CLINICAL SOCIOLOGY REVIEW
Volume 7, 1989
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Acknowledgments: Every article submitted to the Clinical Sociology Review is read by at least one member of the editorial board or an associate or assistant editor, and at least two other reviewers. These reviewers are chosen because of the relevance of their knowledge for evaluating the manuscript.

A number of authors have commented on both the thoughtfulness and helpfulness of the reviewers’ comments. This is a real tribute to those colleagues who have served so well in this capacity.

The Clinical Sociology Review acknowledges with thanks the following special reviewers:

Clifford Black
Elizabeth Clark
Melvyn Fein
Jonathan Freedman
Jan Fritz
Richard Gagan
Edward Kealy
Anne K. McCarrick
Valerie Malhotra
Phillip Robinette
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Clinical Sociology is the creation of new systems as well as the intervention in existing systems for purposes of assessment and/or change. Clinical sociologists are humanistic scientists who are multi-disciplinary in approach. They engage in planned social change efforts by focusing on one system level (e.g., interpersonal, small group, organization, community, international), but they do so from a sociological frame of reference.

The Clinical Sociology Review publishes articles, essays, and research reports concerned with clinical uses of sociological theory, findings or methods, which demonstrate how clinical practice at the individual, small group, large organization or social system level contributes to the development of theory, or how theory may be used to bring about change. Articles in the Review are generally expected to be relevant to intervention at some level. Articles may also be oriented to the teaching of clinical sociology. Manuscripts will be reviewed both for merit and for relevance to the special interests of the Review.

Manuscript submissions should follow the American Sociological Association style guidelines, including reference citation style, and should include an abstract. There is a $10.00 processing fee which is waived for members of the Sociological Practice Association. Send four copies of the manuscript to: David J. Kallen, Editor, Clinical Sociology Review, Department of Pediatrics/Human Development, Michigan State University, East Lansing, MI 48824; (517) 353-0709. When possible, final copies of accepted manuscripts should be sent on a 5 1/4-inch IBM compatible computer disk. Inquiries may be addressed to the Editor at his bitnet address: 13642 KAL at MSU.

Books for consideration for review in the Clinical Sociology Review should be sent directly to the book review editor, Howard Rebach, 225 West College Avenue, Salisbury, MD 21801.

Subscription inquiries should be sent to the publisher: The Michigan State University Press, 25 Manly Miles Building, Michigan State University, East Lansing, MI 48824.

Membership and other inquiries about the Sociological Practice Association should be sent directly to the Executive Officer/Treasurer: Rosemary Barbaret, Institute of Criminal Justice and Criminology, University of Maryland, 2220 LeFrak, College Park, MD 20742.

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Editor's Preface

Volume 7 of the *Clinical Sociology Review* maintains the same format and sequence as in previous years. The five major sections, *History of Clinical Sociology, Theories and Methods of Clinical Sociology, The Practice of Clinical Sociology, The Teaching of Clinical Sociology, and Book Reviews* are the same sections which have traditionally appeared in these pages. The content, of course, is new, continuing the tradition of developing a clinical literature in sociology.

Another tradition in these pages is for the editor to thank the many readers whose wisdom, devotion, and judgment adds so much to the *Review*. The associate and assistant editors, the editorial board, and special reviewers spend many hours reading and commenting on manuscripts and preparing feedback for the authors and the editor. Without this help and dedication the *Review* would not exist in its present form. The editor thanks them. The editor expresses special thanks to Colleen Knffen who has made sure manuscripts get sent out for review and feedback sent to authors, and who has made the tasks of the editor easier in many other ways.

**History of Clinical Sociology.** In 1930, Milton C. Winternitz, Dean of the School of Medicine at Yale University, proposed the establishment of a department of clinical sociology in the Medical School. This year's section on History reviews this effort. Jan Fritz's "Dean Winternitz, Clinical Sociology and the Julius Rosenwald Fund" reviews the efforts Winternitz made to secure funding for the department from the Julius Rosenwald Fund, and the Fund's refusal to provide the needed monies. In her independently submitted "Notes on the History of Clinical Sociology at Yale," Judith Gordon relies in part on remembrances by John Dollard to fill out the local story. She also reviews Abraham Flexner's opposition to this socially oriented endeavor. The section includes two statements by Winternitz on the proposed department of clinical sociology, and the correspondence between Winternitz and Michael M. Davis of the Rosenwald Fund relevant to Winternitz' request for financial support for the department.

**Theories and Methods of Clinical Sociology.** Policy research frequently require the monitoring of program implementation. Mark van de Vall's "Comparative Case Method for 'Local Molar' Program Evaluation and Adjustment" provides a method for insuring the investigator includes all relevant factors in that monitoring. This is followed by two articles dealing with empowerment. In "Redemptive Organizations and the Politics of Hope" Richard Couto reviews how redemptive organizations—that is organizations that have explicit political purposes of social transformation and a concomitant requirement of
personal sacrifice—form an important part of social movements through empowerment of the socially disempowered. From a different perspective, Kerry Daly examines the loss of power felt by potential adoptive parents. "Anger Among Adoptive Parents: Structural Determinants and Management Strategies" analyzes the consequences of the power imbalance between adoption agencies and potential adoptive parents, and discusses interventions to reduce the loss of power felt by the adoptive parents. Dyadic relationships have traditionally been the domain of sociological analysis. In "Triadic Analysis: A Conceptual Tool for Clinical Sociologists" C. Margaret Hall explores the utility of examining triadic relationships, particularly when the dyad is under stress, and indicates how understanding triadic relationships aids the clinical sociologist in working with dyads. Finally, in this section, Richard D. Knudten's "Clinical Implications of Victimological Theory" shows how a knowledge of this theory is useful to the clinical sociologist.

The Practice of Clinical Sociology. Phillip Robinette and Robert A. Harris present a structured method of conflict resolution which is particularly useful for a two person group. "A Conflict Resolution Method Amenable to Sociological Practice" requires a strict focus on a single issue at a time, uses brainstorming, and other means so that each member of the dyad can articulate the position of the other member. The process works from solutions to single issues to problem relationships as a whole. Beverly Ann Cuthbertson, "The Therapeutic Community in a Psychiatric Facility: Does Clinical Sociology Have a Place," reviews the roles which a sociologist can play in a mental hospital. Working within a biopsychosocial context, sociologists can illuminate the ways in which linguistic and emotional patterns reveal the underlying disorder and the socio-cultural contexts from which the disorders emerge. Communities are concerned with drug usage as well as with mental disorder, and in "Reducing Adolescent Drug Abuse: Sociological Strategies for Community Practice," W. David Watts shows how sociological strategies can help reduce drug use by adolescents. In "The Case of the Hexed Hair Revisited: Cross Cultural Intervention One Year Later" Jonathan A. Freedman brings us up to date on the experience of a woman who required religious intervention and exorcism before she could have her hexed hair cut. In an international practice note, Marek K. Mlicki, a Polish sociologist, provides "An Introduction to Sociotechnics," a review of the Polish school of sociotechnics, or social engineering.

Teaching of Clinical Sociology. Three articles on the teaching of clinical sociology are presented this year. Two of them deal with undergraduate programs. "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar" by Anthony Kapusinski, an undergraduate sociology student, with the assistance of his fellow classmates, Teri Sutterlin, Katie Lou Hobbins, Ronald Wright, and the class instructor, Robert Bendiksen, presents a schema for creative problem solving that was developed
as part of a course in problem solving sociology. The usefulness of undergraduate training in sociology for future careers is examined in “Preparing Undergraduate Sociology Majors for Practice: Implications from a Survey of Graduates” by James Sheroehman and Linda Havir. An integrated graduate program in clinical sociology is discussed by Clifford M. Black, John E. Holman, William A. Luker and Richard Enos in their presentation of “An Integrated Model for Graduate Training in Sociological Practice: The School of Community Service at the University of North Texas.”

Book Reviews. Alfred McClung Lee has long been a voice of humanism within sociology. Jane C. Canning reviews his new book, Sociology for People: Towards a Caring Profession. She sees it as an optimistic call for a humanistic, caring profession of sociology, and a personal commitment to human values. It is worth reading. Amitai Etzioni’s new book, The Moral Dimension: Towards a New Economics integrates sociological and economic theory. Harry Cohen finds this a book of great interest to clinical sociologists, and a very special book. Janet Mancini Billson reports that Focus Groups: A Practical Guide for Applied Research provides an excellent overview of the field, but is perhaps more useful for academic than for commercial users of focus groups. Integrating Sex and Marital Therapy: A Clinical Guide, edited by Gerald R. Weeks and Larry Hof provides an excellent overview of the field, and, according to Hugh Floyd will be equally useful for graduate students and clinicians. Katherine Williams sees Becoming an Ex: The Process of Role Exit by Helen Fuchs Rose Ebaugh, a study of role exits which both expands out theoretical understandings and is useful for practice.
Robert A. Bendiksen, "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar," is professor of sociology at the University of Wisconsin—La Crosse where he teaches courses in sociological practice, medical sociology, and sociological theory. He is a Certified Clinical Sociologist who facilitates small group creative problem solving in organizational development seminars, focus groups, and qualitative program evaluations. Bob is president of the Sociological Practice Association, immediate past-president of the Wisconsin Sociological Association, and co-editor (with E. Clark, J. Fritz, P. Rieker, and A. Kutscher) of Clinical Sociological Perspectives on Illness and Loss: The Linkage of Theory and Practice.

Clifford M. Black, "An Integrated Model for Graduate Training in Sociological Practice," is the acting dean of the School of Community Service at the University of North Texas in Denton, Texas. He has published in the areas of clinical sociology, sociological practice, and criminal justice. His focus has been on the translation of theory into practice and the design of models for intervention. He is a Certified Clinical Sociologist (CCS). He was instrumental in developing the first state affiliate of the Clinical Sociology Association and establishing the first Ph.D. program with opportunities for training and experience in sociological practice and clinical sociology.

Richard A. Couto, "Redemptive Organizations and the Politics of Hope," is Professor of Public Administration and Coordinator of Research at Tennessee State University. His article is taken from his forthcoming book, Sick for Justice: Race, Leadership and Change.

Beverly Cuthbertson, "The Therapeutic Community in a Psychiatric Facility: Does Clinical Sociology Have a Place," received her doctorate from Arizona State University where her specialties were sociological social psychology and the sociology of emotions. She recently completed the first national traineeship in clinical sociology.

Kerry Daly, "Anger Among Adoptive Parents: Structural Determinants and Management Strategies," is an assistant professor in the Department of Family Studies at the University of Guelph, Ontario. He has researched other aspects of adoptive parenthood including the formal resocialization process within a government adoption agency and the social responses to infertility and childlessness. He is currently doing research on adolescent attitudes toward making an adoption plan in teenage pregnancy resolution.
Richard Enos, "An Integrated Model for Graduate Training in Sociological Practice," is the chair of the Department of Social Work at the University of North Texas and is a member of the Academy of Certified Social Workers (ACSW). He has had experience in both clinical social work practice and administration. His focus in sociological practice has been upon the interface between sociology and social work. In particular, he has translated sociological theory for use by social workers and sociologists for intervention in areas of human need. He has published extensively in both social work and sociology journals.

Jonathan Freedman, "The Case of the Hexed Hair Revisited: A Cross Cultural Intervention One Year Later," is director of Education and Training at the Hutchings Psychiatric Center. He is a past president of the Sociological Practice Association (Clinical Sociology Association).

Jan M. Fritz, "Dean Winternitz, Clinical Sociology and the Julius Rosenwald Fund," is a Science Associate with the National Cancer Institute. She currently is on assignment at Loma Linda University with the Department of Preventive Medicine and a faculty member at California State University, San Bernadino. She is the author of numerous publications on the history of clinical sociology and is the co-editor (with Elizabeth Clark) of Sociological Practice. Jan is a past president of the Clinical Sociology Association and past chair of the American Sociological Association's Sociological Practice Section.

Judith B. Gordon, "Notes on the History of Clinical Sociology at Yale," is a professor in the Department of Sociology at the University of New Haven and also is affiliated with the Department of Psychiatry at Yale University.

C. Margaret Hall, "Triadic Analysis: A Conceptual Tool for Clinical Sociologists," is associate professor and chair, Department of Sociology, Georgetown University, Washington D.C. She has a private practice in clinical sociology, with specialization in family, gender and value concerns. Her clinical research has been published in interdisciplinary and sociology journals, and her work on theory construction in clinical sociology is the basis of her forthcoming book, Women and Identity: Value Choices in a Changing World.

Robert A. Harris, "A Conflict Resolution Model Amenable to Sociological Practice," is an assistant professor of English at Southern California College in Costa Mesa, California, where he also teaches creative thinking and problem solving.

Linda Havir, "Preparing Undergraduates for Practice: Implications from a Survey of Graduates," is associate professor of sociology at St. Cloud State
University. She teaches courses in statistics, research methods, aging, and medical sociology. She also supervises sociology interns. She has conducted applied research on the rural elderly and has published research on working mothers, elderly volunteers, and long-term care policy.

Katherine L. Hobbins, "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar," is a junior sociology major with a minor in psychology. Kate plans on developing her investment career interests in business after graduation.

John E. Holman, "An Integrated Model for Graduate Training in Sociological Practice," is the director of the Institute for Criminal Justice Studies at the University of North Texas and a Certified Clinical Sociologist (CCS). He administers an Inmate Rehabilitation Program at the Denton County Jail in Denton, Texas. In addition, he is actively involved in alternative sentencing programs and research in the state. He recently received a research award from the Office of the Governor of the State of Texas for his work in electronic monitoring and house arrest. He has experience working with NIMH and the Public Health Service.

Anthony G. Kapusinski, "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar," is a senior sociology major and business administration minor at the University of Wisconsin—La Crosse. He is a member of the National Honor Society, the Sociological Practice Association, and the Wisconsin Sociological Association. Anthony presented a paper in the undergraduate student session at the 1988 annual meeting of the WSA. His clinical sociology undergraduate education included an internship as a business consultant. He plans on graduate study in sociological practice leading to a career in organizational development consulting.

Richard D. Knudten, "Clinical Implications of Victimological Theory," is Professor of Sociology and of Criminology and Law Studies at Marquette University, Milwaukee, Wisconsin. He is a past president of the National Organization of Victim Assistance (NOVA), former associate editor of Victimology: An International Journal, and former editor of The Review of Religious Research. He has published eleven books and numerous articles in criminology, victimology, social problems, social theory, and sociology of religion and has wide experience in clinical, applied, and evaluative sociological practice. He received his clinical sociology certification (CCS) in 1985.

William A. Luker, "An Integrated Model for Graduate Training in Sociological Practice," is the dean of the School of Community Service at the University
of North Texas in Denton, Texas. He is the second dean of this school and is currently serving as chair of the 1990 University of North Texas Centennial Celebration Committee. He helped establish the School of Community Service and created and directed the Institute for Applied Economics. This Institute includes a Center for Economic Education and an Institute for Labor and Industrial Relations. His most recent publication is *Economics for Decision Making*. He has an extensive history as a practitioner and has contributed considerably to the development of sociological practice.

Marek K. Mlicki, "An Introduction to Sociotechnics," is with the Polish Academy of Science's Institute of Philosophy and Sociology. He is the author of *Socjotechnika: Zagadnienia Etyczne i Prakseologiczne* (Sociotechnics: Ethical and Efficiency Issues) and the secretary of the sociotechnics group within the national Polish sociological association.

Phillip D. Robinette, "A Conflict Resolution Model Amenable to Sociological Practice," is an associate professor of Sociology and the Chair of the Division of Social Sciences at Southern California college. He is also a Certified Clinical Sociologist and director of the Life Enrichment Center in Costa Mesa, California. His areas of specialization include preventing and resolving marital, parental, group, and organizational conflicts. His interventions include sociotherapy, consulting, seminars, and weekend retreats.

James Sherohman, "Preparing Undergraduates for Practice: Implications from a Survey of Graduates," is associate professor of sociology at St. Cloud State University. He teaches courses in social psychology and applied sociology. He had primary responsibility for designing the applied sociology major at St. Cloud State. His research interests include the education of sociological practitioners and group problem-solving.

Terri S. Sutterlin, "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar," is a junior political science major and sociology minor at the University of Wisconsin—La Crosse. Terri is planning on a career in hospital administration after graduation.

Mark van de Vall, "A Comparative Case Method for Local Molar Program Evaluation and Adjustment," is chair of the Department of Sociology, Erasmus University, Rotterdam, Holland.

W. David Watts, "Reducing Adolescent Drug Abuse: Sociological Strategies for Community Practice," is professor and chair of the Department of Sociology and Anthropology at Southwest Texas State University. Having studied and
written about drug abuse for 18 years, he presently directs two drug free schools and community projects in cooperation with a local school district and community.

Ronald T. Wright, "Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar," is a senior undergraduate sociology and psychology major at the University of Wisconsin—La Crosse. Ron plans include graduate study in college student personnel. He is a member of the National Housing Association and has completed an internship in university residence life at Cornell University in 1988.
Dean Winternitz, Clinical Sociology and the Julius Rosenwald Fund

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ABSTRACT

The earliest published statement of the value of clinical sociology was written by Milton C. Winternitz, dean of the Yale School of Medicine from 1920 through 1935. This article presents Winternitz's ideas about clinical sociology and discusses his unsuccessful pursuit of funds to establish a department of clinical sociology. The article also introduces two documents written by Winternitz and correspondence from 1931 between Winternitz and Michael M. Davis, director of medical services for the Julius Rosenwald Fund.

The words "clinical" and "sociology" were paired in a sociology journal for the first time in 1931 by sociologist Louis Wirth in an article in The American Journal of Sociology. But it now appears that the earliest published statement of the value of a clinical sociology came one year earlier—from a physician writing in the Yale University Bulletin.¹

Milton C. Winternitz (1885–1959),² "one of the country’s foremost pathologists" (The New York Times, 1959), was dean of the Yale School of Medicine from 1920 through 1935. In reviewing his work at Yale, a prominent critic of medical education described Winternitz as "one of the most energetic, keen and able administrators" in medical schools (Flexner, 1940:258).

Winternitz thought of medicine as a social science and in the earliest known publication discussing clinical sociology (Winternitz, 1930a), he wrote of his intention to form a "clinical sociology section." He said this plan's "actual realization only depends on securing the funds and the necessary personnel."

Winternitz’s brief 1930 note on clinical sociology mentioned that the "details

² Milton C. Winternitz (1885–1959), "one of the country’s foremost pathologists" (The New York Times, 1959), was dean of the Yale School of Medicine from 1920 through 1935. In reviewing his work at Yale, a prominent critic of medical education described Winternitz as "one of the most energetic, keen and able administrators" in medical schools (Flexner, 1940:258).

¹ The words "clinical" and "sociology" were paired in a sociology journal for the first time in 1931 by sociologist Louis Wirth in an article in The American Journal of Sociology. But it now appears that the earliest published statement of the value of a clinical sociology came one year earlier—from a physician writing in the Yale University Bulletin.
of this project have been incorporated in a separate memorandum." A 1930 memorandum, entitled *Practical Study of Social Relations: Plan for Graduate Department of Clinical Sociology at Yale*, as well as the 1930 note, are included in this section.

Winternitz intended to change medical education by having a student specialize in both a medical area and clinical sociology. Winternitz (1930c:3-6) wanted a new department of clinical sociology to bear "the same relationship to sociology as medicine bears to biology" and to be equal to the school's other five departments—"internal medicine, surgery, diseases of women, diseases of children, and psychiatry." The plan called for a graduate department that would "have its most immediate bearing in the School of Medicine, but . . . [would] be open to all professional students."

Winternitz (1930c:9) estimated that to establish the department—"A professor of clinical sociology, six associates or assistants and instructors, six secretaries and a certain amount of materials and equipment"—would "require a grant of $50,000 a year, or an endowment of $1,000,000." As for the leadership of this department, Winternitz (1930a) wrote that "an academic will not be a candidate . . . unless his accomplishments in the field of practical sociology are unusual, for the same viewpoint as obtains in other clinical branches also holds here."

Of interest to contemporary clinical sociologists is Winternitz's (1930a, 1930c) recognition of the importance of case studies and of "acquainting the student with the methods of obtaining a sociological history and of conducting a sociological examination." Additionally, he reported (1931a, 1931d) the success of a course in the section on public health that was "modeled directly after the outlined plan for clinical sociology."

Also of particular interest is the fact that Winternitz (1929) mentioned clinical sociology in a presentation at the University of Chicago, an institution where clinical sociology had been taught beginning in 1928 (Fritz, 1990). Winternitz's address—"Medicine as a Social Science"—was one of many given at the dedication of the University of Chicago's Social Science Building in 1929. In this presentation he said:

In order to give the medical man a proper regard for psychic and environmental conditions we must introduce into medical education a sociologist with experience in field work as well as with a theoretical knowledge of society. The sociologist with his staff must teach the student how to make the sociological examination of the patient. The clinical sociologist must stand on a par with the surgeon and the internist. He must know the academic side but at the same time he must have an actual and wide experience in case work in the
field. Obtaining the data in regard to the individual in relation to society must be considered of just as great importance to the student as obtaining the physical history.

The result will be a broadening of the view of the physician as well as of the social scientist.

Winternitz (1932:50-51) gave a very contemporary explanation of clinical sociology in his 1930-31 annual report to the president of Yale University. After stressing that the need for a clinical sociology program "becomes more and more apparent," he explained the scope of the field:

The field for clinical sociology does not seem by any means to be confined to medicine. Within the year it has become more and more evident that a similar development may well be the means of bringing about aid so sorely needed to change the basis of court action in relation to crime. The social physician (the name is the invention of the governor of one of the larger states), cognizant of the fundamentals of psychology, biology, and sociology, as well as of traditional legal education, would of course not be a specialist. He would, however, be capable of interpreting to the court the knowledge of the specialist, and such interpretation of special fields of knowledge is a pressing need in criminal procedure to-day. The specialist can hardly be expected to be a judge of all factors involved in crime, because a certain amount of fanaticism is necessary if he is to pursue his specialty with success.

Not only in medicine and in law, but probably in many other fields of activity, the broad preparation of the clinical sociologist is essential.

Winternitz vigorously sought funding for a department of clinical sociology over a two-year period and his efforts were focused on one foundation in particular—the Julius Rosenwald Fund. Julius Rosenwald (1862-1932), former president and chair of the board of Sears, Roebuck and Company, established a fund which existed from 1917 through 1948 for philanthropic activities. The Fund's purpose was "the well-being of mankind" and, like other foundations at their inception, the Fund was dominated by its founder.

The trustees in the early days were members of Rosenwald's immediate family and the Fund supported Rosenwald's personal causes. On January 1, 1928, the Fund was reorganized and moved from private to corporate giving. Rosenwald stepped down as head of the Fund and Edwin Embree, a former director and vice-president of the Rockefeller Foundation, became the new director.
According to a Fund report prepared for a 1930 meeting of the Board of Trustees, hundreds of requests for funding were being received each month. Among those looking for support was Dean Winternitz of Yale University. He sought resources from the Rosenwald Fund through Edwin Embree as well as through Rosenwald. But primarily he approached the Fund through Michael M. Davis, the director of the Fund's medical services.

Davis had studied sociology, under Franklin Giddings, in the graduate program at Columbia University, before becoming a staff member of The People's Institute, "an informal educational institution" (Pumphrey, 1972:31) and then, for a brief period, commissioner of recreation in New York City. It was Davis' medical work, however, beginning in 1910, that led to his position with the Rosenwald Fund.

Davis was the dynamic director of the Boston Dispensary who frequently published articles promoting changes in health care (e.g., Davis, 1915, 1916a, 1916b; Davis and Warner, 1918). His direction of New York City's Committee on Dispensary Development—as well as his friendship with Embree—also were factors that led to his invitation to work with the Rosenwald Fund. Davis' appointment meant the Fund would now be "improving the organized facilities for medical services to the average man of moderate means" (Survey, 1928:320-21).

Davis and Winternitz had what appears to have been a warm, personal relationship, but Winternitz's continued appeals for funding for a department of clinical sociology simply went nowhere. Included here are the six letters (Winternitz, 1931i, 1931j, 1931k; Davis, 1931a, 1931b, 1931c) they exchanged in December 1931 regarding the proposed program. They show Davis standing firm with his negative decision and the frustration being felt by Winternitz.

There may be a number of reasons why a department of clinical sociology never was established at Yale. Perhaps the Rosenwald Fund did not provide funding because it had higher priorities and/or it was simply a difficult time (the Depression) to seek substantial new support.

Other reasons may be found on the Yale University campus. The president of the school, James R. Angell, had been very supportive of his innovative medical school dean as Winternitz established dynamic new programs and brought together "a first rate faculty that elevated Yale to the front rank of medical institutions in the nation" (Viseltear, 1984:870). But there were those, on campus and off, who felt that Winternitz was reaching too far. Some objected to his authoritarian approach and thought the medical programs were suffering because of the unneeded expansion of interests.

By 1934 Winternitz was well aware of the barriers. Perhaps to answer the criticisms, he wrote the following in his annual report (Winternitz, 1935:26–27):
... the School is consciously striving to provide a well-rounded medical education.... It is only in comparatively recent years that this point of view has come forward so strongly, and the difficulties of putting it into practice in the medical curriculum are by no means slight....

Obviously, a medical school must not spread its interests to the point that subject matter which experience has shown to be essential in the medical curriculum is neglected. At Yale various plans have been proposed for broadening the outlook of the prospective physician and emphasizing the nonorganic factors in health. Objection has been taken to them on the grounds that it is wiser first to bring about a fuller development of existing departments.

It may well be for practical reasons that a medical school must not extend its teaching greatly beyond the boundaries set by the concept of the human body as physical organism. At the same time, the physician, as teacher, investigator, or practitioner, must be subject to the influence of advancement in fields other than his own. There is as yet a field undeveloped for the interplay of different disciplines and for the application of knowledge derived from the biological and sociological sciences to immediate and practical problems of human life....

Society has the right to expect that no field shall develop for itself and that means shall be found for assimilating knowledge for all fields for the good of society.

Winternitz was not reappointed to his position as dean in 1935 because of a lack of support from the medical school senior faculty. (Even as early as 1929 his position had been challenged.) While Angell always had supported Winternitz, he now was uninterested in circumventing the will of the senior faculty to keep Winternitz in his position.13

In his last report as dean, Winternitz (1936:9) still mentioned clinical sociology. He wrote:

During the past year two series of lectures on social aspects of medicine were delivered at the school, largely through the efforts of the department of Public Health.... Both series were well attended and gave evidence of the keen interest of the personnel of the school in the social backgrounds and implications of medical practice. These lectures, like the social-medical case studies sponsored by the department of Public Health, are along the line suggested by the plan for the development of a department of "clinical sociology" proposed some years ago. Such a trend is inevitable....
Viseltear (1984:885), in writing about Winternitz's career as dean, has said that many of Winternitz's ideas—such as interdisciplinary projects and the social approach to medical topics—increasingly are "finding fertile soil" at Yale. Similar ideas and projects also are showing up in a wide range of university programs around the country.

Viseltear (1984:885) suggests that perhaps the ideas (which were "diffuse, bold and idealistic") simply were put forward at Yale at too early a time. One of those early ideas was a department of clinical sociology.

**NOTES**

1. I am indebted to the special collections librarians at the following institutions for their assistance: Yale University Library, the Regenstein Library of the University of Chicago, Fisk University Library, and the New York Academy of Medicine. They were very helpful in efforts to determine whether Milton Winternitz had relationships with Julius Rosenwald, Michael Davis, Ernest Burgess, and Edwin Embree.

2. Winternitz received a B.A. from Johns Hopkins University in 1903. He received his medical degree from Johns Hopkins Medical School in 1907 and taught there until 1917. Soon after his appointment as a professor of pathology at Yale in 1917, he was named chief of the medical division's section on pathology. During World War II he chaired the National Research Council Committee on Treatment of Gas Casualties. He also was director of a number of hospitals and national medical committees.

   Among his accomplishments at Yale (see Winslow, 1935; Ifkovic, 1984, and Viseltear, 1984): raised the necessary funds for chairs in surgery, internal medicine, and pediatrics; introduced a system which cut across departmental lines (e.g., Neurological Study Unit involved five departments); established Yale Plan of medical education; established Institute of Human Relations, where medicine was to deal with the individual in relation to social and environmental conditions, and encouraged the development of the Human Welfare Group; encouraged the development of a School of Nursing and established an Oral Pathology Unit to encourage cooperative work between physicians and dentists.

   When Winternitz's retirement was announced in 1950, the *New York Times* said, "Dr. Winternitz, throughout his career, emphasized the importance of integrating medical science with sociology and the other fields of study, contributing to a better understanding of man and his environment."

3. The Human Welfare Group at Yale put together a listing of publicity material on July 1, 1931. The list indicates that a memorandum on clinical sociology was first prepared in March 1929 and that may be the one Winternitz refers to in the annual report. The 1930 version printed here probably is a revision of the original 1929 offering. The Human Welfare Group list from 1931 also indicates that the most recent revision of the memorandum was put together in January 1931. That probably is the 1931 plan entitled *Clinical Sociology at Yale* (Winternitz, 1931c).

4. Winternitz's presentation was given at a session presided over by Edwin Embree of the Rosenwald Foundation. According to records of the University of Chicago (e.g., White, 1930:51), Winternitz's presentation was entitled "Research in the Medical and Social Sciences." This title is slightly different from the one on the actual paper which is in the Yale University Archives.

5. A publicity summary from the Human Welfare Group (1932) indicates that a memorandum on clinical sociology was presented to the Carnegie Foundation for funding consideration sometime between 1928 and 1932. Other foundations also may have been approached as the listing was
acknowledged to be incomplete. Winternitz was absolutely determined to receive support from the Rosenwald Fund for the clinical sociology project and he put a great deal of energy into this approach. 6 Rosenwald’s hand-picked administrator, Edwin Embree, was not a sociologist by degree. Embree identified himself as one, however, probably because he was using a sociological perspective in his writing and in his project development (Stanfield, 1985:100).

7. I am indebted to Ralph Pumphrey for sharing his work on Michael Davis. Much of what is written here regarding Davis is based on Pumphrey’s work. Any errors in fact or analysis, however, are the author’s responsibility

8. Alfred McClung Lee and Elizabeth Briant Lee (1988) had the following to say about sociology at Yale

   After we arrived [as graduate students] in New Haven in 1931, we started to hear . . . about Winternitz. . . The Yale administration [at that time] was apparently unhappy with the lack of creativity of the sociology department.

   Winternitz started the Institute of Human Relations, a project that got only the slightest and most grudging cooperation from sociology. The cooperation came from Maurice R. Davie, head of sociology, but not an enthusiast for the IHR.

   So part of Winternitz’s problem with starting a department of clinical sociology was that Yale had no sociologists (except that radical Jerome Davis in Theology) who knew what he was talking about.

9. Yale president James Angell was asked by Winternitz to write a letter in support of Winternitz’s son, Thomas, who had applied for admission to the Loomis Academy. The letter contains the following references to the family: “His father, as you doubtless know, is Dean of the Yale School of Medicine and an extraordinarily brilliant person. . . Dr. Winternitz is a Jew. His wife was not. This boy has in his physique the Jewish traits . . .”

10. I am indebted to Arthur Viseltear for sharing his work on Milton Winternitz. Much of what is written about Winternitz’s difficulties at Yale is based on Viseltear’s work. Any errors in fact or analysis, however, are the author’s responsibility.

11. Among the critics were William Harlan Hale, editor of the Harkness Hoot, and Abraham Flexner, director of the Institute for Advanced Study at Princeton (Viseltear, 1984:879–81). Flexner (1930:112-24) wrote the following in Universitites, a book based on lectures he gave at Oxford in 1928:

   The most recent—and to my thinking the most incomprehensible—development in the way of an Institute has latterly taken place at Yale. Yale had long possessed an inferior medical school; in recent years the school has, under the highly intelligent, enthusiastic, and energetic leadership of its present dean, Professor Winternitz, rapidly improved its facilities, personnel, and resources. Its development is, however, far from complete; its resources far from adequate . . . it has not reached a state of stability or equilibrium; for the next decade or two, at least, it requires the same sort of leadership that it has enjoyed during the past ten years. . . Now it is proposed to form a “Human Welfare Group” . . . and finally, to add thereto an Institute of Human Relations.

   Dr. Rufus Cole, in a recent address on the progress of medicine, has, without having this in mind, completely demolished the theory on which, as far as medicine is concerned, the Human Welfare Group was conceived.

   As a matter of fact, there is nothing new in the proposed Yale Institute—not even “integration” . . . The Human Welfare Group is identical with Yale University! And we are precisely where we started, not enriched by an idea but impoverished by
a building and funds; for Yale is mangled to produce its jig-saw group. "The School of Medicine . . . has purposely minimized its own objectives" writes the Dean who is destroying his own handiwork. . . .

The advancement of knowledge and practice requires specialization and departmentalization as well as free and easy cross-fertilization. The President of Yale University is not unaware of this; but he thinks that the new Institute will provide for all. I cannot share his favourable expectation. . . . Easy-going contacts within the university are stimulating and helpful; at deliberately arranged cooperation the really gifted shy. That attracts only the inferior, never the original mind. . . .

Only one apparent novelty is proposed: a professor of clinical sociology. But what good hospital lacks its social workers, who work instead of lecturing? What Yale needs, what the country needs is not a new Institute. . . .

12. When these programs centered on prevention and the consideration of social factors, there were problems of acceptance. The medical students, for instance, were drawn to the advances taking place in basic science and in the clinical departments, not to the idea that was the basis for the formation of the Institute of Human Relations. As Viseltear (1984:885) has said: "What soon mattered in the Winternitz years, despite the Institute and its champions, was not prevention but cure; not the community but the patient; not health but sickness—each a negation of the principles upon which the Institute had been founded."

13. Winternitz continued at Yale as the associate director of the Institute of Human Relations and as the Anthony N. Brady professor of pathology until he became professor emeritus in 1950. He also was the director of the board of scientific advisors of the Yale-based Jane Coffin Childs Memorial Fund for Medical Research until he died in 1959

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To return now to the reference to medicine as a social science, it may be said that the general suggestion for the adoption of such a viewpoint has grown into a definite project, and its actual realization only depends on securing the funds and the necessary personnel. Details of this project have been incorporated in a separate memorandum; it will suffice to present a brief outline here. It is deemed essential to keep those other great factors of life, which, indeed, dealing with man as a social being, are quite as important for human well-being as are the biological, in the foreground of the student’s thought while he is pursuing intensively those aspects of the natural and biological sciences which have grown increasingly in the last half century, until now they have become so time-consuming that all else is overshadowed or actually excluded.

To accomplish this, a course available to the students of several different Schools is planned, designed to emphasize the fundamentals of psychology, sociology, economics, and some aspects of government through the vitalizing agency of actual occurrences as these involve individuals and the family group. For the medical student this opportunity will parallel that of the study of the usual biological sciences and will prepare him for the application of the principles with which he is now familiar in his practical work in the Hospital and in the units of the Clinic. A new section—Clinical Sociology—on a par with the now existing major clinical sections of the School is planned. Its chief must be a man of such outstanding qualifications that he will be welcomed by the other department heads and admitted as the Professor of Clinical Sociology, on equal terms with his associates, to the governing body of the School. An academician will not be a candidate for this post unless his accomplishments in the field of practical sociology are unusual, for the same viewpoint as obtains in other clinical branches also holds here.

Excerpted from Reports to the President of Yale University 1928–1929, New Haven: Bulletin of Yale University, 1930, 92–94 Reprinted by permission of the Yale University Library.
Studies in Sociology for All Students

Achievement in the purposed activity must be the basis of selection. The Professor of Clinical Sociology and his staff will assume the responsibility of acquainting the student with the methods of obtaining a sociological history and of conducting a sociological examination. Just as the staff in Medicine, Surgery, Pediatrics, Diseases of Women, and Psychiatry, or any combination of these, teach him the approach to the problems of a single patient from the viewpoints of their particular disciplines, so will the Professor of Clinical Sociology and his assistants instruct the student in the approach to the social problems of the individual. With the cooperation of the existing agencies for such work in the community—and these have expressed their willingness to further the plan—a member of the staff in Clinical Sociology will go with the student to the patient's home, to his school, to his workshop, or to his play center, and at a later time they will meet for a group conference with representatives of each of the other clinical sections concerned in the care of the patient. The purpose of this conference will be to piece together for the education of the student and for the benefit of the patient the different facets of the many aspects of life that may contribute to the particular indisposition of the patient and that require adjustment for his future well-being.

The implications of this program must be self-evident. Every student of medicine should obtain a sound, general viewpoint of the psychological and sociological principles involved in human well-being. That individual students may become primarily interested in these fields is of course a possibility, and further opportunity for such specialization will be available through the section on Clinical Sociology and its affiliation with the Institute and Hospital. That there is room for men with such training cannot be questioned. Further, the data collected in such case study by the sociologists are available for control in other studies such as the one, "Family Factors in Child Adjustment," already mentioned. In return, the Institute should be able to suggest important problems for inclusion in the field work of the particular section. The creation of this section on Clinical Sociology should go far, it seems, in knitting together the Institute and the School of Medicine and in allowing each a greater participation in the activities of the other.
I. Shall Yale Lead the Way Again?

Yale has led the way in many important developments in American education. Graduate studies began at the University almost two hundred years ago when Dean George Berkeley made a modest gift to Yale College for the maintenance of resident students during the period of study between their first and their second degree.

"Berkeley's aim was the promotion of scholarship in the American Colonies through competent teaching in the colleges," writes Dean Wilbur L. Cross in a recent survey of the history of the Graduate School. "Success was immediate. The philosopher was still living when the first of his Scholars became the first President of Dartmouth College and another became President of the College of New Jersey, afterwards renamed Princeton. Within a century as many as eleven Berkeley Scholars were elected to college presidencies."

By 1830 there were usually enrolled at Yale ten or twelve candidates for advanced degrees. A department of graduate studies was organized in 1845 and in 1861 Yale took the lead among American universities in conferring the Ph.D. degree. To the notable era in Yale scholarship which followed belong such outstanding men as James Dwight Dana, William Dwight Whitney, and Josiah Willard Gibbs. It was during this period that Daniel Coit Gilman and William Rainey Harper withdrew to become the first presidents, respectively, of the Johns Hopkins University and the University of Chicago. At these newer institutions
the major emphasis was placed upon graduate work and a freedom from routine, which could not in those early days obtain at Yale because of instructional duties in undergraduate schools, was accorded scholars. Yale's first obligation was to the college, an obligation which has never been neglected, but she nevertheless gave the original impetus to graduate study in American university life.

Much could be written of Yale's contributions to general and professional learning. One might speak of the Divinity School, which has provided no less than 169 presidents of other colleges as well as three presidents of Yale University; of the School of Law, which "yields to none in its recognition of law as a social science and in its teaching of law to every student in every class as a tool whose purpose is human welfare"; of the School of Medicine, among the first in this country to be definitely a part of a university rather than a proprietary institution, and a pioneer at the present time in the endeavor to liberalize the medical school curriculum and entrance requirements so that a premium will be placed upon intelligence and upon broad understanding rather than upon ability to absorb a vast quantity of more or less unrelated facts.

It has been well stated that "Yale is called upon to develop her professional schools not only for their own sake but also because of the fact that unless she does so nothing can prevent her undergraduate work from deteriorating. We are living in a generation of university growth, and Yale must compete for her teachers with other universities. Capable teachers usually desire not only the stimulus and inspiration of teaching undergraduates but the additional opportunity of teaching the more mature minds to be found in the professional schools. In the long run the best teachers congregate at the institution of learning which offers the most complete equipment for study and research."

Yale had the courage in 1846 to make an innovation, by the establishment of a department of graduate study, which has had far reaching consequences. Now another opportunity of perhaps equal importance presents itself. It is proposed to establish a department for the practical study of the environment and social relations of the individual, so that professional students may be taught to look upon human personality as the net result of the interaction of mind, body and environment.

The work of this department, which may be called Clinical Sociology, will have its most immediate bearing in the School of Medicine, but it will be open to all professional students. The plan has been carefully considered by disinterested leaders in medical education and graduate study. These authorities have found the plan sound, practicable, and desirable, and have expressed the opinion that its adoption in the great universities will certainly depend only upon obtaining the necessary means. Yale is perhaps more nearly prepared than any other university for putting the plan into practice, because the study of the mind of man has been so thoroughly organized and because the Institute of Human
Relations is designed particularly to facilitate a well-integrated study of man from physical, mental and social points of view.

With clinical sociology well organized, so that professional students may be kept cognizant of life as it really is, while pursuing the specialized interests of laboratory and classroom, Yale will again make a contribution of vast importance to higher education.

II. Details of the Clinical Sociology Plan

In his 1929 report to the President of the University, the Dean of Yale School of Medicine made the following comments:

Few students have enjoyed the preliminary experiences essential for the best training of the prospective physician, as there is nothing in the curriculum of medical education, either here or elsewhere, designed to bring to the student’s consciousness man as a psycho-physical entity with body and mind in mutual relation. It seems highly desirable that the opportunity should be at hand, preliminary to the actual contact of the student with clinical medicine, to acquire an understanding of man as a social as well as a biological problem.

The proposed plan for filling this gap in the medical student’s education, and restoring that interest in human beings which was largely lost when the old family doctor was replaced by the highly trained specialist, provides in the first place during the pre-clinical years certain courses in the fundamentals of psychology and sociology.

The student will pursue these courses at the same time that he is mastering the essentials in biology. This is practicable at Yale, where the content of fundamental courses in biology has already been reduced so that the student has fifty percent of his time free from elective subjects.

Course in Fundamentals First

The study of psychology and sociology in the pre-clinical years can be vitalized, it is believed, by employing what might be termed a “case-study” method. Individuals, rather than abstract theories, will be considered. Beginning with specific problems, the student will proceed to a study of underlying principles of human interrelationship. These courses will not be limited to medical students. Mixing of students having different backgrounds and different interests is held to be highly desirable. According to present plans, the courses will describe a complete circle over a two-year period so the student may enter at any point and continue until that point is again reached, when he should have acquired at least a basic understanding of the principles involved.
The question then arises how the work in the sociological field may be carried into the clinical years. Fundamentals of biology have little value to the physician unless he is trained in their application. The same is true in sociology and psychology. The social worker as she has thus far functioned in the hospital has had little influence upon the attitude of the doctor. She has been regarded more or less as a secretary, engaged in gathering facts about the patient's social history which the physician may ignore or not as he sees fit in his treatment of the patient. It is clear that if there is to be progress in the coordination of knowledge concerning all the factors which bear upon human well-being, so that patients may be treated as something more than physical entities, sociology and psychology must be given proper emphasis in the clinical years of medical training.

Clinical Sociology to Rank with Departments of Clinical Medicine

Yale proposes therefore to organize in the School of Medicine a department of clinical sociology, bearing the same relationship to sociology as medicine bears to biology. The head of this department must be a man of such ability and achievement in his field that he will be considered the intellectual equal of the heads of the other five departments—internal medicine, surgery, diseases of women, diseases of children, and psychiatry. He must be acceptable to the University because of his knowledge of the social sciences, and to the practical social worker because of his understanding of field work. He will hold the rank of professor and will be a member of the board of permanent officers of the School of Medicine. He will also be associated with the Institute of Human Relations, so that in his research work he may obtain the help of other sciences represented there. Study and treatment of the sociological problems of the patients who come to the hospital and dispensary will center around the professor of clinical sociology, just as the medical problems center around the professor of medicine. On his staff the professor of clinical sociology will have associates, assistants, and instructors in clinical sociology to aid him in field work.

The department of clinical sociology will have its headquarters in the new Clinic building at the center of the hospital group.

Study of Patient to be Demanded of Every Student

In his capacity as clinical clerk, the student will make a study of the patient in his home relations and environment, at his work and at his recreation. This study will be carried on under the supervision of the clinical sociology staff, just as the student's study of the physical condition of the patient is conducted under the eyes of the medical staff. Social as well as medical treatment of the
patient will be the responsibility of senior staff members, with students acting as observers. It may be expected that social treatment will be influenced by physical therapy and that the reverse will also be true, for the assumption is that psychic, social, and physical factors are closely related in human conduct.

When both medical and sociological investigations of the patient have been completed, the student will meet in a seminar with the professor of clinical sociology and the professor of the particular clinic field or fields of medicine in which the patient has been studied. It may be, for example, that in some cases the professor of psychiatry and the professor of pediatrics will both be interested in a particular problem. In the seminar the more complete picture of the individual will be worked out. Here the student naturally will be induced to think of the patient as a human being rather than as a physical organism unrelated to his environment.

Connection with Work of the Institute

The importance of the field work in sociology which will thus be done does not end with the salutary effect upon the attitude of the future physician or even with the direct benefit derived by the patient. The mass of data collected (there are 60,000 dispensary visits and 10,000 ward patients annually) will be taken by the professor of clinical sociology to the Institute of Human Relations. Here the information will be correlated with that which has been gathered by other divisions, relating to the same group of individuals. Certainly this will be of tremendous value in approaching such questions, for instance, as the factors involved in certain types of juvenile delinquency, where home conditions, economic status, educational opportunities, the methods of law enforcement, the physical and the mental characteristics of the individual may all enter. The Institute will not only make use of the data with which it is supplied, but it will in turn suggest the further elaboration of the field studies made by the department of clinical sociology in order that they may be purposeful in the highest degree.

Thus the applied and research aspects of sociology in the Human Welfare Group will complement and strengthen each other. The benefits to medicine through this plan have already been indicated. Attention will be focused by students upon the individual as a whole, and as a result, physicians in the future should become more conscious of the part played by the mind and the environment in human conduct than they now are. Furthermore, it is conceivable and desirable that some students may become so interested in this field of work that they will do their post-graduate work in sociology, selecting this aspect in preference, for instance, to pediatrics, surgery, or any of the other three divisions of clinical medicine. Some, with a sound training in biology, may be able to make noteworthy contributions in sociological research. Others may develop
into physicians particularly skilled from the sociological point of view. Many possibilities are inherent in such a coordination of sociology and biology.

Yale is Ready for the Development

It is not too much to hope that sociology and social work will also be greatly stimulated by the association with biology and medicine. Certainly there is an exactness about medical knowledge and technique and an effectiveness in the applied field that has been lacking in sociology.

Yale has distinct assets at hand for the introduction of clinical sociology. The equipment and clientele is already at hand. Patients are already being treated for their physical ailments and will probably therefore more readily appreciate the spirit and the purpose of sociological investigations. The organization and technique already so well established for making the biological approach to the problems of the patient will facilitate the sociological approach.

The experiment is certain to be watched with interest from the point of view of determining what progress can be made in the correlation of sociological and biological factors, both in education of professional students and in actual treatment of the maladjusted. It is clear that the approach to the patient from these two vantage points covers only one sector in the complete circle which represents human activity. With success here there is the possibility of further progress in the coordination of knowledge and technique which will enable people to lead better, richer, lives.

It is estimated that to establish the department of clinical sociology will require a grant of $50,000 a year, or an endowment of $1,000,000. This will permit a staff composed of a professor of clinical sociology, six associates or assistants and instructors, six secretaries, and a certain amount of materials and equipment.
December 3, 1931

My dear Winter: I have read your report and it makes me look forward to the time when, as you become freer from administrative and financial demands, you will assume your due leadership in educational thinking, and not merely in the medical field.

Your brief section on clinical sociology shows that you are enriching and maturing the idea even while you listen for the jingling of the guinea that will bring it to realization.

In your incisive opening discussion of university organization, one point challenges me. On page 7 you say: "Universities should be interested primarily in providing opportunity for learning and not in giving instruction. Teaching need enter only in so far as there is failure to learn." Do you mean to imply that the university professor need think only as an investigator? Has he not also responsibility for thinking out his subject matter in terms of its relation to the learning capacities and interests of young men and women?

These letters may be found in the Records of the Dean, School of Medicine, Yale University Archives, Manuscripts and Archives, Yale University Library Published here by permission of the Yale University Library.
He is justified in assuming that they have the desire to learn, but after all, they are immature even if they have the A.B. degree.

Facts accumulated through research have thousands of possible relations and points of significance. Selection of certain sets of relationships is the essence of all intellectual analysis; in other words, of constructive thinking. The same subject matter must be subjected to analysis from several points of view, even for purely intellectual purposes. My point is that every member of a university faculty has an obligation to think through his subject matter from the point of view of pedagogy, using that abused term in its best sense, as well as to think the subject matter through from the standpoint of other scientific interests.

A school of education has responsibility for special studies and experiments in pedagogy and in a measure, for their practical application. But every member of a faculty, it seems to me, has responsibility for making intellectual contribution to the same end.

Sincerely yours,

Michael M. Davis

MMD:MR
Dr. Milton C. Winternitz, Dean
Yale University School of Medicine
New Haven, Connecticut
December 7, 1931

Mr. Michael M. Davis
Julius Rosenwald Fund
900 South Homan Avenue
Chicago, Illinois

Dear Mr. Davis:

No, I do not mean to imply that the university professor only needs to think as an investigator. I can readily understand how what I said may have conveyed this viewpoint, because I am so sensitized against the present dominant methods of cramming people full of information and of making technicians both in tasks that require manual dexterity and in so-called intellectual conversations about many academic fields. This professor may well assume that students have the potential desire to learn, but in many institutions the young student is already conditioned by his preliminary experiences so that he attempts to please his instructor and to remember the thing desired by his instructor rather than think clearly for himself. The instructor must think, and he must show the student how he thinks; then he must adapt his thinking to his interpretation of the mental capacity of his audience. I am in absolute agreement with your criticism. All that I have to say is that I was not writing a thesis on education; rather, I was merely trying to emphasize points, which always is a dangerous thing to do because it affects such a limited aspect of the question.

It was good of you to write me so kindly. Now write me again and tell me the Julius Rosenwald Fund is going to help out in clinical sociology.

As ever sincerely yours,

M.C. Winternitz, M.D.
Dean
December 12, 1931

Dear Dr. Winternitz:

I am certainly in sympathy with your scheme of clinical sociology and during my last visit you removed doubts which I had had regarding your particular plan of organization.

But when I think of it from the point of view of the Julius Rosenwald Fund, it is another story. What you want is $1,000,000 as endowment or its equivalent in annual payments over a period of years. This would have been a substantial proportion of the total capital of this fund even before the stock market crash. Yale is one of the wealthiest universities in present endowments and probably as rich as any in the financial potentialities of its alumni and friends.

The Julius Rosenwald Fund is embarked on a large program with limited resources. In putting money forth, we must consider where it will do most in consideration of the program on the one side and of the resources of local agencies on the other. Of course, the officers of this Fund happen to be educated through you on this particular subject and Yale alumni and friends may not as yet have reached our admirable level. But they will.

I know you want me to tell you just what I think. You appreciate that I am writing you personally and not officially, although I shall show this letter to the president of the Fund to find out how a Yale man will react to such a blast.

Sincerely yours,

Michael M. Davis

Dr. Milton C. Winternitz,
Dean Yale University School of Medicine
New Haven, Connecticut
December 14, 1931
Mr. Michael M. Davis
Julius Rosenwald Fund
900 South Homan Avenue
Chicago, Illinois

Dear Mr. Davis:

You have no idea how much I appreciate your writing me so frankly and so clearly as you have concerning clinical sociology, and I shall write to you in just exactly the same vein.

I do want $1,000,000, or its equivalent in annual payments over a period of years, for clinical sociology, but I realize very thoroughly what the present financial situation is, and I am trying to get portions of this sum through different sources. Just this morning I have received a most encouraging note indicating that some part of this money probably will be forthcoming. If this develops—as I feel sure it will—we still shall be in a terrible hole because it will be impossible to get the right kind of a person as the head of the department without the financial support that he will feel necessary to launch the work. I wonder, therefore, how you would personally react to the suggestion that the Julius Rosenwald Fund might make a contribution towards the total sum required, either as endowment or in the form of annual payments. I don’t want to be annoying about this, but as you know the situation is pressing and the times are hard.

With all good wishes, believe me

Sincerely yours,

M. C. Winternitz, M.D.
Dean
December 28, 1931

Dear Dr. Winternitz: Absence from the city has delayed answer to your letter of the 14th. I am glad to hear that you have in sight some part of the money needed for establishing clinical sociology at Yale.

Expressing merely a personal opinion, as you suggest, I think the Fund would not give any endowment. As to contribution for a period of years, the project is one which would fall in a general way within our scope and which, therefore, might be considered. But other projects, already pending before us, would be likely to have priority. Moreover, we have restricted our program because of financial limitations and specified our budgets for some time ahead in a way which would preclude any gift this fiscal year (ending June 30, 1932) and any substantial gift next year. Beyond that, nobody can tell anything about anything.

I am sorry I cannot write you a better New Year's letter than this. I am, however, becoming expert in praying for my friends.

Sincerely yours,

Michael M. Davis

MMD:MR

Imr

December 31, 1931

Mr. Michael M. Davis
Julius Rosenwald Fund
900 South Homan Avenue
Chicago, Illinois

Dear Mr. Davis:

Thank you so much for your good letter of the 28th. I understand the situation, I think, but I shall appreciate it if you will bear us and our needs in clinical sociology in mind. I am not pressing at all, but I want some expression of your approval of our work. It may be small, it may be delayed, it may be only a promised thing, but I want it, so anything you can do to aid will be appreciated greatly.

With best wishes for your happiness in the New Year, believe me

As ever sincerely yours,

M. C. Winternitz, M.D.
Dean
Notes on the History of Clinical Sociology at Yale

Judith B. Gordon

ABSTRACT

This article recounts one version of the attempt to create a department of clinical sociology in the Medical School of Yale University in the late 1920s. The theoretical perspective of Alfred Schutz is used to turn attention to the linkages of generations of sociologists reflected in the construction of our history as told to young sociologists by their elders. Historical documents and the recollections of John Dollard are used to recount the history of attempts to develop support for the Institute of Human Relations, including a department of clinical sociology at Yale Medical School. The idea was supported by Dean Winternitz of the School of Medicine, but drew powerful opposition from other Departments at Yale and from Abraham Flexner, whose report on American medical schools set the course of medical education in America.

The science of history has the momentous task of deciding which events, actions, communicative acts to select for interpretations of "history" from the total social reality of the past. (Schutz, 1984:61)

A recognition of the tentative nature of our past is necessary when we attempt to reconstruct the history of clinical sociology. Understanding this history requires information about a complex intertwining of lives, organizations, politics, and science that has never been completely passed on from preceding to current generations. The history of clinical sociology at Yale is a case in point.

This work on the history of clinical sociology has been guided by Alfred Schutz's thoughts about the sociology of knowledge (Gordon, 1981). As Schutz (1962) points out, people use the knowledge of the past to deal with their situation in the present. For instance, when Glass again turned attention to the practice of clinical sociology at the 1978 meeting of the American Sociological
Association (ASA), clinical sociology was viewed by some listeners as a new development. However, it had existed as a concept for at least 50 years (Freedman, 1982). The concept had lain dormant, although there were sociologists involved in clinical research or practice. But many sociologists and representatives of the self-defined "mental health" disciplines believed that sociology was not and had never been "clinical" and used that construction of the past politically.

History may be viewed as a communicative act which must be passed on from one generation to another (Schutz, 1973:89). The tales that are told can link or separate the young and old. For complex reasons sociologists passed on a construction of their past that did not incorporate the idea of clinical sociology. Although its history is as long, if not longer, than the history of clinical psychology or psychiatric social work, students were not taught about the concept of clinical sociology for over forty years. An application of Thomas' "beneficent frame" (Wirth, 1931) shows that the belief that sociology had never been clinical, although unreal, was real in its consequences.

For example, in 1981 the report of the ad-hoc ASA committee on certification (Freedman, Gordon, Crittenden and Berger, 1981) was presented to the ASA. At the time, some members of the council articulated the belief that clinical sociology was a fringe endeavor practiced outside the academy and that it had been spurned by the fathers of sociology. (In those years, the search for mothers had just begun.) The very struggle to establish clinical sociology once again called for an investigation into our past in order to understand our present and shape our future (Gordon, 1981).

By 1981, little was remembered about a proposal to create a department of clinical sociology at Yale. Neither Wirth's (1931) early discussion of clinical sociology nor Dunham's (1982) later history mentions Yale's plan. Yet, the term "clinical sociology" itself was used by Milton Winternitz, dean of the School of Medicine at Yale University in a speech he gave at the dedication of the Social Science Building at the University of Chicago in 1929 (White, 1930).

In a paper on Winternitz, Viseltear (1984) identified some of the social processes involved in the emergence and disappearance of the plan for clinical sociology distributed by the Human Welfare Group at Yale. With the publication of this article, a history of clinical sociology at Yale was resurrected for those who read the *Yale Journal of Biology and Medicine*—but not every sociologist reads this journal.

The first task of the study of the social distribution of knowledge is to turn attention to what is "known, familiar, believed and unknown" at any point in time by individuals and groups acting in the "life-world" (Schutz, 1982:21). Why had the plan for a department of clinical sociology in the Institute of Human Relations at Yale faded from view? The idea after all was proposed by the dean of the School of Medicine at one of America's leading universities
(Winternitz, 1930a). Moreover, the Institute of Human Relations itself was planned to bring together scholars to address the significant scientific and policy issues of the time. Then, as now, it was one of the most exciting collaborative endeavors attempted in the history of sociology (Angell, 1929). Why then did this innovative proposal disappear?

Schutz (1964:58–59) notes that the boundaries between the world of our predecessors and our own are fluid. The past acts of the people who have lived before are often known only from written documents which Schutz calls "the monuments left behind." The close, yet competitive, ties between the president of Yale, James Rolland Angell and the president of the University of Chicago, Robert Hutchins, during the time clinical sociology was being proposed, are easily documented by their correspondence that is deposited in the archives at Yale and in special collections at the University of Chicago. It is not unexpected that such ties existed. James Rolland Angell had a long and distinguished career at the University of Chicago, prior to going to Yale. Robert Hutchins had been dean of the law school at Yale and had been involved in the genesis of the Institute of Human Relations and the Human Welfare Group (Viseltayar, 1984:872). Surely, Chicago sociologists had known of Winternitz's interest in clinical sociology after he had used the term at the dedication of the social science building (Winternitz, 1930b). Yet, Wirth did not cite Winternitz's remarks about clinical sociology, even though that speech was published in a volume celebrating the dedication of the building where sociology was housed (White, 1930).

The search for the answer to the pressing question, to use Edward Rose's words (1989:21), as to "why things came to be as they are" is fascinating indeed. We know our history not only by what is written, but also by what is talked about. In 1979 John Dollard began to relate to me his account of the history of the Institute of Human Relations (I.H.R). During the development of an oral history project, he elaborated on his published recollections of the I.H.R. and his struggle to do clinical sociology at Yale.

Dollard began his oral account (1979) with the observation that then as now, competition as well as cooperation shaped the worlds of science, medicine, sociology, foundations, and universities. It was the inability of departments and individuals to cooperate that played a great role in the demise of the Institute. The Institute of Human Relations, as he noted, wanted to unify the social sciences and link them with the schools of medicine, law, and divinity by bringing together people who were arbitrarily separated by departments and geography. The building, the fellowship program, the seminars, the conferences, the coordinated research projects, the policy initiatives, and the search for funding not only for clinical sociology but for the institute itself, were challenges to conventional academic practices and organization. In that was the
proposal's glory and in that, Dollard sadly observed, were the seeds of its
demise.

The times, after all, were not auspicious. The search for funds for the
institute (which included a department of clinical sociology) took place during
the Great Depression, a time of budgetary troubles for higher education (Pier-
son, 1952). Both the University of Chicago sociologists and the Yale group
turned to the same foundations for funding (Brown, 1979). This may be one
explanation as to why Wirth chose not to cite Winternitz in his presentation of
clinical sociology. As Dollard observed, the plan for the development of clinical
sociology depended upon the cooperation of both medicine and sociology facul-
ties at each university.

The plan for the institute and its connection with a medical school was
controversial. In order to get the needed funds, Yale launched a systematic fund
raising campaign led by Shimp and Lund, the publicity directors (Viseltear,
1984). Reports identified the people, groups and foundations who were potential
supporters of the various components of the institute. Requests for funding of
the institute's components were targeted at different foundations after initial
funding was provided by the Rockefeller Foundation, the Laura Spellman
Rockefeller Memorial Fund, and the General Education Fund. The Rosenwald
Fund was identified as a source of funding for clinical sociology and Winternitz
made a major effort to gain that foundation's support (Viseltear, 1984:887). A
publicity campaign was launched to inform the nation about Yale's plans for a
"coordinated study of man" (Viseltear, 1984). Pamphlets were prepared for
distribution laying out the work of the Human Welfare Group, the plans for the
Institute which highlighted the department of clinical sociology, as well as the
current publication and accomplishments of the members of the staff, including
Dorothy Thomas who had been brought to Yale in 1930, to help establish the
social science research agenda (Institute of Human Relations, [a]Annual Re-
port,1930).

From the beginning, the proposal had a major opponent in the person of
Abraham Flexner. Flexner, although not a physician, had an enormous influence
on the development of American medicine. His brother Simon had become the
director of the Rockefeller Institute and, as Flexner (1960) observed, often his
brother's name opened all doors. In 1907 Flexner was chosen by the Carnegie
Foundation to write an influential report on American medical schools (Brown,
1979; Starr, 1982). He had been involved in the growth of the Yale School of
Medicine before and therefore was deeply interested in its development (Visel-
tear, 1984:879). In an attempt to overcome his opposition to the Human Welfare
Group's plan, Angell (1929a) declined on the grounds that he was not convinced
that the "Human Welfare Group project" was timely and that he was "sorry
to see the medical group with its own problems diverted to something like that."
He then proceeded to worry Winternitz, as a dog a bone, demanding questionnaires from a study of unemployment and other information about the institute. On Angell's advice, Winternitz finally broke off the correspondence, but the damage was done (Viseltear, 1984).

The public relations campaign gave Flexner (1930:113) ammunition to try to impale the institute upon a stake created by its own publicity material. "It is gravely maintained," wrote Flexner, that

light will be thrown upon questions such as the connection between physical health and family income, mental stability and occupation, crime and recreational facilities, child training and mental growth, economic conditions and respect for the law. It may be possible in many instances to bring about a readjustment between the individual and his environment which will lead to greater happiness.

In Flexner's opinion, this is "a practical task, which, in so far as it goes beyond what is required for teaching and research, is of no concern of the university . . . whatsoever." Human happiness, "child development" or field surveys of education were hardly, in Flexner's view, the mission of a great medical school or university.

Flexner (1930:114) pulled out of the publicity campaign themes that could be calculated to muster opposition. For example, he noted that the institute attacked the idea of "departmentalization." But, Flexner argued, departments were necessary: "It is absurd at this day to speak of medicine as unduly departmentalized in theory or practice."

To make another point, Flexner (1930:116) published the Human Welfare Group's organization chart that also had been in the Yale Alumni Weekly. (The chart included a place for a department of clinical sociology equal in status to surgery, neurology, psychobiology, pathology, bacteriology, physiology, chemistry and public health.) Flexner (1930:115 and 117) wrote:

Our bewilderment is not relieved by the [chart's] draughtsman... What result do we reach? The Human Welfare Group is identical with Yale University! And we are precisely where we started, not enriched by an idea but impoverished by a building and funds.

After noting the "endless tasks" of the faculty of medicine and law, Flexner proceeded to rip apart the proposal by pointing out that the major thrust of the fund raising campaign was for the hospital. He presented the following:
Summary of Financial Needs of the Human Welfare Group

<table>
<thead>
<tr>
<th>Pavilion/Endowment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Pavilion</td>
<td>$500,000</td>
</tr>
<tr>
<td>Surgical Pavilion</td>
<td>600,000</td>
</tr>
<tr>
<td>Isolation Pavilion</td>
<td>450,000</td>
</tr>
<tr>
<td>Hospital Endowment</td>
<td>2,000,000</td>
</tr>
<tr>
<td>School of Nursing Endowment</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Clinical Sociology Endowment</td>
<td>1,000,000</td>
</tr>
<tr>
<td>Positive Health Endowment</td>
<td>500,000</td>
</tr>
<tr>
<td>Medical Education Research Endowment</td>
<td>150,000</td>
</tr>
</tbody>
</table>

In his analysis of these figures, Flexner mobilized yet another possible group of opponents to the development of clinical sociology, the social workers, stating (1930:121):

Only one apparent novelty is proposed: A professor of Clinical Sociology. But what a good hospital lacks is social workers, who work instead of lecturing? What Yale needs, what the country needs is not a new institute, but the development of fundamental disciplines in easy, helpful, and varying contact through the enlistment of first-rate intelligence.

Such intelligence, in Flexner’s view, was to be found in the individual minds of great men. Given Flexner’s connections and influence on foundation boards, his widely distributed published opinions made the task of raising funds for clinical sociology far more difficult (Viseltear, 1984).

Flexner, after all, touched upon the themes that cut to the very essence of collaboration within a university. The Institute, as John Dollard pointed out, stood in opposition to the existing structure of Yale and challenged departmental prerogatives. Dollard, for example, considered himself a sociologist and, as a clinical sociologist, he had a psychoanalytic oriented clinical practice. He came, however, to the institute through an appointment in anthropology. After a brief stint in sociology in the mid-1930s, he was appointed to the department of psychology in 1947, and ended his career in an office in the halls of psychology, not sociology. Seymour Sarason (1988) notes in his autobiography that the Institute offered an alternative route to a Yale appointment, and indicates the importance of that function in the careers of people whose ideas about the development of social science deviated from a department’s approach to the discipline. In one fell swoop, Flexner set in motion a process that called attention to this challenge to the power of the department faculty.
Flexner’s opposition to the Yale Institute and a proposed department of clinical sociology in the medical school not only influenced foundations, but played into the hands of members of the powerful tenured senior faculty who were not pleased with a proposal that permitted a dean of the medical school and a president to usurp their power to shape Yale through the men they chose to employ on the faculty (Dollard, 1979). The Great Man Theory of Scholarship, as Dollard (1964) put it, maximizes individuality and competition. And so, the institute encountered the departments and the departments, in Dollard’s words, “‘killed it’ by recruiting and retaining the kind of creative individuals who are often happiest working alone.

The needed collaboration, therefore, never really occurred. The departments struggled for independence and in 1937 the department of social science separated into the individual departments of sociology, economics, anthropology, government, and international relations (Pierson, 1952:525). The Yale Corporation refused to build the law school near the medical school and selected a location near the main campus (Kelley, 1974). Wilbur Cross, the powerful dean of the Graduate School, whose support for the institute had been a tempered one (Viseltear, 1984), immediately chose to locate the graduate school near the law school and not near the Institute. The dean of the Divinity School also choose not to locate near the institute (Kelley, 1974). According to Dollard (1979), in 1934 the medical school faculty rejected Winternitz as dean. Egan Kahn, the chair of the newly developed department of psychiatry, which had successfully secured funding, did not welcome a plan that would make clinical sociologists equal to psychiatrists, nor did he value Dollard’s interest in psychoanalysis. Kahn became a pivotal figure after Winternitz lost power. Moreover, the department of sociology gave little indication of welcoming a proposal that would create a competing department of sociology under the auspices of the dean of medicine (Lee and Lee, 1985).

Most importantly, as Dollard put it, the institute was composed of “‘young and hungry men who wanted fame and also needed to make a name for themselves to survive.’” Lives, after all, are shaped by social structure and social structures at universities do not always maximize collaboration. The failure of the institute indicated, as Dollard poignantly indicated, the need to understand how human beings live and function in the organizations that make up their worlds.

It was easier, he observed, for people to fall back into the “‘untender’” arms of their departments or to struggle alone for recognition than to create a group of cooperative scholars working together sharing common methods and yet free to ask their own questions and to do the research they wanted for the answers. Dollard was discouraged at the end of his life by the failure of the institute to survive. However, the influence of the institute has never totally faded from the New Haven scene and Yale remains a place where interdisciplinary and
interuniversity collaboration takes place (Viseltear, 1984; Sarason, 1988; Knepler, 1989). The reemergence of clinical sociology rekindled his connections to successors as Dollard himself observed when I called this development to his attention.

Dollard began his talks with me by saying:

I want to tell you the story of the institute so you can know that those of you involved in clinical sociology are continuing in something that is very worthwhile, although it is difficult to do. Old men like myself grow tired. We lose the energy for the battle. But that doesn’t mean it isn’t worth fighting. It’s just that we got exhausted and waited for young people to continue our work.

As Dollard indicated, the telling of the tale of the triumphs and defeats expressed in the plans and projects of the Institute of Human Relations, preserves the legacy one generation has left for another.

This account of the plans of the institute reflects, then, the memories of John Dollard. But is this the only version? Dollard noted that his is just one perspective on the past. As Schutz notes, there are always “multiple realities” (1964:88). The world of everyday life is complex and the task of understanding how it came to be as it is, is complicated indeed. Other accounts of the plan for clinical sociology at Yale will, undoubtedly, appear as we think together about the ways in which we give meaning to our history.

NOTES

1. This research was supported, in part, by the Faculty Research Fund, the University of New Haven and the Yale University Bush Center on Child Development and Social Policy. These notes on the history of clinical sociology would not have been possible without the contributions of Seymour Sarason. Thanks also go to Elizabeth Brant Lee and Alfred McClung Lee, Abraham Knepler, and Neil Miller who, along with John Dollard and Seymour Sarason, shared their recollections of the institute with me. Both Arthur Viseltear and Albert Reiss provided invaluable access to Yale documents and information. Thanks also to Edward Rose, Caroline Pinegar and Robert Glenn for their suggestions. Judith Schiff of the Yale Archives, Frank Groygyey of the Yale Medical School Historical Library, and David Popp at the University of Chicago were also of great assistance. A special debt of gratitude goes to David Mysto at the Yale Bush Center’s section on history. I also am indebted to Edward Zigler, Ezra Griffith, Michel Levine, Sheila Paulis, Richard Ormbey, Boris Astrachan, Jonathan Freedman and David J. Kallen.

2. Alfred Schutz is a sociological theorist interested in phenomenology of the social world.

3. John Dollard was a sociologist who helped develop the Institute of Human Relations at Yale. One of the institute’s seminal and important studies of this time was his *Caste and Class in a Southern Town*, which was originally published by Yale University Press in 1937. This work reflected the seminar on the impact of culture on personality which he had taught with Edward R. Spir. A second
work, *Social Learning and Imitation*, was undertaken with Neal Miller. This 1941 publication also reflected ideas developed collaboratively at the Institute of Human Relations.

4. I had a number of conversations with John Dollard during the course of joint development of oral history projects. The comments in this article are taken from my notes of those conversations. Unfortunately, Dollard died before completing the full tale he had planned to tell and this paper reflects only the beginning of his account.

5. Flexner put child development in quotes to separate it from the German approach to pediatrics of which he approved.

6. For more information, also see Sarason (1988).

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A Comparative Case Method for "Local Molar" Program Evaluation and Adjustment

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Erasmus University of Rotterdam and SUNY/Buffalo

ABSTRACT

In program monitoring, social policy researchers often use multiple case methods of analysis, comparing cases with low and high impact. In view of the low "observer" reliability of case analysis, a standard analytical approach is recommended. The article discusses three conceptual models of program implementation that provide valid standardization of program evaluation and adjustment.

Three Methods of Policy Research

In the field of data-based sociological practice, new methods and applications of social policy research and intervention are proliferating. In this process of methodological diversification, three major categories of social policy research and utilization can be distinguished: (1) diagnosing a social problem, including the assessment of needs; (2) monitoring the implementation of a program aimed at reducing the problem; and (3) evaluating the intended and unintended impacts of a policy program. The relationship of those three methods to the modal cycle of policy making is illustrated in Figure 1.

Monitoring Program Implementation

Of the three methods in Model 1, implementation monitoring is different from the other two methods. While diagnosing a problem and evaluating a program's impact focus on such static tasks as, for instance, describing deviant behavior and measuring whether it has been reduced by the program, implementation
1 Diagnosing the policy problem

2 Monitoring program implementation

3 Evaluating the program impact

Figure 1: The Three Methods of Social Research in a Policy Cycle
monitoring analyzes a process over time, i.e., the steps and stages of putting a program into practice. Also, while diagnostic surveys and impact evaluation are mainly based on quantitative methods, program monitoring uses the qualitative designs of single and multiple case analysis. According to Behling and Merves (1984:8) case study designs are a powerful tool for both practitioner and client in analyzing and reducing policy problems. One of the reasons is the high contextual validity of case study research (Diesing, 1971).

However, using the method of the case study in monitoring program implementation includes a serious methodological problem. Compared with other methods, e.g., social survey and social experiment, the results of case study research are known for their low reliability. Neither single nor multiple case designs guarantee that researchers analyzing the same case will collect the same class of data, use the same concepts, and interpret the results from the same theoretical point of view. In an effort to strengthen the low reliability of case study research, Yin (1986) suggests the use of two technical devices:

1. Creating a case study data base, containing all primary and secondary data sources, case study notes, documents, tabular material and narratives.
2. Creating a case study protocol containing an overview of the project, relevant readings, issues being investigated, field procedures, questions reflecting the inquiry, and a guide for reporting.

Using a case data base and protocol will undoubtedly strengthen the so-called instrument reliability of program monitoring, ensuring that the same categories of data are collected and the same concepts and techniques are used. However, they will have little effect on the so-called observer reliability of program monitoring, as researchers still remain free to interpret the same data from different theoretical perspectives. To avoid this problem, a third device is needed. Only a common theoretical framework will ensure that various researchers interpret the same results along the same theoretical lines. Thus, to guarantee observer reliability in program monitoring, use of an explicit theoretical framework of policy implementation is required. Due to the unstructured character of policy problems and programs (Mitroff, 1986), designing a framework of program implementation will include the construction of an integrative conceptual model (Scheirer, 1981).

**Integrative Conceptual Models**

In the literature, integrative conceptual models are known under various names: “skeletal structures” (Harre, 1976), “frames” (Rein and Schon), “integrative diagrams” (Strauss, 1987), “template structures” (Harre, 1979), “conceptual maps” (Finsterbusch and Motz, 1980), “dynamic flow chart models”
In these rather scattered publications, four different criteria were found for evaluating the usefulness of conceptual models in increasing the reliability of case study analysis. They are:

1. The conceptual model should be comprehensive, including the major relevant elements of program implementation (Lippitt, 1973).
2. The conceptual model should be integrative, reflecting the "holistic" (Strauss, 1987), "Gestalt" (Harrell Allen, 1980), or "molar" (Campbell, 1983) nature of the policy program.
3. The conceptual model should contain the independent and dependent variables that reflect the program's action orientation (George and McKeown, 1985).
4. The conceptual model should indicate which variables are manipulable and nonmanipulable within the context of the policy program (Van de Vall and Ulrich, 1986).

Using those four criteria, three conceptual models of program implementation shall be discussed in this paper that are available in the literature: (1) a statutory model, by Sabatier and Mazmanian (1980); (2) a contextual model, by Mayer and Greenwood (1980), and (3) a trajectory model, by Harrell Allen (1978). Use of the combined models has the effect of standardizing the theoretical analysis of program implementation. This will enhance the observer reliability of the case method of program monitoring.

A Statutory Model of Program Implementation

In a theoretical framework of program implementation Sabatier and Mazmanian (1980) describe twenty-two variables that influence program utilization. The variables are divided over four different clusters: (a) the tractability of the problem; (b) the extent to which the program Statute structures the implementation of the program; (c) external variables facilitating or inhibiting implementation; (d) the process of program implementation. The four clusters relate to each other in terms of a causal model: cluster (a) acts as an independent variable, clusters (b) and (c) operate as intervening variables, and cluster (d) is the dependent variable degree of program implementation (see Figure 2).

There is one feature of this model that makes it especially effective for strengthening the reliability of the case method of program monitoring. It is the detailed analysis in cluster (b) of seven different variables in the program's Statute that will give a coherent structure to the process of implementation. These variables are:

1. Validity of the causal theory: does the program Statute indicate how the
The policy problem, in terms of individual change behavior and/or organizational action required by the policy program

Statutory model of seven variables in the program Statute that coherently structure the process of program implementation

Extraneous variables facilitating or inhibiting implementation of the program

The Process of Program Implementation

2 This part of the framework is the 'statutory model' incorporated in our method of comparative program evaluation and adjustment.

Figure 2: Sabatier and Mazmanian's Flow Model of Variables Involved in Policy Program Implementation
implementing agencies will produce the required behavioral change in the target group?

2. Precision of objectives: does the program Statute provide clearly ranked instructions for the agency output and target group behavior to conform more closely to program objectives?

3. Financial resources: does the program Statute indicate the availability of funds to hire staff personnel, conduct a needs assessment and monitor program compliance?

4. Hierarchical integration: does the program Statute create an integrated hierarchical network of implementing agencies?

5. Decision rules: does the program Statute stipulate how the decision rules of the implementing agencies should support the program goal?

6. Personnel selection: has implementation been assigned to officials who are strongly committed to the achievement of program objectives?

7. External participation: does the program Statute provide liberal rules for participation by stakeholders committed to the program?

Applying those criteria to the case method of program monitoring will demand two different procedures of data collecting. First, secondary data are to be collected about each of the seven statutory variables. This is not difficult, as most variables are part of the program's Statute of rules and regulations. Second, primary data are to be collected about the degree to which the agency officials conform to those of the seven variables that require compliance. Full compliance by all will be rare, due to a number of constraint variables in the social context of the program. This context will be analyzed in the next conceptual model.

A Contextual Model of Program Implementation

A context model of policy implementation has been developed by Mayer and Greenwood (1980). Core of this conceptual framework is the relationship between the policy program and the policy goal, with the inclusion of two intervening variables: (1) program implementation, and (2) bridging variables. A bridging variable is a nonmanipulable condition that operates as a prerequisite for attaining the policy goal. An example is the ability to read and write in a training program for computer operators. This core of four variables is surrounded by adjunct and constraint variables. An adjunct variable is a supplementary measure supporting goal attainment, e.g., extra payment to members of the target group for attending the program. Constraint variables are of two different types: (1) conditions in the program's task-environment, and (2) characteristics of the target population. A final type of variable is the secondary impact. This can be either an unintended effect resulting from introduction of the
Figure 3: The Contextual Model of Program Implementation

1 Incorporated into the comparative method of program evaluation through the 'statutory' model of program implementation (Sabatlet and Mazmanian, 1980)

2 Incorporated into the comparative method of program evaluation through the 'trajectory' model of program implementation (Harrell Allen, 1978).
program or a latent effect resulting from attaining the goal. The nine variables are interrelated in terms of a causal conceptual model illustrated in Figure 3.

Used in evaluation research, this model is instrumental in articulating and systematizing stakeholders' perceptions of the context variables that influence implementation of the program. A technical advantage is that the model is easily adjustable to programs of varying scope, e.g., to a recreational program in a nursing home as well as to a desegregation program in a metropolitan area. However, the model suffers from one serious omission: treating the implementation process as a black box, the model neglects one of the major sources of program failure (Rossi and Freeman, 1985). To enter this black box we shall use a trajectory model.

A Trajectory Model of Program Implementation

An effective device for analyzing the black box of program implementation is the DELTA chart developed by Harrell Allen (1978). This algorithm type of model is constructed with the use of an IBM flowchart template. The delta model reconstructs the program's trajectory from problem to goal, using five graphic symbols: (1) Decision box, (2) Event box, (3) Logic box, (4) Time arrow, and (5) Activity box (acronym: DELTA). We shall discuss each of the symbols in Figure 4.

1. The decision box (diamond symbol) indicates that a step in the program has been completed and that a new decision has to be made. Three alternatives are possible: YES, continue to the next step; NO, reject the subject (client, inmate, etc.) from the program; REDO, revise previous activity using a feedback route. Each decision point contains one feedback loop for repeating or revising activities in the previous step.

2. The event box indicates the occurrence of a relevant event that in itself involves no time or work within the program. On the other hand, it will often trigger program activity. Examples are "apprehension" in a detention program, "initiative" in innovation adoption, "application" in a training program, "offense" in a drug testing program.

3. The logic box represents a consequence or function of the preceding event or activity. Of the two logical alternatives, AND indicates the inclusion of additional activities, e.g., therapy besides training, while OR indicates transfer to a substitute activity, e.g., therapy instead of training.

4. The time arrow represents the program's trajectory over time, with the exception of its use in a decision. Related to a decision diamond, an arrow indicates the logical consequences of the program officials' YES, NO or REDO decisions, described in item (1).

5. The activity box indicates a specific task that requires the execution of
Figure 4: A Trajectory Model of Policy Innovation
prescribed duties by a program official. Examples depend on the content of the program: career counseling, supervisory action, testing procedures, rendering a service, writing a prescription, or teaching a course.

Use of the DELTA chart in program monitoring has several advantages. Because it compels researchers to analyze the data from the point of view of goal attainment, it adds to the observer reliability of case monitoring. Each step in the trajectory is evaluated according to the criteria of progress made toward the program goal. Second, the DELTA model can be applied to the planning, evaluation and the adjustment of a program. For instance, agency officials are often unaware of the fact that some of their criteria differ from those of their colleagues. Thus, comparing the criteria used by officials in each decision diamond will enhance the uniformity of the program's operation. A final advantage is that the model facilitates stakeholder communication, as it enables researchers, officials, and clients to discuss a specific step without losing sight of the entire program. Experience with DELTA in program evaluation supports Harrell Allen's claim that the model serves as a "Gestalt communication mode" in social policy research.6

Comparative Program Monitoring

In program monitoring, social policy researchers often use comparative or multiple-case methods of analysis. In a well-known design, two local cases of a policy program are selected, one of which scores low on policy impact while the other scores high. Comparative program monitoring is used to explain the difference in utilization. This requires, however, that a standard analytical approach is used in each of the two cases. By providing such valid standardization, the combined use of the statutory, contextual, and trajectory models of policy implementation will provide this standardization. This has the effect of increasing the observer reliability in program monitoring.7 A strategic advantage is that the conceptual models are partly formulated in terms of the manipulable variables that policy makers are able to use in their decisions.

NOTES

1. The concept "local molar" is used by Donald Campbell (1986) in a discussion of the validity of pragmatic or a-theoretical evaluation research. The concepts are useful for data-based sociological practice: the concept "molar" indicates the policy program to consist of a complicated cluster of variables that have been put together for the reduction of a policy problem rather than for the purpose of theoretical explanation. The term "local" indicates use of a research strategy that is restricted to a specific local setting at a specific time—without concern for questions of generalizability beyond the evaluated program.
2. An example of this proliferation is that in the area of need assessment McKillip (1987:99–100) distinguishes no fewer than twenty-two different methods of social policy research.

3. For the distinction between instrument reliability and observer reliability in case study research (Behling and Merves, 1984)

4. For a validation of the Sabatier and Mazmanian model, see Vosburgh (1986).

5. For a more detailed description of the construction of the DELTA chart, see Harrell Allen (1978, Ch. 7).

6. The content validity of the contextual and trajectory models in case program monitoring has been verified in a number of “local molar” projects of program evaluation in The Netherlands and the United States by students in a graduate seminar in organizational analysis and evaluation taught in the two countries

7. The application of the three conceptual models in program monitoring resembles certain features of the “structured focused comparison” design in multiple-case research advocated by George and McKeown (1985)

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Redemptive Organizations and the Politics of Hope*

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ABSTRACT

The politics of hope of this article is rooted in the local leadership of low income, repressed communities. One central element of the politics of hope is redemptive organizations. These organizations are a variant of voluntary associations that are distinguished by their explicitly political purpose of social transformation and concomitant requirement of personal sacrifice and transformation. This article specifies the internal characteristics of redemptive organizations and their role in change over time. The history of four rural, southern, low-income, and predominantly black communities offer numerous instances of redemptive organizations that deal with educational, economic, and political conditions. These organizations link change efforts from Reconstruction through the civil rights movement to the present. As such, they offer insight into constituent elements of social movements.

Voluntary organizations play a peculiar role in American society. De Tocqueville commented on this early in our history, and recently, Robert Bellah and his associate authors (1985) reminded us about voluntary associations and their peculiar significance for Americans. They elaborated on de Tocqueville’s analysis of voluntary agencies in American life to include a set of explicitly political organizations related to those that James Q. Wilson termed “purposive” and “redemptive” (1973).

This article deals with redemptive organizations, a set of voluntary associations with explicitly political purposes of social transformation and a concomitant requirement of personal transformation. It traces their role in political change efforts over more than a century in four different communities. These

*Material for this article is taken from Richard A. Couto, Sick for Justice: Race, Leadership and Change (forthcoming from Temple University Press)
longitudinal and comparative approaches permit us to develop further the internal characteristics of redemptive organizations that Wilson offered. They also permit us to explain their role in change which Wilson and other studies (Stoper, 1977) do not elaborate. This discussion of redemptive organizations and their role in change touches on some of the current analysis of "mediating structures" in public policy (Berger and Neuhaus, 1977). Much of this analysis is either conservative or apolitical. The redemptive organizations of this article, on the other hand, are explicitly political and have the purpose of reducing racial inequality. This examination may permit us to understand redemptive organizations as one constituent element of social movements and to apply the concept of mediating structures to progressive political movements.

Data for this article is taken from the history of four rural, predominantly black counties in the South. These counties are among the poorest in the country; three of them played an important role early in the civil rights movement. For example, Citizenship Schools, developed on Johns Island, spread throughout the South from 1956 to 1964, and provided training for tens of thousands of black southerners who had been stymied in their efforts to register to vote by the literacy requirement (Glen, 1988:155–72). Haywood County witnessed the first major effort to register black voters in a rural area of Tennessee. This effort occurred in 1959 and 1960 and set precedents of repression and resistance in the South (Hamilton, 1973:30–31). Local leaders organized an independent political party in Lowndes County, Alabama, in the aftermath of the Selma march in 1965. Their action and their party’s symbol, the black panther, was a formative element in the black power movement (Carmichael and Hamilton, 1967). Leaders in Lee County, Arkansas, began their efforts to register blacks as voters late in the civil rights movement in 1972. A community health center there became a center of political and economic change and a celebrated model of the War on Poverty.

Initially, I selected each of the four counties to study because local leaders organized, initiated, and conducted exemplary community health services which gained national and international significance. Upon further research, it became evident that the local community health organizations, each of them redemptive organizations by the definition we shall use, had precursors and precedents in the civil rights movement and in other change efforts extending like a chain of events back to Reconstruction.

The hope entailed in these organizations is more in the process of change that they exemplify and less in their achievements. Although their achievements are significant, these counties remain distinguished by poverty and its consequent deprivations. Their histories are punctuated by collective efforts to improve the living and working conditions of people who are still among the poorest in America. These histories also contain the repression of some efforts at change which is an important factor in explaining the continued needs of these
counties. The elements of these histories demonstrate the vitality and efficacy of redemptive organizations despite the American preference, sometimes violently expressed, for individual, apolitical approaches to public problems such as racial inequality.

The health programs of this study provided new access to health care for underserved people and provided them a range of services including nutrition, home repair, and improved water quality that redefined health care. They were part of broad political change including voter registration and the election of African-Americans to public office. In other words, the people associated with these health programs understood illness and disease to be symptoms of racial inequality and poverty and they set about to deal with the causes rather than the symptoms of illness. They are part of the successful movement of community health centers in reforming American medical care (Sidel and Sidel, 1984).

These efforts took place in different areas. The Douglas Community Health Services is located in Stanton, Haywood County, Tennessee, approximately 50 miles northeast of Memphis. The Lee County Cooperative Clinic is located in the county seat of Marianna, Arkansas, which is 70 miles southwest of Memphis and 125 miles east of Little Rock. The Lowndes County Health Services Association is in the county seat of Hayneville, Alabama, approximately 30 miles south of Montgomery. Finally, the Sea Island Comprehensive Health Care Corporation is located on a set of islands that begins about 20 miles southeast of Charleston. These islands stretch south for 30 or 40 miles and include Johns, Wadmalaw, Edisto, and Yonges Islands.

Redemptive Organizations and Voluntary Associations

Voluntary associations of citizens to achieve a public purpose are common and long-established elements of American political life. Studies of this phenomenon often begin with Alexis de Tocqueville who, with his extraordinary powers of observation and the perspective of someone new to a situation, articulated for Americans one distinguishing characteristic of their political system. Thomas Berger and Richard Neuhaus tapped this characteristic in their discussion of mediating structures of neighborhood associations, family, church, and voluntary associations (1977). These structures, small and proximate to individuals, mediate between them and large social, political and economic forces, including bureaucracies. David Price, in reviewing the work of Berger and Neuhaus, criticized it for a conservative bias; some associations have to be changed to promote the empowerment of people that Berger and Neuhaus envisioned. Price added that their work ignores that any study of associations among poor or repressed groups must take into account “the difficult process of facilitation and community-building that is required” (Price, 198:382).
Robert Bellah and his colleagues distinguish among voluntary associations in American society and also stress the danger of oversimplifying their role in American political life. There are, according to Bellah and his associates, three forms of American politics that incorporate a role for voluntary associations: the politics of community; the politics of interest; and the politics of the nation (1985:200–204). There are important differences in the nature of action of voluntary associations in each of these forms of politics. Within the politics of community, voluntary associations most resemble de Tocqueville's description of cooperation to deal with a common problem and Berger and Neuhaus's notion of mediating structures. In the second form of politics, the politics of interests, voluntary associations are most properly termed interest groups. And in the politics of the nation, voluntary associations are most properly termed social movement groups.

In addition to this variety of terms and forms of voluntary associations, their goals vary in each form of politics. The politics of community assume existing social arrangements and furthers them by either endorsing them directly or indirectly by assisting less-advantaged persons primarily through private, not public, and individual, not social, effort. The pluralist interpretations of American politics, the politics of interest, borrow from the idealization of the free market to espouse a society in which groups compete for political influence. The public realm becomes the compromise of competing groups organized among individuals with related interests. Voluntary associations in the politics of the nation represent a new set of political actors organized among or for people previously unrepresented, or with limited forms of participation in the public realm. This form of voluntary action has the greatest consequence for social and political change to promote equality.

Wilson discussed a set of explicitly political organizations such as those which Bellah and his associates related to the politics of the nation. In Wilson's analysis, these organizations are purposive and differ from others because they seek political, economic, and social change that will benefit, directly and primarily, people other than their members. They are different from other voluntary associations that function primarily to benefit their members, such as trade associations and other interest groups, or to provide social benefits to people with common interests or backgrounds, such as fraternities and sororities.

Purposive organizations have as their primary goal the benefit of society in general or some group within it that is disadvantaged or oppressed. The primacy of these purposes and their importance is so high that members of these associations are willing, ordinarily, to risk friendships over them or to antagonize those who disagree with them and to perpetuate tension within their own organizations. Principles always seem to be paramount and proximate in pursuit of the purposes in these forms of organizations (Wilson, 1973:30–46).

Redemptive organizations are one set of purposive organizations. These
organizations are redemptive in the sense of redeeming society of some evil, redeeming an organization by providing a social and political purpose to supplement its emphasis on internal concerns, or redeeming its members by offering them a means to leave the "evil" and the mundane and to pursue the "good" and noble. They are distinct because their members work directly for the benefit of others and expect that they and their colleagues will exhibit personal traits and work habits that exemplify the changes they are trying to institute (Wilson, 1973:46–51). The National Association for the Advancement of Colored People (NAACP) exemplifies a purposive organization in that a majority of its members simply contribute to it and support its purpose. The Student Non-Violent Coordinating Committee (SNCC) is often portrayed as a redemptive organization (Wilson, 1973:47–48; Stoper, 1977) because the majority of its members engaged directly to acquire the social transformation that was its purpose.

This distinction is not hard and fast. Obviously, SNCC had contributors and supporters who participated indirectly in their work. Conversely, the NAACP staff often found themselves in situations of total commitment to social transformation. Likewise, local chapters of the NAACP, such as the one in Haywood County in 1939, had the redemptive characteristics of working for others, working for transformation, and, because of the danger entailed in membership, they attracted only people with deep commitment to the purpose of the organization.

Interwoven in the histories of these four communities are numerous redemptive organizations which were local. Local redemptive organizations are often overlooked in discussions of this form or organization but they bear the strongest resemblance to mediating structures because they are small, proximate to individuals, and often rooted in families and church, as well as a locality.

The local redemptive organizations include efforts to improve the education, work, and political status of local black residents. There are numerous schools in the histories of the four counties of this study that played prominent parts in change efforts. Some of them have records, such as the Penn, Fargo, and Calhoun schools. Many of them have no records and are known only because they are mentioned in the records of federal programs such as the Freedmen’s Bureau. There are numerous instances of labor organizations to protest existing conditions and to establish new ones. We have various amounts of information about them. Research on sharecroppers’ strikes of the nineteenth century is emerging (Foner and Lewis, 1983; Strickland, 1985). We have more knowledge about sharecropper organizations and strikes of the Cotton Pickers in Lee County in 1981, the Progressive Farmers and Household Union of America of 1919, the Alabama Sharecroppers Union of the 1930s, and, best known, the Southern Tenant Farmers Union of the same time (Foner and Lewis, 1978; Cortner, 1988; Rosengarten, 1984; Grubbs, 1971).

There are also two sets of political organizations among the redemptive organizations of these counties. The first set, Loyal or Union Leagues, occurred
during Reconstruction and encouraged the political participation of the newly enfanchised black people of the South. The second set occurred during the civil rights movement and took various names such as “concerned citizens” or “civic and welfare league” in different places. Most prominent among these organizations are the Citizenship Schools and the Lowndes County Freedom Organization, which was a locally organized third party that ran black candidates for political office. The success of the party was limited but its symbol, the black panther, was promulgated by one of the SNCC field workers in Lowndes County, Stokely Carmichael, as an emblem of hope that black men and women could gain political office and power.

National and regional purposive organizations impacted on these redemptive organizations. These include the various freedmen’s relief societies, the American Missionary Association which supported schools for the freedpeople during Reconstruction, the Rosenwald Fund which supported schools in the South in the early twentieth century, the NAACP, and the SCLC. These organizations provided assistance in the forms of funds and other resources to local leaders and for local change efforts. The actions of these associations suggest the important role of purposive organizations in supporting redemptive organizations and their similarity for the staffs of purposive organizations who are likely to work directly with local leaders in change efforts.

**Redemptive Organizations—Internal Characteristics**

Redemptive organizations have unique internal characteristics, as Wilson indicated. They stress a personal commitment to social and personal transformation. Examining the several redemptive organizations in our four counties over a century, we can elaborate on these characteristics and identify others.

**To Measure and Transform Society**

Redemptive organizations propose to transform society. This change may take different forms and require various strategies. One strategy is to end society-wide acquiescence in wrongdoing. Such acquiescence is complicity in a social problem, such as lynching, and the problem’s solution requires that the many end their acquiescence in the actions of the few. The NAACP and other groups, some of them local, worked to end lynching by changing public opinion and legislation and used local incidents to point out the need for social transformation (Zangrando, 1980). Other redemptive organizations may work directly for transformation of a local situation. SNCC’s work in Lowndes County is an example (Carson, 1981) as are the various labor strikes of agricultural workers. Sometimes these strategies of national and local change blend. The NAACP acquired important national publicity because of its role to limit court-sanctioned
lynchings that were the aftermath of the efforts of local sharecroppers to organize in Elaine, Arkansas, in 1919 (Cortner, 1988).

To Improve the Public Standard

Redemptive organizations urge public agencies and agents to higher standards in the performance of their duties. The National Freedmen’s Aid Association criticized, to his embarrassment, General O. O. Howard, head of the Freedmen’s Bureau, when he cut relief rations to the freedpeople (Bentley, 1974:77–78). Likewise, the Southern Tenant Farmers Union, and others, prodded the New Deal’s agricultural programs to do more for southern agricultural workers (Grubbs, 1971).

Some of this criticism comes from the success of redemptive organizations in outperforming public agencies in their responsibilities. The NAACP criticized and upset the FBI for its investigations of lynchings. For seven years, Thurgood Marshall traveled around the country investigating lynchings of black people. In some cases, such as that of Elbert Williams in Haywood County in 1940, he quickly assembled affidavits giving the names of the lynch mob members. In contrast, he found in case after case that the FBI seemed unable to do the same. In the Elbert Williams case, he complained that the FBI agents conducted their investigation in the presence of the sheriff who, according to affidavits and two eyewitnesses, led the lynch mob. By 1947 Marshall wrote to NAACP director Walter White that, “I have . . . no faith in either Mr. Hoover or his investigators and there is no use in saying I do.” He then wrote directly to Attorney General Clark with his criticism of Hoover (NAACP files).

To Measure and Transform Their Members

In addition to transforming society, redemptive organizations propose other changes. They may work to change their members and their own organizations to a degree sufficient to provide a specific, alternative method of living, working, and exercising authority. Individual members of such organizations may seek redemption from practices they understand to be corrupt, unfair, and immoral.

Consequently, high personal standards are part of the commitment to transcendent organizational goals and are apparent in redemptive organizations. The six qualifications of the American Missionary Association for missionaries among the freedmen included missionary spirit, health, energy, culture and common sense, personal habits, and experience. The work ruled out people with “singularities and idiosyncracies of character” because of its “gravity and earnestness.” Likewise, “nowhere is character . . . more important” (Stanley, 1979:142–44). Both the Fargo and Calhoun schools had exacting standards for
the students and parents who participated in their annual conference for local farmers.

School leaders at Fargo, Arkansas, for example, asked the 1945 conference participants a set of questions that seem like an examination of conscience intended to promote moral behavior, self-improvement, and self-reliance.

Do you own your own home? Do you attend church? Do you attend the Negro Farmers’ Conference? Do all your children attend school? Does your boy belong to a corn club? Do you have a year-round garden? Do you have milk and butter all year? Have you any hogs? Do you buy corn, hay or meat? Do you cooperate with your neighbors? How many rooms in your house? Is your house screened? Do you have a pump? How far does your wife have to carry water? Do you get wood in the summer? Do you use your money for the things you borrowed it for? Do you get the Agricultural Farm Bulletin? Do you have a sanitary toilet? Do you encourage your children to be thrifty and honest? Do you take your son into your planning and farming account? Do you cooperate with the farm and home agents? Is your attitude what it should be?

For the Benefit of Others

These organizations seek social transformations that will benefit others. In some cases, such as SNCC and the schools of the Reconstruction era, members of redemptive organizations work for the benefit of others who are unrelated to them. They often work with, live, and risk like the people they are supporting in a change effort. Members attain the satisfaction of contributing to something they believe in and to the pursuit of principle. Members of redemptive organizations take on the problems of others directly rather than through contributions. Still other redemptive organizations, such as labor and political organizations in these counties, have benefits for people directly related to their members. Their members may derive direct benefit as well, if the organizations are successful. According to interviews with people active in the civil rights movement, members take on the risks associated with efforts to change repressive institutions because of benefits for their children rather than for themselves.

Redemptive organizations work clearly for the benefit of others and the status and reputation of members are judged by their contribution rather than by their education or prestige. Administrators of the community health centers fired well-educated black people who could not make sacrifices that did not have immediate benefit for them directly and welcomed white allies who were willing to make such sacrifices. The attitude of members toward people outside
the organization can vary among redemptive organizations and change over time within the same organization, as we shall see. There is common and general agreement, however, that the work of these organizations is to make the greatest number of people better off rather than to create well-paying positions of authority for a few people. Are the programs reaching those in need? How many are being helped by how much? These are the measures a redemptive organization takes seriously and applies to itself often and in agonizing detail.

**Redemptive Organizations and the Process of Change**

In addition to their internal characteristics, redemptive organizations make distinct contributions to the process of change. Again, the histories of change efforts in each of the four counties of the study permit us to identify some of these contributions.

The Worst Cases First

Redemptive organizations often deal with the worst cases first. The freedmen's relief societies were attracted to the Sea Islands because of the isolated and deplorable conditions of the freed people there. The founders of both the Calhoun School and the Fargo School were likewise attracted to their areas by the severe need. SNCC chose to work in Lowndes County because of its notorious reputation (Carmichael and Hamilton, 1967). In all of these cases, there was an attitude of making change in the 'worst' place to prove that it can be made anywhere.

Providing New Examples

The efforts of redemptive organizations serve as models for legislation and public programs directly or indirectly. This is perhaps clearest in the impact that the Penn School and the Calhoun Land Trust, among several such efforts of land redistribution and technical assistance for black sharecroppers, had on the Resettlement Administration (Woofter, 1930; Baldwin, 1968). Likewise, the Southern Tenant Farmers Union and the Alabama Sharecroppers Union took the feudal conditions of sharecropping, exacerbated by federal policies and local violent repression, to Washington to acquire changes in the legislation of the AAA or its administration (Burke, 1935). Certainly, the freedmen's relief societies worked hard, and with some success, to influence Reconstruction policies. The work of the Medical Committee for Human Rights which provided health services to civil rights workers and others in 1964, contributed greatly to the community health centers of the War on Poverty.
A Fulcrum Point of Change

Most clearly, redemptive organizations provide their members, and others, a means with which to address a problem or need. The Freedmen's Bureau had a means to address the education of the freedpeople because of the relief societies. People of all races had the opportunity to address racial equality more effectively because of the NAACP. Most importantly, however, these organizations gave people who were oppressed and discriminated against, the opportunity to address their condition directly.

A Space for New Practices and the Imagination

Redemptive organizations provide space for new standards for a repressed group. This function has been described as a half-way house for social movements (Morris, 1984). The Haywood County Farms Project was the largest terracing project in the state and its black participants were the first to have electricity. Residents on the Calhoun Land Trust were the first black people in the county to live in painted houses. In this space, the members of redemptive organizations set examples for one another. C. P. Boyd, a leader of the Haywood County Civic and Welfare League, had an experience of new race relations within his church in Iowa. Septima Clark observed how Esau Jenkins, a leader on Johns Island who impacted the early civil rights movement throughout the South, saw blacks and whites live and work together at Highlander Folk School in a new way. The impact on Jenkins was profound as it was on a black teacher from Columbia, South Carolina, who recounted her experience at a 1954 Highlander Workshop.

For the first time in my life I have found myself in a place where the brotherhood of man was lived instead of just being preached—where discrimination in relation to our living at Highlander was never discussed because it didn’t exist. We lived together in a dormitory where we shared a common bathroom and there was voluntary exchange of such personal possessions as bathing suits, bathing caps, toothpaste, soap... The reason I mention how we lived at Highlander is because to a Negro in the South the sense of personal dignity and respect which goes with these simple acts is more meaningful than a hundred sermons or a dozen interracial meetings (Tjernlund, 1980:208).

Some observers marveled at the ability of Highlander's director, Myles Horton, to get white and black people to eat at the same table. When asked how
he did it, Morton enumerated three simple rules: ‘‘Prepare the food; set the table; ring the dinner bell.’’

Redemptive organizations do not always live up to their ideal, obviously. Hierarchy, racism, and sexism within their organizations often undermine the ideals they pursue. Even so, the extraordinary criticism and controversy these organizational failures engender testify that redemptive organizations have, as a goal, to go beyond convention in setting examples.

Cooperation in Change Efforts

The opportunities for change provided by redemptive organizations represent new forms of unity and cooperation that express the purpose for which the organization works. Specifically, redemptive organizations provide more space for cooperation between the races and among the socioeconomic classes than American society ordinarily provides. For example, educated black men and women who staffed the early schools of the American Missionary Society were provided the opportunity to impart education to others. The community health centers functioned somewhat similarly. Middle- and upper-class black and white college students from around the country often acquired their first life-changing experience with collective action through SNCC or events sponsored by the SCLC.

Redemptive organizations differ in their cooperation with others. The Union Leagues and several labor organizations were secretive and exclusive because of the danger of violent repression. After a time, SNCC became exclusively black to better express the power of black people, and, in so doing, strained its relationship with other civil rights organizations. Other organizations, like all of the local redemptive organizations in these four communities, maintained broader alliances and pursued strategies of legislative, administrative, and judicial change as well as direct action.

New Forms and Amounts of Leadership

African-Americans did more than participate in the redemptive organizations of white people. They established their own and conducted them in the face of overwhelming odds. Recently organized efforts to establish health care had important precedents in black-led efforts to establish schools in the 1860s and 1870s. In both instances, local leadership for new services far exceeded the ability and resources of government agencies to respond and in both instances, at different times, the action to establish such programs was understood as extremely political because it exceeded what wealthy landowners were willing to provide. The local redemptive organizations are most numerous in the labor movement such as the Progressive Farmers and Household Union, the Southern
Tenant Farmers Union, and the Alabama Sharecroppers union, to mention a few.

The Progressive Club, the Haywood County Civic and Welfare League, the Concerned Citizens of Lee County, and the Lowndes County Freedom Organization are just some of the local redemptive organizations recounted in interviews about recent events in these communities. The significance of these efforts is seen in the reprisals they invited and the support and excitement they generated. The former are measured in gunshots and arson and the latter in the actions of people to give what they could. People in these organizations speak of once-in-a-lifetime experiences of working like a family and of the excitement of "doing good."

Some factors conspire to underestimate the role of black people in change efforts. Southern black men and women taught in the first schools for the freedpeople but we know of them primarily from the letters of the northern men and women who replaced them (Gutman, 1987). The officers of the Colored Alliance were black men, but press coverage of that group and its planned strike of 1891 was dominated by the superintendent, a white man.

**Repression**

The underestimation of the role of repressed people in their efforts to change their condition is one small part of the efforts to repress redemptive organizations—which is another of their characteristics. The school houses and churches that hosted meetings of the Loyal Leagues in the 1860s were burned just as frequently as those that housed the change efforts of the civil rights movement. The labor organizing efforts of sharecroppers from the 1860s to the 1930s touched off five race riots in three of the four communities of this study. It is not surprising, then, that two of the groups that began the community health centers that initiated this study have lost control of them to the political and medical elites of the area.

**Sowing the Seeds of Change**

Redemptive organizations have unspecified outcomes and impacts. The work of these organizations disseminated across the South and has been carried on over time through the efforts of extraordinary individuals. For example, the work of the American Missionary Association fashioned Hampton Institute which supplied teachers to Calhoun Colored School. Hampton also trained Booker T. Washington who founded Tuskegee along the lines he was trained. Floyd Brown embodied the teachings of Tuskegee and imparted them to his students at Fargo. Fargo’s students included E. C. Burnett who took them to heart and tried his best to pass them on to his students that included Olly Neal,
Jr., who was prominent in the change efforts in Lee County in the 1970s. Avery
Institute also influenced tens of thousands of black southerners through the work
of Septima Clark and the Citizenship Schools (Brown, 1986).

In like manner, the activities of a redemptive organization provide models
for others in different places and at different times. John Hulett brought with him
experience with the Alabama Christian Movement which he replicated in
Lowndes County. The Lowndes County Christian Movement fostered the devel-
opment of the Lowndes County Freedom Organization which contributed to the
national black power movement.

Another form of unspecified outcome is the formation of new redemptive
organizations. For example, many student leaders of the 1960s acquired forma-
tive political and organizational experience in civil rights efforts. Similarly,
redemptive organizations may take on new goals of transformation. The Medical
Committee for Human Rights, for example, initially supported civil rights work-
ers but later worked, especially in the Chicago area, on the health status and
care of people in prison, occupational safety and health, and health care for the
poor. Likewise, a redemptive organization begun in one era may provide a basis
for reform in another. The American Missionary Association, for example,
provided an administrative home, support, and a staff member, Andrew Young,
for Citizenship Schools, one hundred years after its origin (Glen, 1987:169–72).

Redemptive Organizations and the Politics of Hope

Gunnar Myrdal, Swedish economist and Nobel Prize winner, in some ways
paralleled the work of de Tocqueville. Myrdal studied American race relations
with the critical eye of a foreign observer (1944). Although Myrdal’s subject
was different from that of de Tocqueville, Myrdal also stressed the role of
voluntary associations. Myrdal observed the political inference of the impor-
tance that Americans place on voluntary associations. Americans, it was
Myrdal’s judgment, substitute education, private leadership, and the action of
voluntary associations for politics (1944:709–11).

Myrdal reached appropriately for hyperbole in describing voluntary social
institutions and associations, given the importance we place on them to achieve
public purposes. He explained that the American Creed plays upon churches,
schools, universities, foundations, trade unions, and voluntary associations “as
upon a mighty organ” (1944:80). They are sources of social healing. They
minister to the sick and disadvantaged. They provide avenues of improvement
for individuals that we suppose represent social change when enough individuals
take them. They provide the hope for social change that Berger and Neuhaus
recently renewed in their work on mediating structures. However, they are not,
by and large, sources of political change. In fact, their proliferation and role are
indications of the American aversion to political solutions for public problems and the inadequacy of private responses to public problems.

Redemptive organizations share the voluntary characteristic of mediating structures and other forms of voluntary associations. They differ sharply, however, in asserting the public nature of problems they address and the need for political, social, and economic change that the solutions to these problems entail. They are part of a politics of hope because they measure by a standard in excess of convention and maintain a belief that progress can and should be made only by changing the status quo. Even in the criticism of injustice, inequality, and just plain wrongdoing, redemptive organizations are part of a politics of hope because they measure their criticism by the ideals we hold for ourselves. They remind us of our aspirations and point out that our practice contradicts them.

Similarly, Myrdal began with the enduring problem of racial inequality and the corresponding inadequacy of traditional political mechanisms to promote greater equality but articulated an alternative political arrangement, a politics of hope. Myrdal offered a vision of leadership and education combined with mass participation for social and economic change. This new form of politics

...if it ever developed, would realize in the highest degree the age-old ideal of a vitalized democracy. It would result, not only in a decrease in the immense class differences in America, but more fundamentally, it would effect a higher degree of integration in society of the many millions of anonymous and atomized individuals: a strengthening of the ties of loyalty running through the entire social fabric; a more efficient and uncorrupted performance of all public functions; and a more intense and secure feeling on the part of the common citizen of his belongingness to, responsibility for, and participation in the commonwealth as a great cooperative human endeavor—a realization of a fuller life (1944:716).

Bellah and his associates also describe a new social ecology which is distinct from the alienating aspects of the prevalent individualistic, autonomous American culture. This social ecology includes the recognition of the social complexities and the mutual dependence of its members; the reduction of inequalities and excesses of great wealth and great deprivation; an increase of intrinsic satisfaction in work related to an infusion of public purpose into work; and finally, the restoration of “the dignity and legitimacy of democratic politics” (1985:287–89). They speak of this social ecology as “the successor and fulfillment of the Civil Rights Movement” (1985:286) bringing to fulfillment elements of a social transformation initially glimpsed within that and other social movements.
The Civil Rights Movement itself, however, was the successor of change efforts of which redemptive organizations were a constituent element, just as they were constitutive elements of the Civil Rights Movement. In the histories of four rural, black, southern counties, we can glimpse the slow and cumulative transforming power of redemptive organizations and their role in social change such as "vitalized democracy" or a "social ecology."

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Anger Among Prospective Adoptive Parents: Structural Determinants and Management Strategies

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ABSTRACT

This paper focuses on anger experienced by prospective adoptive parents as they go through infertility and the formal adoption process. Qualitative interviews were done with seventy-four infertile couples who were at various stages in their consideration of adoption. Using a sociology of emotions perspective, I examine the source of their anger by focusing on the structural power imbalance between infertile couples and the physicians and adoption agency personnel to whom they turn for help in becoming parents. I analyze the way that this power imbalance constrains their anger and examine the way it is managed according to the "feeling rules" that then come into play. The implications of this anger for practice are discussed.

The anger experienced by prospective adoptive parents as they go through infertility and the formal adoption process will be examined along two axes. First, the structural power imbalance between infertile couples and those who they turn to for help in becoming parents will be considered. Typically, couples turn to, and become dependent on, physicians for help in becoming biological parents; when that doesn't work they turn to, and become dependent on, adoption agency personnel in an effort to become adoptive parents. In both instances, their dependence on others results in a sense of powerlessness and feelings of anger.

Second, the way that this power imbalance constrains the expression of this anger will be analyzed, specifically, the way anger is managed in interactive situations by prospective adoptive couples according to the "feeling rules" that come into play (Kemper, 1981:346). The powerlessness that couples experience is compounded by the structural restrictions that inhibit the expression of anger.
toward those on whom they are dependent. As Averill (1982) has suggested, one is usually able to target anger at those responsible for instigating it in order to bring about a constructive change. However, for prospective adoptive couples to target their anger at adoption agency personnel would be to risk alienating them, thus jeopardizing their chances of becoming adoptive parents. As a result, the expression of this anger is guided by the rules of appropriateness and thereby emerges within "safer" contexts such as the research interview, the marriage relationship, or discussions with close friends.

This paper draws on a sociology of emotions theoretical framework that focuses attention on the importance of social context for understanding both the source of emotions and the way that they are managed in the situation. For example, Kemper (1978, 1981) has suggested that position in the social structure is critical for understanding the patterning of affective experience. From this perspective, the distribution of power and status in social relationships is the key element in evoking emotions. Furthermore, the way that emotions are managed in the situation are subject to "emotion rules" or prescriptive, normative guidelines for the appropriate expression of emotional states (Armon-Jones, 1985; Hochschild, 1979, 1983). From this perspective, emotions are managed according to the situational constraints of "appropriateness" or "correctness" (Schott, 1979:1319).

Anger is but one emotion that is typically experienced in the infertility and adoption processes. However, I have chosen to focus on anger, at the exclusion of such emotions as isolation, denial, fear, depression, or grief for two reasons. First, anger was commonly expressed by infertile couples and frequently emerged as a central theme during research interviews when the experience of infertility and adoption was discussed. Second, the prevalence of anger in this context focuses attention on power relationships which have received little attention in the literature on infertility and adoption. Third, anger is one of the most highly controlled and most difficult emotions to express in our culture. As Hochschild (1983:114) suggests, there are "taboos on anger" and the result is that people are "unusually eager to conceal anger and unusually uncomfortable with its expression" (Stearns and Stearns, 1986:7). As a result, anger is often a difficult emotion to deal with in practice. These issues suggest that a systematic analysis of anger is essential for understanding infertility and the prospective adoptive experience which may provide a basis for dealing more effectively with anger in the helping relationship.

The prevalence of anger in the experience of infertility is well documented in the literature. For example, several researchers (Menning, 1977; Shapiro, 1982) have noted the similarity between infertility resolution and Kubler-Ross' stages of dying, where anger is one of several key emotional responses. Mazor (1979) describes the prevalence of anger in the infertility process that arises from feelings of being damaged and defective. Hertz (1982) suggests that couples
go through periods of astonishment, fear, guilt, and finally, anger. Martin Matthews and Matthews (1986) point to the prevalence of anger resulting from the loss of control in the infertility treatment process. Link and Darling (1986:59) report that the couples in their sample "routinely reported a keen sense of frustration and anger over their condition."

The presence of anger in the adoption experience has also received some attention in the literature. For example, Rothenberg, Goldey and Sands (1971) report that most adoptive couples attending group meetings expressed feelings of rage and fear as a result of their helplessness. Other researchers have sought to explain the implications of anger in the adoption experience. Castle (1982:10) suggests that "anger against the adoption agency is a bad sign, often indicating that the prospective adopters are still angry over their own infertility." Similarly, Kirk (1981:73) suggests that anger is to be avoided in the adoption process insofar as couples are expected to "to accept emotionally their physical limitation i.e., they must admit to themselves without self-pity their atypical parental position." Kent and Richie (1974) go further when they assert that anger in the adoption experience is associated with the unreconciled loss of a biological child which may result in inconsistent discipline with an adopted child. These causal links between anger and infertility are not only unsubstantiated by research, but they attribute the anger to the loss of infertility to the exclusion of other structural factors inherent in the adoption process itself.

Although the presence of anger in the experience of infertility and adoption is well documented, there has been little effort to provide a systematic analysis of its structural underpinnings and/or its contextual expression. Stemming from this, there has been little effort made to examine the implications of this anger for the practitioners who work with infertile couples. The practitioner's ability to address the issue of anger with infertile couples would no doubt help them to more appropriately manage it, and, as Sabatelli, Meth and Gavazzi (1988) suggest, would positively co-vary with adjustment to infertility.

Methods

The paper reports on a set of seventy-four semi-structured interviews with couples who were waiting to adopt. In order to be included in the study, couples had to be experiencing a fertility problem and have no children (biological or adopted) living with them. Couples were recruited from a fertility clinic at a large urban teaching hospital and from the adoption waiting lists of two Children's Aid societies. This was done in order to intercept couples at various stages in the transition to adoptive parenthood: on the one extreme, to get couples who were early on in the process of infertility tests and treatments, and at the other extreme, to get couples who were well into the adoption process. In order to avoid the possibility that the same couples might appear in both
sampling frames, the adoption agencies used were from a different geographical location from the fertility clinic.

Different recruiting procedures were used to obtain the samples from these two sources. At the fertility clinic, patients were asked by the physician or nurse whether they would be willing to consider participating, and if so, they were immediately introduced to me. I then explained the study to them and if they were still willing to participate I arranged a time for an interview. Among those who met the eligibility criteria, 71 percent agreed to an interview. In contrast to this face-to-face recruitment approach, adoption agencies sent out letters on my behalf to everyone on their waiting lists. If they were willing to participate, they responded directly to me. This resulted in much lower participation rates with 42 percent responding from the first agency (107 letters sent) and 15 percent responding from the second agency (58 letters sent). The overall participation rate, including the fertility clinic and adoption agencies, was 43 percent. I personally conducted all the interviews which ranged in length from one to four hours with most being two-and-one-half hours long.

The mean age of the sample was 31 for husbands and 30 for wives. They were well educated, with one-third of men and one-fifth of women holding university degrees. Corresponding to this, one-third of husbands and one-fourth of wives held positions at a professional or management level. Two-fifths were Protestant while one-third were Catholic. Couples had experienced a fertility problem for a mean average of five years. The diagnosed fertility problem was with the wife in 58 percent of the cases, the husband in 18 percent and combined in 15 percent. In 9 percent of the cases, there was no diagnosed fertility problem but couples were unable to conceive. Participants were at different stages in their consideration of adoptive parenthood ranging from those who had just begun to consider adoptive parenthood to those who had completed the adoption home study and were awaiting placement. Although all couples had given some consideration to adoption, three-fifths were formally on an adoption waiting list. Of these, one-fourth had a completed homestudy and were awaiting placement.

The analysis was qualitative, following the tenets of grounded theory. The primary purpose of the study was to examine the transformation of identity from biological parenthood to adoptive parenthood. In the course of tracing this identity change, anger emerged as an important analytic category that called out for systematic analysis.

A number of general, open-ended questions were particularly useful for understanding anger in the infertility and adoption experience. These included:

- What was your reaction when you first suspected that you might have a fertility problem?
- All things considered, what impact has having a fertility problem had on your lives up until this point?
- Has having a fertility problem had an effect on the extent to which you feel like you have control over your life?
- How has your involvement with the agency so far affected your feelings about adoption? and
- What do you think is expected in the adoption home study in terms of demonstrating that a couple is eligible to parent?

Interviews were conducted with both spouses present in order to get at their shared definition of the situation.

The Structural Context of Anger for Infertile Couples

In the case of infertile couples who were planning to adopt, anger emerged out of recognition of their powerlessness. As Emerson (1962) has pointed out, powerlessness is a property of the relationship and is rooted in dependence. This dependence, which is rooted in an imbalance of power, instigated the feelings of anger (Kemper, 1978:143). Based on Simmel’s argument that the feeling of gratitude supplements reciprocity in relationships, Gordon (1981:564) argues that anger supplements power imbalance in relationships. Homans (1961:75) has suggested that when profits are not in proportion to investments there is a “failure of distributive justice” that results is anger.

The couples of this study invested heavily in the parenthood identity. This investment was shaped in large part by a set of normative expectations which dictated that they “should” become parents. This was frequently a more salient experience for women because of the greater intensity of their socialization to parenthood. Sixty percent of wives and 54 percent of husbands indicated that parenthood was more important for the wife, while only 5 percent of wives and 7 percent of husbands indicated it was more important for the husbands. Andrea, who wanted to stay home and take care of children explained:

I have this feeling of inadequacy because I can’t have any children. As a little girl, you’re playing with dolls and all this and you’re prepared right from when you are a little one. You’re prepared to be a mother—role playing and the whole bit. And then all of a sudden I can’t. Like its a whole switch in your mind. You’re prepared for this whole thing and then Bingo!—you can’t and you have to start thinking differently.

However, men also expressed anger when they expected to become parents, investing themselves in it by doing everything right to become parents, but then discovering that there was a problem. George, a 30-year-old buyer had just recently learned that he was sterile and had this comment:
I had the feeling of ‘‘what did I do to deserve this?’’ I don’t drink, I didn’t run around with women. We build our lives together and its an ideal situation to bring up kids. What the hell is this [i.e., infertility]? Other people run around impregnating women. Why the hell does this happen to me? I felt it was an injustice to me—but I’m not bitter. It’s like someone called the wrong number. Why me?

Their investment in parenthood was also compounded by a perceived sense of responsibility to deliver the rewards of parenthood to others, especially the potential grandparents. John, who was a 32-year-old maintenance worker, had this to say:

I think my parents are expecting that we will have our own biological children. They haven’t really said anything out loud but deep down, I think they would like to see us have our own biological children because then its the continuation of their family—I guess I feel guilty that we can’t give them biological grandchildren and that I would be letting them down—although I’m sure if I ever said that they would be mad at me for saying it.

When parenthood became problematic, couples turned to their physicians with optimism. However, as couples deepened their investment by going through a seemingly endless regimen of tests and treatments, their expectations for an appropriate reward seemed to intensify. Sharon explained:

I sort of felt that well I’m going through all this and the reward at the end is that I’m going to get pregnant. In a way, I had that in my head. If I’m a really good girl, then I’ll get pregnant.

As further evidence of this increased investment, 51 percent of husbands and 56 percent of wives indicated that parenthood had become more important to them since discovering their fertility problem. Couples attributed this increased commitment to parenthood to the loss of control they felt in making decisions about parenthood. Brenda, a 29-year-old mail clerk explained:

For me there has been a loss of control. It is no longer my choice as to whether or not I can get pregnant. People I know come off the pill and they get pregnant—that makes me mad. I just don’t have control over my body.

No longer able to exert the taken-for-granted control over reproductive choices, couples became dependent on physicians who were perceived to have some
power, by virtue of their "expertise," to help them. Ironically, in their effort to regain a sense of control over their lives, they had first to relinquish it. Steven, a 30-year-old construction manager, commented on how four years of trying to get pregnant with the help of doctors created this sense of dependence:

We feel a lot more helpless now than when we first started. There is a lot of giving up to and depending on the doctors. Although we still feel like we can choose options, we are dependent on them.

This dependency relationship was the perfect breeding ground for anger and resentment. Jeff, a 34-year-old electronic technologist, described how anger emerged as a result of lost autonomy in both the infertility and adoption processes:

I resent being tested and prodded and being asked my feelings. People who suffer infertility and have to adopt, and I understand the reason for it, have to lay bare their soul whereas those who have biological children don't have to do anything to show they are good parents. The system is unfair.

Anger was also likely to arise when doctors did not fulfill the expectation that they had the power to change the situation. Failure to deliver the goods in terms of a successful diagnosis and treatment set the stage for angry feelings. Greg, a 34-year-old accountant and Joanne, a 33-year-old teacher explained their six-year experience of trying to get pregnant:

Husband: After month in and month out we began to feel it was beyond our control. The more things didn't work out, the more we began to feel that it was more out of control.

Wife: Having infertility is like being an alcoholic, only worse. Being an alcoholic, at least if you are going to do something, you have control over it. If you are going to change it, it has to come from you. With infertility though, you don't have control over it. That's what is so frustrating! There isn't anything you can do about it. Its up to the doctors. Even then, our doctor did all the tests and in the end, told us it was bad luck! At first I looked at my husband and said "Can you believe he said that?" But after awhile, I started to admire him for saying that. There's nothing they can find so its just bad luck. Not even he can control it.
The loss of control and the anger that they felt was further compounded by long lineups to get treatment and a perception that their physicians were trivializing their feelings. Margaret, a 30-year-old schoolteacher attributed her anger to the kind of medical care that she received:

The frustrating thing about it is the slowness in the process—the delays and the miscommunication between the medical staff and us. The demands that they have shortchange the attention that we get. One doctor was really incompetent. He told me it was all in my head.

For those couples who chose adoption as a way of regaining control over their parenthood choices, a similar power relationship was entered into. Whereas their efforts to become biological parents resulted in a dependency relationship with their physician, their effort to become adoptive parents required that they enter a dependency relationship with the formal agents of the adoption process. Again, their efforts to regain control over their decision to become parents required that they first give up control to the adoption personnel. The adoption agents were very powerful by virtue of their ability to reject a couple for adoptive parenthood on the basis of their evaluation or assessment of them as suitable parents. Jean, a 28-year-old communications specialist had been on the adoption waiting list for four years. She described how their dependence on the adoption agency lay at the root of their feelings of loss of control and anger:

It has opened my eyes to the frustration of going through the process. You are at their beck and call when they decide that the match is made. You have no control. You have to submit yourself to the process.

Their powerlessness was also reflected in the words that they used to describe the formal adoption assessment whereby they are evaluated for adoption readiness. As one man put it, “it’s like having a drill instructor walk into your environment” or for another “this stranger walks in and has power over you.” People felt they were being “judged,” “interrogated,” “on trial,” “fine combed,” or that someone was “going to play God with us.” Barbara, a 32-year-old computer programmer, described her sense of powerlessness and uncertainty:

With adoption there is that uncertainty. There is always the sense that they are watching you. Do you measure up to the standard?”
Furthermore, in light of the diminishing supply of adoptable babies (Bachrach, 1983; Lipman, 1984), infertile couples were subject to increasingly selective practices by the formal agents of the adoption process. This increased selectivity served to heighten the power of adoption workers and to corresponding increase the dependency of couples. Sarah, a 25-year-old teller, explained that they had their name in for adoption for two years without acknowledgement:

They haven’t responded or even acknowledged our application. We don’t hear anything from them. It is so discouraging. You feel like it’s never going to happen. Then you hear about the number of babies going down because of abortions and you think do we even have a chance?

The length of the wait and the uncertainty that adoption might never happen led Derek and his wife Helen to question whether the amount of investment required could ever pay the appropriate dividends:

Husband: When we contacted the agency they were very pessimistic. We feel that if we get a homestudy by the time we are forty (they were both 34) that we will be lucky.

Wife: And they just told us that our chances were very, very poor because there were so few babies placed.

Lynne, who had been trying to get pregnant for five years, expressed anger at the possibility of being rejected after investing so much:

The thought of getting turned down is most upsetting. Who are they to say that we aren’t good parents? What if they say no? I would be so angry. Especially when you are told since you are little that you would be the best mom there is.

For Alan, a 33-year-old professional engineer, being rejected as an adoptive parent would mean double “failure”:

I would hate to be a failure twice. Not getting a biological child and then not getting an adopted child would be very hard.

The dependence of infertile couples on both physicians and adoption workers put them in a powerless position. Although anger was frequently the response to this, it was not often directed towards those responsible for instigating
it. Rather, its expression seemed to be directed toward safer targets that would not in any way interfere with their chances of becoming parents.

Managing Anger in the Infertility and Adoption Experience

The anger that couples experienced by virtue of their powerlessness in the infertility and adoption processes was subject to the guidelines of "emotion work" (Hochschild, 1979). In this regard, there was an effort made to shape or suppress feelings according to their appropriateness in the situation.

As Denzin (1985) has pointed out, the definition or interpretation of the situation plays a key role in mediating between "deep" and "surface" meanings of emotion. Whereas "surface" meanings reflect the public or observed self, "deep" meanings reflect the feelings of the "deep, inner moral self, the self of deep pride, shame, guilt, anger, remorse or ressentiment" (Denzin, 1985:225). Furthermore, the assessment of the situation is determined in large part by the significant others who are implicated in the situation. Denzin (1985:225) refers to these as the "emotional associates" who witness or share in the emotional experience. Based on an assessment of the norms, expectations, and rules, either implicit in the situation or in some way conveyed by these "emotional associates," decisions are made regarding the extent to which one can present "surface" or "deep" meanings of self. Corresponding to Goffman's (1959) distinction between front stage and back stage behaviour, couples staged a public impression of their surface selves to their physicians or the adoption agency, while in their private disclosures to each other, they expressed the anger and resentment of their deep selves at having to go through such a long and powerless process.

Although couples were angry with the power that physicians and adoption workers had over them, they rarely expressed their anger directly to them. Denzin (1984:225) points out that in situations where anger is the result of a power imbalance, rarely is this anger directed to the source. Consistent with this, the anger at the root of infertile couples' "deep" meanings of self was saved for other, more appropriate, emotional associates. To the physicians and social workers they presented their "surface" selves in order that they not get angry at them in return, which might in some way, either jeopardize their treatment or their chances of adopting. Mary, who was 33, had been on the adoption waiting list for two years. She explained how she and her husband established a "feeling rule" of being very controlled in their blame or anger so as not to alienate the adoption workers:

It's nerve-racking. You feel like you are on trial. The one negative side is that you don't want them to get mad at you. I got a negative reaction from them.
When presenting their "surface" selves to adoption agency representatives, they attempted to portray themselves as "perfect parents." To this end, one couple had the feeling that "we should hold hands and show that we had this great relationship." Jim explained how he and his wife Joan deliberated over being honest (thereby presenting their "deep" selves) versus being "accommodating" or "telling them what they want to hear" (thereby presenting their surface selves):

At the first meeting, it was "Should we be honest? What should we say?" You want to show that you are the 100 percent best human being there is to be a parent.

This effort to impress the adoption workers reflects the selective process that couples engage in when deciding whether to express what they are "really" feeling. The over-riding feeling rule was to repress the real emotion of anger in favor of creating the right impression. This "emotion management" (Hochschild, 1979) was clearly present when Cathy indicated that she would like to express concerns, anxieties or anger to the adoption workers but indicated that "you don't feel like you can." This was obviously a sentiment shared by other group members, for as she suggests later, "no one talked." In this instance, the situation required that the underlying emotions be suppressed in favor of an air of confidence and assuredness. The discrepancy between what one does feel and what one ought to feel made the "emotion work" necessary:

Husband: You are like a dog trying to please all the time.

Wife: I feel like a kid when I call them. You want to be the best and you want to project this image of being perfect. You are under the microscope. You want to say something but you don't feel like you can. It's the "we're close, so lets not rock the boat game." You can't express concerns because you don't want to have what you say misinterpreted. At the group session at the agency, we watched a film and there was discussion time. No one talked. I had lots of things that I wanted to say but no one said anything.

As part of understanding the feeling rules for the expression of anger, one man showed an awareness that not only should anger not be expressed with the adoption workers, but care must be taken to hide any anger that might potentially be directed at the prospective adoptee. When discussing the adoption assessment he indicated that the adoption workers would be looking to see if "there was anger bottled up in yourself and whether you would be dumping it
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on the child.' This awareness that the anger must be expressed elsewhere again reflects the presence of feeling rules which prohibit its expression in the adoption process.

Unable to direct anger and resentment at physicians and adoption workers, they chose to direct it at other targets. This displaced anger was directed at unmarried teenage mothers who were perceived to be negligent by their decision to keep their babies, people who abused children, or people who were able to have children with apparent ease. Although couples did not typically make these comments in the presence of these people, they did feel justified in targeting their anger at those who were less appreciative of children. This anger was expressed with safe emotional associates, including spouses, close friends, and the researcher.

One of the most common ways of displacing anger was to target it at those who were more obscurely responsible for their misfortune. For Sharon, who had been trying to get pregnant for three years and had been on the adoption list for one-and-a-half years, this meant directing her anger against girls who have abortions:

My views on abortion have changed. At first, I wasn’t sure, now I get mad about people having abortions when there are so many people waiting [i.e., to adopt].

Katie directed her anger at those who chose to keep their babies because she felt they were not well equipped to do so:

When I see a young girl who is pregnant I get very angry. We went through a private adoption that failed and she was that age. I don’t think they are very considerate. They neglect the kids and here we are with so much to offer, yet no one will give you the chance to do it.

For Jerry and Anne, who had been on the adoption waiting list for two years, it was the adoption agency who was held responsible for the lack of babies because they did not encourage birth mothers to give their child up for adoption:

Husband: You hear that it takes so long to adopt. Eight years sometimes. It makes me angry.

Wife: I get angry when nothing happens. It makes me angry that they don’t encourage the mothers to give the child up. Then they support her with welfare.
People who were able to have children without much difficulty were also the targets of this anger. Perhaps because they represented the ease at becoming parents that they themselves had hoped for, they became a focus for their anger. Gertrude explains:

I find it so frustrating that everyone else is getting pregnant and getting pregnant easily. Like my one girlfriend, she tells me in December that they are going to try and in January she tells me she is pregnant.

The "feeling rules" that governed the expression of anger in the infertility and adoption process can be summarized into three key statements. (1) The impression of cooperation and compliance was more important than the expression of anger and resentment. (2) Anger required an alternate target consisting of those who mismanaged (pregnant teens), or managed too precisely (successful family planners), the transition to parenthood. (3) There was a feeling rule that anger could be expressed only to close emotional associates who were not directly responsible for helping them to become parents.

Conclusion

Understanding the anger experienced by infertile couples as they seek to adopt requires that one be attentive to its structural underpinnings as well as the "feeling rules" that emerge to determine the appropriateness of expressing this anger. The anger that was present was there by virtue of their powerlessness in the situation, and stemming from this powerlessness, they were constrained in their expression of anger by those upon whom they were dependent.

Little attention has been given to the implications of this anger for practitioners who are themselves in a position of both constraining and being the targets of this anger. There is little question that failure to address this anger carries with it a host of negative consequences for the helping relationship including antagonism and distance. Unchecked, it may also introduce mistrust and resistance which are at odds with constructive change.

For those working with infertile and adopting couples, there are a number of options for dealing with this anger. First, acknowledgement of the anger and the recognition of the associated power issues is an important first step in diffusing it. The data of this study suggest that anger is a typical affective response to the loss of control inherent in the infertility and adoption processes. However, the tendency in the literature, and in practice, has been to blame the couple for the anger because they have not resolved the loss of a biological child (Castle, 1982; Kent and Richie, 1974). This approach to anger suggests that its expression is considered to be symptomatic of an underlying problem, rather
than a normal, predictable feeling in light of the circumstances. Although the
difficulty in accepting the loss of a biological child may partially account for
their anger, it ignores the anger that results from their power disadvantage.
Focusing on the couple's inability to resolve infertility can only serve to escalate
their anger while acknowledging and addressing the issue of power in the
helping relationship can normalize the presence of anger and can be a take-off
point for realigning the power and dependence asymmetry.

Rebalancing power can take several forms. It can mean that the professional
reduces the client's dependence by asserting the limitations within which they
work in helping the couple to become biological or adoptive parents. For the
health care worker involved in the treatment of infertility, this means being very
clear about the chances of success with any particular treatment. For the adop-
tion worker, it means acknowledging their own powerlessness in helping them
to adopt in the face of such an acute shortage of babies. In both instances,
however, there must be a greater effort on the part of the practitioner to encour-
age greater autonomy and control in the decision-making process around infer-
tility treatment or adoption consideration. In some situations, this could mean
encouraging couples to stop any further infertility treatments or, in the adoption
process, to consider private adoptions, adoption of older children, or remaining
childless.

In keeping with this effort to rebalance the locus of power in these relation-
ships, there is also a need to empower couples to seek out and gain support from
others who experience infertility and are considering adoption. Peer-based sup-
port groups, or groups run by professionals (who are not involved in the adop-
tion evaluation), provide an appropriate empathetic context for expressing feel-
ings of powerlessness, loss of control, and anger. Infertile couples can serve as
important "emotional associates" to each other. From the professional perspec-
tive, encouraging and providing resource support for such groups provides an
important mechanism for couples to express their feelings and regain a sense
of control over their lives.

A supportive context made up of several couples can also provide an appro-
priate opportunity to vent and refocus displaced anger. One of the implications
of misdirecting anger is the absence of any constructive change. As Averill
(1982) has suggested, the usual aim of anger is to change the conditions that led
to its instigation. However, when anger is displaced to others, as is typical
among infertiles, there is little change in the nature of their situation. Hence,
the powerlessness that is at the root of their anger persists. Although it is
important that couples express this anger within a safe context, the group can
play an important role in refocusing it in order to better understand their power-
lessness and dependence in their effort to become parents. In so doing, the group
can help couples to be more assertive and autonomous when working with
professionals.
Although these suggested techniques may be useful in redressing the imbalance of power between couples and the professionals with whom they interact, it is also important to look at the roots of this powerlessness in ideology and social structure. As Mills (1959) reminds us, a full sociological explanation pushes us to consider not just the "personal troubles" over which the individual has control, but rather, to look at the "public issues of social structure" which have to do with the organization of an historical society as a whole. In this instance, anger associated with dependence and power imbalance can be attributed to a social structure that is intensely pronatalist. From this perspective, their powerlessness can be explained not simply in relation to the professionals to whom they turn for help, but in relation to a society that impels them to go to great lengths to have children, even when their chances of success are minimal. Here, their powerlessness is a public issue because they have no control over meeting a set of normative expectations that they should be parents.

The implication for practice is that couples should routinely be encouraged to reconsider and evaluate the meaning and importance of children in their lives. As part of this process, they should be encouraged to sort out their own needs and values regarding children from the various social pressures that they encounter from friends, potential grandparents, peers, and the media. At the most basic level, this means making the subtle and implicit expectations for parenthood explicit, so that these social forces can be more readily identified and dealt with.

Related to this, couples should also be encouraged to evaluate and clarify, on an on-going basis, their reasons for continuing with infertility treatment and adoption, and alternately, the acceptability of various options including childlessness, adopting special needs children, or international adoption. As part of the consideration of childlessness, couples should be encouraged to confront their own fears of the stigma of childlessness and, where appropriate, to consider learning techniques for the social management of their childless status.

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Triadic Analysis: A Conceptual Tool for Clinical Sociologists*

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ABSTRACT

This paper explores the utility of triadic analysis as a conceptual tool for clinical sociologists. Departing from earlier research on patterns of interaction, triads are emphasized over dyads as the structural basis of both micro- and macro-processes, and interdependency is recognized as a decisive influence in the formation and dynamics of triads.

Clinical examples and applications of triadic analysis suggest that stress and conflict within a dyad prompt its members to seek out a third party to neutralize the tension. A third party functions to stabilize the dyad, in some cases as participant in a new dyadic coalition within the triad. Until the original dyadic stress is effectively lowered, third parties are continuously sought. This predictable outreach creates networks that stabilize dyads and relationship systems.

Delineating representative patterns of interdependency within and between triads can deepen our understanding of a variety of social forms and processes (Wolff, 1950). Departing from most earlier sociological research on patterns of interaction, this paper suggests that triads are the irreducible foundation of small group dynamics, and that groups are composed of interdependent and interlocking triads. Group dynamics are viewed as being shaped and reshaped by the continuous shift of dyadic coalitions between and among triads.

Triads are most readily activated in conflict, stress, and contingency situations. Triadic relations are more clearly illustrated by clinical data than by data from community settings, primarily because of the higher levels of dependency.

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and volatility in personal interaction. The power a majority of two wields over a minority of one has been documented, although it remains unclear whether this ascendancy owes more to the isolation of the one than to the strength of the two united (Hare, 1976).

On a micro-level, triads are activated when individuals take an unpopular stand vis-a-vis others around them. Because personal belief systems are inextricably bound to social institutions, triadic exchanges are simultaneously micro and macro in substance and consequence. Just as role structures are moored by social institutions (Parsons, 1937, 1951; Zelditch, 1963), the flux of interpersonal coalitions and alliances are framed by triads.

Review of Research

Although the concept of the triad has rich sources of symbolic meanings in our culture (Piclin, 1980) and has added new dimensions of understanding to the social sciences in general, its utility for clinical sociologists has not yet been fully realized. Micro-sociological research has continued to emphasize dyadic or two-person interaction over triadic exchanges as the basic unit of small group interaction (Borgatta, 1960). Transactional perspectives are used to understand dyadic exchanges (Wilmot, 1975), and communication within dyads is emphasized over interaction between dyads (Homans 1950, 1962, 1974; Blau, 1967).

Sociological research on triads was initiated by Georg Simmel (Simmel, 1908; Wolff, 1950), whose contributions to the field come under the rubrics of "formalism" and "geometry of social forms" (Coser, 1965; Levine, 1971). Simmel postulated that human life is made intelligible through ascribing cognitive status or "form" to phenomena (Simmel, 1980). According to Simmel, because social "forms" define the conditions under which the world is experienced, an understanding of these forms should be the foundation of sociological analysis (Simmel, 1908; Axelrod, 1979). Simmel's emphasis on the geometry of social forms made group size an important aspect of subsequent small group research (Hare, Borgatta and Bales, 1965), and defined the triad as a qualitatively distinct central paradigm of sociological analysis (Kuhn, 1970).

Triadic analysis of family and interpersonal dynamics has been used in some psychological (Nacci and Tedeschi, 1976; Keating, 1984) and anthropological (Hsu, 1961; Bean, 1970) research. In recent decades, the concept of the triad has been used primarily in alliance (Caplow, 1968) and family research (Bowen, 1978). Themes of inquiry in these areas of research include the formation of interest coalitions (Caplow, 1968) and dependency and emotional reactivity in intimate interpersonal behavior (Bowen, 1978; Hare, 1976). Research on coalitions has been developed through Caplow's studies of power (1968), while other coalition researchers have examined a variety of themes, such as the rationality of coalition formation (Hinckley, 1976; Borgatta and Borgatta, 1962;
Goehlert, 1981; Zerschling and Palisi, 1975). By contrast Bowen has hypothesized that in families a third party is predictably drawn into a dyad when there is stress and anxiety within the dyad (1978).

Triads have been conceptualized in some sociological research as structures of interaction in small groups (Davis, 1977) and as bases of social systems (Freilich, 1964; Dolliff, 1982; Rustin, 1971). In this research the third person is viewed as functioning to stabilize the dyad (Rubinstein and Timmins, 1978). Triadic analysis is occasionally found in organizational analyses (Caplow, 1968) and game theory (Rapoport, 1960), and, to a lesser extent, in studies of reference groups (Merton, 1957) and social networks (Bott, 1957).

Overall, triads have been used mainly in micro-sociological research on these selected topics, although a few macro studies of broad change processes have triadic conceptualizations (Edwards, 1927; Brinton, 1957). Triadic principles are tentatively implemented in sociological methodology (Horowitz, 1972; Wallerstein, 1974; Boorman, 1976; Bach, 1977; Synder and Kick, 1979). For example, triangulation is the deliberate use of multiple measures in social science research in order to reduce measurement error (Denzin, 1978; Riley, Wagenfeld and Sonnad, 1981).

Properties of Triads

A triad is less dependent on the specific behavior of its immediate participants for its structure and characteristic processes than is a dyad. A triad requires less commitment from each of its members for its survival and maintenance, and it is perpetuated through substitute participants if one member of the three-person system drops out (Gurvitch and Moore, 1945). While dyads are transformed by the addition of a third party, a further extension of membership of a triad does not modify relationship patterns to a corresponding degree. A third member in a relationship system creates a super-individual unity as a group, and makes significant changes in patterns of reciprocal exchanges between members (Spykman, 1964).

Triads generally stabilize in two-to-one patterns of interaction and interdependence. Dyads within triads tend to be close relationships with shared values, or conflictual relationships with opposed values (Coser, 1956). These patterns are not static, however, and vary from situation to situation.

Data from clinical settings suggest two major possibilities for triads. First, when there is close sharing in a dyad, the preferred position for the third party is within that togetherness. The third member predictably tries to replace one of the participants in the emotionally fused dyad. Second, when there is a conflictual dyad within the triad, the preferred position for the third party is outside the negatively reactive dyad. The third member tries to remain detached or distant from the antagonisms generated by the dyad.
Triads are fundamental units and bases of complex social interdependencies. Third parties play a pivotal role in stabilizing dyads, and interconnected triads stabilize each other in network and community structures. Triads are latent or dormant when they are not active. They are activated mostly in conditions of anomie, and during periods of stress, anxiety, boredom, or complacency. Whereas dyads are characteristically dominated by either of its members, the third party in a triad usually provides a mooring or a sense of direction that may eventually orient all three triad members.

Rarely is a triad comprised of three equal parties with shared values (Freilich, 1964). Its pattern-maintaining properties notwithstanding, a potential for imbalance within and between triads remains. In families and other primary groups, latent conflicts and interdependencies are predictably activated in crises (Bowen, 1978).

Motivations other than the pursuit of equality or stability in relationships influence behavior in triads. Whereas intimacy characterizes a dyad, social distance and deference are key properties of a triad (Bean, 1970). The substance of social processes within and between triads reflects members’ value commitments and vested interests. Peaceful or conflictual exchanges and negotiations take place in relation to participants’ most cherished values (Denzin, 1978).

**Triads and Social Processes**

The triad concept has philosophical and epistemological dimensions, as it assumes intrinsic qualities of human interdependency and the necessity of a community of communication in individual and social life (Apel, 1972; McCarthy, 1978). Sociological commentary about the nature of social action and voluntarism, a persistent theme of functionalism (Parsons, 1937; Alexander, 1978), can also be formulated in a context of triads.

The triad paradigm is abstracted from a wide range of social observations, and can be used to analyze complex social systems. By making interdependencies more comprehensible, triadic analysis offers a more diverse understanding of human nature itself (Lovejoy, 1936) and of structures underlying social processes (von Wiese, 1932).

Triadic interaction is most easily identified and documented in micro-systems, where social action is contextually defined and limited by larger structures (Durkheim, 1893; Parsons, 1951). The concept has been used to analyze interlocking role structures at different levels of social systems (Boorman, 1976), although empirical substantiation has focused primarily on intra-triadic rather than inter-triadic dynamics of micro-systems (Wolff, 1950).

In most sociological research on social processes, conflict is viewed as being strictly bilateral, that is, occurring only within a diadic exchange. However, clinical data indicate that conflictual dyads are activated within basic
triads, and that these dyads predictably draw in a third party to stabilize bilateral tensions. Furthermore, conflictual dyads repeatedly substitute new individuals as third parties until dyadic stability has been achieved, or until one party of the original dyad is replaced by a new member to form a triad.

This pattern of self-perpetuating substitution in triadic substructures can be seen most clearly in highly reactive groups of intimates. In contemporary family systems research, Simmel's triad paradigm has facilitated a broader conceptualization of relationships as interdependent, interlocking triangles or triads (Bowen, 1978). Observations of behavior within and between triads in family systems are used to document conflicts and shifts toward homeostasis. Data on differences and conflicts within and between triads underscore the fluidity of relationships that is often obscured by more easily substantiated patterns of social solidarity (Durkheim, 1897, 1915). Our understanding of diverse social processes may be greatly enhanced by using paradigms which describe the whole system (Wallerstein, 1974), and by emphasizing triads over dyads in documenting interaction patterns.

**Triads in Clinical Practice**

In clinical work with dyads in crisis, the practitioner functions as a third party in what may be called a "consultation triad." To the extent that a clinician is able to avoid being pulled into the emotional field of the dyad, the two-person relationship will be opened up and constructively modified. By sustaining an autonomous functioning position, while at the same time interacting meaningfully with each member of the dyad, the clinical sociologist may catalytically bring about change within the troubled dyad.

The predictability of triadic behavior patterns makes triadic analysis a particularly useful therapeutic tool. A long-range objective in crisis intervention is to alter clients' habitual behavior in their most significant triadic interactions. Optimally, this effort culminates in a shift by clients into more autonomous operating positions as outsiders in their triads.

More specific examples of triadic interaction illustrate their distinctiveness and consequences for the analysis of interpersonal relationships. The following examples of triadic patterns have been distilled from life-history data from crisis intervention work with families and individuals in community mental health services and private practice since 1971. While a wide range of families and individuals with contrasting social backgrounds were interviewed, no formal research design or systematic sampling of diverse social classes and ethnic groups has been applied to the data collected throughout this seventeen-year period. Approximately five hundred families and individuals with varied presenting problems participated in these clinical sociological interventions, and periodic consultations in some cases spanned several years.
Information and assessments recorded about these families and individuals include birth dates, death dates, occupations, migrations, health status, and observed degrees of emotional dependency between family members. Social class, religious affiliation, and expressed political interest were also documented. In keeping with the primary clinical goal of strengthening clients' emotional and behavioral functioning, habitual patterns of interaction were assessed by using increments of interdependence ranging from a tight emotional togetherness (fusion) to a more independent autonomy (individuation).

Exchanges between spouses were examined, as were spouses' participation in multiple triads, such as both spouses and each of their children, and both spouses and each of their parents. Generally speaking, beneficial changes in behavior take place in families and relationships when rigid or symptomatic triadic patterns of interdependence become less intense and more flexible (Bowen, 1978).

In times of stress and crisis, third parties are predictably drawn into anxious dyads. A network of interrelated triads may be gradually activated, and during this process family members can increase their options for interaction within their core relationship system. The clinician's and client's awareness of triads and possibilities for activating triads enhances recovery, as behavior can be predicted more accurately and choices discerned more clearly through triadic analysis.

The most characteristic pattern of interaction in interpersonal triads is activated by conflict, tension, and perceived stress. The pattern of a conflictual dyad seeking stabilization through contact with a third person was overwhelmingly predominant in the life-history data. Further, the probability that moves to potential third parties would be made by members of conflictual dyads was markedly greater than the probability of other patterns of behavior.

When a stressed or conflictual dyad makes contact with a third party to stabilize the relationship, the preferred position in the triad is that of outsider to the conflict. Clinical data suggest that whether dyadic interaction is conflict or fusion, the strongest position in triads is that of the outsider. Intense emotional involvement with another person, regardless of whether that involvement is negative (conflict) or positive (affection), tends to deplete and drain personal resources and decrease autonomy.

Three examples are used to illustrate the stabilizing function of third parties in triads. Emotional dependencies are emphasized in order to show the distinctiveness of triadic interaction.

Example 1:

A conflictual marriage is overburdened by spouses' unrealistic expectations, leaving both husband and wife incapable of autonomous action. Similar
social backgrounds of religion, education, and social class have predisposed the couple to experience an uncomfortably intense degree of sharing, producing a highly conflictual dyad. When one spouse was able to establish meaningful contact with the clinical sociologist, however, the couple's conflict was considerably reduced.

The clinician's long-range strategy was to encourage both spouses to activate triads in their own families by establishing contact with members of their extended systems. As the most intense original triad for most people is with their parents, the establishment by one spouse of a meaningful relationship with a surviving parent contributed to the reduction of conflict between the spouses. Increased contacts with friends and work colleagues also reduced the couple's conflict. However, as these third parties are less emotionally significant to the couple than their parents or siblings, they are also correspondingly less effective as long-term stabilizers of the couple's conflict.

Triads have the capacity to transform dyadic patterns of behavior, and the clinician's emphasis on strategies involving increased or renewed contact by the spouses with their own extended families oriented the couple toward activating triadic support systems for themselves. A close examination of dyadic marital conflict alone could not have brought about as much change as triadic analysis, primarily because the clinician's and clients' increased attention and scrutiny of the dyad exclusively would have increased rather than decreased the original conflict.

Triadic analysis delineated possibilities for change in this conflictual dyad by articulating a meaningful, broader context of personal relationships for the spouses. Encouraging the spouses to establish personal one-to-one relationships with their children also modified their conflict somewhat. However, children are more dependent and less powerful in their own right than are adult members of the spouses' extended families. Consequently, the activation of triads with their children was less effective in modifying their conflict than was the activation of past and present emotional relationships through increased or renewed contact with their extended family members.

Where couples manifest their uncomfortable emotional intensity as estrangement or emotional distance, the less overt tensions can be decreased or stabilized by the spouses' contact with members of their extended families. Third-party involvement in situations of estranged marriages also reduces the potential for volatility or disruption in those relationships (Kerr and Bowen, 1988).

Example 2:

A long-term father-daughter conflict in a white, Protestant, middle-class family has characteristically been active and dormant at different stages of the
daughter's life. The father-daughter conflict is particularly intense at times when the mother is emotionally distant from both husband and daughter. On the relatively rare occasions mother and daughter disagree about their respective roles and responsibilities, there is more agreement and expressed affection between father and daughter.

When the daughter became romantically involved, the intensity of her positive attachment to this man generated a more negative reaction from her father than from her mother, as historically father-daughter conflict characterized triadic exchanges between daughter and parents. The stability of the habitual parents-daughter triad was threatened by the intense closeness between daughter and friend. The reactive father-daughter conflict was stabilized at times when mother-daughter conflict was activated by the situation, and when the daughter's involvement in her romantic relationship waned.

In this example, the latent dyadic conflict between father and daughter was activated when the daughter's relationship with a third party formed the most intense side of a new triad. The passionate quality of this particular third-party relationship produced marked changes in the parents-daughter triadic patterns. The original father-daughter conflict was reactivated, and latent conflict between the mother and daughter eventually became manifest. The father-daughter conflict was stabilized when either the father or daughter established meaningful contact with the mother.

Triadic analysis reveals how conflict in personal relationships evolves as a reactive chain of events. Each move away from dyads creates a triad, and thereby increases possibilities for changing uncomfortable dependencies within the dyads. When clinical sociologists conceptualize relationship systems as active or dormant triads, alternative modes for clients' participation can be identified and discussed. More effective long term changes in dyads are accomplished when clients make deliberate attempts to establish triads than when dyadic patterns are examined outside the context of triadic interaction. Just as a consideration of the influence of broad historical structures on behavior defines sociological research, so too must a recognition of triadic structures in relationship systems precede a sophisticated understanding of dyadic patterns of behavior.

Example 3:

Two spouses are locked into an uncomfortably fused relationship through their similar social backgrounds, shared religious affiliation, and identical political interests. Personal boundaries between the spouses have essentially dissolved, and neither spouse has a clear sense of individuality. In parenting, the intensity of this dyad is sustained by the spouses' projection of their unresolved differences and latent conflict to one of their children. The scapegoated child is
labeled a problem, and the conflict between one or both parents and the scapegoated child functions to stabilize the closeness of the parents (Vogel and Bell, 1960; Rabow et al., 1987).

As children are more dependent and therefore more vulnerable and more likely to be scapegoated than other third parties, this triadic involvement continued for several years. A child is less able to break away from such a triad than is an adult, and this particular stabilization of the dyad evidenced no immediate need for substitutions of third parties. After several years, however, different children in that family became objects of the projection processes generated by the marital closeness. To a large extent the siblings substituted for each other as triadic stabilizers of the fused parental dyad (Bowen, 1978).

A clinical sociologist is more likely to be able to alleviate the problem of scapegoating within a family when interactions are analyzed in terms of the key triad between the parents and that child, and between related triads in the extended families. The parents can change their behavior through creating alternative triads in their separate family systems, thereby reducing the intensity of their shared focus on their child. The child becomes freer of parental pressures and expectations, and is able to behave more autonomously. If clinical discussion focuses exclusively on the mother-child dyad, father-child dyad and husband-wife dyad, the broader picture of interdependency is lost and the potential for change is reduced. The activation of dormant triads in the tangential relationship systems defuses the harmful intensity and volatility of the relationships between parents and child.

The three examples above illustrate several essential properties of triads. Triads form around an emotionally intense dyad, which may be either positive or negative in valence. The function of the third party is to decrease the intensity of the dominant dyad. Changes in triadic patterns of interdependence and behavior occur when participants become less reactive to each other. As a member of a dyad becomes more autonomous, the intensity of that dyad is reduced and may be shifted to the dyad comprising the other leg of the triad. Both conflict and fusion in dyads are understood more fully when degrees of interdependency in three-person systems are assessed and recorded in clinical consultations. It is triads rather than dyads that define patterns of interaction in dyads, and shape broader social processes and social structures.

**Triadic Analysis of Wider Society**

The dearth of triadic analyses of broad social groupings makes possible only tentative observations about triadic relations in society at large. The following broad-brush illustrations are offered as guidelines for the application of triadic analysis to more general social processes, and as a call for further research in this area.
Social groups and friendship networks exhibit repeated patterns of interaction and interdependency which may be conceptualized as interlocking triads (Freilich, 1964). A network of friends is extended or modified when existing intimacies are uncomfortably strained or overloaded, in the same way that a family draws outsiders into its core emotional system during times of stress. Broadening the base of interaction in social groups and friendship networks brings stability to these social systems. For more specific theory construction it has been suggested that triadic analysis can be used in field research on leadership and marginality (Caplow, 1964).

Social institutions can be viewed as sustaining or changing their interdependence through triadic interaction. For example, the social institutions of family and religion interact differently with the political system, the economy, and the educational system. Triadic analyses provide a significant structural basis for understanding interdependence between the different major social institutions (Gamson, 1961).

The passage of time strongly influences the consequences of triadic interaction. Although triads have been more directly linked to theories of development than to traditional sociological theories of change (Horowitz, 1972), triadic analysis has been used to analyze historical trends (Spykman, 1964). The observation and documentation of triadic forms and exchanges in broad social processes can also demonstrate shifts in culture and social values, and triadic analysis has been used in longitudinal studies of capitalism in the world economy. The triadic interaction paradigm provides a viable alternative for holistic research on the world economy (Bach, 1977).

Societies as well as groups or institutions can be thought of as participants in triads. Underdeveloped societies, highly industrialized societies and industrializing societies, for example, manifest distinctive values and modes of organization (Horowitz, 1972). Conflicts between these broad groupings of societies must be understood in terms of triadic interaction rather than dyadic patterns if they are to be comprehensively assessed, explained, and predicted.

Conclusion

To the extent that triads can be substantiated as a universal organizing element of personal relationships and groups (Caplow, 1964), triadic analysis has diverse practical applications for understanding and shaping small-group dynamics and social processes. Predictions about behavior in families have already been made from clinical data on triadic dependencies (Bowen, 1978), and triadic analysis is a useful tool for clinical sociologists in their work with small group interdependencies, dyadic overload, and closed relationship systems.

Strategies for crisis intervention have greater efficacy when they rest on a
recognition of the intricacies of triadic interaction. As a potential third party, the clinical sociologist is vulnerable to enmeshment in volatile dyadic conflicts, and can more ably sustain an autonomous working position by understanding the triadic dimensions of dyadic tensions.

Professional detachment and consistent interaction with the distressed dyad provide optimal conditions for the consultative triad to transform problematic dyadic patterns. Triadic analysis of the broader aspects of the clients’ relationship systems enables the clinical sociologist to synthesize observations and move beyond piecemeal diagnoses and temporary resolutions of crises.

Triadic analysis may also delineate significant broader structures and forces of social change. Research on these aspects of triadic interaction is much needed. For example, triadic analysis may provide conceptualizations of class relations and class conflict which contrast with and even contradict the more established views of class relations (Marx, 1867; Dahrendorf, 1959). In the same way that triadic analysis gives a new view of clinical facts, it has the potential of changing world views (Kuhn, 1970).

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Clinical Implications of Victimological Theory

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ABSTRACT

Although victimology as a field is in its infancy and is undergoing definition, several theories of victimization that have implications for clinical practice have already been published. Several are specific and segmented, but one theory relates victimization to its broader cultural, social organizational-institutional, interactional and personality contexts. Richard A. Ball presents a "Theory of the Victimological Cycle," while the late Michael J. Hindelang, Michael Gottfredson, and James Garofalo discuss "A Theory of Personal Criminal Victimization," modified in 1987 by James Garofalo. Against this backdrop, Richard D. Knudten offers insight into his "Dynamic Theory of Victimization." After their characteristics are identified, implications for the growing field of clinical sociology will be discussed.

The Context of Victimological Theorizing

Development of the science of victimology has been stimulated by demand for action to alleviate personal and social needs. Early calls for a science of victimology came from such diverse sources as Benjamin Mendelsohn, a Romanian-Israeli lawyer; Hans von Hentig, a sociological victimologist; and Stephen Schafer, a Hungarian law professor turned American criminologist-victimologist. Marvin Wolfgang provided impetus by his seminal work in criminal homicide and victimization in Philadelphia (1958), while others added insight in discussions of offender derogation of victims and the need for justice systems to restore offender and victim equity (Sykes and Matza, 1957; Lamborn, 1968). Ezzat Fattah (1979) argued that criminal behavior is dynamic and thus can only be explained by a dynamic examination of antisocial conduct and the processes of stigmatizing, legitimating, desensitizing and stereotyping of the victim.
Stephen Schafer emphasized the responsibility of victims for their own victimization and their duty to avoid conditions conducive to possible victimization.

As this theoretical development continued, the debate over what should constitute victimization was enjoined. From the outset, Mendelsohn held that any definition should include victims of earthquakes, disasters, and accidents. Others disagreed. Only in the early 1980s did the parameters appear to expand to include Mendelsohn's vision, and, more recently, to encompass the United Nations' Declaration on the Rights of Victims of Crime and Victims of Abuse of Power (1985). At the Sixth International Symposium on Victimology (held in Jerusalem, 1988), Richard D. Knudten differentiated victimization into its evident criminal-penal, political, economic, familial, and medical dimensions and sub-dimensions (Knudten, 1988), a conceptualization that colors his discussion of victimological theory and clinical practice.

Three Victimological Theories

At least three victimological theories have application for clinical practice, whether on the micro, meso, macro or policy levels. According to Richard A. Ball (1976), a viable victimology must (1) clarify victim typologies through a systematic focus on vulnerability factors which predispose a person to victimization; (2) deal with the fact that victimization (ranging from one-to-one to society-to-society) occurs at different awareness and severity levels; and (3) connect the various, multi-level operating factors within the systems of victimization. To understand the victimization process one must understand the difference between microprocesses and macroprocesses: microprocesses are interpersonal; macroprocesses are intergroup. By using these terms, one can make a distinction between the level of individual interaction (microprocesses) and the dynamic relationships of social units (macroprocesses) affecting victimization. In order to conceptualize systems of victimization on their micro and macro levels, one must turn to an understanding of the victimological cycle (an institutionalized pattern of mutual victimization).

Ball makes a distinction between frustration-instigated behavior and motivation-instigated behavior. Frustration-instigated conduct is not goal-oriented; motivation-instigated behavior, flexible and adaptive, is ultimately goal-oriented. Whereas the motivated actor learns and gains from experience, the frustrated actor, who may act out feelings through the responses of aggression, regression, resignation and fixation, has no goals. Only aggression, regression, and resignation are applicable to the processes involved in victimization, however.

On the microprocessual victimization level, frustration-aggression leads to one's own victimization. Persons who torment or fight may, under stress, lash
out and victimize others who have done them no wrong, or, more likely, victimize themselves, thus further damaging their position. *Frustration-regression*, a second microprocessual response, reverses the frustration-aggression process and exposes the victim to his or her own victimization. Due to this vulnerability, the person, who is often elderly, does, and suffers from the doing. *Frustration-resignation*, the third manifestation, is expressed by depressed, lonesome, or heartbroken victims who become vulnerable to counterproductive behavior when their disappointments lead to an inability to function.

On the macroprocessual victimization level these three manifestations assume different expressions. *Frustration-aggression* is macroprocessually evident in a subculture of violence such as an Appalachian feud. *Frustration-regression* is expressed in a backlash against racial groups or social classes and in retreatist subcultures that reinforce regressive patterns. *Frustration-resignation* increases the risk of victimization by causing a subcultural preoccupation with fate and by giving substance to a sense of institutional fatalism.

These six rigid victimological processes are ultimately, under conditions of extreme stress, victimological cycles in which both parties lose as they feed upon themselves. In mutual victimization conflicting persons or groups polarize and routinize reciprocal relationships that are highly resistant to change. This mutuality is expressed in six ways within the victimological cycle.

The *reciprocal aggression* cycle, the first form, involves an interaction pattern in which each individual aggressively attempts to entrap the other. Continuous-conflict marriages evidence this pattern, as do international conflicts that often lead to war. Each side is trapped by its own aggressive moves. The *aggression-regression* cycle, a second example, is a pattern in which each person uses the other, attempting to exploit and oppress the partner or opponent, and blaming them for the problems. The manipulator defines the person as a scapegoat, acts in ways designed to secure an aggressive response, and then justifies the original action when the response does occur (e.g., Nazi management of anti-Semitism during World War II). *Aggression-resignation*, a third expression, is evident in aggression by one person or party and resignation by another individual or group. The resigned individuals are so accepting of their fate that they may invite aggression in order to demonstrate this resignation (e.g., "Uncle Tom" racial response).

*Reciprocal regression*, a fourth example, is expressed in the exaggerated interdependency of two persons and in joint victimization by interaction and collusion. In the long run, each group victimizes itself and makes life difficult for other groups. The *regression-resignation* cycle, the fifth of the series, involves one person who is resigned to the situation and another who uses the second person, who expects to be victimized (as in the case of an alcoholic and spouse). And finally, *reciprocal resignation*, the sixth cycle expression, exists
in devitalized marriages where partners make the best of their deteriorated situation. Rather than step into the unknown, they stay together in reciprocal resignation.

Role availability and cultural patterning determine what roles the victim and offender will assume within the victimological cycle. What is available will be affected by the partner in the cyclical relationship. Regressive moves may stimulate aggressive moves, or, if aggression is blocked, resignation or regression may become alternative responses. Cultural patterning is also impactful. Culture may expect males to be more aggressive, more "masculine," and females to be more regressive or resigned, more "feminine." Whatever the assumed roles, they are strongly influenced by long-evident stress and anxiety, derived in large part from the nature of twentieth-century life. Ultimately, victimological processes are grounded in the culture and society in which they occur.

A Theory of Personal Criminal Victimization

Focusing on the concept of lifestyle/exposure to explain personal criminal victimization, Michael J. Hindelang, Michael R. Gottfredson, and James Garofalo examine routine daily activities, whether vocational (e.g., work, school, housekeeping) or leisure, to explain National Crime Survey victimization data. They argue that role expectations and social structure constrain personal and societal functioning (Figure 1). Role expectations, which are really cultural norms associated with achieved and ascribed statuses of persons, defined preferred and anticipated behaviors, which are related to central statuses that differentially influence the person occupying the status. Age, sex, marital status, and other variables influence role expectations. Structural constraints arise from social structure and limit behavior and arrangements within economic, familial, educational, and legal orders.

Lifestyle/exposure differences are due to variations in role expectations, structural constraints, and individual and subcultural adaptations. Differential exposure to situations of high victimization potential may be explained in terms of variable lifestyle. Formal roles generally define acceptable daily routines that structure a person's lifestyle, which is directly related to high victimization risk. Personal victimization occurs when the offender and victim intersect in time and space, the victim is perceived by the offender as a suitable object of victimization, and the offender is willing and able to threaten or use (or not use) force or stealth to achieve a desired end. The life circumstances of the individual (lifestyle) expose persons differentially to high risk places at high risk times under high risk situations to high risk persons. Eight propositions flesh out the lifestyle/exposure concept:

1. The probability of suffering personal victimization is directly related to
Figure 1: Original Lifestyle Model of Personal Victimization

Source: Hindelang et al. (1980:615)
the amount of time that a person spends in public places (e.g., on the street, in parks, etc.), and particularly in public places at night.

Robbery, rape, and assault occur disproportionately during the late night and early morning hours and on the streets. Divorced, separated, or never-married males have personal victimization rates that are twice those of the married or widowed. Those not in school have higher rates than those in school. Personal victimization decreases in relation to increases in family income.

2. The probability of being in public places, particularly at night, varies as a function of lifestyle.

Younger people, especially males and singles, are more likely than are older persons to spend time outside the home. Working fulltime, being female, and having children in the household constrains discretionary activities. Persons fearful of crime are likely to avoid areas of great risk and decrease exposure to victimization.

3. Social contacts and interactions occur disproportionately among individuals who share similar lifestyles.

Social interactions reflect stratification processes which influence lifestyle. Family income, race, age, occupation, and marital status impact on lifestyle. Social interactions tend to be demographically homogeneous, the net effect being that criminal offenders are more likely to interact with persons who are demographically similar to themselves.

4. An individual’s chances of personal victimization are dependent on the extent to which the individual shares demographic characteristics with offenders.

Both victims and offenders are disproportionately male, young, urban residents, black, of lower socioeconomic status, unemployed or not in school, and unmarried.

5. The proportion of time that an individual spends among nonfamily members varies as a function of lifestyle.

Women spend a greater proportion of their time with family members than do males, lessening their risk potential. As they age, the elderly have fewer contacts outside their homes and fewer friends, thus decreasing their crime victimization potential.

6. The probability of personal victimization, particularly personal theft, increases as a function of the proportion of time that an individual spends among nonfamily members.

Only about 4 percent of rapes, 1 percent of robberies, and 7 percent of assaults are carried out by members of the victim’s family. Victimization rates of married persons are about one-half those of the unmarried. Women are less exposed because, even if employed, they spend more time in “personal and family care” than do men.
7. Variations in lifestyle are associated with variations in the ability of individuals to isolate themselves from persons with offender characteristics.

Income determines where, how, and with whom one lives, and where one comes into contact with others.

8. Variations in lifestyle are associated with variations in the convenience, desirability, and vincibility of the person as a target for personal victimization.

Offenders may wait for victims to appear at convenient places such as streets, parks, or public places where there is little or no defendable space. Victims (vincible persons) are selected for their appropriateness and vulnerability.

These eight propositions are not independent of each other in their effects. As sex role expectations become less differentiated and sex-linked cultural barriers less rigid, as lifestyles of males and females converge, victimization rates for both sexes will also likely converge. A fully integrated society (in housing, lifestyles, and personal interactions by race, socioeconomic status, age, sex) is likely to be relatively homogeneous in regard to criminal victimization.

James Garofalo (1987) modified the lifestyle/exposure model of personal criminal victimization, adding perceptions about crime, reactions to crime, and ideas of target attractiveness and individual differences (Figure 2). In place of the end product of personal victimization, he established the category of direct-contact predatory victimization. While lifestyles are formed through role expectations and cultural constraints, cultural constraints (e.g., economic condition and housing areas) have effects on associations and exposure which impact the risk of victimization. Reactions to crime have effects on potential associations, exposure, and even lifestyle. A person in fear of crime may buy locks, move to a safer community, or go out less frequently. Garofalo mentions target attractiveness and individual differences as new theory ingredients, the former referring to the instrumental or symbolic worth of the target to the offender and the latter to the differences in risk-taking and personal vulnerability of victims.

A Dynamic Theory of Victimization 1.2

Originally conceived in a series of forty-four interrelated propositions, Richard D. Knudten (1988) presents aspects of his crosscultural theory of victimization as they apply to clinical intervention and practice. He argues that victimization should be conceived in more than criminal-penal terms and, at a minimum, should encompass political, economic, familial, and medical victimization and their subcategories. All persons, groups, systems, cultures, ethnic units, organizations, institutions, or nations do not share the same recognition, definition, conceptualization, or response to the nature and character of victimization at the same time in history. Consequently, the scope and content of
victimization may change as personal, cultural, social, criminal/penal, eco-

notic, political, familial, medical, and religious definitions change or states
adopt new or, in some instances, maintain old sociocultural patterns. Knudten
recognizes that the primary concern of the scientific study of victimization is
measurable human mistreatment, abuse and suffering, and their amelioration.

Victimization is a complex phenomenon that involves one or more viola-
tors, one or more victims, and a system of interactions and sequences involving
parties which rupture an existing, but often tentative, equilibrium, forcing
change and efforts to forge a new balance. Any move to a new equilibrium
occurs at differing rates for different persons, groups, or other social units, and
may bring changes in existing relationships. Victimization may be directed at
an individual, a small group, an ethnic or a cultural community, an association,
an organization, an institution, a state or other social unit, and its members. The
actual victimizer may also be a representative of one or more of these units.

Victimization usually involves interaction that may range on a continuum
from the extremes of full offender predation (offender exploitation or plunder-
ing) to full victim predation (victim kills the offender). It may also be acute,
chronic, or morbid. Acute victimization, ranging in scope from minor to ex-
treme, is usually completed once; chronic victimization, often executed by a
gang, an organized crime figure, or a political party, may be continuing. Morbid
victimization is any victimization that leads to the death of the victim(s).

Legally, victimization may be specific (as a person, corporation, associa-
tion, or state) or nonspecific (as an abstraction of public order, public health,
or religious ideology). It may occur at more than one point in the victimization
process. For example, the crime victim may be victimized not only through the
crime committed by the offender but may become a further victim through added
exposure to the criminal justice system/process that causes further costs and
losses. Victimization by way of acts of abuse of power or advantage may
similarly involve the further victimization of those originally victimized. For
example, the original victimization in the Bhopal (India) gas leak was death or
physical disability, but it continued for more than four years in extended legal
victimization form before the corporation involved with the leak agreed to a
civil settlement.

The total volume of victimization is greater than that known to the police,
other enforcement authorities, and/or the public. The unknown or dark side of
victimization may be as high as 200 percent to 300 percent greater, depending
on the crime or victimization area, and even higher when conceived in reference
to incidental, accidental, or other forms of non-criminal/penal victimization.
Victimization may be primary, secondary, or even tertiary in its effects, implica-
tions, and impacts. In criminal victimization, primary victimization may take
the form of attack on the actual victim, as in robbery or murder. Secondary
victimization extends to family members who are touched by the incident and
must make major adjustments in their schedules and expend money and effort in the attempt to aid the primary victim. Tertiary victimization is experienced by those relatives and associates who are distant from the original victimization but who suffer losses as a consequence of what follows the original victimization. Offenders against others may victimize their own families or children (secondary victimization) or friends, relatives, and associates (tertiary victimization).

On the interactional or small group level, victimization may be understood as an interactional psychosociodrama involving a minimum of one victim and one offender. As actors in a drama, victims and offenders define their ideas of reality in relation to their apparent goals, abilities to reach these goals, visibility in carrying out or responding to the event(s), and other similar individual and interactional factors.

Victimization is closely related to personality factors. Persons perceived as vulnerable and weak are more likely to be victimized than those seen as powerful and strong. Victimization may be lessened by discouraging the overt action of the potential offender, eliminating or lessening the careless behavior of the potential victim, and creating and maintaining defensible space.

Victims may have their emotional needs channeled and legitimized and their offender-abuser contained and/or punished through the processes of criminal, civil, and, in some instances, religious law (e.g., Muslim countries and Shari’a religious codes). Societies engage in social defense, seek a secure social peace, define the rights and duties of the victim and the offender, and reinforce existing or modified social norms according to their normative (religious or ideological) and legal structures and their perceived needs at the moment. Victims are persons who experience the symptoms of victimization, while survivors are those who have lived through their victimization, have overcome or risen above their victimization, and thus are no longer victims.

Some victims are defined by customs, definitions of deviance, or interaction, while others are categorized by a legal definition of offender and victim relationships. The definition of victim and offender often depends on who is examining or evaluating the relationship. A person who is a victim in one context may be the offender in another. For example, if one avenges the aggravated rape of one’s wife, the secondary victim (the husband) may become the primary offender in the ensuing interaction by killing the original offender (the rapist/primary offender).

Victims are ultimately defined within the context of their particular culture and its requisites or within the context of generally recognized or legally defined rules or laws affecting human behavior. However, not all victims nor all offenders share the same values and norms, the same level of legal development or legal interpretations of defined laws. Victims exist in relation to some form of
normative definition of offender and/or victim. A victim in one setting, situation, offense category, location, country, cultural context, or other condition of existence or organization, may not necessarily be designated a victim in another (e.g., Khomeini's death sentence on author Salman Rushdie and the opposing response of the European community).

Every person has a certain unconscious receptiveness to victimization. If the victimizing potential (personal and/or sociocultural) exceeds that which is individually or socially normal, the tendency or willingness to become a victim is enhanced. Some victims experience victimization-proneness—an undue tendency for incidents, undue exposure to victimizing events, or an undue risk potential toward victimization—while others manifest site proneness in which crimes or incidents more commonly occur in some places than in others (e.g., all-night mini-grocery stores).

Victims may be real victims (having actually been abused), simulating or false victims (claiming a non-occurring burglary to collect on insurance), or victims of an attempted but aborted offense. Not all victims may be fully innocent, just as not all alleged offenders may be singularly guilty. Degrees of victim and/or offender guilt or innocence exist. While some victimization may result from chance, the degree of risk or exposure may vary on a continuum from no risk to certain victimization. Persons accepting or associating with others who share high risk lifestyles will share the same risk category. Overall, the risk of victimization is related to personal, social, cultural, and situational factors.

Some individuals or groups are more susceptible to victimization than are others, such as children, the hopeless, deviants, or addicts. Some individuals or groups may victimize initially, but in time become victims themselves, such as alcoholics, drug addicts, prostitutes, homosexuals, or extremists/terrorists. Victims may precipitate their own victimization. Victims who attempt to protect themselves by the use of physical force are more likely to be exposed to injury than are those who do not.

Victims vary widely in their characteristics and responses to their victimization. High anxiety personalities are more likely to perceive their victimization in threatening terms; low anxiety personalities are likely to have a lower sense of threat. Reactions to fear, suffering, or harm are not the same for all persons within the same victimization category or the same victimization context. For example, two victims of attempted murder may respond differently—one with fear, horror, and sleeplessness, and the second with no sense of seriousness or emotional reaction. Other responses may fall on a continuum between these two extremes.

Criminal or other victimizing offenders commonly reduce the perceived inequity of their actions by denying or derogating their victims, justifying their own actions, underestimating or denying responsibility for the harm done to
their victims. Through the social process of *stigmatization* of individuals or groups, societies may legitimate their victimization and identify them as appropriate targets for criminal or other attack. Stigmatization of the victim may be followed by *desensitization*, in which the offender discounts any concern for the plight and suffering of the victim; *stereotyping*, where the victim is seen as a worthless human being; or *defamation*, where the victim is held responsible for the act and is judged guilty. In some instances a state of dependency may develop between the victim and his or her captor/keeper/abuser (the Stockholm syndrome). This usually involves a dramatic realignment of affections, a feeling of distrust and hostility toward the authorities, and a positive bond between the hostage and the captor/keeper/abuser.

**Clinical Implications of Victimological Theory**

What are the implications of these three theories for sociological practice and clinical intervention? What insights do they offer clinicians practicing in the field of victim intervention, whether on micro, meso, macro, or policy levels? Clinicians need to be aware that:

1. **Victimization should not be conceived as merely a single offender-single victim relationship, but as a variable relationship potentially involving a variety of actors, a variety of experiences, and a variety of settings.**

   As a product of many factors and processes that converge on victim-offender interaction, victimization follows no single pattern but varies widely in relation to the definition of the event, the interests of the involved persons or groups, and the relative power of the conflicting parties. Clinicians should recognize that each actor(s) in the victimization event interacts, often in a sequential pattern of action followed by reaction, followed in turn by a second action and reaction, to a temporary or final ending of the event. Studies of victim-offender interaction reveal that many victimization forms (e.g., spouse abuse, aggravated or simple assault) are sequential acts. If the clinician is, therefore, to intervene adequately with a treatment plan, the intervenor must be sensitive to the ever-changing interactional setting of conflict.

2. **Victimization may be directed toward an individual, small group, ethnic or cultural unit, community, association or organization, institution, state or other social unit, or its members.**

   The victim and the victimizer may come from one or more of these units, singly or in combination. Consequently, victimization may occur in almost any setting and represents the attempt of one or more persons or groups to overcome the interests of another person(s) or group(s) and to inflict—knowingly or unknowingly, tangibly or intangibly—pain and suffering on the victimized unit. Recognizing this dynamic relationship, clinicians should empower their clients to deal with these personal and structural relationships and develop intervention
techniques that will enable victimized persons or groups to rebalance the variables in their social environments and their relationships to conflicting antagonists. For example, a state may subjugate a minority in order to maintain power and redirect hostility, an action that has treatment consequences.

3. **Victimization risks are greatest for those who take few precautions, have risk-taking lifestyles, and live in communities with high victimization rates.**

Persons living in suburban communities or caring for many children at home will generally have lower victimization exposure. Persons living dangerously may be difficult to treat because of their unsettled lives. In order to treat clients meaningfully, in any intervention plan the clinician may need to address simultaneously the victim's emotional condition, living arrangements, and interactional work and leisure patterns.

4. **Any attempt by the clinician to understand a victim must include an understanding of the interactional patterns of the event, the cultural contexts from which the victimizer and the victim come, and the ultimate objectives involved in the victimization.**

Victimization represents an interactional psychosociodrama in which personalities, roles, and cultures are acted out. It is not always clear who is the victim and who is the offender. Some victimization is due to interpersonal interactions that brings about an event (e.g., homicide, forcible rape, assault), while others are products of an event that brings about an interaction (e.g., accident, earthquake, disasters, abuse of power). Not only are the situations technically different, but any intervention by the clinician must be planned with this difference in mind. Thus, if they are to meet their client's needs, clinicians must make an early analysis of who is victimizer and who is responder in order to determine the subtle definitions of the situation that characterize the client's overall definition of their victimization.

5. **Some victims are victimization-prone and may actually act to precipitate their own victimization.**

Clinicians should not blame their victim-clients for their victimization but should be aware that just as personal exposure to victimization varies, victim proneness to victimization varies. While one's lifestyle may account for a large portion of one's victimization, some persons are prone to repeated victimizations because of where they live (e.g., in high crime areas or near a plant emitting carcinogens), their physical demeanor (e.g., they look old and frail), or their tendency to travel to likely sites of victimization (e.g., parks, public places, war zones). Persons or groups perceived as vulnerable have a greater likelihood of being victimized than do those perceived as being physically strong, alert, knowledgeable, or invincible.

6. **After their victimization some individuals simultaneously experience fear and insecurity and a sense of guilt and shame, in which they blame themselves.**
While some victims may indeed share responsibility for their victimization with their offender-abusers, others, who have no reason for shame or guilt, also share these feelings. Women who have been date-raped may suffer from such mixed feelings. A sensitive clinician, therefore, needs to speak to both sides of this relational problem in the intervention setting. These feelings may be related to a conscious or unconscious need to assign blame for what happened. Victim healing may occur only when the sociocultural context of this guilt and shame is recognized and addressed.

7. *The process of surviving victimization may take time and require emotional growth and healing, which will occur at varying rates for different people.*

Once victimized, some people will remain victims to some degree for the rest of their lives. Other survivors rise above or secure control of their victimization and are no longer affected or governed by it. Those who continue to be victims after the event usually are unable (or unwilling) to let go of their victimization, and continue to express anger, hatred, and resentment. Clinicians need to redirect these self-destructive tendencies into more positive and productive channels.

8. *Because victimization is heavily related to one’s role-availability, cultural patterning, and lifestyle expression, clinicians in intervention may need to suggest specific modifications in role behavior, employment, and work or leisure activities to assist clients in reducing their vulnerability.*

Victimization commonly includes more than just the interactional event. Spousal beatings, for example, are not merely criminal events but represent a response to changing power relationships between the sexes. Terrorism is not merely the killing of hostages but is an attempt by the terrorizing group to publicize its demands and secure disproportionate power in the political marketplace. The victim’s problem(s) must be treated within the personal, social, and cultural context of his or her needs.

9. *Some victims are victimized due to offender acted-out frustration and others know victimization as a byproduct of abuser inability to defer gratification or to a desire to secure material goods, emotional release, power, greater profits, or influence over others.*

Abuse is enacted commonly, but not always, for some purpose. The lives of both the abuser and abused are affected by the event. Some victims develop a sense of dependency on their captor/keeper/abuser, and experience a major alignment of affections, distrust, or hostility to authority figures, and a growing bond with the person or group that captured, kept, or abused the victim. Clinicians must determine whether such relationships exist and include their treatment within interventionary plans.

10. *The victimization process is surrounded by social networks and webs of relationships.*
Victimization does not end with the person or groups victimized. The primary victim (the actual victim) extends the victimization effect to secondary (other members of the unit) and tertiary victims (those in distant relationships) in much the same way that ripples from a rock thrown into a pond pass outward until their effects disappear. Each of these dimensions may affect the clinician’s treatment-intervention attempts.

11. **Victims need to reestablish a sense of immediate security, especially at home, and take steps to defend against future abuses or outside attack.**

Clinicians should recognize that sometimes a largely symbolic defensive measure will generate this sense of needed victim security. A client’s sense of victimization may be reduced by changes in lifestyle routines and behavior. At other times, a major move to a new community may become necessary. Because victimization is a product of the intersecting of the offender-abuser and the victim in time and space, adjustments in interactional and spacial relationships may help reduce the potential of future victimization. Fears may be alleviated by expressions of caring by a social community; rehabiliation through offender restitution, victim compensation, and other efforts (e.g., victim input into offender sentencing); expressions of social retribution against the offender (e.g., punishment or fine); and the social restructuring of the victim’s place in civil and criminal law.

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A Conflict Resolution Model Amenable to Sociological Practice

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ABSTRACT

Social connectedness constrains individuality in favor of relationship. Group affiliation contributes to a tension between self and social motivation. Often, it becomes difficult to find mutually acceptable solutions to common problems. In such cases, conflicts may emerge which require professional intervention to resolve. This article presents a model of conflict resolution which draws resource from sociological theory, research, and practice. It delineates an adaptable strategy applicable to a wide range of social structures and concomitant relational problems.

Theoretical Relevance

Regardless of one's theoretical preference, conflict resolution is an essential process in creating, sustaining, and modifying social structures.

The functionalists emphasize structural equilibrium as a means of perpetuating existing social relations. Unsettled conflicts are interpreted as dysfunctions which threaten to undermine social solidarity. Conflict theorists attribute value to the process of conflict mediation as a method of achieving successive social formations which are more egalitarian than previous ones.

Symbolic interactionists focus on the importance of agreement by all parties forming a social set on the meanings attached to various interactional behaviors. Theorists from the social exchange perspective are most concerned about the the cost/benefit differential associated with alternative choices available to negotiating actors.

Sociologists from the phenomenological school utilize resolution procedures as a means of constructing social reality in the first place and reconstructing it.
on a continuing basis while the ecology of social formations experiences a series of sequential metamorphoses.

Clinical Sociology

The clinical sociologist attempts to convert the theories and methodologies of sociology into a usable interventionary mechanism that aids in producing social change which is acceptable to all persons affected by the consequences of the resulting social transformations (Freedman, 1982; Cohen, 1981).

It may well be that the arena of conflict resolution represents a social situation of maximal challenge to the sociological practitioner. Most people try informal methods of resolving conflicts first. Often, these efforts work satisfactorily. When they don’t, a more formal approach, such as the one offered here, can be utilized to achieve a negotiated consensus acceptable to everyone involved.

Informal Versus Formal Models of Conflict Resolution

A structured resolution process takes into consideration the ideas proposed in the theoretical literature as well as the lessons learned from analyzing the results of empirical research. It involves the creation of procedural norms intended to guide the parties in disagreement along a predetermined route of social interaction designed to ameliorate differences without compromising the dignity and respect of each person’s psychological and sociological status.

In Table 1, the conceptual and practical differences between informal and formal approaches at conflict resolution are suggested in a semantic-differential format. The distinctions made in the table also point out some of the ways that a more standardized approach involving an objective third person serving as a mediator (i.e., the practicing sociologist) both protects the rights of the subjects and facilitates a controlled environment in which the dissolution of differences can amicably take place.

To some extent, the very readiness to submit to a formal process of conflict resolution may constitute an admission that informal efforts have failed. The resultant reliance on the intervention of a third-party may represent a willingness on the part of the participants to voluntarily abandon some of their previous, more idiosyncratic proposed solutions. This fact alone increases the likelihood of eventual consensus. Therefore, it might be argued that willingness to participate in and abide by the outcome of a formalized plan of conflict resolution is a necessary prerequisite to the successful elimination of barriers to goal attainment. Paul and Paul (1988:11) argue that conflicts cannot even be presented when people insist on hiding behind various psychological and sociological
defense mechanisms. On the other hand, the intention and openness to learn new ways to facilitate relational goals make conciliation possible.

A Working Model

The conflict resolution plan proposed here should be considered a "working model" subject to ongoing revision as it is applied to a variety of client groups representing a wide range of presenting problems occurring in a diverse universe of structural configurations. For example, the model was intended to be equally useful for resolving issues germane to marital couples, parents and their children or adolescents, group leaders and followers, organizational superiors, subordinates, or peers, as well as more macrosocietal structures such as political and economic relations within and between nation-states.

In some ways, the elements and steps of this model are similar to alternative models of conflict resolution available in a survey of the literature (Strong, 1975). And, in other ways, this model is different. What can be said is that it has emerged and developed out of a deliberate attempt to apply relevant ideas emanating from the continuing development of sociological theory-building, the constantly updated results of research studies, and the practical realities encountered in the actual socio-therapeutic setting. As can be seen, the continuing commitment to be responsive to these influences requires an open-ended process vulnerable to repeated revision.

Attributes of the Conflict Model

Some of the attributes of the conflict resolution model presented here include:

1. It limits interaction concerning conflicts to prearranged, mutually agreed-upon time slots. Since unresolved conflicts produce stress and tension, constraining their appearance on people's agendas permits emotional and interpersonal relaxation in between conflict resolution appointments.

2. It regulates the flow of issues to be processed. Only one issue per person per week is permitted. This guarantees that one participant will not be given preferential treatment over another. It also protects all parties from being victimized by unreasonable demands to change too much too quickly. Furthermore, a precedent of orderly, incremental, progressive improvement is generated. Everyone has the potential of leaving the interactions with a sense that things are in the process of being addressed, resolved, and implemented. The overall effect is the possibility of concluding that this is a preferable way to initiate and execute edifying forms of social change. It makes it easier to prioritize issues, wait for others to have their turn, and look forward to future interactions with optimism.
3. The model includes what Fisher and Ury (1983:59–83) refer to as "inventing options for mutual gain." Rather than being permitted to take positions regarding solutions early or late in the resolution process, participants are restricted from presenting or arguing for a particular choice. Instead, they are challenged to try to think of as wide a range of potential solutions as they can (Gutknecht, 1988:65–85). Participants who have or are given some acquaintance with the classic techniques of brainstorming as enunciated by Osborn (1963) will do better at this idea generation. At this point, it doesn't really matter if the proposed ideas are practical or desirable. The goal is to force expansion beyond preconceived notions and dogmatic stances. The purpose is to surpass the informal conclusions they have already reached and found to be impotent for achieving mutuality. It is at this stage that the clinical sociologist can draw from theoretical and empirical resources to input additional possible solutions originating from external sources. Usually these additions are interpreted as being more neutral or objective and gives those in conflict a sense that they have moved beyond win/lose alternatives.

4. As one moves through the process experientially, it becomes noticeable that nowhere during the process is any argumentation for or against the issue or proposed solutions permitted. It may appear to be strange that differences can actually be attenuated without directly addressing them with rational arguments. This is a deliberate part of the model's design. The premise is that it is extremely difficult to control the emotional responses of conflicting parties when they are being directly attacked or contradicted. It sounds plausible to instruct people to argue issues and not personalities. However, like most prescriptive admonitions, it is easier said than done. In contrast, this model supports the idea that it is an easier task to prevent an interpersonal explosion than to repair the damage afterwards. Participants, using this approach, are restricted to techniques of "active listening" (Gordon, 1970) and expressing their own personal or role reactions (corresponding to their organizational position) to proposed alternatives.

5. The actual act of deciding which alternative solution is selected is enacted via a predetermined democratic sequence of steps designed to enable both participants to cast their votes in the order of their personal or role preference. At this point, each voter has the option of giving consideration to the other's reactions to the various alternative solutions proposed or they can choose to stick stubbornly and unrelentingly to their own predetermined positions. Either way, the decision-making will not only take place, but each voter will receive his or her highest choice possible when linked to the preferences of the others also voting. This method of objectifying the collection of subjective decisions results in everyone winning and no one losing. Obviously, seldom does anyone get a personal top choice but each gets the highest possible choice obtainable from a
system of equal consideration of each voter's prioritized choices. The consequence is the most favorable compromise possible to everyone concerned.

6. The chosen alternative becomes the solution to try first. This means that participants have agreed in advance to abide by the outcome of the resolution process. If, however, the consensus solution doesn't work when applied to the real life test, it is not necessary to start all over trying to resolve the original issue. Instead, the second highest consensus choice is turned to, and then the third, and so on, until one works to the satisfaction of those involved. Experience shows that the first choice generally does work successfully.

7. Each member making the resolution journey should keep a diary (minutes) of each issue processed. These become the verifying documentation of resolved conflicts. They constitute a historical record of accumulating resolutions and become the underpinnings of future cooperative actions. They serve as a propagator of hope when future conflicts arise and they serve the function of socializing potential opponents into a mindset that negotiated change can serve to build a better tomorrow. Remember, the model recommended here does not require anyone to relinquish his or her own ideas or be involuntarily coerced into accepting the opponent's demands. Unless participants freely choose a solution also chosen by others, the normal outcomes are choices invented during the resolution process and often represent viewpoints not previously considered.

8. The only obstacle impossible to overcome with this model is the refusal of opponents to submit themselves to the process and to follow the rules explicitly. No one would be expected to accept this regimen of self-restraint unless convinced that this method has more promise than competing resolution paradigms. Certainly, no single plan will be equally practical for everyone, but since this model has benefited some and may have value for others, it is offered for consideration.

Applications of the Conflict Model

The format illustrated in Table 2 was specifically designed as a class-exercise for a Creative Thinking and Problem-Solving course in the academy. It was subsequently used in a staff-enrichment training seminar for the paid employees of a religious voluntary organization serving a constituency of about 2000 persons. A third application involved a workshop for married couples learning how to communicate more effectively. It has also been used for several years in a variety of ways in weekly counseling sessions with private clients, consultation with organizations and sets of organizations, and weekend retreats designed for marital and parental enrichment.

Hypothetically, it has been constructed in a fashion which is potentially adaptable to resolving conflicts on all levels of human organization.
Table 1. Potential Differences Between Formal and Informal Conflict Resolution Processes.

<table>
<thead>
<tr>
<th>INFORMAL</th>
<th>FORMAL</th>
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<tbody>
<tr>
<td>Unpredictable</td>
<td>Predictable</td>
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<td>Disorganized</td>
<td>Organized</td>
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<td>Aggressive</td>
<td>Assertive</td>
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<td>Win/Lose</td>
<td>Compromise</td>
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<td>Up/Down</td>
<td>Progressive</td>
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<td>Deteriorating</td>
<td>Accumulating</td>
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<td>Overwhelming</td>
<td>Incremental</td>
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<td>Dominant/Submissive</td>
<td>Egalitarian</td>
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<td>Universal</td>
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<td>Process</td>
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<td>Priority</td>
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<td>Destructive</td>
<td>Constructive</td>
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<tr>
<td>Distance</td>
<td>Intimacy</td>
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<tr>
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<td>Mutuality</td>
</tr>
<tr>
<td>Stubbornness</td>
<td>Cooperation</td>
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<tr>
<td>Personal</td>
<td>Social</td>
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</table>

Table 2. Description, Worksheet, and Examples of the Conflict Resolution Model

The Robinette Method of Conflict Resolution

This method can be used with or without a third party referee. If present, the referee's task is (1) to insure that the conflicting parties follow the guidelines properly, and (2) to suggest additional possible solutions during the brainstorming session.

In most situations, there are multiple issues. In such cases, after one issue is resolved, the conflicting parties alternate the roles of Owner and Partner and repeat the process.

1. Select an Issue. One of the conflicting parties chooses a single issue to be resolved. A designated time for resolution is agreed upon by both parties. The one who brings up the issue is the Owner of it. Putting the issue on the table legitimates it as an issue for resolution, and the Partner may not criticize the issue’s legitimacy, content, taste, or importance.
Examples:  Owner. The problem is that Fred hardly ever helps out around the house, and I think he should help a lot more.

Owner. The issue is that management treats us employees like tools rather than people, and we’d like some respect.

Owner. What bothers me is that Jane criticizes me in front of the children.

Owner. The problem is that I want to stay out with my friends and my parents insist on an 11:00 p.m. curfew.

2. Clarify the Issue. The Owner explains, as thoroughly as desired, just what the issue is as the Owner understands it. During the explanation, Partner must listen quietly but actively, attempting to understand exactly Owner's view of the issue. Partner is not permitted to comment, object, or criticize. Owner may supply reasons and explanations for the issue, but may not suggest any possible solutions at this point. Similarly, Partner may not suggest possible solutions yet.

At the end of Owner’s explanation,Partner must restate or summarize the issue as Owner understands it. That is, Partner must state the issue in a way that Owner agrees is accurate and fair. If Owner disagrees with Partner’s summary, Partner must restate the issue again until Owner agrees. In this way, Partner will be able, eventually, to state clearly what Owner thinks about the issue. Both parties then write down this agreed-upon statement.

Example:  Owner. The problem is that you, my line manager, are not communicating my orders to your subordinates.

Partner. You believe I am withholding your orders from my men.

Owner. Not necessarily. I think you are not communicating. Maybe you don’t understand my orders.

Partner. You believe that maybe I do not understand your orders and that therefore I am not communicating them properly to my men.

Owner. Yes, that’s an accurate summary.

3. Brainstorm for Solution Candidates. As with all brainstorming sessions, judgment and criticism must be suspended. The goal is to generate as many potential solutions as possible, with a minimum of three. Five to ten or more is a better target. Both parties should contribute ideas freely and list each possible solution in a column, without numbering them (lettering is fine), and without discussing or debating them. A referee, if present, can offer possible solutions, which are also added to the lists. The goal is to exhaust all possible solutions, from one extreme to the other, from favorite to hated, as well as the in-betweens and indifferent.

The solution candidates should be as specific and concrete as possible. For
example, note that idea D below is "Pay $1 per hour extra" rather than "Pay more money."

Use all of the idea generating techniques you know. One particularly useful method is to ask what someone else would say, do, or suggest. For example, What would Pastor Thompson do in a situation like this? What would Professor Anderson say? What would CEO Perkins try?

*Example: Problem:* Management is trying to force computers on us, and we don’t like it.

*Solution Candidates:*

a. learn how to use them or get another job
b. make learning them optional—let employees choose who will use them
c. go on strike and call the media
d. pay $1 per hour extra for those who use them
e. hire new employees who already know how to use them
f. offer training courses in how to use them
g. forget the whole idea and not use computers
h. have management explain the importance of computers to employees’ future
i. get some new managers who understand human beings
j. a combination of ideas b and f
k. a combination of ideas d and h

4. **Evaluate and Rank the Candidates.** The parties in the conflict now take turns commenting on each alternative. The comment answers the question, "If this alternative were tried first, how would I feel about it?" No arguments pro or con or defense of the position are allowed, nor is response or rebuttal to the other’s feelings or comments allowed. When each person comments on each solution candidate, both parties write down that response under it as a record. The goal of this part is to provide both parties with an understanding of how each feels about the whole range of alternatives and each possibility. Which alternatives does the other feel good about? Which are objectionable? Which produce ambivalence?

*Example:*  
**Owner.** I would hate the "use them or else solution."

**Partner.** That solution would be okay with me, though I wouldn’t want to lose some of my better workers.

**Owner.** I would really like the optional use solution.

**Partner.** The optional use solution probably wouldn’t work.

(And so forth, all the way through the list.)

Once each party begins to hear how the other feels, each can choose whether to be influenced by these feelings. A decision to be cooperative or stubborn, helpful or resistant, might be made. Regardless of the decision, the system will still work.
When comments have been made by both parties on the entire list of candidates, both parties individually rank order their lists, with the most preferred solution numbered 1. The ranking numbers for each candidate are then added together. The candidate with the lowest total is the solution to be tried first. If the two lowest totals are the same, the one with the digits closest together will be tried first. (For example, in two totals of 7 made up of a 4–3 rank and a 2–5 rank, the 4–3 choice is first.) If the two lowest totals are the same and made from the same numbers (as in a 2–5 and 5–2), the Owner's preference is tried first.

Make a list of the three lowest total possible solutions, in order of their totals. These are the three solutions to try, each in order.

5. Implement the Solution(s). The ultimate goal of this whole process is to solve the problem by acting on it. Implement the first chosen possibility. Allow it sufficient time to be effective if it is going to be and then evaluate it. Did it work? How well? Does it need more time? Does another solution need to be tried?

Note: After the first four steps above, Owner and Partner trade roles and Partner, now Owner, presents an issue. If desired, the original problem can be reshaped and presented again from a different viewpoint, or a completely new issue can be presented.

Example Conflicts for Use With The Robinette Method of Conflict Resolution

Each of these examples presents a conflict between two people. The conflicts will provide a good demonstration of the workings of the Robinette method, whether or not a third-party mediator is used. It is suggested that the people playing the roles in the conflicts be given some time to prepare (to "get into character") so that the working out of the solution will be as realistic as possible.

1. Marital Problem. As a good friend of Edgar and Jane Travis, you are sad to hear that they appear to be faced with an insurmountable conflict in their marriage. You agree to listen to the problem and to help them overcome their difficulty.

Last week the following discussion took place between Edgar and Jane:

Edgar. Where do you want to go for our vacation this year?

Jane. I don't know. Wherever mother wants to. Somewhere she hasn't been.

Edgar. Wait a minute. We're not taking your mother with us this year. I want a vacation for us, one that we can enjoy together, alone.
Jane. We are too taking mother. I’m not going to leave her alone while we go somewhere and live it up.

Edgar. Well, I’m not going on a vacation with your mother along. Period.

Jane. Well, I’m not going on a vacation if we don’t take her.

Edgar. Okay, then, we’ll just stay home.

Jane. That’s fine with me.

In addition to this discussion, you have talked to both people and heard the following statements.

Edgar. I know that Jane loves her mother and all and that’s fine, but when I go on vacation I like to relax and have some peace and quiet and some time alone with my wife. Her mother is always “back-seat driving,” criticizing me, the food, the motels I choose, you name it. Also, last year we spent the first week in a cabin with Jane’s mother in the same room. The second week Jane’s mother was in a closely adjoining room with thin walls, if you know what I mean. Well, you can imagine what that did to our love life. Jane was afraid her mother would hear something, you know. And when Jane and I are just walking around, if I try to hold her hand or kiss her, it makes Jane edgy because her mother is watching. And, of course, we can’t discuss private subjects like finances or my boss when her mother is around.

I don’t want to sound like a selfish guy, but I’d really like to have a vacation where I can enjoy my wife in peace, where we can be alone together. Maybe just have a nice candlelight dinner. Jane’s mother is around our house enough as it is, so Jane sees plenty of her. Am I being unreasonable, or what? It seems like Jane loves her mother a lot more than she loves me.

Jane. Sometimes men can be so childish. I can’t understand why Edgar doesn’t like mother. It’s not as if the poor old soul has a long time to live, anyway. She’s already 68 and widowed—an old woman alone in the world except for me, her only child. I’d think Edgar could understand that. I want to make her last years as happy as possible, and she loves to travel so. How else could she ever get around? She doesn’t drive any longer, so her only chance to travel is when Edgar and I go somewhere. And she loves traveling with us so much. It’s her joy in her old age, I think.

And another thing. I really enjoy my mother’s company. She’s always got good advice when we go shopping together at vacation resorts (Edgar hates to shop, by the way), so she makes a good companion when Edgar is just lying around on the beach or taking photos of the trees. I guess my point is that if mother goes with us, at least two people will be happy. If we leave her home, only Edgar will be happy. Am I being unreasonable, or what? It seems like Edgar is only thinking of himself.

2. Love Problem. You are friends of both Ted and Lisa, two of your fellow college students. They really appear to love each other dearly. However,
recently what began as a small disagreement has grown to a major conflict that threatens their relationship. The conflict focuses on the way Lisa dresses. The couple’s statements follow.

Ted. Hey, I’m not a prude or anything, but I just don’t like the way Lisa dresses. I mean, she seems to like overly revealing stuff. It’s not just shorts and short dresses, but sometimes she wears necklines that make me wonder what she has in mind. Mostly, though, it’s what she calls her casual dresses. She has one that really hugs her form, like leotards almost and it, well, it just embarrasses me. I’ve asked her to be more conservative for me and she just gets upset and tells me not to run her life or order her around. If Lisa and I have a permanent future together, I worry about what she will dress like. I plan to get a job where my public image will be important, and having a presentable wife is a concern. I don’t mean some walking manikin or clothes horse, but just nicely dressed. And, frankly, I don’t really like the way other guys look at her when she’s dressed, um, the way she often does. Am I just old fashioned? I mean, I feel like an idiot even talking about this. I love Lisa a lot. She’s the neatest girl I’ve ever met—smart, a lot of fun, and everything. But if she doesn’t change her mind about her appearance, I really don’t know whether our relationship should continue.

Lisa. Ted is a wonderful guy and all, but he’s certainly being stubborn on this. I mean, what planet is he from, anyway? I don’t tell him how he should dress or criticize what he wears. He walks around in a T-shirt and shorts half the time. He even used the word “slutty” to describe my appearance once. Oooh! That just about put an end to our relationship right there, you can bet. But, man, just look around. I don’t dress any different from a lot of other people. I really don’t see what Ted objects to. Maybe he just had a Puritanical upbringing. I love Ted a lot and think he’s a really special guy—maybe even a guy for my future. But if he doesn’t get real and stop harping about the way I dress, I don’t know whether our relationship should continue.

Even though breaking up would dissolve their conflict, you naturally wouldn’t be so callous as to suggest that. Help these people to find a happy solution to their problem.

3. Secretary’s Duties. Patricia has worked as a secretary for the Munchie Cookie Corporation for several years. She has just recently been transferred to product development where she now works for Mr. Blimpkin. Her official title is Secretary III. Friction has developed between the two people. Here are their statements.

Patricia. I’ve worked long and hard to get to be a business professional and I’d like to be treated like one. Mr. Blimpkin is always nice to me and all, but he seems to think I’m a gofer or an office boy. I mean, he’s always asking me to get him coffee, for example. Do I look like a coffee machine? And the other day he asked me to pick up the new issue of Business Week when I went for lunch. It’s always something like that: empty this basket, take this down to printing, you name it. I’m a secretary, in fact, a Secretary III. I’ve worked too
long to be treated like a servant. I enjoy the secretarial part of this job and don’t want to give it up, but unless Mr. Blimpkin changes his attitude, it looks like I’ll have to leave.

**Mr. Blimpkin.** Patricia seems to have an attitude problem. She doesn’t want to do half the things I ask of her. If I ask her to do something she doesn’t define as “secretarial,” she makes a big scene or scowls or sometimes even gets sarcastic. I really don’t want to give her up because she is really efficient and excellent at the things she does. But her unwillingness to do some of these little other helpful and life smoothing tasks is like sand in my teeth. I pay her well. I don’t really understand what’s wrong. I’m certainly not going to hire another person to do occasional deliveries to other departments. Unless Patricia changes her attitude, it looks like she will have to leave.

**4. Yuppie Dilemma.** Marty and Phyllis have been married for five years. Marty is thirty and Phyllis is twenty-nine. Marty is an investment banker at the Costa Mesa, California branch of Sun State Bank, making $63,000 a year. Phyllis is a stock broker nearby at Newport, Green, and Axel, a Wall Street brokerage, making (salary and commission) about $75,000 a year. Marty has been offered a job promotion as an institutional investor with a raise to $73,000 and entry into what possibly could be major career advancement—an opportunity to move up in corporate headquarters and eventually earn substantially more money. The promotion and possible future at corporate headquarters are in San Francisco, home of Sun State Bank. A conflict has arisen because Phyllis does not want to move to San Francisco. The couple’s statements follow.

**Marty.** Sometimes I just don’t understand women. Here I thought Phyllis loved and supported me, but now when my big break comes, she doesn’t want me to take it. This opportunity has everything going for it: a promotion with a very nice raise, a great future, and an exciting lifestyle in a great city. I love San Francisco and can hardly wait to be working there. And the bank will even help us relocate. Phyllis says she’s worried about her job, but she’s a broker and she can always get new clients. When we got married she wasn’t making all that much money, anyway. I don’t know what to do. I can hardly wait to get going and yet it seems I suddenly have a ball and chain on. I love my wife a lot, but my career and my lifestyle are important to me also.

**Phyllis.** Talk about selfish. I mean, here we were, living happily in a wonderful Southern California spot near the beach, both with good jobs and nice futures. Then, wham! Marty gets this offer to move to San Francisco and he automatically expects me to trash my job and leave the beaches in order to follow him into the fog. I’ve worked for five years to build up my base of clients, and they are just now beginning to go full blast. I mean, I have the potential to be making $125,000 a year within the next three years, maybe more. But if I move up north, I’ll have to start all over. My clients are local—that’s the nature of the business. By moving to San Francisco, I’d lose my clients, I’d lose my income, I’d lose my tan, I’d lose my mind. Sure, I love Marty a lot, but my career and my lifestyle are important to me also.
Robinette Conflict Resolution Worksheet

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<tr>
<th>Rank Order</th>
<th>Candidates and Feelings About Them</th>
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Solutions to be Tried

First, Then, And Then
5. Raising Kane. It was love at first sight when Zach and Mary met. Even though Zach was Jewish and Mary was a Catholic, the couple overcame all obstacles, including the resistance of their relatives, and were eventually married. They have been quite contented up until now. After two years of marriage, they had a child, whom they named Kane. When Kane was born, the couple had some discussions over raising him, with Mary desiring that he be raised as a Catholic and Zach desiring that he be raised as a Jew. Nothing was resolved, and the matter was raised only occasionally. Now, however, Kane is three years old, and the discussion has recently become very heated. Their statements follow.

Mary. I want Kane to begin his religious training now, so that he doesn’t grow up as an atheist by default. I was raised in the Church and when I got married I promised my priest and my mother that I would raise our children there, too. I think Zach wouldn’t object if he just knew what it was all about. I’ve tried to get him to come to church with me, but he won’t go. This is a very important issue to me because it concerns the soul of my child.

Zach. I agree that Kane should begin his religious training now, but I want him to grow up in the rich heritage and tradition of Judaism, which is his birthright. When we got married, we didn’t discuss how we would raise our children. I just assumed they would be raised just the way I was. This is a crucial issue for me—it is about my very identity and the future of my people.

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The Therapeutic Community in a Psychiatric Facility: Does Clinical Sociology Have a Place?

Beverley Ann Cuthbertson

ABSTRACT

Clinical sociologists can play an important role in understanding and treating psychiatric disorders. They can provide insight into the linguistic and emotional processes that form social psychological pathways to disorders; they can illuminate the sociocultural contexts from which certain disorders emerge and on which they have an impact; and they can facilitate individual and social change. A permanent place for clinical sociology in the therapeutic community of a psychiatric facility will not be created, however, without the interdisciplinary adoption of a unifying conceptual framework in which biological, psychological, and sociological factors are defined as of potentially equal importance in the development of psychiatric disorders.

What can clinical sociology contribute to the therapeutic community of a psychiatric facility? Does it add just one more discipline to the plethora of professionals serving individuals with psychiatric disorders; and bring one more variable—social factors—into an established medical perspective on the origin and consequences of mental illness? Or can it make a valuable contribution in its own right as an essential element in a comprehensive, biopsychosocial approach to understanding and treating psychiatric disorders.

These questions will be answered from the standpoint of a clinical sociologist who recently completed a two-year training program at a psychiatric hospital and medical center. In the process of working in the hospital setting, familiarity was gained with the general perspectives and treatment strategies of the various professionals involved in inpatient and outpatient care. The opportunity also existed to apply sociological insight and skills as a researcher and clinician. During the two-year program close contact was maintained with over seventy-five patients who were part of an ongoing, longitudinal study of manic depressives:
individual, couples, and family therapy was provided to numerous patients with psychiatric disorders, and two groups were co-led—one made up of manic-depressive outpatients and the other of the family members and significant others of manic depressives.

The following sections will (1) describe the evaluation procedures and treatment strategies generally followed in the hospital setting; (2) suggest a conceptual framework from which clinical sociologists can assess and treat patients and their significant others; and (3) discuss how adopting such a framework can facilitate a therapeutic community based on mutual understanding and complementary roles.

**Traditional Evaluation and Treatment in a Psychiatric Setting**

In its ideal form, therapy involves establishing a climate of trust and empathetic understanding to achieve insight into the individual who is experiencing a particular problem. The therapist then uses that insight to facilitate, in partnership with the individual, constructive change. Change may entail the promotion of differences in the ways individuals perceive, interpret, feel, or behave in relation to their environment, or it can involve the transformation of particular social circumstances, such as family context, work situations, or financial position. In either case, the therapist focuses on creating a difference in the individual/society relationship.

In the emergency room or walk-in clinic of a psychiatric hospital, the individual—designated “patient” by hospital personnel—often presents in a disordered crisis state, necessitating the temporary setting-aside of any ideal therapeutic process while the professional staff assists the patient in regaining a sense of control and stability. This is usually done through the use of established procedures for quickly and efficiently evaluating and diagnosing the patient for treatment purposes. Accordingly, information gathering is primarily focused on the patient’s current status. Is the affect of normal range and intensity, or is it constricted? Is speech goal-directed or pressured and abnormal in rate? Are there auditory hallucinations, delusions, or suicidal plans? Is the patient alert and oriented, able to remember three of three objects in five minutes, or does he have difficulty noting similarities and conceptualizing abstractions? Evaluating the present and ongoing status of the patient is crucial to preventing danger to both the individual and community members and provides a basis for utilizing established techniques, primarily pharmacotherapy, to reduce symptomatology and assist the patient in returning to a stabilized or normal state.

Emphasis on diagnosing psychopathology, monitoring symptoms of illness, and pharmacological treatment continues throughout inpatient hospitalization and often after the patient is transferred to a day hospital or outpatient setting. This emphasis is reflected in the type and amount of information contained in
patient charts. Current status and course of illness are well documented, and information on the patient’s medical history is detailed and extensive, including data on childhood illnesses, immunizations, allergies, drug and alcohol habits, hospitalizations, and foreign travel. Psychological material is typically restricted to the results of optional testing procedures or brief comments on the patient’s status and behavior as observed in individual or group therapy sessions. Sections on social history note biographical data such as marital status or sexual orientation, where the patient was born, raised, and educated, the number of family members, and any medical or psychiatric illnesses in first- or second-degree relatives. More recently, with the emergence of social support as an important mediating variable in psychiatric disorders, major social relationships and resources are also noted.

Overall, the dominant perspective on the patient is medical with biological processes being the major target of examination and control. Social psychological factors are included but in a basically adjunctive fashion. Within this context, treatment primarily consists of periodic followups with a psychiatric resident for medication and illness checks, case management by a social worker, and participation in various therapy groups designed to maintain or improve the patient’s biological and social functioning.

In a therapeutic setting dominated by a medical perspective, clinical sociologists can learn to recognize and evaluate the symptoms of acute episodes and chronic disorders. They can also become aware of the physical traumas, diseases, alcohol or drug ingestion, and neurophysiological abnormalities that can serve as pathways to psychiatric disorders. In addition, they can come to appreciate the circumstances in which traditional psychiatric treatments, such as electroconvulsive therapy or medication, are necessary and important. They cannot, however, within a perspective placing primary focus on biological processes and pharmacotherapy, play a truly interdisciplinary role. Such a role depends on the acceptance of a conceptual framework that defines psychological, sociological, and biological factors as of potentially equal importance in the emergence and consequences of disorder. Only then can alternative pathways to disorder and their intersection be accurately assessed and appropriate treatment strategies formulated.

From a biopsychosocial standpoint, clinical sociologists can use their investigative and analytical skills to identify the social-psychological processes and sociocultural contexts through which particular patterns of thinking, feeling, and behaving develop. With their knowledge of social identities, interactional processes, and social norms, beliefs, and values, they can predict the social consequences of certain behaviors. In addition, their sociological knowledge and skills can be utilized to create effective strategies for facilitating personal and social change. Moreover, a clinical sociological perspective need not eliminate the importance of biological factors or diminish the knowledge and skills of
other disciplines, such as medicine, psychology, or social work. Neither does it discount the usefulness of medication, especially in times of crisis or in cases of severe neurological or physiological dysfunction. It does enable a more in-depth and comprehensive approach to understanding, treating, and preventing psychiatric disorders.

The Contributions of Clinical Sociology

Clinical sociologists have the methodological skills and experience for establishing and maintaining rapport with individuals, for doing in-depth interviewing, and for completing individual profiles, historical analyses, and case studies. They also have the skills necessary for organizing and analyzing the data elicited not only for the individual concerned but across groups of individuals. Of particular importance for work with patients and their significant others is the concern of clinical sociologists with understanding and illuminating meaningful behavior. That is, through the use of verstehen, as introduced by Max Weber and developed in the sociological schools of dramaturgical social psychology and symbolic interaction, they can attempt to understand how individuals formulate and make sense of their personal and social realities.

Understanding through Language

Understanding the patient's point of view or standpoint, no matter how divergent it may be, involves developing an understanding of how the patient typically perceives and conceptualizes his social and physical reality. One of the major ways individuals make sense of themselves and their environment is through language. They use specific culturally-influenced vocabularies to construct meaning. They take into account and evaluate particular personal characteristics, relationships, and events; attribute meaning to circumstances and occurrences; and, most importantly, continually make definitions of the situation or composite generalizations about their self/environment relationships. Sociologists, accustomed to participant observation and "taking the role of the other," are proficient in discerning "the language of situations as given" that Mills (1975:169) advised "must be considered a valuable portion of the data to be interpreted and related to their conditions." In working with psychiatric patients on an outpatient basis, a grounded theory approach (Glaser and Strauss, 1967) can be used to uncover the typical linguistic forms and processes through which patients develop, express, and negotiate composite generalizations regarding their relationships to the environment. Over a series of sessions and contexts a patient's primary linguistic vocabularies and statements can be identified as well as the relationship of those vocabularies and statements to particular, recurring generalizations. Many manic depressives, for example, repeatedly
define situations involving responsibility, evaluation, or performance as "ordeals," "burdens," or "possible threats." Uncovering such recurring generalizations, the processes through which they are constructed, and the social and cultural contexts through which they emerge and are maintained provides a basis for understanding patients' emotions and behavior.

**Understanding through Emotion**

Identifying and validating the recurring composite generalizations through which patients define their self/environment relationships can lead to the identification of specific emotions routinely connected to particular generalizations. In my experience, for example, anxiety was repeatedly connected to patients' defining their relationship to the environment as one of possible vulnerability to threat. Anger was continually linked with conclusions that their situation relative to the environment was unfair, unjust, or intolerable. In this respect, emotions appeared to be the physiologically experienced counterparts of specific composite linguistic generalizations. Therefore, like language, they were an important means for individuals to know, understand, and respond to their environment, a position supported by Finkelstein (1980:119), who states that emotions are "stances toward the world, emblematic of the individual's apprehension of it and moral position within it"; Kemper (1978:47), who asserts that emotions are evaluative responses; and Averill (1980:305), who depicts emotions as "improvisations, based on an individual's interpretation of the situation."

This conceptualization of emotion provides an area of understanding inclusive of, yet beyond, the traditional psychiatric focus on emotion as an irrational response or as a symptom of psychopathology. And it provides the basis for identifying typical, recurring emotional repertoires or sets of emotion within a single patient or group of patients and uncovering important relationships among particular composite generalizations, linked emotional repertoires, and behavior. Of specific importance among psychiatric patients was the uncovering of patterns not generally prevalent in form, degree, or intensity among nonpsychiatrically disordered individuals.

Apart from identifying typical emotional repertoires and their linguistic and behavioral correlates, clinical sociologists can draw upon their knowledge of the sociology of emotions to develop further understandings and treatment strategies. They can explore variations in how patients experience emotion, and they can study how patients typically objectify—take into account and make sense of—their own emotions and the emotions of others. A focus on objectification may uncover unusual patterns of emotional attribution and evaluation as well as the inability or disinclination to perceive, label, or evaluate specific emotions. Clinical sociologists may also examine patterns of emotion management,
a process called self-upon-self and self-upon-other emotion work by Hochschild (1979:562). Exploring patients' emotion management strategies can provide critical insight into important identities they wish to establish or prevent; destructive patterns of emotional monitoring or manipulation; the distancing or control of emotion through the use of drugs or alcohol; and, often, the inability to manage emotional reactions. A clinical sociologist's knowledge of cultural differences also enables the identification of emotion management processes intrinsic to specific subgroups, precluding certain individuals (e.g., those with special ethnic identities), from being unfairly labeled disordered or deviant.

In addition, clinical sociologists may trace the emotional career—the process through which particular emotions emerge, intersect, are maintained, altered or diminished, of a particular emotion or set of emotions—enabling insight into processes like the development of controversy between patients and their significant others or the emergence of apathy in a support group. They may discern how emotions are incorporated into negotiation processes (Sugrue, 1982), a practice occurring, for instance, when a manic-depressive patient and family member disagree over an emotion being a normal reaction or a sign of an impending episode. Expressed emotion, as displayed in verbal and nonverbal forms, and exquisite emotional sensitivities or propensities to be intensely reactive to particular events, individuals, or circumstances, are other areas of sociological concern.

Understanding Behavior

Identifying an individual's typical composite generalizations and linked emotions can lead to understandings of important behavioral patterns like aggression, withdrawal, or suicide attempts. From the standpoint of ongoing anxiety and a continual lack of positive emotion, for example, patients may withdraw, creating private, idiosyncratic realities in which they obtain serenity and satisfaction. Or, from the standpoint of ongoing frustration over a lack of status at work, one may, in the safe environment of his home, act abusively toward his wife and children. The major issue in a psychiatric setting is to identify standpoints and behaviors that are particularly divergent or personally and socially destructive.

Society in the Individual and the Individual in Society

Achieving insight into the linguistic, emotional, and behavioral patterns of psychiatric patients with mild to severe disorders leads the clinical sociologist to a critical, related task—uncovering the sociocultural contexts within which patterns emerge and are maintained or altered and identifying the consequences of particular patterns for the patient and society.
Clinical sociologists are well qualified to uncover for the patient, family members, and mental health professionals the important interpersonal and sociocultural contexts within which patterns of thinking, feeling, and behaving develop and upon which they have an impact, a fact critical to both understanding and treatment. Sociologists are often familiar with the cultural beliefs, norms, and values of the general society as well as those of specific ethnic groups, age cohorts, or social classes. They can therefore draw attention to the sociocultural funds of knowledge from which individual and collective meanings emerge. They can discern relationships among certain sociocultural contexts, particular linguistic/emotional patterns, and types of disorder. They can also point out patterns of behavior that may appear divergent but which are actually normative for particular groups or organizations. Furthermore, they can often predict what types of behavior will have serious social consequences.

One important and well-known social context with which the sociologist is familiar is the family context. During contact with family members in interview and group settings and with information elicited from patients, the clinical sociologist can note family themes, practices, or interactions that contribute to or maintain specific linguistic, emotional, or behavioral patterns. This information is often vital for facilitating positive change within the patient or family. It is also of great value in designing or leading family support groups.

In the process of working with patients and their families, the clinical sociologist may also discover pertinent transgenerational contexts, that is, extended family histories of psychiatric disorder, alcoholism, drug abuse, violence, trauma, or patterns of behavior represented in the patient by exquisite emotional sensitivities or divergent perceptual and linguistic processes or behaviors. That some of those sensitivities or divergent processes may have a genetic basis or biological significance does not negate their social psychological relevance or impact.

Familiarity with social roles, interpersonal and group behavior, and the intricacies of organizations also enables clinical sociologists to suggest what circumstances or settings may be especially threatening or frustrating to a particular patient or group of patients. In addition, they may propose suitable settings or procedures for reintegrating patients into society.

Understanding society, the individual, and the interface between them is an important contribution of clinical sociology. It is especially vital in the case of psychiatric patients as their relationship to society is often tenuous, explosive, or alienated.

**Doing Therapy or Facilitating Change**

It has been stated that clinical sociologists are able to identify both normative and divergent patterns of thinking, feeling, and behaving. It has also been
pointed out that they are skilled at understanding and describing the sociocultural contexts within which specific patterns develop and upon which they have an impact. These understandings form the basis of the clinical sociologist’s ability to facilitate individual and social change.

Skilled in understanding interpersonal interaction and group processes, clinical sociologists can use individual, couples, family, or group settings as arenas for promoting awareness of particular linguistic, emotional, and behavioral patterns and their personal and social consequences. In individual and group sessions they can facilitate patients’ recognition, understanding, and alteration of taken-for-granted linguistic patterns and processes, composite generalizations, and their emotional and behavioral correlates. For example, patients may reach the point, often labeled “paranoid,” where they refer to most of their life situations as possibly threatening. At the same time they may be continually perceiving themselves as highly vulnerable to the possible threat and as having little, if any, possibility of achieving control over their vulnerability or the threat. As a consequence, these patients will probably experience considerable anxiety, the emotional experience linked to the composite generalization, possible vulnerability to threat. Recognizing the generalizing behavior and understanding the contexts through which it made sense to the patient to develop it—perhaps a particularly traumatic event or a series of personal catastrophes—could be the first step toward the patient transforming the behavior. In this case, clinical sociologists might assist patients in recognizing and understanding this generalizing behavior and its consequences; redefining certain current circumstances as nonthreatening; altering, where possible, situations perceived as especially upsetting; placing previous events in a new, nonthreatening, conceptual framework; viewing themselves as less vulnerable; or achieving more confidence in their ability to control anxiety-provoking circumstances. The clinical sociologists might also help the patient learn to manage anxious responses or modify any obsessive or withdrawing behavior related to feelings of vulnerability. They might work with patients in a support group, encourage family members to view patients as less vulnerable, or request the assistance of an occupational or art therapist to reinforce anxiety-lessening habits. In addition, the aid of a physician might be enlisted to provide a tranquilizer for situations when the patient feels unable to tolerate an extreme anxiety reaction.

In family and couples sessions, clinical sociologists can assist patients and significant others in identifying especially destructive interpersonal patterns and provide suggestions and support for developing and practicing new behaviors. Within group sessions they can create opportunities for patients to identify their routine means of defining as well as responding to social circumstances and promote a safe, collective context for the control or alteration of emotional vulnerabilities and undesirable behaviors.

The clinical sociologists’ knowledge of social norms and values serves an
important therapeutic function. In individual and joint sessions they can assist patients in the identification of cultural values that influence personal beliefs and feelings or create desirable and undesirable identities. They can advise patients on likely contradictions between personal goals and societal possibilities and assist patients in finding or creating unique opportunities within established social organizations and systems. They can also help patients and family members understand and deal with disorder-related stigmatization.

Psychiatric disorders provide a particularly compelling opportunity for clinical sociologists to teach patients ways to interface effectively with their social environments. Understanding both sides—individual and society—enables clinical sociologists to appreciate specific individual vulnerabilities and their likely relationship to environmental circumstances. Accordingly, they may develop, with the patient, creative means for navigating the social system, whether that system is the workplace, a social gathering, or a hospital setting. Through social skills training or resocialization techniques, they can assist individuals in making and maintaining the roles they desire or in setting aside destructive or unfulfilling roles. Fein (1988) provides an excellent example of this process in his discussion of social role change. Furthermore, his case discussion of Robert (Fein, 1988:95–97) illustrates the major importance of emotional resocialization in the therapeutic process.

Finally, clinical sociologists have the broader therapeutic task of identifying for the community those beliefs and values that underlie social structures, institutions, and practices. It is those structures, institutions, and practices that form the context within which certain individuals achieve social integration while others achieve only isolation and rejection. Within a particular society or group, who is given status and respect? And for what characteristics or accomplishments? Which individuals or groups are defined as outsiders? And for what attributes or behaviors? Furthermore, does society grant prestige and a favorable position to psychiatric patients who make small but critical gains or who remain stable despite extreme emotional sensitivities, and does it provide a place besides welfare for individuals who can only be minimally productive? The answering of such questions by society members may promote the social change necessary to reduce the number of individuals who intersect with their social environment in an angry, destructive manner or withdraw in isolation to their unique, but more acceptable, realities.

Conclusion: The Therapeutic Community

It has been argued that clinical sociologists can play an important and valuable role in understanding and treating psychiatric disorders. The implementation and maintenance of that role, however, will not only depend on patients, family members, and significant others defining clinical sociology as
therapeutically valuable. It will be based on the interdisciplinary adoption of a unifying conceptual framework within which biological, psychological, and sociological factors are defined as equally important in the emergence and development of psychiatric disorders. A model based on psychopathology and the primacy of biological factors does not allow that equality, but a model based on understanding and focused on the perspective of patients and their linguistic, emotional, and behavioral patterns does. Such a model does not neglect neurophysiological or biochemical processes; it simply conceptualizes those processes as integrally linked in an identifiable fashion to typical composite generalizations and emotional/behavioral responses. Accordingly, in some cases destructive behavior or explosive emotional responses may be primarily based on the habitually used linguistic patterns through which patients construct generalizations about their self/environment relationships. In other cases, the predominant pathway to divergent beliefs, intense emotionality, or erratic behavior may be linked to biochemical abnormalities or neurological deficits. At times medication may be necessary to control destructive behavior, soften intense emotional reactivity, or supplement organic deficits. On the other hand, social or psychological therapies may prevent or alter the formation of particular generalizations and linked emotional and behavioral responses, making unnecessary the sometimes harmful side effects of pharmacotherapy.

Overall, from the standpoint of a conceptual framework based on the equal and intersecting relevance of biological, social, and psychological factors and focused on understanding the definitions and standpoints of patients and their significant others, clinical sociology has an important and viable place in the therapeutic community. In fact, it is an essential part of a necessary whole. As stated by Straus (1979:24–25)

... clinical sociology is not something that can or should stand alone or in adversary relationship either to other forms of academic social science or other clinical disciplines. Rather, our ultimate goal is and must be the establishment of a unified clinical social science, within which sociologists, psychologists, anthropologists and those with interdisciplinary orientations of various sorts can take their rightful place. The question is not to demonstrate the uniqueness and superiority of a clinical sociology, but to show how sociologists can provide a valuable contribution to the field of clinical practice due to our in-depth grounding in sociological perspective, method, concept and imagination.

Within a psychiatric setting, above all others, it is imperative to understand those special individuals who, from the standpoint of specific vulnerabilities, circumstances, or ways of defining and interacting, have found themselves lost
from or at war with normative society. Understanding how a particular individual/society linkage becomes broken or destructive and facilitating its repair requires the exploration of biological, psychological, and sociological patterns and processes. It also calls for the dedication and skill of professionals from diverse disciplines. In essence, a community is that which carries on a shared way of life and exhibits interdependence. Within the context of a shared conceptual framework, each discipline can contribute its own expertise yet recognize its limits of understanding. In the process, a truly interdisciplinary and therapeutic community will be created.

NOTES

1 I have used the terms "psychiatric disorder," "patient," and "psychiatric setting" since these were the terms generally used in the hospital environment. My personal preference as a clinical sociologist, however, would be to refer to "adaptive disorder," "individual," and "treatment setting."

REFERENCES


Reducing Adolescent Drug Abuse: 
Sociological Strategies for Community Practice

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ABSTRACT

Strategies for community-based sociological practice are discussed. The role of the sociologist in helping communities to recognize a social problem is analyzed in the context of social construction of reality theory. Once a community accepts that it has a problem with adolescent drug abuse, control and peer association theories can guide sociologists who wish to join with community leaders to combat drug abuse. By strengthening bonds among community organizations, parents, and other groups, the community tolerance for drug abuse is reduced and support for peer prevention is built.

This paper discusses the role of the sociologist in defining drug abuse as a problem and in mobilizing community resources to deal with it. Based on an on-going intervention project, strategies are introduced for practicing sociologists, who wish to assist communities in the prevention of and intervention with adolescent drug abuse. Grounded in social construction of reality, social control, and peer association theory, the model may be generalizable to other forms of social deviance of concern to communities.

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Responses to the Drug Problem

Strategies for responding to the drug problem can be categorized into three types at three levels with prevention as the shared, intended outcome. Education, enforcement, and treatment are strategies that can be applied at the individual, community, and societal or national levels as shown in Table 1. On a national level, public opinion polls show drug abuse to be a major domestic problem. The most recent national response is the passage of the Omnibus Drug Initiative of 1988, which has increased resources for enforcement, education, and treatment. On an individual or micro-level of analysis, drug abuse education materials are presented in many schools as early as pre-kindergarten and continue through high school. The recent redirection of enforcement efforts to the user also illustrates the effort at demand reduction, while increased penalties, including death, exemplify an increased emphasis on supply reduction. For treatment, resources have increased for both assistance programs and inpatient and outpatient treatment programs.

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At the national level, sociologists can and have taken an active role in intervention. Lindesmith (1968), Becker (1963), and Inciardi (1987) have explained the addiction process, the social context of drug use, and the policy-implications of drug use and control. While sociologists (Yablonsky, 1965) have been involved in the evaluation and management (Hoffman, 1987) of treatment programs, they have not been as active as other professionals in actual drug treatment. Although sociologists have developed an interorganizational model of community intervention (Anderson, 1986) and a community level strategy for serving victims of spouse abuse (Sengstock, 1987), little, if any, application of a community approach to drug abuse has been reported by sociologists.
Community and Sociological Intervention

Sociologists have intervened with drug abuse at the national and individual levels, but a neglected setting for sociological interventions with drug abuse is the community. Writing as an urban and community sociologist, Lyon (1987:241) comments that “the potential for meaningful change and improvement that exists at the community level” is greater than at the societal or individual levels. Lyon describes the community as a mid-range alternative to analysis and change at the individual or societal levels. While change at the macro-level can affect all levels of social life (e.g., the civil rights movement), community change can also directly affect a problem (Alinsky, 1984).

Fritz (1985) and Glassner and Freedman (1979) suggest that sociological intervention should help communities accomplish change in the direction of social justice. Fritz (1985) identifies community development as action on the part of some group to improve economic, social, or environmental conditions. Drug abuse affects a community’s living conditions and economy, its youth, and the environment for crime. The practicing sociologist has an important role in defining drug abuse as a problem, identifying resources, and facilitating goal-setting for communities which suffer from drug abuse.

What is a community? Park’s definition of a community as people who share a common space or area, who share common ties, and who interact with one another, is widely used in the literature (Fritz, 1985). Communities consist of the reciprocal obligations and interactions that bind individuals together in a web of institutions and relationships. Within most geographic communities, there are common organizations and more or less loose-knit associations. Schools, law enforcement, and social service agencies are three examples of formal organizations within the community that are of particular relevance to drug abuse. Parent and student organizations, varying in degrees of formality and common to most communities, can play an important role in the prevention of drug abuse. Of course, there is an extensive network of other formal organizations and associations such as businesses, churches, media, medical facilities, government agencies, service organizations, and voluntary associations that are critical to the existence of community. Through interaction with one another, members of community groups and organizations create, define, and work to solve social problems.

Social problems, including drugs, are topics of interaction that focus concerns and about which communities develop shared patterns of action. As a result, social problems can be said to contribute to the binding together of community members. Following Horton and Leslie (1955), a social problem is a condition that affects a significant number of people, is considered to be undesirable, and about which something should be done through collective action. Practicing sociologists, along with other professionals, have an opportunity to assist
communities in developing lines of action to deal with social problems such as drug abuse. Sociologists are guided in this activity by theory.

**Community Intervention and Sociological Theory**

Control Theory, Peers, and Community Intervention

One of the purposes of sociological theory should be to articulate a model for the description and explanation of social behavior at the societal, institutional, and group levels of analysis and upon which interventions in society can be guided. A number of theoretical models exist in sociology that can be used to accomplish this goal. For the purposes of this paper, three interrelated models will be used: control theory, peer association, and social construction of reality theory.

The focus of control theory is to explain the nature of the ties that exist between the individual and the community. Hirschi (1969) has developed a widely adopted articulation of control theory, which asks not why youth commit delinquent acts but why they conform to community expectations. Control theory does not assume that all youth are immoral but that commitment to morality is variable. The bonds that hold youth to the community are attachment, commitment, involvement, and belief. The strength of each of these bonds between community organizations and youth is measured with greater delinquency being associated with weaker bonds.

In a retrospective examination of control theory, Hirschi (1969:320) acknowledges that the theory underestimates the importance of peer associations in predicting delinquency and drug use. Elliott et al. (1985), among others (Conger, 1980; Linden, 1978) have found evidence for delinquent youth being committed to delinquent youth groups. Kandel (1973, 1974, 1975, 1978, 1982) found that the strongest predictor of adolescent drug use is the number of friends the respondent reports who use drugs. Elliott et al. (1985) have included involvement with delinquent peers as one of the key predictive variables in their integrated theory of delinquency.

Peer association theory has roots in a number of sociological perspectives. Cohen (1955), Cloward and Ohlin (1960), and Cohen and Short (1958) have described the process and types of youth subcultures. Drug abuse has been recognized as one type of youth adaptation to perceived lack of legitimate and illegitimate opportunity and strain. Cloward and Ohlin (1960) have suggested that increasing legitimate opportunities for youth is one type of societal or community response to delinquency. Peer approval for, and encouragement of, delinquency, including drug abuse, as adaptive behavior occurs within the context of existing adult society. The cohesiveness of peer association and delinquent activity varies with the cohesiveness of the community’s institutions and leaders. The strength of delinquent bonding is apparently inversely related to
the strength of community bonds to youth and the strength of institutional bonds within the community to one another. Communities may consciously work together to create a community environment that is supportive of youth, cohesively organized against drug abuse, and, consequently, undermining peer associations that support drug abuse.

From the sociological practitioner's point of view, analysis of the peer/individual bond can be supplemented with an analysis of the community/individual bond. Bond strength can vary due to factors that are unique to the individual, unique to the community, or a combination of both. As individuals vary in their commitment to community, communities may vary in their commitment to individuals and youth. Drug abuse can be addressed by focusing on the strength of an individual's attachment to community and the community's attachment to the individual. Therefore, one focus for sociological intervention is with the community, where the sociologist works to strengthen organizational knowledge and commitment to combat drug abuse. In order to strengthen the adolescent's bonds to the community, it may first be necessary to strengthen the community.

It is a sociological truism that deviance and control have structural roots in the community. Sociological intervention with the community can weaken factors contributing to drug abuse and strengthen community forces that deter drug abuse. Instead of the individual or the society as the focus for sociological intervention, the community can be the key point of emphasis. Here the sociologist intervenes with the community by focusing community attention on drug abuse as a condition which harms a significant number of people but which may not be seen as undesirable or requiring action. In other words, drug abuse may not be defined by the community as a social problem. The sociologist has special theoretical and research skills which enable him or her to gather qualitative and quantitative data on the drug problem or other matters of concern. Information which is systematic, yet personal and emotionally powerful, can alter the definition of the situation and mobilize a community of action.

Social Construction of Reality and Community Intervention

A restatement of W. E. Thomas's (1967) famous proposition that situations that are defined as real are real in their consequences might be that situations that are never defined as real do not exist. Before a community can act to solve a social problem, the problem must be recognized and defined. Fritz (1985) suggests that this is one role for the sociologist: helping the community to realize that a problem exists. A second role for the sociological practitioner is to identify community resources and assist the community in exploring and developing courses of action to solve the problem. This process mirrors what Berger and Luckmann (1966:62) identify as the fundamental dialectic of society, where knowledge, on the one hand, is a direct function of social reality and, on the
other, creates it. Knowledge is both a social product and a factor in social change. While the sociologist is an actor in the social change process, the principal levers that the sociologist brings to intervention are research skills and theoretical applications.

In this sense, the sociologist assists in the social construction of reality. As Straus (1984) has suggested, sociologists can intervene at different social levels ranging from personal to world, and use a variety of techniques to alter the operational definition of the situation. Embedded in the symbolic universe of the community in which they are practicing, sociologists can work to alter the social context and definition of drug use. Because of the special sources of information they collect and have access to, sociologists can join with others to alter the community's perception about drug use.

The sociologist can help to alter community beliefs that contribute to an environment that tolerates drug abuse. Bachman et al. (1988) have found that a key factor in reducing drug use is perceived risk that is reported by users. Over time, as the perceived risks associated with drug use have increased, drug use itself has declined. Perceived risks and social disapproval have increased substantially in recent years and are associated with a decline in marijuana use (Bachman et al., 1988). Systematically collected and properly applied, self-reports of drug use gathered over time can be effective in helping to reduce drug abuse. Adapting Berger and Luckmann's terms, the sociologist can contribute to the delegitimization and deinstitutionalization of drug use.

Role of the Sociologist in Community Intervention

Private Troubles, Public Issues: Sociologist as Change Agent

Sociology has no shortage of critical thinking on the question of the role of values and action for the sociologist. For almost thirty years (Gouldner, 1962), sociologists have examined questions of values, objectivity, and social action. Gross (1965) discusses the responsibility of sociologists to recognize the dependence of facts on social values and social values on facts. He concludes that the facts and values used to identify social problems may be scientifically prescribed. Becker (1967) believes that sociologists should be on the side of subordinates when studying social deviance, while Gouldner (1968) responds that sociologists are only on their own side. Glassner and Freedman (1979) suggest that the clinical sociologist, unlike the activist, works with clients to resolve problem situations.

Mills (1959) believes that the promise of sociology is turning private troubles into social issues. While Mills focuses on such examples as unemployment and war, drug abuse is a similar issue. Although some argue that drug abuse is a victimless crime (Schur, 1965), the social and economic costs associated with
the use of drugs are becoming more widely recognized and accepted (White House Conference, 1988). Community members who experience drug abuse as a private trouble include sociologists and other social scientists. For example, sociologists are parents whose children attend school and are likely to be exposed to drug abuse. As taxpayers, sociologists, like other citizens, support the schools and rely on the next generation to work and lead society. Not only are children possibly exposed to drug abuse, all family members share some risk. If spouses or parents have an alcohol or drug abuse problem, sociologists, too, experience this problem as a private trouble. As community members and as citizens, sociologists share responsibility for norms and behaviors that exist in families and communities. As Mills suggests, the promise of sociology and the sociological imagination is to make private troubles public issues. Drug abuse in the community is a public issue, and sociologists can play a role in creating community awareness and prevention efforts.

In his essay discussing the history of marijuana control, Becker (1963) identifies moral entrepreneurs as symbolic crusaders who initiate rules that confront some evil and that serve some humanitarian purpose. Rule enforcers, a type of moral entrepreneur who enforce rules, are not interested in the wrong per se that the rule is designed to stop, but rather in the performance of a job or profession. Sociologists, if they make private troubles public issues, become moral entrepreneurs, whether confronting the problems of the homeless, those exploited by economic forces, or people victimized by drugs. Indeed, sociological practitioners have an obligation to be moral entrepreneurs when a form of behavior violates fundamental cultural values and does not reflect change for the better.

In the following section some techniques are developed that sociologists can adopt if they choose to intervene or are invited to consult on a community’s drug abuse problem. In each case, these techniques illustrate how the sociologist can make private troubles into public issues, using selected theories and methods of the discipline.

**Techniques for Community Mobilization and Intervention against Drug Abuse**

**Sociological Research and Community Mobilization**

The sociologist is in a unique position to affect the community’s definition of drug abuse. As an applied theorist and researcher, the sociologist seeks to overcome community resistance and denial to recognize drug use as a problem that affects the community. Because drug abuse can be thought of as a problem that affects only other people, it is difficult to identify and treat. Because it may be doubted that drug abuse is really that harmful and, in some instances, because
drug abuse is so widespread, communities may be slow in acknowledging drug abuse as an important problem. Using qualitative and quantitative research skills, sociologists can produce a steady stream of information to awaken a community to action.

Since what is successfully defined as real is real, the process of knowledge creation and dissemination inherent in the researcher role provides sociologists and other social scientists with an active position for intervention. Rich in detail, the personal histories of drug users (Hughes, 1963; Pope, 1971; Rettig et al., 1977) can be compelling in their force and meaning. Locally, through observation and in-depth interviews, details can be gathered about drug use which can mobilize a community to concern and action. Interviews with children who use drugs, information about their family patterns of use and abuse, where, with whom, and when they use drugs, as well as subjective information about the effects of drugs and motivations to drug use, can be a powerful force for community mobilization. For example, interviews with high school students and their friends who drink and drag themselves into unconsciousness in cars in the school parking lot can have a galvanizing effect on communities. Information from law enforcement personnel can be terrifying—for example, when the dealer is a school security guard. A parent’s story of the death of a child due to drinking and driving can have an awakening effect, as can the confessions of a recovering drug abuser. The sociologist can gather qualitative data and communicate it to assist a community to recognize, plan and take steps to solve a drug abuse problem.

While qualitative data about drug use can have a tremendous emotional impact, they are limited in generalizability. Survey research can show what proportion of children are affected and involved in drug use, increasing the awareness of the extent of the problem. Drug abuse is not just someone else’s private trouble, but a public issue shared by the community. The sociologist with good data can facilitate that awareness.

Neff (1965) distinguishes between survey research for the production of knowledge and the application of survey data to improve the organization and community. He identifies three phases in improvement using survey data: acceptance of the validity of the data, accepting responsibility, and solving problems. The sociologist who adopts this role clearly is involved in intervention in the community definition of drugs as a social problem and what can be done about them.

Surveys of self-reports of delinquency and drug use have long been used by sociologists and others to supplement official statistics (Short and Nye, 1957; Gold, 1966; Elliott et al., 1985; Johnston et al., 1986). Questions regarding validity and reliability of data gathered by self-reports of delinquency and drug abuse have been answered by a number of authors. While Gold (1970) has pointed out that delinquency self-reports have focused on minor delinquency,
later surveys by Elliott et al. (1985) have addressed these shortcomings and include a full range of delinquency and drug use measures. Hindelang and Hirschi (1979) have shown that self-reports and official statistics measure different levels of crime and delinquency. They report that official and self-report measures are not inconsistent but complement one another.

Self-report surveys of drug use have been conducted on a national basis since 1973 by the Monitoring the Future Project of the Institute for Social Research. High reliability of responses over a three to four year period by subjects, as well as high consistency among related measures in the same questionnaire (Johnston et al., 1986) suggest that responses are consistently linked together with certain behaviors and attitudes. These annual surveys of high school seniors provide a useful measure of national and regional rates of drug abuse by adolescents. Involving over 16,000 seniors from more than sixty-five high schools throughout the country, the senior surveys are the best source of comparative data on a national basis for adolescents and young adults. In addition to the senior survey, data are collected every four years by the National Household Survey of Drug Abuse. Some states also conduct frequent surveys of drug use in schools to keep track of changes in rates of drug abuse. These data can help communities determine if their drug abuse problem is normal or pathological (Durkheim, 1964).

Local Data and Community Mobilization

Based on this writer's professional experience with a community intervention, survey data on drug abuse are useful for problem definition. Over a period of two years, data have been collected in a small city in the southwest. The community has a single school district with approximately 12,000 students, 1,500 of whom attend high school. Invited by the school district superintendent to answer speculations as to the amount and severity of drug abuse in the high school, I designed a survey to gather data relevant to this community in order to challenge community denial about drug abuse. The drug use measures were adapted from the questionnaires developed by the Monitoring the Future Project to enhance comparison of local to national rates of use. Reflecting the theoretical perspectives discussed earlier, data on values, demographic characteristics, attitudes toward family, family controls, and delinquency were collected. The drug use and delinquency items were measured with a five-point scale, while items measuring family attitudes and controls, adopted from Hirschi (1969), and values used a three-to five-point scale. The number of the respondents' friends who used each of the twelve drugs was also gathered and combined into a single variable for analytic purposes. Three measures of multiple drug use were created by combining all drug use measures for lifetime, within the last year, and within the last thirty days. Within each time period use could vary from no use of any
drug to almost daily use of all drugs. While frequency rates for individual drugs have been analyzed, the multiple drug use frequency and prevalence data are broader and more useful. Some behaviors, such as delinquency and grades, were examined as dependent variables in addition to multiple drug use.

Respondents were informed about the general purposes of the survey by an intervention team member who was not associated with the school district. They were told both orally and in writing that their answers were absolutely confidential, that no single individual would be identified, and that they could choose not to participate. Respondents were given a questionnaire booklet, separate from the electronically readable answer sheets which were fed into a computer for analysis.

Approximately 50 percent of the high school population answered the questionnaire one day during their social studies period. While 754 students participated in the survey (only three students failed to fully cooperate), findings for only the 207 seniors are reported here in order to maximize comparison with the national sample of seniors. All data have been used for the actual community intervention.

Table 2 displays the percentage of high school seniors participating in the survey who report lifetime drug use, use within the past month, past year, and the proportion of youth who have never used. The display of recency and prevalence rates can help a community identify the proportion of its youth who are involved with drugs. Almost 53 percent of the respondents report using marijuana in their lifetimes; 98.4 percent have used alcohol. High rates of stimulants, cocaine, inhalants, LSD, and other drugs are reported. Particularly high rates of drug use in the last month for alcohol, marijuana, stimulants, and cocaine may be observed in Table 2.

Adapting the drug abuse measures from the Monitoring the Future Study permits comparison between local and national drug use trends. The data displayed in Table 3 compare the drug use rate of this community’s high school seniors with the most current national data for seniors. The cells in Table 3 with positive signs indicate higher local use than the national data show. In particular, examination of the column labeled “Past Month” shows that this high school had a higher rate of drug use of every drug except hallucinogens, suggesting that a drug use subculture is entrenched in the school and needs community attention.

Continued gathering of drug abuse data serves as a means to monitor the rate of drug abuse by adolescents in the schools as well as a preventive measure (Johnston et al., 1986:225). Teenagers who are exposed to drugs sometimes feel as if everyone uses drugs. The fact is that a majority of adolescents do not use drugs, and that only a small minority regularly uses them. Survey data can show high school youth that drug use is not common and that the problem is isolated to a small number of youth.
Another preventive use to which local drug abuse data can be put includes calculating and analyzing the correlates of drug abuse. For example, Table 4 shows the bi-variate correlations between multi-drug abuse and other self-reported delinquent behaviors. The correlations suggest that multiple drug abuse is closely related to serious delinquency. The fact that drug abuse and serious delinquency are highly correlated can be useful in mobilizing community support to oppose drug abuse. Some community members may believe that drug use is not really harmful or a problem but they oppose delinquency and its correlates.

Another example of the use of local survey data to show that drug abuse is associated with undesirable behavior is displayed in Table 5. Very clearly, adolescents who report no drug use in the last month or year are more than twice as likely to report making "A's and a third less likely to make C's." Although no survey data are available on dropouts, school officials believe that dropouts are among the heaviest drug users. Correlation analysis of local survey data can help to demonstrate to the community that there are many problems associated with drug abuse.

Mobilization of community awareness can be supplemented with other data

<table>
<thead>
<tr>
<th>Drugs Reported Used</th>
<th>Ever Used</th>
<th>Past Month</th>
<th>Past Year Not Past Month</th>
<th>Not Past Year</th>
<th>Never Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>98.2</td>
<td>78.8</td>
<td>14.0</td>
<td>5.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Marijuana</td>
<td>59.1</td>
<td>26.3</td>
<td>19.3</td>
<td>13.5</td>
<td>40.9</td>
</tr>
<tr>
<td>Stimulants</td>
<td>28.3</td>
<td>10.3</td>
<td>12.6</td>
<td>5.4</td>
<td>71.7</td>
</tr>
<tr>
<td>Cocaine</td>
<td>22.1</td>
<td>9.8</td>
<td>10.1</td>
<td>2.2</td>
<td>77.9</td>
</tr>
<tr>
<td>Inhalants</td>
<td>18.2</td>
<td>5.9</td>
<td>6.8</td>
<td>5.5</td>
<td>81.9</td>
</tr>
<tr>
<td>LSD</td>
<td>13.7</td>
<td>6.9</td>
<td>4.8</td>
<td>2.0</td>
<td>86.3</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>10.8</td>
<td>3.5</td>
<td>5.3</td>
<td>2.0</td>
<td>89.2</td>
</tr>
<tr>
<td>Sopors</td>
<td>9.3</td>
<td>3.5</td>
<td>3.9</td>
<td>1.9</td>
<td>90.7</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>6.4</td>
<td>3.0</td>
<td>1.4</td>
<td>2.0</td>
<td>93.6</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>5.4</td>
<td>3.0</td>
<td>1.4</td>
<td>1.0</td>
<td>94.6</td>
</tr>
<tr>
<td>Other Narcotics</td>
<td>5.4</td>
<td>3.5</td>
<td>1.4</td>
<td>0.5</td>
<td>94.6</td>
</tr>
<tr>
<td>Heroin</td>
<td>3.0</td>
<td>1.5</td>
<td>1.0</td>
<td>0.5</td>
<td>97.1</td>
</tr>
</tbody>
</table>
sources. Nonobtrusive measures, such as the rate of DWI offenses in the community, police perceptions of the relationship of drugs and crime, and the number of juvenile drug-related offenses can supplement qualitative and survey data in the process of community recognition of drug abuse as a social problem.

Sociological Research and Community Intervention

Survey data can also be used to help a community identify the most promising places to intervene to reduce drug abuse. During this intervention the sociological practitioner, guided by control and peer association theories, constructed survey instruments and conducted interviews to guide community interventions with drug abuse. For example, as shown in Table 6, when the quality of family relations, friends’ drug use, and family control measures were entered into a multiple regression equation predicting multiple drug abuse over a lifetime, past year, and past month, the single most important predictor was friends’ drug

Table 3. Local High School and National Data: Percentage Difference from U.S. Sample*

<table>
<thead>
<tr>
<th>Drugs Reported Used</th>
<th>Ever Used</th>
<th>Past Month</th>
<th>Past Year not Past Month</th>
<th>Not Past Year</th>
<th>Never Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>+5.6</td>
<td>+11.6</td>
<td>+13.4</td>
<td>-2.2</td>
<td>-5.9</td>
</tr>
<tr>
<td>Marijuana</td>
<td>+4.2</td>
<td>+1.1</td>
<td>+5.5</td>
<td>-1.4</td>
<td>-4.2</td>
</tr>
<tr>
<td>Stimulants</td>
<td>+0.4</td>
<td>+2.0</td>
<td>+3.2</td>
<td>-4.8</td>
<td>-0.4</td>
</tr>
<tr>
<td>Cocaine</td>
<td>+6.0</td>
<td>+4.0</td>
<td>-3.6</td>
<td>-3.3</td>
<td>-6.0</td>
</tr>
<tr>
<td>Inhalants</td>
<td>-0.8</td>
<td>+3.2</td>
<td>+0.3</td>
<td>-5.6</td>
<td>-0.9</td>
</tr>
<tr>
<td>LSD</td>
<td>+5.7</td>
<td>+5.4</td>
<td>+1.6</td>
<td>-1.3</td>
<td>-5.7</td>
</tr>
<tr>
<td>Barbiturates</td>
<td>-0.9</td>
<td>+1.8</td>
<td>-1.2</td>
<td>-3.0</td>
<td>-0.9</td>
</tr>
<tr>
<td>Sopors</td>
<td>+1.0</td>
<td>+2.4</td>
<td>-1.2</td>
<td>-2.6</td>
<td>-1.0</td>
</tr>
<tr>
<td>Tranquilizers</td>
<td>-6.0</td>
<td>+0.9</td>
<td>-2.0</td>
<td>-4.3</td>
<td>+6.0</td>
</tr>
<tr>
<td>Hallucinogens</td>
<td>-7.9</td>
<td>-0.6</td>
<td>-3.3</td>
<td>-4.4</td>
<td>+7.9</td>
</tr>
<tr>
<td>Other Narcotics</td>
<td>-4.3</td>
<td>+1.7</td>
<td>-2.9</td>
<td>-4.0</td>
<td>+4.3</td>
</tr>
<tr>
<td>Heroin</td>
<td>+1.7</td>
<td>+1.2</td>
<td>+0.3</td>
<td>-0.3</td>
<td>-1.6</td>
</tr>
</tbody>
</table>

+ Indicates local drug use higher than national sample.
— Indicates local drug use lower than national sample.
use, followed by the parents knowing where their children are. These findings suggest that the most effective points of intervention with drug abuse in this community would be with parental control and peer groups. Instead of a broadside approach that included the quality of family interaction, the drug abuse education curriculum, the school security system, and other measures, I recommended a focused program for intervention based on measurements of concepts operationalized from control and peer association theories.

Table 4. Multidrug Abuse Correlates with Delinquency Measures*

<table>
<thead>
<tr>
<th>Seniors (n = 205)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selling drugs .54</td>
</tr>
<tr>
<td>Gang fights .41</td>
</tr>
<tr>
<td>Serious assault .44</td>
</tr>
<tr>
<td>Sexual assault .33</td>
</tr>
<tr>
<td>Armed robbery .19</td>
</tr>
<tr>
<td>Theft 36</td>
</tr>
<tr>
<td>Vandalism .43</td>
</tr>
<tr>
<td>Shoplifting .39</td>
</tr>
<tr>
<td>Cutting school .26</td>
</tr>
</tbody>
</table>

*Correlations significant at .01 level.

Table 5. Local High School Grades and Drug Use:*  
Lifetime, Year, and Month

<table>
<thead>
<tr>
<th>Grades</th>
<th>Lifetimea No Drug Drug Use</th>
<th>Yearb No Drug Drug Use</th>
<th>Monthc No Drug Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>28.3 11.0</td>
<td>23.6 10.9</td>
<td>20.5 10.8</td>
</tr>
<tr>
<td>B</td>
<td>51.1 57.1</td>
<td>56.1 52.9</td>
<td>55.6 52.7</td>
</tr>
<tr>
<td>C</td>
<td>19.6 29.2</td>
<td>19.5 33.9</td>
<td>22.8 33.8</td>
</tr>
<tr>
<td>D</td>
<td>0.0 1.9</td>
<td>0.8 1.7</td>
<td>0.6 2.7</td>
</tr>
</tbody>
</table>

*Does not include alcohol.

a $\chi^2 = 14.06$, p < .01

$\chi^2 = 10.60$, p < .01

$\chi^2 = 16.00$, p < .01

c n.s.
Table 6. Bivariate and Multiple Regression Coefficients for Lifetime, Annual and Monthly Multiple Drug Abuse.

<table>
<thead>
<tr>
<th>Independent Variables</th>
<th>Multi – Drug Use Lifetime r</th>
<th>B</th>
<th>Multi – Drug Use Annual r</th>
<th>B</th>
<th>Multi – Drug Use Month r</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents understand</td>
<td>.21*</td>
<td>.08</td>
<td>.18*</td>
<td>.06</td>
<td>.14**</td>
<td>.05</td>
</tr>
<tr>
<td>Parents know where</td>
<td>.21*</td>
<td>.14**</td>
<td>.31*</td>
<td>.18*</td>
<td>.29*</td>
<td>.20*</td>
</tr>
<tr>
<td>Parents know who with</td>
<td>.29*</td>
<td>.03</td>
<td>.20*</td>
<td>.01</td>
<td>.17*</td>
<td>.00</td>
</tr>
<tr>
<td>Share with parents</td>
<td>.10</td>
<td>-.06</td>
<td>.07</td>
<td>-.09</td>
<td>.02</td>
<td>-.13</td>
</tr>
<tr>
<td>Parents hit</td>
<td>-.07</td>
<td>.03</td>
<td>-.09</td>
<td>-.03</td>
<td>-.10</td>
<td>-.04</td>
</tr>
<tr>
<td>Friends’ drug use</td>
<td>.64*</td>
<td>.60*</td>
<td>.64</td>
<td>.60*</td>
<td>.53</td>
<td>.49*</td>
</tr>
<tr>
<td>Multiple r</td>
<td>.66*</td>
<td></td>
<td>.67*</td>
<td></td>
<td>.57</td>
<td></td>
</tr>
<tr>
<td>Multiple r²</td>
<td>.44</td>
<td></td>
<td>.45</td>
<td></td>
<td>.33</td>
<td></td>
</tr>
</tbody>
</table>

*p < .01
**p < .05

Peer-based prevention (Tobler, 1986; Perry, 1987) is the only drug prevention program that significantly reduces drug use as well as changes knowledge and attitudes. Peer prevention programs capitalize on core sociological concepts and processes, such as the proposition that peer groups form the values, norms, and behaviors of their members. Peer programs have been successful in changing the attitudes and behaviors of delinquents (Vorrath and Brendtro, 1985) as well as in assisting drug and alcohol addicts with recovery. The use of peer-based prevention can take a number of forms within a community. Schools can organize non-drug use clubs, preferably for younger students; service clubs can support peer groups both in and out of school. Churches and other organizations working with youth can offer drug-free support and alternatives. Older, drug-free youth can be trained by school counselors or other drug prevention specialists to teach younger children about drugs. Surveys can monitor the success of peer prevention and provide useful information from mid-stream program adjustments.

The finding that youth believe that their parents do not know where they are or who they are with when they are away from home suggests a need for increased parental control. Consistent with and derived from control theory is the fact that the more youth believe that their parents neither know who they are with nor where they are when away from home, the less youth feel attached to their parents. The less attached they are, the greater the likelihood of drug use. For the sociologist working with a community, this information can be used to
work with parents. For example, parent workshops in our project are being organized through the PTA. Other organizations, e.g., civic groups, PRIDE (Parents' Resource Institute for Drug Education), or the National Federation of Parents—can be used to train parents in techniques to improve monitoring of their adolescents’ whereabouts and behavior. Sociologists, working with other professionals in the community and school, can offer practical training for parents to help them guide their adolescents away from drugs and other problem behavior. These parent workshops should be grounded in theory, using data specific to the community being trained.

Control theory proposes that youth will be more likely to engage in delinquent and drug-using behavior with lower levels of attachment, involvement, commitment, and belief. These data suggest that community attachments are weak for adolescents who use drugs and that peer involvement is all-important. As a counter to the power of peer relations, community attachments need to be strengthened. How can the sociologist facilitate strengthening of community bonds? First, help others to be aware of the relative weakness of community bonds and the strength of peer attachments. Second, suggest techniques for peers to increase their involvement and commitment to the conventional community. For example, schools could establish youth internships in the community, serving in city hall, old age homes, refugee center, fire and police stations, and schools themselves. Third, sociologists can set the stage for community leaders to network among themselves to initiate and maintain opportunities for youth to develop a stake in the community.

Community Leadership Mobilization

No matter how elegant the research design or how valid the data gathered and analyzed, if the community’s leaders are not engaged with the problem of drug abuse the sociologist will not be successful in assisting a community to confront and overcome its drug abuse problem. The community consists of a variety of institutions, each led by respected community members. Through the interactions of these leaders with one another, problems, issues, and their solutions are defined. Based on my experience, participation of community leaders is essential to effectively control drug abuse. What techniques can the sociologist use to mobilize and channel community leader involvement?

Communities confront drug abuse in two stages: (1) definition and recognition, and (2) action. In the definition and recognition stage, a number of techniques are useful. Working with either school district, law enforcement, or local government officials, the sociologist can facilitate the formation and operation of a task force or similar study group. The charge to the task force should be to define the parameter of the problem, outline strategies, and make recommendations. The data from this survey were the initial stimulus for the formation of a
task force of teachers, administrators, students, and parents. The task force was charged to identify the nature of the drug abuse problem and to develop solutions. The survey data became not only the basis for the task force formulation, but helped to form the recommendations of the task force. Task forces can define what and where the drug problem is, what is to be done, and who should be involved. The sociologist can actively serve on the task force or act as a consultant. The latter approach is recommended since the more widely the responsibility is shared among community leaders for task force findings and recommendations, the greater the opportunity for success.

Task force membership should be broadly representative of the key institutions in the community, including law enforcement, religious organizations, parent groups, business, and media. Publicity about the functions of the task force prepare the community for the problems that it will be dealing with regarding drug abuse. The task force reflects in miniature the leadership of the community-wide intervention and prevention program to be acted on, following adoption of task force recommendations. Membership on the task force must be constructed in such a way that community leaders outside the task force will facilitate and support the recommendations for action.

The action stage requires involvement of leaders from the key intervention and prevention institutions identified in the task force report. If schools are prime intervention and prevention targets, the responsibility for that intervention must be clearly accepted by school officials, parents, and law enforcement personnel. If community bonds among institutions are to be strengthened and more effectively extended to adolescent drug abusers, then coordination and communication between institutional participants is critical to effective operation.

For schools, drug abuse prevention and intervention may become an additional burden and responsibility on top of other tasks. Of course, drug abuse is not limited to adolescents in school; patterns of drinking and drug use in the home by siblings or parents can affect youth drug use. Similarly, workplace drinking and drug use is related to school use. Recognizing and acting on the system-wide nature of drug abuse requires greater focus and coordinated effort than what specialized institutions and leaders can provide. When an action plan is developed, communities may find themselves stymied by fragmented, uncoordinated efforts conducted by individuals within their institutional division of labor on an overload basis. When confronting a problem of the scope of drug abuse, additional resources need to be obtained.

Resource Acquisition

The sociologist is in a key position to facilitate resource acquisition. Through theoretically-grounded data collection and analysis, through work with
community leaders in problem definition and in the development of an action plan, the sociologist is uniquely placed to help the community acquire resources. At the local level the sociologist as community organizer/activist is in a position to network with service organizations, local foundations, and other donors to obtain financial and other resources. Private donors, such as pharmaceutical companies, have a special interest in publicly combatting illegal drug use. Working in cooperation with other fundraisers in the community to ameliorate competition for funds, the sociologist can either lead or assist in the effort. Again, because of the special research skills sociologists bring, they can educate private donors about the extent of the problem. Finally, because of a systematic knowledge of the drug problem in the community, the sociologist can initiate, coordinate, and assist with the application for federal and state funds.

Money, in and of itself, is not a goal for the sociologist but rather a means to facilitate the goal of an enhanced, self-aware community working in a coordinated way to reduce drug abuse. Acquisition of funds can provide for staff positions with the responsibility to coordinate, develop, and lead a community effort to control drug abuse. In large, complex communities a position charged with the responsibility for mobilizing, leading, and initiating community prevention efforts is critical to success.

Control theory suggests that stronger community attachments, involvements, commitments, and beliefs will contribute to reduced drug use and delinquency among adolescents. A sociologist, knowledgeable about control theory and skilled in tasks of community organization, is well qualified to fill this position. Building and rebuilding community networks, initiating community efforts to strengthen youth commitment and involvement, and developing and operating peer prevention programs are examples of activities that can best be undertaken by professional staff. Sociologists can assist both with resource acquisition and community organization functions.

With regard to the community intervention reported in this paper, additional resources were needed to advance the effort to reduce adolescent drug and alcohol abuse. Based on the recommendations by the community task force and the responses of the school administration, it was clear that insufficient local resources would be available to initiate action. As the next stage of sociological intervention, a series of proposals were written to appropriate funding agencies. The availability of these funds has permitted initiation of a course of interventions which are in progress and beyond the scope of this paper.

Conclusion

The sociologist can facilitate intervention with drug abuse at the community level. Guided by social construction of reality, control, and peer association theories, the sociologist can facilitate overcoming community denial of drug
abuse. By helping to make private troubles into public issues, the sociologist can work with community leaders in developing and carrying out strategies for preventing and intervening with drug abuse. Using both qualitative and quantitative methodologies, the sociologist provides information for both community mobilization and action. As researcher and data analyst, the sociologist can identify points of community intervention, catalyze community leadership, and facilitate acquisition of financial and other resources to reduce drug abuse. Control theory, augmented by peer theory and social construction of reality theory, provides a practical, conceptual road map for the sociologist working in the community to prevent drug abuse. As sociologists continue to be involved as community activists with other social problems, the techniques discussed here may be generalizable.

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White House Conference for a Drug Free America

Yablonsky, Lewis
The Case of the Hexed Hair Revisited: A Cross Cultural Intervention One Year Later

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ABSTRACT

The last volume of the Clinical Sociology Review contained an article that presented a planned intervention for an unusual circumstance—the removal of a long-lasting hex. This article provides additional information from the client, an update, and some further reflections from the clinical sociological perspective.

The case of Sophie Koslowski, a woman of Polish and Catholic heritage whose behavior was oriented around a hex placed on her hair, was presented in Volume 6 of the Clinical Sociology Review (Freedman, 1988). That article discussed the hexing of her hair by a neighbor, her fear that cutting it would lead to her death, her refusal to cut it for eleven years, and the search for an appropriate healer. The healer, a black minister named Doc Jones, was found and, with appropriate ritual, he cut her hair and buried it in several different places. The treatment approach which removed the hair in a ritual acceptable to the client was successful.

Sophie Koslowski was moved to outpatient services designed for higher functioning clients and began to do piecework at Cedar Industries, the sheltered workshop affiliated with Hutchings Psychiatric Center. She continues to improve and to feel better. She states that she is no longer nervous and "as the buried hexed hair rots, I will continue to get better." Her hair is now growing at a normal rate as compared with the rapid growth when it was hexed. It is now just shoulder length. Where she previously had worn a waist-length wig to cover her uncut hair, she now seldom wears it—"only for dressing up and not for camouflage." She wants to be the first Polish blues singer and is studying voice
at a community music school. She continues to work at Cedar Industries doing piecework and is considering trying to get a job in a factory and get off public assistance.

Doc Jones has moved to Florida. He helped her with some physical problems but she no longer needs to rely on his help. Sophie Koslowski's religious practices have changed since the removal of the hex. She only sporadically attends the Polish church in her parish, but instead goes to the large cathedral downtown where "she doesn't have to dress up." Her religion has become more personal and she enjoys listening to one of the Christian radio stations. She says she knows more about God than before the illness. She has moved from a religion-centered belief to one which is more personal and based more directly on the Bible.

Her mother passed away a few months ago—on the 30th day of the month—and Sophie has coped well with it. (She notes that her father died on the 30th, and she herself became seriously ill on the 30th of a month.) After her mother's death, Sophie's sister wanted to sell the family house, but Sophie opposed the sale and it is now vacant.

She reviewed the first article in page proof and, though pleased with the overall account, wanted to provide additional information. That information is based on two lengthy interviews. She proudly shared the original article with Doc Jones, Father Karon, and others who had been instrumental in her support.

Sophie Koslowski recognizes that "some of this stuff sounds downright kookie." Her mother had a strong belief in witchcraft that was not deeply shared by her father. Both Sophie and her mother had been previously hexed, but they were able to overcome the hexes through prayer and the use of religious substances such as holy water. The daughter still maintains the belief that the next-door-neighbor is a witch—a belief that was shared by her mother. The next-door-neighbor does not acknowledge her witchcraft. Sophie now carries a voice-activated tape recorder to try to catch the neighbor in such an admission. Whenever branches are broken, window panes removed, or when personal articles disappear or are altered, there is increased sensitivity on Sophie's part to the possibility of witchcraft.

The hex of her hair that lasted eleven years was the third of her hair hexes. She had overcome the other two. She recalls that when she was hexed in 1976 she lit a blessed candle and prayed and got a message through prayer. The message stated that she had two choices in handling the hex: to yell or not to yell. If she did not yell about the hex the illness would take its course. If she did yell, she would come out of this hex and go back to work. Five years later she visited a seer "who predicted that she would go to Hutchings and find Doc Jones and then get well."
Discussion

Sophie Koslowski’s strong belief system is able to adjust to changes in conditions without overthrowing its basic premises. The ending of the eleven-year hair hex is now placed in the perspective of a self-fulfilling prophecy that was established almost from the beginning of the period. It presents the outcome as inevitable, given her “yelling.” This rationale stands in contrast to her perspective while still hexed. At that time the hex had power and only certain “safe” aspects of her situation could be revealed to outsiders such as mental health professionals.

She is functioning better since Doc Jones removed the hair hex. Now there is a youthful lightness about her personality which seems to be more than the loss of the heavy weight of her hair. She copes with the challenges of her life without being overwhelmed. She sees a future with singing, with a job doing piecework and without public assistance. Dressed brightly in red, her favorite color which “wards off witchcraft,” in fashions more youthful than her mid-forties age, wearing a large cross around her neck, working four days a week at the sheltered workshop, and seeing her outpatient therapist weekly, she skips down her personal yellow brick road to recovery as her buried hair continues to rot.

NOTES

1 All names in connection with this case have been changed to protect the confidentiality of the client.
2 For a brief account of the uses of exorcism in psychotherapy, see Southard, (1988).
3. There is a small anthropological literature on the social meanings of hair. See Hallpike, (1986) and Leach, (1985)

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An Introduction to Sociotechnics

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The Polish school of sociotechnics (social engineering) was invented by Adam Podgorecki in 1966. Its theoretical foundations stem from Lev Petrazycki's concepts of legal policy and Tadeusz Kotarbinski's praxiology, i.e., the science of efficient action. Podgorecki defined sociotechnics as a set of directives that teach how to invent purposeful and rational social changes. The terms "rational" and "purposeful" suggest that Podgorecki understood social engineering as an application of praxiological principles to the sphere of science-based interventions into social life (e.g., social problem-solving).

In 1966 Podgorecki published his Zasady Socjotechniki—[Principles of Sociotechnics] (Warszawa: Wiedza Powszechna). This basic book was followed by four of his edited volumes: Socjotechnika—[Sociotechnics] (Warszawa: Ksiazka i Wiedza, 1968); Socjotechnika—[Sociotechnics: How to Act Efficiently] (Warszawa: Ksiazka i Wiedza, 1970); Sociotechnics: Styles of Action (Warszawa, 1972); Sociotechnics: Functionality and Disfunctionality of Institutions (Warsaw, 1974). The main contributors were scholars gathered around Podgorecki and their interests were devoted to formulating principles of efficient application of social sciences and to various methodological problems of social engineering. After flourishing for eight years, the school of sociotechnics suddenly ceased to exist.

My book, Socjotechnika: Zagadnienia Etyczne i Prakseologiczne—[Sociotechnics: Ethical and Efficiency Issues] (Wroclaw: Ossolineum), appeared in Poland in 1986—twenty years after the publication of Podgorecki's Principles of Sociotechnics. Taking advantage of recent achievements, the 1986 volume presents another vision of social engineering. This one is based on Jaroslaw Rudnianski's general theory of social struggle. This particular view of social reality reformulates the basic notions and definitions of sociotechnics. The conclusion is that a considerable number of sociotechnical actions, particularly
those on a global scale, are characterized by conflict and struggle and also that sociotechnics is one of the methods of exerting power over a social system.

Sociotechnics is viewed here as an applied science which shapes human attitudes and impels individuals or groups toward a certain mode of behavior by influencing both the emotional and intellectual spheres of the human psyche. "Social steering" is seen as a practical application of a set of directives that have been chosen by a power elite to gain and strengthen control over a society. A variety of "social steering" activities are analyzed throughout the book.

The second chapter discusses how sociotechnics is used by rulers in unarmed social struggles against both internal and external enemies and also how it is applied in armed conflicts to increase the efficiency of military actions. This chapter focuses on social orders which generally may be characterized as centralized or monocentric.

Social struggle in a dense social environment requires full control over the members of a team whether it is a small group, an organization, or a society. In such a struggle, today's foe may become tomorrow's ally while an ally may become a foe. In this situation, members have to be subordinated to the highest possible degree so that attitudes and behavior can be quickly altered. Rulers also carry out a sui generis struggle against their own society. (The less legitimated the authority, the more severe the struggle.) Rulers may use social engineering to atomize society and set its groups at variance.

The second chapter also describes in detail the four main sociotechnical methods. (Taken as a whole, they form an anthropotechnical—using people as sensu largo tools—social engineering.) The methods are:

1. Manipulation of ideals and values. The most treasured values—dignity, freedom, social justice, patriotism, equality—are said to be realized only by actions demanded by the rulers.

2. Stirring of nonelementary needs. Needs such as power, possession and prestige are stirred and channeled. Then certain attitudes and behavior are demanded in return for supplying goods which satisfy these needs.

3. Intensification of fear. Rulers, by using force and various forms of violence, make people fear that disobedience may threaten their security and spell disaster.

4. Disinformation. Rulers, by hiding or perverting facts and providing false information, shape the people's picture of reality.

Chapter 3 is devoted to the role of science (as a body of knowledge) and scientists in preparing and applying social steering. Careful attention is given to the interconnections between the scientific community and the power elite. The methods that rulers use to impel or force scholars to work for them is of particular interest. The direct methods are identified as the incorporation of leading scholars into the elite's external circles, the exploitation of the values and ideals of leading scholars, and the enforcement of a "market-science paradigm"
where salary and work facilities depend largely on the applicability of research results. The most common indirect method is the use of scholarly results without the knowledge and permission of the author.

This chapter also deals with the gaps and shortcomings of social science which disable practitioners so that they cannot formulate rational directives of social action. At the same time, it points out successful engineering actions and reconstructs the model of society and the human psyche that seems to be accepted by those who undertake social engineering. This model is compared to another one (based on the works of Antoni Kepinski, Carl G. Jung, and on humanistic and philosophical psychology) and demonstrates the narrowness of the initial model.

Chapter 4 concerns the problem of defense against an anthropotechnical sociotechnics in which human beings are used as tools without regard for their needs and rights. After outlining the omnipresence and multiformality of social engineering, the most efficient method of defense is identified. This defense is based on a realization of the set of moral values found in humanistic ethics. The active and conscious aspiration of these values immunize an individual against both exploitation of ideals and stirring nonelementary needs as well as toughen the individual against fear intensification. The person who strives to act for the good of others and to develop his or her own morale is seen here as somehow resistant to manipulative social engineering.

The subject of the fifth chapter is the ethical evaluation of anthropotechnical sociotechnics. As a frame of reference, several ethical systems are discussed—Christian ethics, ethics of Indian philosophy and Tadeusz Kotarbinski's independent ethics. The motives and purposes of those who implement sociotechnics are evaluated here as are the methods used and the intended and unintended results.

The analyses lead to the conclusion that sociotechnics can break moral norms that guard human dignity, freedom, justice, and other important human rights. Sociotechnics is found to be capable of destroying people's confidence, atomizing a society, and creating a negative moral climate. The obvious dangers stemming from such a situation are outlined.

The last chapter is devoted to humanistic sociotechnics—a field which seeks to help people in their inner, moral development and also observes crucial moral norms. Several principles of humanistic social engineering are provided and the conditions for effective practice are described. Finally, some suggestions are provided concerning further research.
Problem Solving Sociology: Learning Creative Problem Solving in an Undergraduate Sociology Seminar

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Ronald Wright
and
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Editor's Introduction

The following article was written by students in a course entitled “Problem Solving Sociology” given by Dr. Robert Bendiksen at the University of Wisconsin—La Crosse. The course introduction points out that

Problem solving sociology has deep roots, going back to the early decades of this century. Applied sociologists have been putting their research skills to work exploring problems, doing social policy analysis, assessing the need for social programs or business opportunities, evaluating existing programs, and conducting social impact assessments. Clinical sociologists, on the other hand, are involved in a variety of sociological interventions at not only the microlevel of individual and group counseling, but also the macrolevel of organizational development and social change. Still other sociologists have been involved in basic research and theory construction, including many of your own sociology faculty. The text by Straus, Using Sociology, overviews the main sociological areas where you might put sociology to work in constructive social interventions.

Problem Solving Sociology is a “hands on” course in that problem-solving skills are practiced in student “focus groups.” A problem-solving frame is used to (1) identify an existing situation
as carefully as possible, (2) specify in what ways the situation might be improved, and (3) outline a plan of action that would change the situation without excessively disrupting the environment. You will be asked to be resourceful and creative, as well as analytical and evaluative, throughout the problem-solving process. Your instructor will present the problem-solving framework and you will work on a small group project in addressing a social problem of interest to you and your focus group colleagues.

Introduction

Everyday life is filled with problems that can be found in society on personal, family, business, government, or world levels. In dealing with these problems, solutions are sought to address particular situations. Careful analysis and creative thinking allows for accurate and innovative responses to be made when focus groups practice sociological intervention.

Creative problem-solving techniques are essential skills for problem solvers to analyze situations or conditions perceived to be problems. A problem-solving framework is used to (1) identify an existing situation as carefully as possible; (2) specify in what ways the situation might be improved; and (3) outline a plan of action that would change the situation (Bendiksen, 1988).

After a solution has been chosen and plans to implement it have been made, criteria must be set to evaluate the performance of the implementation process and the impact of the intended solution.

Effective problem solving relies on creativity as well as critical thinking. Creativity entails development of meaningful new ideas, which is accomplished by taking various theoretical perspectives in a search for possibilities (e.g., utilizing insights from functionalist, symbolic interaction, and conflict theories). Critical thinking requires problem solvers to be analytical and evaluative in comparing and contrasting ideas. Critical thinking is used to improve and refine the promising alternatives that lead to effective decisions and sound foundations for effective action.

The following problem-solving frame was learned and practiced in a seminar on "Problem Solving Sociology" at the University of Wisconsin—La-Crosse, Spring 1988. The social constructionist approach to social problems, as presented by Spector and Kitsuse (1985), provided the theoretical framework for the seminar. Sociological practitioners from the university and the community described their clinical sociology interventions in guest presentations on topics assigned in Straus (1985). The second half of the semester consisted of a structured focus-group creative problem-solving activity. The remainder of this paper describes each of the six steps of creative problem solving and illustrates the process with an example generated in a focus group project.
Creative Problem Solving: The Isaksen-Treffinger Model (Isaksen and Treffinger, 1985)

The problem-solving frame is a six-step model that includes: mess finding, data finding, problem finding, idea finding, solution finding, and acceptance finding. Each step utilizes divergent and convergent norms that include (Isaksen and Treffinger, 1985:2-4):

<table>
<thead>
<tr>
<th>Divergent Norms</th>
<th>Convergent Norms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• defer judgment</td>
<td>• be deliberate</td>
</tr>
<tr>
<td>• generate many ideas</td>
<td>• be explicit</td>
</tr>
<tr>
<td>• accept all ideas</td>
<td>• avoid premature closure</td>
</tr>
<tr>
<td>• &quot;stretch&quot; for ideas</td>
<td>• examine difficult issues</td>
</tr>
<tr>
<td>• allow ideas to simmer</td>
<td>• use affirmative judgment</td>
</tr>
<tr>
<td>• observe combinations</td>
<td>• focus on the objectives</td>
</tr>
</tbody>
</table>

In order to solve a problem, a problem-solving group must first "find what is out there" (i.e., divergent thinking). Consequent decisions (i.e., convergent thinking) are based on what has been previously discovered or developed. Brainstorming is the technique most often used to stimulate divergent thinking. The most important aspect of brainstorming is the quantity of ideas generated by comparing, contrasting, and adapting possibilities. Above all, problem solvers should avoid groupthink, a premature concurrence, leading to illusions and misperceptions.

Stage I. Mess Finding

Claims made by members of society reflect social attitudes. The nature of these claims can be analyzed to determine patterns or areas of interest. The areas of interest can be formed into mess-finding statements. The statements can then be examined for a general theme and converted to a final statement. A set of criteria is then used to discuss the topic in more detail.

Divergent Phase In an attempt to find an area of interest to the problem-solving group, mess-finding techniques suggested by Isaksen and Treffinger were utilized. Experiences and situations were observed for messes keeping an open mind to new opportunities. A mess-finding matrix was used and included the invitational stems, "Wouldn't It Be Nice If . . . ?" (WIBNI) and "Wouldn't It Be Awful If . . . ?" (WIBAI) These two plus a neutral condition were matched against a question matrix in the following form Isaksen and Treffinger (1985:3-7, 8).
<table>
<thead>
<tr>
<th><strong>WIBNI</strong></th>
<th><strong>Neutral</strong></th>
<th><strong>WIBAI</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who?</td>
<td>students, children, patients, drivers</td>
<td>pedestrians, courts</td>
</tr>
<tr>
<td>What?</td>
<td>funding, research, goal, cure, education</td>
<td>apathy, ignorance</td>
</tr>
<tr>
<td>When?</td>
<td>immediately, schedule</td>
<td>during</td>
</tr>
<tr>
<td>Where?</td>
<td>La Crosse, community</td>
<td>Wisconsin, home</td>
</tr>
<tr>
<td>Why?</td>
<td>personal interests, values, beliefs</td>
<td>norms, traditions, status quo</td>
</tr>
<tr>
<td>How?</td>
<td>cooperation, honesty, eagerly</td>
<td>middle of the road</td>
</tr>
</tbody>
</table>

The items in the second, third, and fourth columns indicate what the problem-solving team came up with. This information was next mixed and matched using more invitational stems to reveal at least twenty-five (a large arbitrary number) general mess-finding statements.

Guidelines for the mess-finding statements:

(a) Keep the statements broad
(b) Keep the statements brief
(c) Keep the statements positive/beneficial (Isaksen and Treffinger, 1985:3–8).

Possible stems for the mess-finding statements:

(a) If I had my way . . .
(b) Why don’t we . . .
(c) It would be nice/helpful if . . .
(d) If it were up to me . . . (Isaksen and Treffinger, 1985:3–9).

The following are ten examples of the mess-finding statements the problem-solving team devised by mixing and matching the information from the previous matrix.
1. If I had my way scientists would find a solution to the ozone layer problem before it's too late.

2. If I had my way research would be implemented near the poles to determine the actual cause of ozone decay as it would be beneficial to all life on earth.

3. It would be nice if global cooperation was obtained in finding solutions to world hunger such as teaching agricultural processes.

4. If it were up to me food surpluses would be distributed to needy countries and needy people right away.

5. It would be nice if the South African government would allow the opposing factions to more effectively voice their opinions before racial tensions destroy the economy.

6. If I had my way the homeless would be housed and some kind of public health care program implemented.

7. If I had my way people would be more educated about nuclear energy so they wouldn't automatically object to it.

8. If I had my way other countries would publicly acknowledge drug and alcohol problems so that global cooperation could help find a solution.

9. It would be nice if the divorce rate would decline as it affects more than just the two married people but also the children, friends, workplace, etc.

10. If I had my way there would be counseling for people planning to marry to let them know exactly what kind of commitment they're making.

Convergent Phase  In this phase a search for a common theme or thread among mess statements takes place. The general theme is then converted to a mess statement. Once the general challenge is accepted, efforts to respond to it take place. After the general statement has been evaluated, the next step in the problem-solving process, Data Finding, will be implemented.

Another mess-finding matrix was used to help generate different challenges and situations on which to base a final mess statement (Isaksen and Treffinger, 1985:3–10).

The answers to the questions in the following matrix were based on the previous mess-finding statements to help converge on an overall general mess-finding statement. The following mess-finding statement was derived by the group from the new information.

*It would be nice if we could increase social awareness of a particular condition so that questions addressing that condition could be handled more effectively.*

To gain more focus on the problem-solving technique the group has chosen AIDS, Acquired Immune Deficiency Syndrome, as a topic to investigate. The
adoption of a specific topic will allow the team to effectively collect data in the next phase. Before the data search takes place, the general statement must be evaluated.

Ownership and outlook criteria were used to discuss and review the statement. Ownership includes influence over the situation, interest in the condition, and imagination/creative thinking. Outlook criteria include familiarity, critical nature or importance, immediacy of the action needed, and the direction the situation will take. The following is a summary of the mess statement using the ownership and outlook criteria.

I. Ownership

A. Influence
   • Yes, any individual can increase the social awareness of another.

B. Interest
   • Yes, personal interest and concern provides motivation to create awareness.
C. Imagination
   • The statement implies a need for imagination to create awareness.

II. Outlook
   A. Familiarity
      • Awareness and understanding of the subject is the goal.
   B. Critical Nature
      • The nature of the topic is important in that the question cannot be correctly addressed without a basic awareness.
   C. Immediacy
      • Immediately
   D. Direction
      • Increasing social awareness will favor more positive results. The continued lack of awareness will lead to a general population with a poor interest in its society (Isaksen and Treffinger, 1985; 3-12,13).

Stage II. Data Finding

This phase can be categorized into three areas: (1) the data search needs to be planned; (2) the search is implemented; and (3) the data can be compiled for further analysis.

Divergent Phase The data search allows key pieces of information to be uncovered. Information gained will help determine priorities and sort out what we actually know from what we don’t. There are a number of ways to go about collecting data. These include reading, research, and interviews. Also, there are two types of data that will be observed: objective and subjective. It is important to distinguish between the two in that objective data are the “hard” facts and subjective data are the claims-making activities. Objective data include: concepts, theories, studies, and quantitative data. Subjective data include: opinions, personal experiences, viewpoints, and qualitative data.

With a topic chosen the group had to perform a simple modification on the mess statement so the data search would be more focused.

It would be nice if we could increase social awareness of AIDS so that questions addressing the disease could be handled more effectively.

Plans to implement the search are necessary so that specific resource material is not duplicated by the group members. It also allows a greater amount of material to be covered.
The problem-solving team chose to use both a media and library search. Time period and resource material guidelines were set and distributed to prevent overlap and enhance the quantity of material covered. Other additional research was also suggested such as interviews or attending seminars. The type of information the group looked for included impressions, observations, questions, and feelings. The question matrix (who, what, when, where, why, how) was also very useful in the data search.

Sample of the data collected:

- 50,000 people have the fully developed AIDS virus
- 1.5 to 3 million are in the latency stage which can last for 8 to 10 years
- of the 1.5 to 3 million, 90% will fully develop AIDS, the rest will remain carriers
- the number of people who fully develop AIDS doubles every 10 months (Sheils, 1988)
- fear of working with AIDS patients
- AIDS patients have a right to health care
- low risk of transmission in working with AIDS patients (Keller, 1988)
- need to increase federal funding to fight the disease (AIDS) concentrating on research, education, and treatment
- development of a new test that is virtually 100% accurate in detecting the AIDS virus
- most rapid spread of AIDS is among intravenous drug users and their sexual partners
- controversial area of mandatory AIDS testing (Christian Science Monitor, February 26, 1988)
- claims about the spread of AIDS among heterosexuals in publicized study declared unproven and irresponsible by the Surgeon General (Christian Science Monitor, March 10, 1988)
- responsibility of the world community to institute effective education and social and medical programs to help diminish the likelihood of spreading the ailment
- many of the world's afflicted nations are moving rapidly to develop AIDS policies
- the cure to stopping the spread (without medicine or a vaccine) is education to change sexual practices and health steps to end the spread of the disease through blood transfusions (Hey, April 20, 1988)
- growing incidence of AIDS virus among teenage Americans
- "How quickly can convincing information on the findings be distributed to those who work with teens?"
- "... will teens, many of whom ignore warnings about the ways that..."
AIDS is spread, then change their personal practices?” (Hey, May 2, 1988)

Convergent Phase In this phase of data finding the most important data are identified and analyzed. Common dimensions or themes are found which will represent major areas to investigate. The last part of the convergent phase will be a summary of the essential elements discovered.

The problem-solving group used the following data finding matrix (Isaksen and Treffinger, 1985:4–24)

<table>
<thead>
<tr>
<th>Know</th>
<th>Need to Know</th>
<th>Like to Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS cases are increasing</td>
<td>what kinds of AIDS policies</td>
<td>why some people ignore warnings</td>
</tr>
<tr>
<td>more awareness of AIDS</td>
<td>how to increase funding</td>
<td>what causes indifference</td>
</tr>
<tr>
<td>fear of AIDS</td>
<td>how to better educate</td>
<td></td>
</tr>
</tbody>
</table>

Common Themes

Areas to Investigate

growing awareness | social impact

changes needed apathy | motivational techniques

Summary of the Essential Elements

Social impact, a significant increase in awareness, will hopefully lead to effective policy making and individual social consciousness, if properly motivated.

Stage III. Problem Finding

Building on information from the two previous stages, the components of a problem statement can be revealed. The problem will need to be analyzed from different points of view. Once the problem has been examined a final problem statement can be developed.

Divergent Phase There are four components in creating a problem statement (Isaksen and Treffinger, 1985:5–3):
1. Invitational Stem
   - In what ways might ... 
   - How might ... (to create a sense of possibility)
2. Owner
   - individual or group with vested interest
3. Action Verb
4. Goal or Area of Concern

By generating lists of possible owners and action verbs, multiple problem statements can be created. Owners and action verbs are mixed and matched for each problem statement beginning with an invitational stem and including a goal or area of concern.

The following are examples of the group's owner and action lists as well as examples of the possible problem statements.

<table>
<thead>
<tr>
<th>Owners</th>
<th>Action Verbs</th>
</tr>
</thead>
<tbody>
<tr>
<td>society</td>
<td>deal/handle</td>
</tr>
<tr>
<td>hospitals</td>
<td>comfort</td>
</tr>
<tr>
<td>AIDS victims</td>
<td>form policy</td>
</tr>
<tr>
<td>government</td>
<td>prevent</td>
</tr>
<tr>
<td>medical staff</td>
<td>provide funding</td>
</tr>
</tbody>
</table>

Possible Problem Statements:

- How might society handle the AIDS situation better in order to educate better and spare unnecessary panic?
- In what ways might the government form policies dealing with mandatory AIDS testing in order to prevent or slow down the spread of the disease?
- How might hospitals comfort the AIDS victims and their families more in order to lessen the pain of the disease and the impending death?
- In what ways might government provide funding to find a cure or deterrence for the disease in order to save lives?
- How might the medical community convince the government to form specific AIDS policies so that education, research, and treatments can be conducted effectively?
Convergent Phase A working problem statement is developed through examination of the previous possible statements. The working problem statement is based more upon levels of abstraction of the possible statements rather than the statements themselves. This makes for a more general working statement as opposed to a specific one.

Group discussion led to a problem statement. However, continued discussions led the statement to be revised several times. Revision was necessary to eliminate vague ideas and provide a better sense of direction for the problem statement.

- How might institutions influence society in an effort to achieve a desired status or goal (to the condition)?
- How might institutional claims makers (e.g., lobbyists, editorialists, and heads of government agencies) increase the interest and active involvement of the general public toward public policy?
- How might claims makers (e.g. lobbyists, editorialists, and public figures) increase the interest and active involvement of the general public?

Applying this open-ended statement to the topic AIDS, the statement might read:

_How might claims makers (e.g. lobbyists, editorialists, and public figures) increase the interest and active involvement of the general public toward the prevention of the spread of AIDS?_

The problem statement concerns the interest and active involvement of the general public as opposed to a specific condition of the AIDS issue.

Stage IV. Idea Finding

To generate many possibilities brainstorming is used. Achieving uninhibited responses to requests for ideas can result in an array of possibilities. Research can then be used to determine possible practical solutions.

Divergent Phase To find the most promising ideas that respond to the problem statement, a list of many possibilities and alternatives must be generated. Ideas in use that work, that don’t work, or are common practice are examined.

For the problem-solving team, brainstorming proved to be very effective in generating a list of "unfinished" ideas. These are "unfinished" ideas in that they have not been provided with any direction or specific goal.
To provide direction for the "unfinished" ideas the following guideline was used to generate possible ideas with a specific goal or direction. The ultimate goal being the increase in interest and active involvement of the general public (Isaksen and Treffinger, 1985:6–13).

Substitute – verb, subject, object
Combine – elements already put down
Adapt – idea to a new situation
Modify – magnify, minify
Put – to a different use
Eliminate – parts or pieces
Reverse – sequence

Convergent Phase Focus is now on selecting the most promising ideas. Another data search is implemented to determine which ideas are actually utilized and are seemingly effective.

Through observation of what was "out there," the group came up with seven idea possibilities.

1. Setting an example
   • i.e., Greenpeace, Ghandi, Martin Luther King, Jr.
2. Use of prominent personalities (fundraising)
3. Use of prime time (TV)
   • i.e., reaching a great number of people
4. Editorials and opposing positions
5. Organized protest/petition
6. Continued research
7. Rights as voters
Group discussion allowed the seven ideas to be converted into four main ideas for solving the problem statement. As a reminder, the goal is to increase the interest and active involvement of the general public.

1. Setting an example
2. Exposure through the media
3. Individual and small group actions/activities,
   - e.g., editorials, protests, petitions, letters to legislators
4. Education through well-circulated research findings

These four possible solutions can be applied to the AIDS problem statement:

*How might claims makers (e.g. lobbyists, editorialists, and public figures) increase the interest and active involvement of the general public toward the prevention and spread of AIDS?*

1. Setting an example
   - prominent public figures who openly advocate safe sex
2. Exposure through the media
   - T.V., radio, newspaper, magazine reports and articles about the tragedy of AIDS
3. Individual and small group actions/activities
   - editorials, protests, petitions, and letters to legislators to express their viewpoints and concerns about AIDS
4. Education through well-circulated research findings
   - widely and well distributed information so it can be used to create a better understanding of AIDS

Stage V. Solution Finding

Four possible practical solutions have been identified and are now examined. Criteria for evaluation are developed first. Based on the criteria, a final practical solution can be formulated.

*Divergent Phase* To select a viable solution, the most promising ideas must be evaluated. This is done by formulating possible criteria so that the ideas can be effectively compared. Criteria formulation is based on how the solution options (four main ideas) will be evaluated for effectiveness. For example; factors of cost, reliability, potential, simplicity, effectiveness, acceptability, resources, etc. can be developed into workable criteria for evaluation purposes.

Through examination and discussion of the various factors of possible criteria, five important criteria statements were formulated by the problem-solving group.
1. Is the solution option a relatively new idea or improvement over what is presently done.
3. Does the solution option move things in the direction of the goal.
4. Is the solution option easily understandable and does it create a favorable impression.
5. How important are the non-human resources (money) to the solution option.

Convergent Phase The selected criteria are now used to actually evaluate the most promising ideas (solution options). The solution options are evaluated against each criteria. The options are then compared against one another in relation to how they rated on the criteria evaluation. This will result in one of the options reigning above the others as the best solution. If a “tie” for the best solution occurs, reevaluation of the solution options against each other is needed. If this does not result in a single best solution, the evaluating criteria will need to be redefined.

The following solution finding matrix, used by the problem-solving team, will help illustrate the process of determining the best solution. The letters (A) through (E) of the “Important Criteria” correspond to the five important criteria statements listed in the previous phase. The numbers (1) through (4) of the “Solution Options” correspond to the four main ideas for solving the problem (Isaksen and Treffinger, 1985:7–16).

<table>
<thead>
<tr>
<th>Important Criteria</th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>Total</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Solutions options</td>
<td>weight</td>
<td>weight</td>
<td>weight</td>
<td>weight</td>
<td>weight</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>.5</td>
<td>2.0</td>
<td>1.5</td>
<td>1.0</td>
<td>.75</td>
<td>6.25</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>1.5</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>1.5</td>
<td>13</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>1.5</td>
<td>4</td>
<td>4.5</td>
<td>3</td>
<td>.75</td>
<td>13.75</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>1.5</td>
<td>4</td>
<td>1.5</td>
<td>2</td>
<td>2.25</td>
<td>11.25</td>
<td>3</td>
</tr>
</tbody>
</table>

Rating Scores:
3 = excellent
2 = adequate
1 = poor
0 = not applicable
The criteria are weighted against each other so that "(D)" is twice as important as (A), (C) is three times as important as (A), and so on. Each solution option is rated from 0 to 3 against each criteria. The rating score a solution receives is multiplied by the weight of the evaluated criteria and the product is placed in the corresponding box.

For example, solution option (2) is evaluated against criteria (A) and rated at a score of 3. The "3" is multiplied by the weight of "1.5" resulting in a product of "4.5" which is placed in the corresponding box.

After criteria evaluation of each of the solution options is completed, totals are taken across and ranked from highest to lowest. The solution option with the highest score is the best. For the problem-solving group, the best solution was individual and small-group actions and activities (editorials, petitions, protests, letters to legislators).

In response to the AIDS related problem statement: How might claims makers (e.g. lobbyists, editorialists, and public figures) increase the interest and active involvement of the general public toward the prevention and spread of AIDS? The group replied with the following practical solution: by Encouraging and assisting individual and small group actions/activities that initiate the interest and active involvement of the general public.

Stage VI. Acceptance Finding

The purpose of this stage serves to evaluate the overall results of the problem-solving process. After plans to implement the solution have been made, areas of assistance and resistance are identified. The resultant information will aid the effect of the final implementation process. Final evaluation of the solution effects will serve as feedback to the problem-solving group. Needed adjustments can then be made as necessary.

Divergent Phase Plans to implement the solution are now developed. The question matrix can be applied to assist in the development of a plan of action.

The problem-solving group had previously identified four actions/activities that could be used to implement the solution. The group applied the question matrix to find out just how individuals and small groups could become involved in the following four actions/activities. The practical solution is restated first.

Practical Solution: Encouraging and assisting individual and small group actions/activities that initiate the interest and active involvement of the general public.

Actions/Activities to be encouraged and assisted:

1. Editorials
   - Who?  • Newspaper and magazine editors
   - What?  • Addressing the prevention and spread of AIDS
When? • When the the editor thinks that encouraging actions will benefit the community
Where? • On the editorial page(s) of newspapers and magazines
Why? • To prevent the spread of AIDS
How? • By writing letters to the editors

2. Petitions
Who? • Concerned members of the public and special interest groups
What? • Employee safety standards, mandatory educational programs
When? • After some public concern has been generated by the editorials
Where? • In the local community, possibly statewide
Why? • To arouse and create group support
How? • Take the petitions to the local government officials or on the more formal level have it drafted by a lawyer and present it to the state legislators through lobbyists

3. Protests (marches, picketing, sit-ins)
Who? • special interest groups
What? • Lack of funds for AIDS research, better sex education programs in high schools
When? • After a petition has gone through unsuccessfully
Where? • School board meetings, state and local government buildings, maybe even federal buildings
Why? • So government/school boards take notice that a change is wanted. Also to create support from the public
How? • By contacting people through mailing lists (from petitions, etc.), special interest groups

4. Letters to legislators (state, federal)
Who? • Concerned individuals, special interest groups
What? • Budget more funds for AIDS research and prevention programs
When? • When it is believed that a legislator needs convincing of his/her constituents' position on AIDS
Where? • State and federal legislators, especially at the state level where the letters are most effective
Why? • So legislators will approve more funding for AIDS programs
How? • Individually, handwritten letters are the most effective
A plan of action was now developed from these matrixes. First is to get editors to write editorials on the prevention and spread of AIDS by writing letters to the editor. After some public concern has been generated, petitions are used to let legislators know of the public concern and attitudes. If this is unsuccessful, protests can be used to help generate more public support, creating pressure on the legislators. Finally, letters to legislators, especially individual, handwritten letters, can help convince a legislator of the constituents' attitudes and concerns. It is hoped that this plan will result in meaningful programs to prevent the spread of AIDS.

Before the plan can be implemented, areas of assistance and resistance need to be identified so that additional planning to avoid resistance and to seek assistance can be made. These areas can be identified by once again using the question matrix. The following is the question matrix developed by the problem-solving group (Isaksen and Treffinger, 1985:8–14).

<table>
<thead>
<tr>
<th>Assistance</th>
<th>Resistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who?</td>
<td>• uneducated people who think it doesn’t affect them</td>
</tr>
<tr>
<td>• medical profession, families and friends of AIDS victims</td>
<td>• naivete toward AIDS</td>
</tr>
<tr>
<td>What?</td>
<td>• it violates personal beliefs, values</td>
</tr>
<tr>
<td>• better understanding of the disease</td>
<td>• in areas not relatively affected by AIDS</td>
</tr>
<tr>
<td>When?</td>
<td>• repulsion of some people toward AIDS</td>
</tr>
<tr>
<td>• AIDS cases become evident in an area</td>
<td>• irritating or annoying those who want nothing to do with AIDS in any way</td>
</tr>
<tr>
<td>Where?</td>
<td>• within the community, neighborhood, local media</td>
</tr>
<tr>
<td>• people know someone with AIDS</td>
<td>• irritating or annoying those who want nothing to do with AIDS in any way</td>
</tr>
<tr>
<td>Why?</td>
<td>• convincing people AIDS is a threat to everyone</td>
</tr>
<tr>
<td>How?</td>
<td>• repulsion of some people toward AIDS</td>
</tr>
</tbody>
</table>

Convergent Phase To be effective, the implementation plan needs to incorporate the areas of assistance while avoiding the areas of resistance. Also, alternatives need to be developed in case resistance is encountered.

To accomplish the objectives the group decided to direct the plan to the community level. It was decided that members of the medical community would be needed to provide validity to solution efforts. Religious leaders were also considered as a good resource to influence the public as a great many personal values and beliefs stem from a person’s religious convictions.

If resistance was encountered, the group thought that at first these resistant areas should be left alone. Concentration should be on the more favorable areas.
Through this it was hoped that the resistance would dissipate as the positive actions and attitudes of others grew (setting an example).

The final area of acceptance finding is to decide on how the solution implementation and its effects should be evaluated. The assessment allows the problem-solving group to compare where they are as opposed to where they want to be.

Based on the nature of the four actions/activities of the group's solution, two types of evaluation were decided upon. Outcome evaluation was considered appropriate for editorials and letters to legislators. Process evaluation was chosen for petitions and protests.

Outcome evaluation is an end of the project assessment to compare the outcome effects with the way things were before. Editorials and letters to legislators should be assessed in this manner because both were considered by the group as straightforward techniques. Editorials are the opinions of the editors and will either convince the community that the spread of AIDS and its prevention need to be addressed or not. Letters to legislators, in the same respect, will either convince the legislator to favor AIDS-prevention programs and funding or not.

Process evaluation is a dynamic evaluation that takes place during the entire process so that the solution project can change along the way as needed. This evaluation was chosen since petitions and protests are more dynamic in nature. If petitions are not attracting enough signatures or attention from citizens, and legislators, a different target area or legislator may be needed. A new approach may even be considered. Protests that do not gain enough recognition and sympathy from the public and legislators need to be reassessed so awareness of the rampant spread of AIDS is realized.

The final plan of action should now be implemented.

Conclusion:

Creative problem solving in student focus groups utilizes sociological concepts, research methods, and small group dynamics to intervene in significant social problems. The social constructionist perspective in sociology (Spector and Kitsuse, 1985) pays attention to claims made by the public and professionals that are well matched with the creative problem-solving process.

Creative problem solving is a flexible process that may be modified as circumstances warrant. The process may involve more research and pretesting of innovative ideas. On the other hand, creative problem solving may be informal and quick as with some individual or family problems.

The key to successful problem solving stems from the use of divergent and convergent thinking. Correct use of divergence allows uninhibited expressions or thoughts to be recognized. The ideas generated can be consolidated in a larger
perspective to establish a focus on an important question and a relevant solution. It should be noted that the question matrix (i.e. who, what, when, where, why, and how) is extremely useful in more clearly defining ideas and providing better direction for further discussions.

It appears that divergent and convergent thinking are all that is necessary to solve problems. This perhaps is true. However, effective problem solving requires the use of some form of outline to guide the process. The use and form of an outline is where adaptations for specific problems take place. Whether the problem is handled individually or in a group setting, initial and ongoing assessment of the situation will determine needs for modification of the process.

The creative problem-solving focus group discovered that the divergent and convergent processes are easy to violate. There was a tendency to jump to conclusions before all possibilities were examined. Also, focus tended to drift from the topic of interest, AIDS, toward generalities. Although generalities needed to be addressed, direction toward the specific topic had to be the main focus. When solving problems remember to keep an open mind and to focus on the objectives.

In a group setting the discussion, decision, and directional aspects of the process should be arrived at through a general consensus of the group. This practice helps avoid unnecessary and detrimental conflict within the group. Use of a group facilitator or coordinator can help in maintaining focus, resolving conflict within the group, as well as providing motivation for the other members. However, a dominating influence or intimidation, must be avoided.

The basic concepts of divergent and convergent thinking, along with any needed modifications or adaptations provide a strong basis for problem solving. With this basis effective determination of target problems, their solutions, implementation plans, and assessment can be made. Even if evaluation reveals a failure or flaws the new information can be used to renew the problem-solving process and more accurately determine a solution.

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An Integrated Model for Graduate Training in Sociological Practice: The School of Community Service at the University of North Texas

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William A. Luker
John E. Holman
Richard Enos
University of North Texas

ABSTRACT

This article contains a description of a model for training in sociological practice at the School of Community Service at the University of North Texas. This model for training is predicated upon four themes in sociological practice: interventionist, multidisciplinary, humane, and holistic. The article also contains a description and a discussion of various academic programs within the School which provide training with respect to these four themes.

In 1979 Dr. Glass, co-founder, first coordinator, and first president of the Clinical Sociology Association, outlined his vision for clinical sociology and sociological practice for the 1980s. It was his aspiration that there would be, somewhere, several graduate programs providing training in sociological practice and clinical sociology. In less than a decade after his presidential address,

Although Cliff Black took the lead in writing this article, the fact that it came to fruition is a result of two years of dialogue between Bill Luker and the other three authors, and his mentoring of them. The identity of the School of Community Service and the clarity of its mission or purpose are direct results of his activities and leadership in the role of dean.
that vision has been partially realized through the Ph.D. program in sociology at the University of North Texas. Equally important, however, is the fact that a whole school providing a practice focus has emerged at this university.

The school referred to is the School of Community Services at the University of North Texas. The purpose of this school is clearly expressed in the four criteria used to characterize sociological practice and clinical sociology. The focus of clinical sociology and sociological practice can be identified as interventionist, multidiscipline, humane, and holistic (Black and Enos, 1982:60; Black and Holman, 1986:14; Fritz and Clark, 1986:7; Black, Enos, and Holman, 1987:146).

These four characteristics will be used to detail the training program provided by this school. In addition, a discussion of the program with respect to these four criteria will also demonstrate the manner in which it fulfills the requirements for the sociologist as clinician and practitioner.

Intervention

One of the most important characteristics that distinguishes sociology and applied sociology from sociological practice and clinical sociology has been the commitment of the latter two to intervention by the sociologist (Black and Holman, 1986:14). The most appropriate place to begin a discussion of the School of Community Service is with its commitment to intervention. From its inception, its focus was on the use of theory, research, and data from sociology, as well as other disciplines, in training practitioners to address human and social needs, and resolving and preventing human social problems at every level. This particular characteristic also serves to introduce a considerable portion of the history of the school. In addition, it provides an appropriate structure for introducing the several academic units, programs, research centers, and institutes.

The academic units, programs, research centers and institutes in this school are committed to training practitioners. The school was initiated in 1972. It had its origin in the Department of Sociology and the Department of Economics in the mid-1960s. The first dean of the school moved into that administrative position from his role as chair of the Department of Sociology. The second dean came to the position from the role of director of the Institute of Applied Economics.

In each case, the individual had designed an academic program and intervention strategy which, it was posited, would operate more effectively under an administrative framework and structure more flexible than that usually provided by a College of Arts and Sciences. In particular, it was anticipated that the tenure, promotion, and merit structure of the College of Arts and Sciences
made it more difficult to accommodate programs and individuals committed to practice and intervention.

The specific catalysts for the development of the school were a series of major funding initiatives. A federal grant of over one million dollars made it possible to establish a Center for Studies in Aging within the school. Grants from the National Science Foundation facilitated the creation of a Center for Economic Education. Finally, grants from the Texas Education Agency gave rise to the Institute for Labor and Industrial Relations.

In all three cases, one of the primary goals of each academic and training program was to enable individuals to intervene with respect to resolution and prevention of human and social needs at all levels—individual, group, organization, community, institution, and society. This included training in intervention skills, research on programs, models/techniques for intervention, and service delivery, publication of such information, and development of new models. The same can be said of every program in the School of Community Service.

Institute of Criminal Justice Studies

This program includes bachelor’s and master’s degrees. Its major focus at all levels is on community corrections and alternative sentencing. The undergraduate program is certified by the Texas Commission on Law Enforcement Officer Standards and Education. Graduates of this program are practicing law enforcement officers, security personnel, probation and parole officers, supervisors and administrators, and public and private correction specialists.

Institute for Emergency Administration and Planning

This undergraduate academic program "is designed to educate students in the sociological and technical consequences of natural and [human] ... generated disasters ... " (University of North Texas 1988–89 Undergraduate Catalog, 1988–89:144). The practitioners who emerge from this program "are prepared for careers in the fields of emergency preparedness for business/industry; local, state and federal government, and service organizations, i.e., Red Cross" (University of North Texas 1988–89 Undergraduate Catalog, 1988–89:144). Master's courses are available in this practice program and a master's degree will be available within one year.

Studies on Addiction Research Institute

This is the newest institute in the school. Practitioners will be trained with respect to prevention and intervention related to all types of addiction. They will, of course, also be trained in theory, research, and data with respect to
addictive behavior, intervention, and prevention. This program was initiated in
the 1988 spring semester. Interdisciplinary degrees will be available at the
undergraduate and graduate levels beginning 1990 fall semester. Faculty in
several of the programs, including sociology, are state certified drug and alcohol
counselors.

Center for Rehabilitation Studies

Both bachelor's and master's degree programs are available in this field.
"While the graduate program focuses on specialized professional areas within
rehabilitation, the undergraduate program is designed to prepare students for a
wide variety of entry-level human service occupations" (University of North
emerges from this program is qualified for a variety of positions "including
rehabilitation programs, mental health centers, hospitals, mental retardation
programs, correctional facilities, aging programs, community living facilities,
private nonprofit human service programs, and alcohol and drug abuse pro-
grams" (University of North Texas 1988–89 Undergraduate Catalog, 1988–
89:145). This center provides a certificate program at the graduate level.

Center for Studies in Aging

A practitioner may obtain both a bachelor's and master's degree from this
program. An individual so trained can anticipate a career and intervention op-
opportunities in settings such as "retirement and long-term care facilities, housing
developments for the elderly, government planning agencies, community ser-
vice programs, and other services to the aged" (University of North Texas
1988–89 Undergraduate Catalog, 1988–89:147). A certificate program is avail-
able at the graduate level.

Department of Social Work

This is an undergraduate degree program. Graduates are prepared for prac-
tice and intervention in such settings as "human resources, child welfare, men-
tal health, health care, family services, services to the aged, corrections, devel-
opmental disabilities, alcohol and substance abuse, occupational social work,
and services to schools and youth" (University of North Texas 1988–89 Under-
graduate Catalog, 1988–89:151). Although no graduate degree program is avail-
able, graduate courses in social work can be used to supplement other practice
programs.
Center for Behavioral Studies

Academic degrees are not available in this center. However, course work can be taken at both the graduate and undergraduate levels. The focus of these courses is to provide practitioners training in the application of “behavioral principles to produce positive change in individual behavior and social systems” (University of North Texas 1988–89 Undergraduate Catalog, 1988–89:153). Graduate level courses are “oriented toward application and are especially suitable for students whose work will primarily involve dealing with people” (University of North Texas 1988–89 Graduate Catalog, 1988–89:155).

Department of Sociology

This academic unit awards bachelor’s, master’s, and doctor of philosophy degrees. However, the Ph.D. program is identified as the theoretical base for the entire school. The current acting dean assumed that role from the position of chair of the Department of Sociology.

In 1980 this department focused its traditional Ph.D. program on sociological practice. This traditional program has been allotted three specific program specialties by the Texas Higher Education Coordinating Board. These specialties are metropolitan community, family and the life cycle, and social organization. The intent in each of these specialties is to prepare graduates for practice in appropriate professions related to the areas. A student may, of course, choose to complete a traditional Ph.D. without any intention of doing sociological practice. Even in this context, however, the courses are taught from the perspective of the significance of sociological knowledge for practice.

“The minimum program for the Ph.D. in sociology consists of 90 hours beyond the bachelor’s degree or 60 hours beyond the master’s degree” (University of North Texas 1988–89 Graduate Catalog, 1988–89:150). The course requirements include a minimum of:

1. Twelve hours in research methods and statistics, including at least two 6000 [Ph.D.] level courses.
2. Twelve hours in sociological theory, including at least two 6000 [Ph.D.] level courses.
3. Twelve hours in social organization, including at least two 6000 [Ph.D.] level courses.
4. An additional 12 hours in social organization . . . [family and life cycle, metropolitan community, or deviance, a practice area within other programs in the School of Community Service] or in a minor field including at least two 6000 [Ph.D.] level courses.
With respect to item (4), social organization, the student seeking training in sociological practice may obtain such expertise with respect to the specific programs allotted by the coordinating board, or through the courses offered by the other academic programs in the school. Faculty in these programs have the opportunity to provide Ph.D. level courses, in their areas of specialization, in the Ph.D. program. It is also possible to gain practice expertise through work in a degree program outside the school. Special note should be made of the requirement that the twelve hours of practice obtained in social organization is supplemented with an additional twelve hours of practice required in conjunction with the dissertation research.

Students anticipating receiving the Ph.D. in sociology may obtain their master's degree in any one of the academic areas represented in the School of Community Services, including sociology. Students in other master’s programs are encouraged to minor in sociology. A master of science degree in Interdisciplinary Studies provides a wide latitude for obtaining sociological practice experience at the master’s level.

Each of the programs in the school can provide a maximum of six hours of internship experience. This, of course, provides additional opportunity for training in practice and for developing intervention strategies.

The faculty members of the Department of Sociology at this university have demonstrated their commitment to practice through a variety of actions designed to facilitate the legitimate role of the sociologist in intervention. Through their efforts, sociological practitioners and clinical sociologists have been successful in obtaining licensure as Licensed Professional Counselors (LPC) in the state of Texas (Black and Holman, 1986:19). Faculty and graduates of this program have also been certified by the national Clinical Sociology Association (CCS). Finally, this faculty initiated the first state affiliate of the national Clinical Sociology Association (Black and Holman, 1986:19).

Interdisciplinary

Several indications of the interdisciplinary nature of the School of Community Service have already been referenced. These include the reference to administrative appointments of deans that have encompassed both sociology and economics, the use of faculty from each of the practice areas in the school in the Ph.D. program in sociology, and the development of program curriculum across disciplines.

It should also be noted that a commitment to interdisciplinary training continues across the administrative boundaries of the School of Community Service and the College of Arts and Sciences. This is particularly true with reference to programs and faculty. For example, both sociology and social work
are retained as part of the College of Arts and Sciences core curriculum. That college provides all of the general advising for students and maintains degree plans. The programs are administratively located in the School of Community Service. The school was established with the cooperation of the College of Arts and Sciences with respect to providing many joint appointments between the two schools. Many of the department chairs and unit directors hold or have held joint appointments, including joint administrative appointments, in the school and in the College of Arts and Sciences.

A unique indicator of the interdisciplinary nature of this school is evidenced in the inclusion of the Ph.D. program in sociology in the Federation of North Texas Area Universities. This federation is composed of the University of North Texas, Texas Woman's University, and East Texas State University. Students in these universities may take courses at any one of the member schools. Faculty from these schools may serve on and chair student Ph.D. committees at member schools. Additional interdisciplinary efforts are illustrated by the fact that faculty from other practice disciplines in the School of Community Service may serve on and chair student Ph.D. committees. Perhaps the most enlightening structural feature of this program for training in sociological practice is that nonacademic practitioners can also serve on and chair student Ph.D. committees.

The most systematic and thorough treatment for demonstrating the multidiscipline committee of the school is provided by an examination of degree programs, faculty appointments, and research and sponsored project funding.

Degree Programs

Most of the programs in the school were initiated as interdisciplinary programs. This practice has been sustained over the life of the school. It is true of programs at all levels of undergraduate and graduate training.

An undergraduate program that particularly typifies this commitment is the Bachelor of Applied Arts & Sciences degree (BAAS). This undergraduate degree can be earned in any one of the academic programs in the school. The program "is specifically designed for students who wish to complete a bachelor's degree after completing an occupational specialization or applied science program in a community college, or a four-year college or university" (University of North Texas 1988–89 Undergraduate Catalog, 1988–89:141). It is the intent of the program to capitalize on "the unique resources and opportunities of the School of Community Service to provide an interdisciplinary professional development curriculum designed to meet specific career needs of the individual student" (University of North Texas 1988–89 Undergraduate Catalog, 1988–89:141). In practice, however, most of the undergraduate programs in the school
have extensive interdisciplinary components. Each draws heavily upon the social sciences and other closely related practice programs in the school.

Two graduate programs that clearly exemplify this commitment is the Master of Science in Interdisciplinary Studies degree (MSIS) and the Master of Arts in Interdisciplinary Studies degree (MAIS). "UNT . . . confers the degrees Master of Arts and Master of Science, with a major in interdisciplinary studies. [This] . . . program offers the student a high degree of flexibility in the selection of course work" (University of North Texas 1988–89 Graduate Catalog, 1988–89:30). Although there is considerable flexibility in the structure of this degree, "ordinarily, the degree program must include no fewer than three separate fields of study, with at least 6 hours in each field. For all sequences, no more than 15 hours may be taken under any one course prefix" (University of North Texas 1988–89 Graduate Catalog, 1988–89:130). This degree provides excellent opportunity for designing a master’s program in sociological practice. In fact, however, as already detailed, all master’s programs in the school are, in practice, interdisciplinary.

Although sociology has already been referred to as the theoretical foundation for the other practice programs in the school, it is essential to recognize the reality of the interdisciplinary design of all of the academic programs. It is also important to note that two other fields that are accorded significant roles in the programs are economics and psychology. The former is most clearly identified in the programs of the Center for Economic Education. The latter is represented in the Center for Behavioral Analysis.

A final example of the interdisciplinary nature of the curriculum and programs within the school is the Ph.D. program in sociology. The multidisciplinary design of the sociological practice program has already been detailed.

Faculty Appointments

Another indicator of the interdisciplinary commitment of the school is revealed in the employment and assignment of faculty. All tenure is in the School of Community Service, rather than in any specific academic program or unit. Almost all appointments which have been made in the past three years have been joint appointments. Every sociologist who is retained must have an expertise and a joint appointment in one of the other practice programs in the school.

This commitment to the joint appointment is not a mechanical or simple structural acquiescence to the idea of interdisciplinary education and programs. The anticipation is not that some simplistic division of time is made between two programs and that each commands one half of the faculty member’s time. Rather, the scholar is seen as grounded in sociological theory which ultimately
culminates in practice. Dual publication, research, service, and teaching commitments do not require twice as much time or even one-half time in each area. Rather, all of the faculty members' work is rewarded as contributing to both academic areas. The University of North Texas Work Load Policy permits continuous revision of assignments to provide the faculty members the fullest opportunity to concentrate in their areas of expertise. In addition, it permits the fullest possible use of this resource to the benefit of the school and programs. Evidence clearly sustains the statement that faculty and administrators in this school are among the leaders in the university in teaching, service, sponsored project funding, and research.

Research and Sponsored Project Funding

Research and sponsored project funding are the final indicators to be used to illustrate the interdisciplinary character of the school. One recent sponsored project was funded by the National Institute of Health for a joint training program developed by the Center for Rehabilitation Studies and the Center for Studies in Aging. The Office of the Governor of the State of Texas recently funded a joint research team from the Department of Social Work and the Institute for Criminal Justice Studies for research on electronic monitoring and house arrest.

Such interdisciplinary program development and research is the norm and not the exception in this school. Examples should be cited for each of the academic units and programs. Equally important, however, are efforts to combine several academic programs and disciplines in doing research and generating sponsored project funding for programmatic efforts. One recent project solicited funding for a project that integrated every unit in the school, with respect to the criminal justice system. Generation and support of such efforts is one of the essential roles of the associate dean in this school.

Humane

With respect to this characteristic of sociological practice and clinical sociology, Straus (1979) states that such practitioners are "committed to helping people cope with their sociocultural and historical situations and institutions" (480). That is, "the goal is to help them reconstruct and shape institutions and situations, in the direction of self-determinism, human values, and human dignity" (480).

This represents one of the primary goals of the School of Community Service. That is, staff, faculty, and administration in the School of Community Service are concerned with addressing human and social needs, and resolving
and preventing human social problems at every level. Of course, the name of
the school itself reflects the goal of community and social service. This concern
and intervention includes individual, group, organization, institution, commu-
nity, and total society.

One significant goal of each academic unit, center, or institute is to foster
research with respect to human social needs, programs, and service delivery.
Such research has the dual role of improving human services and adding to the
social science, the sociological practice, and other practitioner literature.

A second goal which is indicative of the commitment of faculty and staff
in the school to a primary focus on human needs is the fact that all of the
programs are designed to train individuals to be direct service providers in
human or social service settings. Each year, many students are graduated from
these programs and become direct service providers or administrators of organi-
zations that provide such direct services.

Since it will never be possible for the faculty and staff in these programs
to train all of the human service workers required for all societies, the school
has, as a goal, the development of transferrable models. Thus, the third, and
perhaps the visible evidence of the commitment to and use of sociological
practice in service to human beings, is exemplified in these various service
delivery programs designed and operated by the faculty and staff in the several
departments, centers, and institutes within the school. Considerable time, effort,
personnel, and financial resources are invested in developing such responses to
human and social needs. Several examples will be outlined to demonstrate the
role of this school in serving human beings at all levels. Faculty and staff within
each department, center, and institute within the school have participated in the
development and operation of such transferrable models. Only a few of these
models are described here.

Denton County Jail Computerized Life-Coping Skills Program (CLC)

This program was designed to complement the traditional case management
program, initiated in 1973, at the Denton county jail. Both programs were
designed and are operated by faculty and staff in the Institute for Criminal
Justice Studies, the Department of Social Work, and the Department of Sociol-
ogy. These programs fulfill the state mandated jail counseling requirements.

Using computer-assisted instruction, participants receive individualized
training in a variety of areas in which many offenders have inadequate socializa-
tion, a deficiency that contributes to unemployment, excessive debt, family
instability, general interaction difficulties, and, perhaps ultimately, to criminal
behavior and recidivism. The traditional case management program is grounded
in the same assumptions.

The training areas include skills and behaviors required in common social
interaction, job interviewing, job performance, educational settings, personal financial management, and personal health and nutrition. This computer-delivered training includes simulation training in resolving specific personal problems. Individual case managers are available to assist the offender in this process as well.

The Geriatric Assessment Program (GAP)

The Center for Studies in Aging provides an assessment program for individuals needing assistance in the aging process. This can be the individual directly involved in the aging process, a family member seeking assistance in interacting with the aging family member, or neighbors and friends seeking to assist such an individual.

The GAP program, founded in 1985, which operates in both Denton, Texas, and Fort Worth, Texas, provides a physical, social, psychological and emotional, and economic assessment. A registered nurse, with special training in intervention with the aging, family members, and associates, in in charge of the program. After the assessment is made, the director assists individuals seeking such assessment in identifying all available resources for assisting persons in the aging process, or those associated with them.

These services are provided free of charge. The program is funded by a grant from the Texas Consortium of Geriatric Education Centers and special line item funding from the legislative budget of the state of Texas.

The Vocational Rehabilitation Laboratory (VRL)

The Center for Rehabilitation Studies provides direct client service in the areas of vocational evaluation and vocational adjustment. The first is located in "the Vocational Adjustment Unit, founded in 1976, ... [and the second in] ... the Adjustment Service Unit, completed in 1981" (University of North Texas 1988–89 Graduate Catalog, 1988–89:144). These two model programs provide one of the most comprehensively equipped rehabilitation units in the state of Texas.

Both deliver "personal, social and work adjustment services within a sub-contract sheltered workshop" (University of North Texas 1988–89 Graduate Catalog, 1988–89:144). The purpose of the laboratory is "to assist persons with a wide variety of mental, physical, and emotional handicaps to identify and achieve their maximum vocational potential" (University of North Texas 1988–89 Graduate Catalog, 1988–89:144).

In addition to direct client services, the programs provide training opportunities for students interested in a practice profession in the area of rehabilitation or a related field. The programs provide excellent research possibilities in the area of
rehabilitation. Ultimately, of course, such research is used to improve programs, services, service delivery, and provide new data in the rehabilitation field.

The programs are provided on a sliding fee scale. The programs are also funded through the Texas Rehabilitation Services.

**Holistic**

Finally, the goals of the School of Community Service are consistent with the holistic perspective and practice of clinical sociology and sociological practice. That is, clinical sociology and sociological practice are not predicated only, or primarily, on microsociological perspectives. Rather, "it is essential to recognize that the level of . . . [practice] can be at one or more levels of focus from the individual through the societal" (Clark and Fritz, 1984:3). Such practice requires more than a simple recognition of this fact. Specifically, "the translation of social theory, concepts and methods into practice requires the ability not only to recognize various levels but to move between the levels for analysis and intervention" (Clark and Fritz, 1984:3). In effect then, any treatment paradigm or intervention strategy used in clinical sociology or sociological practice, or any program used to train such practitioners must be holistic (Black and Enos, 1982:60).

Training and programs in the School of Community Service are holistic in at least three respects: (1) they are holistic with respect to levels of intervention; (2) they can be demonstrated to be holistic in terms of the theories and methods of intervention and training; and (3) they can be identified as holistic when considered with regard to theory, research, and practice.

First, with respect to levels of intervention, they can be said to seek to address human needs and to resolve and prevent human and social problems at the level of individual, families, groups, organizations, communities, institutions, and societies. It is not enough, however, to simply analyze and intervene at these levels. Rather, intervention strategies and training programs must seek to use the recognition of these levels, and the information provided at the several levels, in intervention and training with respect to any single level.

The transferrable models referred to in a discussion of the humane nature of the programs can be used to illustrate this concept. For example, the Computerized Life Coping Skills Program (CLC) is designed for primary intervention with individuals. However, the development of the program has included an analysis of the interaction and interface of the individual in the context of (1) the family, as an institution, and his/her own family; (2) the group, as a concept, and his/her own personal groups, including peers; (3) the community, in general, and his/her own personal, local community; (4) organizations, in general, and the organizations, such as work and education, which are most pertinent to the offender; and finally (5) societies in general, and the society of the offender in particular, with reference to such issues as defining crime and criminals, and the construction of social realities. In intervention with the offender, at any
level, or in training sociological practitioners, with respect to any one level, all
levels inform models and techniques of intervention and training.

As regards the theory and methods of intervention and training, the holistic
nature of the school refers to the recognition of the significance of several
disciplines in developing appropriate methods, techniques, bodies of data, and
training for such intervention. In other words, there is an attempt to "consider
the total person in an attempt to understand human behavior. This includes
recognition of such factors as biology, environment, socialization, and psychol-
ogy" (Black, Enos, and Holman, 1987:146).

Thus, the programs in the school rely heavily on interdisciplinary training.
No one school or body of theory is held to provide all of the answers with
respect to designing intervention strategies for human and social needs. Not
only does this school utilize an interdisciplinary approach within the school, but
also across schools and colleges within the university, and with schools and
colleges in the metropolitan area.

Finally, the school is holistic with respect to theory, research, and practice.
Faculty and staff within the academic programs and service delivery programs
in the academic units, centers, and institutes have demonstrated a commitment
to the use of theory, research, and practice in all of the programs and at every
level in the school. The school has a premise that it is not sufficient to theorize.
Theories must be tested in practice. A second premise of the school suggests
that practice alone is insufficient. Rather, practice must inform theory. In order
to test the practice and theory, research is necessary. Thus, research is a third
assumption that underlies the intervention and training posited by the faculty
and staff of the school.

Summary and Conclusion

The title of this article suggested that the University of North Texas School
of Community Service is a model for training in sociological practice. That
assertion was based on the fact that the school clearly reflects the four criteria
essential to sociological practice and is predicated on sociological theory, meth-
ods, and data.

With respect to the latter, Fritz and Clark (1986) indicate the importance
of the label for the intervention and training programs. The same arguments can
be extended to the primary theoretical foundation for the program. "Your la-
bel—sociological practice, clinical sociology, or applied sociology—will let
potential students know that it is sociology—that provides the training in this
area" (7). It is further suggested that the "generic label should be paired with
a functional specialization. . . . This combination of labels lets the community
know that sociology provides the education and training and pairs this discipline
with well-known functional job titles" (7). Fritz and Clark contend that it is
essential "to begin to pair the discipline with the functions, . . . [if this does not
occur] other disciplines, departments, and organizations will, and they will be offer-
ing the education and training in a number of years rather than sociology" (8).
In addition to the predication of the school on sociological theory, methods, and data, the intervention and training proffered is consistent with the other essential components of sociological practice and clinical sociology. As has been illustrated, the school is interdisciplinary, human service oriented (or humane), and is holistic in its intervention and training.

Finally, it was also suggested in the title of the article that the University of North Texas School of Community Service provides an integrated model for sociological practice. This integration is reflected in at least two ways. First, it is integrated by a commitment to the essential components of sociological practice: intervention, multidiscipline, humane, and holistic. Second, it is integrated by the commitment of administration, faculty, and staff within the school to the utility of the social sciences, and in particular, sociology. In essence, the School of Community Service is a school of applied social science. Indeed, this is the label that is used to identify the school to those who are unfamiliar with its goals and purposes. The underlying thesis of the school, then, is that social science theory, methods, and data can and should be put into practice for the benefit of all humans and society.

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Preparing Undergraduates for Practice: Implications From a Survey of Graduates

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St. Cloud State University

ABSTRACT

Results from a survey of B.A. sociology graduates are used to assess the extent to which the sociology curriculum prepares students for practice roles after graduation. The respondents graduated from St. Cloud State University between 1965 and 1985. During these years the sociology program had a traditional liberal arts emphasis. Graduates were asked to report on several aspects of their occupations (use of sociology, level of authority, and income being the most important) They also were asked to comment on which courses they found most useful, which courses they wished they had taken, and what advice they had for current sociology majors and for the sociology department at St. Cloud State. The results suggest that the general skills emphasized in the liberal arts curriculum contributed to the occupational success of graduates. However, in their comments graduates showed some dissatisfaction with the traditional curriculum. The general thrust of these comments was that, while the liberal arts emphasis is important, more attention should be devoted to career preparation. This confirms the value of the recent trend toward sociology curricula that are more directly addressed to practice issues. It also suggests the need for further change, particularly in the area of career advising.

Introduction

Most undergraduate majors in sociology enter diverse nonacademic occupations after graduation. About the only thing they have in common is their educational background in sociology. The question we address in this article is whether this education makes them better practitioners. Are they successful? Are they satisfied with their education and the career opportunities it has brought them? What can sociology faculty do to make these outcomes more likely?
We base our conclusions on findings from a survey of graduates from St. Cloud State University that shows that undergraduate education in sociology has contributed to the occupational success of our graduates. We also identified weaknesses in the traditional sociology curriculum regarding career preparation. In general, our findings support the recent trend toward applied curricula. We also offer some suggestions for improvement.

Previous studies have shown that graduates of liberal arts programs, including sociology, work in a wide variety of occupations. Rather than being trained for a specific occupation, liberal arts graduates are taught general skills useful in many occupations. This is both an advantage and a disadvantage. Although liberal arts graduates may lack technical skills that employers seek in entry-level workers, they tend to be strong in such general skills as communication and problem solving that lead to long-term success in many occupations.

Much has been written about the benefits of liberal arts education (cf., Woodlief, 1987; Jones, 1985; Beck, 1981; VanderMeer and Lyons, 1979). However, few studies have been published that actually compare the long-term success of liberal arts majors with those of more technical programs. The most important evidence of this sort comes from research conducted at AT&T. Howard (1986) reviewed two longitudinal studies of AT&T employees that suggest that liberal arts majors are more likely to possess the qualities of good managers than are other college graduates. The first study began in 1956 and covered a twenty year period. The second study began in 1977 and covered a four-year period. Both studies compared managers with college degrees in the humanities and social sciences with those having degrees in business, math and science, and engineering. The managers were given a variety of tests in order to assess eight characteristics: administrative skills, interpersonal skills, intellectual ability, advancement motivation, work involvement, stability of performance, independence of others, and nonconformity. These were later combined into a measure of general effectiveness. In both studies the humanities and social science majors rated significantly higher in general managerial effectiveness than did graduates in each of the other three categories (Howard, 1986:539–44). Although they scored high in all categories, they were especially strong in interpersonal skills. The one area in which humanities and social science majors were weak was in quantitative ability. However, they rated highest overall in general mental ability and were very strong in verbal ability.

In the studies at AT&T, assessors also rated the likelihood of advancement for each manager. In addition, researchers measured the actual rate at which managers progressed. Assessors in the long-term study predicted that humanities and social science majors would be more likely to attain middle-management levels than would majors in any of the other groups. Differences in the more recent study were less pronounced but showed the same general pattern. Humanities and social science majors also fared well in terms of actual advancement. No
significant differences were found in the rate of advancement over the four-year period of the more recent study; however, in the long-term study, humanities and social science majors attained higher levels of management than majors in each of the other categories after four and eight years. They retained the highest position after twenty years, but only their difference from math and science majors was statistically significant (Howard, 1986:539–44).

Despite their potential for long-term success, liberal arts graduates have had difficulty obtaining entry-level jobs in recent years. Employers have tended to favor graduates who have the specific skills and knowledge needed at the entry level. At the same time, students have migrated out of the liberal arts and into business and other majors more narrowly focused on career preparation. In response to this trend, many undergraduate departments of sociology have developed curricula in applied sociology.

This raises several questions about the sociology curriculum. Is the traditional liberal arts program adequate to prepare students for entry-level work? Does the trend toward applied programs compromise the strengths of liberal arts education? What kinds of applied components could strengthen the traditional curriculum? These are the questions we will address in this article.

Our conclusions are based on a survey of undergraduate sociology majors who graduated between 1965 and 1985 from St. Cloud State University. During these years the sociology department offered a traditional liberal arts major. Social work became a separate major in the early 1970s; an applied major was added in 1983. However, no majors in the applied program had graduated in time to be included in this survey. Thus, our academic program was rather typical of sociology programs at that time. It emphasized general rather than career-specific skills and knowledge.

In this report we focus on two types of findings from our survey of graduates. First, we examine measures of occupational success. These include income and level of authority. We use these findings to assess whether our graduates display the pattern of long-term success characteristic of liberal arts graduates in the AT&T study. Second, we present responses to several open-ended questions that deal with how graduates evaluate their sociology education. These include questions on useful courses, advice to current students, and changes recommended in the sociology program. These findings show the shortcomings of the traditional liberal arts degree as perceived by our graduates. They also suggest the kinds of practice components that would be most effective in addressing these shortcomings.

Methods

During the summer of 1985 we sent questionnaires to sociology majors who graduated between 1965 and 1985 from St. Cloud State University. We were
unable to obtain addresses for about 20 percent of the graduates. Of the 800 graduates whom we contacted, 42 percent (335) returned questionnaires. The sample size and response rate are relatively large for a survey of graduates (see Hedley and Adams, 1982). Recent graduates were slightly more likely to respond. Sixteen percent of respondents graduated since 1980, compared to 11 percent of all graduates. Respondents were very representative with respect to gender and grade point average, however.

On the questionnaire we asked graduates to provide information on their five most recent jobs since graduation. We coded the level of authority for each job from the job titles. We also asked graduates to report their current incomes. Four open-ended questions asked respondents to evaluate their undergraduate education. These asked them to list those courses they had found most useful, to list the courses they wished they had taken, to give advice to current sociology majors, and to recommend changes in the sociology program.

**Findings**

At the time of the survey, over 40 percent of our graduates held jobs in which they exercised some degree of managerial authority. Early graduates held positions of greater authority than did recent graduates. Table 1 shows that 54 percent of the 1965 to 1969 graduates held jobs with some authority, compared to only 29 percent of the 1980 to 1985 graduates. Early graduates were more likely to be male and to work in business, characteristics associated with higher levels of authority. Even with these factors controlled, however, the relationship between level of authority and year of graduation is statistically significant (see Table 2).

<table>
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<tbody>
<tr>
<td>Staff</td>
<td>46%</td>
<td>58%</td>
<td>67%</td>
<td>71%</td>
<td>58%</td>
</tr>
<tr>
<td>Low Management</td>
<td>16</td>
<td>22</td>
<td>11</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>High Management</td>
<td>38</td>
<td>19</td>
<td>22</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

Besides exercising greater authority, early graduates also had higher incomes (see Table 3). The mean annual income of 1965 to 1969 graduates in 1985 was over $35,000 compared to slightly more than $15,000 for 1980 to
Table 2. Standardized Regression Coefficients for Authority Level and Income on Selected Independent Variables.

<table>
<thead>
<tr>
<th>Independent Variable</th>
<th>Authority</th>
<th>Income</th>
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<tbody>
<tr>
<td></td>
<td>(n = 252)</td>
<td>(n = 235)</td>
</tr>
<tr>
<td>Authority level</td>
<td>.114</td>
<td></td>
</tr>
<tr>
<td>Year of Graduation</td>
<td>-.167*</td>
<td>-.277***</td>
</tr>
<tr>
<td>Occupation (Business)</td>
<td>.334***</td>
<td>.366***</td>
</tr>
<tr>
<td>Graduate degree (Yes)</td>
<td>.057</td>
<td>.154**</td>
</tr>
<tr>
<td>Internship (Yes)</td>
<td>-.019</td>
<td>.038</td>
</tr>
<tr>
<td>Gap of one year or more in work experience (Yes)</td>
<td>-.078</td>
<td>-.009</td>
</tr>
<tr>
<td>Grade point average</td>
<td>.036</td>
<td>.019</td>
</tr>
<tr>
<td>Sex (Female)</td>
<td>-.038</td>
<td>-.121*</td>
</tr>
</tbody>
</table>

* p<.05  
** p<.01  
*** p<.001

1These were staff, coordinator, supervisor, assistant department manager, department manager, assistant director, director, and area manager.

2Dummy variables.

1985 graduates. Those working in business attained high incomes sooner than those working in other occupations. Recent graduates made no more in business than they did in other professional-level jobs. However, in all cohorts that had been out of school for at least five years, those in business jobs averaged over $40,000 a year—substantially more than other graduates.

These results illustrate the practical value of a sociology degree. Mirroring what Howard (1986) found for liberal arts majors at AT&T, our graduates tended to start low and advance rapidly. We found this pattern to be strongest for those working in business. Because the link between rewards and performance is especially strong in business, this supports the conclusion that sociology majors have the skills needed for long-term success.

Over time, our graduates have been successful in attaining high levels of authority and income. Their education in sociology has paid off in this sense. But we also found evidence that our program did not do as much as it could to prepare students for careers in sociological practice. The major limitation that we found with our program is that it did not prepare our graduates well for entry-level work. Liberal arts programs stress the general skills that are important for long-term success. However, they provide few of the technical skills...
that employers seek in entry-level workers. Table 4 shows that a substantial percentage of our graduates found nonprofessional first jobs. This was especially true for recent graduates. Over one-third of those who graduated between 1980 and 1985 took nonprofessional first jobs. In all cohorts, females were much more likely to take nonprofessional first jobs than were males. In the most recent cohort, 47 percent of the female graduates took nonprofessional first jobs, compared to 12 percent of the males. Whatever the long-term advantages of our liberal arts program, then, it clearly was not doing a good job of preparing graduates for entry-level work.

Several items on our questionnaire help to clarify the strengths and weaknesses of our program. We asked graduates to tell us which courses they found most useful, which courses they wished they had taken but did not, what advice they had for current sociology majors, and what changes they would recommend in the sociology program at SCSU.

Table 5 shows that graduates most often listed as useful the sociology and psychology courses they had taken. Statistics and methods were the most frequently mentioned sociology courses. Recent graduates were less likely to list psychology courses than were early graduates. This reflects a decline in the popularity of psychology as a double major or minor after the 1970s. Useful courses also varied somewhat by occupation. Psychology courses and sociology courses other than statistics and methods were cited most by those in the human services and least by those in nonprofessional jobs. Those in business jobs listed business courses more than twice as often as any other type of course.

When we asked graduates what courses they wished they had taken, they most often cited business courses (Table 5). Nearly three-fifths of those working

<table>
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<th>Current Occupation</th>
<th>Year of Graduation</th>
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<tbody>
<tr>
<td>Human Services</td>
<td>$2740</td>
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<tr>
<td></td>
<td>(39)*</td>
</tr>
<tr>
<td>Business</td>
<td>$3620</td>
</tr>
<tr>
<td></td>
<td>(19)</td>
</tr>
<tr>
<td>Other Professional</td>
<td>$2750</td>
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<td></td>
<td>(10)</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>$1880</td>
</tr>
<tr>
<td></td>
<td>(4)</td>
</tr>
<tr>
<td>Total</td>
<td>$2920</td>
</tr>
<tr>
<td></td>
<td>(72)</td>
</tr>
</tbody>
</table>

*Number of cases on which mean is computed.
in business jobs wished they had taken more business courses. Graduates with other occupations also cited business courses more often than any other type of course. Except for those in the human services, math and computer science courses were mentioned second most often.

Overall, Table 5 shows that graduates found the courses in our traditional liberal arts curriculum useful. On the other hand, the courses they wished they had taken center more on technical and vocational skills. They found the traditional curriculum lacking in this respect.

The same pattern appears in the advice that graduates had for current students. Table 6 lists the most common types of advice. One of these, ‘‘get a broad education,’’ reassures students of the value of their liberal arts degree. Most of the others stress career-specific knowledge and skills. For example, students were advised to attend graduate school, intern, specialize outside of sociology, engage in career planning, take business courses, and develop skills.

The response, ‘‘do not major in sociology,’’ evokes similar sentiments, but is much more negative in tone. Over one-sixth of those responding to the question listed this response. Those in nonprofessional jobs were most likely, and those in business and the human services least likely, to advise against a major in sociology. We suspect that most who gave this response were unhappy with their jobs and felt that their education in sociology had not done enough to prepare them for a specific career.

We also found other occupational differences in the advice of graduates. Those in the human services listed field experience more often than any other response. Obtaining a broad education was stressed most by those in business. Career planning was mentioned most often by those in other professional jobs. Finally, the most popular advice of nonprofessional workers was to obtain a graduate degree. We found this last bit of advice to be especially cogent. Not one of our graduates with an advanced degree was working in a nonprofessional job.

Table 7 summarizes the changes that graduates recommended in the sociology program at SCSU. The most popular of these were to place more emphasis

Table 4. First Job by Year of Graduation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(number)</td>
<td>(87)</td>
<td>(135)</td>
<td>(49)</td>
<td>(46)</td>
</tr>
<tr>
<td>Human Services</td>
<td>58%</td>
<td>46%</td>
<td>37%</td>
<td>37%</td>
</tr>
<tr>
<td>Other Professional/Paraprofessional</td>
<td>19</td>
<td>20</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Business</td>
<td>17</td>
<td>12</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>Nonprofessional</td>
<td>6</td>
<td>22</td>
<td>14</td>
<td>35</td>
</tr>
</tbody>
</table>
on field experience, career assistance, and applications and careers. These suggestions are quite similar to the results described above. Once again, our graduates were calling for a greater emphasis on applications and career preparation.

Conclusion

Our findings support those of other studies on college graduates. Alumni of liberal arts programs tend to possess the general skills that lead to long-term career success. However, they often lack specific skills that employers seek in entry-level workers. On the whole, our graduates were doing quite well after

Table 5. Courses Found Useful and Wished Taken

<table>
<thead>
<tr>
<th></th>
<th>Useful Courses*</th>
<th>Courses Wished Taken**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Statistics and Methods</td>
<td>15.0</td>
<td>5.3</td>
</tr>
<tr>
<td>Other Sociology</td>
<td>28.9</td>
<td>1.1</td>
</tr>
<tr>
<td>Psychology</td>
<td>37.0</td>
<td>10.2</td>
</tr>
<tr>
<td>Business</td>
<td>12.1</td>
<td>41.7</td>
</tr>
<tr>
<td>English</td>
<td>11.7</td>
<td>3.2</td>
</tr>
<tr>
<td>Other social science</td>
<td>10.3</td>
<td>8.0</td>
</tr>
<tr>
<td>All of many courses</td>
<td>9.5</td>
<td>3.2</td>
</tr>
<tr>
<td>Speech</td>
<td>8.8</td>
<td>4.8</td>
</tr>
<tr>
<td>Social work</td>
<td>7.7</td>
<td>9.6</td>
</tr>
<tr>
<td>People-oriented</td>
<td>6.2</td>
<td>2.1</td>
</tr>
<tr>
<td>Internship, field experience</td>
<td>5.5</td>
<td>5.9</td>
</tr>
<tr>
<td>Math and computer science</td>
<td>3.7</td>
<td>16.0</td>
</tr>
<tr>
<td>Education</td>
<td>3.7</td>
<td>2.7</td>
</tr>
<tr>
<td>Other</td>
<td>14.3</td>
<td>14.4</td>
</tr>
<tr>
<td>Total</td>
<td>174.4</td>
<td>128.3</td>
</tr>
</tbody>
</table>

* Up to four responses were coded for each respondent. A total of 476 responses were coded for 273 respondents; 56 listed no courses.

**Up to three responses were coded for each respondent. A total of 240 responses were coded for 187 respondents; 148 listed no courses.
they had been out of school for a while. However, recent graduates were not. They had low incomes and little authority in their jobs. Many, especially women, were working in nonprofessional jobs.

Not surprisingly, our graduates displayed some ambivalence toward the sociology major. When we asked which of their college courses were most useful, sociology courses topped the list. Many advised current students to get a broad education, as they had. On the other hand, most felt that their education placed too little emphasis on career preparation. They suggested more emphasis on applications, field experience, career planning, and placement.

Table 6. Advice to Students*

<table>
<thead>
<tr>
<th>Advice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate school</td>
<td>20.9%</td>
</tr>
<tr>
<td>Internship/field experience</td>
<td>19.5</td>
</tr>
<tr>
<td>Specialize outside of sociology</td>
<td>15.2</td>
</tr>
<tr>
<td>Career planning</td>
<td>14.9</td>
</tr>
<tr>
<td>Get a broad education</td>
<td>13.1</td>
</tr>
<tr>
<td>Do not major in sociology</td>
<td>10.6</td>
</tr>
<tr>
<td>Take business courses</td>
<td>8.9</td>
</tr>
<tr>
<td>Expect little</td>
<td>6.0</td>
</tr>
<tr>
<td>Develop skills</td>
<td>4.6</td>
</tr>
<tr>
<td>Other</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Total: 132.6

*Up to two responses were coded for each respondent. A total of 374 responses were coded for 282 respondents; 53 did not respond.

Table 7. Changes Recommended in Sociology Program*

<table>
<thead>
<tr>
<th>Change</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field experience</td>
<td>16.3%</td>
</tr>
<tr>
<td>Career assistance</td>
<td>16.3</td>
</tr>
<tr>
<td>Application and Careers</td>
<td>15.7</td>
</tr>
<tr>
<td>Add courses</td>
<td>10.1</td>
</tr>
<tr>
<td>Improve teaching</td>
<td>6.7</td>
</tr>
<tr>
<td>More statistics, methods, research experience</td>
<td>5.6</td>
</tr>
<tr>
<td>Skill development</td>
<td>2.8</td>
</tr>
<tr>
<td>Other</td>
<td>24.7</td>
</tr>
<tr>
<td>None</td>
<td>19.1</td>
</tr>
</tbody>
</table>

Total: 117.4

*Up to three responses were coded for each respondent. A total of 209 responses were coded for 178 respondents; 157 did not respond.
These suggestions, in fact, are exactly the kinds of changes that many departments have been making in recent years. We conclude that our graduates would heartily endorse the trend toward applied programs in sociology. They would see such programs as easing the transition from school to work. At the same time, our graduates also see the value in their liberal arts education. We believe that few of them would be willing to trade this for a strictly technical education. The comments of our graduates are quite consistent with previous research on liberal arts majors, such as the AT&T study. Liberal arts majors tend to be more successful in the long run, but they can expect more problems in the early stages of their careers. These problems can be minimized if they acquire the technical skills sought by employers. A sociology program can go only so far in providing these skills before it sacrifices the benefits of a liberal arts education. The key is to find the proper blend of academic and practice components. Our goal in the remainder of this article is to offer suggestions as to how this may be done.

**Implications: Strategies for Blending Academics and Practice**

In this section we discuss ways to build a practice emphasis into the undergraduate sociology program. We draw our ideas from three major sources: the comments of our graduates, recent changes in our program at St. Cloud State University, and the literature on career development.

Two central themes in our discussion are integration and planning. We believe that students are best served by a program that not only includes academic and practice components, but systematically integrates them. Integration will help to clarify the purpose of the program for both students and faculty. Students will better appreciate the value of each part of their program. This should aid them in communicating their strengths to employers and give them more confidence in their job search. Integration also will assist faculty in planning. Through careful planning, faculty can ensure that departmental resources are not spread too thinly. By making full use of university and community resources, the department can concentrate its efforts on tasks that cannot be met elsewhere.

We take as our starting point the traditional liberal arts program and ask how practice components can be integrated with it most effectively. We group our suggestions into three categories: curriculum, field experience, and advising.

**Curriculum**

Many sociology departments have introduced applied curricula in recent years. These range from single courses in applied sociology to full-fledged programs (Howery, 1983). Some applied programs build upon a substantive
strength within the department, most commonly criminology or social welfare. Others focus the applied component outside the department. Ultimately, all programs must do this to some extent. Because sociology majors pursue a wide range of careers, sociology faculty must rely on outside resources if they are to serve the needs of all their students.

Regardless of which approach a program stresses, its value to students depends a great deal on how well it integrates the academic and practice components. Both of these must be taken seriously. If this is not the case, students and faculty may regard one of the components as unimportant. A program devoted too exclusively to practice may imply that academic sociology is irrelevant to the real world. A program devoted too exclusively to academics (for example, one that places the practice component entirely outside the department) tends to support the same view. In either case, students may overlook aspects of their education that are quite useful and may have trouble defending their degree to employers.

A concern with practice should be spread throughout the curriculum, but without crowding out academic concerns. Our Applied Sociology major at St. Cloud State, for example, includes both academic and practice components. Besides the theory, methods, and statistics core, we require students to choose some electives from courses that are more applied in nature and some electives from outside this group. To be included in the applied group, a course must meet at least one of three criteria: it must (1) provide knowledge of social policies, (2) sharpen applied research skills, or (3) involve students in problem-solving exercises such as case studies or community change efforts. Another way that we inject practice concerns into our curriculum is by using practitioners as adjunct faculty and guest speakers. Finally, our students take an applied sociology course and an internship in their senior year. These courses focus largely on connecting the academic and practice aspects of our program, both those within the department and those outside.

Field Experience

Job-related experience gives students an edge in seeking employment after graduation. This is especially true for sociology majors. Employers are more likely to take a chance on a broadly-trained graduate if that graduate has shown competence in a work-related setting. Supervised field experience also gives students an opportunity to connect their academic education to the world of work. It not only sharpens work-related skills, it can show students that what they already know is useful. Field experience, then, will be most valuable to students when it is closely linked to their academic education. Just as practice concerns should be included in the academic curriculum, academic concerns should be included in the practice curriculum.
Faculty have the greatest degree of control over those types of field experience that are part of the regular curriculum, such as internships and independent study. They should use this control to link academics to practice. Through well-designed, closely supervised internships, faculty can help students translate their academic knowledge into practical uses.

Faculty should also seek out other opportunities for their students to acquire field experience. Department-based research centers provide an excellent resource for students to build their skills. Community organizations may have short-term applied projects for students. Students may be able to find part-time and summer jobs that allow them to gain career-related experience while in school. Student and community organizations also offer opportunities to practice work-related skills. Many such opportunities exist. Faculty encouragement probably will result in more students taking advantage of them.

Advising

Both career and academic advising are crucial in preparing undergraduate sociology majors for careers in practice. As a liberal arts discipline, sociology does not prepare students for any career in particular. Effective advising can make up for the lack of career direction in the sociology major. It can inform students about the range of careers available, preventing them from narrowing their options too soon. Once they have explored these options, advising can help them to narrow their career choices and identify areas in which they need to supplement their education in sociology. Finally, advising can suggest different ways to acquire career-related skills, whether within or outside the university.

Sociology majors do not have the luxury of waiting until they are seniors before they decide upon a career. If they do, they may find that they don't have time to acquire needed skills. Unfortunately, many students decide on their sociology major late in their academic careers. In addition to the normal advising process, there are other ways to encourage students to plan early. One option is to construct a handbook for prospective majors that stresses the importance of career planning. Our handbook at St. Cloud State describes the career relevance of sociology and targets programs and courses elsewhere in the university that make the sociology degree more marketable. Another option is to require a career planning course early in the major.

To supplement early planning, students need advising in several other areas as they near graduation. Well-planned internships will give students an edge in competing for jobs. Students also need advice about how to write resumes, cover letters, and requests for letters of recommendation, and about how to get the most out of job and informational interviews. These topics are probably too time-consuming to be handled through individual advising. Instead, they could
be dealt with in an applied sociology course or through workshops sponsored by the department or the sociology club. Not all of these tasks need be performed by sociology faculty. For example, the placement and counseling offices may offer career planning help for students. Many colleges also offer general courses in career planning that can be quite helpful to students. Nevertheless, some control over advising must remain in the department in order to ensure that the specific needs of sociology majors are met. Faculty advisors, then, must be informed about careers, programs of study, and opportunities for field experience that may benefit their students.

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Book Reviews


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Charlestown, New Hampshire

In Sociology for People, de-humanized versions of sociology and the interests served by bureaucratic, technical, management-oriented managerial social scientists are contrasted with that of critical emancipatory sociology. Lee states that his purpose in writing this book was the promotion of a brand of sociology that he terms "existential humanist." These philosophical roots serve to nourish a vision of sociology that takes human concerns as its central focus.

All too often, attempts to infuse sociological thought and practice with philosophical considerations desert the realm of scientific practice in order to ponder metaphysical and epistemological questions that engender debates on issues of ultimate knowledge and meaning. Lee does not abandon sociological discourse nor intelligibility in his attempt to develop an existential humanist framework for sociology. Drawing on classical and contemporary traditions, he offers a prescription for a discipline that he views as increasingly irrelevant, acquiescent, and of little use to people. In this book an attempt is made to restore to the sociological enterprise a dimension of scientific responsibility, curiosity, and vitality that ultimately brings sociology to its vocational mission—that of serving people. It is in this vein that Lee presents a view of sociologists as "consciousness raisers" (41) who "stimulate participation in constructive social actions" (43).

How does one arrange this marriage of existential humanism and sociology? Lee suggests that as a scientific endeavor, sociological knowledge serves to increase "human understanding of the human lot." While the social sciences can clearly serve both humanist and scientific values, it is the humanist social scientist who is self-committed to do so (16). Humanist sociology continues to struggle with forces within the discipline that seek to reduce sociology to scientific research and guarantees of professional respectability. The price of this respectability is the avoidance of consideration of human needs. Lee is sharply critical of what he calls "ASA insiders" and cites his own experience as an
officer of that organization. He characterizes the association's efforts in the area of professional ethics as "propaganda ventures" that "protect the tenured against the untenured" and "do little to give security to the controversial innovator" (30). Despite its outsider status, humanist sociology has continued to grow and attract a new generation of sociologists who embrace the challenge of a sociology committed to democratic social change and human liberation.

It is this emancipatory function that is problematic from an ethical perspective. Perhaps the uses of sociology that are discussed at length in this book are ethically bound to the question: sociology for whom? (Answer: people.) A sociology that espouses liberation and an emancipatory mission echoes this concern. Sociology that is liberating for some may for others be precisely a sociology from which liberation is sought. Sociological knowledge can serve to legitimate a given social order just as effectively as to delegitimate it. Lee fails to raise the potentially troubling questions of whether humanism itself, in its existential or conservative modes, functions as an ideology.

In the first three chapters, Lee explores the relationship between existential humanism and the sociological enterprise by examining the work of sociologists who use a sociology committed to facilitating nonviolent social change and personal growth. This brand of sociology reaffirms the essential debunking task of "stripping the disguises from social controls and manipulations and trying to understand how they work" (42). The works of Danilo Dolci, Holly B. Porter and Irving Goldaber, and Thomas J. Rice illustrate the diversity of sociological action that can effect social change. Their applications of sociological knowledge in concrete situations highlight some of the possibilities for applied sociology in a variety of community settings. In their efforts, Lee finds reason for optimism regarding the possibilities for meaningful sociological practice. In subsequent chapters Lee expands his discussion to include some directions sociology should explore in order to perform its critical and emancipatory mission.

Chapters 4 and 5 are centered on the role of ideologies in the social arena. The active role that ideologies play in social struggles is discussed in terms of different types of social conflict situations. Lee appears to subscribe to the notion of ideology as symbolic distortions that are used to legitimate social interests, and he defines propaganda as "ideology on the march." He then develops a typology of ideologies based on stage of development, groups to which they are related, and their social roles. These in turn are elaborated in terms of sub-sets that specify the "characteristics of ideologies relative to their social purposes and roles and their degree of establishment or non-conformity" (65). Examples include the ideologies of class, ethnicity, occupation, gender, and age which are used to perpetuate inequality, exploitation and aggression. In Lee's view, ideologies are alive and well and their unmasking is an important task for the critical social scientist. The critical sociologist has a responsibility to adhere to a single, rather than a double, standard of truth when analyzing
what passes for social truth. The engaged social scientist must commit to the
facts, socially constructed or otherwise, and not cravenly act as an apologist for
any given regime or social order. Our often unpleasant job is to unmask the
hidden-unapparent relations of power, exploitation, and human rights violations
that exist no matter how congenial a particular established or aspiring order may
be. It is the analysis of the potential for nonviolent change that may be the social
scientist's primary undertaking in any conflict situation.

In chapter 6 Lee addresses the issue of ideologies among sociologists. Lee
asserts that not only are sociologists not exempt from ideological practices, but
that the different professional postures adopted by sociologists actually compro-
mise independent creative inquiry. Four focal points influence the relationship
of ideological to intellectual autonomy. First, there is the task of scientific
questioning versus that of technical problem solving. The second point is the
market which is the field of application of sociological knowledge. Third, the
profession acts to define, control, and authorize what is acceptable practice.
The last focal point is the institutional setting as viewed by promoters of the
managerial-bureaucratic paradigm. They are represented by Parsonian system
theorists. In particular, Lee views this type of sociology as appealing to the
need for an appearance of theoretical sophistication while at the same time
serving the interests of those who manage social hierarchies. These aspects of
sociological identity are then linked to a discussion of problems posed by social
values, political-economic ethos and pressures, goals, and communications. It
is in this context that he raises a central question. For what or from whom does
the sociologist work? The answer provided is the "sponsor." Lee chooses to
distinguish between those sociologists who "are committed to the contribution
to human welfare through the liberating influence of more accurate social
knowledge," and those who "merely use the discipline to pursue their own
selfish goals" (16). I would add the possibility that for others it may be the
pursuit of one's own "selfish" curiosity regarding the nature of social reality.

Lee concludes that what is needed to remedy this state of affairs is "greater
mutual understanding, tolerance, and recognition among the adherents of these
four diverse value orientations—the (1) entrepreneurial, (2) bureaucratic, (3)
technical, (4) the innovative" (119). For Lee, all of these orientations are
thought to be compatible with a humanist existentialist orientation (19).

Lee argues that the social location of sociology and individual sociologists
may distort perception and therefore self knowledge. He isolates a number of
professional distortions: orthodoxy, legitimacy, elitism, social contractism and
utopianism, symptomism, and pedantry. According to Lee, these distortions
glorify elites or utopias, legitimate the status quo, promise sweeping social
change, and lead to a preoccupation with symptoms rather than causes. Finally,
Lee looks at propaganda and the tactics employed by social actionists to achieve
their ends. The use of propaganda in any context relies on the tactics described,
but raises the questions of whether the tactics themselves necessarily imply distortion and if it is possible that these proven tactics can be used for effecting positive social change? The spin doctor tactics outlined can be used by a candidate, a campaign to support the ERA, or one to prevent the spread of AIDS. In short, the tactics have no ideological ownership. On the other hand, manipulation may be a question of perception, and social truth may be less than absolute. If the propaganda employed by the Contras seeking U.S. support is compared to that of the Sandinista regime who must expand and stabilize their power base, we should expect to find many similarities.

The distortions of social thinking discussed in chapter 9 are more or less familiar: sexism, tribalism, classism, and intentionism are classified as prevailing ideologies. To these are added life events, fads and fashions, and the personality types each discipline attracts. These underline the point that social scientists and their respective disciplines are influenced by social forces themselves. This theme—sociologists as products of their social biographies—continues in the closing chapters. The divergence in social identities within the profession has led to a variety of roles sociologists can play. Ultimately, in Lee’s view, all are potentially liberating and can serve people, especially the non-elites. The liberating, emancipatory sociology that Lee envisions may not be achievable. That may not be necessarily a bad thing. The ambitions of a liberation humanist sociologist are as subject to the same distortions Lee takes such pains to point out: for aren’t there many humanisms?

In the closing sections Lee offers a recipe for sociological practice and some reflections on the transformative and liberating potential of sociology. The question, “Sociology for Whom?” is answered in part by stating sociology for what? If sociology’s purpose is service, it cannot be realized through a diminution of the discipline’s scientific contributions to human knowledge. The idea of serving people is not a radical one, but it does require that the profession actively develop an identity that the people who are to be served can recognize as being useful. It must also be a service that people are willing to pay for.

Lee’s book is a plea to those who practice or contemplate the practice of sociology to be open to innovation. If sociology is to become a caring profession it must confront a number of serious and complex questions, not the least of which is the accepted or acceptable—as opposed to respectable—domain for sociologists as professionals, scientists, and citizens to explore. Sociology for People is optimistic, but urgently so. It proposes a mission and contributes to the continuing debate on “Sociology for Whom? A sociology of, by, and for the people may dismay practitioners who covet their professional prerogatives and cherished identities as “experts” on “society.” Others may find the approach espoused here an important validation for a brand of sociology that embraces humane values, ethical practice and a perspective that facilitates non-violent social change.

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I came to Iowa State University more than twenty-five years ago. My employment was with the Department of Economics and Sociology. Soon the department was split into two: economics became one department and sociology another. The assumption was that economics and sociology are sufficiently diverse to stand apart, and there were administrative and professional merits to the idea of separate university units. Amitai Etzioni, in a brilliant, in-depth analysis in The Moral Dimension, shows that sociology and social-psychological insights, analysis, and integration add many dimensions to long-held assumptions made by economists about human and social behavior. Sociological analysis does belong with economics.

Insofar as economists are prime societal players, with influence on business and political leaders, their assumptions and world views do matter because there are consequences when those assumptions are translated into behavior and policy. Professor Etzioni critically analyzes the assumptions favored in economics. He shows again and again that economic theory and practice have much to gain when balanced with broader reflection and research. He offers an astonishing variety of research findings and insights that bring flavor and excitement to what some still see as the "dismal science."

Professor Etzioni honors his former teacher, philosopher Martin Buber, by adding a moral dimension to decision making and social behavior, showing how the moral dimension interacts with the rational decision-making models favored by the neoclassical view in economics. He shows how the model of self interest in neoclassical economic thought—what Etzioni calls the "I"—in reality is combined with social and moral influences—what he calls the "we." This reminds me of Buber's "I and Thou."

Etzioni gives many examples of the ways in which irrational, emotional factors impinge on the supposedly rational decision making favored as the underpinning of much of economic theory: "Multi-millionaires work themselves to a frazzle to increase their income" (107). I add that some engage in practices that bring them to disaster when charged by regulatory agencies, all for money not needed for physical survival or even for the enjoyment of luxury which they already have in gross abundance. "Executives work for their families, destroying their family life in the process. Societies undermine their fabric in order to accelerate economic growth" (107). There is rationality here, but it "has been referred to as irrational rationality, or mad rationality" (107).
Herbert Simon offered the insight that people do not maximize (with full rationality) but they “satisfice.” A person does not hunt for the exact needle lost in the haystack but grabs the first one found. Etzioni discusses satisficing. Business managers do not seem to maximize profit but seek to reach a certain level of aspiration, a specific share, called “satisficing.” People also adjust goals “to what their decision-making can service. If the target is easy, aspirations rise; if difficult . . . they fall . . . .” If “economic policy-making cannot attain a 4 percent unemployment rate without inflation, rationalizations [but are they rational?] are advanced to explain why 7 percent is the proper goal, and immediately our policy-making capacity improves significantly” (116).

Research findings are presented in chapter 7 which show the cognitive factors that severely curb the logical thinking which much of economic theory, medicine, and science favor. Even scientists are biased, based on the subrational mentalities they share with the rest of the population. It is not so easy to maximize decisions and actions on a base of full information when our brains require that we live in relative ignorance. Even a game of checkers requires limited rationality because the number of choices of moves would take a computer an unbelievable number of years to calculate the possible options and resultant outcomes (117), while our game partners prod us, “So move already!” Compare what the real world presents to us for decision-making with the fact that we seem to be able to hold only some seven items (possibly as few as three) in immediate mental grasp (117). Pilots fly jet aircraft at five hundred miles per hour or more through the congested air space of New York City, Boston, and Chicago, people drive cars in New York City and San Francisco, leaders decide to retaliate against perceived enemies by bombing—all with brains strained to hold more than seven items in immediate grasp! So, we abstract pi complex flow of the world and build technical, social, political, ideological, and even scientific systems from our limits. At some point the abstractions become so real in our minds that they are seen to be the “whole world,” and people are ready to defend and attack those who construct their world from other, different, abstractions. We all could use large doses of humility to temper our rush to judgment. Etzioni does have a short section on humility. Considering the extent of the problem, we could have benefited from a full chapter on the subject.

I wish to allow the author’s own words to summarize the main thesis of his book:

Are men and women akin to single-minded, ‘cold’ calculators, each out to ‘maximize’ his or her own well-being? Are humans able to figure out rationally the most efficient way to realize their goals? Is society mainly a market place, in which self-serving individuals compete with one another—at work, in politics, and in courtship—
enhancing the general welfare in the process? Or do we typically seek to do both what is right and what is pleasurable, and find ourselves frequently in conflict when moral values and happiness are incompatible? Are we, first of all, 'normative-affective' beings, whose deliberations and decisions are deeply affected by our values and emotions? And to the extent that we rely on evidence and reason to choose our course, what techniques have been developed to help us proceed in view of our limited ability to know? What problems does the reliance on these techniques introduce, to add to our innate difficulties? Assuming human beings see themselves both as members of a community [we] and as self-seeking individuals [I], how are the lines drawn between the commitments to the commons and to one's self? . . . "(ix).

We are now in the middle of a paradigmatic struggle. Challenged is the entrenched utilitarian, rationalistic-individualistic, neoclassical paradigm which is applied not merely to the economy but also, increasingly, to the full array of social relations, from crime to family. One main challenger is a social-conservative paradigm that sees individuals as morally deficient and often irrational, hence requiring a strong authority to control their impulses, direct their endeavors, and maintain order. Out of the dialogue between these two paradigms, a third position arises, which is advanced in this volume. It sees individuals as able to act rationally and on their own, advancing their self or 'I', but their ability to do so is deeply affected by how well they are anchored within a sound community and sustained by a firm moral and emotive personal underpinning—a community they perceive as theirs, as a 'We,' rather than as an imposed, restrained 'they'" (ix-x).

This book has great implications for clinical sociology. Different assumptions about human behavior lead to different interventions. Education is often offered as a solution to personal and social problems. If we educate people to be more rational about their interests they will not fight, take drugs, abuse others, or even drop out of school. Yes, rationality, "the facts," appeals to self-interest, and education, do work—and fail, too. People are educated but may still engage in destructive behavior. Some educators do the same. Is more rationalistic authority the solution? How much more? Some destructive behavior is a response to rational authority.

Harold Garfinkel, in his *Studies in Ethnomethodology* (1967), shows the anger and resistance of people when the assumptions behind their constructed reality systems are questioned. I add that it is common in families when budding ethnomethodologists called "children" question, "Why?" "Why is ______?"
Parent: "Because ____." Child: "But why ____?" Several rounds of this often leads the parent to anger: "Stop asking silly questions!" In the same way, Etzioni's persistent questioning of the "whys" behind human behavior and the assumptions of logical thinkers and economists might lead some readers to anger. It is a common fate of children and critical thinkers to "make" people angry. Actually, such angry people make themselves angry.

It is my opinion that Etzioni has written a very special book.

Focus Groups: A Practical Guide for Applied Research,
by Richard A. Krueger

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The term "focus group" has become a household word in recent years, as researchers study values, attitudes, product preferences, political leanings, and other reactions to a complex society through controlled, guided, small group discussions focused on a particular topic. The current popularity of focus groups in the public and private sectors suggests a recent invention. Yet, focus groups were promulgated as a viable research technique in the classic sociological work, The Focused Interview (1956), by Robert K. Merton, Marjorie Fiske, and Patricia L. Kendall.

As a form of qualitative research, the focus group is a good example of a sociological method that has been adopted in the corporate world and in applied settings. The focus group uses standard principles of group dynamics and relies on orthodox principles of research design to achieve legitimacy and validity. Conducting focus groups is an ideal opportunity for sociologists to practice their profession and to make data-driven recommendations for political, social, economic, and consumer change.

As Richard Krueger points out in Focus Groups, they are appropriate for gathering in-depth information from past, current, or potential consumers, program participants, voters, organization members, etc. Focus groups tap the subjective world of respondents (their perceived needs, interests, concerns) rather than the objective world of measured behavior. Focus groups can also be used as heuristic devices prior to staging larger-scale quantitative research projects; they can also be used in concert with quantitative methods, or as a way of helping explain findings from a survey or poll. Focus groups enable us to see not only what people think, but how they think.

Uses of the focus group are virtually unlimited. Krueger cites the case of a movie studio "that has received numerous awards and quintupled profits in five years [by using] focus groups to test audience reactions to possible endings for
new films” (20). He also demonstrates the utility of focus groups in finding out why farmer’s sons and daughters chose to attend small colleges instead of the large University of Minnesota campus at Minneapolis. I have used the method to explore how men and women differ in their reactions to different brands of nail clippers and (on a different occasion) mayoral candidates. Focus groups can be used to analyze the needs of a potential client or consumer population, or to find out why a program has failed. In all cases, as Krueger notes, the procedure “allows professionals to see reality from the client’s point of view” (21).

The method is relatively cost-effective in that numbers of respondents are small (20 recruited for a group of 8 to 10), respondents journey to a central, local research site, staffing needs are modest (a moderator, administrative assistant, recruiter, transcriber, and report writer—often the moderator fulfills several of these roles), and demands on computer time are negligible (except for report production and graphics). These advantages help to explain the growing popularity of focus groups throughout the country. On the negative side, focus groups suffer from the same flaws as other forms of qualitative research: the small sample size puts generalizability into question; sample selection, however careful, still presents problems of bias; and the complexity and richness of data require special interpretive skills. In addition, a focus group must be led by a professional trained in group dynamics and the mandates of scientific inquiry lest the discussion wander off track or, worse, be biased by an unwitting leader. Failure of recruited members to show up for a session is akin to unreturned questionnaires in survey research (low response rate): one never knows exactly how they might have responded. In a focus group situation, the interplay of ideas among participants can be greatly affected by a dominator who is not controlled by the moderator; similarly, persons who find it difficult to break into a discussion may not express their views unless the moderator is adept at bringing quieter participants into the interaction.

These caveats are woven throughout Krueger’s detailed, hands-on guide to contracting for focus groups, moderating them, and reporting the ensuing data. He shares his experiences in taking clients through the process of creating the “research question,” translating that into a “questioning route” that expresses a client’s central concerns, recruiting a carefully selected sample of participants, moderating the session(s), and preparing a report that is true to the data as well as useful to the client. Some of Krueger’s charts and appendices, especially the telephone screening questionnaires and questioning routes, will be of value to the neophyte.

Krueger’s emphasis in this book is on non-profit agencies and organizations. He states in the preface that “Focus groups can improve the planning and design of new programs, provide means for evaluating existing programs, and produce insights for developing marketing strategies” (15). He seldom refers to such private sector applications as product testing, evaluation of corporate
services, or the testing of political waters—all of which are common uses of the focus group method. For this reason, the book is limited in its usefulness. Many of the time frames for conducting the groups and preparing reports, for example, would be unacceptable in the private sector. Relationships with clients, fee structures, and the nature of reports also vary according to type of client.

Because Krueger is writing primarily from his own experience, the book is filled with examples from rural and agricultural settings. His suggestions are undoubtedly helpful to a moderator attempting to work with clients and participants of this type, particularly in such nonprofessional settings as bars, restaurants, homes, and hotel rooms. (Although the author insists that care be taken to locate a "neutral" setting, I would argue that a bar is never neutral.) However, for private sector, urban settings in which focus groups are conducted in more sophisticated, controlled facilities, the book falls short. A folksy writing style and too many agricultural extension examples may make it hard for the private sector moderator to relate well to Krueger's explication of strategies for client contact or group facilitation.

Another weakness of this text has to do with methodological purity. After nicely defending the legitimacy of focus groups as a qualitative methodology, Krueger appears to fall into the trap of trying to quantify through the back door: asking participants to stop and rate the importance of several predetermined issues on a "list," rather than asking open-ended questions that allow participants to identify issues important to them. This technique is acceptable for stimulating discussion only after participants have had an opportunity to define for themselves the most salient issues.

Krueger's attention to the construction of interview questions is laudable. However, I question his assertion that questioning routes should include five or six questions, and certainly no more than ten. In my experience, clients are usually looking for feedback on a variety of concerns; ten to fifteen major questions with appropriate probes can effectively guide a group through two hours of intensive discussion. His point is well taken, however, that an inexperienced moderator may carry a heavy arsenal of questions, but little tolerance for pauses or promising sidetracks. Further, Krueger argues that the moderator should memorize the questioning route. While I agree that this would be ideal, if the moderator is dealing with more than four or five very simple questions, there is more danger that the questions will be asked in a biased fashion or in a slightly different way from group to group. (Often the same questions are asked of several groups, each with unique qualities.) I find that 5 by 8 cards held in my lap can be used as prompts and allow me to concentrate wholly on the line of discussion; I can be thinking of spontaneous probes rather than trying to remember the exact wording of the next question. This is, perhaps, best left to the comfort level and style of each moderator as long as questions remain "true."
Krueger's stand toward logistics seems somewhat outdated. He suggests that an assistant moderator should take notes and operate a visible tape recorder (he considers the use of hidden tape recorders unnecessarily secretive). In my opinion, the use of nonintrusive recording devices is standard in focus group research and is far superior and less disruptive than conspicuous note-taking of equipment sitting mid-table. Sociological practice ethics require that participants be notified at the beginning of the session that they are being recorded and/or being observed by clients and research assistants through one-way mirrors (also standard industry practice). If they understand that this is to ensure accuracy of data analysis and that anonymity will be preserved in all cases, participants can relax into a natural and informal discussion of the topic at hand. When specially-designed focus group rooms are not available, tape-recording equipment should be duplicated so that note-taking is not essential.

Finally, the text is annoyingly repetitive—a fault that could be corrected in a later edition. The bibliography, however, which is current and draws from a variety of settings, is both pragmatic and of scholarly interest to sociological practitioners.

It will be interesting to observe in the next decade whether the focus group method will become recognized as more than a fad of the 1980s. It may take its rightful place as a superb example of qualitative sociological methodology that, properly used, can yield valid, reliable, and meaningful social data. Training workshops sponsored by the Sociological Practice Association will play a significant part in the professionalization of focus group methodology.


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"'Eclectic approach'" is a label frequently used by clinicians and/or academics to refer to their work. Such a claim is often represented by a disjunctive set of ideas and/or actions that are ineffective and ineffective at best, or confusing and counter-productive at worst. Weeks and Hof have produced a text that does not fall victim to the "'eclectic flaw.'" *Integrating Sex and Marital Therapy* is an excellent set of readings which reflect a systemic approach, integrating the multi-dimensionality of sexual problems that couples experience. The book has two major divisions. Part I focuses on conceptualizing sexual problems from a systems perspective; it is subdivided into theoretical issues and practical applications. Part II deals with special problems the clinician might encounter.

The issues to be considered in evaluating the marital relationships of clients
with sexual complaints are enumerated in the first chapter. The relevance of individual, couple, and intergenerational factors are discussed. In the second chapter the authors point out the dysfunctionality in couples trying to negotiate issues of love, intimacy and sex. Resources such as money and time are negotiable; but love, intimacy, and sex which are related to caring, sharing and feeling, are not. The use of negotiation and power struggles in the latter can undermine intimacy in the relationship. An excellent statement of intergenerational impact on couples with sexual problems is found in chapter 3. The authors discuss the relationship between structural boundaries or parents and children: "parents' ability to have a sexual relationship serves as a generational marker, proving their adulthood both to their own parents and to their children." The implications of this theoretical position are explored in order to reflect the fact that the family of orientation can impact on the marital sexual problem. The authors clearly demonstrate the effectiveness of the sexual genogram for exploring this area.

A detailed presentation of an approach to making "a good marital situation better" is found in chapter 4, "Enhancing a Couple's Sexual Relationship." The focus is on increasing the level of couple intimacy within the therapeutic hour. Of particular note is the comment by the authors regarding the therapist's role and reaction to the couple during the counseling process. Chapter 5 centers on a critical contemporary issue of family: dealing with the sexual concerns of children. The author points out that "by active involvement or by default, parents are the primary sexuality educators of their children and many parents find this a confusing role, one they may be hesitant to accept." A very helpful set of approaches for the counselor to use in facilitating a more comfortable and competent parent as educator is presented. A very useful appendix includes a set of guidelines for parents when talking to children about sexuality. Finally, this section presents the use of "the new hypnotherapy" to facilitate resolution of sexual problems. The Ericsonian approach to sex hypnotherapy is presented as the model to be followed. The authors offer a systematic and detailed description of the process as applied to a series of common clinical problems, a most helpful selection for the practitioner who wants to gain insight and skill into the use of this technique.

The second part, "Special Problems," begins with a most salient chapter. The crisis of infertility affects approximately 17 percent of couples who are of childbearing age. Patricia Mahlstedt skillfully discusses medical and psychosocial issues and their relationship to infertility. She suggests a therapeutic approach that can facilitate the restoration of competence and feelings of self control that may enhance the probability of the distraught couple's recovery.

In his chapter on extramarital affairs (EMA) and extramarital sex (EMS), Humphrey offers a parsimonious statement on a very critical issue in American marital relations. He defines extramarital affairs and extramarital sex using four
components: time, emotional involvement, level of sexual involvement, and sexual orientation. Following a conceptual elaboration of these components, he outlines a set of specific therapeutic considerations. It is a well-integrated statement indicating the complications (ethical and practical) in dealing with the problem at both the individual and couple levels.

William Miller gives an excellent but brief explication of the social psychological impact of rape on the victim, the victim’s partner, and the relationship. In his therapeutic directives he notes why and how balance of individual and conjoin sessions can be maintained.

Weeks talks about inhibited sexual desire as the discrepancy in levels of desire expressed by the couple. Individual, couple interaction, and intergenerational issues are shown to impact on this problem. Each area is addressed through setting therapeutic goals and procedures. He skillfully demonstrates the systemic nature of the problem and its resolution.

The central assumption of Goldberg’s insightful work on hypersexuality is that labeling this type of sexual behavior is a problem in a couple process. He points out the importance of age and gender status as pivotal criteria for judging a person’s level of sexual activity. Although he makes a strong case for the “social definition” being an etiological part of the problem, he lists and discusses other contributing factors ranging from drugs to physical and mental health. He proposes that couple therapy is most effective for treating this sexual problem.

Finally, marital and sexual counseling of elderly couples is discussed by Stone. Because this is an ever-increasing segment of the clinical population, the author defines aging as a normal human process which in no way precludes an active sexual relationship for the couple. A major part of his work is the discussion the age-specific sexual problems and therapeutic suggestions for counseling elderly couples.

The editors of this book have accomplished what they set out to do in creating an integrated set of readings that conceptually and substantively “fit together.” The chapters are well-written and parsimonious; the authors use case studies very effectively for illustration and clarification. I think this is a good book for use in academic training of both graduate students and clinicians. It is a significant contribution to the literature in the field.


*Katherine Williams*

Anyone who has ever played the “Who Am I?” game recognizes the centrality of major social roles—spouse, parent, doctor, woman, man, etc.—to
our concept of self. One of the hallmarks of modern society is the increasing frequency with which people move into and out of these major roles. Sociological theory has emphasized socialization into major social roles. However, the process and the consequences for self of role exit has received little attention. Ebaugh defines role exit as "the process of disengagement from a role that is central to one's self identity and the re-establishment of an identity in a new role that takes into account one's ex-role." Becoming an EX is a qualitative study of this process.

Helen Fuchs Rose Ebaugh is an ex-nun whose interest in role exit grew from her own experiences and those of her sisters who left the convent in large numbers during the 1970s. The aim of this slim volume is to extend role theory by focusing on the process of role exit as a generic social process. A grounded theory approach to role analysis provides the framework for the research. Because of its clarity of style, this book may attract an audience beyond the academy. While the primary emphasis is on theory development, the book will be equally at home in the classroom, the practitioner's office, or in guiding further socialization research. All major research decisions and the reasons for them are clearly presented and the jargon that sometimes clouds academic sociological writing is happily absent here.

Exits can be made from any role. They may be chosen or thrust upon us. Voluntary exits from major social roles were chosen as the focus of this research in order to enhance the possibility of identifying the change process. The descriptions of the role exit process come from in-depth interviews with ex-nuns, those changing occupational and marital roles, and finally transsexuals (perhaps the most extreme example of role exit).

The process for these major role exits falls into four stages: doubts about role commitment, seeking and evaluating alternatives, decision to exit, and, finally, creating and adapting to the ex-role. The author devotes a chapter to each of these stages. Components of the stages are identified as are factors that may facilitate or impede movement toward the next stage. The author points out how the negative reactions of significant others can either halt the doubting process or cause the individual to seek out more supportive listeners. On the other hand, positive support of first doubts can increase the speed with which the individual moves on to exploring alternatives. Positive social support during the alternative exploration stage often results in the realization that there is freedom of choice and speeds the selection of a specific alternative. Negative social support interrupts or retards that process. Chapter summaries of the first three stages provide diagrams of movement through each stage. These are not structural equation models but rather visual guides through the stage of the process.

Each element is illustrated with case material taken from interviews. One of the strengths of this book is the detail and richness of information that can
only be provided by in-depth interviewing. The author is particularly sensitive to her subjects. She points out in an appendix that information interviews can have a therapeutic effect on subjects. She further reminds us that research-oriented interviewers are often ill-equipped to deal with emotional reactions of subjects brought about by the subject matter of the interviews. This is an important lesson for those who train field interviewers.

A short epilogue entitled “Applied Settings” suggests some of the ways this information could be used in practice settings. This acknowledgment of practical applicability is refreshing. However, this is a “suggestion only” and not a “how to” chapter. Fortunately, the book is so clearly written that most practitioners, especially those working with individuals who are experiencing major life changes, will have little difficulty adapting the material to their own work.

One of the ongoing issues for clinical sociology and sociological practice in general is that of closing the gap between sociological knowledge and its application. Sociology has its roots in the practical application of sociological knowledge and insight to the problems of everyday life. As the field developed, seeking scientific legitimacy, it grew away from these roots and lost touch with practical uses for the information base it was building. Becoming an EX helps to close this gap. This book provides both significant theoretical development and useful information and insights which have direct applicability to practice. The practitioner will find this book useful since “ex-hood” is frequently an issue in clinical cases. Those who have experienced role exit may find this book relevant to their own journeys.
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The SOCIOLOGICAL PRACTICE ASSOCIATION was established in 1978 as the Clinical Sociology Association. Members include organizational developers, program planners, community organizers, sociotherapists, counselors, gerontologists, conflict interventionists, applied social science researchers, policy planners on all levels including international practice, and many others who practice, study, teach or do research by applying sociological knowledge for positive social change. The Association’s value orientation is humanistic and multi-disciplinary.

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