaction of the clinical and the pedagogical enterprises in sociological research can be instructive, the more so as the clinical and research agendas of our discipline come to overlap.

NOTES

1 The pseudonyms used in this study are the same ones used in the original Bay Area research publications (Sampson et al., 1964)
2. Other interviewers studying the "mentally ill" do report countertransference or counteridentification. Barry Glassner (personal communication) comments that in his interviews with manic depressives he came to the conclusion that they "behave normally and the rest of us don't." More generally, as Glassner notes, such counteridentification is what "going native" is all about.
4. For a summary of the research bargain literature and my criticism of it, see Warren (1984b). The analogy for a clinician-client research bargain might be summarized as. The client wants to obtain
insight and better life satisfaction, while the clinician expects to gain an income, and perhaps also a sense of professional satisfaction.

5. To be fair to the interviewer in question, there is no evidence from the transcripts that he advised Mr. Quinn in this manner.

6. A clinician’s judgment of the appropriateness of research interviewers’ therapeutic interventions would probably be based on the degree of clinical training the research interviewer had received. Thus, Rubin’s (1976) interventions would be seen as appropriate, as would those of the Bay Area interviewers, six in number, who were clinically trained either as psychiatrists, psychiatric social workers, or marriage and family counselors.

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A Humanist's Commentary on
"Clinical and Research Interviewing
in Sociology"

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The research results described in Carol A. B. Warren's "Clinical and Research Interviewing in Sociology" show an unanticipated consequence whereby research interviews became enmeshed in clinical functions despite intent to the contrary. An unanticipated consequence of my reading this article is that it set my mind spinning in many directions. I perceive implications for scientific sociological research, the sociology of knowledge, clinical sociology, and the meaning of human social life in general.

It has been my feeling throughout my career as a sociologist that it is not so simply possible to extract a pure sociology from the real world. Sociology ends with clinical implications. Whether teaching introductory sociology, theory, sociology of work, or writing in sociology, or researching, the sociologist immerses self and other into daily life patterns. There is no way to avoid giving students thoughts about the meaning even of culture in relation to one's own life, unless only empty facts and definitions are taught in an abstract, totally linear manner leading to boredom and charges of uselessness. Here the teacher might avoid giving ideas about life changes but may give ideas about whether to choose sociology as a career, and thus is still a clinician, with influence on life choices and processes. Linear, rationalistic, nonemotional, superobjective people may be drawn into sociology by attending classes by like-minded professors, and other types may be driven away. So even the professor who does
not intend to, influences others and the profession in the unanticipated consequences of his/her style. In my view, sociology is always a clinical sociology and is subversive and revolutionary by seeding ideas leading to social and personal action and change.

Ask questions about marriage, sex, or love in research and ideas have been seeded into the minds of respondents that these are subjects to think about and evaluate. These people have been changed. They may want answers to questions planted in their minds; they may ask the researchers, turning the tables, becoming researchers while the researchers are the respondents! There are members of tribal groups who now demand money to travel and research an American population in return for the granted right to research their group. We research answers to exchange processes associated with transfers of shells or body mutilation and they research answers to questions about transfer of nothing, yielding homelessness, loneliness and social mutilation.

People may demand answers from intimates affecting the relationship. I am told by my female students that I often set them into conflict with lovers. I had no such intent. I only lectured about balanced exchanges, and structure of social relationships, and consequences. The women saw new possibilities which they pressed upon their lovers, who reacted with anger and conflict.

Every functional teacher is aware that the teacher ostensibly developing students grows equally as much or more than the students. Psychiatrists, physicians, parents, and lovers experience this, too. There is no life process, no communication, no relationship without effects (consequences) which yield clinical intervention, whether intended or not. Communication theorists tell us, "You cannot not communicate," for even silence communicates a state of mind and relationship, as does withdrawal. I say, "You cannot not be a clinician."

Anyone entering into a relationship with others transforms the relationship and is transformed. The "trans" part of the word "transform" infers interpersonal and social, a "bridge between," which yields "form" to each person and to the structure of the relationship. John Grinder and Richard Bandler title one of their books TRANCE-formations. Verbal and nonverbal symbols from someone touching on self lead to "trance," where symbols from one are shifted to the receptive, tranced other, yielding trans-form-ation. An interviewer striving for a one-sided role as interviewer trances respondents and is tranced by them nevertheless, and all are trans-formed (transformed). A partially hidden yawn on the part of one yields a yawn on the part of the other and both get the message, affecting mutual responses. Treat people as "things," as one-dimensional units, for example, for purposes of "pure" research, and the people tend to transform the relationship by fleshing it out to many dimensions (friend, enemy, ally against someone else, teacher, helper, counselor). They bring perceptions of mother, father, husband or wife into the relationship by projection techniques and the transference-countertransference mechanism and respond accordingly. They
bring "I-thou" multidimensionality and closeness from the "thinged" "I-it" (to use Martin Buber's terminology). Scientifically unsophisticated as they may be, they still teach the pure scientist about the meaning of a nonalienated relationship of mutuality. Persist in trying to keep respondents on one level and you may plant ideas about how "authority figures" "don't care." People have been transformed and may even transfer this transformation to their feeling about all authority figures and even "the system." Pure, objective research may have subjective consequences.

Even petting a dog tends to have a calming effect on the person doing the petting and on the dog. Both are transformed. A dog came into my life in youth and promptly shifted family interaction patterns. My strong dyadic bonding with the dog loosened constraining bonds from significant others in the family. As I walked the dog, the dog walked me, and I was receiving healthy exercise. My personal power, freedom, and health improved. The dog only acted in its "doginess" and in so doing was a clinician, comparable as I understand it now even to the work of master family therapists Salvador Minuchin and Virginia Satir. And, as I see it, so are scientists, acting in their scientism, change agents with measurable effects.

These are some of the ideas that come to my mind when reading the article. These ideas revolve around the premise that all relations are multidimensional and transformational, no matter how hard a researcher tries to arrange otherwise. This may be painful for the scientifically minded; I see it as a beautiful commentary on the transactional, systemic, interrelated connectedness of people in interaction. The social world is not in existence only for the purposes of data gathering for "pure" researchers. Pure researchers are forced into relation with the real world as it exists for its own purposes. Carol Warren's article shows how much power the real world has to pull scientists into its transformative, transactional frame.
“In the Best Interest of the Child”:
Official Court Reports as an Artifact of Negotiated Reality in Children’s Assessment Centers

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ABSTRACT

This paper deals with the way in which official court reports are constructed at a Children’s Reception and Assessment Centre in London, England. These reports and their recommendations serve as a key resource for the court in helping the magistrate to decide what is “in the best interest of the child.” The work deals with the unequal distribution of status and power between the agency and the parents of Assessment Centre children. The analysis demonstrates how, in the case of serious differences between the agency and the parent regarding what is in the child’s best interest, the agency’s status and power advantage are used to convince the court that the agency and not the parent has the authoritative version of what is in the best interest of the child. This is done by invoking a series of strategic written maneuvers in constructing the official court report, such that the agency’s version of reality is understood by any intelligent reader to be the correct one, and the parents’ version of reality, as it appears in the report, the discredited one.

Governmental authorities and parents often have widely divergent views of the appropriate care of children perceived by the authorities to be neglected or dependent. After a child is placed in the legal custody of a child welfare agency, the courts are often called upon to make lasting decisions about the future of the child.

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A six-month participant-observation study of children’s reception and assessment centers in London, England, found that child care officers invoke one of eight different recommendations. In any individual case one of these is selected and passed on to the court magistrate in an effort to assist and guide him in acting “in the best interest of the child.” The recommendations are:

1. Return the child to his/her parents, subject to certain constraints imposed by the court, and monitored by the field social worker.
2. Place the child in a long-term care facility.
3. Place the child in a foster home.
4. Place the child in a boarding school.
5. Place the child in a special therapeutic setting.
6. Place the child in a training school.
7. Place children 18 or over in a “hostel.”
8. Leave the child in the care of the reception and assessment center for relatively long periods of time.

This paper will be concerned with one reception and assessment center (referred to in the text as Oxford) and how the agency and staff decided which of these options to choose. The “gloss” on this process was that the decision was the outcome of the assessment (Garfinkel, 1967). The following is an outline of this process:

1. A “remand” or “care order” must be acquired from the courts.
2. A field social worker is assigned to the case.
3. A professional meeting is called.
4. A family meeting is initiated.
5. The child is given a battery of psychological tests.
6. The staff discusses the daily progress of the child at “handover time.”
7. Teachers report on the child’s progress in school.
8. Case conferences are initiated involving the staff, psychiatric consultants, field social worker, and parents.
9. A staff conference (or conferences) is called, where reports from all relevant parties are considered and a final assessment is made.
10. The “placement officer” assesses the availability of real options for placement.
11. The recommendations are forwarded to the court.
12. The recommendations may be accepted by the parents or contested in court.
13. There is a final outcome and the child is “placed.”

These 13 steps are generally subsumed under four main stages: 1) Staff Meeting; 2) Family Meeting; 3) Report Construction; and 4) Case Conference
(final conference). Let us now consider in some detail how this scenario is played out.

While the study is based upon the author’s participant-observation of staff meetings, inhouse and outside social events, tape-recorded interviews with residential child care officers (CCO’s) and an analysis of official case records, this paper will restrict itself to the question of report construction. This in turn will bear upon the resolution of competing claims and realities (Lyman and Scott, 1970) of the agency staff, the children they care for and their parents. In this respect, the agency has a distinct advantage. In cases of parent-agency disputes regarding what is in the best interests of the child, magistrates tend to accept the agency’s version of reality as the authoritative one. There are three primary reasons for this:

First is the battery of professional expertise the agency is able to muster to legitimate its claims. For example, there are the professional reports of the child care officers, school teachers, field social workers, and psychiatric and psychological consultants. This “scientific” evidence is weighted against the “uninformed” lay opinions of the poorly educated, and frequently unemployed parents.

Second, should these differences result in a court battle, the parents are, of course, provided legal assistance. However, such assistance comes at the level of public defender and is far from “the best that money can buy.” Add to this the court’s predisposition to accept the agency’s recommendations and the fact that the magistrate (as well as the agency) cannot know on the basis of past experience what is in the best interest of the child. (The data that longitudinal studies could provide regarding the effects of agency or court recommendations upon the child are conspicuously absent.) We can readily see how outcomes are badly weighted against the parents.

Third, in England, unlike the United States, these evaluations take place in one officially designated place—children’s reception and assessment centers. One does not shop for favorable evaluations or opinions the way one might in this country. This feature also tends to favor the agency’s claims in legal disputes.

CONSTRUCTING REPORTS

I will consider in the following discussion and analysis, how the consultants with their “scientific” outlook, and the court and family with their lay or “commonsense” perspective succeed or fail to reach some agreement regarding the child’s problems. This is done through an analysis of the assessment team’s final report to the court, which is comprised of three parts: 1) the psychiatric report; 2) the psychologist’s report (based primarily upon the results of a battery of psychological tests); and 3) the “house report” of the residential child care officers.

These reports inform as much by what they do not say as what they do.
The author's analysis will provide alternative ways of interpreting the content and show how the consultants sought to construct matters so that the court would accept their version of reality over competing versions. The entire text is given in order to allow the reader to follow the detailed process analysis to its conclusion. The court report was prepared by the consulting psychiatrist. The analysis is based on my observations and conversations with the participants.

**THE COURT REPORT**

**Introduction, Paragraph 1**

This report is based on the information I have obtained from my involvement with Joan W and her family since September 1977 when she was transferred to the Assessment Centre from St. Mary's following the complete breakdown of her placement there. I have had five meetings with all the professional workers involved in her care, and in addition many informal discussions, particularly with her social worker, Miss JS, and her childcare worker at Oxford, Mr. J. The assessment practice at the Centre is to see the children with their families and not individually. I have had five family meetings with Mrs. W, Joan and Sally (her twin sister), together with Miss JS and Mr. J on one occasion in their own home. I have arranged for Joan to be assessed psychologically by Mrs. E (psychologist), who saw her originally in 1974. Because of pressure of time, I am incorporating her report here. Previous Court Reports and the three to six monthly reports on Joan made by the staff at St. Mary's throughout her stay have also been made available to me.

**THE ANALYSIS**

**The Analysis, Paragraph 1**

In the introduction, the consulting psychiatrist (author of the final written report to the court) outlines for the magistrate the extent of her (and other experts) involvement in the case. This serves to show that the basis for the evaluation is well founded and that their assessment of what is in the best interest of the child is in no way casual or off-handed.
The Report, Paragraph 2

As the court is aware, our original intention was that I should attempt to make a therapeutic relationship with the W (family) by means of working with them as a family, in order to alleviate the serious emotional problems, considered by all who know them, to exist in this family. I feel it is necessary to point out that I believe it likely that the divulgence of the contents of this report to Joan and her mother and the personal appearance of myself and Mr. J in Court may jeopardize the fragile working relationship which we now have with the W (family). I recognize that this may nevertheless be unavoidable. I think it is important to point out that Mrs. W has throughout cooperated with our wish to see them as a family. Whilst what has been achieved so far is very limited, this is the first time that Mrs. W has agreed to work with a psychiatrist with her children. This may reflect, again for the first time, a covert acknowledgement by her that the family has some psychological problems.

The Analysis, Paragraph 2

After the preliminary introductory paragraph, the report begins with the consultant stating that the original intention of the court was for the consultant to establish a "therapeutic relationship" with the family. This same consultant told the author during the taped interview that she (and the others) made no attempt at therapy inasmuch as this would be impossible to accomplish in three to six weeks (the time officially allotted by the court for an assessment). Given that the report was written in December 1977, and the therapist's first involvement in the case was September 1977, the child had already been "in care" for about 12 weeks. Could the staff have perhaps "alleviated the serious emotional problems [that] exist in this family" in that period of time? Apparently not, for we are told later in the report that Mrs. W is contesting the court order in order to gain legal custody of her daughter, and that the "professional staff are finding it extraordinarily difficult to provide her [Joan] with . . . the consistent, limit setting, but caring control which she requires." Indeed the author knows from informal talks with the staff that they consider Joan a "failure" and have given up trying.

The above characterizes the inherent dilemma faced by the consultants and staff of the Centre. On the one hand is the contention that family therapy is important to both the child and the staff, and that it should be an integral part of the as-
sessment process. On the other hand is the belief that while more time was needed to do family therapy, the children were already kept longer than was in their best interest.

Leaving this dilemma unresolved, we go on to consider the question of Joan's "serious emotional problem." This too is peculiar in that we learn later in the report that "there is no evidence of formal psychiatric disorder."

Continuing on in paragraph two, the consultant notes that for the court to divulge the contents of the report to the parents or child would "jeopardize the fragile working relationship (the staff) now have with the family." Doubtless this is true; however, not to divulge its contents would also mean that the charges against Mrs. W by the agency would remain unknown to her at a time when she is legally contesting the Centre's Care Order. This is but one instance of the general case of the unequal balance of power confronting the parents of children in care of their effort to regain custody of their child.

Finally, we are told that Mrs. W's agreeing to work with a psychiatrist for the first time "may reflect a covert acknowledgement by her that the family has some psychological problems." Maybe so, but it may also reflect the fact that she is trying to oblige the judge by "cooperating," inasmuch as she is in the midst of a legal battle to regain the custody of her child for the first time as well. This is not to mention the fact that Mrs. W and Joan have steadfastly
The Report, Paragraph 3

The court is aware of the details of Joan's background, but in order to understand the present situation in which Mrs. W is contesting the Care Order again, certain important factors should be noted. Joan and Sally were born after the death of their father, and Mrs. W has been largely unsupported by family and friends throughout their childhood. I understand that Joan spent much of the first year of her life in the hospital and during her first five years had as many as five different homes. For much of this time, she was not cared for primarily by her mother. At the age of five, the girls joined their mother in England, but were soon admitted to St. Mary's nursery in 1970. From the records and from what I have been told by the workers involved with the family, from that time on there does not appear to have been a time when Mrs. W has cared for the two girls unaided. It is known that children whose early life history is characterized by frequent moves of home and changes of caretakers are predisposed to psychological disturbance in later life, and in particular to antisocial behavior.

The Analysis, Paragraph 3

The third paragraph in the report picks up the theme of emotional problems, and outlines for the magistrate, background material from Joan's case, which, given the consultant's psychoanalytic orientation, establishes the existence of Joan's emotional problems and their causes, and lends support to the consultant's appraisal. It does so while (and by) discrediting the contentions of Mrs. W that she is a fit mother, that it is in Joan's best interest to return home, and that Joan's "problems" do not result from her familial relationships, but from her institutional ones. The report states, "Joan spent much of the first year of her life in hospital and during her first five years had as many as five different homes," and that "for much of this time she was not cared for primarily by her mother." Furthermore, Joan and her sister were committed to a children's home from 1970-1977, and "there does not appear to have been a time when Mrs. W has cared for the two girls unaided." Allowing this, and the further psychoanalytic contention (noted in the report) that "children whose
and depression. Some of Joan’s behavior noted throughout professional contact with her from the age of five may be attributed to the difficult start she had. It is worth noting that since Joan’s move to Oxford, Mrs. W has been looking after Sally at home by herself, apparently successfully. It is possible that the intensive help given to Mrs. W has now resulted in an increased capacity to mother her children and may soon mean that she is able to care for the relatively undisturbed child that Sally appears to be. But there is an important difference between the two girls, in that, again from the records, it appears that Joan was less favored by her mother from her earliest years. Still today, Joan regards herself as the “mad, bad twin,” and her sister as the “good twin.”

The Report, Paragraph 4

Although there were times when an affectionate relationship was observed between Mrs. W and Joan, the more usual picture has been of an aggressive, attention-seeking, miserable child who was not obviously attached to her mother. She, in turn, seemed largely indifferent to Joan. As time went on, Joan became more openly defiant and aggressive towards her mother and Mrs. W’s early life history is characterized by frequent moves of home and changes of caretakers are predisposed to psychological disturbance in later life and in particular to antisocial behavior and depression” (she might have included suicide), and we see how the consultant has in one paragraph, discredited the mother, given support for her own assessment, and established Joan’s “serious problems.” Every effort is made in this maneuver to “cover the rear” as it were. After all, Joan’s twin sister also experienced a broken home, institutionalization, and many of the other untoward events that Joan had, and she seems “relatively undisturbed.” This is dealt with by noting that the twin was favored by the mother. If true, this and not the list of particulars noted above, may be responsible for Joan’s “disturbance.” The notion that broken homes or other forms of “early childhood trauma” per se, predispose to depression and/or suicide in later life has been disputed elsewhere (Jacobs, 1974).
jecting attitude toward her became more obvious. For example, she would take Sally home for weekends but not Joan. At home, in contrast to Sally, Joan apparently carried out many household chores for her mother, and still does, presumably partly as an attempt to please and placate her mother, a characteristic of some rejected children. Nevertheless, it must be said that Mrs. W has not neglected the children’s physical needs and is generous to the point of indulgence.

At the time, however, when her junior school was unable any longer to tolerate Joan’s disturbed behavior (e.g., throwing chairs) at the age of nine years, and a recommendation for maladjusted schooling was made; there was a shift in Mrs. W’s perception of Joan. From having been seen by her mother as bad, Joan has been perceived in the last two to three years, as the victim of a destructive persecuting world as exemplified by St. Mary’s Social Services, and the Educational Services. Her behavioral disturbance, whilst acknowledged by Mrs. W, is attributed solely to her experiences in care and Mrs. W draws the conclusions, based on this view, that Joan will only deteriorate further if she remains in care, but will be able to lead a normal life, albeit with help, if she returns home. Joan shows the extreme loyalty that children have for their parents, particularly when there is an intensely ambivalent relationship and hence shares publicly her mother’s persecuted view and her wish for return home. But the fact of her great behavioral deterioration followed by the mother is indifferent to her daughter, she is engaged in a legal battle to contest the Care Order and return her daughter to her home. While it was true that Joan was “aggressive, abusive, attention-seeking,” and frequently “miserable,” and “not obviously attached to her mother,” it was just as obvious that she was that way at Oxford as well, and that she was not attached to the staff, or for that matter, they to her. Given the above, where would her “best interests” lie?

This question is especially telling when we read that when Joan is in her mother’s home she “apparently carried out many household chores for her mother, and still does.” This is interpreted by the consultant, (given her orientation) as “presumably partly as an attempt to please and placate her mother, a characteristic of some rejected children.” Maybe so, but she rarely volunteered at Oxford to do chores in order to placate the staff. It should be noted that while the staff worked to make the house a “home,” the children rarely saw it that way. In fact, it may be argued that Joan helped her mother because she was attached to her, and that the above gesture indicated this in some “obvious way.” That the mother was also “attached” was indicated (apart from her legal battle) by the fact noted in the report that “Mrs. W has not neglected the children’s physical needs and is generous to the point of indulgence.”

There follows next Mrs. W’s contention (within the last three years)
lowing her mother’s decision to appeal against the Care Order and her increasingly difficult behavior at Oxford when this hearing was adjourned is probably evidence of her anxiety about a return home, as well as a reflection of the effect on her of a further period of insecurity. Joan has not known where she was going to live permanently for the last three years and this is a factor in her present day disturbance. Joan is a physically well-developed, attractive, and occasionally charming girl, of average ability, who has despite her difficult circumstances reached the scholastic attainments of an 11 year old. She is ambitious but finds it hard to persist in the face of failure, which she tends to attribute to external factors. She lacks confidence and her extreme restlessness means that she requires much individual attention of the sort she is likely to find only in a school, such as chalet, which she is presently attending.

that Joan’s behavioral problems stem not from her familial associations but her having become “the victim of a destructive persecuting world as exemplified by St. Mary’s [the Children’s home] Social Services, and the Educational Services.” Mrs. W further believes that “Joan will only deteriorate further if she remains in care, but will be able to lead a normal life, albeit with help, if she returns home.” What’s more, Joan believes as her mother does.

This contention is discredited by the consultant in the following fashion. First, upon hearing of her mother’s intention to contest the Care Order, Joan exhibited “behavioral deterioration” at Oxford, “probably evidence of her anxiety about a return home, as well as a reflection of the effect on her of further period of insecurity.” This “behavioral deterioration” needs to be put in context. Joan’s behavior while at Oxford was according to staff, never anything “to write home about.” She was always loud, abusive, aggressive, and indifferent to house rules. Indeed, she stood out in that regard. To say that her behavior deteriorated upon hearing of her mother’s custody battle, is no indication that it had deteriorated from some normal state, i.e., that Joan was happy and/or well adjusted at Oxford, and unhappy to learn she might have to return home to her mother. Indeed, we have already been told that in many regards, she behaved more appropriately at home. There is also the real possibility that her “deteriorating behavior” was a
function of her relationship to the Centre’s staff, and not her “anxiety” about returning home. In fact, it would come as no surprise to the author to find that Joan was in a constant state of “anxiety,” given the fact that she “has not known where she was going to live permanently for the last three years,” and that she had not lived anywhere permanently prior to that.

In summary, we find in paragraph four that both the consultant and mother believe that Joan’s behavioral problems stem from the past. The difference is this. The consultant, because of her Freudian orientation, tries to establish Joan’s problem in “broken homes,” “early childhood trauma,” and “maternal deprivation” (Dorpat et al., 1965). This would locate the cause of the problem in the “family dynamics.” Mrs. W chose another piece of Joan’s biography to focus on, the last three years (the consultant focused on the first three). This would locate the blame not in the family, but in the institutional care Joan received. Given their different “purpose at hand,” their different allocations of blame are in no way surprising.

The Report, Paragraph 5

There is no evidence of formal psychiatric disorder. Psychological testing, however, reveals a very emotional, immature and deprived girl functioning at the level of a six-year-old who still hopes for her early needs to be met, but tries to avoid the

The Analysis, Paragraph 5

Paragraph five of the report opens with the observation that “there is no evidence of formal psychiatric disorder,” but then goes on to state that psychological testing suggests “the development of paranoid traits.” The psychological profile is one of
pain of disappointment by remaining relatively uninvolved with the people in her environment, distrustful and suspicious. She is miserable and angry and there is some suggestion of the development of paranoid traits. There is also evidence of a capacity to use help in the form of a psychotherapeutic relationship, but she would require a relatively stable environment for this.

The Report, Paragraph 6

Her behavior in Oxford, described in Mr. J's report, at school and to some extent in the family sessions, bears out the test results. When I have seen her, usually she is rude, uncooperative, and unforthcoming. She is very restless, finds it difficult to concentrate, to listen or participate in the sessions for any length of time. She appears to be anxious, on guard all the time and very wary of her mother's responses. The discussions in the sessions are very much limited by Mrs. W's refusal to acknowledge the very serious nature of Joan's problems, which makes it difficult for

a girl who "tries to avoid the pain of disappointment by remaining relatively uninvolved with people in her environment, distrustful, and suspicious." Given her past experience and current environment, can this be viewed as maladaptive?

The paragraph ends with the notation: "There is also evidence of a capacity to use help in the form of a psychotherapeutic relationship, but she would require a relatively stable environment." Given the fact that by the time the study was over, Joan had been at Oxford for 12 months and shown no signs of improvement, one can only conclude: (a) Oxford could not provide a "psychotherapeutic relationship"; (b) Oxford does not provide a "relatively stable environment"; or (c) psychotherapeutic relationships take longer than 12 months to establish.

The Analysis, Paragraph 6

Paragraph six is really an extension of the topic treated in paragraph five. Here, Mrs. W acknowledges that Joan has behavioral problems (is sometimes difficult), but does not acknowledge the existence of psychological problems. She attributes Joan's misbehavior to outside agencies, while the consultant sees them as symptomatic of psychological problems caused by family dynamics.
Joan to participate in a realistic way. But there have been indications that Joan sees herself to some extent as responsible for her actions. Mrs. W fluctuates so that on the one hand she has been supporting of the staff’s attempts consistently to contain Joan’s behavior but on the other hand attributes its source to outside agencies. Mrs. W has occasionally hinted that she has found Joan’s behavior extremely difficult.

The Report, Paragraph 7

I have the impression that Mrs. W does not have the resources required to provide Joan with the consistent limit setting but caring control which she requires and which professional staff are finding it extraordinarily difficult to provide her within her present state. It has become apparent in the family meetings, that for understandable reasons there is little evidence of Mrs. W, Joan, and Sally functioning together as a family. There is a limited but fairly affectionate bond between Sally and Joan but that relationship is intensely rivalrous, with much competition for their mother’s favors. Sally sees her sister as the ‘‘mad’’ one in the family and is on the whole overtly complacent with her favored position in relation to her mother. Sally is apparently socially conforming. She appears quite negative in the home. She is usually unforthcoming and sullen.

The Analysis, Paragraph 7

Paragraph seven cautions the court that Mrs. W probably ‘‘does not have the resources required to provide Joan with the consistent limit setting but caring control which she requires.’’ Of course, the latter part of the same sentence indicates (in a badly understated way) that the staff cannot provide these resources either. We will see how this hedging strategy provides a basis for the conclusions forthcoming in paragraph nine. First, let’s look at paragraph eight.
The Report, Paragraph 8

There has been little evidence of any mutual affection, interest or respect expressed or demonstrated between Mrs. W, Joan, and Sally. In fact, Mrs. W has stated that she does not believe that girls of 12 require physical affection any longer. The relationship seems to be founded on Mrs. W supplying the girls with their material requests for sweets, cigarettes, and so on and their angry response if their wishes are frustrated. The girls show some impatience with Mrs. W's persecuted attitudes at times, but on the whole, they do not express individual opinions. The only obvious strength in the family is their fierce loyalty to one another in the face of authority.

The Analysis, Paragraph 8

This section of the report opens with a reiteration of the fact that there seems to be little overt mutual affection between Mrs. W and her daughter. The fact that as much could be said for the overt mutual affection demonstrated between Joan and the staff, is conspicuously absent. The report goes on to note that Mrs. W 'does not believe that girls of 12 require physical affection any longer.' The report fails to note that if the staff at Oxford think girls of 12 require physical affection, they rarely demonstrate it. In short, if Mrs. W does not show Joan physical affection from conviction, the staff do not show it either, for whatever reason. I suspect both failed in this regard for the same reason, i.e., Joan was not a 'loving child.' She was abusive, 'uncooperative and unforthcoming.' It is not only very difficult to generate feelings of affection for a child of this sort, but even if one manages it, it is extremely difficult to display them without untoward consequences.

The report continues by noting that the mother's 'relationship seems to be founded on . . . supplying the girls with their material requests for sweets, cigarettes, and so on.' This comment is included not only to describe the nature of the relationship between Mrs. W and her daughters, but to indicate the staff's displeasure with parent's 'bribing' their chil-
The Report, Paragraph 9

In conclusion, I would respectfully suggest to the court that in this case there is no straightforward answer to the question as to whether there should be a Care Order or not. It is clear that if the battle over Joan's children, and how these "bribes" serve to undo what good the staff has managed to accomplish at the Centre. However, this may be read in another way, that is, as an indication of Mrs. W's attachment to her child. The staff, for their part, preferred viewing these efforts as stemming less from generosity than guilt.

The final line notes that "the only obvious strength in the family is their fierce loyalty to one another in the face of authority." In terms of "family dynamics," this is indeed a significant strength and perhaps a key one in keeping the family together. After all, Joan and her mother have spent a lifetime dealing with authority from a disadvantaged position. That the family gains some strength in this undertaking from a "fierce loyalty" ought to be seen as a big plus. Clearly, the staff viewed it otherwise, and depending upon the context, sometimes saw such "antiauthoritarian tendencies" as stemming from "paranoid tendencies." Lemert (1962) has shown how the organizational attribution of paranoid tendencies often results in a self-fulfilling prophecy. As such, they may be not only misleading, but therapeutically counterproductive.

The Analysis, Paragraph 9

This leads us to paragraph nine and the beginning of the "conclusions." As noted in our discussion of paragraph seven, the strategy of hedging one's bets on what was in the child's best interest was a prelude
of things to come. For example, this section opens with "in conclusion, I would respectfully suggest to the court that in this case there is no straightforward answer to the question as to whether there should be a Care Order or not." This would seem an honest and straightforward appraisal on the part of the consultant. Given the preceding discussion, we have seen that there were good grounds for questioning what was "in the best interest of the child."

However, this was not the consultant's "bottom line," and the initial ambiguity is resolved in the following fashion in favor of a Care Order. First the blame was put squarely back upon Mrs. W: "It is clear that if the battle over Joan's care, custody, and control continues, her emotional development, already seriously jeopardized, will be further impaired, and as a consequence, her behavior is likely to deteriorate further. Mrs. W has indicated her intention to continue the fight for her daughter whatever the outcome of this case. It is also my opinion that what Joan requires ideally is to live in a therapeutic setting where she could obtain help with her emotional problems, whilst maintaining some contact with home and her mother. It seems unlikely that this would be obtainable without a Care Order. It is very doubtful that Joan's behavior, rooted as it is in a long-standing emotional deprivation, is likely to alter radically if she goes home, in the long term, despite Mrs. W's belief and Joan's statement to that effect. It may be that there would be an initial honeymoon period which might last several months, but I think that eventually, the situation is likely to break down once again. Although Mrs. W has stated her intention to continue working with us if Joan goes home, without a Care Order, the past experience of Social Service with Mrs. W makes it difficult to rely on that intention in Joan's interest.
What is conspicuously absent from the report is a fact that the consultant and staff were both well aware of, that achieving this ideal situation would be just as unlikely with a Care Order. In fact, therapeutic settings were unavailable, at the time or in the foreseeable future. This left the child with one of two "real options," namely, to remain at Oxford (where she has already spent 12 months) for some indefinite period of time until a therapeutic setting becomes available, or be moved out of Oxford into a "long-term care facility" of some sort, at least on a "holding basis." It is clear that these options were not ideal either. In fact, there are good grounds for supposing that, given the alternatives, returning the child to her mother was not a bad idea.

This possibility is discredited by the consultant in the last paragraph. It also effectively resolves the ambiguity about what to do with Joan found in the beginning of paragraph nine. The consultant's position is given the force of authority through the list of credentials following her signature at the end of the report. If the consultant's contention is true that "it is very doubtful that Joan's behavior, rooted as it is in long-standing emotional deprivation, is likely to alter radically if she goes home," it is equally true that it is unlikely to alter radically for the better if she remains at Oxford. Mrs. W and the staff were both convinced that 12 months there has done little to improve Joan's disposition. Furthermore, recognizing that the staff has "given up on
Joan, there is little reason to suppose that matters would improve with time.

Quite apart from what was in Joan’s best interest was the staff’s off-the-record concern for what was in the best interest of the other children. Joan’s disruptive influence upon the Centre had made it extremely difficult for them to work with the other children. Given all of this, one might have expected that the assessment team, headed by the psychiatric consultant, would have recommended to the court that a Care Order was unnecessary and the mother be given custody of the child. We have seen that such was not the case. Part of the reason for this can be accounted for by the consultant’s professional orientation to which facts in the case were important and how they were to be interpreted. Add to this, the staff’s contention that “when in doubt, believe the consultant,” and we can see how and why “a consensus” was reached and the report took the form it did.

The question arises, given the procedures noted above and the greater authoritative weight the court tends to attribute to the agency’s version of reality, is it likely in any particular case that the best interests of the child are served? To be generous, the author feels that such outcomes are problematic at best.

RECOMMENDATIONS

Having outlined the functioning of English Children’s Reception and Assessment Centres with respect to how recommendations are made and presented to the
court, let us consider briefly some clinical implications of this analysis. First, and perhaps foremost, is the fact that there is little basis in past experience to assess what course of action, if it were ideally available, would be "in the best interest of the child." Neither the court nor the agency personnel have ever collected the longitudinal data necessary for such an evaluation. The assessment is made (the staff proposes), and the court disposes. The effects of these recommendations and dispositions for any child, or collection of children remain unknown. To begin at the end, the author recommends that private research firms or state agencies skilled enough, collect such data, evaluate it and present their findings, not just to the child care officers and consultants, but to the court. Without these data, the efforts of the court and agency personnel to act in the child's best interest are likely to be more random than rational. Second, for the agency and allied personnel (including the courts) to have some reason for existence, the choice of which of the eight available alternatives listed on page one would be best for the child must be seen as problematic. This was after all the basis for the evaluation in the first place. Child care officers at the agency studied did not view matters this way. All were convinced before the assessment that returning the child to his/her home and natural parents was always best. Other therapists, including Anna Freud, were also of this conviction. This contention rested not upon the belief that things at home were good for the child, but that they would be even worse if the child were committed to a boarding school, foster home placement, or long-term care facility.

Alternatively, if one of the eight options for placement seemed better than returning the child home (a least-bad choice) it was a good bet that option (if recommended) would not be available. This would lead to an alternate placement, viewed by staff as worse than returning the child home.

Notwithstanding this dilemma, and the staff's belief that the child's best interest would probably be served by returning him/her home, staff frequently recommended one or another form of "care." After all, to have done otherwise would have made both the evaluation and the evaluators redundant.

Given this situation, the staff at Children's Reception and Assessment Centres need to be convinced of the relative virtue of available real options, or if the staff was correct in its assessment (and London Social Services wrong) new real options should be made available for children in need.

A final recommendation has clinical implications not for the child or staff but for the parents. When serious disputes occurred between the agency staff and parents (such as those outlined in the above Court report) the staff sometimes sought to discredit the parents' position by discrediting them. Some of the ways in which they attempted to do so have been considered in "The Analysis" above. Another maneuver was their attempt to label the parent "paranoid." Some of these labeling attempts were undertaken in bad faith. A quote from one of the child care officers is illustrative.
One of the advantages of sometimes having a full care order is that if you’re working with the family, when the child comes into care, you take responsibility away from them [the parents]. And when you’re working with a family and things are looking like the child may get home again, you’re handing them [the parents] back the responsibility. But the big chunk of responsibility is to say, right, we’re going to give you responsibility for yourselves and Mary [the child], we’re revoking the care order. . . . So you get it [the responsibility] all back [if you act responsibly].

Such covert behavior by the agency was not done vindictively or with the intent of punishing either the parent or the child. Rather it was an altruistically motivated strategy intended to encourage safe and responsible behavior by the parent. However, good intentions aside, such practices were less than honest and to the extent they were recognized or suspected by the parents, it gave them good grounds for their “paranoia.” One rather obvious recommendation in such a case is that the staff act in good faith to generate good faith. Covert behavior of the sort noted above is unlikely to generate “basic trust.”

CONCLUSIONS

The above analysis goes to great lengths in its interpretation to maintain the “ethnographic context” in which the report construction actually occurred (Schwartz and Jacobs, 1979). The author was privy to all sorts of information and understandings not shared by the reader and/or, in some instances, particular members of the agency staff. It is this information and understanding, accumulated by way of the author’s accepted but marginal status in the agency’s everyday workings, that allows for his being able to “read between the lines” and “fill in the gaps.” It is probably clear by now, how reconstructing what was not said or acknowledged was as important to reconstructing the negotiated reality of the report, as presenting what was said.

It should be noted that the author does not intend the reader to accept the above analysis solely as an academic exercise. These reports serve for the court magistrate as a key source of information upon which he/she must decide as to what is “in the best interest of the child.” Such decisions routinely effect the lives of thousands of children. The problematic statements and recommendations they contain, based upon the negotiated reality of the participants and their different goals, tacit understandings, and background expectancies (Garfinkel, 1967) should be better appreciated by magistrates, agencies’ staff, outside consultants and all other persons associated with the assessment process. Such an appreciation would go far toward insuring a more just treatment of assessment center children and their families.
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Social Problem as Affliction and Social Problem as Hazard

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ABSTRACT

Social problem as affliction and social problem as hazard represent two related but differing foci of sociological concern and intervention. Social problem as affliction refers to the personal problem which is largely social in nature. Intervention is concerned with helping the afflicted person with his or her problem. Social problem as hazard refers to the collective social problem posed by a social condition responsible for increased likelihood of personal problems and ills. Intervention is concerned with dealing with the collective problem.

The concept of social problem can be an important tool in the creation and utilization of knowledge useful in reducing suffering and increasing well-being. However, especially in the context of developing and utilizing knowledge for sociological intervention, it is useful to distinguish between social problem as affliction and social problem as hazard.

Social Problem as Affliction

The use of the term social problem to refer to a personal problem that is social in nature appears to be rather recent. Thus, in the title of a 1978 article on the classification of the presenting problems of clients referred to social workers (Fitzgerald, 1978), the term "social problem" is in quotes to indicate that it is not being used in a usual sense.
A similar use of the term appears in connection with a "classification of social problems and psychological symptoms for inclusion in a classification of health problems" (Regier et al., 1982) and in an expansion of that classification to include categories of special relevance to children (Burns et al., 1982). The classification is limited to problems which involve distress or disability. When the affliction appears to derive from a social situation and is more nearly social than psychological in nature, it is referred to as a social problem. Categories such as "change in residence," "conjugal problems," "family disruption," "phase of life problem" and "occupational problem" are used to classify these personal social problems.

A later use of the concept of social problem as affliction appears in an article which develops a taxonomy of sociological interventions based on the level or levels of social organization at which intervention is indicated (Strauss, 1984). At the person level, sociological intervention is illustrated by sociological counseling aimed at a change in the client’s perception of and/or dealing with social reality. In such counseling, intrapsychic mechanisms and personality traits receive relatively little attention. Instead the client’s difficulties are approached as "social problems" which are "intimately tied to cultural and subcultural factors, location in history and society, reference groups, family dynamics, and the social construction of reality." There is also the implication that social intervention to deal with a person’s difficulties need not be limited to the person level. Thus, for example, intervention may be at the group level and be aimed at a change in the role structure of the person’s family.

The main object of identifying personal problems which are largely social in nature is, of course, appropriate intervention. Papers which describe how personal problems are identified as social and dealt with at the personal level (e.g., Straus, 1982) or at the group level (e.g., Hurwitz, 1979) are helpful. However, the systematic development of the knowledge needed to deal with the great variety of personal social problems also requires a parallel development of sophisticated classification for such problems.

In developing such classification there is advantage in viewing personal social problems as a subset of the broader set of problems generally considered of mental health concern and sometimes encompassed under the heading of "mental health problems." As long as it is clear that the concept of mental health problems also includes problems that are largely social in nature, a broad conception of mental health problems need not amount to what Goroff (1983) describes as a "medicalization of human distress," which directs attention away from the social nature of many of the problems included as mental health problems. On the contrary, informed classification calls attention to the social nature of many of the problems generally viewed as mental health problems.

Another advantage in viewing personal social problems as a subset of mental health problems stems from the need to deal with the complex nature of de-
moralization. As here used, the term "demoralization" refers to the concept introduced into the mental health field by Jerome Frank (1973) and used by Link and Dohrenwend (1980) to refer to "nonspecific" psychological distress found both in the presence and in the absence of specific psychological syndromes. Link and Dohrenwend (1980:115) describe demoralization as:

"a condition that is likely to be experienced in association with a variety of problems including severe physical illness (particularly chronic illness), stressful life events, psychiatric disorders, and perhaps conditions of social marginality as experienced by minority groups and persons such as housewives and the poor whose social positions block them from mainstream striving."

They feel that "it is likely that demoralization is a more frequent reaction than clinical psychiatric disorder on the part of previously normal persons facing severe physical illness or other stressful life events" and that these persons should perhaps be studied and planned for as "a group with special need" (1980:126-127).

However the distinction between demoralization and some of the conditions described as psychiatric disorders is not always unambiguous. The third edition of the Diagnostic and Statistical Manual of Mental Disorders, commonly referred to as DSM-III, describes the essential feature of the disorder called Adjustment Disorder as a "maladaptive reaction to an identifiable psychosocial stressor, that occurs within three months after the onset of the stressor" (American Psychiatric Association, 1980:299-301). The criterion for "maladaptive" is "impairment in social or occupational functioning" or "symptoms that are in excess of a normal and expectable reaction to the stressor." That leaves considerable room for differences in judgement as to whether or not a given personal problem amounts to an adjustment disorder.

If the reaction to the psychosocial stressor is associated with sufficient symptoms to qualify for the disorder called Major Depression there is less room for differences. However, even then the problem is only considered a major depression if the reaction is not assessed as "uncomplicated bereavement" (APA, 1980:213-214).

This is not to say that DSM-III attempts to make a sharp distinction between problems which do and problems which do not deserve professional attention. On the contrary, DSM-III recognizes that a "behavioral or psychological problem may appropriately be a focus of professional attention or treatment even though it is not attributable to a mental disorder" (APA, 1980:6). In fact, DSM-III includes special "V codes" for classifying these problems into categories such as "uncomplicated bereavement," "occupational problem" or "marital problem" (APA, 1980:331-334).
However DSM-III is of limited use in developing and utilizing the knowledge needed for sociological intervention. Classification more tailored for that purpose is needed.

Social Problem as Hazard

In his analysis of clinical procedure Louis Wirth (1931) pointed to the value of clinical records for furthering the ""sciences that deal with human behavior."" Similarly C. Wright Mills (1959) described the ""sociological imagination"" as enabling its possessor to relate ""private troubles"" to the larger social scene. However, while relating personal problems to the larger social scene has been a concern of sociology since its beginnings, there is no well-developed body of sociological theory and knowledge specifically concerned with identifying social conditions which are a factor in personal problems and ills.

Of the traditional approaches to social problems none is clearly concerned with social conditions that interfere with individual well-being. In the functional or social disorganization approach a social problem is a condition which interferes with the smooth functioning of the social system. In the normative approach, it is a discrepancy between shared norms and actual social conditions. In the consensus approach, it is any condition which people define as a social problem.

The consensus approach, which currently appears to be receiving the most attention, is particularly removed from a concern with identifying social conditions which have an adverse impact on well-being. The option of defining social problem as anything which is viewed as a social problem tends to shift concern from what is to be included as social problem to how social conditions come to be defined as problems. Thus, in the conflict approach to social problems, the conflict between the interests or values of various social groupings becomes of interest less as a source of social problems than as a source of conflicting definitions of what is and is not a social problem. In the symbolic interactionist approach the difficulties associated with arriving at a definition of the situation (and the associated process of labeling) become of interest less as a source of social problems than as a source of differing definitions of what is and what is not a social problem.

Such shifts in the focus of social problems inquiry from the nature of social problems to the process whereby social problems are defined, are in line with what Kitsuse and Spector (1973) consider ""the distinctive task of the sociology of social problems."" Spector and Kitsuse (1977:73) feel that ""the notion that social problems are a kind of condition must be abandoned in favor of a conception of them as a kind of activity."" They call this activity ""claims-making activity"" and define it as the activity of ""those who assert the existence of conditions and define them as a problem."" (1977:74). They do not argue that the objective conditions themselves need not be examined. They merely wish to
limit the sociological subfield called "social problems" to the (admittedly very important) study of claims-making activity.

However, since the Kitsuse and Spector (1973) article, there have appeared two approaches to social problems which emphasize the objective social conditions which adversely impact the well-being of individuals. One of these is what Manis (1974a) calls the "scientific inquiry" approach to social problems. The other is what Etzioni (1976) calls the "societal guidance" approach.

Manis (1974a) takes the position that definition of social problems as conditions considered to be undesirable by many people "ignores the possibility that some perceived social problems may be trivial or spurious." He proposes that social problems be defined as "those social conditions identified by scientific inquiry and values as detrimental to the well-being of human societies." Manis (1974b) further proposes that the seriousness of a social problem be assessed on the basis of its primacy in relation to other social problems, its extent or frequency, and its degree of harmfulness to the well-being of individuals.

Etzioni (1976:44) uses the term "societal guidance" to refer to the set of factors that a society must manage in order to deal with social problems. For him, social problems are conditions which "people are expected to ameliorate or overcome" (1976:34). How to decide whether or not a condition is to be included as a problem is not spelled out, but Etzioni speaks of "our capacity to render our social conditions more congruent with our deepest needs" (1976:37).

Etzioni proposes a tentative list of basic human needs, including "a need for secure survival (food, shelter, protection), affection (or love), recognition (or dignity), and self-actualization" (Etzioni, 1968; 1976:39-40). These needs are viewed as universal, though not necessarily biologically derived. At the very least they provide a useful theoretical framework for identifying social conditions likely to have an adverse impact on well-being. However, it is important that the whole sociocultural context be considered.

A social condition shown to increase the likelihood of personal problems and ills constitutes a social problem which is collective rather than tied to and coterminous with the difficulties of one person. This concept of social problem as hazard offers an approach to collective social problems which incorporates the main thrust of both the Manis "scientific inquiry" and the Etzioni "societal guidance" approaches. It also permits a useful distinction between a collective social problem such as conflicting social norms and a related personal social problem such as a person's difficulties in dealing with conflicting expectations.

Conclusion

While closely related, the concepts of social problem as affliction and social problem as hazard call attention to different foci of sociological intervention.
These concepts can be helpful in formulating and articulating the objectives and priorities of intervention. For instance, the immediate need of a person suffering demoralization due to job loss is help in dealing with that affliction, not measures to reduce the risk of job loss or to reduce the risk of demoralization when job loss occurs. However the hazard posed by social conditions which increase the risk of demoralization due to job loss may require such measures.

The concepts of social problem as affliction and social problem as hazard are also useful in developing and organizing the knowledge needed for effective intervention. However, in addition to the affliction versus hazard distinction, fairly detailed classification of social problems is needed for valid propositions concerning etiology or intervention. Those engaged in sociological intervention have much to contribute to and much to gain from the development of such classification.

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Sociotherapy with Marital Couples: Incorporating Dramaturgical and Social Constructionist Elements of Marital Interaction

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ABSTRACT

This article represents an exercise in the translation of accepted sociological concepts into specific principles to be included in a larger framework referred to as sociotherapy. Sociotherapy is presented as a specific branch or subfield of clinical sociology. Although the concepts presented may be generalized to other areas of sociotherapy, the specific focus of the paper is sociotherapy with marital couples. Two dynamics involved in marital conflict and dissolution are described by employing the social constructionist position of Berger and Luckmann and the dramaturgical perspective of Goffman. The process by which couples jointly construct their marital world of reality is discussed, as is the process by which each spouse gains access to the "backstage" area of the other. The implications of both processes for the existence of marital conflict are outlined and suggestions made for effectively employing the resulting insights in undertaking sociotherapy with couples.

Even a terse perusal of the literature within the nascent area of clinical sociology reveals an interventionist approach committed to the application of generally accepted aspects of sociological knowledge. This interventionism is directed...
toward the amelioration of problems from micro-level social contexts to those at the meso- and macro-levels. The rubric under which micro-level applications have been discussed is quite varied, though frequently the terminology tends to follow that employed by established areas of mental health practice. The hazard of this strategy, of course, is that such established areas as psychotherapy, family therapy, marital therapy, and individual therapy will tend to subsume the unique contributions that clinical sociology at the micro-level has to offer. This possibility is even more likely given the generally eclectic tendencies of these areas of practice. This paper will attempt to suggest some areas of traditional sociological theory or knowledge that can contribute toward the compilation of a body of techniques, concepts, and theories that will be unified in their reliance upon specifically sociological insights. Furthermore, this approach will be directed toward the illumination of behavioral phenomena that have otherwise been assumed, erroneously, to exist solely at the intrapsychic level. The term used here to describe this area of clinical sociology is "sociotherapy." Though one could interchangeably employ terms such as "sociological counseling" or "micro-level clinical sociology," "sociotherapy" has been chosen as juxtapositional to "psychotherapy." This is not meant to deny the validity of the latter approach to behavioral problems, but rather to insist that in addition to the relevant intrapsychic processes involved, there are equally relevant interpersonal and intrapersonal dynamics as well as possible meso- and macro-level influences.1

The specific area of intervention that will be addressed here is sociotherapy undertaken with marital couples. Although the concepts that will be discussed may be applied in the practice of sociotherapy with families, individuals, and groups, the marital dyad is, perhaps, the easiest context within which to identify the specific concepts introduced here, as well as getting a feel for how they might be applied effectively.

Two sociological dynamics confronting the marital dyad are illuminated in what follows by employing the phenomenologically oriented social constructionist position of Berger and Luckmann (1966) and the dramaturgical position of Goffman (1959). Based both upon the inherent applicability of features of these two sociological perspectives and the clinical observations of the author, an attempt will be made to demonstrate the way in which the sociotherapist may approach some of the problems of marital conflict and dissolution.

The Social Construction of Marital Reality

With the appearance of The Social Construction of Reality in 1966, Berger and Luckmann succeeded in altering the general understanding of the sociology of knowledge. They accomplished this by analyzing the way in which everything that passes for knowledge within a society, even (and, perhaps, especially)
everyday, taken-for-granted reality, is constructed and maintained through the interactions of human actors over time. In an essay entitled "Marriage and the Construction of Reality," Berger and Kellner (1977:11) give an example of the microsociology of knowledge by describing the way in which marriage partners are "embarked on the often difficult task of constructing for themselves the little world in which they will live." They note that the process is an inherently tenuous or precarious one for a number of reasons: 1) it involves the cooperation of not just one set of personal idiosyncracies but two, and as yet unknown ones, which may develop in the process of ongoing marital interaction; 2) the identity of both parties is transformed as perceived by people at large who see them as inextricably bound up in the identity of the relationship and of each other; 3) the relationship is a dyad, which Simmel (1950) identified as the most unstable or volatile of all social relationships; 4) all other significant relationships have to be reinterpreted and/or altered drastically (Glassner and Freedman, 1979:232, also note the disruptive impact that marriage has on former relationships and upon the formulation of new ones); and 5) the process does not occur in a macrosociological vacuum. Rather the impersonal nature of contemporary mass society places considerable pressure on a marriage and creates unrealistically high expectations that this crucial feature of the private sphere will produce a reality that is fully capable of offsetting the inroads of the public sphere. Berger and Kellner (1977:21–2) note that divorce statistics are evidence of the increased demands placed upon marriages to produce a high level of meaningful and gratifying insulation from mass society. They note that the vast majority of divorced plan to remarry. Divorce, then, can hardly be identified as a rejection of marriage per se. Rather marriage "has become so important that they have no tolerance for the less than completely successful marital arrangement."

A number of additional implications not directly addressed by Berger and Kellner could undoubtedly be identified as important features of reality construction in marriage. Only one will be mentioned here. The process implies the development of intimacy, mutual self-revelation, and trust in an ambivalent social relationship. Put differently, the spouses come to know and be known at deeper and deeper levels of intimacy within a relationship that could falter at any time. Further, the knowledge that they possess about the other can be used constructively in the process of creating a "marital world" or "marital reality" that is mutually gratifying, or that knowledge can be used destructively to sabotage the other's base of power in the relationship. This assumes as well that the self-revelation is wholly voluntary; that is, that one spouse has granted to the other access to information that may be used against them. Dramaturgical processes within the marriage, however, indicate that this self-revelation is not always voluntary, thus compounding the fragility of marital interaction.
The Dramaturgical Dynamics of Marital Interaction

Since its introduction, Goffman's notion of impression management (Goffman, 1959) has received general acceptance by sociologists, especially those interested in micro-level phenomena. Largely, however, the concept has been employed anecdotally, often incorporated in a general cynical view of human nature, and sometimes as a sensitizing concept in institutional analyses. While it is true that some forms of individual, family, and marriage therapy have employed dramaturgically based techniques such as role-playing, sociodrama, and psychodrama, they are typically sociologically naive. Hence they serve to illustrate the point made earlier regarding the tendency of existing eclectic approaches to therapy to assimilate techniques or disengaged concepts of the sociological perspective while failing to incorporate the overall alternative conceptualization that it offers. A rare and refreshing exception with regard to sociodrama is evidenced by Glassner and Freedman (1979:324–342) in their effort to contribute to a coherent body of concepts and techniques distinctly sociological in nature.

This paper is not suggesting the adoption of dramaturgically based techniques nor does it propose an overall dramaturgical approach to sociotherapy generally or with reference to working specifically with marital couples. Rather the objective here is to illuminate a phenomenon which is best understood dramaturgically, which occurs within the context of marital reality construction, and which is believed to be instrumental in marital conflict and marital dissolution. Once understood there are a wide variety of possible techniques for incorporating this insight sociotherapeutically, not the least of which would be a straightforward didactic approach. Later in this paper some of these techniques will be discussed.

Goffman's notion of impression management suggests that for every actual behavioral instance which occurs in the "front-stage," or public areas of social life, there are numerous acts of anticipation, preparation and rehearsal in the "back-stage," or more private areas of intrapersonal and interpersonal interaction. Goffman's own treatment of impression management was decidedly interpersonally in orientation, focusing largely upon the institutional contexts within which much impression management occurs. Incorporating the insights of Mead (1934) with regard to the intrapersonal dimensions of social behavior provides a sociological aperture through which it is possible to analyze what are otherwise ostensibly intrapsychic processes. Mead's notion of reflexive consciousness informs us that human actors manipulate various features of their interactional worlds symbolically within their minds before they act behaviorally. Thus, a good deal of impression management goes on intrapersonally as well as interpersonally. An example of the latter would involve a couple discussing what
clothes they might wear to a dinner party to which they are to go in the evening. They could modify and refine each other’s selections of attire, hair style, cologne and so forth to match the impression that they wish to achieve in the anticipated setting. An example of the former might be either spouse attending to his or her own individual, seemingly private, desires or plans for impression management separate from the impression to be managed by the couple. While the interpersonal dimensions of impression management are important features of marital interaction (i.e., the couple vis-à-vis others) the focus here is on the more subtle dimensions of intrapersonal impression management activities.

Goffman’s treatment also includes the rather obvious notion that people want to appear in a favorable light in their interactions with others and therefore tend to be particular about the impression they wish to manage. Cooley’s notion of the “looking-glass self” gives even more emphasis to the evaluation that humans make of their intended impressions. Cooley (1964:184) notes that the individual has an idea of what his or her appearance to others is and has some idea as to what others’ judgement of that appearance is, and finally, that based upon these intrapersonal insights the individual has a self-feeling of pride at one extreme end of an evaluational continuum and mortification at the other.

It is in this intrapersonal context that the most private drama of the “back-stage” of social life is played out. Here the most grandiose aspirations are envisioned in terms of successful performances of crucial roles that one values highly and the most exuberant feelings about the self are experienced. It is here, too, that anxiety about failure in the “front-stage” areas is experienced, as is the self-feeling of mortification that will accompany the worst possible performance one might imagine.

The predominantly private nature of prior “back-stage” behavior is suddenly challenged by the dynamics of marital interaction. What was experienced either alone or in the context of one’s family of origin is now abruptly experienced in the presence of a practical “stranger.” As Berger and Kellner (1977:12) put it, the new marital partner is now “present in nearly all horizons of everyday conduct . . . [and] becomes the other par excellence, the nearest and most decisive coinhabitant of the world.” The sharing of bed and bathroom literally puts another person into the private physical space where one typically does much of the physical preparation, and thus intrapersonal rehearsal, for upcoming “front-stage” performances. Typically this rather disconcerting development is experienced without having been anticipated, and it is not uncommon for newlyweds to remark or complain about “never being alone” or “never having privacy.”

This cognitive insight for newlyweds can tend to be lost for some couples in the development within one spouse (or both) of a chronic feeling or sense of being overwhelmed by the other. This can result, early in the relationship, in the erection of barriers to the further growth of intimacy or depth in the rela-
tionship. In the author's experience this frequently occurs in the arena of marital sexuality, though in the last analysis it has little to do with sexuality per se. Nor do the origins or specific resulting sexual problems necessarily develop or unfold in the same fashion in response to similar origins. Two brief case examples may suffice in illustrating the point.

In one case, a couple married for 13 years presented with the problem of anorgasmia for the wife. The wife, through contact with conscious-raising groups, had been exposed to literature and supportive ideologies that allowed her to achieve orgasm through masturbation. She was still unable to achieve an orgasm in her sexual relationship with her husband. In questioning the couple about the initial period of their relationship, it was discovered that in the wife's perception her husband, who came from a fairly financially powerful family, very aggressively subsumed virtually all aspects of her public and personal life. Panic-stricken by her loss of privacy and identity, she had a quite lucid recollection of feeling that her body (and her ability to reach sexual climax) was her only area of privacy remaining. By coming to grips with this pattern of 13 years, and its origins, and by establishing a set of ground rules for how intimacy and power were going to be managed in the relationship, the couple was able to rectify the problem of anorgasmia after only a few therapeutic sessions.

In a second case involving a couple married for 10 years, the husband developed a pattern of obsessive masturbation, to the point of inhibiting the frequency of intercourse in the marriage to a level assessed to be intolerable by the wife. Again, upon questioning, the husband could clearly recount an initial period of three to six months in the relationship in which he felt as though he were losing in a power struggle. He perceived himself acquiescing to a domineering wife who was making further and further inroads into what he felt were his personal areas of decision making and self-confidence. Consequently, he formulated a barrier to deepening intimacy and even developed a private fantasy component of domination and power in his masturbation activities. The case was further complicated by limited molestation as a child. Unfortunately, his ability to establish the linkages between his behavior and the marital dynamics came after his spouse's unilateral dissolution of the relationship. Her decision, it should be added, followed her denial of, and refusal to alter, the dynamics of the relationship that were partially instrumental in the etiology of the sexual problem.

For couples not plagued by the early formation of chronic barriers to intimacy, the novel sensation of never being alone or having privacy is overcome before long by an even more significant development. One begins to discover ever deeper layers of information about the other by virtue of having access to at least bits and pieces of the other's "back-stage" behavior. Still, most of what is perceived is the result of an interplay between speculation and direct interrogatories about what personal impressions the other is trying to manage and the aspirations, hopes, anxieties, and fears that undergird them.
Having argued earlier that an individual loses the ability to regulate the process of self-revelation in marital interaction, perhaps this is the point at which the author should capitulate somewhat. It is true that a spouse must offer some sort of confirmation to the speculations or answers to the direct questions posed by the other regarding impressions to be managed and their underlying rationale. At the same time, however, as the intimacy or depth of the relationship progresses, even a rather dense spouse can become quite adept at reading subtle facets of the other’s nonverbal cues. Spouses at some point in the relationship seem to develop an uncanny ability to know when they have “hit a nerve” in raising queries about the other partner’s impression management activities. In fact, such situations often yield verbal and/or nonverbal responses or reactions which serve as confirmation that the observations are at least partially accurate. Still, they may not be entirely voluntary nor intended to confirm the suspicions of the other. As has been implied, the “accused” spouse may actually be challenging the observations due to their partial truth but in the process only serves to clue the other in to the “true” elements rather than those which are not.

For example, a couple who had been married for 25 years and had three grown children had mutual observations/accusations for each other that were both “true” and “false.” The husband claimed that the wife was illogical and overly emotional. In fact, however, the wife was quite logical, though overly passive, and was very concerned about appearing to be less than logical. The wife claimed that the husband was insensitive and uncaring. In fact, the husband was overly sensitive to peoples’ needs and, therefore, constantly overextended himself and was, thus, often unable to respond fully to his wife’s needs. Part of the reason that he was constantly overextended was his concern about being characterized as being insensitive. Needless to say, both spouses rejected the claims of the other but reacted in such a manner as to confirm the other’s suspicion in that they were guarded or defensive about the issue raised. The sociotherapeutic intervention involved pointing out these dynamics as well as working on specific skills development (i.e., assertiveness for the wife and limiting commitments and obligations for the husband). This was quite effective in diffusing a long pattern of conflict that had peaked during an exceptional period of stress resulting from a series of various life changes and sundry minor life crises.

At this point in a relationship a paradox is apparent: The deeper the level of intimacy the greater the risk that intimate knowledge of the other may be used constructively or destructively. That is, one realizes that he or she has accumulated intimate knowledge sufficient to become the other’s “best friend” or “worst enemy.” Long before one becomes too impressed with this seductive feeling of omniscience there also emerges the realization that this knowledge or power is double-edged; that is, he or she knows as he or she is known.

If it hasn’t occurred already (as noted previously), a defensive rigidity may
emerge at this point as one or both spouses come to a "recognition" of this dilemma. The individual who may have adopted a mild defensive predisposition from the outset of the marriage comes to realize, as noted before, that ultimate control over self-revelation is a phantom possibility within the intimacy of marriage. It takes but a few instances in which arguments are punctuated by undermining remarks that come too close to the mark to convince one of the mythical nature of ultimate privacy in marriage.

One may note a decided turn in the qualitative nature of ensuing disputes. They tend to escalate rapidly to levels of extreme emotional intensity. One may note a genuine sense of panic on the part of both spouses very early on in a disagreement or conflict. This results from recognition of the "higher stakes" now involved. In an almost commonsense fashion, spouses tend to adopt the strategy that the "best defense is a good offense." In other words, one must disable the opposition early in order to avoid receiving a lethal blow. Thus, four unfortunate and related outcomes typically occur. First, as was mentioned earlier, disputes tend to escalate quickly. Second, as a result of the rapid escalation of conflict to an intense emotional level, there is less time available for cognitive problem solving. A pattern of bitter squabbles, involving accusations and name calling, then ensues with little chance of effective resolution. Third, after the pattern is fairly discernible, the marital partners may become depressed and disparage the relationship and its lost ability to solve problems effectively. Finally, this disparagement may add yet another emotional level to subsequent quarrels, which promotes intensified accusations and name calling, which in turn leads to an accumulation of negative feelings, "battle scars," and "open wounds," that often reach a critical mass for one or both partners. For some couples one or both spouses may "give up" on the relationship by the third step. From that point the process is played out to a grim conclusion that was actually determined earlier. Other couples will demonstrate amazing resilience in the face of ongoing marital conflict. A sociotherapist would do well to pay attention to this difference in couples and its prognostic implication. This will save both considerable time and frustration on the part of the therapist and the spouses dealing with insoluble conflict. There is typically enough guilt on the part of the spouses and/or the therapist, as a result of the perceptions of failure on their part, to prolong struggles beyond a realistic point.

One way in which spouses characteristically indicate entanglement in this vicious cycle is voicing genuine fear of "losing their minds." In fact, as a spouse begins to withdraw from the embattled marriage he or she is also withdrawing from the world they have constructed with another (which may now include offspring) and they may be experiencing a consequential sense of vertigo. There may be few other signs (unless physical violence is involved) of the quality of the marital discord, as the couple is unlikely to clash as openly in the presence of the therapist as they do by themselves. What often is present, and suggestive
of enmeshment in the vicious progression outlined above, is a rather constant background of bickering focused upon contesting the details of each other's accounts as offered to the therapist. The bickering is often accompanied by considerable nonverbal cues of bitterness, rejection, and frustration. Even within this pattern of controlled bickering one may detect defensive measures exhibited in attacks or criticism of the other. Hurvitz (1979:571) points to this phenomenon by recounting an experience common to therapy with couples: "When people come here they tend to justify their own position by telling me whatever they can that is bad about the other."

The dilemma presented by the accumulation of intimate information from the "back-stage" behavior of the other adds an entirely new and distinct dimension of fragility to what Berger and Kellner have already referred to as a precarious undertaking in and of itself; that is, the social construction of the marital world shared by the marriage partners. Furthermore, they repeatedly note that while this process is easily discernible to the social analyst, it is typically unanticipated at the beginning of the marriage and remains largely unapprehended thereafter. The same can be said for the dramaturgical aspects of marital interaction. Thus, couples regularly experience the arduous process of constructing their own marital worlds, the paradox of growing intimacy and the heightened risk of having this intimate information used against them, the vicious cycle of defensive marital discord, and the eventual dissolution of their marriage. Moreover, all of this can occur without understanding the complexity of what has transpired over a period ranging from but a couple of years to several decades. One commonly hears accounts of this situation which suggest that after years of marriage the spouses "finally recognized their mutual incompatibility" extending retrospectively to the beginning of the relationship.

Sociotherapeutic Implications

The foregoing discussion highlighted two different features of the marriage process, both of which point to dynamics which promote the existence of the marital dyad as well as to countervailing factors which tend to thwart marital survival. The rather obvious task of the sociotherapist is to enhance the constructive elements of the marital process, while at the same time to anticipate the destructive or countervailing factors, and to provide effective alternatives to them.

Perhaps the most direct approach toward accomplishing this end is also the least likely to be identified by the sociotherapist. Due to the typically reactive structure of therapeutic interventions, the possibility of working proactively or preventively often fails to occur to the practitioner. Yet working reactively with marital couples should provide an impetus for adopting a preventive approach. It isn't long before the sociotherapist working in this area comes to the realization that couples often seek professional assistance only after destructive elements
within the relationship are too entrenched to be changed easily. It is also all too common for one spouse to drag the other to the office of a sociotherapist only to assuage their conscience by “pursuing” every source of help albeit after their decision to ultimately leave the relationship.

At first glance it may seem difficult to devise effective preventive modes of sociotherapy for couples. Glassner and Freedman (1979:295-316) suggest employing the self-help group model of Alcoholics Anonymous, Synanon, and similar groups as a viable form of general sociotherapy. The organization of similar groups for newlyweds or for couples at similar points in their relationships, which are based upon a comprehensive model of the relevant dynamics of marital interaction, including examples such as those discussed here, would represent a positive form of self-help. Self-help groups which focus upon specific problem areas such as spouse or child abuse could be organized in a fashion even more closely resembling the traditional AA model.

Another important preventive approach for sociotherapists with ties to academia is to develop course materials in such areas as marriage and family, sex roles, and human sexuality, which anticipate the challenges that such arenas of experience hold for students. For sociotherapists without direct academic ties, simply offering to serve as a guest lecturer in these kinds of courses would be a useful preventive strategy. Also the development of entire courses, taught as an adjunct instructor, would offer students a very practical and therapeutically oriented learning experience.

Sociotherapists working in this area should also take advantage of opportunities to offer preventive services in the form of workshops, seminars, and clinics focusing upon specific issues of marital stability. Often this can be done in conjunction with civic or religious groups. Through such services, a sociotherapist can establish rapport with couples who will not seek out “therapeutic” services but who would participate in relationship enrichment or skills-building programs. This rapport can lead to successful referrals for couples in need of further individualized assistance to resolve their marital discord.

The foregoing suggestions regarding preventive approaches reflect a fundamental feature of sociotherapeutic approaches to behavioral problems generally; that is, they are inherently didactic in nature. Didactic strategies can be immensely therapeutic in that teaching people about the sociological factors influencing their behavior can liberate them from the common perception or belief that their personal and relationship difficulties are rooted within deep and necessarily inaccessible intrapsychic structures on the one hand (i.e., immutable personality disorders of one or both spouses) or that they are merely the result of fate on the other (i.e., the couple was mismatched from the beginning). That the sources of such distress are more or less intelligible suggests that the individuals may act on their social surroundings rather than unwittingly reacting to them. Needless to say, the social constructionist position touched on in this paper
would indicate a great deal of flexibility in the potential for reconstructing features of those social surroundings that may represent poor or inadequate avenues to accomplish the tasks that individuals may have in mind for them.

Didactic approaches within sociotherapy must be responsive to the social class, ethnic background, and intellectual abilities of the couples involved. Whenever possible, theoretical or analytical insights must be translated into practical features of behavior and awareness that couples are capable of achieving. For example, in employing the dramaturgical and social constructionist insights outlined earlier, the sociotherapist should specify the skills, ground rules, desired outcomes, and alternatives to destructive processes that are possible within the dramaturgical dynamics of the marital dyad. Specific efforts to assist the couple in acquiring these skills, setting of ground rules and so forth is another feature of sociotherapy that may be accomplished through a variety of methods such as sociodrama, role-playing, video feedback, assignments to be completed outside of the sessions, the keeping of a journal, and more cognitive or intellectual approaches. It is probably still too early to be able to evaluate the relative success of various techniques in marital therapy and it is often difficult to differentiate techniques from the substantive elements of a therapeutic approach. Nevertheless, approaches which are predominantly didactic or skills building have much to recommend them. For example, in his comprehensive review of the research on the effectiveness of marital therapy, Jacobson (1978:440) concluded that communication training approaches which are brief, time limited, and relatively structured are to be recommended on the basis of current research.

Conclusions

This paper has attempted to translate readily available features of mainstream sociology into specific components of a unified framework of what has been termed "sociotherapy," as a particular form or branch of clinical sociology. The introduction of social constructionist and dramaturgical concepts into the area of sociotherapy is nothing more than a beginning. The conceptually rich areas of symbolic interactionism, role theory, and exchange theory, to name a few, would necessarily be involved in the completion of the broader task. The foregoing is merely suggestive of how such a task can be approached with respect to incorporating relevant sociological conceptual tools into sociological practice.

The focus here has been exclusively upon the marital dyad. There are rather obvious applications to sociotherapy with families, individuals, and groups. It has been suggested that these, and additional applications, be incorporated within the corpus of sociotherapeutic knowledge rather than being subsumed by various established fields of the mental health profession. Techniques and concepts stripped of their sociological origins will offer little, in the long run, to the further understanding of behavioral and emotional problems. Only a coherent
sociological orientation will provide the necessary adjunct to the traditional intrapsychic approaches which predominate in the mental health field today.

Finally, specific sociological dynamics of the marital dyad have been articulated. Ways to use this knowledge in sociotherapy with couples have been suggested. These together with some necessarily brief case examples should provide some assistance to sociotherapists grappling with the dynamics involved in marital conflict and dissolution.

NOTES

1. While there have been significant conceptual rumblings from within traditional psychiatry, as in the antipsychiatry movement exemplified in works from Szasz (1961) and Laing (1969), and from within traditional psychology, in the form of the family therapy movement exemplified in the works of Ackerman (1970), Haley (1973), and Minuchin (1974), there has yet to emerge a comprehensive alternative approach which goes beyond the traditional intrapsychic approach of psychiatry and psychology. For a brief overview of the literature disparaging an exclusively psychiatric approach, see Glassner and Freedman (1979:Ch. 2). See Voelkl and Colburn (1984) for a brief sketch of the family therapy movement’s rejection of the traditional psychological approach.

2. This involves the necessity of negotiating a uniform or joint manner of doing things within the marriage that inevitably would be done differently by either party operating alone. The range of such activities stretches from a host of mundane tasks, such as where the toothpaste tube is squeezed or how the furniture is to be arranged, to many more value-laden issues, such as what church, if any, they will attend and what the frequency, and variety of their sex lives will include.

3. This point suggests the various identity issues that result from the establishment of a marital relationship. For example, women who adopt their husband’s family name undergo a definitive alteration of identity. Many more subtle transformations occur also as the marital partners themselves, as well as those around them, begin to associate each, inextricably, with the other.

4. Simmel’s well-known argument characterizes the dyad as volatile due to the fact that it is dissolved merely by the refusal on the part of either member to participate further for whatever reason. In the marital situation this is additionally burdened by the fact that an almost infinite number of decisions, tasks, and values have to be made, undertaken, and resolved to the mutual satisfaction of the marriage partners. In other words, there are numerous potential situations for the parties to disagree and thereby to jeopardize the solvency of the dyad.

5. Obviously there are many constructive possibilities that result from this process. The argument presented here necessarily highlights the destructive possibilities but is not meant to deny or ignore the many constructive possibilities such as self-actualization, refinement of one’s skills and abilities, sexual fulfillment, and companionship, to name but a few.

6. This is not meant to imply that this dimension of “back-stage” behavior necessarily operates smoothly within the context of the family of origin. In fact, elsewhere (Church, 1979) the author has posited that particular kinds of intrusions by parents into the intrapersonal sphere of their offspring play a crucial role in the etiology of some psychotic syndromes.

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Societal Influences on Sexual Dysfunctions: The Clinical Sociologist as Sex Educator

Abraham D. Lavender
Clinical Sociologists of South Florida, Inc.

ABSTRACT

The traditional psychoanalytic approach to sexual dysfunctions deemphasizes societal factors as contributing to sexual dysfunctions. The new approach to sex therapy, which has developed since 1970, emphasizes a diversity of factors, including societal factors. Sex education—following sex therapy—has now begun to recognize the area of sexual dysfunctions as a valid topic. Knowledge and understanding of the societal factors which directly or indirectly contribute to sexual dysfunctions can help people to change or better react to these factors. The clinical sociologist as a sex educator can and should make a major contribution to the prevention and correction of sexual dysfunctions.

Background: The Psychoanalytic Perspective

Prior to 1970, the prevailing perspective on sexual dysfunctions defined them as manifestations of serious psychopathology, symptoms of deep-rooted personality conflicts that interfered with sexual satisfaction. Their treatment generally was considered to be in the province of psychiatry (Levine, 1976). Pessimism marked the psychiatric approach, with the prevailing belief being that sexual dysfunctions were "amenable, if at all, only to the lengthy and costly treatment procedures that are based on the psychoanalytic model" (Kaplan, 1974:xi). This situation was largely an outgrowth of the traditional psychoanalytic view of
sexuality, which saw nongenital sexuality as a sickness or as arrested development (Bullough and Bullough, 1977). Some of these psychoanalytic views have changed, but this perspective has generally remained among psychoanalysts and some other therapists.

In line with Wirth's (1931:52) observation that those who get in on the ground floor often determine policies, the psychoanalytic approach has dominated the field of sexual dysfunctions until recently. This psychoanalytic foothold, combined with little attention to sexual functioning and dysfunctioning from other—particularly sociological—perspectives, has led to a situation where until recent years little attention has been given to the diversity of societal factors contributing either directly or indirectly to sexual dysfunctions. There have been a few exceptions. For example, Grinker, with his systems theory, emphasized in his approach to marriage counseling a combination of biological, psychological, and social bases for sexual behavior (Grinker et al., 1961). Gagnon and Simon's (1973) concept of sexual scripting, the idea that we internally rehearse most behavior according to societal rules, also added to the awareness of sociological factors in sexual behavior. They criticized the psychoanalytic emphasis on a biologically based psychosexual drive, and suggested the importance of "sociocultural elements and social structure" in sexual behavior. Gagnon and Simon (1973:19) concluded that the biological emphasis of psychoanalysis has predominated, even among some sociologists, because of "our collective blindness to or ineptitude in locating and defining these scripts." Despite some exceptions, however, the traditional treatment of sexual dysfunctioning is an important example of the type of treatment referred to by Glassner and Freedman (1979:27): Treatment which has been based almost exclusively on psychological and psychiatric assumptions has ignored the sociological context of problems, and has been logically incorrect and "historically inadequate."

The Sociological Contribution

The pioneering work of Masters and Johnson, themselves operating from a medical perspective but taking a larger view than the traditional approach, began to broaden the perspective on sexual functioning and dysfunctioning. Masters and Johnson stated (1970:21) that "sociocultural deprivation and ignorance of sexual physiology, rather than psychiatric or mental illness, constitute the etiological background for most sexual dysfunctions." They estimated that about 10–20% of sexual dysfunctions are caused primarily by organic factors, and that the remainder are caused by psychosocial factors—including psychological, interpersonal, environmental, and cultural factors (Masters et al., 1982:376).

Masters and Johnson's listing of the most common types of sexual dysfunctions indicates the societally related origins of dysfunctions (Figure 1). They note, for example, that most men with premature ejaculation have a common
Figure 1
Primary sexual dysfunctions as listed by Masters and Johnson, with a listing of major causes or associated factors

<table>
<thead>
<tr>
<th>Dysfunction (males)</th>
<th>N</th>
<th>Major Causes or Associated Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature ejaculation</td>
<td>186</td>
<td>Early heterosexual attempts hurried, with an emphasis on speedy ejaculation because of the situation (e.g., in the back seat of a car, in a lovers’ lane, with fear of being caught).</td>
</tr>
<tr>
<td>Ejaculatory incompetence</td>
<td>17</td>
<td>Religious restrictions, fear of impregnation, lack of physical interest in or active dislike for partner, traumatic event</td>
</tr>
<tr>
<td>Primary impotence</td>
<td>32</td>
<td>Seductive mother, religious belief in sex as sin, homosexuality, traumatic initial failure</td>
</tr>
<tr>
<td>Secondary impotence</td>
<td>213</td>
<td>Premature ejaculation, alcohol, dominating parent, religious restrictions, homosexuality, physical problems</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dysfunction (females)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary orgasmic dysfunction</td>
<td>193</td>
<td>Religious prohibitions, protective vacuum (lack of experience), inability of woman to identify with partner (most common), sexually inadequate male</td>
</tr>
<tr>
<td>Situational orgasmic dysfunction</td>
<td>149</td>
<td>Negative attitude toward partner, homophile orientation, low sex drive</td>
</tr>
<tr>
<td>Vaginismus</td>
<td>29</td>
<td>Marriage to an impotent male (may be more a result than a cause, women prone to vaginismus tend to select an impotent partner), family background in which sexuality is considered sinful and dirty, previous physical attack, partner’s clumsiness, painful intercourse, homosexual orientation</td>
</tr>
<tr>
<td>Painful intercourse</td>
<td></td>
<td>Failure to lubricate, infection, chemical sensitivity</td>
</tr>
</tbody>
</table>

history of their early heterosexual attempts being hurried, with an emphasis on speedy ejaculation because of the situation (e.g., in the back seat of a car, in a lovers’ lane, with fear of being caught). In discussing male impotence, they note the psychological burden placed on the male by “the cultural concept that the male partner must accept full responsibility for establishing successful coital connection” and, in discussing female dysfunctions, they note how the female’s
being forbidden by her culture "to accept herself honorably as a sexual being" has led to problems (Masters and Johnson, 1970:159, 158).

Kaplan, another pioneer of the new approach, states that the work of Masters and Johnson and other therapists provides compelling reasons for reevaluating the traditional position. Kaplan adds (1974:155) that the sexual system is often highly destructive and dehumanizing, and that "for a person to function sexually in such a system, where there is fear, rejection, misunderstanding, humiliation, demand and alienation between the spouses, would be dysfunctional." Zilbergeld (1980:28), discussing the cultural stereotype that men should be easily aroused by any attractive women anywhere, notes that failure to fulfill this cultural expectation might be viewed as inadequacy in the masculine role, by either males or females.

The importance of societal factors is also noted by others researching specific areas. For example, Jones et al. (1977:325) demonstrated that even the reaction to castration of the male is primarily determined by cultural factors: Castration can easily result in impotence if the male and/or his partner expects it to, but "reassurance and encouragement from the sexual partner, and an informed and healthy attitude on the part of the man" are the most important factors in determining whether intercourse continues after castration. As another example, Foster (1979:26) concludes, "There is little doubt that for many (perhaps most) of the elderly, acceptance of cultural sexual stereotypes seriously impairs the quality of their lives." Particularly in the area of gender stereotyping, which is learned from one's society and varies by cultures and subcultures, the point is made that women develop some dysfunctions because of the disproportionate number of negative signals they receive because of the double standard, while men develop some dysfunctions because they "may never consciously realize that they need warmth, tenderness, and identification with their partners to function effectively" (Belliveau and Richter, 1970:159).

Sex therapy today is much different from what it was prior to 1970. New approaches emphasize a "combination of sex education, attitude reinforcement, specific behavioral exercises, communication between partners, and minimum general psychotherapy" (Luria and Rose, 1979:309). Today, after over a decade of rapid change, sex therapists include practitioners of different backgrounds — sociology, social work, nursing, biology, health, theology, and diverse fields of psychology, as well as the traditional fields of psychiatry and medicine.

**Toward a New Definition**

Within a society, definitions of sexual functioning and dysfunctioning vary over time. When women were not expected to enjoy sex, and when concern was on "excessive" desire in women rather than on the absence of desire, orgasmic difficulty by the woman or premature ejaculation by the man were not viewed
as dysfunctional (Jones et al., 1977:160). Dysfunctions, or perceived dysfunctions, can also result from new definitions of sexuality emerging from new cultures or subcultures. Fixation on female multiple orgasms, for example, can lead to problems by creating new pressures (Diamond and Karlen, 1980:329). For a while, having simultaneous orgasms was touted as the ideal, and some couples felt that they had a problem if they did not orgasm together (Karlen, 1979). Concern over such issues can take away spontaneity, intellectualize lovemaking, and lead to dysfunctions.

New concepts, taken out of context, and not necessarily accepted by all scholars, can cause unrealistic expectations for both women and men. The concept of the G-spot (a small, very sensitive spot on the anterior wall of the vagina, which leads to strong arousal), for example, has received much media attention, even though it is not accepted by a number of sexologists. The authors of The G-Spot, while arguing for its existence, nevertheless recognize the dangers of uncritical acceptance: “We don’t want to create new pressure for women or men. Sex is for pleasure, and when it becomes goal-oriented, the pleasure is often diminished... Because we have reached a new synthesis with regard to certain aspects of sexuality, let’s not establish another tyranny involving the G-spot, female ejaculation, multiple orgasm, or the male prostate” (Ladas et al., 1982:170, 174). These authors strongly assert, however, that this position does not negate education, that information and support are important to healthy sexual functioning (178).

The influence of society on the definition and frequencies of sexual dysfunctions is also indicated by cross-cultural studies. Not only does the definition of dysfunction vary, but what one learns as “possible” varies. As Glassner and Freedman (1979:227) note, the contrasts in what “sexual advice books” advocate as proper sexuality become clear in cross-cultural comparisons. For example, elderly individuals in Western society often decrease their activity level because “our culture had conditioned aging men and women not to expect sex or to enjoy sex” (Belliveau and Richter, 1970:216). This belief in waning sexuality may lead to depression and loneliness in our culture (Jones et al., 1977:198). On the other hand, the traditional Oriental approach has emphasized and experienced the enjoyment of sexuality at any age (Chang, 1977). According to the anthropologist William Davenport, the mountain people of Abkhasia in Russia also consider sexuality a primary pleasure to be pursued as long as possible, and most couples remain active beyond the age of 70 and some beyond the age of 100 (Beach, 1978:557).

Western society traditionally has deemphasized the importance of female satisfaction, and, despite recent changes, there are still significant numbers of Western women who experience orgasm problems because of this deemphasis. In a sexually repressive society off the coast of Ireland, female orgasm is largely unknown, and is considered deviant when it rarely occurs (Messinger, 1971).
In sharp contrast to this society, and in some contrast to Western society in general, males in the South Pacific Mangaian culture value female sexual satisfaction and regularly help their partners achieve two or three orgasms to the male's one. In this culture, all women apparently have orgasms (Hyde, 1982:19; Marshall, 1971:122).

Male multiple orgasms are rare in the Western world (Hartman and Fithian, 1984; Robbins and Jensen, 1978), but for followers of Taoism in the Orient, a male who does not regularly have multiple orgasms (not multiple ejaculations) could be considered dysfunctional by his partner (Chang, 1977). Similarly, the Western male rarely can have an orgasm without an ejaculation, whereas the follower of Taoism could be considered dysfunctional if he did not separate them (it is this ability that results in the frequency of multiple orgasms).

**Sexual Dysfunctions in the United States**

How common, and how severe, are sexual dysfunctions in United States society? Because of the recency of the interest in sexual dysfunctions, no large-scale surveys have yet been conducted specifically on this topic (Victor, 1980:86). One small study found that 40% of men and 60% of women experienced sexual dysfunctions, and that 50% of men and 77% of women experienced other kinds of sexual problems (inability to relax, etc.) (Victor, 1980:60). Other estimates of the proportion of married couples with problems have ranged from 14% (Rainwater, 1966) to 77% (Frank et al., 1978).

Pietropinto and Simenauer, in one of the best recent studies of sexuality in the United States (1977:195)—based on findings from 4,066 males randomly selected from throughout the United States—conclude that “about 84% of men today have experienced some sort of potency difficulties.” The generally accepted estimate is that of Masters and Johnson (1970): “A conservative estimate would indicate half the marriages [in this country] as either presently sexually dysfunctional or imminently so in the future.” Additionally, “Few people go through life without experiencing at least some instances of difficulty in their sexual responses” (Jones et al., 1977:160). While the estimates of therapists may be high because of the people they see, it is also possible that those who seek help are “few in number compared with those who have a dysfunction but suffer quietly and never seek therapy, as a result of either ignorance or embarrassment” (Hyde, 1982:449). The problem may be accentuated because “the distress experienced by one partner directly affects the other” (McCary and McCary, 1982:493), and because when sexuality is a problem people “spend almost all of their time being distressed about it” (Gotwald and Golden, 1981:365).
Change: Education as Prevention

At the same time that the new approach to sex therapy was beginning, sex education was also beginning to make some progress in United States society—a result of the same broad social changes that led to changes in sexual attitudes, sexual practices, sex roles, and to the new therapeutic approach. Included among the goals of sex educators were providing “an appreciation of the positive satisfactions that wholesome human relations can bring in both individual and family living” and providing “the understanding and conditioning that will enable each individual to use his or her sexuality effectively and creatively in the several roles of spouse, parent, community member, and citizen” (Kirke-ndall, 1965).

Extending this view, sex educators began to argue that some sexual dysfunctions experienced by adults “could have been prevented had they received adequate sex education during childhood” (Jones et al., 1977:15). Blazer, in a study of one thousand women with sexual problems so serious that sexual intercourse had not taken place in the marriage (1964:213-214), concluded even for these women that if they “had been given appropriate sex education at an early age, the sexual problems of at least 80–85% of them very likely would not have existed—or persisted.’’

Recent sexuality textbooks now routinely include a section on sexual dysfunctions. Nearly all these sources—from psychology, health, biology, medicine, social work, sociology, etc.—note that a small percentage of sexual dysfunctions have physical origins, and that most dysfunctions are a mixture of other causes (Figure 2). Aided by these recent changes, the clinical sociologist in the educational setting, being concerned with diverse factors that affect functioning (Freedman, 1982:37), is now in a good position to advance preventive and corrective knowledge in the area of sexual dysfunctioning.

While some writers still have a tendency to classify all nonphysical origins as ‘‘psychological,’’ an examination of these writings indicates that these origins include ignorance and misinformation (often resulting from society’s attitudes toward sexuality), problems in communication or interpersonal relations (often caused by society’s role-stereotyping of males and females), anxiety, fears of failure, fears of performance (often caused by unrealistic expectations learned from one’s society), shame and guilt (often learned from society’s attitudes about sexuality), and inaccurate information (e.g., beliefs about aging and sexuality, usually learned from one’s society).

The point is made that even when sexual dysfunctions manifest themselves as psychological problems, the origins frequently are based in societal values, expectations, etc. In fact, Masters, Johnson, and Kolodny (1982) use the term
Figure 2
Major causes of sexual dysfunctions as listed in recent human sexuality textbooks.

<table>
<thead>
<tr>
<th>Author/s</th>
<th>Year</th>
<th>Outline, or listing, or major causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crooks, Baur</td>
<td>1980</td>
<td>Cultural, personal, interpersonal, organic</td>
</tr>
<tr>
<td>DeLora, Warren, Ellison</td>
<td>1981</td>
<td>Physiological, psychological, cultural, relationship</td>
</tr>
<tr>
<td>Diamond, Karlen</td>
<td>1980</td>
<td>Stress, misinformation, unrealistic expectations; nonsexual, intrapsychic, and interpersonal conflict</td>
</tr>
<tr>
<td>Godow</td>
<td>1982</td>
<td>Negative sociocultural attitudes (sex as sinful, traditional role-expectations), anxiety, sexual ignorance and poor communication, relationship factors, organic factors</td>
</tr>
<tr>
<td>Gotwald, Golden</td>
<td>1981</td>
<td>Negative learning, lack of information, religious orthodoxy</td>
</tr>
<tr>
<td>Harmatz, Novak</td>
<td>1983</td>
<td>Physical, psychological (anxiety, performance fear, ignorance, inability to communicate, stress)</td>
</tr>
<tr>
<td>Hyde</td>
<td>1982</td>
<td>Organic, drugs, psychological</td>
</tr>
<tr>
<td>Jones, Shainberg, Byer</td>
<td>1977</td>
<td>Physical, psychological (taboos, inhibitions, emotional blockage such as fear, anger, anxiety, hostility)</td>
</tr>
<tr>
<td>Luria, Rose</td>
<td>1979</td>
<td>Ignorance, shame, fear of failure</td>
</tr>
<tr>
<td>Masters, Johnson, Kolodny</td>
<td>1982</td>
<td>Organic, psychosocial (psychological, interpersonal, environmental, cultural)</td>
</tr>
<tr>
<td>McCary, McCary</td>
<td>1982</td>
<td>Ignorance about sexual techniques, general misinformation, fear of failure, etc.</td>
</tr>
<tr>
<td>Meeks, Heit</td>
<td>1982</td>
<td>Complex (most psychological)</td>
</tr>
<tr>
<td>Offir</td>
<td>1982</td>
<td>Organic, psychological, interpersonal, cultural</td>
</tr>
<tr>
<td>Reed</td>
<td>1979</td>
<td>Some from physical inability, but most from negative, often faulty and inaccurate learning and conditioning</td>
</tr>
<tr>
<td>Sandler, Myerson, Kinder</td>
<td>1980</td>
<td>Ignorance, unrealistic expectations, performance fears, overemphasis on techniques, fears of rejection and intimacy, guilt</td>
</tr>
<tr>
<td>Victor</td>
<td>1980</td>
<td>Bodily malfunctions, personal anxieties, cultural expectations, interpersonal conflicts, any combination of these</td>
</tr>
<tr>
<td>Wilson, Strong, Robbins, Johns</td>
<td>1980</td>
<td>Psychological (negative feelings about sexuality or destructive personal or sexual interaction), physical factors</td>
</tr>
</tbody>
</table>
‘‘psychosocial’’ to include all nonorganic causes (psychological, interpersonal, environmental, cultural). One set of authors, in discussing the nonphysical factors that are likely to influence future sexuality, say, ‘‘To be totally accurate, we should probably label these factors as being ‘socio-politico-economic-psychocross-cultural.’’ Well, you get the picture: Many forces within society affect human sexual behavior’’ (Harmatz and Novak, 1983:543).

One of the pioneer advocates of scholarly sex education, McCary (1971), stated that the question was not whether sex education would be taught in the schools, but rather where in the school it would be taught—in the schoolroom or in the schoolyard. If intelligent information is not provided, false information will be gained and will exact a cost. For sexual dysfunctions, a similar situation exists: knowledge and understanding of sexual dysfunctions can be provided before dysfunctions occur, and help prevent them, or knowledge and understanding can be gained (if at all) after dysfunctions have occurred and costs have been paid.

Knowledge and understanding can help protect people from sexual dysfunctions. People can be reassured ahead of time that most people have mild or occasional sexual functioning problems and that most of these experiences are normal and predictable. This knowledge is important ‘‘because it can prevent the anxiety that can easily lead to more persistent and severe problems’’ (Jones et al., 1977:160). If people can learn to focus on their sensations—to learn to touch each other in a communicative way (which Masters and Johnson note is the key concept in prevention, as well as in therapy)—even the occasional problem can be diminished.

The Clinical Sociologist as Sex Educator

If sexual dysfunctions can be learned through faulty education or can be unlearned through the new behavioral approach to therapy, then often they can be ‘‘not learned’’ in the first place through preventive education. This is where the clinical sociologist as a sex educator can make a major contribution as a change agent in an area previously neglected by sociologists: to prevent or lessen sexual dysfunctions by providing specific knowledge and understanding of how to react to or change societal factors which are likely to lead to dysfunctions. The clinical sociologist can make this contribution by helping to foster ‘‘changes in students’ attitudes and/or behavior as a result of classroom experiences’’ (Fritz, 1979:577). Similar to bibliotherapy (therapy through reading and understanding one’s problem), this approach is appropriate for either the classroom, or for informing clients, on an individual or group basis, of new possibilities of attitudes and behavior.

This author began teaching a course on the sociology of human sexuality at the University of Maryland in the mid-1970s, and continued the course at the
University of Miami for five and a half years beginning in 1978. A section on sociological (societal) influences on sexual dysfunctions comprised about 25% of the course, being presented as the last part of the course after the students had been provided information on different cultural and subcultural perspectives about sexuality. The perspectives part of the course, comprising about 30% of the course, covered the sociohistorical development of Jewish and Christian attitudes toward sexuality, and a comparison to other cultures (e.g., Oriental, Indian-Hindu, Arabic-Islamic). The section on dysfunctions discussed the six major sexual dysfunctions shown in Figure 1, and the extent to which societal factors influence the specific sexual dysfunction. Societal factors discussed included gender role expectations, religious influences, parental and peer influences, stereotypes of aging and sexuality, social class differences, and ethnic differences. The book used in this part of the course was Belliveau and Richter's (1970) *Understanding Human Sexual Inadequacy*, a layperson's condensed version of Masters and Johnson's (1970) *Human Sexual Inadequacy*. The book is clearly written, and was very well received by college students. (This book is now out of print; however, a number of textbooks now include sections on dysfunctions, and, with additional information from the instructor, can be as effective as Belliveau and Richter's book). Student reactions to this information were positive, with the desire being expressed for more of this information. This is in line with the observation that because of "cultural changes, many people today are seeking professional assistance in improving their overall sexual functioning and relationships" (Sandler et al., 1980:177).

This author also has used this approach on an individual counseling basis, helping clients to put their situation into perspective relative to society's teachings, intellectually to understand the origins of the problems, and to learn new perspectives and/or techniques to alleviate the problems. On an individual counseling basis, the success has been good for those clients who are able intellectually and emotionally to gain a broader perspective. No "before-after" comparisons are possible in the classroom situation, but, in addition to strong interest in this part of the course, informal comments from many students suggest that the broadened perspective gained in the classroom has helped students prevent problems from arising. The most common situation related by students is the one by the male who is unable to have an erection in a specific incident, but who accepts this as "my turn to have a headache" rather than "making a big deal out of it and worrying about the next time." As in the individual counseling situation, the success of this approach depends on the ability of the student intellectually to understand how his/her situation fits into the overall perspective, and on the ability emotionally to broaden his/her perspective. While this author has not utilized this approach in a group counseling situation, his experience in the classroom and individual counseling situations suggests that it would be effective in this modality also. Opponents of sex education probably would oppose this
information being provided in a high school situation, but it is this author's belief that the approach could be adapted successfully to a high school situation—at least on a briefer and less detailed level. On the college level, the audience is self-selected, and, as noted, the reception has been strongly positive on the part of students.

Psychological, medical, and other approaches are also important for some individuals with sexual dysfunctions, and must be recognized. New research on the effects of drugs on sexual behavior, for example, suggests that the physiological factors might have been underestimated in recent years. As a humanistic and holistic approach, clinical sociology must be multidisciplinary (Glass, 1979:513–514). In the area of sexual functioning/dysfunctioning, clinical sociology can supplement and be supplemented by clinical psychology and clinical psychiatry to lead to a “more valid and complete explanation of human behavior” (Dunham, 1982:27). At this point in time, the clinical sociologist is most likely to appreciate the part that sociological factors play in influencing sexuality, and hence is most apt to be the source of broadening understanding in this area. By no means, however, is this appreciation limited to sociologists. As the study of sexuality increases, hopefully a multidisciplinary approach to the understanding of sexual dysfunctioning will be accepted by all disciplines. While each discipline—for example, sociology, psychology, biology—should emphasize factors within its discipline, any approach which does not recognize the diversity of factors is arbitrarily limited.

By recognizing the diversity of factors influencing sexual functioning and dysfunctioning, while emphasizing the influences which societal teachings can have—either directly or indirectly—upon sexual dysfunctions, the clinical sociologist as sex educator can make a primary contribution to the prevention, and a secondary contribution to the correction, of sexual dysfunctions.

NOTES

1. The work of Masters and Johnson has been criticized by Zilbergeld and Evans (1980) on methodological grounds, and by Szasz (1980 164), who claims that sexual dysfunctions should be viewed as individual solutions to problems rather than as dysfunctions. Undoubtedly, the work of Masters and Johnson and other therapists and researchers will be refined as new findings occur. Nevertheless, the nonpsychoanalytic approach already has had a strong effect, largely due to the findings of Masters and Johnson.

2. Kaplan (1974:69) estimates that 3–20% of individuals with sexual dysfunctions have some organic component contributing to the dysfunction. Despite the small percentage of organic origins, it is not unusual, as noted by Kaplan, to have a physical examination to confirm the lack of a physical problem. At the time of her book, Kaplan was Clinical Associate Professor of Psychiatry in charge of Student Teaching of Psychiatry at Cornell University College of Medicine. She also was head of the Sex Therapy and Education Program at the Payne Whitney Clinic of New York Hospital.

3. This author took the Institute for Sex Research (Kinsey Institute) course in 1973, and three courses from the American Association of Sex Educators, Counselors, and Therapists (AASECT):
Clinical Workshop on Sex Therapy and Counseling Skills (1975); Workshop on the New Sex Education (1976); and Workshop on Advanced Studies in Human Sexuality (1978). These courses helped form the final outline of the sexual dysfunctions part of the author’s teachings. In 1981, an entire course was taught on “Sociological Aspects of Sexual Dysfunctions.” This course, taught as a workshop to upperclass students, emphasized the social factors which contribute to sexual dysfunctions and problems, and how these factors are internalized. Special emphasis was put on gender role expectations, and how problems result from individuals attempting to follow a rigid “masculine” or “feminine” definition of sexual behavior.

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Teaching Note

Teaching Clinical Sociology: The Introductory Course

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ABSTRACT

This paper discusses the aims and format of an introductory course in clinical sociology. It reviews the process of teaching clinical sociology as a profession and teaching the theoretical basis that distinguishes the field. Case studies, guest practitioners, and practical exercises are used to prompt an application and integration of the acquired knowledge. Ideally, the course reviewed here can serve as a model for others devising courses in this emerging field or for those attempting to bring some uniformity to the clinical sociology curriculum.

Clinical sociology has a long history, but only within the last five years or so have courses emerged to teach its theory and practice. With the founding of the Clinical Sociology Association in 1978 and the increasing popularity of applied sociology, many colleges and universities across the country have adopted courses in this field.1

As yet, no uniform clinical sociology curriculum has been established. However, standards for content and teaching method may be warranted as the field moves toward increasing professionalization. Licensing authorities, clients, and contractors are increasingly likely to expect a certain knowledge base from the clinical sociologists whom they certify or employ.

This paper reviews the content and process of a clinical sociology course as one model for a clinical sociology curriculum. The course, currently entitled “Clinical Sociological Theory,” presents an introduction to the field as part of a recently established clinical sociology program.

This course, with its emphasis on theory, is the first of a sequence of three courses required of sociology majors concentrating in the department’s clinical sociology program, as opposed to its general sociology or applied research program. The clinical theory course is followed by a course in clinical methods that focuses on individual, group and family counseling; and a course in social

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change emphasizing community organizing, social movements, and social policy making. Students concentrating in clinical sociology must also complete an internship before graduation.

More specifically, the introductory course in clinical sociology is devoted to familiarizing the students with the assumptions of clinical sociology, including its history and origins, its professional opportunities, and its institutional obligations. The course, then, considers the prevailing theoretical perspectives in the sociological discipline and demonstrates with case studies how to apply this theory as a means of assessment. (To assure discussion of case studies and prompt feedback on a variety of written exercises, the course enrollment is limited to 25 students.)

The sociology majors at the 13,000-student state university bring a wide range of backgrounds and interests to the course. Those who enroll in the clinical theory course are expected to have junior class status and to have completed at least the introductory "principles of sociology" and another specialty course in the sociology department. The students’ professional ambitions are primarily to work in human services as medical caseworkers, childcare workers, probation officers, family counselors, or gerontologists, but there are also students preparing to be ministers, corporate personnel counselors, and community developers.

What Is Clinical Sociology?

The most frequent question from students at the outset is: What is clinical sociology? Since a social work program was once offered at our university, students often wonder about the difference between clinical sociology and the more common designation "social work."

Clinical sociology, for the purposes of our program, is identified as the application of the sociological perspective to intervention or social change. Clinical sociologists have training in the sociological tradition and draw chiefly on its perspective to analyze human problems and derive appropriate interventions. They may work as individual, family, or group counselors in human services or in a broad range of consulting, planning, and corporate organizations. Some also work as community organizers, consumer advocates, or policy makers.

Clinical sociology notably interprets individual problems in a social context, whether it is used to address individuals or small groups. Ideally, clinical sociology not only helps individuals to change themselves (that is, adjust to their social environment), but also assists individuals in changing the harmful aspects of their social environment (that is, enables them to act as change agents).

This characterization obviously bears some similarities with social work. The field of clinical sociology, however, might be distinguished from social work by its systematic theoretical base. Many social work programs are largely
eclectic or based on some "general" theory that is psychological in its emphasis. It often accentuates intervention skills and technique, as well. The field of clinical sociology, moreover, includes a broader professional sphere than the human service orientation of conventional social work and precludes many of the negative connotations ascribed to social work.

Establishing the Assumptions of Clinical Sociology

The first half of the introductory course on clinical sociology explores clinical sociology as a subfield of sociology and as a profession. Many students come to the course with a desire to "help people" but little understanding of how that is accomplished professionally. Therefore, the course orients the students to what it means to be a "clinical sociologist." For many students, this is the most valuable part of the course, because it tends to ease their doubts about career possibilities for sociologists and the substance of its practice.

The introductory chapters to Glassner and Freedman's *Clinical Sociology* (1979) and the symposium in *Clinical Sociology Review* (1982) offer a basis for discussing the origins of the field rooted in the works of Wirth, Mills, and Lee. These readings also present students with the assumptions of clinical sociology. Clinical sociology is normatively based in its aim to bring social change. Therefore, the debate between applied sociology and pure sociology, social service and social action, and objective social research and subjective personal values needs to be raised to help clarify the position of the clinical sociologist. The clinical sociologist generally assumes a humanistic value base that also needs qualification. For instance, while the clinical sociologist as a humanist respects individual rights and self-determination, he or she must be prepared to interrupt destructive behavior like child abuse.

The successful practice of clinical sociology rests, in a large part, on the character of the clinical sociologist. Theory and technique merely extend and refine one’s ability to respond to others. The students, therefore, are asked to develop a self-assessment outlining their strengths and weaknesses. Interestingly, they most often cite a lack of confidence and sympathetic feelings as weaknesses, and ability to listen and be sensitive as strengths. Discussion of the self-assessments with a group helps to stabilize this open and caring character. The confirmation that others are struggling with similar personal issues helps students to feel less self-conscious.

Introducing Clinical Sociology as a Profession

The role of professionalism in helping efforts must be introduced early to help move students beyond the personal sense of "do-goodism" that may bring them to the course. Students write a reflective paper recounting an incident in which
they felt helped by another, and an incident in which someone tried to help them but did not. The common elements of these incidents are discussed, and it is usually found that some aspects of professionalism are present in the successful helping cases. For instance, students note the knowledge, poise, care, and respect present in the successful cases and absent in the unsuccessful ones. The students subsequently study the Clinical Sociology Association's ethical standards and devise their own definition of ethics for helping others.

The students generally have a limited conception of the professions available to a clinical sociologist. In fact, their parents and roommates have often reinforced a negative view of the field as low paying and dead-ended. Therefore, the students are required to read the collection of jobs discussed in the "Sociologists at Work" sections of Eshleman and Cashion's Sociology: An Introduction (1983) and in the articles featured in part two of the Clinical Sociology Review (1982). The range of jobs includes auto industry analyst, youth drug counselor, aide to religious refugees, and city planner. The students then conceive of an ideal job description for themselves and write a letter applying for that job.

Central to the approach of clinical sociology is the notion of casework. Students are introduced to the means of gaining information about an individual, group or organization and practice doing informational interviews based on the guidelines provided by Benjamin's The Helping Interview (1974). They then compile a case study of their choice, outlining in particular an individual's background and definition of the situation. This case study is analyzed later in the course using different theoretical perspectives.

In the process of introducing students to the nature of clinical sociology, it is important to include a case study approach (Aguilera and Messick, 1982; Piccard, 1975). The case studies help to illustrate complex issues, encourage students to integrate new concepts, and prompt the critical thinking that is so essential to effective practice. At least half of every class session is therefore devoted to discussing some case study of an individual, group, or organizational problem in light of that week's topic.

The facility of a clinical sociologist is also influenced by the setting where he or she is employed. Therefore, a review of the differences between public and private agencies, and between human service and business organizations, is useful. There is also a brief introduction to the nature of bureaucracy and the distribution of responsibilities and decision making within it. Students are asked to read selections on the institutionalization of help, street-level bureaucracy, and burn-out to help them appreciate more the influence of the workplace (Edelwich, 1980; Gaylin et al., 1978; Lipsky, 1980).

A wide variety of professional sociologists also visit the class to discuss their careers and present case studies from their experience. For instance, a director of a neighborhood center talks of the importance of political ideology; a community organizer discusses his efforts to mobilize the unemployed; a
medical caseworker tells of the personal challenge of facing terminally ill patients and exercising her feminism; a drug and alcohol counselor explains the place for spiritual values with apparently hopeless cases; and a personnel director explains the apparatus for mediating departmental conflicts.

The Role of Sociological Theory

Good intentions are increasingly insufficient to bring about substantial change. Giving massive food aide to the starving of East Africa, for instance, may inflate the population and disrupt the economy, thus compounding the suffering in the long run. An intervention of population control or agricultural development may be more appropriate, but this may be apparent only after a more thorough analysis of the situation. The intensifying complexity of the human condition demands that we more carefully sort through the interdependencies that surround our actions. Sociological theory, of course, can help accomplish this. It offers a means to identify and interpret the interrelationships that surround any individual case.

The second half of the introductory clinical sociology course is consequently devoted to exploring micro and macro social theory and the connection between the two levels of theory. Ideally, the range of sociological theory offers a kind of adjustable microscope that reveals different layers of a problem. Starting at the intrapersonal, interpersonal, familial and small group levels and moving toward the institutional, organizational, community, and societal levels, the clinical sociologist is able ideally to construct a holistic picture of a problem and its components.

In an effort to familiarize students with the range of sociological theory, students are assigned to read corresponding chapters from Glassner and Freedman’s Clinical Sociology (1979) and Cohen’s Connections: Understanding Social Relationships (1981). The readings consider the contributions and limitations of functionalist theories, conflict theories and interactionist theories and illustrate their applications with a variety of examples and case studies. The students are asked each week to apply a different theory to their case study, case studies available in the text, or cases developed by the instructor. The class discussion then turns into an exchange of insights and refinements of theoretical positions.

Toward the conclusion of the course, each student selects from Turner’s Social Work Treatment: Interlocking Theoretical Approaches (1979) a different psychological theory to read and summarize for the class. This serves to at least expose the class to the contributions of psychological theories. We discuss especially the common emphasis of these theories and contrast them to the emphasis common to the sociological theories.

As might be expected, the students are fairly familiar with the psychological orientation based on the individual and personal, but find it more difficult to
grasp the sociological orientation based on the group and collective. In fact, most students prior to the course tend to reduce case studies to a matter of intrapersonal and interpersonal deficiencies, despite their participation in other sociology courses.

Toward the conclusion of the course, the students are asked to write a term paper developing a personal theory of their own and applying it to a given case study. The students then orally present their theories to the class and field the questions and suggestions of other students and the teacher. For most, this exercise helps students integrate the substance of sociological theory and exercise an explicit theoretical perspective in assessing their social world. A final segment of the course briefly considers some of the sociological determinants like class, age, and race, and the influence they tend to have on individuals and groups. These "vital factors" present yet another qualification to the personal theories developed during the course.

**Conclusion**

The primary task of the introductory course in clinical sociology is to familiarize students with the profession of clinical sociology and the sociological theory on which it is based. It is important that the course be taught with case studies, guest practitioners, and practical exercises that require students to apply and integrate the knowledge they are acquiring. The field of clinical sociology is most definitely not a static one; therefore, students need to experience its dynamics and develop the sensitivity and perception that facilitate these dynamics. In the process students start on the long road toward the intellectual and professional, as well as personal, growth and integration that make for a successful clinical sociologist.

**NOTE**

1 The Clinical Sociology Association recently complied a syllabus of "Clinical Sociology Courses," published by the A.S.A Teaching Resources Center. The work is edited by Elizabeth Clark and Jan Fritz

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Teaching Note

Developing Organization Consulting Skills in Clinical Sociology

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ABSTRACT

This teaching note reports on how participation in a seminar on Community Involvement helped the author learn important organizational consultant skills, while helping an organization in trouble recognize structural sources of its difficulties.

This teaching note reports on a practicum experience in the development of organization consulting skills. It will discuss the practicum experience in the three major contexts in which they took place: 1) the formal classroom experience of the seminar; 2) the recipient of services, the XYZ corporation; and 3) the intermediary between the classroom and the recipient of services, the United Way/United Black Fund Management Services Corporation. This paper describes how the practicum experience allowed me to serve as a consultant to a corporation, and what I learned from that experience.

The Clinical Sociology Course

The Community Involvement Seminar at Georgetown University is a practicum experience in clinical sociology designed to last for one or two semesters. The emphasis of the seminar changes from semester to semester and has included: counseling and crisis intervention, community organizing, program administration, and social program evaluation. The primary purpose of the seminar during the Spring 1983 semester was to provide intervention skill experience in organization consulting and in other forms of community involvement for undergraduate and graduate students in sociology who are developing their skills in social intervention. The Spring 1983 Community Involvement Seminar syllabus stated: "This semester students will read about and discuss intervention skills at the following levels: interpersonal, organizational, interorganizational and

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societal. All seminar participants will work with different organizations or social movements. No placements will be in on-campus organizations or in politicians' offices."

The seminar process included a series of exercises which facilitated the overall learning of intervention skills, and provided valuable help and support to the students.

1. The seminar provided students with a social support group while they explored internship possibilities and problems. The social support system was valuable to me in a number of ways. For example, I did not feel isolated or alone in the problems I faced during my internship. The sharing of experiences with other people who were having similar problems and successes in their own practicum experience helped me to understand myself and my role as a possible instrument of social change. Students were encouraged to meet with the seminar director individually (as frequently as needed) and with the seminar participants (about nine times a semester) to discuss their efforts. Graduate students were given additional readings and a research project.

2. The seminar provided a context in which to "sound off" about problems encountered in the internship. The context and purpose of the seminar made it safe to express opinions about the experience that might be damaging if expressed directly to the organization where I was working.

3. The seminar also provided an opportunity for students to share ideas and suggest potential lines of action during the internship. This process was guided by the seminar director, who often served more as a group and idea facilitator than as a teacher.

4. Students were required to keep a journal of their experience, including both a "chronology of events" and a "commentary" section. The journal was handed in weekly to the seminar director. The journal turned out to be a record of the internship and a diary of self-development. The process provided a written record for reflection. Events which might otherwise have been forgotten appeared in the journal as a matter of course. The written account also became a reference and guide to the progress of my own learning during the internship.

The internship itself was located through a network of organization consultants involved in the community service project of the Metropolitan Washington, DC, chapter of the American Society for Training and Development (ASTD). ASTD actively looks for and recruits new talent to work with seasoned professionals as a way of showing what they can do while sharpening their skills in providing nonprofit social service organizations with management assistance, training and consultation. The internship averaged about eight hours a week for a six-month period. During that time I was recognized as one of the people who helped the local ASTD chapter to win a national service award for outstanding service to the local community.
United Way/United Black Fund Management Services Corporation

The host organization for the internship was the United Way/United Black Fund Management Services Corporation (UW/UBFMSC). Most major cities have a chapter of the UW/UBFMSC, or a mechanism similar to it, as a way to help increase the management effectiveness of local nonprofit social service agencies. A director paid by the UW/UBFMSC recruits volunteer consultants from the local ASTD chapter. The volunteer consultants are expected to provide nonprofit social service agencies with: 1) an opportunity to receive professional training and organizational development services at no charge; 2) assistance in developing their human resources to increase their overall organizational effectiveness; 3) an ability to learn principles and skills that can be continually applied after the consultation or workshop is completed; and 4) a support network that can be activated again, as needed.²

Each potential client of the UW/UBFMSC is provided an Agency Request for Services Form. The form lists a series of problem areas, and the client is asked to check these on which consulting services are requested. An example of the kinds of services includes:

Agency Policy-making
- Board Organization and Structure
- Policy Development
- Planning and Goal Setting
- Resource Allocation
- Agency Evaluation

Corporate Management
- By-Laws

Agency Administration and Management
- Decision Making
- Problem Solving
- Time Management
- Communication
- Team Building
- Program Evaluation

Personnel
- Staff Development and Training
- Staff Performance Appraisal
- Position Qualification/Classification
- Volunteer Recruitment, Training, Management
- Volunteer/Paid Staff Relations

When a potential client requests services, the request form is put on a docket
until the director of the UW/UBFMSC can match the skill level of a volunteer consultant to the needs of the potential client. In the case of my internship, both the seminar director and the director of the UW/UBFMSC (an M.A. sociologist with extensive organization experience) served as mentors. Thus, although I had not had much direct experience in organization consulting, the availability of consultation help from the mentors aided in providing a match between my skills and the organization’s needs.

**The XYZ Corporation**

The site of my internship was the XYZ corporation. It is an inner-city nonprofit organization, primarily serving the needs of a mostly Catholic, Latin American community through a series of multicultural programs. According to the literature of the XYZ corporation their objectives are:

1) to encourage and enable full participation by Spanish-speaking and other residents in social, economic, political and cultural life of the metropolitan area;
2) to facilitate access to social resources (e.g., health care, housing, employment, legal aid), especially for those who cannot obtain them directly because of language and other culturally related problems;
3) to identify and encourage initiative and leadership within the community, in an attempt to solve its underlying social and economic problems and to facilitate the expression of its ethnic pride and creativity.

Since 1969, the XYZ corporation has grown from a very small group of concerned citizens to an institution of 18 board members, 12 paid staff members and 4 regular volunteer staff members. It received financial aid for its programs from a major Protestant church (as part of the church’s urban mission), the United Way, and local and federal government grants. The Protestant church provided XYZ with a building, which was formerly a church, to use as office space. In that building, which was located in the heart of a rapidly changing, predominantly Latin American community, are housed the XYZ corporation and about a dozen sister organizations which administer specific programs.

The XYZ corporation programs can be divided into two general categories: 1) programs that provide newly arrived and established Latin Americans and others with awareness, assistance, information and social support while they face health, legal, economic and language struggles in adjusting to a new social environment, and 2) recruitment of volunteers to staff, manage and organize programs, and the facility in which the programs are administered.
The XYZ corporation offers approximately 11 programs which serve more than 7,000 persons. The budget for these programs exceeded $237,000 in 1982–83.

The Case

In February 1983, the Chairperson of the XYZ corporation Board of Directors filed an Agency Request for Services with the UW/UBFMSC. The Chairperson identified the XYZ corporation’s need for assistance in Agency Policy-making, Corporate Management, Agency Administration and Management and Personnel. Although the Agency Request for Services Form listed other services such as Marketing and Public Relations (e.g., Packaging the Agency Story and Working with the Media) and Finance (e.g., Bookkeeping, Budget, Payroll, Cash Flow, Audit Preparation and Fund Raising), none of these were checked off as problems.

The client’s selection of items from the checklist indicated to the UW/UBFMSC director that the problem was organizational rather than technical. My mentors and I felt that the nature and number of problems listed by this potential client offered an opportunity to a new “generalist in organization consulting” to explore the client system to determine the nature of the central problem. We felt that if this central problem identification could be done, specialists could be brought in as necessary to work on specific problems.

The seminar members and mentors suggested, in the very first days of the case, that I spend part of an afternoon sitting in the reception area of the XYZ facility and then walk through the entire building so that I could observe first hand what was going on there. During my visit I noticed that a lot of the people that XYZ served were new immigrants who showed strong national pride. Also, I could see that the Latin American groups who migrated here much earlier viewed themselves as being higher in the social order of the community than were the recent immigrants.

The mentors suggested the logical next step for me would be to interview the Chairperson of the XYZ corporation Board of Directors because she filed the Agency Request for Services on behalf of the XYZ corporation. The Chairperson had a number of rich and important insights regarding the history and organization of the XYZ corporation. For example, she pointed out that XYZ was founded on the belief that the corporation was to be “one big happy family.” Time and the proliferation of other competitive interest groups, some of whom were located in the same building with XYZ, had changed this idea. The Chairperson said that the XYZ corporation now “seemed like a sinking ship with the crew members each looking after their own outside interests.”

After the interview, the Chairperson and I examined the list of Board members and selected the next persons for me to interview. The seminar mem-
bers, mentors, Chairperson and I all agreed that personal interviews with some of the XYZ corporation Board members and staff represented the least politically disruptive approach to gaining in a short time a lot of information about the nature of the problem. Other approaches posed nagging worries. For example, interviews with XYZ's clients might cause concern about the ability of XYZ to keep delivering services to clients. Participative approaches, such as sitting in on Board and staff meetings, were ruled out because of possible self-monitoring (Let's put on a happy face for the consultant) that could occur during the once-a-month Board meetings and weekly staff meetings.

A snowball sample of 12 people were interviewed between February and May 1983. I believe that the persons interviewed fully represented the range of views held by members of the XYZ corporation. For example, 50% of the Board members, 25% of the paid staff, and 25% of the volunteer staff were interviewed. The board members were carefully sampled because the Board is a policy making group whose actions and decisions influence the staff, and the Board was known to be factionalized.

The snowball sample approach of conducting an interview and then asking the interviewee to suggest other persons to be interviewed was an important tool in gaining access to people who might not otherwise want to talk to me. I could now say to a potential interviewee that the Chairperson of your Board of Directors suggested that I give you a call. The snowball sample approach provided more than just entry. I was careful to insure that the interviewees selected provided me with a balanced definition of the situation. Each interviewee was told whom I had interviewed previously and was asked to steer me toward someone with a different view. During the interviews I was guided by the theoretical view that "social position influences a person's viewpoint." I was careful to select interviewees who represented different social positions outside of, as well as within the XYZ corporation Board of Directors. For example, Board member interviewees represented a good balance between long-standing and more recent appointees. Also, the list of Board members was thoughtfully screened in order to make sure that interviewees that I was being steered toward represented very different work roles, such as director of a children's center, president of a law firm and a federal program officer. This approach to locating the interviewees provided me with respondents whose distinct view of the problem was based on their unique social vantage point inside and outside of the XYZ community.

All interviewees commented about a serious lack of organization and coherence in the activity of the XYZ corporation. These problems began two years earlier when the then Executive Director resigned and was replaced by two Associate Directors, each of whom had separate goals. This situation seemed to encourage each of the two Associate Directors to pursue their own vision of the XYZ corporation's mission.

The Associate Directors did this by appealing to their friends on the Board
of Directors for support when facing situations which could advance their vision. The result of this activity factionalized and crippled the XYZ corporation, preventing it from remaining a viable enterprise. Also, many of the interviewees commented on how weak the two Associate Directors were, either singly or as a team, in providing leadership to the XYZ corporation in its time of need. During an interview one of the Board members told me of a situation that graphically illustrated these two points. It was reported that one of the Associate Directors and several Board members changed the meeting site of the monthly Board meeting in order to exclude Board members who did not agree with their views on a certain issue. The move backfired when neither of the two groups had enough Board members in attendance at their meeting to form the quorum needed to vote on the issue.

**Analysis and Insight: The Learning Process**

I presented the interviewee comments during several ‘‘case conferences.’’ The case conferences provided a safe and creative setting in which to think through the nature of the XYZ corporation’s problem while I constructed a line of action (‘‘decision tree’’) that could address the problem. The case conference approach provided me with access to others who acted as a looking glass for me while I constructed a (prescription) final report for the client. These others helped me, as a developing organization consultant, to make sense of, refine and redefine my report and myself as a change agent in the XYZ corporation.

I brought to the seminar and its director, and to the director of the UW/UBFMSC, the comments made by the interviewees regarding the nature of XYZ’s problems. I also gave them my view of the prescription for solving those problems. This approach enabled me to shape the interviewee comments into practical management advice. For example, the mentors suggested that the XYZ corporation’s mission, as listed in its by-laws, did not seem to fit with some of the interviewee comments about their view of that mission.

Feedback given me by the case conference advisors suggested that the interviewees’ comments be placed on a decision tree with the tap root of the problem being located in the decision that the XYZ corporation needed to make about its mission. The trunk of the decision tree contained two alternatives: 1) keep the administrative structure as it is now and change the mission of the XYZ corporation, or 2) keep the mission of the XYZ corporation as it is now and change the administrative structure.

Each decision point was portrayed as having a number of chance events (branches) that stem from the trunk. These chance events represented potential outcomes for the XYZ corporation of either choice concerning their two decisions. The outcomes were sketched along the lines of what was happening now, as indicated in the interviewee comments, compared to what could happen if change took place. For example, the current administrative structure was without
an Executive Director. Having no Executive Director meant that everyone was in charge. The latest crisis was the boss, and everyone served that boss. The Board of Directors lost energy and direction responding to each new crisis. The hiring of an Executive Director would mean a change in the administrative structure. This change would prevent role expansion (as in the situation of the two Associate Directors who tended to counteract and neutralize each other) and the obligations that role performers claim when they repeatedly perform work beyond what is expected of them. A change of this type would probably give the XYZ corporation Board of Directors more time to focus on the development of their programs.

Early in the consultation I had believed that what the XYZ corporation needed was a better management system. In the process of dialogue between me and those in my social support system (the seminar participants, clinical sociology seminar director and director of the UW/UBFMSC), we concluded that the interviewee comments indicated a need for a strong Executive Director who could unite factions and institutionalize more systematic management procedures. My final report reflected this view.

The XYZ corporation received the final report by mail one week before the August Board meeting. The Executive Director of the UW/UBFMSC and I presented the final report and answered all questions from Board Members at the August Board meeting. The final report was favorably received with such comments as: "It seems that you took a picture of the XYZ corporation." "We agree with your report, but it hurts to hear the truth."

When the XYZ corporation Board Members no longer had any questions to ask me, the UW/UBFMSC director urged the Board members to consider having another UW/UBFMSC consultant help them process and implement the final report. The switching of consultants is standard policy for the UW/UBFMSC for two reasons. First, it encourages objective consultant-client relations. Second, it signals that this stage of the XYZ case had come to a close.

Since my involvement with the XYZ corporation ended, the last information that I received was that the new consultant was helping XYZ to slowly come to grips with how to bring about changes suggested in my report.

I hope that this account of my internship experience will be useful to "new" clinicians and others who are developing organization consulting skills. The procedures and techniques described in this teaching note should help these organization consultants develop their skills by working with others in the teaching and practice of clinical sociology.

NOTES

1 The name of the client organization has been changed to the XYZ corporation in order to maintain anonymity and confidentiality.
2 This information was listed under the Volunteer Consulting section in the Washington, DC, UW/UBFMSC brochure.
Practice Note

Sociologists as Mediators: Clinical Sociology in Action

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ABSTRACT

Clinical sociology is receiving increasing attention at the undergraduate and graduate level and among practicing sociologists. Much has been written about how the undergraduate and/or graduate curriculum can be modified to respond to the demands for a more applied or clinical approach. Little, however, has been written about how a department might involve its current and future faculty in a clinical program.

One program which has successfully integrated a strong liberal arts based program with an active clinical emphasis is the University of Arkansas at Little Rock's Humanist as Mediator program. This program is instructive in that it has achieved a high level of programmatic success and at the same time enjoys the support of participating faculty. This program is discussed as a prototype for those interested in initiating or enhancing a clinical sociology program for faculty.

Clinical sociology is receiving increasing attention at the undergraduate and graduate level and among practicing sociologists. In light of the changes which have occurred among potential employers of sociology graduates, changes among students and changes in opportunity for Ph.D. and M.A. graduates in sociology, the modifications under way in the discipline are not surprising. The increasing interest in applied and clinical sociology is a rational response to the changes going on in our society and among both undergraduate and graduate students.

Much has been written about how the undergraduate and/or graduate curriculum can be modified to respond to the demands for a more applied or clinical approach (Freeman and Rossi, 1984; Miller, 1983; Teaching Sociology, 1983). Little, however, has been written about how a department might involve its current and future faculty in a clinical program.

As Howery points out (1984), it is especially important for a department, as a collective, to develop programs which are supportive of the department’s mission. I am not arguing against individuals involving themselves in applied...
or clinical action. In the academic marketplace of today, however, departments rise and fall as collectives.

As I have noted elsewhere (Miller, 1983), the perspective of sociology is a powerful tool in empowering students. This is also true in the case of faculty. Sociology emphasizes the clinical skills of communication, research, administration/application and classification. Specifically, sociologists are trained to pay attention to the impact of ethnic, sex role, age, and family differences. Our methods emphasize seeing, questioning, reporting, and listening. Our practice includes empathy, interpersonal communication, interpretation, and involvement.

The mediation program of the University of Arkansas at Little Rock is successfully involving liberal arts faculty in a clinical setting. This program is instructive in that it has achieved a high level of programmatic success and at the same time enjoys the support of participating faculty and the justice system.

A Pioneering Program

Nationally, mediation is increasingly available as an alternative to litigation for the resolution of disputes. Mediation Centers—complete with professional mediators and a corps of administrators—exist in most major metropolitan areas. New pilot programs get announced monthly.

The mediation program at the University of Arkansas at Little Rock (UALR) is part of this trend. However, it uses volunteer mediators, liberal arts professors whose training and experience suit them for efforts at reconciliation. This use of voluntary mediators distinguishes our program from most others which rely on salaried mediators and full-time administrators. Our administrative costs are born by the College of Liberal Arts. Consequently, the administration of the project is lean and efficient, and the cost-per-case for mediation is extremely low. In times of tight budgets and close administrative scrutiny of new programs, the mediation program discussed here can be launched and maintained on a minimal budget.

Sociologists as Mediators

Since 1980 UALR's College of Liberal Arts has provided mediation services to the County Small Claims and Juvenile Courts. Funding for this unique program has come from the Arkansas Endowment for the Humanities, Aetna Life and Casualty Foundation, and the County Quorum Court. The funding pays faculty mediators $30.00 a case and supports a student intern at minimum wage.

The primary assumption of this project is that the liberal arts, especially disciplines such as sociology and psychology, teach skills useful for the resolution of disputes. The project began with this assumption, and it has been proven
accurate over the years. Sociologists, who have a concern for people and a desire to increase understanding among people, are a natural ally to the courts, where often litigation occurs because of failed communication. More specifically sociologists with an understanding of small group dynamics—especially the "triad" (Simmel, 1955) and symbolic interaction, or the ability to "take the role of the other" (Mead, 1962)—have proven effective mediators.

Many sociologists have training, experience, and an interest in working with people and solving human problems. Sociology provides them with the skills to analyze a situation objectively, while not losing sight of the individual. Attention to the symbolic interaction occurring and the dynamics of the "triad" within the mediation setting is combined by the sociologist-mediator with the transferable classroom skills of listening, probing, moderating, summarizing, speaking, explaining, evaluating, and balancing. Sociologists also report that familiarity with the social meaning of roles and status such as age, sex, race, and ethnicity have aided them in "taking the role" of both the plaintiff and the defendant and in their helping plaintiff and defendant understand each other's position.

In addition, we have found the academic sociologist acting as a mediator has more time to nurture better interpersonal communication than does a judge, who is often overworked and under pressure to dispose of cases quickly. Furthermore, judges by definition must act according to law, even when the law does not prescribe what might be the best solution. The sociologist as mediator, on the other hand, can mediate each case on its own merits and needs. When participating in a mediation, the mediator can encourage the two parties to engage in a lively give and take, while in court, communication is between the judge and defendant or plaintiff, never between plaintiff and defendant. In court, defendant and plaintiff are discouraged from speaking unless directed to do so by the judge.

In the past year, UALR's mediation project began to work with criminal cases as well as civil. Recurring neighborhood disputes, continuing disagreements between children and parents and/or stepparents, and long-lived arguments between individuals lend themselves to mediation by a disinterested mediator. The mediator's involvement over a prolonged period of time, working closely with both parties, has gotten these cases out of the judicial system.

In civil cases, the project has been equally successful. In 1984 the number of cases mediated increased by over 25% to a total of 390 cases, with no diminution in success rate—currently 77%.

Existing Mediation

A project director coordinates the workings of the courts, their representatives, the student interns, and the mediators. It is his or her responsibility to assure the integration of the mediation program into the courts, to supervise the training
of the interns and mediators, and to help evaluate the program as it progresses and expands.

A paid student intern serves each court to choose cases appropriate for mediation. Appropriate cases are those that fall within the small claims statute and those referred to the project by the various courts. The intern contacts plaintiff, defendant, and mediator, arriving at a mutually agreeable meeting time. Criminal cases, because of their prolonged nature, are handled somewhat differently. The judge suspends the criminal charge for six months, referring the case to mediation. The mediator arranges an initial meeting between both parties and airs the dispute. Over the six-month period that ensues, if a problem arises between the disputants, they contact the mediator rather than the court. Meetings are arranged and continued dialogue occurs. At the end of the six-month period, the mediator sends the court a report. The judge decides final disposition of the criminal case, in large part according to the mediator’s recommendation.

Process Example

While each case is different, the mediation process follows a fairly routine course. Mediation begins with introductions and an explanation of the program by the mediator. The advantages of mediation are explained to plaintiff and defendant, such as no court costs, less rules, and compromise as a possible outcome.

The mediator then hears from the plaintiff and the defendant. Discussion might begin with broad diagnostic questions from the mediator such as, "What is your view or interpretation of your disagreement with Mr. Smith?" Synthesis questions can be used as follow-ups such as, "How does this relate to your complaint or your response to Mr. Smith’s complaint?"

Next, the mediator applies his or her skills in searching for points of agreement or disagreement, focusing in on the root of the problem. This is where the sociological skills of "taking the role of the other" and the definition of the situation as to age, sex, race, income, prestige, etc., comes into play. The mediator must be able to "see" the problem from the point of view of both plaintiff and defendant. Sensitivity to real or perceived power differentials based on sex, race or age must also be exercised.

The mediator must often use the skills of questioning, summarizing, probing and moderating to reach agreement on exactly what the issue is. Questions of clarification as to "Who did what, when and why?" are crucial in making sure everyone is talking about the same things. Questions asking the parties to summarize their position or their view of the situation are useful at this point. The mediator can close this phase of the process by summarizing the two points of view—their agreement or disagreement—in his/her own words such as "What I hear you saying is . . . ."

During the next phase of mediation the parties are asked to suggest solutions
and negotiation often ensues. Again the sociological skills enumerated above come into play. Creativity may be called for at this point in the process. Specifically, questions of action and or decision can be raised by the mediator. For example, "What is the most important issue?" or "Which issue or issues should we address?" If that fails, the mediator can take the initiative and suggest, "From what you have told me . . . appears to be the key issue(s). Am I correct?"

Mediation is concluded in one of three ways. First, mediation can fail. If this occurs, the plaintiff has the option of going to court. Second, the case can be successfully mediated. Success means the two parties agree to a solution. Solutions can often be arrived at by encouraging the parties to think hypothetically. "Suppose that Mrs. Jones agrees to . . . Would that satisfy you?" If an agreement is made, it becomes the judgment of the court in small claims, while in juvenile and criminal court it becomes a recommendation to the judge. Finally, if for some reason more time is needed (such as when additional data is needed), the case can be continued and another mediation session scheduled.

Training

The success of the UALR program is partly based on the thorough training that each mediator undergoes. A mediation handbook has been prepared for each mediator (McNally, 1982). The handbook, authored by a participant in the program, discusses the purpose and philosophy of the program, the role of the mediator, and the mediation procedure and suggests some mediation strategies. Training is conducted yearly in a day-long workshop given by experienced mediators.

We have found that materials such as, short papers, descriptive case examples and descriptive materials about the justice system (Merritt, 1984; Miller, 1984) prepared by experienced mediators are much more effective in orienting new mediators than is a reading list of academic articles. Workshop topics include a description of the mediation program, the role of the mediator, and small group techniques. As mentioned above, the utility of understanding the dynamics of the "triad" and the importance of symbolic interaction is stressed by the sociologist and psychologist who lead the session on small group dynamics.

Consultants with expertise in mediation/arbitration are brought in to highlight general mediation strategies and skills. These individuals are drawn from the College of Business, the School of Law, and the Federal Mediation Service. Role-playing in a simulated mediation session completes the workshop.

Evaluation

The project director evaluates the success of the various components of the project on a day-to-day basis. It is the director's responsibility to make any
changes that are necessary in the workings of the courts, interns, and mediators. The project director is the problem solver, constantly evaluating and fine-tuning the project's administration. The mediators are asked for an evaluation of the program at the close of the budget year.

An advisory panel made up of court personnel and liberal arts faculty meets at least twice a year for a thorough evaluation of the program. The director makes contact frequently with court personnel as individual problems arise. Plaintiff and defendant also complete evaluation forms which are returned to the project director for analysis. Success is measured by the degree of satisfaction expressed by the clients of the program and by the percentage of cases resolved.

**New Directions**

The County Chancery Court envisions utilizing mediators in divorce cases. Initially mediators will help the parties divide property in an amicable manner. There are many cases where the parties need to talk to a disinterested third person so that photographs and items of sentimental value, as well as minor property items, are divided to the satisfaction of each litigant. Eventually we envision that more complex issues such as child custody and visitation will be handled by the mediators.

At the request of the County Judge, mediation is also available to disputing governmental agencies. This program provides disagreeing (often competing) governmental units with the means for resolving territorial disputes outside the expensive and time-consuming judicial process.

**Clinical Sociology: An Opportunity**

Applied work in sociology can include clinical practice, policy analysis, consultation to business and applied social research (Rossi, 1980). The mediation program described here is an example of sociology faculty involving themselves clinically. Mediation provides sociology faculty with a means to apply their sociological skills outside academe in a clinical setting.

A mediation program like the one described here, based in a department of sociology, is responsive to the needs of faculty to apply their sociological skills. Such programs result in faculty becoming intimately involved in the workings of an increasingly important community institution—the justice system. The program described has resulted in increased visibility for sociologists as "problem solvers" with "marketable skills." Expanded opportunities for paid internships has also been a positive outcome. Although UALR's program is based and coordinated at the College level, the skills and perspective of clinical sociology seem especially congruent with a mediation program based in the department, which integrates a clinical emphasis and a liberal arts perspective.
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Teaching Sociology
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Clinical sociology is in need of theoretical models and practical examples which help with the definition of the collective métier. This is especially true the larger the scale of analysis and intervention. Volume 1 of *The Handbook of Organizational Design* will serve as a lodestone to some, a lodestar to a few, and a loading platform to all who read it. (Editors note: Volume 2 will be reviewed at a later date.)

Volume 1 is divided into three parts: 1) the adaptive capacities of organizations; 2) the implications of organizational environments; and 3) issues involved in interactions in interorganizational networks. This review places special emphasis on the major implications of the presentations for macro-clinical organizational analysis and intervention.

**Adaptive Capacity**

Eight articles are devoted to adaptive capacity of organizations. They share an emphasis on macro-analysis and intervention, a combination of prescription and description, and an extraordinary density of information. Adaptive capacity is treated as a primitive term; the papers refer to it but do not define it. Hedberg proposes that an adequate theory must have propositions about how organizations—not people—learn, unlearn, and relearn. Adaptive capacity may be described as the rapidity, appropriateness, and self-control with which organizations perform these tasks. Organizations can be taught to promote experimentation, to increase their awareness of internal and external factors by opening communication channels, reducing filters, and increasing levels of conflict and variety of input, and to redesign environments. Macro training should help organizations achieve a dynamic balance between innovation and control.

Hedberg’s work on dynamic balances should be of interest to clinicians. Hedberg uses the metaphor of seesaws in balance to portray dynamic equilibrium between having “just enough” order and stability to promote self-design, and having so much that inertia sets in, making change difficult. This metaphor is coupled with aphorisms that capture the tension and fragility inherent in trying to have enough consensus to ensure cooperation without it becoming stifling.
He suggests tentative relationships between prescriptions and the attainment of dynamic balance.

Child and Kieser take the perspective that organizational development is always occurring, it can be adaptive or maladaptive. Adaptive capacity is seen as a strategy of development coupled with an organizational design to support it. This is not a simple statement of contingency theory; the authors are aware of the limited power of contingency theory to explain variations in organization performance over time and are sensitive to the fragility and dynamic nature of the process.

Child and Keiser argue that the main forces behind development are uncertainty and dependence reduction. They develop a taxonomy of strategies for accomplishing these ends. Each strategy has implications for the structure and functioning of an organization. The authors review a sizeable chunk of the structural literature. They make an initial attempt to describe the dynamic aspects of the processes through a diagram that specifies some of the important variables and their relationships. It is a provocative model. Deliberate simplification and misspecification reflect the nature of the early stages of conceptualization. This can be a source of much of the excitement for clinical sociologists, for clinical practice should resonate with the insights and enlighten the pitfalls of the current state of the art.

Peterson's paper on entrepreneurship consolidates much of the literature and defines it from a macro-posture. Peterson emphasizes that in considering the process of entrepreneurship, the supply of entrepreneurs is not as important as the demand for them. Demand is something that can be designed into organizations, with an essential problem being development of stable combinations of entrepreneurship and organization.

Kimberly defines managerial innovation as "any program, product or technique which represents a significant departure from the state of the art at the time it first appears, and which affects the nature, location, quantity or quality of information that is available in the decision-making process" (p. 86). Innovation is analogous to entrepreneurial activity (though Peterson blurred the distinction between process and product), and is affected by invention, diffusion, adoption, and implementation.

Kimberly's focus is macro, but permits consideration of individual factors in the processes. Adaptive capacity is viewed as the central design issue. The reader is forcefully reminded not to confuse the rate of innovation with adaptive capacity, which entails adopting innovations only when clearly indicated and disposing of ineffective innovations. Kimberly also argues that such an approach is more likely in self-evaluating and self-designing organizations. This framework enables Kimberly to organize an extraordinary amount of information on the life-cycle and environmental context of managerial innovation.

Sage plays on the theme that the quality of strategic decisions contributes
to performance independent of consideration of organization/environment fit. Information filtering is a two-stage process: first discerning cause-effect relationships, then constructing algorithms that estimate important organization parameters. If successful, this process should augment adaptive capacity by facilitating accurate long-range projections and evaluating the long-term impact of alternative strategies. Alternative methods of optimal information filtering are discussed.

Makridakis and Wheelwright describe in depth the process of integrating forecasting methods into an organization's functioning. The tie to adaptive capacity is in the assumption that in rapidly changing environments, forecasting enables organizations to learn more rapidly. Although not discussed, such an assumption also provides a provocative link between the quality of strategic decisions and organization/environment fit.

The central design problem is matching methods to situations. Two comprehensive schemes are presented in some detail. The life-cycle concept argues that forecasting methods will vary depending on the stage of a product's development. The time-horizon scheme argues that long time-horizons, involving external conditions and major decisions are going to require more sophisticated techniques than shorter time-horizons.

Taylor and Vertinsky's paper recalls Hedberg's theme: trying something new to learn from situations that arise. The adaptive capacity of an organization may be increased if this process is engaged in more systematically and has better results across time. How an organization experiments, however, is affected by its views on experimentation. The authors differentiate among philosophical views of experimentation in closed and open systems. This provides a framework for considering experimental design alternatives, tactics of behaving sequentially and learning, and ethical and legal issues in organization-behavior experiments.

Warner briefly reviews a variety of organizational experiments that vary considerably in their design characteristics and size, and makes some suggestions regarding the institutionalization of experimentation in organizations. This chapter, together with Taylor and Vertinsky's, should be required reading for clinicians.

Societal Environment Implications

The second section of Volume 1 covers a broad range of topics loosely related to organizational environments. Champagne, Neef, and Nagel discuss ways that organizations attempt to adapt to or change their legal environments, describe how organizations stimulate the creation of law and involve themselves in the process, and discuss the conditions of varying compliance to constraining laws. Another section treats courts as organizations, with a brief but competent review of some relevant issues. A brief discussion of how political power, resources,
legitimacy, and intensity of members' feelings influence strategies would have been of greater use to clinicians had the authors grappled with the evolution and logic of adaptation strategies of both the law and organizations.

Moch and Seashore focus on intra- and extracorporate normative relationships. The commitment of individuals to the corporation becomes more problematic as interdependence grows. They argue that the human relations movement was a response to control dilemmas presented by interdependence, and critiques of the human relations movement are briefly reviewed. Missing from this discussion is the later human resource management literature that makes less simplistic assumptions about the fusion of individual and organizational interests. Much of this latter work, however, poorly conceptualized the delicate balance between career and organizational commitment and between conformity and innovation. The variables affecting the intensity of commitment, flexibility, and coherence of organizational norms need review by competent social scientists such as Moch and Seashore. Given the tendency in the business literature to make sweeping, unrealistic assumptions about the operation of norms and cultures, it is a shame the authors did not address these issues in more depth.

Of greater interest is their discussion of larger scale phenomena such as the evolution of norms preventing undue coercion by management or labor, or norms governing relationships between corporations and society. The fundamental dilemmas and alternative strategies for resolving these dilemmas are presented. This is not an area in which most clinicians in organizations are properly grounded. They should be, for these larger issues have a considerable impact on decisions, policies and procedures of business firms.

Morrill reviews a sizeable body of literature on migration and regional development, two fundamental processes which have implications for organizations. He discusses alternative organizational postures for monitoring and adjusting to change. Morrill's position is conservative, arguing that these changes are on such a large scale that altering them is futile, and that organizations can, at best, hope to take advantage of or, at least, cope with these forces. But surely these issues are open. Is the conglomerate that buys a huge tract of land, forms governmental entities, develops a physical and social infrastructure, and creates a demand through advertising only taking advantage of a population shift? The developers of some of the supposed model cities or revitalized central cities or communities trying to attract high tech industry would not think so. As the size, resources, political connections, and expertise of an organization increase, its relationship to its environment changes in predictable ways and has implications for migration and regional development.

The Morrill chapter should be considered more as a loading platform than a lodestar. An impressive amount of literature is reviewed, and the central thesis prompts additional questions. The Hawkins and Walter chapter on planning multinational operations should be considered in the same vein. They discuss
some of the operating characteristics of multinational corporations (MNCs), the impact on the planning process of uncertainties of international operation, and alternative methods for dealing with these additional uncertainties. They raise the issues of impact of MNC size and pressures for social responsibility.

Hawkins and Walter present a considerable amount of useful information but there are some shortfalls. The section on planning and social responsibility is overly prescriptive and normative. A more balanced approach would have considered relationships among the extent of MNC abuses, regulatory changes, power and resource distributions, centralization of policy making, and so on. Documentation and analysis are problematic, but one needs to get beneath the surface of such statements as the following in order to understand the dynamics involved:

The predominant view appears to be that firms should periodically follow lines of action that help society attain its goals, as determined by political processes. (p. 261)

Roos and Starke review role research and develop prescriptions about how organizations should adapt to societal role systems. If the role concept is to be a building block and bridge, as the authors maintain, it must be able to handle the emerging complexity of organizational design that emphasizes alternative ways of knitting organizations together. This is dealt with in part by the authors' emphasis on role making; individual input should be greatest when tasks are complicated, incumbents are professionals, and interrole relationships are changeable. The more recent motivational literature, emphasizing feedback and intrinsic motivation (which the authors barely touch) can be useful here, as can the work on boundary-spanning roles and organizational environments (which the authors do review). But surely it is possible to consider role making as a design element that can be systematically manipulated or that can vary by default as information load varies. And cannot such dynamics also be related to choices regarding integrative mechanisms for the organization as a whole and/or for differing units within an organization with variable technologies and environments? One is left with a sense that the role concept may be a bridge, but perhaps a bridge erected in response to advances in organizational analysis occurring elsewhere.

For the clinician looking for answers on why working in international settings is at once frustrating and exciting, Eisenstadt's chapter is a good starting point. In a rich discussion, Eisenstadt explores the relationship between the type of stratification system and characteristics of organizations in a society, both fundamentally concerned with exchanges and conversion of resources and with control of these processes. The author identifies types of societies based on the extent to which unified conscious strata with autonomy from political rulers have
developed. These are compared with respect to a host of structural, goal, and bureaucratic behavior characteristics of organizations, and to more general characteristics of societies. There are no straightforward prescriptions or kernals of simple truth, but straightforward prescriptions are usually self-evident and simple truths illusory. The real test is whether future research and current practice are informed by Eisenstadt's discussion. This seems likely, although the value of this chapter could have been more immediate and less tortuous had Eisenstadt been reined in by the editors and prodded to consider the implications of his complex framework for the adaptive capacity of organizations in the varying societal situations he develops.

Where Eisenstadt's approach is comparative and historical, Gerlach and Palmer's is evolutionary. These authors focus on strategies of adaptation to different sorts of environments, tying larger scale issues to the issue of adaptive capacity. Discussing the evolution and driving forces behind different patterns of adaptation, Gerlach and Palmer review the concept of SPINs—segmented, polycentric, integrated networks. The parallel between the implications of turbulent environments for the shape of individual organizations and the driving forces behind the loosely coupled SPIN is unmistakeable and explicit. Detailed examination of the interactions which have developed around the control of electric power in the upper Midwest of the United States makes the Gerlach and Palmer chapter of more immediate use to both organizational and resource mobilization theorists and to practitioners working in a complex, changing environment where the control of critical resources has broad implications for clusters of organizations.

**Interactions in Organizational Networks**

The last section of Volume 1 covers issues related to interorganizational networks—the term "networks" to be taken in the loosest sense, with no suggestion of purpose or direct linkage. These chapters address types of relationships, driving forces, regulatory possibilities, and design considerations, regrounding the discussion of environments in the compelling themes found in the first section.

Aldrich and Whetten attend to populations of organizations relating to their environments and provide a useful introduction to the rest of the section and a chapter of considerable interest to clinicians. They clarify forms of networks that are often confused in theory and practice. Setting them out in such simple and authoritative form marks this chapter as a potential lodestone. Of particular importance is the clarity of the evolutionary model of network development which permits easy consideration of the extent of connectedness and dominance. Avoiding the trap of most past approaches to network analysis, which have been biased toward coordination efforts at the expense of conflict elements, Aldrich and Whetten neatly and simply bring in environmental turbulence and market
competitiveness as forces which shape networks toward loosely-coupled, hierarchical systems. They go on to describe applications and methodological problems, and end with a discussion of where theory and practice should be digging for further gold.

The result is a lodestone of an entirely different kind than found in the previous section. The emphasis is on simplifying the issues and on contributions to theoretical development and practice. Clinicians should pay special attention to the use of network analysis to describe forms of interdependence, potentially stimulating “a lively and frank discussion about the real problems each member is facing in coordinating actions with other members” (p. 403).

Khandwalla’s chapter brings considerable clarity to the concept of interorganizational competition. The author disabuses the reader regarding two common oversimplifications. First, competition is not a unitary concept; it may refer to a variety of activities and factors of production. Competition for market share is most familiar, but one can array organizations on the degree of competition for equipment, competent managers, raw materials, location, etc. Second, competition is not simply an environmental property; it is under the control of organizational decision makers in a complex, nonrecursive system of factors which have direct implications for the design of organizations. This is a chapter which should hold particular excitement for many clinicians. Competition is one of the things that makes clinical work in organizational settings so exciting; understanding the implications of competition and sensitizing organizational interests to them constitutes a significant part of the work of clinicians.

Pennings’ chapter provides an interesting complement to the Khandwalla piece, for strategic interdependence is quite close to competition. Competition is described from the point of view of the focal organization; strategic interdependence permits a somewhat easier transfer of levels of analysis. Pennings argues that interdependence creates uncertainty, and that organizations react to reduce uncertainty in their external relationships. A variety of coping strategies for reducing uncertainty are spelled out. Pennings’ progression is derived from economics, simply and elegantly presented, with some provocative implications for organizational theorists and practitioners.

In Sharkansky’s chapter on intergovernmental relations, a traditional approach to authority, decision making, and accountability is developed and related to some issues of organizational design. This chapter is a bit of a disappointment, for it stops just when it is getting to the heart of the matter. Had the author been able to read advance copies of some of the accompanying chapters, the tone and content might have been considerably different. Had he read Gerlach and Palmer’s chapter on adaptation through evolutionary interdependence, he might have reviewed the considerable comparative and historical material which describes how public administration has dealt with problems of relationships among political entities and related phenomena. Had he read any of the other chapters
in this section, he might have elected to confront the issue of regionalism more forcefully, or he might have discussed some of the empirical literature on interdependence and effectiveness across time. Much of the dynamism is missing; it is a solid introduction, but probably does not reveal much that most clinicians working in organizations do not already know.

Chatov distinguishes between consensus and conflict networks in government-business relationships. As a device for bringing some order to the analysis of various regulatory problems, the consensus/conflict distinction deserves close scrutiny. Missing from this discussion, however, is a more comprehensive framework regarding industrial policy in the modern age.

Volume 1 ends with an extraordinary chapter by Metcalfe. Of all the many fine chapters in this handbook, this last one may be the most significant for clinicians. Metcalfe develops the theme of the politics of organizational design with attention to constitutional flexibility in organizational learning. He discusses design options for regulating boundary transactions among subsystems and adapting organizational constitutions. In a final section, he deals with the combined problems of generating effectiveness and risk-taking while protecting the interests of publics and penalizing the abuse of power.

Metcalfe comes as close to providing a coherent scheme for understanding adaptive capacity as both an external and internal phenomenon as may be possible given the conceptual constraints under which the field is presently operating. His emphasis on the political requisites of self-designing organizations and the consideration of power as amplification of regulatory capacities lead him eventually to detail the crucial but neglected functions that social control can have in promoting effectiveness and organizational learning.

**Conclusion**

Overall, the first volume of *The Handbook of Organizational Design* provides a staggering amount of material of interest to clinicians working in organizations. The imposed framework is a bit artificial (as a number of the chapters could be placed in other sections), and some building blocks are missing—a chapter on approaches to measuring and conceptualizing technologies would have been helpful to many clinicians—but these are characteristics of almost all handbooks. As it is, the Handbook is a place to go—and then go back to—to get perspective, begin literature reviews, find provocative treatments of interrelated issues, and get a sense of what it could mean to intervene in an organizational context on a larger scale. It is this last attribute that should be of most interest to clinicians, for though many have become adept at process intervention, a smaller number have been concerned with the relationship among structure, process, and environment.


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Not since the 1960 publication of Blood and Wolfe’s classic book have we seen a benchmark research monograph that is widely cited in both the research literature and in family sociology textbooks. I predict that Spanier and his associates, Linda Thompson and Frank Furstenberg, have produced a two-volume research report on divorce adjustment and remarriage that will be to the divorce and remarriage literature what Blood and Wolfe’s research has been to the family power literature. Spanier and his colleagues have produced a highly readable report of their longitudinal research on marital separation and divorce and on the process of moving into a subsequent marriage.

In Parting, Spanier and Thompson blend the richness of qualitative data from in-depth case studies with quantitative research data. Their goal is to describe the aftermath of divorce, beginning with the marital separation processes. The book is a culmination of a longitudinal research project in Pennsylvania conducted by Spanier and his colleagues in the mid and late seventies.

Spanier’s interests in demography and family history come through in both Parting and Recycling the Family. Both monographs draw heavily upon census data and an attempt is made to establish a solid basis for comparing and contrasting current trends in marital separation and remarriage with data reported in other studies, such as Goode’s (1956) classic study of divorce.

As the authors point out, projections from census data suggest that marriage has remained a cultural norm in the United States with over 90% of all adults marrying at least once. Furthermore, they suggest that about half of all first marriages formed in recent years will end in divorce and that three-fourths of all divorced persons enter a subsequent marriage relationship. Despite the fact that divorce and remarriage have become normative in American society, few sociological studies have been published in this important area of research.

Spanier and Thompson examine not only the social-psychological but also the economic and legal factors that accompany the marital separation and divorce processes. The role of outsiders and of the extramarital sexual affair are examined with regard to the marital separation process. Not surprisingly, over a third
(38.5% of the men, and 37.8% of the women) of Spanier and Thompson’s respondents had engaged in extramarital affairs before the divorce. They suggest that there is a reciprocal relationship between extramarital affairs and marital dissolution. When either or both marital partners begin to perceive that their needs are not being met within the marriage, they begin to look outside the marriage to get them met.

Spanier and Thompson also report that reactions to marital separation and divorce range from feelings of relief at being out of a bad marriage to feelings of confusion and distress. For some there are feelings of guilt, anger and loneliness, while for others there are feelings of ambivalence that need to be sorted out before the marital separation can be accepted. The emotional processes of ending and leaving a failing marriage are experienced differently by the partner leaving and the partner being left. There is usually a lag in the acceptance for the dumpee.

The relationship with the ex-spouse is examined by Spanier and Thompson to determine if distinct patterns exist. They found that among women there was a consistent link between the quality of the marriage in waning months prior to the separation and the quality of the postmarital relationship between former spouses. As the authors point out, the partnership between husband and wife does not end with separation but rather is carried over in memory and reconstructed accounts of the relationship.

The vast majority of their respondents received moral, and/or physical support from family and friends after the marital separation and divorce. The love and acceptance of significant others help to provide emotional support and build self-esteem during the fragile periods of marital separation and divorce. Thus, the support networks of the formerly married are extremely important in helping to buffer the distress of a marital breakup. It is noted in Parting that dating and becoming sexually involved with members of the opposite sex can be anxiety producing and awkward for the recently separated and divorced since they are out of practice negotiating the dating market. Dating can function as a distraction from the pain of the marital separation, and it can serve the function of filling the void of having a significant other to confide in and enjoy sharing the comforts of sexual intimacy. Sexual involvement usually progresses at a fairly rapid pace in relationships with the opposite sex among the formerly married.

In Furstenberg and Spanier’s Recycling the Family, data from the follow-up study of divorced persons that were part of Spanier’s study reported in Spanier and Thompson’s Parting are presented. Like the Spanier and Thompson book, Furstenberg and Spanier’s book details the theory and methodology of their study so that the reader can gain an appreciation for not only the complexities of the study but also for the methodological rigor and conceptual clarity of the research.

Although Parting is richer in terms of the breadth of empirical data presented, Recycling the Family is richer in terms of theory development. One of
the unique contributions of Furstenberg and Spanier's work is a creative theoretical essay that details their theory of conjugal succession. According to their explanation of conjugal succession, the pattern of family formation has changed from marriage serving primarily as a rite of passage that demarcates the transition from childhood to adulthood. Marriage is viewed less as a goal or static state and instead becomes conceptualized as a relationship process independent of other life course events and as a more voluntary and less permanent structure. They contend that marriage in contemporary society has changed and that as expectations have risen for the marital relationship to meet the emotional needs of both partners, fewer couples are willing to remain in unsatisfying relationships.

Remarriage is very different from first marriage. The experience of having been in an unsuccessful marriage and having endured marital conflict contributes to a redefinition of subsequent marriages, whereby expectations and standards are altered in light of the previous experience. As Berger and Kellner (1964) note, the plausibility structure has to be altered whereby individuals who have experienced marital failure will see subsequent marital opportunities as resulting in a positive outcome. There is less likelihood that remarriages are begun with the same degree of idealized images as are first marriages. Furstenberg and Spanier draw upon phenomenological theory in developing explanations for the process of constructing a shared reality by remarried couples.

Furstenberg and Spanier challenge Cherlin's (1978) incomplete institutionalization of remarriage hypothesis that predicts remarriages are less stable than first marriages because of increased conflicts, which are endemic to remarriage situations, the lack of normative guidelines for remarriage, the overall increased complexity of remarriage with children and inlaws, etc. According to Furstenberg and Spanier, the explanation for the increased likelihood of marital dissolution of second marriages is tied to the unique biographical characteristics of those who remarry and to the remarriage process.

In both Parting and Recycling the Family, the importance of realistic marital expectations is pointed out. Retrospective accounts of marital failures consistently point to a lack of communication skills which, in turn, inhibit self-other disclosures and thus rob the couple of the opportunity to develop what Mace (1982) calls "relationship depth." With relationship depth, mutual trust and understanding increase, fostering respect and caring and thus encouraging the development and maintenance of relationship growth. It is also clear that the ability to creatively handle differences and resolve conflict is critical in developing a successful marriage.

In summary, I see these two volumes as perhaps the finest examples of sociological research in the family field published in over a decade. Clinical sociologists will find the vast wealth of empirical findings and richly interwoven theoretical explanations a virtual gold mine.
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"We now have tools for examining the relations between the social processes which regulate us and the psychic functioning of individuals. In contrast to what psychoanalysis can offer, these processes are in principle ones to which we can all gain access. They are the stuff of our daily lives; they are material for struggle" (p. 322). These sentences end Changing the Subject an extensive book written by five British psychologists who charge themselves with the task of rewriting some basic tenets of the social sciences. The book includes three sections, each consisting of two essays. These are: (Part I) "Psychological Assessment in Organizations" (Industrial Psychology) and "Social Psychology and the Politics of Racism"; (Part II) "The Subject of Psychology" and "Developmental Psychology and the Child Centered Pedagogy: Insertion of Piaget into Early Education"; (Part III) "Gender Differences and the Production of Subjectivity" and "Power Relations and the Emergence of Language."

The main thesis of the book is basically to argue for "the theoretical inadequacy of the concepts of a pre-social individual and a preformed social world" (p. 8). The authors first critique the "individual-society dualism and its effects upon psychological theory and practices." Second, they develop what they term "alternative perspectives which show psychology's part in the practices of social
regulation and administration," attempting to show how the "very notion of individual is a product of discourses which have been developed through these practices." Their third goal is "retheorizing subjectivity on the foundations of the first two."

One of the main issues they grapple with is the notion of dualism. For these authors, the psychological concept of dualism is theoretically inadequate because it fails to theorize sufficiently about the social component in psychological functioning. Although they consider dualism to be theoretically inadequate, the authors believe that it is still used as an apparatus to legitimate social control. They eventually solve this dualism dilemma by referring to literature that concludes that the individual and the social were created together: "the processes whereby meaning is produced at the same time as subjects are fabricated and positioned in social relations" (p. 98).

Another issue explored is the humanist-antihumanist debate. "A clearer understanding of what was at stake in the polemics surrounding the humanism-anti-humanism debate should help establish what it is we are trying to move away from" (p. 93). Dethroning the humanist position, they also disagree with the concept of the rational view of man. They want to move the subject away from positing a "unitary, essentially non-contradictory and above all rational entity." Nor are they comfortable with a classical "mechanistic Marxism," mainly because of the Marxist attempt to explain all of human misery, alienation and exploitation as effects of the capitalist mode of production. The approach with which they do feel comfortable is one "which stresses the primacy of signification as opposed to representation, the main difference being that signification as the process of making sense does not represent anything, rather it is a production" (p. 97). In other words, representation theory assumes that reality exists and that individuals simply reflect that reality. Signification, on the other hand, implies that reality is created via interaction. Individuals do not merely reflect the preexisting reality but have an effect via interaction on shaping, producing that reality.

Changing the Subject attempts to examine and analyze certain basic epistemological issues. The attempt is to enable the reader to rethink these issues by exploring a variety of "applied areas." It is a challenging endeavor. However, in the process the reader is often lost. The language is cumbersome; the wordiness is tedious. While the book is potentially an important one and the issues explored are relevant to the social sciences, it is difficult to read more than a few pages at a sitting. "Tools for understanding" are often promised but hardly ever delivered, and if at rare times the reader is given insight into the "answer," it is always guised in obscure, convoluted terminology.
Increasing demand for cost effectiveness in organizations provides the background for this timely book. Thomas defines an intervention as "a planned intrusion into the life or environment of an individual, couple, family, or other target unit that is intended to bring about beneficial changes for the individual or others involved" (p. 29).

The book is divided into four parts: 1) introduction; 2) the anatomy of the helping strategy; 3) design and development of interventions; and 4) selected tools and techniques. In Part Two Thomas discusses the objectives, targets, and roles of intervention; assessment and intervention planning; intervention methods; implementation, maintenance and termination; monitoring, evaluation, and follow-up. These interesting chapters give practical information on the various steps to be taken. The author's emphasis on follow-up and evaluation is important because so often a patient is better when discharged, fine in six months, but a year later has relapsed when facing new stress. At the end of this section, Thomas makes a distinction between behavior theory and intervention theory. Under behavior theory he identifies "Freudian, neo-Freudian, behavioral, cognitive, cognitive-behavioral, personalistic, problem solving, humanistic, social psychological, psychobiological, transactional, or family systems among others" (p. 84). Thomas points out that all interventions are based on behavior theory but that the theory is seldom explicit. Intervention theory is directed toward "understanding and prescribing the behavior of the helping person and the activities involved in the process" (p. 84). It consists of "the concepts, informational content, assumptions, values, and prescriptions that serve to guide the practice activities of a helping strategy" (p. 87). He points out that intervention theory is still in its infancy. The problem is that he does not propose any hypotheses. It might be better at this stage to call Thomas' formulations a "model."

In Part Three, Thomas discusses the four steps of research and development. Although he introduces some new concepts, he also repeats some of the information given in Part Two. This is confusing for the reader who has to put together both sets of information. It would have been easier if he had proceeded systematically from an assessment or analysis of the problem to the follow-up evaluation of the intervention, and grouped all pertinent information. In this section he points out that a good intervention is effective and efficient, gives appropriate instructions to guide the practitioner, is usable, inexpensive, and protects the rights of the participants. The sources of information are extensive and include basic and applied research, scientific and allied technology, legal
policy, indigenous innovation, and personal and professional experience. But how an innovation is generated by investigating these different sources is not made clear.

He suggests that a feasibility study should be undertaken to evaluate whether technically, financially, organizationally, and politically the intervention is feasible. This recommendation is important. There are different schools of therapy and one has to be sure, particularly in clinical intervention, that the type of intervention proposed does not clash with the values, theoretical orientation, or training of the staff, or with some vested interest of the organization where the intervention takes place.

Design, which consists of planning the different stages of the intervention, involves the following steps: determining the objective of the innovation; identifying what it will accomplish; selecting information to solve problems; generating and selecting alternatives; assembling the different elements of the design, drawing some symbolic representation or blue print of what should be accomplished; and deciding on the procedure to be followed.

Development is the process by which an innovation is implemented, used on a trial basis, tested, and refined for its adequacy. The scope of the development has to be determined, bearing in mind that it must remain “a manageable and workable project” (p. 188). The size of the sample has to be carefully determined. Decisions about staff and supervision have to be made and implemented. Trial use and developmental testing are the last stages of development.

Evaluation of the intervention is indispensable because it determines whether an intervention should be retained, utilized as it is, or redesigned and developed further. The focus of the evaluation is outcome testing and an important criteria is whether it is effective. The different requirements of evaluation and treatment may cause some conflicts, and Thomas suggests some alternatives to this problem.

Indication of success and failure should consist of multiple indicators. The first is the target behavior but relevant correlated behavior should also be evaluated. Client behavior change has to be assessed by self-report, by observation of the client by the practitioner, and by other observers.

Evaluation should be carried out early in the process so that modifications in the design can be made when necessary. Single-case experiment and between-group experiments can both be used. Single-case experiment is more useful at the beginning of a project, while between-groups experiments can be conducted when the intervention has been established. Once the innovation has been proved successful it is important to diffuse the results through publication and the media so that it can be more generally adopted.

In Part Four, Thomas makes a distinction between empirical, analytic, and practice techniques. Information retrieval and review, task analysis, the critical incident technique, flow charting, and making recording forms are some of the
techniques he proposes. He mentions that neutral interviewing is important. This should be stressed because although it is crucial that the interviewer does not ask biased questions, in practice bias often occurs.

There is a great deal of valuable practical information in this book. The problem is that Thomas has too many concepts and repeats himself too much. More importance should have been given to an analysis of the socioeconomic background of the patient; whether a particular therapy is applicable and successful may depend to a certain extent on the educational level and ethnic background of the patient and on his or her lifestyle. At the end of each chapter Thomas has a summary in point form, but one has to study it carefully because so many concepts are presented. It would have been helpful if he had discussed the conduct of a few successful interventions and the techniques which were used. Despite a few reservations about the structure of this book, it pioneers a new area of practice and research.


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*Offenders, Deviants, or Patients?* was meant to serve as an introduction to the relationship between mental disorder and criminal behavior for a wide range of professionals and for interested lay readers. The book is divided into two parts. The first six chapters examine some of the general issues of criminal responsibility, the nature of the relationship between mental illness and criminal behavior, the relationships among psychiatry, the courts and the penal system, and the concept of “dangerousness.” The substantive chapters in the second part explore arson, sexual offenses, alcohol and drugs, and “female” offending.

The relationship between criminal behavior and mental illness is a complicated topic and those who work in the field could benefit from a clear overview. The author, a senior lecturer in social work at the University of Leiscester in England, has set forth an ambitious task for himself. The subject matter demands diverse perspectives. While social work treatment is a central concern, it is clear that a tremendous amount of legal, sociological, psychological and medical material has been amassed and organized in this book. For a variety of reasons, however, the presentation of the material does not live up to its promise.

Perhaps the most consistently frustrating issue for a reader in the United States is the cultural bias of the book. One should not fault the author for using his country’s body of knowledge, but it is important that non-British readers be
aware of this limitation. With a few brief exceptions (usually a reference to the
U.S. system) the material presented comes from the British mental health care
and criminal justice systems. American readers will probably not be familiar
with the British model, where one system exists for the entire country. In the
United States, the general complexity of the issue is further complicated by the
varying state regulations and policies concerning mentally ill offenders. If this
information is important to the reader, more specialized sources in the American
literature will be more useful.

The author has a habit of illustrating points by citing presumably "famous"
cases. If, as may often be the case, the reader is not familiar with the case, the
point of the illustration is lost. This is especially annoying in an "introduction"
to the topic. I often found myself wishing for more information on fewer illustra-
tions. The simple device of briefly describing the details of a particular case
would have made the illustrations much more meaningful.

A great deal of research literature is presented. Each chapter has an extensive
bibliography and a list of references for further reading on each subject. This
is helpful to those readers who wish to explore a subject in greater detail (although
much of the work which has been done in the United States is not presented).
However, as was the case with the illustrations, I often wished for more extensive
discussions of fewer studies.

The author is at his best when dealing with general introductions to the
field. Chapter 3 on mental disorder and criminality is perhaps the best in the
book and is especially useful for those unfamiliar with the area. The review of
literature on the prevalence of psychiatric populations includes studies done from
1918 through the late 1970s. (Readers interested in these topics after 1980 may
want to look at Steadman et al., 1982, and Monahan and Steadman, 1983.) The
second half of the chapter provides a classification of specific types of mental
disorders and their relation to criminal behavior, which will be especially useful
to those unfamiliar with psychiatric labeling.

About halfway through, the focus of the book begins to blur. Chapter 6
(Are Such Men Dangerous?) for example, poses perhaps the most important
question, but it lacks a clear focus and sense of direction. The first third of the
chapter includes several cases taken from press sources in Great Britain. The
purpose of these is not entirely clear. The author then briefly defines danger-
ousness and applies the definition to legal and ethical considerations. This is the
heart of the matter but the question raised by the title of the chapter is never
really answered. The remainder of the chapter covers prediction, management
and assessment, all important issues, which are not developed beyond brief,
almost commonsense recommendations.

The chapters on specific offender/patient groups are less satisfactory than
the initial chapters of the book. It is not clear why the author chose to single out
arsonists, sexual offenders, drug and alcohol users, and females for special
coverage. In the introduction he stated that "care and management are based best upon an indepth understanding of the complex aetiology of particular offender groups" (p. 6). The chapters do contain detailed classification schemes for these offender/patient groups. However, the connections between the categories and particular treatment orientations are never made.

These chapters also tend to be unclear and imprecise in conclusions drawn from the literature cited. For example, when discussing the rise in the crime rate for females, the author states, "Kestenbaum (1977) using official statistics, asserts that the arrest rate for females doubled in the period 1960-1970, and whilst the crime rate for men stood at about 25 percent, for women it was 74 percent. The arrest rate of women for violent crimes rose to 69 percent in 1969-1970" (p. 302). I assume that the author meant that the crime rate increased by 25 percent for men and by 74 percent for women, and that the arrest rate for women committing violent crimes rose by 69 percent. That would certainly make more sense than saying that the crime rate for women is three times higher than that for men.

Later in the same chapter, the author discusses the connection between the menstrual cycle and criminal behavior by citing the results of studies by Dalton (1961, 1964). "In her early study, she found that nearly 50 percent of a group of women offenders in prison had been convicted [reviewer's emphasis] in the menstrual or immediate premenstrual period" (p. 316). It is unclear what the time of conviction has to do with menstrual cycle influences on criminality. Without going to the original source, it is impossible to tell whether this was really the point of the study or whether Prins actually meant the women had committed their crimes during this phase of their menstrual cycles.

I would have preferred eliminating these last chapters and expanding on the themes introduced in the beginning of the book. While covering a wide range of material in an introductory work is important, it should not be at the expense of making what has been presented understandable to the reader who is not familiar with the field. I cannot wholeheartedly say that the author has created a work that will be of great benefit to those who are largely unfamiliar with the relationship between mental health and criminal behavior. However, the book may have some unanticipated benefits for some readers. The voluminous bibliographical material provides a good starting point for anyone interested in pursuing the cross-cultural aspects of mental illness and criminal behavior. The indepth coverage of research done in Great Britain may be useful to American writers who do not routinely cite it. Similarly, the discussions and descriptions of the British system for dealing with these offenders may be useful to anyone interested in the history and functioning of that system or for comparative purposes. Much of the book may therefore be more appropriate for those who are already familiar with the field than for the beginner, as was the author's stated intent.
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The CLINICAL SOCIOLOGY 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 sociotherapists, counselors, gerontologists, organizational developers, program planners, community organizers, policy planners on all levels including international practice, conflict intervention and impact assessment, and many others who practice, study, teach, or do research about direct intervention.

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